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# Ecosystemic factors influencing the accessibility of Early Childhood Development services for young children with disabilities

**Joyce Nthabiseng Basanyane Mailwane**

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# Ecosystemic factors influencing the accessibility of Early Childhood Development services for young children with disabilities

by

**Joyce Nthabiseng Basanyane Mailwane**

Submitted in partial fulfilment of the requirements for the degree

**Doctor of Philosophy**

in the
Faculty of Education
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**Supervisor**
Dr. M.G. Steyn

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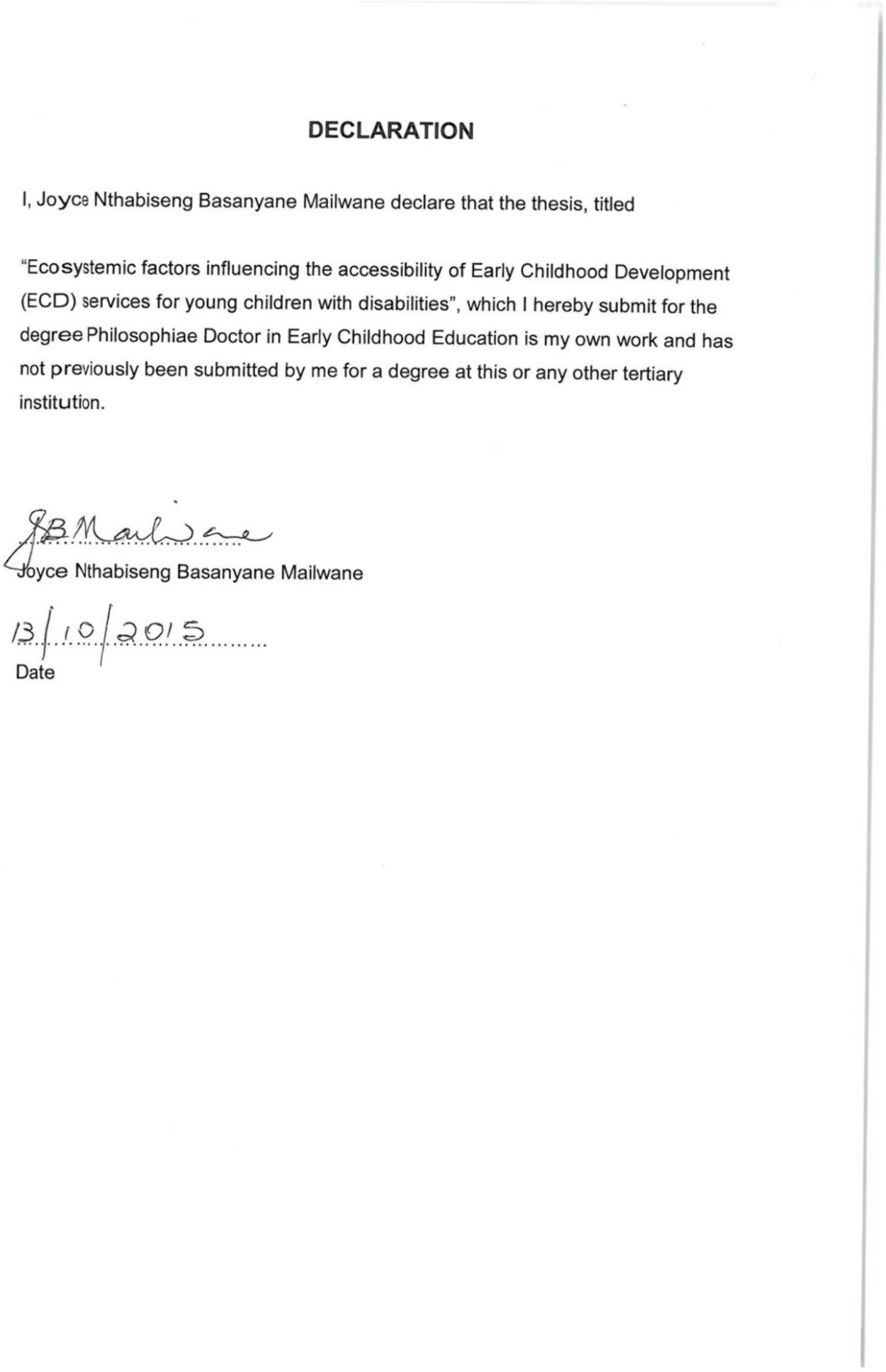
# DECLARATION OF ORIGINALITY



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I, Joyce Nthabiseng Basanyane Mailwane declare that the thesis, titled

"Ecosystemic factors influencing the accessibility of Early Childhood Development (ECD) services for young children with disabilities", which I hereby submit for the degree Philosophiae Doctor in Early Childhood Education is my own work and has not previously been submitted by me for a degree at this or any other tertiary institution.

JBMailwane

Joyce Nthabiseng Basanyane Mailwane

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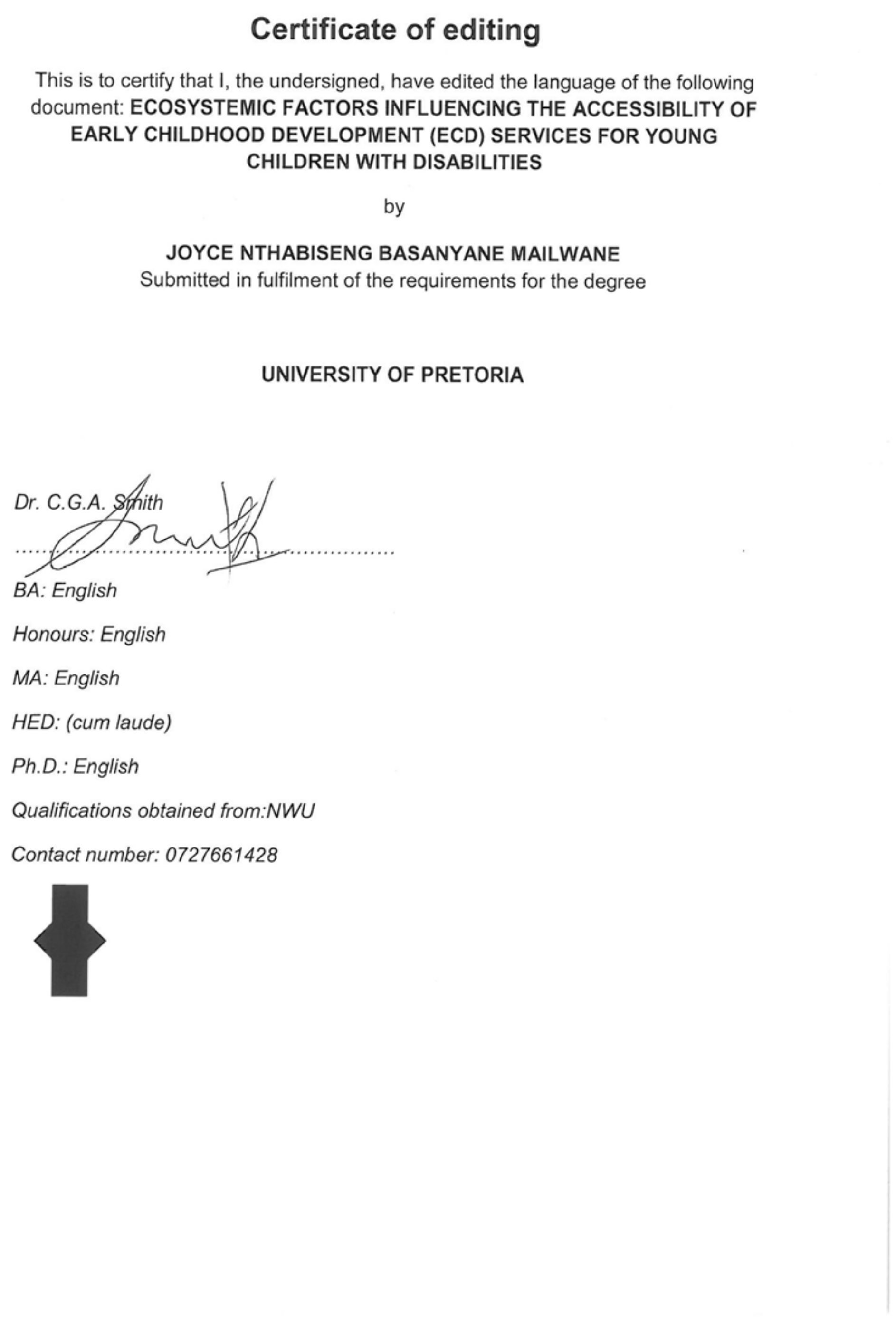

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This is to certify that I, the undersigned, have edited the language of the following document: **ECOSYSTEMIC FACTORS INFLUENCING THE ACCESSIBILITY OF EARLY CHILDHOOD DEVELOPMENT (ECD) SERVICES FOR YOUNG CHILDREN WITH DISABILITIES**

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# ABSTRACT

There has been a growing recognition of the importance of development in the early years of a child globally. South Africa has been no exception in this regard, as since the establishment of the democratic government in 1994, increasing attention has been focused on Early Childhood Development (ECD). However, even though the South African government has created an enabling environment through policy and legislative framework relating to the provisioning of ECD services, to facilitate accessibility of ECD services, not all young children are able to access Early Childhood Development services, especially young children with disabilities.

The research problem emanating from this situation therefore revolves around factors in the ecological environment which influence the accessibility of ECD services for young children with disabilities. The primary research question posed was: "What ecosystemic factors influence accessibility to ECD services for young children with disabilities between the ages of three to five years old"? The main aim of this study was to explore and identify ecosystemic factors which influence the accessibility of ECD services for young children with disabilities. Bronfenbrenner's Ecological Systems theory was found to be the most relevant to facilitate the achievement of the research aim as indicated above.

A qualitative study was conducted with purposeful sampling to select participants. Data collection was done through semi-structured group and individual interviews. The following findings were made: lack of knowledge; socio-economic issues/conditions; belief system; and the roles and responsibilities of stakeholders.

**Key words:** Ecosystemic factors; Bronfenbrenner's Ecological Systems Theory; caregiver; disability; ECD services

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Lastly, but not least, I would like to give thanks to God the Almighty for the abounding grace and love He has shown me, and for giving me health and the strength to complete this study.

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# *DEDICATION*

*I would like to dedicate this thesis to the loving memory of my late parents, Feyani Job Thobela and Manana Luzette Thobela, for instilling the love of education, especially my father who took great pride and delight in my academic achievements, as education had always been close to his heart.*

*To my sons, Mogale and Tshepang, this is the legacy I leave for you, for your own personal betterment, as I believe you have the potential to succeed in your own fields of interest and competency.*

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# LIST OF ACRONYMS / ABBREVIATIONS

| | |
|---|---|
| CDG: | Child Dependency Grant |
| CSG: | Child Support Grant |
| ECD: | Early Childhood Development |
| ECE: | Early Childhood Education |
| DoB: | Department of Education |
| DoBE: | Department of Basic Education |
| DSD: | Department of Social Development |
| NCLD: | National Centre for Learning Disabilities |
| NIP: | National Integrated Plan |
| PHC: | Primary Health Care |
| SASSA: | South African Social Security Agency |
| SIAS: | Screening, Intervention, Assessment and Support |
| UNESCO: | United Nations Educational, Scientific and Cultural Organization |
| UNICEF: | United Nations International Children's Emergency Fund |
| U.S.: | United States |
| WHO: | World Health Organisation |

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# CHAPTER 1

# ORIENTATION TO THE STUDY

## 1.1 INTRODUCTION

There has been a growing recognition of the importance of development in the early years of a child in recent years in both low- and middle- income countries (Armecin, Berhman, Duazo, Ghuman, Gultiano, King, & Lee, 2006). South Africa has been no exception in this regard, as since the establishment of the democratic government in 1994, increasing attention has been focused on Early Childhood Development (ECD) through endorsing it in legislation, policy and planning documents of three core departments namely, the Departments of Social Development, Health, and Education (UNICEF, 2005). These departments have a key role to play in the early development, care and education of the child (Storbeck & Moodley, 2011).

ECD is defined as "an umbrella term that applies to the processes by which children from birth to at least nine years grow and thrive, physically, mentally, emotionally, spiritually, morally and socially" (Department of Education, 1996, p. 3) in the South African context. Consistent with this notion of ECD is the view adopted in the White Paper 5 that ECD "refers to a comprehensive approach to policies and programmes for children from birth to nine years with active participation of practitioners, their parents and other caregivers" (Department of Education, 2001a, p. 7).

However, in spite of the early development of the child being embraced in ECD policies and programmes, ECD services have not been accessible to all young children who are eligible for them, particularly those young children who have disabilities. Simeonsson (2003) acknowledges that young children with disabilities are more vulnerable to developmental risks, yet they are the ones who often bear the brunt of being excluded from mainstream programmes and services that are intended to promote child development. It is critical that such services be made accessible to all children, since they ensure optimal development of young children. Wazir and Van Oudenhoven (1998, p. 2) advocate full accessibility to ECD services by allowing it the “highest political priority” as well as promoting it through raising public awareness.

The current state of ECD in South Africa with regard to provisioning of ECD services for all young children, including those who have disabilities is mostly covered in government policy and legislation documents. Provisions intended to protect the rights and provide for the diverse needs of young children, including those who have disabilities during their early years of development have been documented in the various policies, legislation and integrated strategies. They embrace documents such as the Education White Paper 5 (Department of Education, 2001a), Guidelines for ECD services (UNICEF, 2007), the Children’s Act No 38 of 2005 (National Government of South Africa, 2010); the National Integrated Plan for ECD in South Africa (UNICEF, 2005) and the Strategy for the Integration of Services for children with Disabilities (Department of Social Development, 2009).

The policy situation that has been prevailing is complex as the policies developed by different government departments address similar and varying age-specific needs as well as sector specific issues (UNICEF, 2005). The Department of Education, in implementing the White Paper 5 on ECD (Department of Education, 2001a) has focused on providing for the educational needs of the five to six year olds by phasing in Grade R learners into the formal schooling system. The policy also advocates an inter-sectoral approach for the birth to four years age cohort in collaboration with mainly the other two core departments. The Department of Health caters for the health needs of the birth to seven years age group through various policies and programmes (Storbeck & Moodley, 2011). The provision of ECD services as a developmental endeavour for young children needs to be integrated in its approach. Viviers (2009) maintains that the early years of the child require care, protection and early education. Viviers (2009) further contends that if programmes are designed to provide care only to children, there is a high likelihood that the other components will receive limited attention. The same is likely to happen if programmes are geared either towards protection, health or early education only.

Provisioning of ECD services has been fragmented and uncoordinated in South Africa as the various departments tend to focus on specific needs of the child. Some departments (health and social development) tend to focus on care and protection/welfare to the exclusion of the other needs, whilst others focus on education only. This has consequently rendered the implementation of the policies unachievable, leaving young children with limited access or no access at all to effective ECD services to promote holistic early childhood development (UNICEF, 2005). Storbeck and Moodley (2011) also concur with this observation and note that though the policies developed by these departments are recognised as progressive and comprehensive with regard to addressing specific needs of young children, the absence of a common understanding of the needs of the child and that of the family has led to an uncoordinated effort to address these needs.

The fragmented policy and legislative framework for ECD prompted the South African Cabinet to call for the development of an integrated plan for ECD. The Integrated plan for ECD is the outcome of a mandate given to the Departments of Education, Health and Social Development, to coordinate and integrate various programmes on ECD, since the fragmented approach to the provisioning of ECD services has resulted in varying quality of services and uncoordinated service delivery as well as a limiting effect on access to ECD services (UNICEF, 2005). This Integrated Plan for Early Childhood Development, also called the **“**Tshwaragano Ka Bana Government ECD programme” has one of its premises as the delivery of services to young children through amongst others, the creation of environments and situations that will promote the holistic development of children; as well as increase opportunities that will better prepare children for formal education.

The National Integrated Plan for ECD has yet to see full and effective implementation. The intersectoral approach that is being advocated specifically focuses on the birth to four years age cohort and involves the three core departments, mentioned above. The age cohort, three to five years, which is the focus of this research study overlaps with both the intersectoral age cohort targeted for integrated ECD service delivery and the five year old group that is eligible for Grade R (see section 2.2). This overlapping element may pose another dimension of challenges as service provision will be the responsibility of both the intersectoral dispensation and that of a specific institution, namely, the Department of Education.

## 1.2 RATIONALE AND SIGNIFICANCE OF THE RESEARCH STUDY

Several years have passed since ECD policies and legislation such as the Education White Paper 5 (Department of Education, 2001a), Guidelines for ECD services (UNICEF, 2007), the Children's Act No 38 of 2005 (National Government of South Africa, 2010), the National Integrated Plan for ECD in South Africa (UNICEF, 2005) and the Strategy for the Integration of Services for children with Disabilities (Department of Social Development, 2009) were put in place. This in itself appeared to be a step in the right direction towards promoting accessibility to ECD services for young children, including those with disabilities. However, it was mentioned earlier that the challenge arising from these policies and legislative frameworks is the achievement of effective implementation (Richter, 2012), in a manner that the population for which they are intended will begin to enjoy the benefits thereof. While ineffective implementation of policies and legislation continues for whatever reasons, the rights of these children and their developmental needs continue to be violated and neglected respectively, on the one hand, and young children, particularly those with disabilities continue to be subjected to limited access or no access at all to the services they need, on the other hand.

According to Atmore (1996) access to ECD services is very limited as it was estimated that about one in ten young children has access to services, including ECD services. He further acknowledges that children from other population groups have greater access than those in the black population including those who come from rural, poverty-stricken areas. This leaves the latter group of children, particularly those with disabilities with their needs not being catered for to a greater degree. In a study conducted by Saloojee, Phohole, Saloojee and Ijsselmuiden (2007), entitled “Unmet health, welfare and educational needs of disabled children, in an impoverished South African peri-urban township”, it was indicated that only 35% of children with disabilities attended preschools. The Department of Social Development (2009) also undertook two research activities between 1995 and 2006 to establish:

- the roles and responsibilities of national departments and non-profit organisations in the delivery of services to children with disabilities; and
- the social needs of people with disabilities in Gauteng, Kwa-Zulu-Natal, Limpopo and Mpumalanga provinces.

The results of these surveys indicated that less than 1.36% of children with disabilities attended ECD centres. The study also found that in the Limpopo Province, children presenting with intellectual impairments, severe and multiple disabilities have the least access to the services they need.

The present research study was motivated by the observation that the majority of ECD centres or preschools in the provincial district where the study was conducted did not have children with disabilities. It was also observed that some of these children seemingly surfaced only when they had reached school-going age and their caregivers or parents started looking for placement in primary schools. This suggests that these children have not benefitted from ECD services, and have missed out on the opportunity to be prepared for formal schooling in the primary school. In view of the foregoing it does appear that young children with disabilities have limited access or no access at all to ECD services.

According to Storberk and Moodley (2011, p. 11) there is an urgent need of “laying a solid foundation for the development and growth” of children during the early years. The opportunity to engage in programmes that will facilitate and stimulate their development and growth is lost when young children do not attend ECD centres. Given the fact that young children with disabilities present with developmental delays and disorders, they would invariably take much longer to reach certain developmental milestones and be ready for formal schooling as compared to their peers without disabilities.

There appears to be limited research conducted on ECD in South African (Ilifa Labantwana, 2010) and this seems to be the case with research specifically focusing on ECD services for young children with disabilities. Research studies conducted specifically on the topic under review are scanty. One research article that has been reviewed addresses the issues of availability and accessibility of ECD services for young children with disabilities (Saloojee et al., 2007). Other literature sources that are available such as the National Integrated Plan for ECD (UNICEF, 2005); and the Strategy for the Integration of Services for young children with disabilities (Department of Social Development, 2009) mainly focus on statistics of young children attending or not attending early childhood development facilities in South Africa, which also incorporate children with disabilities eligible for early childhood development services.

The issue of ECD services in the form of Early Childhood Educational Services (ECES) for young children was mentioned in this one research article, based on a study by Saloojee et al. (2007). The study was conducted in a peri-urban township called Orange Farm, which is situated 30 km south of Soweto, just outside Johannesburg in South Africa. The conclusion made was that children living in Orange Farm were clearly not enjoying the rights and services (which referred to services for addressing their health, welfare and educational needs) to which they were entitled under the South African Constitution and current legislation. However, suggestions for further research revolved around the identification and testing of service delivery strategies to improve the accessibility of health care services for children with disabilities through granting transport subsidies (Saloojee et al., 2007). The emphasis that appears to have been made here was on innovative service delivery strategies to access health care services.

Though it was also picked up that accessibility to preschool or early childhood education was limited, no suggestions were made for further investigation into what strategies could be developed to promote accessibility of educational services for young children with disabilities. It is particularly in this regard as well, that this study sought to delve further into those factors that could strategically be used to promote accessibility to ECD services in the form of early childhood education for young children with disabilities.

Limited research appears to have been conducted in South Africa on factors that influence the accessibility of ECD services for young children with disabilities, particularly with regard to factors that both prevent and promote accessibility of ECD services for this group of children. Literature in the form of policy and discussion documents does not mention factors which lead to limited or no access at all to ECD services beyond, (1) lack of government human and financial resources; and (2) lack of co-ordination in the delivery of services. These are factors which many parents and caregivers in rural communities may not be aware of. They may also not be aware of the fact that government policy and legislation have been in the process of formulation and review ever since the dawn of democracy in this country.

It would be important to understand factors that influence accessibility to ECD services from particularly the perspective of caregivers as key informants in this study. The perspectives of the other participants, i.e. ECD practitioners, health care and social welfare professionals, are also important in view of the ecological theoretical framework that this study adopted, to serve as a lens through which factors influencing the accessibility of ECD services for young children with disabilities could be seen on the various layers of the ecological environment. This ecological perspective of factors that may hinder or promote accessibility to ECD services for young children with disabilities, falling within the three to five age cohort, seems to be the dimension that is missing in the literature such as the research article mentioned above.

The literature that was perused did not single out specific age groupings within the birth to nine age cohort, though more emphasis was placed on the provision and/or accessibility of health and welfare services (Philpott, 2006; Saloojee et al., 2007). The main concern that the researcher has about this group of young children is the fact that they are at the pre-basic formal education stage as opposed to the infant/toddler group (birth to three years) (see section 2.5.1). The three to five year olds is the group that has to attend pre-primary institutions or preschools to prepare them for formal schooling.

The identification of factors represented by experiences and perceptions of caregivers, ECD practitioners, special school educators and health care and social welfare professionals relating to reasons and challenges that prevent accessibility to ECD services, will provide insight into what needs to be done to address their negative impact and promote accessibility. The findings and recommendations of the research study will be useful in developing strategies and/or guidelines based on the needs, aspirations, and expectations of caregivers that they can apply to deal with the practicalities of gaining access to ECD services for their children with disabilities.

Most caregivers and possibly some professionals such as ECD practitioners, educators, health care and social welfare professionals may not be aware of the existence of comprehensive ECD policies, strategic plans and legislative framework relating to the provisioning of ECD services that have been put in place in South Africa. The findings from this research study should indicate to policy makers in the three core Departments responsible for ECD provisioning the gaps that exist. These gaps encompass awareness campaigns for the general public among others things, in the implementation of policies and legislation and how such gaps could be addressed based on the experiences and perceptions of caregivers, ECD practitioners, as well as health care and social welfare professionals.

The findings and recommendations will also be useful to health care and social welfare professionals, as they will highlight and strengthen their role in coordinating with ECD centres through their department and the Department of Basic Education. These professionals are expected to facilitate and promote access to ECD services for children with disabilities in line with the strategic objective outlined in the Strategy for the

Integration of Services for Children with Disabilities (Department of Social Development, 2009). The Departments of Social Development and Basic Education have been identified to take the lead in increasing the attendance of children with disabilities at ECD centres, through supporting and training ECD facilitators/practitioners to teach children with disabilities (UNICEF, 2005).

The overall significance of the research study is the potential that its findings and recommendations have in highlighting factors within the ecological environment that could promote and ensure accessibility to ECD services for all young children with disabilities.

## 1.3 PROBLEM STATEMENT

According to Mwamwenda (2004) most children in Western countries have the opportunity to access ECD services through the attendance of preschool programmes during their early childhood years. However, the same cannot be said of most Latin American and Asian countries and many other low and middle income countries including South Africa. In Latin American and Asian countries the research studies that were conducted, on the accessibility and quality of early childhood development services for young children indicate that insufficient policies and resources created barriers to early childhood development services for children with disabilities (Hardin & Hung, 2011; Sharma, Sen, & Gulati, 2008).

However, in South Africa the situation appears to be different, because initiatives have been made to put in place legislation, policies, plans, strategies, and guidelines for the provisioning of ECD services, to cater for the development and educational needs of these young children (Seleti, 2009). In spite of all of these initiatives, there are some young children who are still not accessing ECD services, particularly those children who are living with disability. The focus of this research study revolved around factors influencing the accessibility of ECD services for young children with disabilities, aged three to five years, who fall in the pre-Grade R or preschool (pre-primary) group.

## 1.4 RESEARCH QUESTIONS AND AIMS

The research questions and aims presented below were set in pursuit of answers to the research problem.

### 1.4.1 Research questions

This research study was undertaken in order to provide answers to the following primary question:

What ecosystemic factors influence accessibility to ECD services for young children with disabilities? The question as it stands refers to both those factors which create barriers and those which can facilitate accessibility to these services for young children with disabilities.

The following secondary questions were posed in order to answer the primary question mentioned above:

- What are the reasons for the low enrolments of children with disabilities in ECD centres?
- How can ECD centres facilitate an increase in the enrolments of children with disabilities in ECD centres?
- What are the perceptions of caregivers; ECD practitioners; health care and social welfare professionals with regard to promoting accessibility of ECD services for young children with disabilities?

The research study sought to find answers to the above-mentioned questions by exploring factors, from an ecological perspective that influence accessibility to ECD services for young children with disabilities, between the ages three to five years. In seeking answers to the questions stated above, this study explored and identified factors within the ecological environment that could have had an influence on the accessibility of ECD services for young children with disabilities.

### 1.4.2 Research aims

In light of the research questions posed above the main aim of this research study was therefore: to explore and identify ecosystemic factors that influence access to ECD services for young children with disabilities between the ages of three to five years old.

The following sub-aims were pursued in this study in order to achieve the main aim as stated above:

- To identify and describe ecosystemic factors which lead to low enrolments of children with disabilities in ECD centres as perceived by caregivers, ECD practitioners and focus groups consisting of health care and social welfare professionals;
- To describe how ECD centres can facilitate an increase in the enrolment of children with disabilities; and
- To identify strategies that can promote accessibility to ECD services for young children with disabilities.

## 1.5 CLARIFICATION OF CONCEPTS

### 1.5.1 Bronfenbrenner’s ecological systems theory

A theory based on the ecological model and seeks to understand human development against the background of the entire ecological system which is constituted by five socially organised sub-systems, embracing the microsystem; mesosystem; exosystem; macrosystem and the chronosystem (Bronfenbrenner, 1979).

### 1.5.2 Ecosystemic factors

These are factors that are constituted by the dynamic relationships between individuals and institutions on the various levels of the ecological environment made up of the microsystem, mesosystem, exosystem, and the macrosystem (Petrona, 2014).

### 1.5.3 Caregiver

In the context of this study the concept refers to the

(i) parent or guardian of the learner;
(ii) person legally entitled to custody of the young learner;
(iii) person who undertakes to fulfill the obligations of the person referred to in (i) and (ii) above (National Government of South Africa, 1996a).

### 1.5.4 Disability

A definition approved by the South African Cabinet for the purpose of eligibility for the disability grant views disability as “a moderate to severe limitation in a person’s ability to function or ability to perform daily life activities as a result of physical, sensory, communication, intellectual or mental impairment” (Department of Social Development, 2009, p. 16).

### 1.5.5 ECD centres/sites

Any building or premises maintained or used, whether or not for gain, for the admission, protection and temporary or partial care of more than six children away from their parents. It can refer to crèche, day care centre for young children, a playgroup, a preschool, after school care (UNICEF, 2007, p. 6).

### 1.5.6 ECD programmes

These are planned activities designed to promote the emotional, mental, spiritual, moral, physical and social development of children from birth to nine years (UNICEF, 2007, p. 7).

### 1.5.7 ECD services

A range of services provided to facilitate the emotional, intellectual, mental, spiritual, moral, physical and social development and growth of children from birth to nine years (UNICEF, 2007, p. 7).

## 1.6 LITERATURE REVIEW

The purpose of literature review in this study was to highlight the importance of the early years of a child's development, the role and significance ECD services in the development of the child, as well as the need for all young children, including those with disabilities to have access to ECD services. In reviewing literature attention was also focused on Bronfenbrenner's ecological systems theory (1979).

A discussion on what ECD services entail, as well as a brief description of Bronfenbenner's ecological systems theory (1979) is presented in the sections below. A detailed exposition of Bronfenbrenner's theory (1979) as well as its relevance to this research study is presented in chapter 3.

### 1.6.1 What do ECD services entail

The definition of ECD services provided earlier (see section 1.1) indicates that it is a concept that is quite broad in terms of the developmental aspects of the child that need to be catered for. The term ECD services, is often used interchangeably with Early Childhood Education (ECE) (Wazir & Van Oudenhoven, 1998). Other literature sources use the terms, Early Childhood Care and Education (ECCE) (Mundia, 2007; UNESCO, 2006; UNICEF, 2007); or Early Care and Development (ECD) (Shonkoff & Meisels, 2000); or Preschool education/ Preschool Educare services (Atmore, 1996) to refer to ECD services. In the South African policy and legislation documents the term ECD services is used, whereas some academic institutions of higher learning prefer the term Early Childhood Education (ECE) (Steyn, Harris, & Hartell, 2014). While the actual focus of this study is on early education for young children with disabilities, the concept ECD services will be adhered to since all policy and legislation documents in South Africa have adopted this concept to refer to the education, development and care of young children falling within the birth to nine age cohort (UNICEF, 2007). However, this study will also use ECD services interchangeably with ECE and preschool education (Beckman & Phatudi, 2012) as they are commonly used in the South African context in the field of early childhood development.

The period of ECD is generally divided into three age groups, namely birth to three years, which includes infants and toddlers; three to five years age group which consists of preschoolers; and the six to eight years age group, which includes those children who are in primary school (Bredekamp & Copple, 1997). The categorisation of ECD in the South African context is more or less the same with a slight variation in the primary school period which extends up to nine years old (Department of Education, 2001a; Limpopo Department of Education, 2000). There are different age groups of children eligible for ECD services which fall within this age cohort as designated in the Education White Paper 5 (Department of Education, 2001a). In line with White Paper 5 on ECD, the Limpopo Department of Education (2000) has structured ECD services according to the following age categories:

- Birth to three years: crèches, nursery schools
- Three to five years: pre-schools
- Five to nine years: foundation phase (which now includes Grades R to three as designated in the CAPS document for the Foundation Phase).

Biersteker (2001) acknowledges that emphasis is often laid on the ECD period, covering the three to five year age cohort as it comes immediately before formal schooling. ECD services that are being referred to in this research study are directed to this group of children. The main focus of this study was to explore those factors which influence accessibility to ECD services particularly for those young children with disabilities falling within this age cohort.

### 1.6.2 Theoretical framework

Bronfenbrenner's ecological systems theory (1979) was adopted as the theoretical framework underpinning this study as it turned out to be the most relevant theoretical framework to facilitate the achievement of the research aims as indicated above. The Ecological Systems theory, developed by Bronfenbrenner (1979), a psychologist, explains why human beings behave differently in various environmental systems, holds that human development is influenced by the various types of environmental systems in which the individual exists. Bronfenbrenner (1979) contends that the way a human being perceives and deals with his environment, is influenced by the interaction he experiences between himself and the particular environmental system(s) which he finds himself in.

Bronfenbrenner (1979) has provided a theoretical perspective for research in human development. The notion introduced in this perspective involves the developing person and his environment as well as the interaction between the two (Bronfenbrenner, 1979). In terms of this theoretical perspective the mutual relationships between individuals and their environment are conceived as systems within other larger systems and interact with one another in a reciprocal manner. The ecological environment in which human beings live is considered to be made up of various systems ranging from the smallest to the largest, which Bronfenbrenner (1979, p. 3) refers to "as a set of nested structures, each inside the next, like a set of Russian dolls". Human development, encompassing child development takes place within these nested structures and is also influenced by them. In view of the role each system plays in the development of the child, Bronfenbrenner's (1979) ecological systems theory offers a framework within which factors that influence the accessibility to ECD services for young children with disabilities could be explored. The structures which make up the ecological environment, from the smallest to the largest are referred to as the, microsystem, mesosystem, exosystem, macrosystem, and the chronosystem (Bronfenbrenner, 1979).

Since development always takes place in context it was also necessary to consider the context in which it occurs, as the environment of the developing individual is equally important as the developing individual, which in this study is the child with a disability. It is in the light of the foregoing that the need to unearth ecological factors that influence access to ECD services for young children living with disabilities cannot be ignored. It should therefore make sense to consider the way individuals perceive and relate to the various environmental systems in the process of influencing and being influenced by their environment.

The view adopted on ECD in the White Paper 5 (Department of Education, 2001a) as well as the mandate of the National Integrated Plan for ECD (UNICEF, 2005) to coordinate and integrate ECD programmes, inevitably calls for this research study to undertake a comprehensive exploration of factors influencing the accessibility to ECD services for young children with disabilities. In searching for factors which positively or negatively contribute towards the accessibility of ECD services for young children with disabilities, an ecological approach was adopted, with a view to looking across all ecological levels of society for these factors.

The World Bank's (2010) acknowledgement that the development of a child may not necessarily be confined to and facilitated in certain environments augurs well for the stance taken in this research study to explore factors influencing the accessibility of ECD services for young children with disabilities across the various environmental settings. The World Bank (2010) maintains that ECD services may be provided by public, private and non-governmental agencies in settings ranging from homes, schools, health facilities to community-based centres. These settings form the various ecological systems as conceived in Bronfenbrenner's ecological systems theory. In South Africa, in particular, various community structures represented by non-governmental and community-based organisations have engaged in early childhood developmental initiatives and the role they have played in the ECD sector has also been recognised (Ilifa la Bantwana, 2010; Rule, 2005; World Vision South Africa (WVSA), 2009). Various segments of society are expected to actively participate in the development of the child.

However, in spite of all the initiatives by the various structures mentioned above to provide ECD services, there are still too many children out there, in particular those with disabilities, who do not have access to ECD services. It is therefore critical that the various environmental systems be examined to identify the role they have in promoting or preventing access to ECD services for young children with disabilities.

In the context of this study caregivers or parents of young children with disabilities and their interaction with their environment form the major component of the smallest structure of the ecological environment, namely the microsystem. The caregivers' or parents' mutual relationships with other smaller structures such as preschools, with ECD practitioners as participants in the study represent the second layer of the ecological environment, namely the mesosytem. The rest of the community structures, such as the health care and social welfare systems as well as the broader social, cultural, political and economic systems which influence and are influenced by the smaller structures, constitute the larger nests in the ecological environment, the exosystem and macrosystem respectively.

The research design and paradigm that this study opted for is presented in the next sections.

## 1.7 RESEARCH DESIGN

The three main broad types of research designs that have been identified in literature are: qualitative, quantitative and mixed-methods designs (Johnson & Christensen, 2004). Creswell (2014, p. 12) asserts that research designs as types of enquiry determine the direction that the research process will follow. According to Merriam (1998) a qualitative study is conducted in order to explore and understand the nature of the phenomenon of interest. In this research study a qualitative research design was conducted, not only to explore and understand the phenomenon of interest but also to identify ecosystemic factors influencing the accessibility of ECD services for young children with disabilities, as experienced by participants from their perspective. The qualitative study was conducted on a small sample of caregivers and other participants which included focus groups consisting of health care and social welfare professionals, special school educators and ECD practitioners.

Qualitative research pursues the generation of information about specific aspects of social life (Patton & Cochran, 2002). The methods that are usually employed in qualitative research designs reflect the generated information in words instead of numbers (Creswell, 2014). The nature of information that this study sought to collect, resembles the kind of information that qualitative designs seek to gather, hence the qualitative research design was selected as it was best suited for generating the answers sought by this research study. The research questions posed in section 1.4.1 above generated answers that were presented in words (see section 7.4).

The figure below is a representation of the research design selected for the study:

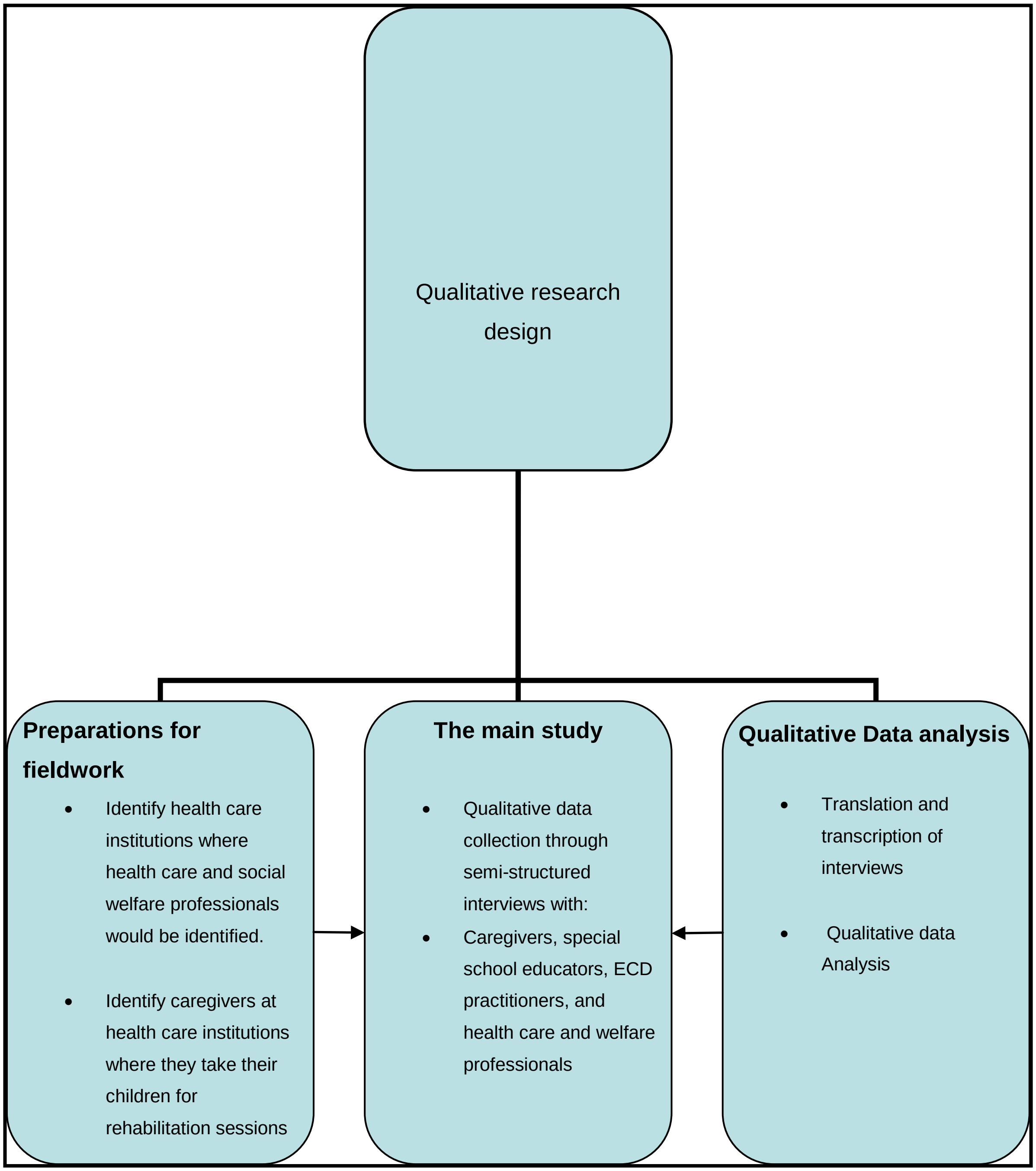

**Figure 1.1: Graphic representation of the research design**

### 1.7.1 Research paradigm

Merriam (1998, p. 3) states that when designing a research study the researcher needs to take cognisance of the philosophical assumptions he believes in with regard to the nature of reality, the kind of knowledge that he seeks to gather, as well as the methods that he will use to gather this knowledge. Nieuwenhuis (2007a) concurs with Merriam (1998) as he acknowledges that the researcher has the liberty of selecting a research design which is not only appropriate for generating the answers sought by his research study, but a research design that is compatible with his philosophical assumptions as well. Nieuwenhuis (2007a, p. 47) refers to the "set of assumptions or beliefs" as a paradigm that a researcher holds in relation to the reality which he seeks to establish about the phenomenon of interest in his research study. This implies that the research design that a researcher selects should reflect his philosophical orientation about "fundamental aspects of realty" which influence the researcher's world-view (Nieuwenhuis, 2007a, p. 47; Merriam, 1998, p. 3).

Merriam (1998, p. 4) mentions three philosophical orientations or paradigms that can guide the researcher when designing his study. These are:

- The positivist orientation in which knowledge acquired through "scientific and experimental research is objective and quantifiable";
- The interpretive orientation in which knowledge is based on the lived experiences of individuals; and
- Critical research in which knowledge is produced through an "ideological critique" of what is researched.

As this study sought to generate knowledge based on the lived experiences of participants with the phenomenon of interest, the interpretive paradigm was found to be compatible with the selected qualitative research design. The answers sought by this study were generated by exploring the participants' lived experiences with the phenomenon under scrutiny through interviewing, which was the main method used for data collection. The assertion made by Taylor and Medina (2013) that the interpretive paradigm generates knowledge through interviewing, participant observation, and constructing accounts of cultural backgrounds of individuals that are characterized by authenticity and trustworthiness, served to confirm that adopting the interpretivist orientation paradigm as the philosophical orientation of this study, was the most appropriate decision to take.

The relevance of the qualitative research design and the interpretivist paradigm to this research study is summed up by Van Baren (2014) who notes that in a qualitative research design, the researcher explores the experiences of participants or units of analysis as well as environmental factors. In this sense the qualitative research design generates and uses information based on people's interpretations, perceptions, viewpoints, values and conditions to provide answers to his research question (Van Baren, 2014). The kind of data that was collected in this study depended on the experiences and perceptions of participants on the research problem that was investigated i.e. ecosystemic factors influencing the accessibility of ECD services for young children with disabilities.

### 1.7.2 Research approach

Creswell (2014) posits that the philosophical orientation of a researcher, the type of research design he has selected as well as the nature of the research problem should inform the research approach that he will adopt. On the basis of the aforementioned considerations, qualitative research was chosen as an approach for exploring and understanding the meaning participants ascribed to the phenomenon of interest, which represented a specific social or human problem (Creswell, 2014). In this study the social or human problem that was investigated using the qualitative approach involved the accessibility of ECD services for young children with disabilities. According to Creswell (2014, p. 5) the qualitative approach is best suited for a study which generates information from open-ended questions, hence the approach was adopted as the most appropriate for this study, since the investigation was guided by semi-structured open ended questions.

The qualitative approach has “numerous variations” as noted by Merriam (1998). The five major types of the qualitative research approach identified in education are:

- Phenomenology
- Grounded theory
- Ethnography
- Case study
- Basic/generic study

### 1.7.3 Phenomenology

The phenomenological study as a type of qualitative research approach was opted for in this study, in view of the qualitative research design adopted to explore and understand the experiences of participants and environmental factors. Patton (1990, p. 70) notes that the focus of a phenomenological study, is “the essence or structure of an experience” with the phenomenon of interest. Van Baren (2014) acknowledges that phenomenology focuses on the uniqueness of each individual’s experience with the phenomenon under scrutiny. Patton (1990) argues that the focus of a phenomenological study would not only be on the essence of an experience, but the different experiences of individuals which when analysed and compared with one another should reflect the core or the common meanings they ascribe to the phenomenon of interest. In this regard Creswell (2013) concurs with Patton (1990) as he maintains that the basic objective of phenomenology is to reduce individual experiences to a description which reflects the universal essence of a phenomenon. Hence, Creswell (2013) further notes that phenomenology as a study provides the common meaning that different individuals construct out of their lived experiences with a phenomenon. Phenomenology was found suitable for this study as it sought to establish the common meanings that the different participants ascribed to their experiences with the phenomenon under scrutiny, which were subsequently reflected in the common themes that emerged during the data analysis process.

In the following sections a brief reference is made to the role of the researcher, the outline of the research process as well as the delimitation of the study. The methods used in the selection of research sites and participants; data collection and analysis procedures are also presented below.

### 1.7.4 The role of the researcher

The researcher in this study assumed the role of being the research instrument seeing that interviewing was the main procedure for data collection. Nieuwenhuis (2007b) notes that in qualitative research the researcher in executing his role as the research instrument has to interpret the collected data as well. It is in this regard that Taylor and Medina (2013) warn the researcher to reflect on his values, beliefs, assumptions, constantly lest they influence the inquiry process, particularly the interpretation of the meanings participants ascribe to their experiences with the phenomenon that is being studied. This is a warning that was well heeded by the researcher. The role of being a researcher was carried out with vigilance to avoid tainting the meanings that participants attached to the phenomenon of interest.

### 1.7.5 Outline of research process

The outline of the research process gives a description of the phases into which the research study was divided. The research process was conducted in the following two phases:

- The preparatory phase; and
- The main study

#### 1.7.5.1 Phase 1: The preparatory phase

This phase was conducted in the following steps:

- Identified hospitals, clinics and health centres in and around the communities where rehabilitation services were provided as possible research sites;
- Identified caregivers of young children with disabilities at the health institutions where parents/caregivers periodically took their children for routine check-ups and /or rehabilitation;
- Conducted an audit of ECD centres/sites providing services for young children from three to five years, in the communities where caregivers and their children live in order to give an accurate description of ECD services available in these communities, as well as to establish the current situation of ECD services available in the community; the number of children with disabilities attending ECD centres; and the admission criteria in registered ECD centres;
- Dispatched letters of permission to conduct research to the institutions concerned and consent letters to participants.

#### 1.7.5.2 Phase 2: The main study

This phase marked the commencement of the qualitative study through conducting semi-structured interviews with health care and social welfare professionals constituting focus groups, special school educators, caregivers, and ECD practitioners. Semi-structured, open-ended questions allowed participants to provide their own perspectives of the phenomenon of interest, in their own words without having to respond to predetermined views of the researcher relating to what ecosystemic factors could be having an influence on accessibility to ECD services.

### 1.7.6 The delimitation of the study

This study was conducted in Capricorn District, which is one of the five provincial districts in Limpopo, South Africa. The sites and participants that were selected for this study were distributed over various villages and peri-urban areas falling under the jurisdiction two municipalities, namely Lepelle- Nkumpi and the Polokwane which form part of the five municipalities in the Capricorn District.

### 1.7.7 Selection of research sites for the study

The typical sampling method was used in the selection of the research sites where focus groups were selected. Patton (1990) describes typical site sampling as a technique in which the sample is selected on the basis of being the typical site where the sample of interest is situated, in this case health care and social welfare professionals.

Four of these health care institutions were selected from the district of interest to be part of the research sites for the research project. Three of these health centres fall within the jurisdiction of local authorities, whilst the fourth falls within the jurisdiction of the province and consequently serves all individuals residing in the province. They are situated in and around the rural communities in which the sample of caregivers was identified.

Typical sampling was also used in the selection of ECD centres and special schools as they were regarded as typical sites where services for children with disabilities, between the ages of three to five years could possibly be accessed, and factors influencing accessing of these services identified as perceived by ECD practitioners and educators, could be gathered. One of the criteria for the selection of ECD centres and special schools as research sites was that they must be situated within and around the village in which the caregivers resided to ensure availability of ECD services.

ECD centres and special schools that formed part of the research sites depended on their proximity to the place of residence of caregivers of children with disabilities to ensure availability of services. For example in a case where caregivers resided in the same village the same ECD centres were selected. All sites which have the profile of being an ECD centre/ site or a special school in and around the community where caregivers resided were selected.

### 1.7.8 Selection of participants for the study

A non-probability sample was used to select participants hence not everyone in the target population had an equal chance of being included in the study (Merriam, 1998). Purposeful sampling which is the most common form of non-probability samples was used seeing that the main interest of the study was not in how many factors influenced accessing ECD services or how often such factors occurred, but in what those factors were. Purposeful sampling was chosen as most suitable for the study, as it is based on the assumption that the researcher “intends to discover, understand and gain insight” (Merriam, 1998, p. 61) from a sample in which the most relevant information can be obtained about the research problem. Purposeful sampling requires that participants have specific characteristics that will form the criteria for selection to the sample. Hence it was important that the criteria for selecting the sample be determined.

#### 1.7.8.1 Selection of health care and social welfare professionals

The typical sampling method, which is a type of purposeful sampling, was used in the selection of health care and social welfare professionals who constituted focus groups. Merriam (1998) describes this type of sampling as a technique in which the sample reflects the phenomenon of interest. The professionals who constituted the focus groups were those who worked closely with the caregivers of young children with disabilities when rendering other aspects of ECD services, such as health care and welfare services. These professionals were selected on the basis of being the typical group of professionals who would be familiar with the phenomenon of interest as they provide rehabilitation services for children with disabilities. Focus groups were constituted by health care and social welfare professionals from four health care institutions. Each focus group from a health care institution consisted of three to six professionals, which included occupational therapists, physiotherapists, speech and hearing therapists, clinical psychologists and social workers.

#### 1.7.8.2 Selection of caregivers

The sample of caregivers was selected through the convenience sampling method. It was considered to be the most feasible method to constitute the sample of caregivers as they were easily accessible at the health care institutions. Singh and Mangat (1996, p. 7) hold that the convenience sample "is restricted to a part of the population that is readily accessible". It was established from health care professionals stationed at two of the health centres where rehabilitation sessions for children with disabilities were conducted that caregivers were divided into groups and allocated dates for consultation at the health care centres/institutions with the therapists (health care professionals). On a scheduled date for a specific group there would be a number of caregivers who brought their children for rehabilitation and stimulation. An opportunity was therefore presented whereby the researcher was able to personally speak to the caregivers on the scheduled date for a specific group of caregivers, with a view to constituting a convenience sample.

Those caregivers who met the selection criteria were taken through the contents of the informed consent letter and asked for voluntary participation in the research study. The criteria that were used were: (1) caregivers should have young children with disabilities, and (2) the children should be aged between three and five. The presence or absence of a disability was established from caregivers, since access to the medical records of the children was not possible. A total number of four caregivers were selected to constitute the sample.

### 1.7.8.3 Selection of special school educators and ECD practitioners

Typical sampling was also used for the selection of special school educators and ECD practitioners and they were selected from research sites situated in one of the five districts, in the Limpopo Province. The participants were selected from Capricorn district because the phenomenon of interest in this research study was first observed there.

Special school educators and ECD were selected as participants in this study as it would be typical of them to be familiar with the phenomenon of interest since they work in institutions where children with disabilities would probably access ECD services.

## 1.8 DATA COLLECTION PROCEDURES

Semi-structured interviews were the main procedures used to collect data from participants. Focus group interviews were conducted with health care and social welfare professionals and captured on both a voice recorder and video recorder. One-on-one interviews were conducted with special school educators, caregivers of children with disabilities, as well as ECD practitioners and captured on a voice recorder.

The table below depicts the different participant categories and the type of interviews conducted.

**Table 1.1: Participants who took part in the interviews**

| Participants | Number of participants interviewed | Type of interview |
|---|---|---|
| Focus groups | 4 | Group interview |
| Special school educators | 6 | One-on-one interview |
| Caregivers | 4 | One-on-one interview |
| ECD practitioners | 3 | One-on-one interview |

### 1.8.1 Materials and equipment used for data collection

The following materials and equipment were used during the collection of data:

- Letters for permission requests to conduct research directed to the Departments of Health, Basic Education and Social Development (Appendices A, B, and C);
- Consent letters for participants to health care and social welfare professionals, ECD practitioners, special school educators, caregivers, and (Appendices D, F, H and J);
- Reply slips from health care and social welfare professionals, ECD practitioners, special school educators and caregivers of children with disabilities (Appendices E, G, I and K);
- An interview schedule with semi-structured questions for conducting interviews (Appendix L); and
- A voice recorder and a video camera.

It was imperative for the researcher to confirm with participants before proceeding with the interviews, to find out from them if they were aware that they had given consent to have the interviews audio-and/or video-taped. This was done even after participants had completed the reply slips to make sure that they understood the contents of both the consent letters and the reply slips, as well as to give them the opportunity to review their participation in the interview proceedings.

### 1.8.2 Semi-structured interviews

In view of the fact that this research study required that participants give their own experiences with regard to the factors that influence accessibility of ECD services for young children with disabilities, both the focus group and individual interviews were semi-structured. In semi-structured interviews the questions give the respondent the latitude to respond as he wishes, however in a specific manner as directed by the question. Semi-structured questions, although open-ended, are based on specific issues (Johnson & Christensen, 2004). This less structured type of interview appeared to be suitable for this study, because participants would have the opportunity to give their own individual responses, in a way that they interpreted the world around them. Though the questions were based on specific issues participants still had the freedom of giving their own view of the specific issues. If the questions were highly structured, the study would not have been able to elicit information on the phenomena of interest as experienced by the participants.

Another advantage that this type of interviewing brought to the qualitative collection of data was that the questions did not have to be asked in a specific order as compared to the highly structured interview. The order could be altered, as well as the wording of the questions. Re-phrasing questions assisted participants, especially caregivers to understand questions better than in their pre-drawn form. Semi-structured interviews according to Johnson and Christensen (2004) though relatively unstructured, can still afford the researcher the opportunity to cover the same scope as provided in the interview schedule. The flexibility of semi-structured interviews enabled the researcher in this study to ask follow-up questions to get clarity and/or more specific responses. Prompts were used to get even more detailed responses.

### 1.8.3 One-on-one and group interviews

In this study both formats of interviews namely, one-on-one interviews and the group interview were used (Merriam, 1998). One-on-one interviews were conducted with special school educators, caregivers and ECD practitioners; whereas group interviews were conducted with health care and social welfare professionals in focus groups. Johnson and Christensen (2004) describe a focus group as a type of group interview where a discussion is lead with a small group of participants and may be constituted by individuals from various walks of life. McMillan and Schumacher (2001) view a focus group as a group interview conducted with individuals who have certain common characteristics which are relevant to the purpose of the research study. The common characteristic which health care and welfare professionals had in this instance was that all of them provided some form of service for children with disabilities, ranging from rehabilitation and stimulation exercises to social welfare services. Focus group interviews provide a richer set of data as noted by Willig (2001). However, Merriam (1998) further warns that in group interviews, cognisance needs to be taken of group dynamics.

## 1.9 DATA ANALYSIS PROCEDURE

In this study, the process of data analysis commenced with the transcription and translation of the interviews into English in instances where they were conducted in a language other than the one used in this research study. Merriam (1998) describes data analysis as a process in which the meaning of the collected data is constructed. The meanings that the researcher constructs from the data make up the findings of the study. Findings can be represented as “organised descriptive accounts, themes or categories that cut across the data” (Merriam, 1998, p. 178). However, this author hastens to caution that categories are not data themselves, but abstractions that are derivatives of the actual data.

The constant comparative method was used to analyse the data. Merriam (1998) states that the point of departure of the constant comparative method is constant comparison of data, in order to identify recurring patterns that are comparable to each other or other instances. By comparing these sets of data during the data analysis process, tentative themes and categories emerged and were identified as key findings of the research study. The constant comparative method is described in detail in sections 4.4.4.2 and 4.4.4.3.

## 1.10 TRUSTWORTHINESS

As qualitative research is emergent it was imperative that data analysis be done concurrently with data collection, so that questions that were not eliciting valid information could be reviewed and realigned with the main aim of the research study

(Merriam, 1998). However, in this study there was no need to review the initial questions as set out in the interview scheduleas they were able to bring out valid information (see Appendix L).

There exists a measure of reluctance in accepting the trustworthiness of qualitative research (Shenton, 2004) in the same manner that validity and reliability can be achieved to ensure generalisability and consistency, respectively in quantitative research (Wahyuni, 2012). In an endeavor to address the issue of validity and reliability in qualitative research, Wahyuni (2012) notes that several authors have adopted alternative constructs to evaluate the trustworthiness of qualitative research. Guba (1981) is one of those authors who have preferred to use alternative terminology which serves as criteria to evaluate the trustworthiness of qualitative research. The criteria that have been forwarded and believed to be appropriate for qualitative researchers to apply in order to put the rigour of their research to test are: transferability, credibility, dependability and confirmability (Shenton, 2004). Internal validity and external validity have been substituted by credibility and transferability respectively, while reliability and objectivity have been substituted by dependability and confirmability, respectively (Guba, 1981; Shenton, 2004).

In order to address the credibility of qualitative studies Shenton (2004, p. 63) maintains that researchers should ensure that the research study represents “a true picture of the phenomenon under scrutiny”. Credibility (internal validity) in this study was pursued through triangulation. Triangulation can be executed in various ways and by using numerous sources of information (Merriam, 1998). The inclusion of various participant categories and multiple research sites, as well as using different methods of data collection, such as conducting individual and group interviews, in this research study ensured that information was collected in various ways and from various sources.

Transferability is equivalent to external validity in quantitative research (Shenton, 2004) and indicates the degree to which findings in one research study can be extended to other settings (Trochim, 2006). Lewis (2009) notes that within the interpretive paradigm, external validity refers to ensuring that research findings can be generalised to populations other than the one the sample was selected from. According to Lewis (2009, p. 5) transferability ensures that “results hold true across various people, times and settings”. In order to increase transferability of the study, detailed descriptions of the context of the research process as well as background information of participants and research sites were provided. Providing extensive information with regard to all aspects of the research process, ranging from the collection of data to the compilation of the research report within a detailed contextual account of the study enhances the transferability of findings. When such detailed descriptions of the research process are given, other researchers may be in a position to transfer the research findings to other contexts with other participants (Anney, 2014).

Another dimension to the trustworthiness of research findings is reliability, which is equivalent to dependability as observed by Shenton (2004). The term reliability refers to the extent to which a research study can produce the same results when repeated at different times (Willig, 2001). Merriam holds that reliability can rather be thought of as the extent to which the results are dependable and consistent with the data collected (Merriam, 1998). Trochim (2006) views dependability as a criterion for ensuring that the same results would be observed if the study would be repeated. Providing detailed reports of the research process to allow investigators to repeat the study in future research, increases the dependability of a study. Such detailed reports provide future researchers with comprehensive understanding of the research methodology that was followed in the study thus enabling them to replicate the findings (Shenton, 2004).

Dependability in this study was ensured through refining themes emerging from the data collected by coding and recording of data, as well as an audit trail whereby a detailed description of the research process/methodology was provided. An audit trail involves describing the route that the researcher has taken from the beginning up to the point where results are produced, explaining in detail the processes performed and followed, in order to arrive at the final results (Merriam,1998).

Confirmability refers to the objectiveness of the study (Shenton, 2004) and “degree to which the results could be confirmed and corroborated” by other researchers (Trochim, 2006, p. 1). Confirmability can be enhanced by conducting a “data audit” in which data collection and analysis procedures are examined to evaluate any semblance of bias that might exist (Trochim 2006, p. 1). In this study confirmability was ensured through an audit trail as explained above and keeping a reflexive journal documenting the researcher’s personal biases, personal reflections relating to the phenomenon under scrutiny as well as all events that took place in the field.

## 1.11 ETHICAL CONSIDERATIONS

The researcher in this study applied to the Ethics Committee of the University of Pretoria for permission to conduct research, and an Ethical Statement was issued in response to the application, granting permission to go ahead with the research study. On completion of the study the Ethics Clearance Certificate, which is included in this thesis was issued, in which the researcher declared that the ethical standards required in terms of the University of Pretoria’s Code of ethics for researchers were observed. In view of the fact that the researcher carries the responsibility for adherence to the ethical standards the following ethical issues were taken into consideration:

- Participants were fully informed of all the aspects of the research to help them decide if they were willing to take part in the study or not before the collection of data began;
- All the inquiries that participants had that could affect them adversely were addressed;
- The researcher ensured that participants were protected from any form of mental or physical harm;
- Participants were ensured of confidentiality as well as anonymity;
- Participants were assured of complete voluntary participation in the study and the right to withdraw their participation at any stage of the study, with no threat of any penalty.

The ethical considerations cited above are endorsed by McMillan and Schumacher (2001) and Willig (2001), who also maintain that the researcher should be open and honest with regard to sharing with the participants the purpose of the research. Although there may be incongruent views about what is correct or incorrect in terms of ethical standards, ethical issues cannot be overlooked (McMillan & Schumacher, 2001).

## 1.12 CONCLUSION

Most developing countries, including South Africa have witnessed a growing recognition of the importance of the early years of a child's development. However this increasing recognition has not been proportional to the opportunities granted to these young children to access services that will foster their development. South Africa in general and the Limpopo province in particular are faced with the challenge of children having limited or no access at all to essential services, particularly young children with disabilities.

Some of the developing countries are not able to provide these services because of a lack of policies pertaining to service delivery for young children. However, in South Africa the situation is somewhat different, since there are policies and legislation to cater for the needs of these young children including those with disabilities. South Africa has been hailed for developing comprehensive and progressive policies, particularly those pertaining to early childhood development. However in spite of these policies, a huge percentage of children eligible for ECD services, especially those with disabilities are not able to access these services. Hence the main aim of this study was to unearth those ecosystemic factors within the ecological environment which influence the accessibility of ECD services for young children.

The need to identify ecosystemic factors which create barriers to the accessibility of these services, and those that can promote accessibility cannot be overemphasized. The significance of this research study lies in obviating factors which adversely affect access and pursue those that have the potential to promote access to ECD services to all children who need them including those who have disabilities.

In the section below a layout of the study is presented.

### Chapter 1: Orientation of the study

In this chapter the orientation of the study is given which encompasses the rationale and significance of the study; problem statement, research questions and aims. A brief presentation on literature review as well as the theoretical framework underpinning the study is given. The chapter also presents the research design, paradigm and the research approach adopted in the study, trustworthiness of the study and ethical considerations.

### Chapter 2: Contextual framework

This chapter provides the contextual framework for the study and focuses on the importance of the early years of a child's development and the role and significance ECD services have on the development of all children, including those who have disabilities. The chapter also presents three models of disability, namely, the medical and social model as well as The International Classification of Functioning, Disability and Health for Children and Youth (ICF-CY). The ICF-CY provides a comprehensive classification system to describe the functioning of children with disabilities, using a language that can be understood by health, social and educational service agencies. The chapter concludes with a brief exposition of the state of ECD service provisioning, before and after the inception of the democratic government in 1994.

### Chapter 3: Theoretical framework

This chapter presents the theoretical framework which underpins the study, and encompasses child development theories which seek to account for how development unfolds during the early years of the child. The development of the young children whether living with a disability or non-disabled, takes place within the broader context of the environment in which they exist. The environment of development is equally important as the developing individual. It is against this background that this chapter focuses on Bronfenbrenner's ecological systems theory, as the theoretical framework, within which the mutual influence and interrelationships between the developing child and the environment in which he exists can be understood. The applicability of Bronfenbrenner's ecological systems theory to this research study is also discussed.

### Chapter 4: Research methodology

The research methodology adopted in this study is presented in this chapter. The chapter looks at the various aspects of the research methodology, namely the research design, the research paradigm, the research approach, the sampling method that was used for the selection of participants and the research sites, data collection and analysis techniques, trustworthiness of the study, as well as the ethical considerations which guided the study.

### Chapter 5: Data analysis

Chapter 5 presents data analysis according to the various participant categories. Other aspects pertaining to data analysis that are discussed encompass the coding of participants in their various categories-health care and social welfare professionals, which constituted focus groups, special school educators, caregivers and ECD practitioners as well as the biographical information of participants. The chapter also provides interview summaries of the various participant categories, which culminate in tables depicting the common themes and categories that emerged from the analysis of interview transcripts of each of the participant categories. The chapter concludes by presenting the four main themes that cut across all the four participant categories.

## Chapter 6: Data interpretation

Chapter 6 presents the interpretation of data that was analysed in chapter five. Data interpretation involves provision of the meaning and significance of the four main themes that emerged during data analysis in the previous chapter. The main themes reflect the meaning participants ascribe to their lived experiences with the phenomenon under scrutiny, across the various layers of the ecological environment. The key findings emanating from the main themes of this studyare classified into two broad categories, namely, factors which prevent the accessibility of ECD services and those that can promote accessibility to ECD services for young children with disabilities.

## Chapter 7: Summary, conclusions and recommendations

Chapter 7 starts off by providing overviews of the previous six chapters. The main focus of the chapter involves indicating the extent to which the key findings have answered the three secondary questions to reach research conclusions, which ultimately provides answers to the research questions (see section 1.4.1). The chapter concludes by presenting recommendations based on the key findings in this study, limitations of the study and suggestions for future research, as well as the researcher's personal reflection on the research study.

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# CHAPTER 2

# CONTEXTUAL FRAMEWORK

Until leaders of organisations really "live" a disability, they cannot experience the daily struggles of blind or deaf students, or those confined to a wheelchair for the rest of their life (Jansen, 2015).

## 2.1 INTRODUCTION

ECD services play a significant role in the development of all young children as they “provide education and care in the temporary absence of their parents or adult caregivers”, and in the process facilitate the holistic development of children from birth to age nine, in the various areas of functioning (UNICEF, 2007, p. 13). Atmore (1996, p. 1) reiterates that young children deserve “the best quality care and education” because it is during the early years of the child’s life that a firm basis for learning and success in life is laid. It is therefore imperative that these young children including those with disabilities be given the opportunity to access ECD services. In view of the developmental role played by ECD services, this research study, in pursuance of its main aim, intends to explore and identify factors in the ecological environment which influence the accessibility of ECD services for young children, falling within the three to five age cohort, specifically those who have disabilities.

This chapter provides a contextual framework within which the research problem is embedded, through the review of related literature and research studies. In the initial sections of the chapter, attention will be focused on the importance of the early years followed by an exposition of the concept ‘development’ in early childhood and the various areas of development. The rationale behind focusing attention on the concept “development” is that ECD services play an important role in promoting holistic “development” in young children as indicated above. In the latter sections of the chapter the role and importance of ECD services in relation to the development of young children are presented. The chapter concludes with a brief discussion on ECD services in South Africa, encompassing the state of accessibility of these services for young children, in particular those with disabilities, falling within the three to five age cohort.

## 2.2 THE IMPORTANCE OF THE EARLY YEARS

Early Childhood Development (ECD) is regarded as the most important period in the developmental cycle of human beings as the early years of a child’s life have a significant effect on what takes place throughout the lifetime of an individual (UNICEF, 2007). Ige (2011) also acknowledges that early childhood represents a critical phase in the lives of children as it is marked by accelerated rates of development, cognitively, physically and psycho-socially. The period considered to cover early childhood, according to international policy guidelines, stretches from the prenatal developmental phase to age eight (World Health Organization (WHO), 2007). In South Africa an almost similar period encompasses ECD which is extended by an additional year to age nine (UNICEF, 2007, p. 7). The New York University Child Study Centre (n.d.) acknowledges that the first five years of the developmental phase mentioned earlier form a basis which is important in determining the developmental strides that the child can make, both mentally and physically. They further maintain that development takes place at the fastest rate from birth up to the time the child has to start kindergarten (which is equivalent to Grade R in South Africa, a Grade which comes just before formal schooling starts in Grade 1). Biersteker (2001) notes that emphasis is often laid on the ECD period, covering the three to five or six year age cohort as it comes immediately before formal schooling. ECD services that are being referred to in this research study are directed to this group of children, in particular young children with disabilities, falling within the three to five age cohort, which forms part of the larger group of young children eligible for ECD services in South Africa.

Research conducted both in South Africa and internationally has shown that the early years, between birth and age nine are crucial for development (UNICEF, 2006). Early childhood is conceived of as a period of “extraordinary development, but also of vulnerability” (Meintjies &Van Belkum, 2013, p. 173). Experiences that the child goes through during the early years form the basis for all subsequent learning. The quality of health, well-being, learning and behaviour throughout the human developmental cycle are determined during these early years (WHO, 2014). Good health, nutrition, and a nurturing environment build a strong foundation which facilitates transition to primary school, thereby increasing the chances of completing primary school, paving the route to a life that is less likely to be characterised by poverty and disadvantage (UNESCO, 2007, p. 2). In view of the foregoing it is befitting to note that the importance of ECD goes much further than being the period which precedes and prepares children for formal schooling.

On the contrary, as mentioned above Meintjies and Van Belkum (2013, p. 173) contend that early childhood is also a period of “vulnerability”. Vulnerability is defined as “heightened or increased exposure to risk as a result of one’s circumstances” (UNICEF, 2006, p. 8). Vulnerability has adverse effects on the early developmental years as indicated by the instance of children who live in impoverished backgrounds. It has been well-documented that poverty adversely affects school success (Dorfman & Fischer, 2002). Atmore (1996) concurs with the previous authors as he notes that any form of deprivation might have prolonged adverse effects on the development of children. Allen-Meares (2004) strongly advocates adequate caring for these children, as children who are at risk as a result of poverty, are likely to have their health status compromised and thereby adversely affecting their cognitive and socio-emotional development, as well as their academic performance. It is in this regard that the quality of care and education provided to children is conceived to be instrumental in determining the extent to which they will develop in future (UNESCO, 2007). Hence, it is crucial that ECD services also take into consideration the health and nutrition of children to ensure that they achieve their holistic and full developmental potential (UNICEF, 2006).

Since the main aim of this research study is to explore and identify ecosystemic factors influencing the accessibility of ECD services for young children with disabilities, it is necessary to mention that children who have disabilities are also vulnerable as they are at risk of being excluded from early childhood services and programmes in the mainstream. Young children with disabilities need appropriate support and interventions during this critical phase of development, to prevent potential developmental delays and further difficulties relating to their disabilities. It is therefore crucial that they access ECD services so that they too can develop their full potential (WHO/UNICEF, 2012). “Early childhood provides an important window of opportunity to prepare the foundation for life-long learning and participation” in respect of all children (WHO/UNICEF, 2012, p. 5). With the early years being so critical for development, the importance of ECD services in steering successful and holistic development seems indisputable.

## 2.3 DEVELOPMENT IN EARLY CHILDHOOD

Development is a generic term that can be used in a variety of contexts. It is therefore imperative to focus specifically on what the concept ‘development’ entails in the context of early childhood as a phase in the human developmental cycle. Trawick-Smith (2003, p. 6) notes that, it is common for any individual who spends time with children to observe that children change in many ways in the process of growing up, hence he refers to development as a process through which human beings “change both qualitatively and quantitatively as they grow older”. Quantitative change as children grow older is witnessed as an increase in height, weight as well as social and physical capabilities, whereas qualitative change is manifested as the ability to engage in advanced levels of thinking and behavioural patterns (Trawick-Smith, 2003; Umansky & Hooper, 1998). Umansky and Hooper (1998) also concede that development fundamentally entails change. However, they further argue that the kind of change that qualifies to be regarded as development has to be cumulative and systematic. Development must be orderly and progress from the attainment of simple behaviour to more complex behavioural patterns (Umansky & Hooper, 1998).

Keenan and Evans (2009, p. 4), who like the previous authors, view development as “patterns of change over time” beginning at conception and continuing “throughout the life span", note that it occurs in the various areas such as the biological or physical, cognitive, emotional and social domains. Slavin (1994, p. 30) shares a similar view to Keenan and Evans (2009) and conceives of development as involving "orderly and lasting growth, adaptation and change over the course of a lifetime" which is manifested in the physical, personality, socio-emotional, cognitive and language development of human beings. Slavin's (1994) view of development involves more than just change, but includes other dimensions such as growth, and adaptation which take place throughout the human developmental cycle. However, Slavin (1994) does not qualify what "growth" and "adaptation" entail as integral components of development.

Myers (1992) in his discussion of child development provides a description of *growth* and *adaptation* as concepts that are closely related to development. His view on these two concepts could also shed some light on Slavin's (1994) notion of each of the two concepts.  Myers distinguishes "development" from "growth" as he argues that the two terms are not the same. However, he acknowledges that they are interrelated and notes that there is a tendency to use them interchangeably. He argues that development is marked by the attainment of complexity in functioning, whereas growth is characterised by an increase in size. Growth occurs when cells multiply and grow bigger in size and can be represented as weight or height or both. According to Myers (1992) adaptation is the main goal of child development which is reflected in the child's ability to transform or adjust his environment in such a way that he can deal with it. His definition of child development is consistent with his view on the goal of child development as he considers child development to be "a process of change in which the child learns to handle ever more complex levels of moving, thinking, feeling and relating to others" (Myers, 1992, p. 39). In this sense development entails continuous adaptation to the constantly changing levels of complexity of the tasks that the child has to deal with and master.

Development can therefore be viewed as a process that begins with conception and spans the entire life time of human beings with no assumption that at some point in time it must reach its highest or lowest level (Baltes, 1987; Myers, 1992). Development according to Baltes (1987) refers to all those processes which the child may go through during various phases of the human developmental cycle, some of which may be absent when the child is born and only emerge at a later stage, as the child grows up. This is of particular significance to children who are born with disabilities, as it suggests that having been born without certain abilities or competencies would not necessarily prevent these children from developing them during their lifetime, particularly during the early years. With the early years being the opportune time for optimal acceleration of development, in particular, the child's cognitive capacity (Lerner & Johns, 2009), the impact ECD services would have on the development of young children with disabilities cannot be overlooked.

In the following sections attention will be focused on typical development in children, which is often referred to as normal child development.

### 2.3.1 Typical or normal development of young children

The main objective of early work in child development was to describe normal development and determine its causes. Hence the focus of most of the theories on child development, including those mentioned above has been on what is regarded as normal development (Trawick-Smith, 2003) or typical development of the child (Allen & Schwartz, 2001). Allen and Schwartz (2001) define normal or typical development as a continuous "process of growing, changing and acquiring a range of complex skills". This process starts in early infancy and proceeds according to a pattern that is predictable and commonly displayed by most children of the same age (Allen & Schwartz, 2001, p. 56).

The National Centre for Learning Disabilities (NCLD) (National Centre for Learning Disabilities, 2000) in the United States of America (US) also agrees that certain skills and abilities which young children acquire as they grow up are predictable. Allen and Schwartz (2001) note that these skills (and abilities) are often referred to as developmental milestones which are regarded by early maturationists such as Gesell

(Trawick-Smith, 2003, p. 37) as “specific characteristics that could be expected to emerge in children at various age levels” and can be used to measure the level of development a child has reached. These predictable milestones are viewed as representing normal or typical development. According to Allen and Schwartz (2001, p. 56) children who do not acquire these skills or experience significant delays in acquiring any of these skills should raise a concern that “something may be amiss”.

The NCLD (2000) acknowledges that children may not necessarily reach their milestones within the same timelines. Hence, the attainment of certain milestones at expected timeframes should be regarded as a guide only (U.S. Department of Education, Office of Communication and Outreach, 2005). Keenan and Evans (2009) also concur that each child is capable of attaining specific developmental skills, but will do so at his or her own pace. In addition to the pace at which these skills are mastered, they are usually achieved in a specific sequence. However, exceptions to this common observation cannot be ruled out as some children may skip certain steps or practice certain skills differently. Allen and Schwartz (2001, p. 56) cite an example of a child who instead of crawling before learning to walk, will “move about sitting up and hitching forward with one foot” before practising to walk. Keenan and Evans (2009) refer to the ‘multidirectionality’ principle of development which supports this observation, as according to it development does not follow a specific single path which can be regarded as the normal one, but can take various forms.

Most definitions of development mentioned above, including those specifically relating to child development, indicate that development is multidimensional (Keenan & Evans, 2009; Myers, 1992; Slavin, 1994). Myers (1992) argues that in order to give a comprehensive description of how children develop, the various dimensions of development should be taken into consideration. In his definition of child development, he mentions that development is a process of change in which the child progressively learns to carry out activities involving “moving, thinking, feeling and relating to others (Myers, 1992, p. 39). The aforementioned activities are representative of the broad areas of functioning that other authors refer to as physical, cognitive, emotional and social development, respectively (Berk, 2000; Keenan & Evans, 2009; Slavin, 1994). These broad areas of child development will be discussed in the section below.

#### 2.3.1.1 Areas of development in early childhood

The discussion on areas of development in early childhood will be limited to young children falling within the three to five year age cohort, generally referred to as pre-schoolers (Slavin, 1994; Trawick-Smith, 2003; Wall, 2011), which is the focus of this study. Various theories on early child development focus on different aspects of development. These broad areas of development include physical development, cognitive development and socio-emotional development (Slavin, 1994; WHO, 2012). Development in each of these areas occurs interdependently and entails the acquisition of basic skills, systematically progressing to more complex ones. The changes that take place within each one of them are interrelated and share common influences exerted by the environment, and therefore have important implications for one another (Schaffer, 1996; Slavin, 1994; WHO & UNICEF, 2012). A typical instance of this interrelation, between developmental areas of children cited by the National Scientific Council on the Developing Child (2004) is illustrated by how emotional experiences of new-borns are shaped during their interaction with caregivers when they are being fed, comforted and held. In time infants realise that when they display their distress emanating from hunger, cold, wet nappy or feeling uncomfortable in one way or another, through crying, their distress can be relieved by the positive response of caregivers through feeding, soothing or holding them, thereby affording them the experience of positive emotions. This indicates that even during that early stage of development, their "emotional experiences become embedded in the architecture of their brains" (National Scientific Council on the Developing Child, 2004, p. 1).

##### (i) Physical development of pre-schoolers

Physical development refers to bodily changes manifested in the manner in which children grow, move as well as the way they perceive the environment around them.

During the preschool years, children undergo significant changes in physical growth and motor development as they get taller, stronger, and improve their coordination of muscles (Grisham-Brown, 2009). Young children at this age are expected to gain mastery of most motor skills, which include the use of both large and small muscles, enabling them to control their gross and fine motor movements, respectively (Slavin, 1994). The previous author also notes that the order in which children develop motor skills is the same, with a variation in the rate at which individual children develop these skills. Bredekamp and Copple (1997) also note that young children in their preschool years go through a rapid process of motor development. This process is displayed through their ability to execute physical activities requiring the use of their large muscles, such as jumping, hopping, skipping as well as control over the use of small muscles in the manipulation of objects. The high levels of physical activity typical of pre-schoolers have implications for preschool education, as they "are natural wigglers" (Slavin, 1994, p. 74) and cannot endure engaging in activities which are less active and require them to sit still for long periods of time.

In an excerpt from the U.S. Department of Education, Office of Communication and Outreach (2005) it is indicated that pre-schoolers are expected to develop the following skills:

- Gain greater control over their large muscles as well as fine-motor muscles;
- Engage in play activities that involve running, skipping, jumping with both feet, catching a ball, climbing stairs and dancing to music;
- Improve in physical co-ordination, such as hopping on both feet.

### (ii) Cognitive development of pre-schoolers

Grisham-Brown (2009) indicates that cognitive development involves mental processes, such as language, memory, problem solving which children engage in the acquisition and usage of knowledge. Anthony (2014) in a paper she compiled on Cognitive Development in three to five year olds highlights the fact that cognitive development in pre-schoolers is marked by a rapid growth in their thinking abilities. 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. Memory abilities also show significant changes as pre-schoolers acquire unique ways of categorising, reasoning and problem solving (Anthony, 2014).

Preschoolers are capable of thinking about objects or people even when they are not present in their immediate environment, and use their imagination to represent them in make-believe accounts or events. They are also able to think about events expected to happen in the future and to recall those that took place in the past (Trawick-Smith, 2003). However, pre-schoolers have their thought processes focused on one dimension of a situation or object, hence have a limited ability to comprehend that there may not necessarily be only one dimension of the situation or object (Anthony, 2014).

According to an excerpt from the U.S Department of Education, Office of Communication and Outreach (2005), pre-schoolers are expected to develop the following cognitive skills:

- Match and sort things that are the same or not the same;
- Recognise numerals, print, signs, or logos, shapes such as squares, rectangles and triangles;
- Understand and follow spoken directions;
- Use words and longer sentences;
- Display an awareness of rhyming sounds in words;
- Attempt to read and become aware that each alphabet letter has a name, at least tenletters of the alphabet, especially those that are found in their own names;
- Know how to hold books and read, as well as following the right direction of reading;
- Develop language skills by listening and speaking; and
- Enjoy activities that involve exploring and investigating.

### (iii) Socio-emotional development of pre-schoolers

Social and emotional development of children according to Grisham-Brown (2009) is about the manner in which they deal with relationships with other people, including their understanding of their own feelings. Hence Grisham-Brown (2009) regards the formation of friendships as well as peer compliance in order to be accepted in the group as of utmost importance during this period. Young children who are not able to form effective relationships with other people or their peers are at risk of not being well liked by their peers. In the event of young children being unable to socialise with their peers they may need special support so that they can learn how to form relationships with their peers Grisham-Brown (2009), lest they develop atypical tendencies in relating to their peers, including other people.

The process of learning to communicate, share, and interact with others takes many years to develop. The development of the ability to regulate emotions and behaviour is similarly a long process. Hence it has been noted that the development of social-emotional skills in children can continue “well into their teenage years or even young adulthood” (Children’s Therapy & Family Resource Center, 2011, para.1). Social and emotional development in preschool children is important for formal schooling as indicated in the statement below (The Whole Child, n.d.):

> Social and emotional milestones are often harder to pinpoint than signs of physical development. This area emphasizes many skills that increase self-awareness and self-regulation. Research shows that social skills and emotional development (reflected in the ability to pay attention, make transitions from one activity to another, and cooperate with others) are a very important part of school readiness (para.1).

Preschool children start to display initiative when they become attached to their caregivers and subsequently develop independence in their thinking and actions. Initiative according to Erikson is an emotional state that leads children to make creative attempts, take risks, and reach out to peers, whereas guilt is the emotional state that is opposite to initiative which according develops when children feel restricted in their environments (Trawick-Smith, 2003).

Some of the typical social and emotional skills expected of children between the ages of three to five years as postulated by the U.S. Department of Education, Office of Communications and Outreach, (2005) are the following:

- Develop moral reasoning, such as fairness, good and bad behaviour;
- Experience a wider range of emotions such as jealousy, excitement, fear, anger; becomes more aware of other people’s feelings;
- Show an interest in making friends and attachment to one friend;
- Play with other children or invite them to join in playing;
- Display the willingness to share toys with other children and take turns;
- Enjoy imaginative play with other children, such as dress up or play house;
- Enjoy playing games, can follow simple game rules, though consistency in rules is not observed;
- Can endure a difficult task for a longer period, such as managing frustration or controlling anger better;
- Listen while others are speaking;
- Learn to co-operate with other people, in particular parents and peers;
- Show increased independence;
- Display a decrease in egocentric behaviour; and
- Might begin to be defiant and boss peers around.

### 2.3.1.2 Atypical development and disability in early childhood

In the previous sections attentionwas focused was on the normal development of children in the various areas of functioning. Umansky and Hooper (1998, p. 31) believe that “a sound knowledge of normal growth and development is essential for anyone interested in children, particularly for those who work with children in educational and developmental programmes". The same goes for individuals who work with young children who experience special needs or developmental problems. Comprehensive knowledge of normal growth and development on the part of professionals such as teachers can be instrumental in the prevention or alleviation of developmental problems, thereby promoting the development of children presenting with special needs (Allen & Schwartz, 2001; Umansky & Hooper, 1998).

In this section attention will be given to disability and atypical development in early childhood. It is crucial to highlight what these concepts entail, particularly in the context of this research study, whose main aim is to explore those ecosystemic factors which influence the accessibility of ECD services for young children with disabilities.

Westling and Fox (2009) refer to disabilities as conditions whereby individuals have significant weaknesses in general learning abilities, personal and social skills, sensory and physical development. The significant weaknesses reduce the individuals' general ability to demonstrate skills necessary to maintain themselves independently. They consequently have the development of typical abilities in some way adversely affected. According to Westling and Fox (2009) these individuals often need help and continued support from other individuals who do not have disabilities, such as family members, friends, teachers and professionals. In such instances children may be considered to be undergoing atypical development, which Allen and Cowdery (2012, p. 81) define as "any aspect of a child's physical or psychological make-up that is different from what is generally accepted as typical to early childhood".

All young children share certain developmental features, yet they may differ in many other respects. When children display characteristics that are different from their peers, which consequently affect their development, they are often regarded as "exceptional" or "atypical" (Allen & Schwartz, 2001, p. 55). Some authors prefer to use the concept 'exceptional' to refer to all children who differ from typically developing children (Allen & Schwartz, 2001). These authors further state that at some point the term "exceptional" broadly included all children presenting with the mildest form of atypical development to the most cognitively outstanding abilities in individuals. Similar to the concept "exceptional children" is the term "children with special needs". The latter concept bears a resemblance to the former as Jansen, Calitz, Du Toit, Grobler, Kotze, Lancaster, Orr, Smith, and Swanepoel (1992, pp. 433-434) define "special needs" as follows:

> an overall term that refers to all children who cannot benefit sufficiently from regular education and, therefore, need a modification of, or a supplementation to, regular education in order for them to optimally realise their potential. The term includes children with various forms of disabilities and developmentally impaired children, as well as gifted children.

Both 'exceptional children' and 'children with special needs' are broad concepts which are inclusive of children with disabilities. The World Health Organization (WHO) (2014) has come up with the definition provided below which seems to narrow down what is entailed by the term 'disability':

> Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives (para. 1).

A definition approved by the South African Cabinet for the purpose of eligibility for the disability grant seems closer to the definition provided by the WHO. Disability in the South African context is viewed as "a moderate to severe limitation in a person's ability to function or ability to perform daily life activities as a result of a physical, sensory, communication, intellectual or mental impairment" (Department of Social Development, 2009, p. 16).

In terms of the foregoing definitions, it is appropriate to distinguish between disability and impairment as the terms are not the same, yet there is a tendency to use them interchangeably. The terms are however, closely related as reflected in the definitions mentioned above. In a sense disability is viewed as a consequence of impairment, which may be any loss of or abnormality in psychological, physiological functioning and/ or abnormality in anatomical structure. Impairment is usually used to refer to an individual's medical condition or health problem as in people with a visual or hearing, or physical impairment etc. (WHO, 1980).

In this research study the term "disability" is used consistently as it is one of the main constructs in the title of the study. Disability can also be viewed within two distinct theoretical frameworks that are broadly classified into two general categories, namely individual models, such as the medical model, which regards disability as existing within the individual, and societal models which see disability as an integral part of society (Rothman, 2010). Another model which has recently been introduced by the World Health Organization in the disability field is 'The International Classification of Functioning, Disability and Health for Children and Youth- ICF-CY' (2007) which provides the conceptual framework for a comprehensive classification system for describing the functioning of children with disabilities. In the following sub-sections these three models namely, the medical and social models as well as the ICF-CY will be briefly discussed, in an endeavour to enhance our understanding of the concept "disability".

### (i) The medical model

The medical model has had the most influence on understanding disability amongst the individual models and views disability as "functional loss and impairment" experienced by the individual (Rothman, 2010, p. 197). The definition of impairment mentioned above appears to resonate with the medical view of disability as it refers to the condition as existing and being experienced within the individual. The main premise of the medical model is that disability is regarded as a medical problem and can be described in terms of its etiological features or medical diagnosis with a view to providing treatment and rehabilitation (Simeonsson, 2003). In view of the foregoing Rothman (2010) concedes that for individuals living with disabilities to access resources and services that they need, the medical model is necessary to provide the criteria which qualify them as having a disability. This appears to be the view that the South African cabinet has adopted in providing a definition for disability as indicated earlier on.

### (ii) The social model

The social model of disability has played an important role in understanding disability within the societal frameworks (Swain, French, Barnes, & Thomas, 2004). In terms of the social model, disability is defined by the views and values that society holds and the understanding that it has about individual members (Rothman, 2010) living with disabilities. The socially based model regards disability as located in society itself and is a result of how society is structured in terms of the accessibility to resources and services. It is society that defines the “stereotypes, conceptions” of what is viewed as “normal” (Rothman, 2010, p. 195) or not.

The British Council of Disabled People (BCODP) (formerly called British Council Organisations of Disabled People), and other organisations view disability as a “disadvantage or restriction of activity” caused by a contemporary social organisation which takes little or no account of people who have impairments and thus excludes them from the mainstream of social activities” (Davis, 1986, p. 1). In this context disability becomes a particular form of social oppression which is characterised by attitudinal, environmental and organisational barriers, which consequently exclude disabled people from enjoying equality in accessing employment, education, housing, transport and leisure opportunities (Davis, 1986).

Viewing disability within the social model of disability could shed light on those ecosystemic factors which create barriers to the accessibility of services and thereby perpetuate the disabilities that these young children have. Within the sociocultural perspective of disability, Groce (1999, p. 756) notes "…that the lives of individuals with disability around the world are usually far more limited by prevailing social, cultural, and economic constraints than by specific physical, sensory, psychological, or intellectual impairments".

Whilst the conception of disability held by the social model makes sense in terms of the role it plays in creating barriers for individuals living with disabilities, this model alone cannot facilitate the full understanding of disability. The evidence for the existence of a disability can consistently be provided by the medical model (Rothman, 2010), whilst the social model should create an environment where the necessary resources and services can be accessible.

It is acknowledged that both the medical and social models of disability have had the most influence and an important role in understanding disability (Rothman, 2010; Swain et al., 2004). Disability in the context of this study embraces the views held by both models and includes various forms of disability in young children, ranging from sensory, communication, intellectual to physical disabilities. In order to identify those young children who present with various forms of disability, evidence of the conditions of the children should be based on medical diagnosis, and be complemented by exploring the kind of barriers these children experience in accessing the necessary resources and services. In light of the previous remarks it would appear that these models of disability are complementary to each other. This complementary feature of the two models will be adopted in this study in exploring ecosystemic factors which influence the accessibility of ECD services for young children with disabilities.

### (iii) The International Classification of Functioning, Disability and Health-Children and Youth (The ICF-CY)

The International Classification of Functioning, Disability and Health for Children and Youth-(ICF-CY) (WHO, 2007) is another model or conceptual framework that has been brought forward by the WHO. The model was intended to provide a comprehensive classification system that describes the functioning of children with disabilities, using a language that can be understood by health, social and educational service agencies (Simeonsson, 2009). The aforementioned framework has been published in various versions starting with The International Classification of Impairments, Disabilities, and Handicaps-ICIDH (WHO, 1980) published more than three decades ago, which introduced a move towards separating disability from underlying causes. With the revision of this framework which was then renamed the International Classification of Functioning-ICF (WHO, 2001) there was a clear shift towards recognising the dynamic nature of disability. The ICF (2001) which is now applicable to persons 18 years of age and older, views disability as the result of the interaction of the person with a health condition with the environment, taking place within the dimensions of body functions or structure, performance of activities, and participation, and environmental factors (Simeonsson, 2003).

The latest publication of yet another revision of the framework currently called The International Classification of Functioning, Disability and Health for Children and Youth-ICF-CY (2007) has brought with it an expanded version to accommodate children and youth (Simeonsson, 2009). According to Simeonsson (2009, p. 70) the ICF-CY (2007) “offers a new paradigm and taxonomy of human functioning disability, which can be used to guide holistic and interdisciplinary approaches to assessment and intervention”. The ICF-CY was developed to cater for the developmental aspects of childhood, from birth to the age of 17 (American Speech-Language-Hearing Association, 1997-2014).
Unlike the medical and social models which view disability as either biological or social respectively, the ICF-CY adopts a different stance and views disability as “neither purely biological nor social” (WHO, 2012, p. 7). The ICF-CY for Children and Youth has the same organization as the ICF with the same hierarchical structure which includes the following (American Speech-Language-Hearing Association, 1997-2014):

- Body Functions/Structures;
- Activities and participation;
- Environmental factors.

The interaction defined by the abovementioned components is illustrated in Figure 2.1 below:

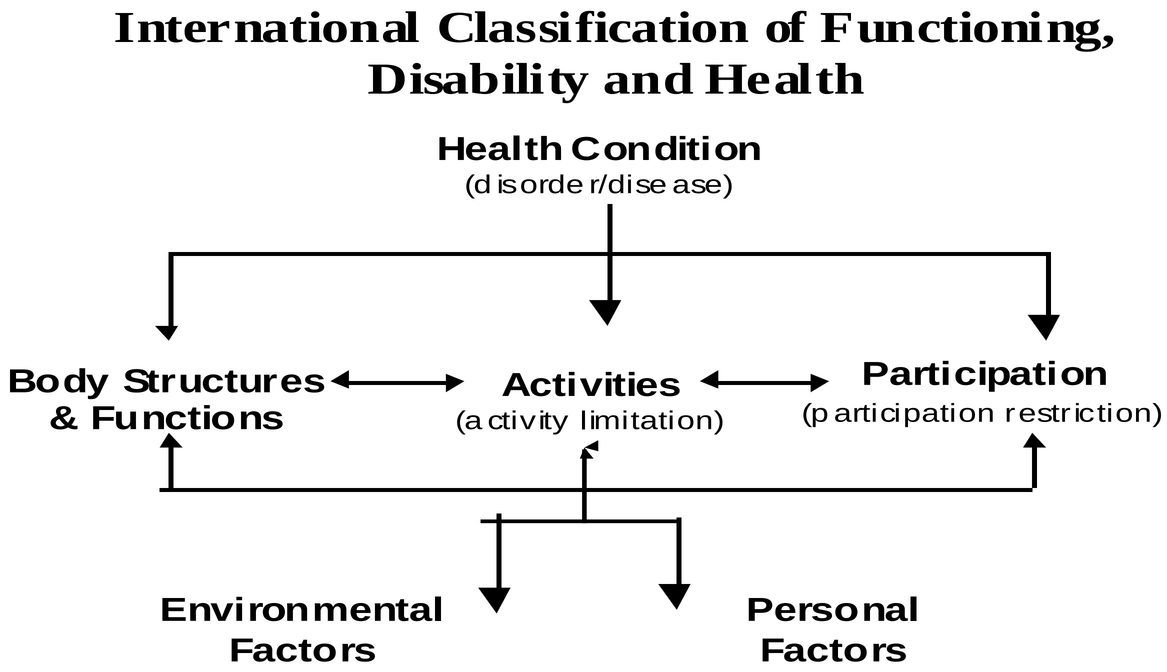

**Figure 2.1: International Classification of Functioning, Disability, and Health (Adapted from the International Classification of Functioning, Disability, and Health) (WHO, 2001, p. 18).**

An important contribution that the ICF-CY has brought along is the documentation of functioning limitations in individuals with disabilities as well as serving as a tool that provides guidance in holistic and interdisciplinary approaches to assessment and intervention in instances involving children presenting with disabilities (Simeonsson, 2009, p. 70).

The development of a child is subjected to a diversity of biological and environmental factors. Some of these factors promote development to the full potential, while others prevent the child from achieving the highest possible level of development (WHO & UNICEF, 2012). In this regard children who have one form of disability or another are vulnerable to diverse risk factors such as poverty, stigma, discrimination, abuse, neglect, as well as limited accessibility to programmes and services, which could have a negative impact on their survival and full development (WHO & UNICEF, 2012). It should be emphasized that people with disabilities (including children with disabilities) like all other non-disabled people have health needs that should be catered for. Documented evidence suggesting that people with disabilities encounter difficulties in accessing health care services attests to the need to remove any environmental and social barriers that they may face from time to time (WHO, 2014). Exclusion from health care and stimulation services due to poverty can lead to the development of secondary conditions that may exacerbate their health status (WHO, 2014). In view of the foregoing it is imperative that young children with disabilities have access to all the services they need, such as health care, social welfare, and ECD services to enhance their health status, social well-being and development.

## 2.4 ECD SERVICES

ECD services are intended to facilitate a broad range of developmental domains hence they provide key services for the holistic development of children which includes the emotional, intellectual, mental, spiritual, moral, physical and social development and growth of children from birth to nine years (UNICEF, 2007). Research has demonstrated that early childhood education has positive effects on the development of young children, and has consequently exerted an influence on both policy and practice (Heckman & Masterov, 2007). Pianta and Hamre (2009) argue that society stands to benefit in the event of children attending early childhood education programmes, as they learn and develop skills which parents might lack or be unable to facilitate. In the sections below the role and importance of ECD services is discussed.

### 2.4.1 The role of ECD services

ECD services have a major role to play in the total growth and development of all children as they are intended to foster holistic ECD (UNICEF, 2007) through the provision of ECD programmes, on a regular basis to children up to school-going age as stipulated in the Children’s Act No. 38 of 2005 (National Government of South Africa, 2010; UNICEF, 2007). In the South African context ECD services are provided for young children falling within the birth to nine years age cohort, to promote development, i.e. intellectually, emotionally, mentally, spiritually morally, physically and socially (UNICEF, 2007).

The importance of ECD services needs to be reviewed in terms of the impact it is expected to have on the various components in relation to the growth, development and education of young children, including young children with disabilities.

#### 2.4.1.1 ECD as an inherent right

All children have an inherent right to services and programmes that will enhance their development in the early years. Hence Wazir and Van Oudenhoven (1998) argue that children need ECD services in their own right as children and not only for preparation as future adults. The right of access to ECD services is also highlighted by Mendis (2006, p. 1) in his assertion “that all young children have the right to early childhood education as well as to attend Early Childhood Care and Development Centres”. Mendis (2006, p. 2) also argues that deprivation of early childhood education amounts to further deprivation of many other rights that children who do not have disabilities enjoy. Some of the rights the author singles out are the “right to play with other children, the right to enjoy their childhood like other children of their age; the right to form friendships; the right to opportunities for stimulation to promote their maximum development and realise their full potential”.

Both the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities highlight important issues concerning the rights of individuals with disabilities in relation to protection from violence, abuse and neglect as well as accessibility to basic and essential support services such as health care, nutrition, education and early childhood intervention, as well as social inclusion. Upholding the rights of children regarding the aforementioned issues can play an influential role in ensuring a fulfilling childhood which can in turn be stepping stones for preparing them towards assuming full and meaningful participation in society as adults (WHO & UNICEF, 2012). The United Nations Conventions specifically emphasise that children with disabilities are entitled to a decent life that affords them full and active participation in societal matters, (Department of Social Development, 2009) including education matters.

The rights-based argument takes the issue even further and suggests that any effort that supports the right to development should "begin at the beginning- with prenatal care for pregnant women" and continue through birth to at least the age of eight to ensure that children enjoy the opportunity of developing healthily. It is through such efforts that legal obligations expected of society at large can be met as well as strike a balance between protection rights and development rights as prescribed by the United Nations Conventions. Committing to the calls for "early childhood care and initial education" by various governments which attended the 1990 Conference on Education for All, held in Jomtien, appears to be the most noble response that could have been made in view of the Declaration that 'Learning begins at birth' (Bernard van Leer Foundation, 2004, p.2).

Woodhead (2006) notes that the development of early childhood policy has increasingly been informed by the United Nations Convention on the Rights of the Child (1989). In South Africa, policy initiatives made in relation to ECD for all children, including those with disabilities bear testimony to this. The Integrated Plan for ECD (UNICEF, 2005) through advocacy of service provisioning in a variety of settings, supports the right to access services, in particular ECE. The Strategy for Integration of Services for Children with Disabilities (Department of Social Development, 2009) also advocates a rights-based and social approach to the provision of services and also emphasises the right of people with disabilities to have a full participatory role in society. The right to education is also endorsed in the South African legislative framework through the Constitution and The Children's Act. The Bill of Rights in the South African Constitution which is intended to affirm the democratic values of human dignity, equality and freedom declares that "everyone has a right to basic education" (National Government of South Africa, 1996b,

p. 14). The recent Children's Act, No. 38 of 2005 (National Government of South Africa, 2010) gives effect to certain rights of the child as contained in the South African Constitution and makes provision for early childhood development as it clearly specifies that early childhood programmes should be made available to children with disabilities.

#### 2.4.1.2 ECD as an investment for the future

The importance of early childhood development cannot be underestimated, since it is based on the premise that the early years of life provide "a window of opportunity" that serves to lay a firm foundation for a child's future life. This foundation can be laid in instances where young children have access to quality ECD services. A lack of access to such services, often results in children lagging behind in their development, particularly those from poor, rural backgrounds (World Bank, 2010, para. 3). Wazir and Van Oudenhoven (1998, p. 2) concede that "appropriate care and education during" the early years have "a lasting effect on their intellectual capacity, personality and social behaviour as adults". Based on the lasting effect of appropriate care and education that the child may have experienced during the early years, Wazir and Van Oudenhoven (1998) further assert that investing in the early years of a child's development has the potential to bring about high rates of social and economic returns for a country. They maintain that children who receive ECD services have a high probability of being employed as adults, and will enjoy high salaries, as well as manage their personal relationships effectively.

The rationale for promoting ECD services as an investment for the future of a country is widely supported (Myers, 1992) even though according to the Bernard van Leer Foundation (2004) very few studies have come up with detailed monetary calculations confirming economic gains. Myers (1992) in supporting the economic argument for investing in ECD notes that:

> Without referring to a scientific literature, common sense suggests that a person who is well developed physically, mentally, socially, and emotionally will be in a

> better position to contribute economically to family, community and country than a person who is not…in most countries of the world, that economic contribution begins at a very early age (p. 8).

The population of any country economically constitutes its ‘human capital’ as postulated by the Bernard van Leer Foundation (2004) and represents the most valuable economic asset, hence the best way to develop this human capital would be to give all children opportunities to develop to their full potential. Myers (1992, p. 8) concedes that society stands to benefit economically from investing in child development, for children are any country’s future and “custodians of continuity”.

However, the aforementioned assertions would need to be supported by longitudinal empirical evidence. It is on this note that Woodhead (2006) cautions that raised expectations on ECD policies may be an overestimation of the potential of ECD policies and (programmes) to translate into any form of positive economic outcome for a country.

#### 2.4.1.3 ECD as a preparatory phase for formal education

It has been well-documented that early childhood development services enhance school readiness and therefore serve as a preparatory phase for formal schooling. According to Wazir and Van Oudenhoven (1998), early childhood education amongst other things impacts on improved readiness for schooling; improved school attendance and performance. Mundia (2007, p. 157) seems to concur with the previous authors as he contends that early childhood care and education plays an important role in the preparation of young children for primary education and helps to lay a foundation on which “sound primary education can be built”.

School readiness is an essential prerequisite for the success of the formal learning and teaching process (Bruwer, 2014), which consequently should have significant implications for the achievement of sound primary education outcomes. Bruwer (2014) refers to school readiness as constituted by various components which include, the readiness of the community to support the child, the readiness of the school to cater for the child's needs and lastly the personal readiness of the child himself for formal learning. Myres (1992) maintains that children who enter primary school prepared have the potential to make better use of the teachers' inputs as teaching can be more effective when children bring in their own component of school readiness, which Bruwer (2014) refers to as personal readiness. In this way some of the components of school readiness would be in place to facilitate effective learning and teaching.

Argue (2008, p. 3) in supporting the notion of school readiness indicates that research spanning three decades, conducted on understanding the impact of ECE, has produced findings which overwhelmingly attest to the potential of "universal pre-school" to improve school performance in later years and increase the economic productivity as adults. The period of early childhood turns out to be the opportune time for the establishment of life-long "trajectories" that are associated with the health status, learning capacity as well as behavioural development of the child, in view of the rapid changes in physical, cognitive, social and emotional development taking place during this period (D.G. Murray Trust, n.d., p. 4).

In terms of the observation made by Atinc and Gustafsson-Wright (2013), contribution from literature demonstrating the influence the first 1000 days of a child's life have on future success has been growing immensely. They further note that there is increasing awareness of the impact neurological development has on the development of other aspects such as language, cognition as well as the social and emotional development of the child, during the early days of a child, spanning from conception to two years of age They acknowledge that poverty, lack of proper nutrition and quality interrelationships in the growing child's environment can adversely affect neural development in the child, and this may further have negative outcomes as indicated below:

> The effects are cumulative and the absence of appropriate childcare and education in the three to five age range can exacerbate further the poor

> outcomes expected for children who suffer from inadequate nurturing during the critical first 1,000 days (para. 2).

Lerner and Johns (2009) concur that the early years represent the only period in the cycle of human development in which the child's cognitive development can be accelerated optimally. They further maintain that this applies to all children, including both young children with or without disabilities. However, the early years of a child with disabilities call for even more urgent attention in view of the developmental lags in the various aspects, which include cognitive, physical and psycho-social development. Lerner and Johns (2009) contend that in the event of the child not having access to opportunities for optimal development, such deprivation of opportunities may have an irreversible effect on the child. The contentions made by the previous authors are affirmed by Simeonsson (2003, p. 1) as he conceives of the early years as a unique phase in which "developmental forces" can be maximised to prevent or alleviate disabilities.

In the absence of any opportune time for optimum development of young children with disabilities, the early years of children's lives provide an opportunity that should never be missed to afford children access to ECD services. The benefits that come along with investing in the youngest population of society are indispensible for the betterment of individual children, their families and the society at large. The crucial role played by ECD services in the holistic development of children should be acknowledged and appreciated in order to back up the need to make these services available and accessible for all children at all costs. Accessing ECD services will not only uphold children's rights to basic and essential support services that will enhance their health, nutrition, early childhood education and intervention, but will render children useful and productive in their adult lives from whom society can derive the benefits of a well-nurtured and prepared human capital.

### 2.4.2 The importance of ECD services

Armecin et al. (2006) indicate that most governments have made provision for ECD services through ECD programmes, whose main objectives are the enhancement of the learning environment, improvement of nutrition as well as decreasing the prospect of ill-health among preschool children. ECD programmes refer to “planned activities designed to promote the emotional, intellectual, mental, spiritual, moral, physical and social development and growth of children from birth to nine years” (UNICEF, 2007, p. 7). While Armecin et al. (2006) believe that ECD programmes can better the lives of developing children they caution that there are few evaluations conducted on ECD programmes to back up their effectiveness on the development of children. These authors conducted a three-year longitudinal evaluation of an ECD programme for zero to four year olds, introduced by the Philippine government in the late 1990’s. Results indicated that the cognitive, social, motor and language development, as well as nutritional status of children who participated in the programme, had improved significantly when compared with the status of children excluded from the ECD programme.

In a qualitative study conducted by the Department of Social Development, South African Social Security Agency & UNICEF (2010) on Child Support Grant (CSG) in South Africa (a social cash transfer programme for children aged between birth and 18), it was found that caregivers and parents acknowledged that the CSG plays an important role in making ECD service accessible to their children. They also regarded ECD services as valuable for the development of their children. These caregivers and parents cited numerous reasons that made them view ECD services as important. Among some of the reasons mentioned were the following: they believe that ECD services boost their children’s early learning and readiness for formal schooling; promote the acquisition of social skills and the provision of a safe environment in their absence (Department of Social Development, South African Social Security Agency & UNICEF, 2010).

#### 2.4.2.1 The importance of ECD services in terms of their objectives towards the development of children

The importance of ECD services is entrenched in the objectives they pursue through early childhood programmes, with regard to the development of young children. According to Atmore (1996, p. 4) the "objectives of ECD services lie in the growth and development of children in the four main areas: the cognitive, social, emotional, and physical". Children are therefore provided with opportunities for growth and development in the aforementioned domains as discussed below.

##### (i) Cognitive domain

Atmore (1996) maintains that the child's intellectual functioning is stimulated through exposure to opportunities that have the potential to develop his/her cognitive potential. The child is provided with activities that sharpen his curiosity, stimulate his sensory and perceptual learning, as well as thinking skills, thereby enhancing his state of readiness for formal schooling. Reynolds, Mann, Miedel and Smokowski (1997), note that development in the cognitive domain is just one of many indicators of successful development.

Medical research has provided evidence indicating that brain development takes place at a faster rate during the first few years of life. The early childhood experiences a child goes through impact on the development of the brain and can either facilitate healthy development or increase the vulnerability of the child. The environment has a significant influence on brain development which is the cornerstone of cognitive development. The environment affects both the number of brain cells and number of connections among them as well as the pattern in which these connections occur, and all these factors may affect the future learning capacity, as well as cognitive development and functioning of the child (World Bank, 2011). The fact that early environmental influences on brain development may have a lasting effect on the child's future learning capacity makes ECD services an indispensable option in promoting the cognitive development of the child, given the opportunities the child may be exposed to in the event of having access to early childhood education.

### (ii) Social and emotional domains

ECD services present preschool children with opportunities for interacting with one another, and in the process learn how to relate to one another, as well as establish relationships with the teachers and peers. Children develop interpersonal skills which foster getting along and working together with other children and adults. Children also learn to share and co-operate with one another. ECD programmes foster the development of a positive self-concept, self-confidence and a sense of independence and individuality, embodied in feelings of security and freedom to engage in relationships with peers and adults (Atmore, 1996). The New York Early Childhood Professional Institute (n.d., para.1) concurs that ECE improves and strengthens interactions with peers “while decreasing problem behaviour and adjusting” to the demands of formal schooling. Indicators of a successful socio-emotional development include social skills, motivation to achieve, self-esteem, and a positive attitude towards school (Reynolds et al., 1997). These authors further note that the early cognitive effects of participation in a preschool programme, promote school competence and academic achievement. They are also of the opinion that early cognitive effects may also have long term influence on the social development of the child. Also consistent with the observations referred to above is the general goal of early education and care conceived by Bernard Van Leer Foundation (1981) as:

> …to enrich the lives of individual children whose development would otherwise be adversely affected by detrimental socio-economic and cultural circumstances, and to show parents and communities how, besides giving love and devotion, they can best help their children to be successful in school, and ultimately, in their adult lives. As an ideal, community-based early childhood programmes offer the hope that ignorance, poverty and disease can be reduced and the promise that even the most disadvantaged child can be helped to lead a fulfilling and

> worthwhile life. Thus, early childhood education, especially in developing countries, is much more than an end in itself. It is also a means for social development and improvement (p. 2).

### (iii) Physical domain

Children need to be given numerous opportunities to participate in physical activities during their preschool years. The level of activity varies with the age of children, with three year olds showing a greater level of activity, consequently calling for teachers and parents to provide situations where they can engage in safe physical activity. Four and five year olds, though still in need of more movement opportunities, engage in lower level physical activities in comparison with their younger counterparts, and can also endure sitting for fairly short periods of time in occasions when they have to listen to story reading (Brewer, 2007).

All young children can benefit from “vigorous” physical activity on a daily basis, hence it is imperative for teachers to plan activities that promote physical development, focusing on specific skills such as gross motor skills using equipment that motivate them to engage in activities such as climbing, running, jumping and so on (Brewer,2007, p. 19). Providing classroom activities such as cutting with scissors, moulding clay, stringing beads, sewing cards, using pegs and pegboards can help them develop fine motor skills (Brewer, 2007) needed for efficiently executing activities such as writing and others which need the use of small muscles.

Pre-schoolers need a well-structured physical activity programme, which may be implemented successfully by well-trained teachers (Sherry & Draper, 2013). Brewer (2007) acknowledges that the rate at which physical development takes place varies with environmental factors such as nutrition and those affecting the health status of the child. Stunting in young children is one of poverty-related ills associated with malnutrition, especially in the rural areas of South Africa (Porteus, 2004). The health status of the child is also important for the physical well-being and motor development of the child. Research evidence indicates that children's health, physical growth and chances for survival are positively influenced when early childhood education is of good quality and presented in a structured format (UNESCO, 2000).

### 2.4.2.2 The importance of ECD services in terms of their benefits for children

A paper compiled by The World Bank (2011), alludes to the importance of ECD programmes by mentioning the benefits that children, families and communities enjoy from participating in them. Following evaluations of "well-conceived programs designed to foster early development" it was demonstrated that children who undergo these programmes show more success in later scholastic performance and are better disposed to handle social and emotional challenges, supported by their competency in verbal, cognitive and physical development World Bank (2011, para. 2). The foregoing observation has been reiterated in the National Development Agency (NDA) (Atmore, 2012). It has also been noted that a vast amount of international research evidence has demonstrated the benefits that are brought about by structured and quality ECD services. The provision of cognitive stimulation, care and health services, nutrition through ECD services yields some of the following benefits (Lynch, 2004; Atmore, 2012; World Bank, 2011):

- Improved cognitive development and school achievement;
- Higher and timely primary school enrolment rates;
- Less grade repetition and lower dropout rates;
- Increased high school completion rates;
- Improved social and emotional behaviour;
- Improved nutrition and health status-in developing countries;
- Increased earning potential and economic self-sufficiency;
- Reduced social inequality and relief for the disadvantaged;
- A positive effect on female labour force participation and older siblings' schooling in affordable programs.

It is the promotion of the holistic development of the child that renders ECD services important and also indispensable in achieving what according to the Bernard van Leer Foundation (2004, p. 4) is an "overall enhancement in the quality of any individual society and thus…the enrichment of world society".

Having discussed the importance of ECD services, a brief account of the state of ECD services provisioning in South Africa both pre-1994, during the apartheid regime and post 1994, during the reign of the democratically elected government will be given in order to contextualise the research aim. This will shed some light, firstly on the availability of ECD services, and secondly on the accessibility of these services for young children, including those with disabilities, specifically for the group of children falling within the preschool age, i.e. three to five years old.

## 2.5 ECD SERVICES IN SOUTH AFRICA

### 2.5.1 ECD services provisioning prior 1994

The apartheid era in South Africa was characterised by a lack of universal state involvement in the provision of ECD services to all sections of the populations in the country. Excell and Linington (2008) note that ECD services were referred to as pre-primary education prior to 1994 and the policy framework that existed catered mainly for white children between the ages of three and six, and excluded other population groups in South Africa. Porteus (2004, p. 346) also noted that when pre-primary education was taken over by provincial education departments in South Africa, it was "expanded" for the white population group, while the Department of Education and Training, responsible for Black education, was compelled to discontinue the subsidisation of pre-primary education for black children. Hence the provision of ECD services took place on a very limited scale prior to 1994 as it was provided selectively to some population groups (HSRC, 1981). In spite of the discontinuation of subsidies by the government, there was an increase in the provision of ECD services by the private sector, community based organisations, and Non Governmetal Organisations (NGOs). International organizations took over the provision of ECD services and provided parents and communities with funding in the wake of being abandoned by the government Porteus (2004).

In recognition of the abovementioned inconsistencies concerning education, and in particular pre-primary education, the De Lange Commission (HSRC, 1981) was established to look into education matters and formulate guiding principles for the provision of education in South Africa. Among other recommendations made, the education system was to be characterised by a three-tiered structure consisting of pre-basic, basic and post-basic education. Pre-basic education was envisaged to encompass preschool education (HSRC, 1981) or ECE as it is commonly referred to, especially by South African institutions of higher learning, as a programme for educators who intend teaching young children (Steyn et al., 2014). The De Lange Commission acknowledged that there was a need for preschool education among South Africans as all population groups suffered environmental deprivation (HSRC, 1981), though in its investigation did not pay much attention to pre-primary education (Van den Berg & Vergnani, 1986). However, the commission recommended that “there be partial institutionalisation” of pre-basic education for young children aged five and six years old, which would serve as a bridge to cross over to formal schooling (Van den Berg & Vergnani, 1986, p. 133).

The recommendation was premised on the experience that the bridging period, which was envisaged to take one or two years, was to be spent in most instances in primary schools. It was regarded as a necessary precondition for success in formal schooling as it would enhance the school readiness skills of five- and six-year olds. The Relly and Hofmeyr report (HSRC, 1983) supported the recommendation made by De Lange (HSRC, 1981) that there should be a bridging period for five- to six-year olds. The Relly and Hofmeyr (HSRC,1983) further recommended that preschool care and education services from birth to school-going age should be made compulsory and a matter of general policy as a support system for families. This implied that the Relly-Hofmeyr report (Van den Berg & Vergnani, 1986) supported full-day preschool bridging programmes in communities where they were needed, to be coordinated by a Statutory Foundation for Child Development, established at the national, regional and local levels, falling under the jurisdiction of a single education department.

The De Lange Commission also noted that some children lacked school readiness, and others had a high drop-out and failure rate as well as learning problems, in particular black students (HSRC, 1981). The commission further identified the need to cater for children with special needs, and classified them in various categories, which included those who were environmentally deprived, scholastically, aurally, visually, physically, mentally, and neutrally impaired, as well as those who had outstanding giftedness. Challenges relating to the provision of education to children with special needs (disabilities) included lack of professional personnel, identification, evaluation and diagnosis of problem areas (HSRC, 1981). However, there appears to have been no concrete evidence of an effort by the apartheid regime to implement the recommendations made by the aforementioned commissions of enquiry by De Lange (HSRC,1981) and Relly and Hofmeyr (HSRC,1983), either through policy, legislation or practice, particularly for populations groups from disadvantaged backgrounds.

### 2.5.2 ECD provisioning post 1994

With the dawn of democracy in 1994, the South African government identified areas which reflected inequalities within the South African society, as well as strategies to address them. ECD was identified as one of the key areas premised to redress these inequalities by promoting the rights of young children through the process of reconstruction and human resource development (Porteus, 2004; Biersteker, Ngaruiwa, Sebatana, & Gudiyanga, 2008, p. 229). Democracy in South Africa came along with interesting possibilities and important changes for the ECD phase as the provision of ECD services was to be extended to all population groups, catering for children from birth to nine years old (Excell & Linington,2008). The commitment that the democratically elected government made was to expand the provisioning of ECD services through ECD policy and legislative framework, and was demonstrated in the publication of the White Paper on Education and Training of 1995 and the 1997 White Paper for Social Welfare, which were followed by the Interim Policy for ECD released by the Department of Education. The Department of Basic Education also initiated the National ECD Pilot Project whose objective was to inform the provisioning model for the Reception year (Grade R) in South Africa (UNICEF, 2005).

The Department of Education (2001a) has consequently prioritised ECD through educational provisioning in the Education White Paper 5 which singles out five-year olds as the target group for early childhood education prior to formal schooling. With the reconceptualisation of the ECD phase, Grade R, for five-year olds, has been introduced to serve as a bridge for crossing over to Grade 1, marking the start of formal schooling. In order to ensure that all children have some form of preschool education or early education prior to formal schooling the Department of Education (1995; 2001a) set itself a goal towards making Grade R for five- and six-year olds compulsory by 2010 (Excell & Linington, 2008). The target date for achieving universal accessibility for five-year olds to Grade R was revised to 2014 by the Department of Basic Education (Atmore, 2012).

This policy of the Department of Education, however gives little attention to the zero to four age cohort, i.e. the pre- reception year group but provides strong arguments for the provision of ECD services during the pre- reception years. There are no guidelines or explicit support suggested towards service provisioning, instead the bulk of the responsibility is shifted to the Department of Social Development (Porteus, 2004) as one of the collaborative partners in the inter-sectorial dispensation for catering for the zero to four age group (UNICEF, 2005). The Department of Social Development has acknowledged its responsibility for the provisioning of ECD services by laying emphasis on both care and education through the release of ‘Guidelines for ECD Services’ (UNICEF, 2007). However, a lack of funding for ECD infrastructure has contributed in hampering access to ECD services, and also makes it difficult for ECD centres to register with the Department of Social Development as well as to access the subsidy that the Department provides to registered centres (Viviers, Biersteker, & Moruane, 2013).

The National Integrated Plan for ECD (UNICEF, 2005) services was intended to integrate and coordinate the implementation of ECD policies by the three core departments, namely the Departments of Basic Education, Health and Social Development tasked with ECD service provisioning and other agencies in the community such as non-governmental organisations and the private sector. This Integrated Plan for ECD (UNICEF, 2005) also called the “Tshwaragano Ka Bana government ECD programme” has one of its premises as the delivery of services to young children through amongst others, the creation of environments and situations that will promote the holistic development of children; as well as increase opportunities that will prepare children for formal education more effectively.

The National Integrated Plan for ECD (UNICEF, 2005) has yet to see full and effective implementation. The inter-sectoral approach that is being advocated specifically focuses on the zero to four years age cohort and involves the three core departments, mentioned above. The age cohort, three to five years, which is the focus of this research study overlaps with both the intersectoral age cohort targeted for integrated ECD service delivery and the five-year old group that is eligible for Grade R. It was indicated earlier that this overlapping element may pose another dimension of challenges as service provision will be the responsibility of both the intersectoral dispensation and that of a specific institution, namely, the Department of Basic Education. Porteus (2004, p. 340) argues that “in the conceptual definitions, these policies emphasise the integrated nature of service provision between the state and civil society (families, communities, Non-Governmental Organisations (NGOs), the private sector on the one hand, and between state departments on the other hand”. However, there exists a huge gap between policy development and implementation of the policy.

In order to provide a legislative framework to effect certain rights of children relating among others, to care and protection, provision for early childhood development, the South African government promulgated the Children’s Act No. 38 of 2005 (National Government of South Africa, 2010). The act states that the provision of ECD services is the responsibility of provincial governments. The member of the executive council of the Department of Social Development in each of the nine provinces has to prioritise funding for ECD programmes within ECD services which incorporates children with disabilities (National Government of South Africa, 2010).

The South African Constitution (National Government of South Africa, 1996b) makes provision for the right of every citizen to basic education, and further indicates that this includes basic adult education and further education, which the state must make it reasonably and progressively available and accessible. Beckman and Phatudi (2012) and Porteus (2004) note that whilst education is a basic right as promulgated in the constitution, it has not been explicitly indicated that it includes or excludes early childhood education. In spite of this uncertainty, the South African government seems to have acknowledged its responsibility in making provision for ECE in the Human Resource Development Strategy for South Africa (HRD-SA) 2010-2030 (National Government of South Africa, 2009) which intends to prioritise universal accessibility to quality ECD services for young children between birth to age four. The aforementioned strategy of the government is supported in the National Development Plan (NDP): Vision for 2030 (Department of the Presidency, 2011) which proposes that all children should have accessibility to two years of preschool education to ensure successful implementation of the Plan (Beckman & Phatudi, 2012).

The South African government has identified the need to increase the rate of accessibility to ECD services as well as to improve the quality of these services, particularly for children who come from disadvantaged backgrounds. In a report compiled by Atmore (2012) on the situation of ECD in South Africa currently, it was noted that 67% of the five year olds were registered in Grade R in 2011 which was a relatively encouraging figure in view of the government’s goal to attain universal accessibility by 2010. Funding for ECD centres has progressively been increased to extend services to the zero to four-year age cohort by the Department of Social Development, while the Department of Basic Education has also increased its funding for the enrolment of Grade R children (Department of Basic Education, Department of Social Development &UNICEF, 2010).

Although notable progress has been achieved in improving accessibility to ECD services including increasing the enrolment of Grade R learners, there is much that the government has still to do to improve service provisioning with a view to achieving universal access for all children eligible for ECD services (Atmore, 2012). In this instance the limited accessibility of ECD services for young children with disabilities stands out, which is the rationale behind conducting this research study with the main aim of exploring and identifying factors which influence the accessibility of ECD services for young children with disabilities. It was mentioned in The Nationwide Audit of ECD Provisioning in South Africa (Department of Education, 2001b, p. 2) that “the extent to which the needs of children with disabilities are being addressed requires further investigation to ensure optimal development of such learners within the mainstream education system”. It is more than a decade ago since the statement was made and little progress has seemingly been made with regard to the full implementation of all the policies and legislation developed in respect of ECD service delivery to all young children, with the worst affected being those young children with disabilities.

## 2.6 CONCLUSION

With the main aim of this study being to explore and identify ecosystemic factors which influence the accessibility of ECD services for young children with disabilities, it is envisaged that ECD services will not only be afforded a place in the policy and legislative framework of the country, but will as a matter of urgency begin to serve the young children who are in such dire need of these services. Documenting ECD services provisioning and declaring them a human right, without being accessible to the population for which they were intended, translates into the violation of the very right to education which these policies and legislation purport to protect.

In view of the foregoing it is imperative to afford all young children, including those with disabilities the right to access ECD services so that they can have opportunities for early stimulation to promote the achievement of their full potential. The United Nations Conventions on the Rights of the Child and the Rights of Persons with Disabilities emphasise the right of children with disabilities to a decent life, allowing them full and active participation in societal matters without excluding other children. The objectives of ECD services go beyond the development of children in the various areas, which include cognitive, physical and socio-emotional development as they prepare and equip them for lifelong learning and participation in society.

It has been well documented that ECE or ECD services serve as a preparatory phase for formal schooling as they have the potential to enhance school readiness, as well as lead to improved school attendance and performance on the part of the child. It is therefore imperative that all young children access ECD services as cognitive development can be accelerated optimally during the early years. Mental development is the most important component in the development of the child as it impacts almost all other areas of functioning. This is of particular significance in the case of children with disabilities as they would need even more urgent attention to address developmental lags in the various areas of functioning, so that the effects of disability can be prevented or alleviated. Inaccessibility to ECD services can impact negatively on the development of children with disabilities, as deprivation of development opportunities may have irreversible consequences for them.

Investing in ECD has been widely supported by various communities and governments, both in developing and developed countries as it is has been observed that children who receive ECD services have the potential to become successful in various aspects, later in their lives as adults, and contribute significantly to the social and economic returns of a country. The rationale for investing in ECD for the future of a country has received increasing support in spite of the few studies that have actually come up with evidence showing economic gains in detailed monetary terms. However, with the population of any country economically constituting the human capital, investing in ECD services appears to be the best thing to do, so that this human capital can bring about outcomes from which children themselves and the country at large can benefit.

The understanding of the implication of the role of ECD services for society as a whole as indicated above, and more specifically in the holistic development of both children with and without disabilities in the context of early childhood can be enhanced if it is facilitated within the natural settings where the developmental process takes place. Similarly, looking for factors which influence the accessibility of ECD services in the very environment which influences the developmental process of children with disabilities, has the potential to provide answers relating to what would promote or hinder access to these services.

In the next chapter child development with reference to its pioneers such as Piaget, Vygotsky, Watson, Bandura, and others is dicussed. A detailed exposition of Bronfenbrenner's Ecological Systems theory is also given, followed by discussions of the various ecological systems, namely, the microsystem, mesosystem, exosystem, macrosystem and chronosystem which make up the ecological environment. Attention is also devoted to the relevance of the various ecological systems of Bronfenbrenner' theory to the research study in terms of providing a lens through which the factors which influence the accessibility of ECD services for children with disabilities, falling within the three to five age cohort can be explored and identified.

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# CHAPTER 3

# THEORETICAL FRAMEWORK

"When you are born," she announced, "you do not choose your disability" (Jansen, 2015)

## 3.1 INTRODUCTION

Since ECD services are geared towards the promotion of holistic development of young children, including those with disabilities (UNICEF, 2007), it is necessary to understand how development in young children takes place. To this end, various theories have been formulated with the objective of enhancing our understanding of child development (Trawick-Smith, 2003). As development always takes place in context (Bronfenbrener, 1979), it is also necessary to consider the context in which it occurs.

In order to shed light on how development unfolds in young children, this chapter first focuses on the various child development theories which provide different theoretical perspectives within which the development of young children can be understood (Brewer, 2007). This is followed by a review of the ecological systems theory in general, as well as in relation to its applicability to this study. The ecological systems theory provides a theoretical framework which serves as a lens through which the link between the developing child and the environment (Hook, 2009) can be explored. With the main aim of this study being to explore and identify ecosystemic factors which influence the accessibility of ECD services for young children with disabilities, the ecological systems theory seems to be the most useful and relevant in facilitating the achievement of the research aim as indicated above.

## 3.2 THEORETICAL PERSPECTIVES ON CHILD DEVELOPMENT

A "child development theory is an integrated collection of beliefs about why children behave, think and feel as they do", that also serves to enhance our understanding of how children grow, develop and learn (Trawick-Smith, 2003, p. 37). Child development theories constitute a theoretical framework that has the potential to influence the accessibility of ECD services for young children with disabilities by virtue of the different views they have on normal or typical child development. In an effort to shed more light on how the development of children unfolds, attention will be focused on the basic tenets of these theoretical perspectives as well as how they can be used by their proponents and early childhood educators to facilitate access to ECD services.

Professional practice in early childhood development is generally guided by four broad theoretical perspectives, namely, cognitive-developmental theory, sociocultural theory, behaviourism and social learning theory. Some literature sources include another theoretical perspective, namely the maturationist theory (Biehler & Hudson, 1986; Trawick-Smith, 2003). The latter perspective shares a common stance with what other sources refer to as the developmental or normative approach (Lerner, Mardell-Czudnowski, & Goldenberg, 1987). In the following sections, the various theoretical perspectives or schools of thought underpinning child development will be discussed including their relevance to the main aim of this research study, which is to explore and identify ecosystemic factors influencing the accessibility of ECD services for young children with disabilities.

### 3.2.1 Cognitive-Developmental Theory

Jean Piaget (1896-1980) has had a huge influence on research and theory in the field of child development (Keenan & Evans, 2009) and has consequently been given credit for the cognitive-developmental theory. One of the most important tenets of cognitive-developmental theory is that "mental growth is the most important element in childhood development", because "almost all aspects of human life … are directly influenced by thinking" and the use of language (Trawick-Smith, 2003, p. 48). Cognitive-developmental theory, also referred to as constructivist theory, holds that children are actively involved in creating their own understanding and constructing their knowledge (Berk, 2000; Keenan & Evans, 2009; Trawick-Smith, 2003). The cognitive-developmental theory basically focuses on the growth of children's intellectual structures and their maturing thinking patterns which impact upon the manner in which they view and make sense of their environment and themselves (Lerner et al., 1987).

According to Piaget's theory, cognitive development takes place in four stages which follow a specific sequence. Each of these stages is marked by the acquisition of new abilities characterised by a reorganisation of the child's thinking patterns (Berk, 2000; Slavin, 1994). The stages include the following:

- The sensori-motor stage (birth to 2 years);
- The preoperational stage (2 to 7 years);
- The concrete operational stage (7 to 11); and
- Formal operational stage (11 and beyond).

Every child has to go through the abovementioned stages and none of these stages can be skipped. However the rate at which children progress from one stage to the other may vary. Babies and young children learn about their environment by interacting with it through their senses and motor skills (Slavin, 1994). Young children are expected to progress from the sensori-motor stage to the preoperational stage. Pre-schoolers, therefore, fall within the preoperational stage (Trawick-Smith, 2003) and so does the three to five year age group of children which is the focus of this study. Pre-schoolers gain understanding of the environment around them by using a different mode of learning. Instead of relying only on the physical manipulation of objects, preschoolers engage in somewhat advanced thinking skills to learn, and use symbols to represent objects in their environment (Slavin, 1994).

Daniels and Shunow (2003) state that Piaget believed that children can reach higher order reasoning ability as they grow up and go through the stages, as well as engage in the physical and social environment around them. However, concrete experience remains a crucial foundation or basis for attaining abstract reasoning skills. These authors further maintain that “conceptual change occurs through assimilation and accommodation” (Daniels & Shunow, 2003, p. 497). In Piaget’s theory, assimilation and accommodation are some of the most important processes necessary for learning. Assimilation entails the process of fitting new information into previously acquired knowledge in order to make sense of it. However, to create accurate meaning and understanding of new information, assimilation only is not adequate. Hence, accommodation needs to complement this process by modifying previous knowledge to create a new understanding which pertains to the new information. According to Piaget’s theory, human beings, including young children progress through the stages of cognitive development engaging in these processes, namely assimilation and accommodation in order to learn “the skills, knowledge, beliefs and values important to their own family and culture” (Trawick-Smith, 2003, p. 52). The cognitive-developmental perspective does acknowledge the importance of the child’s immediate environment and cultural background in influencing mental growth (Trawick-Smith, 2003).

Cognitive-developmental theory lays emphasis on mental growth as it is the most important component of development in view of its nature to influence and permeate all other areas of the individual’s functioning, through thinking and language use (Trawick-Smith, 2003). ECD services among other objectives have to develop the cognitive functioning of children, including those with disabilities. Research has demonstrated that ECD services impact positively on the cognitive development of children. All individuals need to have their cognitive capacities developed to their full potential, though this may vary with individuals given their variable genetic make-up.

According to this perspective, children with disabilities would benefit from accessing ECD services as it is more urgent for them to receive these services during the early years, in order to reverse any forces that might delay development even further (Lerner

& Johns, 2009; Simeonsson, 2003). With advocates of the cognitive developmental theory, children with disabilities might stand a better chance of accessing ECD services as early as they should, given the importance they attach to the overarching role of the individual's mental capacity in directing other developmental domains (Trawick-Smith, 2014).

### 3.2.2 Sociocultural Theory

Lev Vygotsky (1896–1934) in his sociocultural theory of development highlights the extreme importance of the social environment in the development of the child. Vygotsky contends that social interactions between children and society members, who command more knowledge than the children, are instrumental in the acquisition of knowledge and skills. It is on this note that development, according to this theory is viewed as a social process in which social interactions lay the foundation for cognitive development (Keenan & Evans, 2009).

Vygotsky based his explanation of cognitive development on social systems constituted by meaningful interactions between the child and the caregiver, which according to him were representative of a responsive environment to the needs of the child. He further incorporated the concept, 'zone of proximal development' which he used to explain the gap between a child's actual level of development and the potential level of development a child could reach, and highlighted the role of adults in guiding the child to reach the latter level of development (Umansky & Hooper, 1998).

In extending his sociocultural theory to disability, Vygotsky proposed what he referred to as the 'theory of distorted development'. The theory is founded on the premise that children may present with two broad types of defects i.e. organic defects emanating from both "endogeneous and exogeneous biological" factors (Umansky & Hooper, 1998, p. 204), as well as secondary defects which represent distortions of higher psychological functioning caused by societal reactions to the impairments (Umansky & Hooper, 1998). In an endeavour to lessen the effects of the child's impairment, the objective of intervention should be to build on the child’s strengths instead of highlighting what the child is not able to do. Engaging the child in the socialisation process determined by the cultural environment the child is growing in can facilitate the development of higher psychological functions (Umansky & Hooper, 1998). The propositions made in Vygotsky’s theory on disability highlight the significance of the caregiver’s support and that of other people in the child’s life in promoting development in children with disabilities.

In view of Vygotsky’s belief that social interactions between children and members of society who are more knowledgeable than the children are instrumental in the acquisition of knowledge and skills (Keenan & Evans, 2009), young children with disabilities would benefit from accessing ECD services, in instances where ECD practitioners and educators have the expertise and skills to teach children with disabilities. According to Vygotsky, meaningful interactions between the child and the caregiver, which would in a broader sense include the ECD practitioner for the duration of the child’s stay at the ECD centre, are based on the extent to which they are responsive to the needs of the child. Vygotsky’s notion of the ‘zone of proximal development’ which he used to explain the gap between a child’s actual level of development and the potential level of development a child could reach, elevates the role of adults (Umansky & Hooper, 1998), particularly ECD practitioners and educators in mediating between the two levels of development, so that the child can be assisted to reach higher developmental levels or milestones.

In order to facilitate the accessibility of ECD services for children with disabilities, emphasis should be laid on the abilities of the child as opposed to what the child is incapable of (Umansky & Hooper, 1998). In view of the significance that Vygotsky gives to the caregiver’s support and that of other people such as ECD practitioners and educators in enhancing the development of the child, the child’s disability would therefore not be a hindrance to accessing ECD services and programmes, even in mainstream classes. It is in this regard that Umansky and Hooper (1998) believe that the effects of the child’s impairment can be reduced, and this in itself would be an effective intervention strategy to facilitate the development of the child.

### 3.2.3 Behaviourism and Social Learning theory

In his quest to build an objective science of psychology John B. Watson pioneered the behaviouristic movement premised on the belief that attention should be focused directly on observable aspects of human behaviour as opposed to Freud’s “hypothetical internal constructs” when studying human behaviour (Keenan & Evans, 2009, p. 30). He further believed that children are not born with blueprints relating to what kind of individuals they would turn out to be in the process of growing up. Hence the behaviourists reject the perspective that conceives of children as going through a number of stages guided by biological maturation in their developmental process. Human development is a continuous process involving changes in behaviour and is guided by forces that exist in the individual’s unique environment, which differs from one situation to the other or between people. Watson endorsed John Locke’s notion that a child’s mind is like a blank slate on which anything can be inscribed, hence parents and other people who are in the lives of children can significantly influence their development based on how they treat them (Schaffer, 1996). Hence, all learning is observable behaviour (Trawick-Smith, 2003) and “well-learned associations between external stimuli and observable responses” form the building blocks of human development, which Watson refers to as habits (Schaffer, 1996, p. 54).

B. F. Skinner (1904–1990) is mostly known for his variant of the behaviourist theory whose basic tenet is operant conditioning. In terms of this principle of human behaviour, children learn behaviour through reinforcement or punishment. Behaviour that is rewarded can be encouraged or perpetuated, whilst behaviour that is punished is discouraged or decreased (Berk, 2000).

Albert Bandura, in his social learning theory, brings another dimension to the behaviourist theory which is underpinned by the notion of imitation through observation, which is referred to as observational learning or imitation. He believed that children could have their learning opportunities increased through observing others and consequently learn new behaviours (Daniels & Shumow, 2003). Bandura shared the same measure of enthusiasm with Skinner regarding the potential impact his operant conditioning principle could have on learning and behaviour (Biehler & Hudson, 1986). Although Bandura acknowledged the impact reinforcement and punishment could have on the recurrence and suppression of behaviour, respectively, in relation to observational learning, he argued that human beings are capable of making choices, and would not just imitate without considering the effects of their behaviours (Biehler & Hudson, 1986). In this regard Schaffer (1996, p. 56) also points out that Bandura raised the concern that “human are cognitive beings” and unlike animals, would first apply their minds to the relationship between the observed action and consequence before they can also engage in it. Observational learning can introduce new behaviours only if cognitive processes are brought into play, as in order for the behaviour to be learned, the individual needs to pay attention, process and store what is observed in his memory so that it can be imitated later on (Schaffer, 1996).

With John B. Watson’s behaviourist theory being premised on the belief that human behaviour is largely observable, studying human behaviour should not be much of a challenge as it is not represented by some internal constructs which could not be easily observable. The one thing that behaviourist focus their attention on is changing behaviour (Keenan & Evans, 2009). This suggests that change in an individual’s behaviour in response to an activity intended to effect change can be observed directly.

Since what children would turn out to be is not absolutely dictated by their genetic composition, the environment in which children are placed can play a significant role in influencing the final product that they can turn into (Keenan & Evans, 2009). The relevance that this theoretical perspective has to children with disabilities is that if they are in a nurturing and stimulating environment, any positive change in their behaviour can be noticeable. With behaviour involving change in the level of development of the child being directly observable (Schaffer, 1996; Trawick-Smith, 2003), it can serve as evidence that receiving appropriate support, as in accessing ECD services, which are intended to positively impact on the development of the child is crucial.

Human development, including child development is a continuous process involving changes in behaviour and is guided by forces that exist in the individual's unique environment (Keenan & Evans, 2009). When children with disabilities are given the opportunity to access ECD services, they would be exposed to an environment that through available ECD programmes may contribute to this process of continuous development in preparation for formal schooling and participation in societal activities as adults.

### 3.2.4 Maturationist Theory

The most acknowledged proponent of the maturationist theory is Arnold Gesell (Biehler & Hudson, 1986), whose theoretical perspective maintains that what children learn and the manner in which they behave is a function of genetic predisposition. According to maturationists the skills and abilities children acquire are basically the same because they have been genetically predetermined (Trawick-Smith, 2003). They further argue that the basic abilities which children acquire such as learning to talk, walk and read are set to happen in whatever cultural background or environment in which the child grows. Hence, the environment plays an insignificant role in determining the child's basic abilities, as "most of what children become is inherited at birth… and abilities simply unfold as children mature" (Trawick-Smith, 2003, p. 37).

The views held by maturationists have had a significant influence on education. The view that children's abilities unfold as they grow up, implies that if a child has not matured in a specific skill, he is not ready to learn and therefore needs to be engaged in readiness activities first (Alridge & Goldman, 2014). This view resonates with the perspective adopted by proponents of the developmental or normative view on the teaching of reading to preschoolers as they argue that the majority of them are developmentally not ready to be taught how to read (Lerner et al., 1987).

Children who are placed in restrictive environments or in situations that demand the execution of tasks they are not yet ready for may present with problematic behaviour or have their process of maturation tampered with (Trawick-Smith, 2003). This appears to be the only dimension of influence that maturationists believe can be exerted by the environment on the development of the child. However, the focus of modern maturationists has been on the contribution of genetics to development. Their views on child development have remained basically the same with regard to the significant influence genetics and maturation has on learning and behaviour as opposed to environmental influences (Trawick-Smith, 2003).

In terms of the premise of the maturationist theory, the biological maturation process should take its course before the child can be ready to do certain tasks (Alridge & Goldman, 2014). Young children who have not reached the maturity to carry out certain tasks successfully or developed certain abilities and skills need to be given the opportunity to develop to their full potential. The inception of pre-kindergarten and kindergarten in the United States of America was partially a result of the views held by maturationists. Children who are immature or not ready for school have to be enrolled in some programmes which will afford them more time to assist them to reach the level of maturity that qualifies them to start formal schooling (Alridge & Goldman, 2014).

ECD practitioners and educators who adopt this theoretical perspective to guide their educational activities may use it to accommodate young children, who still need to reach the required level of maturity for formal schooling. These young children need services or programmes that will stimulate their development in the various developmental domains and in this instance ECD services have the potential to impact positively on their development. This also applies to children with disabilities as they may have the rate at which they mature slowed down and consequently experience developmental delays leading to non-conformity with the normal or typical development of children (Allen & Cowdery, 2012; Allen & Schwartz, 2001). Children with disabilities normally achieve some of their developmental milestones much later than other children who do not have disabilities (Allen & Schwartz, 2001). The maturationist theory is relevant to the rationale of this study which revolves around the need for young children with disabilities to access ECD services so as to address the developmental delays that are a common feature in children with disabilities.

### 3.2.5 Concluding remarks on theoretical perspectives on child development

While the various theoretical perspectives discussed above purport to describe, explain and predict development in children, no single perspective endeavours to give a comprehensive account on every aspect of child development. According to Green and Piel (2014), although these theories differ from one another in respect of the content they focus on, there is one unique feature which all of them share, i.e. their focus on describing and explaining the changes that take place in the child in the process of development. All of them have to “specify some process or mechanism responsible for producing the changes that constitute development” (Green & Piel, 2014, p. 11).

Theories reflect their own assumptions-when a theory embraces one set of assumptions, the likelihood is that it will dismiss another set of opposing assumptions. These sets of assumptions are identifiable in theory families by their focus on varying factors that effect developmental change. Some theories, such as the maturationist theory, lay emphasis on internal biological factors as the force driving the biological maturation of the child endowing it with specific physical and mental abilities and skills, such as walking, talking and others. Other theories, such as the cognitive-developmental, sociocultural, behaviourist and social learning theories, embrace external factors in the child’s environment as significant in driving and shaping development in the child. However, these theories place varying degrees of importance on external environmental factors, with the sociocultural, behaviourist and social learning and ecological systems theories placing absolute importance on the influence of the environment in steering the developmental process. While the cognitive-developmental theory embraces the influence of early environmental experiences on the brain development of the child, the role that internal biological factors play in the cognitive maturation of the child is also taken into consideration.

Most of the theoretical perspectives discussed above underpin what is regarded as normal development in children. The restrictions these theoretical perspectives impose on their content enhance their endeavours to give almost comprehensive accounts on specific developmental domains or aspects of human behaviour. No one theoretical perspective could provide adequate explanation of the developmental process in children, if it were to account for all aspects of the child's development.

Since the main aim of this research study is to explore and identify ecosystemic factors which influence the accessibility of ECD services for young children with disabilities, aged between three and five years, the ecological systems theory as postulated by Bronfenbrenner (1979) is considered to be the most appropriate theoretical framework for this study in terms of facilitating the achievement of the research aim indicated above. The environment of development and the developing person are considered to be relatively equal in importance (Hook, 2009). According to Crowley (2014) the development of the child needs to be studied beyond the immediate context of the family and the school environment. It is in this regard that the ecological systems theory is endorsed as a theoretical framework, within which child development should be studied, as it is premised on the notion that a person's development cannot be properly understood without considering how that person is influenced or affected by the broader environment (Crowley, 2014). A discussion of Bronfenbrenner's (1979) ecological systems theory, as a theoretical perspective which lays emphasis on the influence exerted by contextual factors on the developing child (Hook, 2009), which may include those factors which influence accessibility to ECD services, follows in the next section.

## 3.3 BRONFENBRENNER'S ECOLOGICAL SYSTEMS THEORY

This research study is underpinned by the Ecological Systems Theory pioneered by Urie Bronfenbrenner (1917–2005) which maintains that development is influenced by several environmental factors. Bronfenbrenner (1979, p. 22) in his model of human ecology, asserted that the environment is conceived of 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. He viewed development in “systems terms”, which suggested that “any given variable is linked to a whole chain of associated influences” (Bronfenbrenner, 1979). The systemic nature of influences as postulated in Bronfenbrenner’s ecological theory highlights the potential influence that one set of events in one setting can exert on another set of events in another setting as well as initiate a series of influences in many other settings (Hook, 2009).

The significance of the ecological model for this study is that the development of the child which ECD services are expected to foster, takes place within the context of community structures, situated within each other. Hence, each and every level of the ecological environment plays a vital role in the development of the child (Wilson, 1998). Searching for answers to the research question, “What ecosystemic factors influence accessibility to ECD services for young children with disabilities?”, across the various levels of the ecological environment is therefore not a misdirected exercise.

Bronfenbrenner believed that children developed “within a complex system of relationships influenced by multiple levels of the environment” (Berk, 2000, p. 26). In his theory he conceived of five levels or systems in the environment that influence child development, which are constituted by the following, the microsystem, mesosystem, exosystem, macrosystem and the chronosystem (Bronfenbrenner, 1979). These environmental levels or systems will be discussed in the sections below.

### 3.3.1 Microsystem

Bronfenbrenner (1979, p. 22) defines the microsystem as “a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics”. The microsystem is the first level which “represents the immediate contexts in which the child interacts” with others (Weiss, Lopez, Kreider, & Chatman-Nelson, 2014, p. xxiv). It is the context in which the child forms the “most direct and intimate relationships” with adults who educate him as well as peers and siblings who he plays with (Barnes, 1995, p. 84; Weiss et al., 2014) and therefore represents the setting in which the child‘s process of development starts (Paquette & Ryan, 2001). The microsystem is made up of all family members in the family home and early childhood providers who spend considerable amounts of time with the child as in the child care centre and school (Barnes, 1995). Thies and Travers (2001) cite parents, siblings, teachers, classmates, playmates from the neighbourhood, babysitters and church members as the people who the child closely interacts with. Each of their behaviours influences the child’s development (Barnes, 1995).

### 3.3.2 Mesosystem

According to Bronfenbrenner (1979, p. 25) the mesosystem “comprises the interrelations among two or more settings in which the developing person actively participates.” The mesosystem is a system which is formed by other microsystems and is constituted by the interconnections that are established in the event of the developing person moving into a new setting (Bronfebrenner, 1979). It is the level of the ecosystem that consists of interactions between individuals, such as parents and teachers and between childhood settings or structures, such as child care centres, the child’s home, and the school (Weiss et al., 2014). These interactions between individuals and settings in the microsystems indicate the extent of coordination and continuity of activities in the developmental context of the child (Weiss et al., 2014). For example, in supporting the primary relationship that is supposed to exist between children and their parents or caregivers, with a view to enhanced development, educators need to create welcoming environments for parents that are conducive to learning more about the developmental needs of their children (Paquette & Ryan, 2001).

The notion held by the previous authors resonates with that of Davis-Kean and Eccles (2014, cited in Weiss et al., 2014) who note that for teachers and parents to work effeciently, partnerships need to be established through which information and resources relating to the development of children must be managed and coordinated for the purpose of pursuing common goals in respect of their development. This exercise in itself might have a positive impact on access to learning opportunities, in particular early learning opportunities for young children, including those with disabilities.

### 3.3.3 Exosystem

Bronfenbrenner's (1979, p. 25) notion of the exosystem "refers to one or more settings that do not involve the developing person as an active participant". However, events that take place in these settings affect and are affected by occurences in the setting in which the developing person is an active participant (Bronfenbrenner, 1979). The exosystem is made up of places in which children do not spend time or even actively participate in, but which impact on their development. The exosystem includes influences from societal insititutions such as the local government, the community, the local media, businesses and parent's workplace (Crowley, 2014; Thies et al., 2001). The relation between the home and the parent's work place in the case of a child might serve as an example. Crowley (2014) and Weiss et al. (2014) cite an example in which changes in the parent's work place may interfere with the time the parent allocates for assisting the child with reading, which may in turn adversely affect the child's progress in literacy performance. The child's reading achievement may be influenced by the parent's situation, even though the child is not interacting directly with what is taking place in the workplace. This suggests that the child's development can be affected by the interrelationships that occur in the parent's workplace even though the child is not an active participant.

### 3.3.4 Macrosystem

The macrosystem "refers to the consistencies, in the form and content of lower-order systems (the microcrosystem; mesosystem, and exosystem) that exist, or could exist, at the level of the subculture or the culture as a whole, along with any belief systems or ideology underlying such consistencies" (Bronfenbrenner, 1979, p. 26). It is the outermost level of the ecological system and the furthest from the developing child, and consists of overarching beliefs, values, customs and laws, ideologies, economic and political systems as well as resources associated with a particular culture, sub-cultutral or broader societal background (Berk, 2000; Härkönen, 2007). Härkönen (2007, p. 12) captures the description of the macrosystem in a succint manner when he says it "can be thought of as the blueprint for a particular culture, sub-culture, or other broader societal context", as its features permeate all the other ecological levels of the environment.

The cultural blueprints according to Garbarino and Ganzel (cited in Shonkoff & Meisels, 2000) are a reflection of the people's way of doing things as well as the institutions responsible for executing those expectations. For example a cultural belief relating to the importance of high quality childcare may have a positive impact on children's development, as efforts will be directed towards achieving that. Härkönen (2007) also cites an example of a cultural belief which places the sole responsibility of raising children on their parents. In this instance, other settings or institutions will not extend assistance to eke out the parents' efforts of raising children.

### 3.3.5 Chronosystem

The chronosystem is characterised by the dimension of time and the influence it exerts on human development. The chronosystem is not only constituted by change or consistency over time in the characteristcs of the developing person, but also by the change effected in the person's environment (Bronfenbrenner, 1994). In this regard, Richey and Wheeler (2000, p. 49) note that "the chronosystem is not an environmental system per se, but a temporal dimension highlighting changes to individuals or environments over time", hence Härkönen (2007, p. 13) posits that "the time system" was excluded in Bronfenbrenner's (1979) original theory and was included only later.

Bronfenbrenner (1986 in Weiss et al., 2014) further indicates that the time dimension of the chronosystem is represented at both the level of the individual and the historical context. Representing events at the individual level are developmental phases spanning the individual’s lifespan, from infancy, childhood, adolescence through to adulthood. This involves environmental events and the transitions that the individual goes through during his life time (Weiss et al., 2014).

The historical context of the chronosystem is constituted by a variety of factors which may include a diversity of changes in the political system, employment, residing place, as well as large scale changes caused by wars and economic recession periods, which may adversely affect the developing individual. However, Bronfenbrenner argues that individuals are able to influence their development too, using their biological and psychological endowments such as talents, skills temperament and their disabilities (Santrock, 1999).

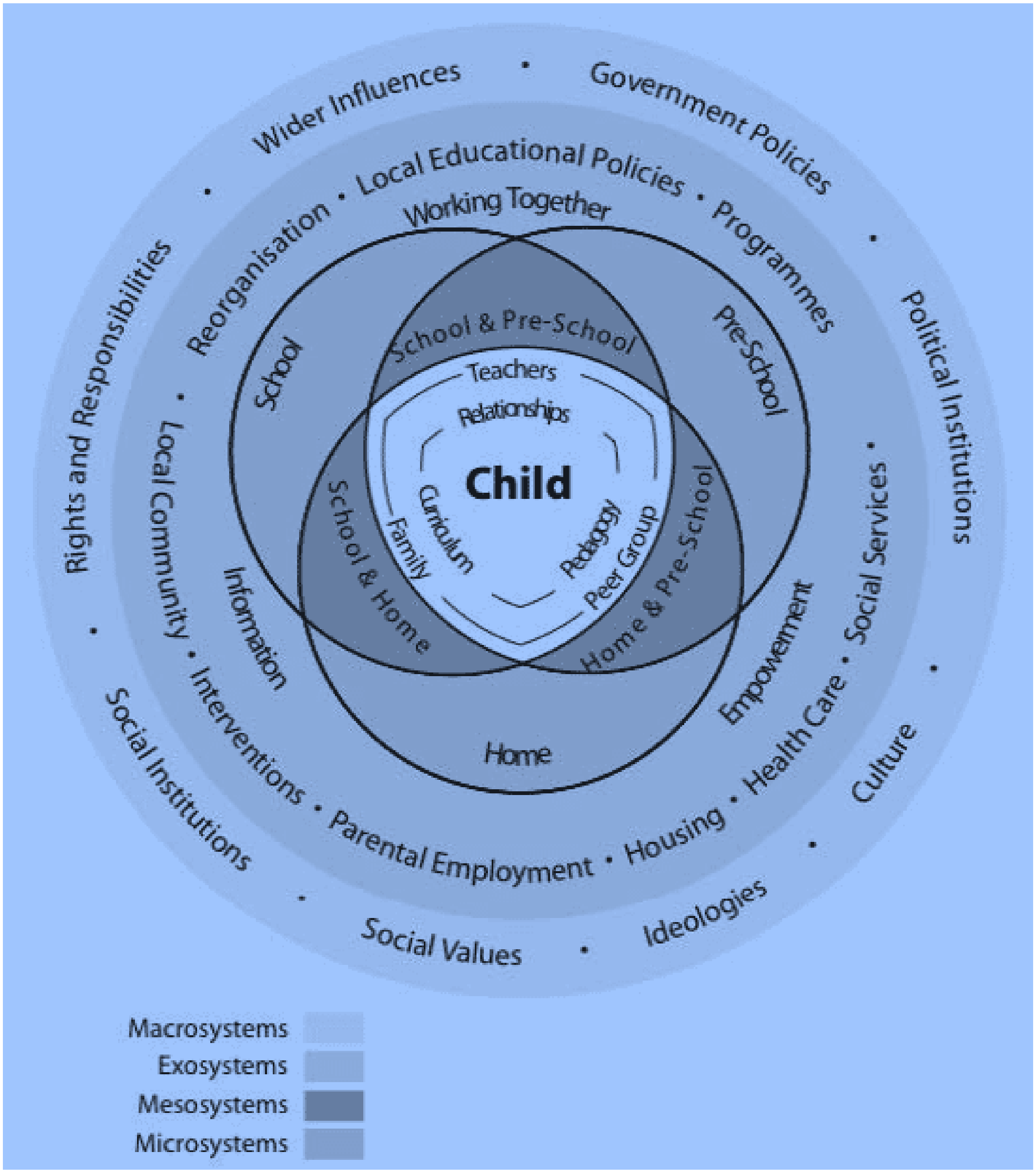

**Figure 3.1**: Various layers of the ecological environment (adapted from Dunlop & Fabian, 2002, p. 151)

## 3.4 THE APPLICABILITY OF BRONFENBRENNER'S ECOLOGICAL SYSTEMS THEORY TO THIS RESEARCH STUDY

In this research study the caregivers, ECD centres, special schools, health care and social welfare agencies, the political and economic environment and cultural value/belief systems in which children with disabilities live represent the various layers of the ecological system. Shaffer (1996) contends that these ecological systems are a significant source of influence by virtue of being the natural settings that have the potential of providing actual information as opposed to artificial information obtained from simulated situations.

The applicability of Bronfrenbrenner's ecological theory will be reviewed through the five levels, namely the microsystem, in which the child with a disability is placed, the mesosytem, through which accessibility to ECD services will be examined, and the exosystem which represents the interrelationships between caregivers and social welfare and health care professionals, as well as government policies. The last two systems, namely the macrosystem and the chronosystem, will be reviewed in relation to the cultural understanding of disability and the development of the child with a disability within the historical context in which it takes place, respectively.

### 3.4.1 The microsystem: The child with a disability or disabilities

Thies et al. (2001) note that the child as the developing individual occupies the innermost level of the "concentric arrangement", comprising the various environmental layers of the ecological system, a place which the child with a disability or disabilities also occupies. In the context of this study the child with a disability or disabilities, the child with his/her caregiver or parent, the family home and other members of his family, constitute the microsystem, the most immediate level where his or her disability is experienced. Bronfenbrenner (1979, p. 22) defines the microsystem as "a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics."

Hook (2009) indicate that the term ‘roles’ refers to patterns of behaviours and expectations relating to a particular societal position such as that held by a mother, a child, a teacher etc. in the various settings in which they exist. The “complex relations between the developing person and important figures such as caregivers, parents, siblings, friends, classmates and teachers” make up the microsystem (Hook, 2009, p. 505). Mutual influences resulting from the relationships between the child and his parents affect the parents’ lives, in as much as their attitudes to the child have an effect on him (Papalia, Olds, & Feldman, 1998). In the light of the foregoing, the microsystem is one of the crucial systems for looking for factors, manifested as activities, roles and interpersonal relationships, which could influence the accessibility of ECD services for young children with disabilities.

The developing child has the potential to alter the status quo, not only in the most immediate environmental level in which he actively participates, but in any given environmental level or in which he does not actively participates (Hook, 2009). Thies et al. (2001) argue that the child brings along his own biological make up such as his gender, temperament, and especially his level of activity which influences other people’s perceptions about him and in turn influence the child’s behaviour. The same can also be inferred about the influence that perceptions formed with regard to the child’s disability have on the child. This implies that the influence could be positive or negative, thereby promote or hinder access to ECD services, respectively.

#### 3.4.1.1 Children with disabilities - Who are these children?

Persons with disability as stated in the Convention on the Rights of Persons with Disabilities are those who present with long-term physical, mental, intellectual or sensory impairments (WHO & UNICEF, 2012). It is when these impairments prevent the individual from full participation in an activity or execution of an activity that he or she experiences a disability. This description is also applicable to children who have disabilities in this study. Some children are born with impairments, whereas others may develop a disability as a consequence of illness, injury or poor nutrition (WHO & UNICEF, 2012).

The understanding that society has of the concept “disability” has shifted over the years, moving from viewing it within the medical model through the social model to a model which is neither purely biological (medical) nor social. The International Classification of Functioning, Disability and Health: Children and Youth (ICF-CY) (WHO, 2007) is one such model, as disability is viewed as the product of the interaction between a health condition of the individual and environmental and personal factors. In terms of this conceptual framework, disability is manifested as follows (WHO & UNICEF, 2012; WHO, 2014):

- An impairment in the structure of the body of function which refers to a problem in how the body functions or is structured;
- An activity limitationwhich refers to the individual’s difficulty in carrying out a certain task or action; and
- A participation restriction, which refers to the individual’s restricted participation in life situations.

In view of the foregoing, the term “disability”, is more than just a health concern as it encompasses a wide range of impairments involving activity limitations and participation restrictions manifested in a complex manner. It is characterised by the interactions that occur between an individual’s structural or functional features and those of the society in which he or she lives. In order for people living with disabilities, to overcome their difficulties they are faced with, society has to remove environmental and social barriers (WHO, 2014).

Children may experience a diversity of impairments which include:

- Sensory impairments such as visual-impairment, partially sighted, deaf, deaf-blind, hard-of-hearing;

- Physical impairments such as clubfoot, absence of a limb; communication impairments such as stuttering, articulation; mental or intellectual disabilities such as mental retardation and developmental disabilities; and
- Health related disabilities such as chronic and acute heart conditions including epilepsy, spina bifida, muscular dystrophy, traumatic spinal cord injury; and other disabilities which include autism; cerebral palsy, Down syndrome. Children may have a single impairment or multiple impairments (Lerner et al., 1987; WHO & UNICEF, 2012).

A case of a child with multiple impairments can be demonstrated well by a child who has cerebral palsy, who in addition to that may experience mobility, speech as well as cognitive impairments. It is also noted that the interaction between a health condition or impairment and environmental and personal factors is complex as each interaction is a function of the unique experience of each child (WHO & UNICEF, 2012).

In this study children with disabilities are those who fall within the ambit of the definition approved by the South African Cabinet for eligibility for disability grants, which includes children who have moderate to severe forms of physical, sensory, communication, intellectual or mental impairments which impose limitations in their abilities to function or abilities to perform daily life activities (Department of Social Development, 2009). In a context where disability is defined as any limitation or restriction resulting from an impairment of ability to perform an activity in a manner or within the range considered normal for a human being (Department of Social Development, 2009), activity limitations and participation restrictions to which children with disabilities may be subjected have the potential to influence the accessibility of ECD services.

#### 3.4.1.2 The prevalence of disability

Globally about 15% of the world's population lives with one form of disability or another, of whom 2 to 4% represents those who experience serious limitations in functioning. The global disability prevalence based on 2010 global population estimates (WHO &

World Bank, 2011) was found to be higher than previous World Health Organisation figures, dating back to the 1970s which were estimated at around 10%. This global estimate for disability is increasing as result of the ageing of the population and the rapid spread of chronic diseases, as well as innovations in the methodologies adopted for measuring disability (WHO & World Bank, 2011). The figure as it appears includes young children as well, hence this poses a challenge with regard to establishing the percentage of children who lack access to ECD services in relation to the total percentage of children living with disability.

In the most recent Census conducted in South Africa in 2011 (Statistics South Africa, 2012) data on disability in children below five years old were not obtained, as only children older than five years were profiled and included with older persons who had disabilities. Questions on disability were replaced by general health and functioning questions, and were consequently unable to give even an estimated figure for disability in children younger than five years due to misreporting on this variable or item (Statistics South Africa, 2012). Being unable to establish how many children have disabilities according to their age groups creates a challenge for the provision of and access to services and resources, particularly for young children falling within the three to five age cohort, which is the focus of this study.

The 2001 census reported six types of disabilities which included, sight (blind/ severely visually impaired); hearing (deaf, profoundly hard of hearing); intellectually impaired (serious difficulties in learning); physical; multiple disabilities; emotional impairments; communication. Of these disabilities, those related to sight and hearing were the most commonly cited with a prevalence rate of 23% and 21% of all disabled children respectively. Those having emotional and communication related disabilities were the least reported with a prevalence of 10% and 5 % of all disabled children respectively, therefore implying the lowest prevalence. It was also reported in the 2001 Census that one in ten children had multiple disabilities, with 7% and only 3% reporting two and three or more disabilities respectively (DSD, DWCPD, & UNICEF, 2012).

Significant differences in prevalence rates in the various provinces in South Africa were also noted in the Census 2001 (DSD, DWCPD, & UNICEF, 2012). When the national prevalence rate of 2.5% of the total child population was compared to that in the respective provinces, it was observed that children in the Free State were twice as likely to be blind or severely visually impaired. Children in the Limpopo and Mpumalanga provinces were more than twice as likely to be deaf, or hard of hearing, than children in the Western Cape. As noted above, these provincial differences might reflect varying exposure to specific risk factors which are associated with specific types of disability (DSD, DWCPD, & UNICEF, 2012). The differential prevalence rates suggest that specific services need to be provided according to provinces, to make ECD services accessible for young children with a specific disability.

Establishing the disability prevalence remains a challenge in view of the diversity of definitions being provided for disability and various methods being employed to assess the existence of a disability (DSD, DWCPD, & UNICEF, 2012; WHO & UNICEF, 2012). The assessment and/or evaluation of disability in children is much more challenging than it can be in adults (UNICEF, 2008). Adults display relatively stable functional abilities as compared to younger children who are still in the process of development in respect of abilities in the various aspects such as learning how to talk, to walk, to read and so on. Children's evolving achievement of developmental milestones could make identifying significant ability limitations cumbersome, suggesting the possibility of a disability even where it might or might not exist.

The assessment process of disability is also influenced by the dependence on the information provided by a parent or an adult responding on behalf of the child in data collection initiatives, which may not be backed up by clinical evidence (DSD, DWCPD, & UNICEF, 2012). However, the information provided by parents depends on their acknowledgement of the presence of a disability in their children, which may be influenced by cultural beliefs. If disability is associated with stigma and shame, this may lead to denial of the child as having a disability by parents or caregivers, and may in turn prevent them from identifying their children as disabled in surveys. South Africa like many other countries lacks a nationally accepted tool that can be used in the evaluation of disability and this creates a challenge for the provision of reliable disability prevalence estimates. With the nationwide rate mentioned earlier only representing those children who have severe forms of disability, it can be conclusively noted that the other percentage of children with mild to moderate disabilities has been excluded, giving a less representative prevalence rate of the overall percentage of children with disabilities (DSD, DWCPD, & UNICEF, 2012).

#### 3.4.1.3 Family experiences

The news of the birth of a baby with disabilities is often received with shock, disbelief, anxiety, fear and despair. The diagnosis of a disability leaves parents with intense emotional reactions and instability, even in instances where parents have known about the anticipated condition prenatally (Healey, 1996). In view of the foregoing, parents need support from the diagnosing professionals in an endeavour to help the families forge out their future together with that of the child with a disability (Wall, 2011). Healey (1996) acknowledges that professionals need to be prepared to support parents through the various stages of their emotional journey of coping with unexpected negative experiences of being rebuffed by friends and strangers and inappropriate support by the school or (preschool).

The kind of support parents get from professionals is important in assisting them to explore available special educational needs systems (Wall, 2011). Special educational needs are referred to as “any difficulties experienced by a child requiring additional or different educational provision to be made” Wall (2011, p. xiv) and this may include various form of disability as well. Philpott (2006) concedes that in the event of health care professionals focusing only on medically-based needs emanating from the disability of the child, parents might miss out on information about relevant services available for the disability of the child to cater for other needs of the child, such as supporting the child to get into a preschool. This suggests that the kind of support parents receive from the diagnosing professionals might be helpful in facilitating access to ECD services.

#### 3.4.1.4 The role of the caregiver in influencing accessibility to ECD services for young children with disabilities

The South African Draft Policy on Screening, Identification, Assessment and Support (Department of Basic Education, 2014), whose purpose is to provide standardised guidelines for the identification and assessment of all learners who need extra support in learning institutions, indicates that the pivotal role that caregivers or parents have to assume in the education of their children is crucial for early identification of those factors that may create barriers to learning. Caregivers must:

- assume responsibility for supporting their children and understand that their children's potential can be optimally developed;
- need to be involved in the identification and assessment processes in respect of their children;
- need to have access to information on the various kinds of support needed by their children; and
- know their rights regarding accessing support for their children (Department of Basic Education, 2014).

Though the policy focuses mainly on learners between Grade R and 12 (Department of Basic Education, 2014), the assumption of the roles and responsibilities mentioned above by caregivers or parents of children with disabilities, may have a positive impact on facilitating access to ECD services for their children, as the policy covers all children who experience barriers to learning of any nature including disability.

The responsibility that caregivers or parents are expected to carry with regard to their children was also alluded to in the study conducted by Meintjies and Van Belkum (2013). They maintain that caregivers or parents have the responsibility of monitoring the child's developmental process. According to Hellbrügge and Von Wimpffen (2000, cited in Meintjies & Van Belkum, 2013) the caregiver has the opportunity to observe the development of the child by virtue of the period of time she spends with the child. In order to determine the caregivers' knowledge of early childhood development, Meintjies and Van Belkum (2013) conducted a research study in one of the poverty stricken areas of Soshanguve in South Africa. The study was based on the Road to Health Chart (RtHC), which is mainly used for documenting the development and growth of the child, with the purpose of monitoring the developmental process within the first five years. It is also used to record the history of ailments, treatments and immunisations received by the child. The RtHC was reviewed in 2011 so that it could also serve as a tool for the identification of children at risk of disability. Health practitioners have to indicate in the booklet if there is any presence of a disability. The RtHC is distributed to parents in respect of newborn babies, both at private and public hospitals (DSD, DWCPD, & UNICEF, 2012).

The purpose of the study by Meintjies and Van Belkum (2013) mentioned above was to establish caregivers' knowledge of early childhood development in children below the age of six, living in a poverty stricken area. Findings from their quantitative survey indicated that caregivers had average knowledge in respect of gross-motor, social and emotional development, but lacked adequate knowledge regarding the developmental aspects of early childhood such as visual perception, fine motor, language and speech as well as cognitive development.

In spite of not having adequate knowledge on certain developmental aspects of children, most of the caregivers indicated the need for immediate treatment of developmental problems and expected health services to play a significant role in the treatment of such developmental problems (disabilities). They observed that caregivers' knowledge of early childhood development might facilitate early detection of developmental problems or (disability) and thereby enhance opportunities for timely and effective treatment thereof (Meintjies & Van Belkum, 2013).

Their recommendations included developing and implementing programmes for caregivers that would provide them with knowledge relating to early childhood development. Such knowledge might be helpful in facilitating their children's physical, emotional and intellectual development (Meintjies & Van Belkum, 2013). These researchers further note that having knowledge of early childhood development might enhance early identification and consequently assist in the early diagnosis of developmental problems (disability), which could in turn contribute towards reducing the adverse effects that may be brought about by these developmental problems (disabilities) throughout their lives (Meintjies & Van Belkum, 2013).

Based on the findings and recommendations of Meintjies and Van Belkum (2013), being observant of the child's developmental process would also serve as a step in the right direction in realising that the child needs intervention that could facilitate and promote the attainment of developmental milestones. More than 40 % of the caregivers indicated that developmental problems should be addressed by the caregiver, health services and the educational system. Being knowledgeable about the developmental process, and seeking professional help in the event of the appearance of any sign indicating atypical development is significant for the caregiver in facilitating accessibility to ECD services, geared towards the holistic development of the child, including early learning stimulation (UNICEF, 2007).

### 3.4.2 Mesosystem: Accessibility to ECD services for young children with disabilities

The mesosystem is referred to as a "system of microsystems" formed by interconnections between other individuals who are active participants in their settings (Bronfenbrenner, 1979, p. 25). Crowley (2014, p. 12) holds that the mesosystem "pertains to relationships between the different microsystems, such as between the home and the school". The settings in which an individual actually participates may also consist of interrelationships between systems such as the ECD centre or preschool and caregivers. In this research study the mesosystem is represented by the interrelationships between the caregivers and ECD practitioners and/or educators in special schools, as well as the roles and practices of these individuals relating to the accessibility of centre-based ECD services for young children with disabilities falling within the three to five age cohort. The school (ECD centre) is viewed as the key contact point between caregivers/families and community-based services. It is on this ground that it is crucial that school professionals disseminate information on government resources that are available and provide (support) services to children with disabilities (Hastings, 1996).

Accessibility in the context of this study means young children with disabilities being able to access regular educational settings in ECD sites/centres or preschools as they are commonly known. ECD centres/ sites are defined as 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” (UNICEF, 2007, p. 6).

Accessibility of ECD services therefore, in this instance specifically refers to early childhood educational services catering for the three to five year age cohort (and not ECD related services provided by other departments such as Health and Social Development). However, this does not imply that ECD services provided by the aforementioned departments are not crucial for the development of the child, because it is for this reason that the National Integrated Plan for ECD has been developed in South Africa (UNICEF, 2005) with the main objective of collaborating and integrating the provisioning of ECD services by the Departments of Basic Education, Health and Social Development to promote the developmental needs of all young children.

Accessibility to centre-based ECD services is of particular importance since Biersteker (2012) argues that by age three to five, educational programmes outside the home are necessary for the development of social skills and preparation for formal learning readiness. On the same note the phasing in of Grade R for five year olds has been targeted for the attainment of universal accessibility to ECD services or ECE to facilitate the transition to formal learning. This implies that even though the child's home is recognised as one of the avenues through which ECD services can be delivered, Biersteker (2012) acknowledges that, caregivers/parents might not be adequately skilled to promote the child's holistic development as it is envisaged to happen in ECD centres. This also bears testimony to the acknowledgement that the home alone cannot prepare the child adequately for the demands of formal schooling. According to Biersteker (2012) the ECD service package provided in public ECD centres, is designed to build on the existing health, social assistance and ECD progammes which include early learning stimulation as outlined in the National Integrated Plan for ECD (UNICEF, 2005).

However, from what has been observed there are very few young children with disabilities, who are able to access ECD services in ECD centres situated in the communities of the caregivers this study wishes to engage.

#### 3.4.2.1 The interrelationships between the caregivers, ECD practitioners and special educators

For the purpose of this research study interrelationships are supposed to take place between ECD centres and/or special schools and caregivers or parents of children with disabilities. Interrelationships between these structures or systems have the potential to impact directly on the child's development in the same manner interrelationships within the structures or systems do.

In the report compiled by the Australian Human Rights Commission (Hastings, 1996) mentioned above, a concern was raised that most parents lack information about what preschools are available for their children with disabilities. According to this report, parents do not know how to access educational services that will address the needs of their children, particularly in early childhood education. Though a lack of information on available early childhood development services and limited access to such services cannot be solely blamed on the parents, this may be one of the factors that play a role in influencing accessibility to ECD services for their children with disabilities.

If there is no interaction between ECD practitioners and caregivers or families, any prospects of getting information regarding the availability of services that are provided by preschools might be adversely affected, which would in turn create a barrier to accessing ECD services for young children with disabilities.

#### 3.4.2.2 Practices by early childhood teachers and professionals

Purdue, Gordon-Burns, Rarere-Briggs, Stark, and Turnock (2011) conducted a critical examination of three case studies of how early childhood centres in Aotearoa, New Zealand, responded to children with disabilities. One of the findings of the study concerning accessibility to early childhood education related to practices that early childhood teachers and professionals adopted when dealing with children with disabilities. Children with disabilities were denied access to early childhood education because teachers felt they were unable to teach them or because they were unwilling to teach them, in spite of early childhood policy and practice guidelines clearly stipulating that teachers have the responsibility of teaching children with diverse needs. Some of these teachers indicated that teaching young children with disabilities was the primary responsibility of the support staff, and not part of their duty.

This finding by Purdue et al. (2011) indicates that such tendencies or practices by early childhood teachers and professionals can create barriers to accessing early childhood education. It has been observed that in South Africa, in particular in the Limpopo province, children with disabilities only surface when parents seek admission to primary school education. The reasons that lead to children with disabilities not attending early childhood education are not known, hence in order for this research study to be responsive to its purpose, such reasons or factors need to be identified by participants.

### 3.4.2.3 Other issues impacting on the accessibility of services

A number of other disability related issues include, the nature and severity of disability; poverty, inclusive education practices and school health programmes which may have either a negative or positive impact on the accessibility of ECD services for the young children under discussion.

The impact that disability has on the accessibility to services, including early childhood educational services is among other things a function of the nature and severity of the disability, and the “stereotypes, conceptions” of what is viewed as “normal” by society (Rothman, 2010, p. 195). The nature and the level of severity of the disability may cause the parent to deny its existence in the child and therefore jeopardise the child’s opportunity to access appropriate educational services provided in pre-schools. In most instances, as observed by the Australian Human Rights Commission (Hastings, 1996) it may not be possible to recognise or diagnose disability in early childhood, which may only crop up at a later stage.

Poverty and inequality in South Africa have been observed to be increasing at an alarming rate. With more than half of South Africa’s children living in severe poverty, their rights as set out in the South African Constitution continue to be violated (Du Plessis & Conley, 2007). Poverty may increase the risk of disability, while disability may in turn increase the risk of poverty. There has been an increase in the research findings globally attesting to the fact that people living with disabilities and their families are more prone to socio-economic disadvantage than those living without disability (WHO & World Bank, 2011).

The existence of disability in the family may aggravate the socio-economic situation of the family and consequently impact negatively on opportunities to access education, employment and income as well as increased expenditure related to disability (Jenkins & Riggs, 2003). Atmore (2012) acknowledges that children living in extreme poor conditions are more often than not vulnerable to exclusion and being discriminated against. The majority of South African young children cannot access early education programmes due to unaffordability of school fees by parents or families (Atmore, 2012). However, it has been documented that the Care Dependency Grant (CDG) has improved the well-being of households. The CDG is a social grant that is received by the primary caregiver, parent, guardian, foster parent who has fulltime custody of a child between the ages of one to eighteen, and has a mental or physical disability (De Koker, De Waal, & Vorster, 2006).

Another factor which would have a positive impact on the accessibility ECD services is the adoption of inclusive education practices. Walton, Nel, Hugo, and Muller (2009) acknowledge that research on inclusive education in South Africa is in its emergent phase. Research studies that have been conducted are consistent with those done on the international level in which the focus is on the individual learner or at the systemic level. Walton et al. (2009) further refer to Hunt and Goetz (1997, p. 24) who conceive of the systemic level as referring to schools, classrooms, and education in its entirety. These authors also add that systems based research on inclusive education can make useful contributions relating to its practical application.

Consistent with global trends in education, the Department of Education sought to implement inclusive education in South Africa with the publication of the White Paper 6 on Special Needs Education: Building an Inclusive Education System in 2001 (Department of Education, 2001c). The implementation of Education White Paper 6 is currently in its 14th year of the envisaged 20-year roll-out period (Department of Basic Education, 2015). Inclusive Education in the South African context as outlined in Education White Paper 6 (Department of Education, 2001c) involves transforming the education system from a dual system which previously consisted of special education and mainstream education, into an integrated education system which is inclusive of all learners and recognises their right to education. Through the inclusive education system the department intends to be responsive to the diverse needs of learners, parents and the communities, by removing all instances that create barriers, paving the way to universal participation in the education system without the exclusion of others learners

(Department of Basic Education, 2015, p. 7). This White Paper was intended to gradually phase in a non-discriminatory education system in which schools were to be inclusive of all children, including those with disabilities or special needs and accommodate a diversity of needs by converting ordinary schools into full-service schools, special schools into resource centres (Walton et al., 2009).

With the National Strategy on screening, identification, assessment and support (SIAS) (Department of Education, 2008) launched in 2008, which is still in the process of implementation, an endeavor was made to introduce a “standardized assessment tool” to be used by educators in the determination of the nature of the disability of the child with a view to providing educational or learning support that the child needs (DSD, DWCPD, & UNICEF, 2012).

The Inclusive Directorate in the National Department of Basic Education has reported that the process of legalising SIAS is in progress and will then be extended to all parts of South Africa when the process has been completed (DSD, DWCPD, & UNICEF, 2012). However, not much specific reference has been mentioned regarding extending inclusive education through the implementation of SIAS to ECD, so that young children with disabilities can have access to such facilities. The Department of Basic Education (2014) acknowledges that in most cases ECD services focus on basic developmental needs of children, including systemic-based needs, such as nutrition, health issues which may create barriers to learning if they are not properly addressed. Barriers to learning resulting from disability and developmental delays are often not addressed due to lack of relevant knowledge on the part of ECD practitioners and limited intervention programmes. It is further indicated that ECD practitioners need knowledge and skills that will enable them to identify and deal with barriers to learning, as well as those emanating from disability (Department of Basic Education, 2014).

School health programmes seem to have the potential to influence accessibility to ECE (ECD services) positively. Efforts to promote screening for disability are in the process of being reinforced in South Africa, through school health programmes as well as efforts to review Primary Health Care (PHC) in the country (Rispel, Moorman, Chersich, Gouge, Nxumalo, & Ndou, 2010). The aforementioned programmes form an important component of PHC services. However, these programmes seem to be targeted at school-going children entering Grade 1 whereby it is envisaged that these children would undergo a health assessment of hearing, vision, speech and gross motor function. On identification of developmental delays or problems, referrals for further assessment and intervention through remediation or some form of therapy (DSD, DWCPD, & UNICEF, 2012). The implication is that until young children of preschool age, reach school going age, they would not benefit from the envisaged school health service and have the opportunity to have their disabilities detected or identified in time for early intervention to take place during the preschool age. This may in turn have a negative effect on the child's ability to develop to his or her full potential (DSD, DWCPD, & UNICEF, 2012). The most opportune time however, would have been lost already as early detection would be ideal during the earlier years of development.

In supporting the development of children with disabilities, the point of departure needs to be premised on the recognition that both children and their families have ordinary needs like those who are not affected by disability (WHO & UNICEF, 2012). They therefore need to enjoy accessibility of mainstream programmes and services including health care, child care and education, as well as extra services such as Early Childhood Intervention, which refers to a range of services and support programmes that are designed to give support to young children who are at risk of experiencing developmental delays or disabilities. These programmes include specialised services such as medical, rehabilitation, family-focused support, assistance and support to access mainstream services such as preschool and child care through referral (WHO & UNICEF, 2012).

In many developing countries, the declining rate of neonatal and postnatal mortality of children under five years of age in the last decade (UNICEF, 2000) has shifted the focus from survival to the prevention or reduction of disability and the promotion of children's health and development in the early years of life (Ebrahim, 1990). A variety of modes of service delivery systems which include health-care clinics, hospitals, early intervention centres, rehabilitation centres, community centres, homes and schools can be helpful in providing various services for young children with disabilities (WHO & UNICEF, 2012).

### 3.4.3 Exosytem: The interrelationship between the caregiver as part of the family and health care and social welfare professionals and government policies

Bronfenbrenner's (1979) third level of the ecological environment is the exosystem. He contends that human development is significantly influenced by interrelationships taking place at this ecological level, even if the developing person does not actively participate in those relationships. Härkönen (2007, p. 11) cites the following description of the exosystem given by Bronfenbrenner:

> The exosystem, encompasses linkages and processes taking place between two or more settings at least one of which does not ordinarily contain the developing person, but in which events occur that influence processes within the immediate settings that do contain that person…

Fiedler, Simpson, and Clark (2007) also agree that the exosystem consists of events that affect and are affected by what happens in the family, in spite of indirect involvement on the part of the family, in particular the child.

In the context of this study the exosystem is constituted by interrelationships between the family as represented by caregivers or parents of children with disabilities and the social welfare and health care professionals. Fiedler et al. (2007) consider the family and other social agencies, such as the social-welfare and health systems and other community-based structures as constituting major interrelationships at this ecological level. In view of the developmental challenges that children with disabilities face, the establishment of interrelationships between caregivers and the social-welfare and health systems is crucial as according to Meintjies and Van Belkum (2013) sharing information about the children's developmental process might enhance early detection as well as facilitate access to early treatment of their developmental problems. Such encounters between the social welfare and health care professionals have the potential to influence access not only to social welfare and health care services, targeted for early childhood development, but to those services intended to for the stimulation of early learning provided by ECD services through ECD progammmes (Philpott, 2006).

Other examples of settings constituting the exosystem according to Schaffer (1996) include among others, parents' workplace, the school governing body, and the community. Atmore (1996) states that in South Africa, funding of ECD services should involve a partnership between various sectors such as the national, provincial and local governments, the private sector, organised labour, community-based organisations, parents workplace and donor agencies. In view of the foregoing, the parents' workplace or employers also have a role in facilitating accessibility to ECD services for their employees' young children by contributing towards the provision of such services, either at the workplace or in the community. Paquette and Ryan (2001) contend that it is through government policy development endeavours that parents can be supported by making resources available to enable them to execute their primary role in the development of their children with a view to promoting better child development.

Fiedler et al. (2007) hold that the developmental potential of children with disabilities can be enhanced by the extent to which families participate in activities such as educational decision making and school-based policy formulation which are tasks that are normally executed by the school governing body. Where the school under the leadership (governance) of the school governing body (or preschool) provides families with educational support, participation in these activities can promote effective parent advocacy which in turn could give families or parents of children, including those with disabilities, access to school decisions. In this instance the child with disabilities would benefit from the families' (parents') participation in the decision making and school policy formulation processes particularly in relation to the accessibility of ECD services.

Atmore (2012, p. 9) acknowledges that the South African government has achieved some measure of progress in “building the legal framework for ensuring the best interests of children”. However, he also acknowledges that there have been challenges in the implementation of these policies and strategy documents. Policies, legislation, plans and strategies and internatonal agreements on the rights of children and persons with disabilities also form part of the exosystem in this study and have a role in promoting or preventing the accessibility of ECD services for young children with disabilities. It is on this note that the various legislative initiatives and policies on ECD provisioning, formulated by the South African government (UNICEF, 2005; Atmore, 2012; Biersteker, 2012) are expected to impact positively on the child with disabilities and the family even though they do not participate directly in policy formulation.

Since 1994, the South African government has through the three core departments namely, the Departments of Social Development, Health, and Education and other governmental institutions constantly engaged in the legislative and policy formulation process as well as strategic planning relating to the provision of integrated and comprehensive ECD services (UNICEF, 2005). Having identified the need for ECD services, the South African government has made notable efforts to promote accessibility to ECD programmes by increasing funding for young children falling within the birth to four and five to six age groups through the Departments of Social Development and Education, respectively (Department of Education, 2001a; Department of Social Development, South African Social Security Agency & UNICEF, 2010).

However, the existence of these policies has seemingly not done much to promote accessibility to ECD services for young children with disabilities as the majority of these children still do not access them in spite of the South African National and Provincial governments having the potential to promote accessibility to ECD services, by virtue of the ECD policies that have been formulated (Storbeck & Moodley, 2011). The challenges experienced by national and provincial governments in implementing ECD policies and legislation have far-reaching consequences as limited access to ECD services for young children with disabilities remains the order of the day (Biersteker, 2012).

In a research study conducted by Purdue et al. (2011) concerns were raised about the difficulties experienced by some parents of children with disabilities in accessing quality early childhood education for their children even in the advent of policy provisioning. They find it incomprehensible that children should struggle to gain access to preschool education in spite of all the laws, policies, plans, strategies and international agreements that have been put in place. This study indicated that some parents struggled to find placement for their children as they were refused admission, whilst in other cases children were accepted with conditions which applied only to children with disabilities (Purdue et al., 2011). Some of the issues resemble those that are faced by caregivers of children with disabilities in South Africa.

In South Africa accessibility of ECD services is affected by a similar situation as pointed out by Purdue et al. (2011). Although there are policies and legislation for the provisioning of ECD services, young children with disabilities do not access them as service delivery is fragmented and uncoordinated. In an audit conducted on the provision of ECD services in South Africa it was discovered that a lack of uniformity in the implementation of ECD services by the various provincial governments and lack of ECD services for children with disabilities under the age of seven featured prominently (Department of Education, 2001b).

### 3.4.4 Macrosystem: Cultural understanding of disability (beliefs, attitudes and values)

As the macrosystem is constituted by the ethnic and cultural value systems as well as the economic and political systems of society (Fiedler et al., 2007), it represents the broad ideological component of one’s culture, sub-culture or social class which consists of laws and customs that dictate amongst other things, how children should be handled, what they should be taught and influence the beliefs held by participants in the various ecololgical systems. Young children with disabilities and their caregivers, as members of the various ecological systems, (with varying degrees of direct or indirect participation) do not exist in isolation (Wilson, 1998), but form an integral part of the larger unit, the society which is characterised by its cultural context.

The macrosystem, in the context of this study refers to the overarching cultural values and beliefs held by caregivers or parents from various ethnic groups and other sub-systems such as ECD practitioners in preschools, educators in special schools, as well as social and health care workers in the clinics or hospitals.

Purdue et al. (2011) found in their research study that the beliefs, attitudes and values held by teachers and others on disability influence access to early childhood settings. Some teachers, management and other professionals view children with disabilities in a negative light and do not regard them as the responsibility of regular teachers and early childhood services. The finding that this research has made with regard to cultural understanding may or may not be applicable to the South African context. According to Choruma (2007, p. 10) a “lot of misunderstanding and lack of knowledge” about disability is prevalent in other African countries such Zimbabwe and “that this mainly stems from cultural misgivings about disabilities”. It is the aim of this study to explore such experiences from the participants of the study. It would be important for these participants to have the opportunity to tell their own stories, in their own words relating to their experiences and cultural views about the accessibility of ECD services for children with disabilities.

The cultural value system and beliefs that caregivers or parents and other settings such as preschools, religious institutions, extended families, the neighbourhood, the community, social welfare and health systems subscribe to (Wilson, 1998) are likely to play a significant role in creating factors that influence accessibility to ECD services for young children with disabilities. The manner in which the families experience their children, (including those with disabilities) varies greatly across cultures. This may be a result of the diverse beliefs families have with regard to how children should be raised (or child-rearing practices). A variety of conditions or circumstances, such as poverty and oppression prevalent in their lives may also influence their beliefs (Wilson, 1998).

How parents communicate and relate to their children including teaching them as well as the way they respond to their needs varies from one culture to the other. The varying experiences families have with their children impact on how they (children) go through the developmental process (Trawick-Smith, 2003). Wall (2011) points out that in some cultural contexts, having a child with a disability, is accompanied by negative attitudes. This often leads to the mother being blamed by the extended family for bringing shame to the family. When a mother has given birth to a child with a disability, her family can be compelled to “hide” the child or keep it as a secret from the extended family and even from the community at large. In such instances, the child will not have the opportunity to access ECD services, even if they are made available to him. Wall (2011, p. 39) observes that though evidence has not been sufficiently provided, “hopefully attitudes are changing for the better.”

It would be crucial to establish what other culturally based factors, embedded in the macrosystem, create barriers to accessibility. Identifying factors which are influenced by the “overarching system of ethnic and cultural values and the economic and political policy” at the macrosystem level (Fiedler et al., 2007, p. 11) which may promote or prevent accessibility to ECD services for young children with disabilities would be a welcome breakthrough in addressing the primary and secondary questions of this study.

The issue of lack of financial resources for implementing ECD programmes (Atmore, 2012) directly relates to the economic dispensation of the country which is an integral part of the macrosystem as postulated above (Fiedler etal., 2007; Sincero, 2012). The audit conducted on ECD provisioning cited poor funding of ECD programmes to be amongst the barriers to accessing ECD services (Department of Education, 2001b). This could suggest that a lack of adequate financial planning has the potential of adversely influencing accessibility to ECD services.

### 3.4.5 Chronosytem: the development of the child with disabilities and the historical context

As indicated earlier the dimension of time which constitutes the chronosystem is manifested at two levels, namely, at the individual level and that of the historical context Bronfenbrenner (1986, in Weiss et al., 2014). The chronosystem is about those events and transitions that take place over time in the developing individual's environment and which exert influence on his development (Paquette & Ryan, 2001). In this regard Sincero (2012) concurs that the chronosystem, involves the transitions and shifts that human beings go through during their lifespan, within the socio-historical contexts that may influence them as well.

In the context of this research study, the dimension of time at the level of the individual is represented by the developing child with disabilities as he goes through the various developmental stages, as well as the environmental events and transitions taking place during the early childhood developmental phase. The development of the child can be regarded as a process which begins with conception and spans the entire life time of human beings (Baltes, 1987). It "may also involve processes which are absent at birth, which may in time emerge as the child proceeds to later stages in the human developmental cycle" (Baltes, 1987). This is of particular significance to children born with disabilities as it suggests that having been born without certain abilities or competencies would not necessarily prevent these children from developing them during their lifetime, particularly during the early years. With the early years being the opportune time for optimal acceleration of development, in particular, the child's cognitive capacity (Lerner & Johns, 2009), the impact ECD services would have on the development of young children with disabilities cannot be overemphasised.

With regard to the historical context of the chronosystem in this study, of particular significance are socio-political changes relating to the importance of ECD services that were influenced by the change in the South African political system. Increasing attention on ECD and/or recognition of its importance has persuaded the democratic government, incepted in 1994 to put mechanisms in place to promote the provisioning of ECD services (Atmore, 2012). The kind of socio-historical events and transitions which exert a "broad level of ecological influence" referred to by Hook (2009, p. 507), are reflected in some of the several initiatives cited by Atmore (2012). These initiatives were made in response to large-scale changes in the political system for the enhancement of young children's lives and included the following (Atmore, 2012):

- The signing of the Convention on the Rights of the Child by our government in 1995;
- The establishment of a Directorate for Early Childhood Development within the national Education Department;
- The establishment of a Children's section within the national Social Development Department;
- The Education White Paper 5 (2001) on early childhood development and the Welfare White paper with a section on Early Childhood Development;
- The introduction of Grade R for children aged five years turning six;
- The Expanded Public Works Programme focusing on early childhood development;
- The nationwide ECD Audit surveying 23482 ECD sites was successfully completed in 2000;
- The nine provincial Social Development Departments making ECD subsidies available for ECD sites each year;
- The nine provincial Education Departments making Grade R grants-in-aid available; and
- The Children's Act No 38 of 2005, with two chapters that deal with partial care facilities and early childhood development programmes, has been passed by Parliament.

These initial endeavours involving ECD legislation and policy have been followed by various initiatives intended to monitor and review the progress and success achieved in their implementation (Biersteker, 2001). Although legislation and policies regarding provision of ECD services abound, the implementation process has been plagued by challenges (Atmore, Van Niekerk, & Ashley-Cooper, 2012). Historically the issue of accessibility to ECD services has been a challenge in the South African society even during the previous government. Atmore (1996) observed that the rate at which early childhood development services were provided was very slow, which resulted in very limited accessibility to ECD services. In instances where the services were provided, certain sections of the population had greater access than others, such as children residing in urban areas as opposed to poverty-stricken rural areas. This also included lack of services for young children with disabilities whose needs were to a greater extent not provided for. Such selective provision of ECD services also applied to population groups, whereby children from the White population group had much greater access to preschool services as compared to children in the other sections of the population groups namely, Coloureds, Indians and Blacks, which even amongst themselves had varying degrees of accessibility, with Coloureds and Indians having a higher rate than Blacks (Porteus, 2004).

Lack of financial resources and unwillingness of the previous regime to assume responsibility for ECD services, were regarded as the main causes of limited access to ECD services as indicated in a paper compiled by Atmore (1996) on the provision and accessibility of services to the youngest children South Africa. The early childhood development sector has continued to enjoy financial support from organisations and companies that make grants available for the provision of ECD services (Atmore, 1996). ECD services for children under the age of five have mostly been provided by private and non-profit based organisations in ECD centres, even before the establishment of the democratic government, as such services were selectively provided by the apartheid regime. This has consequently led to varying levels of access and quality of services (Biersteker, 2011; Porteus, 2004).

The inclusion of the chronosystem to complement the other four layers of the ecological model is crucial in view of the historical issues relating to limited access to services for young children including those with disabilities seem to be recurring. Atmore (1996) in his report on the provision of ECD services in South Africa made a recommendation that the state must substantially increase funding for early childhood development in order to equitably meet the needs of all young children and redress imbalances of the past. However, surveys and reports compiled in recent years still make reference to lack of adequate financial resources for the provision of ECD services, which consequently contributes to limiting access to services (Atmore, 2012; UNICEF, 2005). It is evident from the foregoing that there are young children who are not accessing ECD services as a result of not attending any form of early childhood education (Department of Social development, 2009), and the reasons that give rise to this situation are embedded within all the levels of ecological environment.

## 3.5 CONCLUSION

Theories of human development, including child development theories, differ from other theories as their focus is on factors or influences which lead to the changes that take place in specific areas of functioning of the individual over a period of time, and are regarded as development. Bronfenbrenner believed that children developed within a complex system comprising relationships which are influenced by multiple levels of the environment and also attached the same magnitude of importance to both the environment of development and the developing individual (Bronfenbrenner, 1979).

The significance of Bronfenbrenner’s ecological model for this study is that the development of the child which ECD services are expected to foster, takes place within the context of community structures or levels of the ecological environment, situated within each other. Each and every level of the ecological environment plays a vital role in influencing the development of the child ECD services also play a significant role in the holistic development of young children through the provision of early learning opportunities in ECD centres. Hence it is befitting to pursue the realisation of the main objective of this study i.e. to explore and identify ecosystemic factors which influence the accessibility to ECD services for children with disabilities within the various levels of the ecological environment is, ranging from the most immediate environments of the child with disabilities, the microsystem and the mesosystem through to the least immediate environments, the exosystem and the macrosystem of the ecological environment.

The next chapter focuses attention on the research methodology that this research study has adopted, which encompasses the research design, the research paradigm, and the research approach that have been selected for the study. Detailed accounts of the sampling method used for the selection of participants and the research sites, data collection and analysis techniques are also presented in the chapter. The chapter further discusses the trustworthiness of the study and how it was pursued in this study, as well as the ethical considerations which guided the research process.

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# CHAPTER 4

# RESEARCH METHODOLOGY

## 4.1 INTRODUCTION

In the previous chapter it was indicated that this study is underpinned by Bronfenbrenner's ecological systems theory (1979). The ecological systems theory has been used within the social sciences as a methodological framework, with a view to examining the dynamic relationships that exist between individuals and the social environments in which they find themselves. Having been adapted from the natural sciences, where environmental factors are taken into consideration when studying "primary subjects of the research", the ecological systems theory is used primarily as a qualitative research perspective which in some circles is also referred to as the social ecological perspective. Environmental factors have to be considered in any instance of an inquiry, as such factors have an inherent influence over the subjects which in turn also have an influence on them, (Campbell, 2014, para. 3). As a methodological framework, the ecological perspective has been used in this study to explore and identify ecosystemic factors which influence the accessibility of ECD services for young children with disabilities within the multi-levels of the ecological environment.

In this chapter the research methodology that has been employed to explore the ecosystemic factors which influence the accessibility of ECD services for young children with disabilities is discussed. In explaining the research methodology, exposition of the following aspects will be given: the research design, the research paradigm, the research approach, the sampling method for the selection of participants and the research sites, data collection and analysis techniques, trustworthiness of the study, as well as the ethical considerations which guided the study. However, before the aforementioned issues can be discussed it is imperative to make reference to the main question that this study intends to seek answers to.

## 4.2 THE RESEARCH QUESTIONS

This research study set out to find answers to the following research questions (see section 1.4.1)

### 4.2.1 Primary research question

What ecosystemic factors influence accessibility to ECD services for young children with disabilities? The question as it stands refers to both those factors which create barriers and those which can facilitate accessibility to these services for young children with disabilities.

### 4.2.2 Secondary research questions

- What are the reasons for the low enrolments of children with disabilities in ECD centres?
- How can ECD centres facilitate an increase in the enrolments of children with disabilities in ECD centres?
- What are the perceptions of caregivers; ECD practitioners; health care and social welfare professionals with regard to promoting accessibility of ECD services for young children with disabilities?

Both the primary and secondary questions in this study dictate that responses or answers to them be presented in words and not numbers since most qualitative questions are ‘how’ and ‘what’ questions as postulated by Suter (2015) and therefore need an appropriate research plan that will facilitate the process of seeking answers. According to Merriam (1998) the choice of a research design needs understanding of the philosophical orientation of the kind of research one is undertaking, as Creswell (2014, p. 6) posits that philosophical worldviews “are potentially influential on the practical execution of the research process…”

## 4.3 RESEARCH DESIGN

The research design is broadly described as a "comprehensive plan for data collection in an empirical research project" (Bhattacherjee, 2012, p. 35). It is further regarded as the "blueprint" of the activities which are aimed at providing answers to particular research questions or testing specified hypotheses which have to include three processes, namely three processes namely:

- the constitution of the sample,
- the development of the data collection instrument; and
- the data collection process (Bhattacherjee, 2012, p. 35).

Denscombe (2012, p. 99) asserts that a good research design should bear the following features:

- It should provide "a description of the various components of the investigation", thereby setting out the general approach that will be followed and detailing the data collection methods and data analysis strategies that will be employed;
- It should provide a rationale for the choice of the research strategy which "has to be informed by the research questions"; and
- It should reconcile the various data collection methods with the research questions the study is investigating, as well as indicate how suitable or relevant data intended to provide answers to the research will be generated.

In this regard, Denscombe (2012, p. 99) summarises the foregoing feature of the research design by saying that "it should fit the purpose" of the study. The research design should provide an explanation of how all the important "components of a research study link with one another, thereby giving a logical progression of the research process from one phase to subsequent ones". Nieuwenhuis (2007b, p. 70) concurs with the previous author as he also views a research design "as a plan or strategy which moves from the underlying philosophical assumptions to specifying the selection of respondents and techniques to be used in data gathering and data analysis.

Nieuwenhuis (2007b) further acknowledges that a broad range of research designs affords the researcher the liberty of selecting a research design that is compatible with his philosophical assumptions, as well as most appropriate for generating data that represent the answers sought by his study. Creswell (2014, p. 12) states that "research designs are types of enquiry within the qualitative, quantitative and mixed methods approaches that provide a specific direction for procedures" in the research process. Since qualitative research aims at acquiring understanding of certain aspects of social life (Patton & Cochran, 2002), it employs methods which generally produce words as opposed to numbers (Creswell, 2014) and are therefore compatible with the nature of the primary and secondary questions in this study mentioned in section 4.2 above. In this study the qualitative research design has been used by the researcher as a framework for guiding the research process in search of answers to the research questions. The qualitative research design has been opted for because the kind of data that have to be collected depends on the experiences and views of participants on the problem that is being investigated. Van Baren (2014) maintains that in a qualitative research design, the researcher examines the experiences of participants or units of analysis as well as environmental factors. In this sense the qualitative research design is characterised by subjectivity as it collects and uses information that is based on people's interpretations, perceptions, viewpoints, values and conditions (Van Baren, 2014) to address the research problem. It is in this regard that Maxwell (2013) notes that the researcher adopting the qualitative design has to make a continuous evaluation of how the design is being implemented, in order to take cognisance of how it is influencing and how it is beinginfluenced by the natural setting in which the researcher is conducting the study.

Maxwell (2013), like Creswell (2014) also concurs that the research design in a qualitative enquiry has multiple components constituting a definite structure. However, Maxwell, (2013, p. 3) acknowledges that the qualitative research design is to a great extent “a do-it-yourself” exercise as opposed to an “off-the-shelf” process that has a fixed starting point. Hence, he further cautions that the research design in a qualitative study cannot be necessarily developed as “a logical strategy in advance and then be executed” faithfully” according to a predetermined order, as it is characterised by the “interconnection and interaction” among the various component processes. Contrary to Bhattacherjee’s (2012, p. 35) notion of the research design as a “blueprint” of the activities, a qualitative design as presented by Maxwell (2013, p. 3) implies that it remains in a continuous state of development, which is flexible and involves “construction and reconstruction”, “adjustment and changes” up to the end of the entire research process, which also facilitates the realisation of what the study had purported to achieve.

This augured well for this study as some of the units of analysis could not be identified in advance, but could only be identified subsequent to the participation of other units of analysis. The identification of ECD practitioners that were included in the study depended on the proximity of ECD centres to the caregivers of young children with disabilities. To ensure the availability of ECD services, caregivers should be residing in a geographical area where there is a centre, from which ECD practitioners were purposively selected. This implied that the research process had to undergo ‘construction’ and ‘deconstruction’ as postulated by Maxwell (2013), in which some of the component parts only featured when a specific phase had been reached, i.e. until caregivers were located and interviewed, there would be no idea of research sites where ECD practitioners would be identified. According to Fouché (2005, p. 269) the qualitative research design does not prescribe a fixed “step-by-step” process which the researcher has to follow, instead the choices that the researcher makes determine the design or approach that the research process will take. Fouché (2005, p. 269) further puts the aforementioned assertion succinctly when he adds that:

> …qualitative researchers will, during the research process, create the research strategy best suited to their research, or even design their whole research project around the strategy selected.

The section below focuses on the research paradigm, the research approach and type of qualitative research that this study adopted.

### 4.3.1 Research paradigm

Nieuwenhuis (2007a, p. 47) refers to a paradigm as a “set of assumptions or beliefs about fundamental aspects of realty” which determine the researcher’s worldview. Viewed from a philosophical perspective, a paradigm refers to the nature of reality (ontology), both external and internal to the knower; the kind of knowledge that the knower can generate (epistemology) as well as a particular approach of producing the knowledge (methodology) (Taylor & Medina, 2013). Consistent with the aforementioned authors’ assertions on a paradigm, Merriam (1998, p. 3) argues that “a fundamental consideration” in designing a research study revolves around the philosophical assumptions that the researcher believes in with regard to the nature of reality, the kind of knowledge that can be generated, as well as how the knowledge is produced. It is on this note that Merriam (1998, p. 3) acknowledges that “linking research and philosophical traditions or schools of thought helps to illuminate the special characteristics of different orientations or paradigms. All the aforementioned views on a paradigm express common ideas in respect of what it is as well as the purpose it serves in research- a set of philosophical assumptions and/or beliefs which underpin the researcher’s perception of the world, whilst also providing a framework, which directs his research activities.

According to Bhattacherjee (2012) the research design as a comprehensive plan for the collection of data in a broad sense can be viewed as falling under two broad categories, namely, the positivist or interpretive data collection methods. These broad categories are underpinned by a “belief system or worldview that guides the investigator, not only in choices of method but in ontologically and epistemologically fundamental ways” (Rovillos, n.d., p. 2). Merriam (1998, p. 4) identifies the following three philosophical orientations which guide a scientific inquiry. They are:

- positivist in which knowledge acquired through "scientific and experimental research is objective and quantifiable";
- interpretive in which knowledge is based on the lived experiences of individuals; and
- lastly, critical research in which knowledge is produced through an "ideological critique" of what is researched.

In view of the qualitative research design that this study has adopted, the interpretivist paradigm was chosen as the most relevant philosophical orientation or paradigm, since the study intended to generate knowledge constituted by the lived experiences of participants with the phenomenon that the study set out to explore-influence of ecosystemic factors on the accessibility of ECD services for young children with disabilities.

Taylor and Medina (2013) point out that the interpretive paradigm in educational research came into existence during the latter part of the 1970s, and has had a strong influence from disciplines such as anthropology, where it was used to understand cultural backgrounds of individuals who belong to various cultures from their perspectives. The term "interpretive research" is often used interchangeably with "qualitative research", although it is quite different from the latter term since it refers to a research paradigm. As a research paradigm, interpretivism is premised on the notion that social reality is neither singular nor objective as it is based on multiple human experiences and social contexts which represent ontology, and is "best studied within its socio-historic context by reconciling the subjective interpretations" made by different participants, which is the epistemology (Bhattacherjee, 2012, p. 103). Interpretive researchers therefore maintain that social reality cannot be experienced independently of the social context in which it is embedded, and can therefore be interpreted in terms of the meanings attached to it by the various participants (Bhattacherjee, 2012). The interpretive paradigm generates knowledge through interviewing, participant observation, and constructing accounts of cultural backgrounds of individuals that are characterised by authenticity and trustworthiness (Taylor & Medina, 2013). In this study, data relating to the research problem were gathered mainly through interviews with, amongst others, participants who were understood to have life experiences with the early education of young children. The inclusion of different categories of participants, namely caregivers, ECD practitioners, special school educators and health care and social welfare professionals in the research study, was intended to enhance the understanding of the phenomenon of interest through their various perspectives and experiences with ECD services and their accessibility for young children with disabilities. When applied to educational research, the interpretive paradigm provides researchers with enhanced understanding of the life experiences of the school population (teachers and students) constituted by the cultural background of classrooms, schools as well as their communities (Taylor & Medina, 2013).

### 4.3.2 Research approach

Mason (2002, p. 3) in providing a description of qualitative research approaches observes that they share the following common characteristics:

- They are concerned with how the phenomena of interest are interpreted, understood, experienced, produced or constituted;
- They are based on research methods which are flexible and sensitive to social context; and
- They are based on analytic methods, which take into account complexity, detail and context.

Creswell (2014) conceives of the research approach as research plans and procedures, that encompass broad assumptions about the research question, which are narrowed down to detailed procedures relating to how data will be collected, analysed and interpreted. Creswell (2014) concurs with other authors (Creswell, 2013; Hatch, 2002; Marshall & Rossman, 2011) on a number of “core characteristics” which they believe define qualitative research. The table below depicts the main characteristics of qualitative research and their applicability to this study.

**Table 4.1: Core characteristics of qualitative research and applicability to this study**

| **Core characteristic** | **Applicability to this study** |
|---|---|
| Natural setting: Data are collected from participants in their natural setting and not in a laboratory or a simulated environment | All participants were interviewed in the natural setting in which they resided or were employed. Participants did not have to be taken into simulated situations in order to conduct the interviews |
| Researcher as key instrument: Qualitative researchers collect data themselves, as they play the role of being the research instrument | In order for the researcher to gather data for providing answers to the research questions being investigated, participants who gave consent to take part in the study were interviewed personally by the researcher and in this manner assumed the role of being a research instrument. |
| Multiple sources of data: Qualitative researchers use multiple sources for data collection such as interviews, observations, documents and audio-visual devices | Data were collected through individual and focus group interviews. The study collected data from different categories of participants, namely caregivers, ECD practitioners, special school educators and focus groups constituted by professionals from the multi-disciplinary teams of health care institutions, and the various categories of participants served as multiple sources from which data could be collected. |
| Participants’ meanings: The researcher | As a qualitative inquiry, this study |

| | |
|---|---|
| puts his primary attention on the meanings that participants attach to the phenomenon of interest | focused on the meanings participants ascribed to the phenomenon of interest which they expressed as observations, experiences and perceptions relating to the phenomenon of interest. |
| Emergent design: The research design in qualitative research is subject to constant change as varying circumstances present themselves during the fieldwork | The focus groups participating in the research study were initial envisaged to include clinical psychologists and primary health care nurses, but could not be included due to various reasons-not being employed in the same professional units, as well as heavy workloads. Participants who could not form part of the focus groups could still be interviewed individually to capture their perspectives on the research problem, as from the interpretivist paradigm social reality is based on multiple human experiences and is “best studied within its socio-historic context by reconciling the subjective interpretations” made by different participants (Bhattacherjee, 2012, p. 103). |
| Reflexivity: The researcher should constantly reflect on how their personal background, culture and experiences can potentially influence their role in the study as well their interpretation and the meaning they attach to the collected data | By virtue of being in the education/psychology profession the researcher in this study constantly reflected on how her experience in the profession might influence the direction of participants’ responses. |
| Holistic view: In an endeavour to develop a comprehensive view of the research | Adopting Bronfenbrenner’s ecological systems theory as a methodological |

| | |
|---|---|
| problem being studied, qualitative researchers adopt multiple perspectives and identify numerous factors relating to a situation so that an enhanced picture of the phenomenon of interest can be drawn | framework has enabled the researcher to explore and identify ecosystemic factors which could influence the accessibility of ECD services for young children with disabilities within the multi-levels of the ecological environment. This has also facilitated gaining an enhanced and holistic view of the research problem, as data based on multiple perspectives of the various participants from various socio-historic backgrounds were collected through semi-structured individual and group interviews. |
| Inductive data analysis: Patterns, categories and themes that are inferred from data are arranged into more abstract information and in the process, put together a "comprehensive set of themes" (McMillan & Schumacher, 2014) | The recurring patterns that emerged from the interview transcripts of the various categories of participants resulted in the creation of sub-themes and themes from which inferences /interpretations relating to findings of the study could be made |

In deciding on which research approach to adopt, the researcher's ultimate choice should be informed by the nature of his philosophical orientation, the research design (which is regarded as procedures to be followed in the enquiry-specific data collection, analysis and interpretation methods). In addition to the foregoing, issues informing the researcher's overall decision making with regard to the research approach, such as the nature of the research problem, the researcher's personal experiences and the audience for whom the research is intended also need to be taken cognisance of (Creswell, 2014).

The researcher, guided by the abovementioned considerations, is obliged to make a choice of a research approach from qualitative, quantitative or mixed methods. Creswell

(2014) acknowledges that whereas the three approaches are cited as separate inquiry strategies, they are nevertheless not as distinct from one another as it may be thought. They occupy different points on a continuum with the qualitative and quantitative approaches occupying the opposite ends of the continuum, whilst the mixed-method approach occupies the middle position. The distinction between the qualitative and the quantitative can broadly be characterised by words and the use of open-ended questions, whilst data in the latter approach are represented by numbers that are generated from close-ended questions. Qualitative research as “an approach for exploring and understanding the meaning individuals” have on a specific social or human problem was regarded as appropriate for this study. The kind of questions that this study intended to answer required responses that could be best generated through open-ended questions (Creswell, 2014, p. 5).

In this study the qualitative approach was selected as the most appropriate approach in addressing the main aim of this study, which was to explore factors which influence the accessibility of ECD services for young children with disabilities as perceived and experienced by participants in this study. Qualitative research as “an approach for exploring and understanding the meaning individuals” have on a specific social or human problem (Creswell, 2014, p. 5) is compatible with the nature of the main and sub-questions posed by this study. In exploring and gathering such information, the qualitative research approach was employed to facilitate understanding of the phenomenon of interest from the perspective of participants as well as how they understood or experienced it in the natural context in which it occurred (Creswell, 2014). The qualitative approach is consistent with the ecological approach as it studies environmental factors which influence human beings in the natural settings in which they exist (Schaffer, 1996; Keenan & Evans, 2009). Patton (2002, p. 39) concurs with the previous authors as he also notes that qualitative research adopts a naturalistic approach with a view to understanding the phenomenon of interest as manifested in the "…real world setting” without any attempt to manipulate it.

Qualitative researchers have a plethora of research approaches within which their research designs can be accommodated. Different authors identify varying approaches which they classify into categories ranging from five through eighteen to 28 (Tesch, 1990; Miller & Crabtree, 1992; Strauss & Cobin, 1990; Creswell, 1998). Having identified only five of these categories of research types within the qualitative approach, Creswell (1998) acknowledges that the most popular and often used “traditions of enquiry” are the following:

- Biography;
- Phenomenology;
- Grounded theory;
- Ethnography; and
- Case study.

Merriam (1998) identifies the same forms or types of qualitative research, mentioned above, with the exception of one approach which she refers to as basic or generic qualitative study. Following the choice of the qualitative research design in which the researcher examines or explores the experience of participants and environmental factors, the research approach that was considered to be more appropriate was located in the phenomenological tradition of inquiry, which is briefly discussed below.

### 4.3.3 Type of qualitative research

Consistent with the qualitative research design, phenomenology as a type of the qualitative approach is based on gaining understanding and interpreting the meaning participants attach to social phenomena (Creswell, 1998). Van Baren (2014) holds that the phenomenological approach acknowledges the uniqueness of each individual’s experience of reality and therefore takes cognisance of their feelings and how they interpret their life experiences. Whereas this approach acknowledges the uniqueness of the individual’s experiences, Creswell (2013, p. 76) argues that its basic purpose is to reduce individual experiences with a specific “phenomenon to a description of the universal essence”. He further points out that phenomenology as a study that describes the common meaning that several individuals attach to their lived experiences with a phenomenon, focuses on providing descriptions of what all participants have in common. In this study, the meaning of the phenomenon under scrutiny depends on the participants’ lived experiences, and it is from the individual meanings that they attach to this phenomenon that common descriptions of the meanings they have of the phenomenon will be derived. Creswell (2013) further notes that, in collecting data from participants, who have experienced a phenomenon, the researcher develops a composite description of the essence of the experience for all the participants taking part in the research project.

According to Moustakas (1994) the description that the researcher gives may represent what participants have experienced and how they have experienced it. McMillan and Schumacher (2014, p. 32) also concur with the previous author as they maintain that a “phenomenological study describes the meanings of lived experience”. It is for this reason that McMillan and Schumacher (2014) caution that the data the researcher collects need to be based on the descriptions of the participants’ meaning of their lived experiences, free from all the prejudices that he might have about the phenomenon that is being studied.

In the following section the methods used for the selection of research sites and selection of participants are presented. Reference is also made to the role of the researcher as well as the process of gaining access to the research sites.

## 4.4 RESEARCH METHODS

Maxwell (2013) notes that decisions pertaining to where the research study will be conducted as well as whom to include forms an important part of the research methods that a researcher chooses to use in his research project. The choice of research methods is influenced by the nature of the research problem that is to be studied as well as its context. Issues relating to research methods extend beyond the collection of data, selection of research sites and participants and the analysis of the collected data to include forming research relationships with the individuals taking part in the study (Maxwell, 2013). In the following sections the selection of research sites and participants, research instruments for data collection, the data collection and analysis processes will be discussed.

### 4.4.1 Sampling method for the selection of participants

Non-probability sampling was used hence not everyone in the target population had an equal chance of being included in the study (Merriam, 1998). Purposeful sampling which is the most common form of non-probability sampling was used, because the main interest of the study was not in how many factors influence accessing ECD services or how often such factors occur, but in what those factors are. Purposeful sampling, therefore appeared to be the most suitable in this instance, because it is based on the assumption that the researcher "intends to discover, understand and gain insight" (Merriam, 1998, p. 61) from a sample in which the most relevant information can be obtained about the research problem. Purposeful sampling requires that participants have specific characteristics that will form the criteria for the selection of the sample. Hence it was important to determine criteria for selecting the participants. Selection criteria for participants are presented in Table 4.2 below.

Snowball sampling was initially chosen as the method that would be used to constitute the sample of caregivers since it was envisaged that it would be difficult to identify or find caregivers of young children with disabilities. Caregivers who would be initially selected would be identified at the health care institutions and be requested to recommend other caregivers they knew who met the selection criteria. However, in view of the fact that caregivers were available, on the dates scheduled for them to bring their children for rehabilitation sessions at the health care centres/institutions, it was no longer necessary to use snowball sampling to constitute a sample of caregivers. The sample of caregivers was then selected through the convenience sampling method as it was considered to be the most feasible method to constitute the sample, seeing that caregivers were readily available at the health care institutions on specific dates. Suter (2015, p. 343) acknowledges that in qualitative research “strategies for data collection are open and depend on the context” and until the researcher is content that the research process appears to be taking a direction that has the potential to yield the expected information, the research process and its various components are subject to continuous review. It was in this context that another sampling method had to be employed.

While the snowball sampling method had to be abandoned, the research sites that had initially been earmarked for the identification of caregivers remained the same. It came to light that caregivers were divided into groups and allocated dates for consultation at the health care centres/institutions with the therapists (health care professionals), and caregivers only knew those who were in their groups. On a scheduled date for a specific group there would be a specified number of caregivers who brought their children for rehabilitation and stimulation. Hence an opportunity was presented whereby the researcher was able to personally speak to the caregivers on the scheduled date for one of the groups of caregivers, with a view to constituting a convenience sample.

Those caregivers who met the selection criteria were taken through the contents of the informed consent letter and asked for voluntary participation in the research study. The criteria that were used were: (1) caregivers should have young children with disabilities, and (2) the children should be aged between three and five. The presence or absence of a disability was established from caregivers, since access to the medical records of the children was not possible.

The opportunity to speak to caregivers personally was made possible at two of the four health care centres/institutions in the district where the research study was conducted. Three of these health centres fall within the jurisdiction of local authorities, whilst the fourth falls within the jurisdiction of the province and consequently serves all individuals residing in the province. A total number of four caregivers were eventually interviewed as voluntary participants in the study from the health care institution catering for all individuals residing in the Limpopo province.

It was not possible to identify any potential caregivers to participate in the study at the other two centres as caregivers were not given specific dates on which to bring their children for rehabilitation and stimulation exercises. Caregivers were given the latitude to bring their children whenever they had the financial means to bring their children for exercises at the health care centres/institutions.

It was indicated earlier that the qualitative research design cannot be necessarily developed as a logical plan that can be “faithfully” executed (Maxwell, 2013, p. 3) because of its emergent or evolving nature as postulated by McMillan and Schumacher (2014). Qualitative researchers are consequently bound to be flexible and adopt strategies that will best enable the research process to achieve its main purpose (Fouché, 2005).

The evolving feature of qualitative inquiry manifested during the sampling process as the initial technique planned for the selection of a sample of caregivers for the study had to be abandoned in favour of the convenience sampling method. The convenience sampling method was found to be the most suitable as caregivers were readily available at the time of the researcher’s visit at the respective health care centres/institutions. According to Singh and Mangat (1996, p. 7) the convenience sample “is restricted to a part of the population that is readily accessible”. Convenience sampling is however, regarded as devoid of a clearly defined sampling strategy as the researcher constitutes his/her sample based on the ease with which the sample is accessible (Ritchie & Lewis, 2003). Denscombe (2014, p. 43) argues “that an element of convenience is likely to enter into sampling procedures of most research” in view of the limited resources terms of funding and time available at the researcher’s disposal. In opting for convenience sampling, the researcher was not only guided by the convenience of accessibility to units of analysis, but by the selection criteria as well, as they were strictly adhered to.

In the following table selection criteria for participants are presented

**Table 4.2: Selection criteria for participants**

| **Participants** | **Criteria** | **Reason(s) for the choice of research site** |
|---|---|---|
| Caregivers | 1.Be a parent, guardian or caregiver of a child with a disability<br>2. The child with a disability should be within the age range of three to five years<br>3. Attending or not attending an early childhood education centre (referred to as an ECD centre in the Guidelines (UNICEF, 2005) | Looking for caregivers of children with disabilities at the health care institutions appeared to be the only feasible place where initial contacts could be made for both the snowball method (which was later abandoned) and convenience sampling |
| ECD Practitioners | **Criteria** | **Reason(s) for the choice of research site** |
| | 1. Be practitioners at the ECD centres/sites registered with the Department of Education<br>2. The ECD practitioners should be teaching in ECD centres which are in the | Registered ECD centres registered with the Departments of basic Education and Social Development to ensure that the ECD centres provide services according to departmental provisions and guidelines. |

| | | |
|---|---|---|
| | same communities as the caregivers and their children to ensure availability of ECD services. | |
| Special schools educators | 1. Should be teaching in special schools situated in and around the villages where caregivers and their children are resident<br>2. Special schools should be registered with the Department of Education of Basic Education | Special schools situated in an around the place of residence of caregivers to ensure availability of special education for learners. |
| Focus groups: | | |
| **Participants** | **Criteria** | **Reason(s) for the choice of research site** |
| -Occupational Therapists,<br>-Physiotherapists,<br>-Speech and Hearing/Audiology Therapists,<br>-Clinical Psychologists,<br>-Social Workers<br>-Primary Health Care nurses | 1.Must be qualified health care and social welfare professionals in their respective fields<br>2. Must be working at the health care institutions where caregivers bring their children for routine check-ups or rehabilitation<br>3. Be directly involved in | Health care and social welfare professionals whose services are accessible to all caregivers who have a child with a disability could only be located at Health care institutions falling under the Department of Health where health and welfare related services are available for free at these institutions. |

| | | |
|---|---|---|
| | the rehabilitation sessions for children with disabilities | |

### 4.4.2 Selection of the research sites

Typical sampling was used to select research sites for ECD practitioners and special school educators. According to Patton (1990) the typical site sampling strategy is used to select a site that has typical features in terms of the kind of population relevant to the purpose of the research study. In this regard Patton (1990) asserts that the site should not be in any significant way deviant from the usual site where the target sample is expected to be identified. In this instance special schools and ECD centres were regarded as typical sites where ECD services for young children with disabilities could possibly be accessed and information on the phenomenon of interest, i.e. factors influencing the accessibility ECD services for young children with disabilities, between the ages of three to five years, as perceived by special school educators and ECD practitioners, could be gathered. All sites which have the profile of being an ECD centre/ site or a special school in and around the community where caregivers reside were selected.

#### 4.4.2.1 Special schools

Special schools in the South African context are learning institutions, which can either be publicly or privately owned by the government or private individuals/organisations respectively. These schools, in most instances serve children of school-going age who have all types of disabilities, ranging from mild through moderate to severe impairments, aged from six to around 21 to 25 years old. Special school educators were identified from special schools selected as research sites, situated in one of the five districts, in the Limpopo Province, namely Capricorn District. The participants were selected from this district because the phenomenon of interest in this research study was first observed there. The special schools from which educators were selected were determined by the geographical proximity of the schools to the caregivers who participated in the study. One of the criteria for the selection of special schools as research sites was that they must be situated within and around the villages, settlements or townships in which the caregivers reside to ensure availability of educational services for children with disabilities.

#### 4.4.2.2 ECD centres

ECD centres in the South African context are institutions intended for early childhood education. These centres are referred to as crèches, day care centres for young children or playgroups, preschools and/or after school care (UNICEF, 2007, p. 6). In most instances ECD centres are privately owned and are required by law to register with both the Department of Basic Education and Social Development.

The ECD centres from which ECD practitioners were selected were determined by the geographical proximity of the centres/schools to the caregivers who participated in the study. One of the criteria for the selection of ECD centres as research sites was that they must be situated within and around the villages, settlements or townships in which the caregivers reside to ensure availability of ECD services.

#### 4.4.2.3 Health-care centres/ institutions

In accordance with the typical site sampling strategy (Merriam, 1998) mentioned above, health care institutions were regarded as typical sites where health care and social welfare professionals could be identified for the constitution of focus groups as well. These health care institutions fall within the jurisdiction of the provincial Department of Health. The professionals who constituted focus groups were those who work with the caregivers of these young children when rendering other aspects of ECD services, such as health care and welfare services. With regard to health care institutions, four of them were selected from the district of interest, as indicated above, to be part of the research sites for the research project. These are situated in and around the rural communities in which the caregivers of these children live.

### 4.4.3 Data collection techniques

The main data collection technique that was used in this research study involved interviewing participants, individually and in groups. Both individual and focus group interviews were recorded on a voice recorder. In order to complement the interviews captured on the voice recorder, focus group interviews were also captured on a video recorder to facilitate easy identification of different participants during the transcription of focus group interviews. Since the researcher was the main instrument for data collection through interviewing, her role as the researcher, access to the research sites and the form of interviewing chosen for this study, i.e. semi-structured interview, will be discussed in the sections below.

#### 4.4.3.1 The role of the researcher

In qualitative research, the researcher assumes the role of being a research instrument himself as he conducts the interviewing process to collect data, as well as the interpretation of the collected data (Nieuwenhuis, 2007b). The latest developments observed in interpretive research paradigms which include the recognition or acknowledgement of the researcher's own subjectivity, are crucial for the researcher in his/her role of applying interpretive research methods. The interpretive researcher should constantly reflect on how his/her values, beliefs, and assumptions both past and current influence the manner in which he/she interprets the inquiry process Taylor & Medina, 2013).

Denzin and Lincoln (2005, p. 3) conceive of qualitative research as an activity "that locates the observer in the world" and is comprised of interpretive activities that serve as a lens through which the world can be made visible. In this sense the world is represented by the field notes, recordings, interviews etc. gathered by the researcher. Qualitative researchers study the world as presented in its natural context, and therefore extract its meaning through interpreting phenomena as viewed by the people who inhabit it. Wengraf (2001) holds that in social research methodology the collection of data is normally distinct from the interpretation thereof.

This study, in view of being phenomenological, aimed at translating the lived experiences of participants into descriptions of the meanings they attach to the phenomenon under scrutiny as postulated by McMillan and Schumacher (2014). It is in this regard that these authors state that the "typical technique is for the researcher to conduct long interviews directed towards understanding their perspectives on their everyday lived experience with the phenomenon" (McMillan & Schumacher, 2014, p. 32). In this study these perspectives relate to ecosystemic factors which could have an influence on the accessibility of ECD services for young children with disabilities.

Oppenheim (2003) notes that interviews can be broadly classified into two categories, namely:

- exploratory interviews which he considers to be in-depth interviews or free-style interviews (both individual and group interviews); and

- standardised interviews such as those used in gathering public opinion, market research and government surveys.

#### 4.4.3.2 The process of gaining access to research sites and participants

Since the main instrument for data collection in this research study was the interview, it was imperative that the researcher be granted permission to access the research sites, seeing that participants were to be met on a face-to-face basis. It was therefore important that the researcher developed and maintained good relationships with individuals who facilitated access to potential participants as well as participants themselves. It is in this regard that Jackson and Verberg (2006) maintain that the researcher needs to strive towards developing and maintaining rapport lest he/she be the source of creating a problem situation(s) in the field settings.

In the paragraphs below an account of the process of gaining access to each of the following research sites is presented: health care institutions and centres, special schools, ECD centres and caregivers' households.

The Department of Health is the highest authority in the province, under which all health care institutions and centres such as hospitals, and clinics fall. Gaining access to health care and social welfare professionals was not an easy exercise, in spite of having obtained permission from the provincial office. It was such a tedious exercise to access potential participants even with the permission from the provincial office, allowing the research to go ahead. Further written requests had to be made in certain instances to the Chief Executive Officer or manager of the institution or centre, respectively to conduct interviews with health care and social welfare professionals, which were envisaged to be part of the focus groups. After battling with just the permission to talk to prospective participants, another challenge of putting the focus groups together surfaced. It was during this phase that it came to light that conducting research with health care professionals posed such a significant challenge as they have busy schedules due to the number of patients they have to see on a daily basis. Securing just a time slot when the health care professionals were free from their official duties was an almost impossible exercise. However, eventually appointments were set with each of the four focus groups which were based at four different health care institutions and centres. The interview with the first focus group was held on the 3rd of March 2015, the second on the 4th March 2015, the third on the 11th of March 2015 and the last on the 27th of March 2015.

The provincial Department of Basic Education granted permission to the researcher allowing her to conduct research with educators and ECD practitioners in special schools and ECD centres, respectively. Access to special schools and ECD centres was gained through the offices of the deputy principal and centre manager respectively and was free from any challenges that would have caused delays in meeting prospective participants. That enabled the researcher to make requests for voluntary participation in the research study as well as to go ahead with interview sessions after gaining informed consent from educators and practitioners.

Access to caregivers was gained through the health care professionals employed at the health care centres/ institutions, where caregivers regularly take their children for rehabilitation sessions. Caregivers of the children under discussion were approached at the health care centres/institutions, after obtaining permission from the health care professionals. Caregivers who gave consent to participate in the research study were interviewed in their households so that the researcher could have a sense of the physical built of the environment where their children with disabilities were raised and cared for.

#### 4.4.3.3 Semi-structured interviews

The in-depth semi-structured interviews used in this study fall within the exploratory category and were aimed at enabling participants to give a description of their experiences and the meanings they have to them (Jackson &Verberg, 2006). Hence, the in-depth interviews, as the main technique for data collection, were in line with the main aim of the study, which was to explore and identify ecosystemic factors influencing the accessibility of ECD services for young children with disabilities. According to Wengraf (2001) semi-structured interviews are designed in such a way that they are comprised of a list of questions which are prepared ahead of the interview session. In this regard the interview schedule consisting of a list of questions was compiled and used to guide the interview process (see Appendix L).

The design of the structure of the questions should also accommodate subsequent questions which may ensue from the prepared ones during the interview process. Wengraf (2001) further maintains that for semi-structured interviews to achieve a measure of success, adequate planning and preparation should be done before the session. The interviews with all participants were captured on a voice recorder. In addition to the voice recorder a video recorder was used to record interviews with focus groups.

Semi-structured individual interviews were conducted with six special school educators, four caregivers and three ECD practitioners, while group interviews were held with four focus groups.

#### (i) Individual interviews

Individual interviews were conducted with special school educators, caregivers and ECD practitioners in order to capture their experiences with the phenomenon under study.

##### (a) Special school educators

The individual interviews conducted with special school educators at their respective schools, were intended to explore their observations, experiences and/or perceptions with regard to ecosystemic factors influencing the accessibility of ECD services for young children with disabilities. Though special schools were regarded as possible and relevant educational institutions for providing education for children with disabilities, it was noted that these schools did not admit young children falling within the three to five age cohort, which is the focus of this study.

(b) Caregivers

Caregivers in this study were regarded as primary informants by virtue of being parents or guardians of young children with disabilities who carry a bigger share of the responsibility of looking after the children and would be expected to have an intimate knowledge of the children.

(c) ECD practitioners

ECD practitioners are actively involved in providing early childhood education for all children, including those with disabilities. They were purposively selected because they were regarded as units of analysis that were most likely to witness the phenomenon of interest by being employed at the ECD centres. ECD practitioners would therefore be in a position to experience and observe factors that could potentially influence the accessibility of ECD services for young children with disabilities, either by way of facilitating or hindering the process.

### (ii) Focus groups interviews (health care and social welfare professionals)

Focus group interviews were intended to elicit observations, experiences and/or perceptions with regard to factors influencing the accessibility of ECD services for young children with disabilities, as health care professionals work closely with caregivers and their children in the provision of health related services. Each focus group from a health care centre/institution was envisaged to consist of at least five professionals including, occupational therapists, physiotherapists, speech and hearing therapists, clinical psychologists, social workers and primary health care nurses. However, these focus groups could not be uniformly put together as their constitution depended on the availability of the various professionals in any particular health centre on institution. In some health centres/ institutions it was possible to put together the full complement of professionals consisting of a physiotherapist, occupational therapist, speech and audiology therapist, a clinical psychologist and a social worker, whereas in others clinical psychologists and social welfare professionals were not available due work schedules and other reasons not known to the researcher.

It was also envisaged that primary health care nurses would form part of the focus groups, but it was not possible because of the high volumes of patients they have to attend to as part of their day to day activities. All the health institutions from which these nurses were to be selected were found to have huge numbers of patients at various points of service delivery. Hence, in all the focus group interviews, representation from the primary health care sector could not be secured.

According to Bhattacherjee (2012, pp. 40 & 78) focus groups can yield a “deeper examination of complex issues”, hence these focus groups were put together in an endeavour “to build a holistic understanding of the problem situation” since these professionals work closely with children with disabilities in their various capacities. Health care professionals were included in this study to form focus groups, firstly because they work closely with caregivers and their children through providing rehabilitation and stimulation exercises to children, as well as teaching caregivers how to do the exercises with their children at home. Social welfare professionals also work closely with caregivers of children with disabilities in providing social welfare services, including assisting them with the application process for disability grants provided by the Department of Social development. Regular contacts with caregivers afford these professionals a rich source of information about the caregivers’ experiences as well as their perceptions on disability as indicated in the next chapters on data analysis and interpretation of findings. Secondly, their professional training as therapists has in itself the potential of shedding light on the significance of the services they provide to these young children with regard to facilitating accessibility to early childhood education. The collective interdisciplinary knowledge and skills of these professionals was envisaged to provide a rich and holistic understanding of the contribution health and welfare related ECD services have towards promoting the accessibility of ECD services provided in ECD centres. It is on this note that McMillan and Schumacher (2014, p. 389) assert that in a focus group, members are encouraged to share their perceptions and ideas with one another, which can in turn “increase the quality and richness of data through a more efficient strategy than one-on-one interviewing”.

### 4.4.4 Data analysis

The process of data analysis is constituted by “dismantling, segmenting and reassembling data to form meaningful findings” on the basis of which inferences from raw data about the phenomenon of interest can be drawn (Boeije, 2001). Wahyuni (2012) further indicates that the process of dismantling and reassembling pieces of data should be guided by the research questions and aims of the study. The main purpose of data analysis in this study was to extract or construct meaning out of the data, on which findings should be based. Findings can be represented as “organised, descriptive accounts, themes or categories that cut across the data” (Merriam, 1998, p. 178). However, this author hastens to caution that categories are not data themselves, but abstractions that are derivatives of the actual data.

The process of data analysis commenced as soon as data were collected with the transcription of the recorded interviews captured on the voice recorder and video camera. Focus group interviews were transcribed from both the voice recorder and video camera, whereas interviews with the rest of the participants, i.e. special school educators, caregivers and ECD practitioners were transcribed from the voice recorder only. Data analysis was done concurrently with data collection as Merriam (1998) maintains that although data collection and data analysis are discussed separately, in qualitative research these two processes should be carried out simultaneously. When these two processes are conducted simultaneously, the researcher will have the opportunity to review the questions as well as the participants that might be interviewed or observed, to bring them in line with the main aim of the research study, in the event of questions or participants not bringing out valid information. It is for this reason that the qualitative research process is regarded as “emergent” (Merriam, 1998, p. 155). This implies that in qualitative research some or all aspects of the research process might change (Merriam, 1998, p. 155; Creswell, 2014). In the light of the foregoing, it was imperative that data collection and analysis be done simultaneously.

### 4.4.4.1 Data analysis in a phenomenological study

Noble and Smith (2014) acknowledge that selecting an appropriate approach for data analysis which will be compatible with the aim of the study, can present a challenge which calls on the researcher to have full comprehension of the processes involved. What is of utmost importance is for the researcher to have a clear idea of what it is that he intends getting out of the data (Lacey & Luff, 2001). In view of this study being a phenomenological study, the main focus of the data analysis process was to discern instances in the data that pointed to the lived experiences of participants with the phenomenon of interest as well as the meanings they ascribed to the phenomenon. Reality in phenomenology is understood through “embodied experience” hence “the truth of the event, as an abstract entity, is subjective and knowable only through embodied perception” (Starks & Trinidad, 2007, p. 1374). Meaning can therefore be constructed through the existential experience of space and time. Phenomenological analysts have to closely examine individual experiences of participants in order to extract the meaning and shared features, or essences of these experiences (Starks & Trinidad, 2007, p. 1374). Jackson and Verberg (2006) regard essences as those elements which constitute the authentic meaning on which the common understanding of the phenomenon being studied is based. The primary focus in the analysis of a phenomenological study should therefore be the identification of themes from which the core meaning of the lived experiences (Sullivan, 2012) of participants with the phenomenon of interest can be elicited.

Since this was a phenomenological study, the focus was on the individual experience while its analytic focus was to detect the essence of the lived experiences of participants from their perspective as postulated by Jackson and Verberg (2006). It is in this regard that McMillan and Schumacher (2014, p. 372) note that a phenomenological study typically searches for “essential or invariant structure in the meanings given by the participants”, hence it is imperative for the researcher to “bracket” whatever preconceptions he might be having in relation to the phenomenon under study. The researcher in “bracketing” these preconceptions needs to be aware of his assumptions or suppositions, such as some of his emotions and cognitive biases with regard to the phenomenon being studied Tufford and Newman (2010). Being aware of such preconceptions enables the researcher to extract the meanings as ascribed to the phenomenon of interest by participants, thereby enhancing his understanding of the participants’ perspectives (McMillan & Schumacher, 2014).

According to Tufford and Newman (2010, p. 84) bracketing is a “multilayered process that is meant to access various levels of consciousness” of the researcher, which is determined by the researcher’s self-awareness level, whereby the researcher may have effortless accessibility to certain aspects of his emotional state and cognitive processes in comparison with other researchers. Tufford and Newman (2010, p. 84) also posit that a researcher’s level of awareness of certain constructs (emotional and cognitive) may vary within himself as depicted by instances where he is more aware of his emotions than his “cognitive biases” or vice versa at any given time. Since bracketing should not be regarded as a once-off task of self-awareness and suspension of preconceptions on the researcher’s part, it should therefore be carried out as an on-going process. The researcher as a research instrument himself should uphold this self-awareness of preconceived ideas, as when bracketing is carried out throughout the research process it can potentially “enrich data collection, research findings as well as their interpretation” (Tufford & Newman, 2010, p. 84).

With the researcher being the main instrument for the collection of data as well as for data analysis, caution needs to be exercised to avoid influencing the data through his preconceived ideas based on his values, emotions and theories. Such preconceptions may taint the manner in which data are collected, analysed and presented. Hence through bracketing the potential influence of the researcher's preconceptions on the research process can be minimised. It is in this regard that the researcher must be "honest and vigilant about her own perspective, pre-existing thoughts and beliefs… and engage in the self-reflective process of bracketing" (Tufford & Newman, 2010, p.83).

Jackson and Verberg (2006) suggest that the researcher needs to immerse himself/herself in the data, by repeatedly reading, rethinking and continuously reflecting over the information with a view to bringing order and meaning as well as to gain a thorough understanding of the meaning embodied in the data. In this study the analysis process commenced with listening repeatedly to the audio recorded interviews with the various participants and followed by reading and re-reading of the transcripts as an endeavour to immerse the researcher in the data as suggested by Jackson and Verberg (2006). It was during this process that the researcher also endeavoured to raise the awareness of her own preconceived ideas.

Qualitative researchers have developed a variety of data analysis methods (Jackson & Verberg, 2006) and various general approaches to the analysis of qualitative data have been documented according to Noble and Smith (2014) which can be classified into four broad groups. These groups are:

- quasi-statistical approaches such as content analysis;
- interpretive approaches which include interpretive phenomenological analysis and grounded theory;
- sociolinguistic approaches such as discourse analysis and conversation analysis (Noble & Smith, 2014); and
- those that use frameworks or matrices such as a framework approach and thematic analysis respectively.

The constant comparison method (Glaser, 2008) which is discussed in the section below is one of those approaches which are based on thematic analysis. The constant comparative method was used to analyse the data after it had been translated and/or transcribed. Merriam (1998) holds that this method involves constant comparison of data, in order to identify tentative categories that are comparable to each other or other instances. A detailed description of the constant comparative method is presented in the section below.

#### 4.4.4.2 The constant comparison method

This study opted for the constant comparison analysis method to identify recurrent patterns in the collected data, which represented the lived experiences of participants, from which the core meanings that participants ascribed to the phenomenon under study would be extracted. The use of this data analysis method was considered compatible with this study as it intended to elicit the shared characteristics or essences of the participants' experiences as postulated by Starks and Trinidad (2007). It is through close examination of participants' individual experiences that the phenomenological analyst can discern the shared features of the experiences of participants (Starks & Trinidad, 2007), which constitute the core meaning in which the common understanding of the phenomenon under study is embedded (Jackson & Verberg, 2006).

Originally, the constant comparative method was developed for grounded theory, but has since been used widely as a data analysis method in qualitative research (Rangahau, n.d.). It is therefore regarded as a method that forms the core of qualitative analysis in grounded theory, as well as other forms of qualitative research (Boeije, 2002), such as phenomenology. A step by step explanation of how constant comparison will be done in the process of analysing the collected data in this study will be given in the section below.

#### 4.4.4.3 Steps followed in using the constant comparative method

Boeije (2002) acknowledges that available literature does not explain what has to be done when using the constant comparison method to analyse data. Merriam (1998) explains that the method involves constant comparison of units of data as it is implied in the term. At the beginning of the process the comparison is done within one interview and every utterance based on the participant's responses is examined to establish what has been said so as to assign a label or code to it. During this process different parts of the interviews are compared with one another to determine if there is consistency in the interviews as well as to establish categories, labelling them with codes that the researcher considers to be the most appropriate (Boeije, 2002). The constant comparison method in engaging in continuous comparison of sets of data (Merriam, 1998), ensures that close examination of the data takes place to reveal commonly shared experiences with the phenomenon under scrutiny, extracting what made the one set of data different or similar to other sets (Rangahau, n.d.).

In the last sections of the chapter attention is focused on the trustworthiness of the study as well as ethical standards that were taken into considerations

## 4.5 TRUSTWORTHINESS

Validity and reliability in qualitative enquiry within the interpretive paradigm cannot be achieved or pursued in the same manner as in quantitative research to ensure generalisability and consistency respectively, (Wahyuni, 2012). Hence, many critics display reluctance in accepting the trustworthiness of qualitative research (Shenton, 2004) based on the framework that is usually accepted in quantitative research (Trochim, 2006). Alternative concepts adopted and used as criteria to evaluate the trustworthiness of qualitative research have been cited by several authors in the social science research literature (Wahyuni, 2012). These authors have elected to use terminology that is different to that used in quantitative research to address the quality of qualitative research (Shenton, 2004). Guba (1981) is one such author who has come up with different terminology in the form of criteria that can be used to evaluate qualitative research. The criteria that have been advanced and are believed to be appropriate for qualitative researchers to apply in order to put the rigour of their research to test are: credibility, transferability, dependability and confirmability (Shenton, 2004).

### 4.5.1 Credibility

Credibility as a criterion for trustworthiness of findings in qualitative research is viewed as equivalent to internal validity and therefore refers to the accuracy of the study in reflecting what it intended to achieve in the collected data (Wahyuni, 2012). In an endeavour to address credibility in qualitative research, Shenton (2004, p. 63) holds that investigators have to “demonstrate that a true picture of the phenomenon under scrutiny is being presented”. Trochim and Donelly (2007, p. 149) maintain that in addressing credibility in a qualitative study researchers seek to establish whether the results of the study are “credible or believable”. They further believe that in view of the fact that the focus of qualitative research is the exploration of participants’ perceptions, beliefs, feelings and experiences, the credibility of the research findings can be best evaluated by the participants themselves as the sources of the data collected (Trochim & Donelly, 2007). However, it was not possible to involve participants in this study to confirm or validate the findings that emerged from this study. The diverse nature of participants would need ample time to allow the researcher to take back the findings to participants to validate them.

In this study I ensured credibility through triangulation which involves the employment of different methods of data collection, such as conducting individual and group interviews, different sources of information, as well as multiple research sites. Triangulation was made possible through the involvement of different categories of participants. The quest to gather data on the phenomenon of interest was not limited to caregivers as primary informants in this study, by virtue of having intimate knowledge of their children, but was extended to other participants as well, so that their experiences and perceptions on the phenomenon under scrutiny could be explored and captured. The involvement of participants other than caregivers ensured that information on the phenomenon of interest was derived from various sources. Location triangulation also served to enhance the credibility of the findings as participants such as ECD practitioners, special school educators and health care and social welfare professionals were identified from more than one research site for each category of participants. Involving participants from different research sites for each of the category of participants yielded data that were from different sites, as opposed to interviewing, for example health care and social welfare professionals from one health care centre/institution only.

### 4.5.2 Transferability

Transferability is equivalent to external validity in quantitative research (Shenton, 2004) and refers the extent to which findings in one research study can be extended to other settings (Trochim, 2006). Lewis (2009) notes that within the interpretive paradigm, external validity refers to ensuring that research findings can be generalised to populations other than the one the sample was selected from. Transferability ensures that “results hold true across various people, times and settings” (Lewis, 2009, p. 5).

In order to enhance the transferability of research findings to other contexts, the researcher should provide “thick descriptions” and extensive information with regard to all aspects of the research process, ranging from the collection of data to the compilation of the research report within a detailed contextual account of the study. When such detailed descriptions of the research process are given, other researchers may be in a position to transfer the research findings to other contexts with other participants (Anney, 2014).

The strategy mentioned above has been applied to this study by providing contextual information relating to the research process as a whole, detailed descriptions relating to the selection of participants and research sites, giving their background information, data collection procedures including instruments used as well as a detailed explanation of the data analysis process.

### 4.5.3 Dependability

Dependability parallels reliability in traditional quantitative research. Dependability ensures that the same results would be observed if the study could be repeated (Trochim, 2006). According to Shenton (2004) dependability of findings could be enhanced through providing detailed reports of the research process to allow investigators to repeat the study in future research. Such detailed reports provide future researchers with a comprehensive understanding of the research methodology that was followed in the study, thus enabling them to replicate the findings (Shenton, 2004).

Anney (2014) suggests an audit trail and coding-recoding process as strategies that can be adopted to ensure dependability of research findings. Both this strategies were incorporated in this study. Through an audit trail the researcher gives a comprehensive account pertaining to the research decisions that were taken as well as all the activities relating to how data were collected, recorded and analysed. Decisions relating to the adoption of certain research techniques and procedures such as the use of focus groups in this study were motivated to explain why they were chosen over other techniques. Coding and recoding of data to enhance dependability serves to refine the data analysis process through comparing the initial coding of data with recoded data. I engaged in the process of coding and recoding of data in an endeavour to extract themes that are representative of the meanings embedded in the participants' responses during the interview process.

### 4.5.4 Confirmability

According to Trochim (2006) confirmability refers to the extent to which the findings of a study can be confirmed by others. Confirmability is the qualitative researcher's alternative concept for objectivity in quantitative study (Shenton, 2004). Some of the strategies suggested for ensuring confirmability are:

- identifying and describing negative instances that are inconsistent with observations made earlier on during the data collection process (Trochim, 2006);
- an audit trail which according to Shenton (2004, p. 72) “allows any observer to trace the course of the research step-by-step via the decisions made and procedures described”; and
- keeping a reflexive journal in which the researcher documents all events that took place in the field, the researcher’s personal reflections relating to the study, particularly the phenomenon under scrutiny (Anney, 2014).

In this study confirmability was ensured through an audit trail as indicated above, as well as through keeping a reflexive journal, in which personal biases (experiences and perceptions) of the researcher were acknowledged and noted in the journal, so as to preserve a measure of objectivity in the research process.

A summary of the criteria for evaluating the trustworthiness of research findings is presented in Table 4.3 below, adapted from Shenton (2004); Anney (2014); Trochim (2006).

**Table 4.3: Application of the trustworthiness criteria in this research study**

| Criteria | Strategy | Applicability |
|---|---|---|
| Credibility | Triangulation | The researcher employed various triangulation strategies:<br>-Different methods of data collection, such as conducting individual and group interviews<br>-Different sources of information obtained from different categories of participants<br>-Site triangulation also served to enhance the credibility of the findings |

| | | |
|---|---|---|
| | | through involving participants from different research sites for each of the category of participants |
| Transferability | Thick descriptions | Provided detailed descriptions of the context of the research process as well as background information of participants and research sites |
| Dependability | Audit trail | An audit trail<br>-provision of detailed description of the research process/ methodology |
| | Code-recoding | Coding-recoding of data in order to refine themes emerging from the collected data |
| **Confirmability** | Audit trail | Audit trail as indicated above as well |
| | Reflexivity | Keeping a reflexive journal documenting the researcher's personal biases, personal reflections relating to the phenomenon under scrutiny as well as all events that took place in the field |

## 4.6 ETHICAL CONSIDERATIONS

McMillan and Schumacher (2014) acknowledges that there may be incongruent views about what is correct or incorrect with regard to ethical standards, however ethical issues cannot be overlooked. It is for this reason that this study took cognisance of ethical standards as they constituted an integral part of the research process. McMillan and Schumacher (2001) and Willig (2001) cite a number of ethical standards which I applied before and during contact sessions with prospective participants. I applied to the Ethics Committee of the University of Pretoria for permission to conduct research. Permission was granted in the form of the Ethics Clearance Certificate, included in this thesis, which confirms that ethical standards were adhered to. I assumed the responsibility of ensuring that ethical standards were applied throughout the research process:

I shared with prospective participants all aspects of the research study as well as the purpose of the research. The content of the informed consent letter was explained to the participants who were also requested to complete a consent reply slip if they were willing to participate in the research study. This was done to enable participants to make an informed decision with regard to giving consent to take part in the research study. All the inquiries from authorities who attended to my request to conduct research in their institutions, namely, the Departments of Basic Education, Health and Social Development, as well as questions from prospective participants were duly addressed. The inquiries made by the officials from the aforementioned departments were about the availability of findings to them when the research study was completed. I indicated to them that the findings of the study would be shared with them.

I assured the participants that their identities would be protected. Participants who consented to participate in the study were assured of confidentiality as well as non-disclosure of their identities, hence pseudonyms were used instead of real names, to conceal their identities. I reminded all participants before the interview sessions that their participation was completely voluntary and that if they wished to withdraw their participation at any stage of the research process, they were ensured the latitude to do so, with no threat of any penalty. I reiterated that the interviews would be captured on a voice recorder and/or visual camera. In order to ensure that participants voluntarily consented to participate in the recorded interviews, they were requested to complete reply slips to that effect.

I travelled to the homes of the caregivers as well as the places of work of health care and social welfare professionals, special school educators, and ECD practitioners, to conduct interviews so as to ensure that they did not have to travel to interview venues. This was done to ensure that participants were not subjected to any form of physical fatigue or inconvenience as a result of travelling. Empathising with participants, particularly, the caregivers ensured their emotional well-being.

## 4.7 CONCLUDING REMARKS

In this chapter reference was made to the theoretical framework as postulated in Bronfenbrenner's Ecological Systems theory (1979) with regard to its compatibility with the research approach and paradigm adopted in this study. The ecological systems theory advocates studying human beings in their natural settings taking into consideration how they influence their environmental variables and are in turn influenced by them. The qualitative research approach also encourages studying of participants in their natural settings as opposed to simulated environments, in order to gain understanding of the participants' experience with the phenomenon of interest through their eyes. In view of the qualitative research approach that this study adopted, the interpretivist paradigm was chosen as the most relevant philosophical paradigm, since the study intended to generate knowledge constituted by the lived experiences of participants with the phenomenon that the study set out to explore.

The choice of research methods for this study with regard to the selection of research sites and participants was largely influenced by the ecological perspective mentioned above. The research study included various research sites and categories of participants in an endeavour to represent the various ecological systems situated on the various levels of the ecological environment. As a methodological framework, the ecological perspective provided a vehicle through which ecosystemic factors influencing the accessibility of ECD services for young children with disabilities could be explored and identified within the multi-levels of the ecological environment.

In the next chapter a detailed exposition of the data analysis process is presented.

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# CHAPTER 5

# DATA ANALYSIS

## 5.1 INTRODUCTION

In the previous chapter I discussed the research design, paradigm, approach and methods I have adopted in order to indicate the link between the research questions posed in this study (see sections 4.2 and 4.3) and the research methodology. In the discussion on the research methodology I mentioned that it is comprised of the following components: data collection, data analysis, issues relating to the trustworthiness of the findings, as well as ethical principles taken into consideration in the research process.

In the sections below I present data analysis according to the various participant categories, the coding of the participants, the biographical information of participants, interview summaries of participants, which culminate in tables depicting the common themes and categories that emerged in the analysis of the interview transcripts of each of the participant categories, and themes that cut across all the four participant categories namely, health care and social welfare professionals (which constituted focus groups), special school educators, caregivers of children with disabilities, and ECD practitioners.

## 5.2 DATA ANALYSIS ACCORDING TO PARTICIPANT CATEGORIES

The analysis of data in this study was done on the different sets of data in view of the interviews conducted with various categories of participants which were involved in the study, namely, health care and social welfare professionals, special school educators, caregivers, and ECD practitioners. Since this study is underpinned by Bronfenbrenner’s ecological systems theory, the various levels of Bronfenbrenner’s model were utilised as a framework in the collection of data, with participants representing the various levels or systems of the ecological environment. They are:

- the family (represented by caregivers);
- the ECD centre (preschool) (represented by ECD practitioners); and
- the special school (represented by special school educators) which constitute the microsystems;
- the health care and social welfare agencies constitute the exosystem (see section 4.1);
- the overarching ethnic and cultural value systems as well as the economic and political dispensation of the communities in which participants belong and exist, make up the macrosystem (see sections 3.3 & 3.4.3).

The analysis of data will therefore be presented according to the various categories, in order to display the participants' experiences and perceptions of the phenomenon under scrutiny in the various systems and agencies situated on the various levels of the ecological environment.

In the sections below I present the coding of participants, the biographical information of participants, as well as a discussion of the data coding process.

### 5.2.1 Participant codes and biographical data

I conducted group interviews with four focus groups from different health care institutions and individual interviews with 13 participants consisting of six special school educators, four caregivers and three ECD practitioners. I assigned various codes to all the participants in this study in order to conceal their identities. These codes were used as pseudonyms in the presentation of the participants' background information as well as in the presentation of summaries of the interviews with participants. The purpose of using these codes as pseudonyms was to comply with ethical standards, which prescribe that the identity of participants should remain anonymous. The codes assigned to the different groups of health care and social welfare professionals, special school educators, caregivers and ECD practitioners, are presented in the tables below, which in each instance are followed by tables displaying the biographical information of the respective participants.

### 5.2.1.1 Focus groups codes

The codes in Tables 5.1 and 5.2 below represent focus groups and health care and social welfare professionals who participated in the focus groups:

**Table 5.1: Codes of focus groups (consisting of health care and social welfare professionals)**

| **Participants** | **Code** |
|---|---|
| Focus group | FGA |
| Focus group | FGB |
| Focus group | FGC |
| Focus group | FGD |

The codes in Table 5.2 below represent health care and social welfare professionals who participated in the focus groups:

**Table 5.2: Codes of health care and social welfare professionals**

| **Participants** | **Code** |
|---|---|
| Occupational Therapist | OT |
| Physiotherapist | PT |
| Speech and Audiology Therapist | ST |
| Clinical Psychologist | CP |
| Social Worker | SW |

### 5.2.1.2 Biographical data of health care and social welfare professionals forming the focus groups

In the table below I present the biographical information of health care and social welfare professionals. These professionals are identified by the codes appearing in the first column of the table and the last letter in each of these codes indicates the focus group which each of the professionals belongs to:

**Table 5.3: Biographical information of focus group members**

| Participants | Profession | Experience in number of years in the profession | Gender | Age range |
|---|---|---|---|---|
| OT A | Occupational therapist | 2 years | Female | 26 |
| PT A | Physiotherapist | 2 years | Male | 23 |
| ST A | Speech and audiology therapist | 2 years | Female | 24 |
| SW A | Social Worker | 10 years | Female | 35-40 years |
| OT B | Occupational therapist | 26 years | Female | 50-55 years |
| PT B(1) | Physiotherapist | 15 years | Male | 50 years |
| PT B(2) | Physiotherapist | 0 | Male | 24 years |

| | | | | |
|---|---|---|---|---|
| ST B | Speech and audiology therapist | 1 year | Female | 25 years |
| SW B | Social Worker | 0 | Female | 25-30 years |
| CP B | Clinical Psychologist | 1 year | Male | 28 years |
| OT C | Occupational therapist | 5 years | Female | 25-30 years |
| PT C | Physiotherapist | 4 years | Female | 20-25 years |
| ST C | Speech and audiology therapist | 0 | Female | 29 years |
| SW C | Social Worker | 7 years | Female | 34 years |
| OT D | Occupational therapist | 3 years | Female | 25-30 years |
| PT D | Physiotherapist | 1 year | Male | 23 |
| ST D | Speech and audiology therapist | 7 years | Female | 20-30 years |

### 5.2.1.3 Special school educator codes

The codes in Table 5.4 below represent special school educators who participated in individual interviews:

**Table 5.4: Coding of special school educators**

| **Participants** | **Code** |
|---|---|
| Special school educator | SSA |
| Special school educator | SSB |
| Special school educator | SSC |
| Special school educator | SSD |
| Special school educator | SSE |
| Special school educator | SSF |

### 5.2.1.4 Biographical data of special school educators

In the table below I provide the biographical information of special school educators who are identified by the codes appearing in the first column of the table:

**Table 5.5: Biographical information of special school educators**

| **Participants** | **Profession** | **Experience in number of years as an educator** | **Gender** | **Age/Age range** |
|---|---|---|---|---|
| SSA | Educator | 20 years | Female | 50-55 years |
| SSB | Educator | 21 years | Female | 45-50 years |

| | | | | |
|---|---|---|---|---|
| SSC | Educator | 12 years | Female | 40-45 years |
| SSD | Educator | 11 years | Male | 45-50 years |
| SSE | Educator (Deputy Principal) | 13 years | Female | 45 years |
| SSF | Educator | 23 years | Male | 45-50 years |

### 5.2.1.5 Caregiver codes

The codes in Table 5.6 below represent the caregivers who participated in the study:

**Table 5.6: Coding of Caregivers**

| **Participants** | **Code** |
|---|---|
| Caregiver A | CA |
| Caregiver B | CB |
| Caregiver C | CC |
| Caregiver D | CD |

### 5.2.1.6 Biographical data of caregivers

In the table below I provide biographical information of caregivers who are identified by the codes appearing in the first column of the table:

**Table 5.7: Biographical information of caregivers**

| Participants | Educational Background | Employment History | Gender | Age |
|---|---|---|---|---|
| CA | Grade 12; National Higher Diploma in Public Management | Was employed in an internship programme for a period of one year | Female | 28 years old |
| CB | Std. 6 | Has never been employed | Female | 63 years old |
| CC | Grade 12 | Not employed | Female | 25 years old |
| CD | Grade 12; Level 4 training in ECD | Employed as an ECD practitioner | Female | 50 years old |

### 5.2.1.7 ECD practitioner codes

The codes in Table 5.8 below represent ECD practitioners who participated in the study:

**Table 5.8: Coding of ECD practitioners**

| Participants | Code |
|---|---|
| ECD Practitioner | EPA |
| ECD Practitioner | EPB |
| ECD Practitioner | EPC |

### 5.2.1.8 Biographical data of ECD practitioners

In the table below I provide the biographical information of ECD practitioners who are identified by the codes appearing in the first column of the table:

**Table 5.9: Biographical information of ECD practitioners**

| Participants | Educational background | Gender | Age range of children admitted | Number of children with disabilities admitted in 2015 |
|---|---|---|---|---|
| EPA | ECD Level 4 | Female | 3 months to 5 years | 2 |
| EPB | ECD Level 4 | Female | 2 to 5 years | 0 |
| EPC | ECD Level 4 | Female | Birth to 4 years | 0 |

## 5.2.2 Coding of collected data

McMillan and Schumacher (2014) indicate that data coding starts with the identification of stand-alone pieces of information referred to as segments which can be a text constituted by a single idea, episode or piece of information that is relevant to the main aim of the research. The size of a statement or segment may vary from one word, group of words, phrases, a sentence, to a few sentences (Johnson & Christensen, 2004; McMillan & Schumacher, 2014), but should represent a specific characteristic that relates to the phenomenon under scrutiny. When these segments are analysed they are given labels, called codes. A code is described as a name or a phrase that is used to provide meaning to the segment and may be an activity, quotation, relationship, context, participant's perspective, events, processes and or actions or ideas. Codes that are formed from the words used by participants are referred to as *in vivo* codes. The core of this process of coding is defined by the use of data itself to determine the codes (McMillan & Schumacher, 2014). McMillan and Schumacher (2014, p. 399) further state that "*emic''* terms are representative of participants' perspectives embedded in words, actions and the explanations participants provide that are characteristic of a particular setting or people, while "*etic*" *terms* originate from the researcher and provide "a cross-cultural perspective" reflecting the perspectives, as well as conceptual and social scientific frameworks on which the ideas and phrases are based.

As this study has various categories of participants, the coding of interview transcripts could only be done when all the interviews in a specific category had been conducted and transcribed. According to Johnson and Christensen (2004) the significance of statements determines their relevance to the phenomenon of interest, hence I first compiled a list of significant statements (segments), from the one interview transcript which I considered to be the most informative in a specific category of participants, in terms of ideas or information relevant to the main aim of the research (Johnson & Christensen, 2004; McMillan & Schumacher, 2014). Statements that were significant to the phenomenon under study were subsequently coded, initially according to the words used by the participants in their responses or given *in vivo codes* based on the words or phrases used by the participant(s) as explained above (McMillan & Schumacher, 2014).

Each of the subsequent interview transcripts within a particular category was then analysed and compared with the first transcript, identifying segments which were either similar or different to those in the first transcript to be analysed. As subsequent interview transcripts within a specific category of participants were analysed and compared with one another within the same category of participants, *in vivo codes* similar to those already assigned were used to label similar segments, or new *in vivo codes* assigned to different segments. The same procedure was followed in analysing the first interview in any particular category of interview transcripts, and then all subsequent interviews compared with one another, establishing the groups they fall under or create new groups to accommodate parts of the interviews which did not fit in the existing categories.

The coded segments identified from the interview scripts were highlighted with different coloured pens to differentiate them from one another. Each set of segments denoting a recurring pattern was marked with the same coloured pen, while those coded segments representing a different recurring pattern were marked with a different coloured pen. The highlighted in vivo codes representing various sub-themes or categories were then transferred onto record cards, and grouped under the emerging common themes which they represented.

As the segments were analysed and given labels or codes, tentative meanings were ascribed to them and subsequently specific themes in the data were identified. When identifying the themes the researcher provided a description of the fundamental characteristics of the experiences of the participants as expressed in their statements. These fundamental features are referred to by some authors as the “essence” of the experiences (Johnson & Christensen, 2004; Merriam, 1998) as they provide a description of the tentative categories.

In the following section I present interview summaries of focus groups which culminate in a table reflecting the common themes that emerged in the interviews (see Table 5.10 below):

## 5.3 DATA ANALYSIS: FOCUS GROUP INTERVIEWS

The interviews presented in this section were conducted with each of the four focus groups consisting of health care and social welfare professionals. These professionals are employed and stationed at different health care institutions falling under Capricorn district in the Limpopo province. The interviews were conducted at their respective places of employment.

### 5.3.1 Focus group FGA (Lebowakgomo)

Focus group FGA consisted of an occupational therapist, a physiotherapist, a speech and audiology therapist and a social worker. These professionals work closely with caregivers of children with disabilities and render a variety of services which typically include working with children who have Cerebral Palsy, the assessment of communication impairments and intervention, as well as assisting caregivers with social grant applications.

This focus group indicated that children with disabilities were prevented from accessing ECD services at ECD centres by factors revolving around economic issues. Their experience with some caregivers/parents of children with disabilities was that they (caregivers) tended to keep their children at home because the amount of money they were getting as a disability grant for their children would be reduced if they had to use it for paying for their children at the ECD centres. It was for this reason that they suggested that the government should consider increasing the grant so that the families of children with disabilities could have enough money to cater for both family needs and those of their children including paying for ECD centre fees. Focus group FCA also thought that parents would be compelled to take their children to ECD centres if they were employed, which would also enable them to contribute towards the needs of their children, including paying the monthly fees required at the centres.

Other factors which prevented children with disabilities related to attitudes towards and beliefs about disability. Caregivers/parents felt ashamed and thought it was bad luck to have a child who has a disability hence they would rather prefer to hide their children from the community. This was viewed as lack of insight about disability as well as lack of knowledge of services that were available for their children, including ECD services. If professionals in collaboration with ECD centres were to invite members of the community to give them information on the professional services they were offering for their children with disabilities when admitted to the ECD centres, it would serve as another factor that would promote easy accessibility of ECD services to these children thereby increase the enrolment of children with disabilities at ECD centres. To this end health care and social welfare professionals should roll out awareness campaigns for the communities, whilst ECD centres should distribute information pamphlets, indicating the age groups, including children with disabilities they admit and the services they are offering.

The following direct quotations of some of the interview responses of focus group FGA were classified under headings derived from the participants' words, i.e. in vivo codes as reflected in the box below to facilitate the data analysis process:

**Box 5.1: In vivo codes and verbatim quotes**

*Ashamed of the child because of stigma/curse*

"some families ashamed of the disability of their child" (SWA)

*Lack of insight*

"it's more of the insight of the parent about the condition of the child… the parent might not have that knowledge about the condition itself, it's more of the understanding of the condition itself" *(OTA)*

*Need to be educated*

"…they need to be taught about those kinds of conditions to understand that these things do happen…so the really need to be educated" *(SWA)*

*Lack of money*

"Some of the parents think by taking children to the ECD centres they will lose some money that they get for the child… Parents clearly indicate that they won't take their children to the ECD centres because they are going to pay a lot of money, the grant that they get they use for the family, instead of catering for the needs of the child" (*SWA)*

"Lack of money from the parents' side" (*PTA*)

*Transport issues*

"Distance also counts, some of these children stay far from the centres…so looking at the amount they will have to pay just for transport" *(OTA)*

*Training of ECD practitioners*

ECD practitioners need to be trained, most of them are not trained, there is no formal training" *(OTA)*

*Awareness campaigns*

"It is important for professionals to go and do awareness campaigns on some days so that parents become aware of the services that we offer and also become aware of the importance of enrolling their child at ECD centres" *(SWA)*

### 5.3.2 Focus group FGB (Zebediela)

Focus group FGB consisted of an occupational therapist, two physiotherapists, a speech and audiology therapist, a clinical psychologist and a social worker. All these professionals work closely with caregivers of children with disabilities as they provide a variety of services ranging from the rehabilitation/stimulation of these children to social welfare services such as processing social grant requests for these children. Their typical activities with children with disabilities include planning and execution of stimulation activities for children with speech and language impairments, assessment and treatment of children with various physical impairments, prescription of walking aids, keeping records for young children with disabilities, assisting caregivers with the application process for social grants as well as providing counselling to those who need it, assessment and psychotherapy of children with disabilities.

Professionals in the focus group under discussion indicated that children with disabilities were prevented from accessing ECD services provided by ECD centres because caregivers lacked insight of the conditions of their children and did not understand the nature of their conditions. Caregivers were also observed to lack information regarding where they could get help for their children with disabilities hence explored other avenues, such as traditional or religious healing to address the conditions that their children had. These children would therefore be kept at home for as long as the problem (the disability) remained unresolved. It was also noted by these professionals that parents kept their children with disabilities at home so that other people could not get to know about their children, out of fear of being ostracised by the community. Caregivers were also reported to be keeping their children with disabilities at home because they felt ashamed of them, battled to accept them and were also wary of the negative attitudes that the community seemed to have towards their children.

It was also mentioned during the group interview that in some instances children with disabilities were kept at home because caregivers/parents felt that the amount of money they were receiving for their children's disability grant would be reduced, if they had to use some of it to pay for their children's fees at the ECD centres. Hence, the low enrolments at ECD centres were also attributed to parents' saving the grant for the monthly subsistence of the whole family.

With regard to increasing the enrolment of children with disabilities it was indicated that ECD centres needed to market their services to the community and also adapt their environment to accommodate children with disabilities. ECD centres should organise awareness campaigns on disability as well as open days for parents to get information about what the ECD centres have to offer.

The following direct quotations of some of the interview responses of focus group FGB were classified under headings derived from the participants' words, i.e. in vivo codes as reflected in the box below to facilitate the data analysis process:

**Box 5.2: In vivo codes and verbatim quotes**

*Exploring other avenues*

"parents end up exploring…taking avenues that are not adequate for the child's mental health" *(CPB)*

*Lack of insight*

"I think generally its lack of insight from the caregivers" *(OTB)*

*Lack of information*

"Lack of information about the health condition of the child and how to go about with it and where to be helped" *(PTB)*

"One of the things that most parents tend not to have…they don't have adequate information in relation to these things" *(CPB)*

*Reduction of income*

"by taking the child to the ECD centre they are going to reduce their source of income…the amount they are going to get is going to be less because they have to pay for the centre" *(OTB)*

*Lack of transport*

"If the area is a rural area and there is only one school (ECD centre), there's lack of transport to transport the child" *(SWB)*

"difficulty in accessing transport to the centres …the mode of transport does not allow the child to climb onto the car or sit on a chair*" (OTB)*

*Lack of support from the caregivers' partners/community*

"…some tend to complain about lack of support from either their spouses and so forth" (CPB);

"The ECD centres need support from the community, they can't work in isolation" (PTB) “community is not supportive at all, the things they say about children with disabilities” *(SWB)*

*Awareness campaigns*
“we do awareness campaigns” (SWB)

Lack of training of ECD practitioners
“Department of Basic Education can provide workshops for staff that is hired at ECD centres, usually they are not trained to teach children with disabilities” (*CPB*)

*Marketing of services*
“Marketing… is the responsibility of the staff of ECD centres” *(SWB)*

### 5.3.3 Focus group FGC (Seshego)

Focus group FGC consisted of an occupational therapist, physiotherapist, speech and audiology therapist and a social worker. All these professionals work closely with children with disabilities and conduct rehabilitation and stimulation sessions for these children on a monthly basis. Their typical activities with children with disabilities include assessment and treatment of children with physical and mental disabilities and learning problems, assessment of mobility, teaching children to use walking aids, conducting speech and language assessments, providing programmes to caregivers to stimulate language at home, assessment of the social needs of children including those with disabilities and implementation of intervention plans.

This group of health care and welfare professionals indicated that mothers thought that they had to wait for their children to develop certain milestones, for example learning to talk, before they could take them to ECD centres. The mothers tended to wait with the hope that as soon as children developed the expected milestones, then they would take them to the ECD centre.

It was also mentioned during the group interview that parents kept their children with disabilities at home because of fear of stigma as they regarded having such a child as a curse. Some parents were reported to keep their children at home because they thought their children had been bewitched therefore sought to consult elsewhere to address the disability of the child rather than heed the advice from health care and social welfare professionals to take the child to an ECD centre. Other caregivers believed in some sort of miracle that would happen in order to cure their children's disabilities. Lack of knowledge was cited as the main factor underlying the beliefs held by caregivers, such as the fear of being stigmatised if the community knew that they had children with disabilities. The low enrolment of children with disabilities at ECD centres was therefore mainly attributed to lack of knowledge on the part of caregivers and perhaps lack of sufficient funds.

Focus group FGC thought that it could be easier for children with disabilities to access ECD services if there were sufficient health care and social welfare professionals like them, to reach out to the communities and inform them about the services they provide for children with disabilities, to enable them to attend ECD centres. This group of health care and social welfare professionals also mentioned that the enrolment of children with disabilities could be increased if ECD centres marketed their services, but indicated that this would be possible if all ECD practitioners received training in how to deal with children with disabilities.

The following direct quotations of some of the interview responses of focus group FGC were classified under headings derived from the participants' words, i.e.in vivo codes as reflected in the box below to facilitate the data analysis process:

**Box 5.3: In vivo codes and verbatim quotes**

*Cultural beliefs*

“I do come across sometimes like I said, our culture, our religion, our belief, a lot of our people still believe that some of their children with disabilities are bewitched” *(OTC)*

*Hoping for a miracle*

“Just hoping that someday a miracle will happen” (OTC)

“hoping for a miracle to happen and only then can they take the child to the centre” (SWC)

*Fear of stigma*

“because of fear of stigma the family decides to keep the child at home rather than take the child to an ECD centre…they see the child as a disgrace” *(SWC)*

*Lack of information*

“one of the major problems in this area is our community not being informed” *(OTC)*

*Lack of support for caregivers*

“she is emotionally tired, she does not have support from the father of the children” (SWC)

“most of the children that we see, their caregivers are single mothers, maybe she does not even have one child who is disabled, has two other children who are disabled, and it becomes difficult for that parent to stretch themselves” (*OTC*)

*Marketing of services*

“through marketing of services” (SWC)

*Awareness campaigns*

“there have been awareness campaigns throughout the province” (*SWC*)

### 5.3.4 Focus group FGD (Pietersburg)

Focus group FGD consisted of an occupational therapist, a physiotherapist, and a speech and audiology therapist. These professionals work closely with caregivers of children with disabilities. They provide rehabilitation and stimulation exercises to children with disabilities on a monthly basis and also teach the caregivers how to do these exercises so that they can do them at home. Typical activities of these therapists with children with disabilities include screening of paediatric wards for patients who need their services, assessment of the severity of disability, provision of treatment or referral to other members of the multi-disciplinary team. Their activities also include the assessment and treatment of children who have disabilities resulting from defective brain development, involving caregivers in the treatment plans so that they can implement them at home, as well as providing speech therapy and audiology to young children with a wide range of disabilities.

With regard to reasons which prevent children with disabilities from accessing ECD services at ECD centres, this group of health care professionals noted that there were limited opportunities for young children with disabilities to access ECD services because of lack of availability of ECD centres for children with disabilities. They also mentioned that the children with disabilities were not able to go to ECD centres because caregivers could not afford transportation costs and the fees they were required to pay for these children at the ECD centres, given the fact that most of them come from poor economic backgrounds.

Health care professionals in this focus group mentioned that society stigmatises children with disabilities, hence the parents of these children hold them back and choose not to take them to ECD centres. They also mentioned that children with disabilities refuse to go to ECD centres because their peers tease them about their disability and this adversely affects their self-esteem. The focus group had made an observation that there were ECD practitioners who were not qualified and by their own admission had indicated that they were incapable of handling children with disabilities. The focus group acknowledged that if ECD practitioners were trained and ECD centres established specifically for children with disabilities, in spite of mainstreaming of children being the prevailing trend, children with disabilities would be able to access ECD services. The enrolment of children with disabilities in ECD centres would increase if ECD centres could collaborate with health care professionals, particularly therapists. They indicated that if they (therapists) knew where to find ECD centres they would conduct awareness campaigns at the ECD centres with a view to teaching parents that children need to be screened to identify any impairments that they may have and initiate intervention processes while children are still younger.

The following direct quotations of some of the interview responses of focus group FGD were classified under headings derived from the participants' words, i.e.in vivo codes as reflected in the box below, to facilitate the data analysis process:

**Box 5.4: In vivo codes and verbatim quotes**

*Stigmatising children with disabilities*

“society, not only stigmatises these children, by assuming maybe they smell, or that there is something wrong with them” *(OTD)*

“some of the comments that society make…the child” *(OTD)*

*Training of ECD practitioners*

“If the teacher is trained to know how to deal with children with a specific disability” (*STD*)

“teachers (at ECD centres) are not qualified” (OTD)

*Need to be educated*

“things like education…if you can educate parents on that…this child needs to be attending pre-school" (*PTD*)

*Lack of transport*

"the other reason is transport issues" (*STD*)

The following table reflects common themes and categories which emerged as I went through the transcribed data several times to confirm the relevance of in vivo codes assigned to the responses of the focus groups above (see sections 5.3.1; 5.3.2; 5.3.3, and 5.3.4 above):

**Table 5.10: Themes, categories and sub-categories: Health care and social welfare professionals (focus groups)**

| THEME | CATEGORY | SUB-CATEGORY |
|---|---|---|
| Theme 1<br>Belief system | Traditional/Cultural beliefs | • Belief in witchcraft |
| | | • Parents ashamed of the child<br>• think it is bad luck<br>• fear of stigma/ curse<br>• Parents hiding their kids |
| Theme 2<br>Lack of knowledge | Lack of insight<br>On the part of caregivers | |
| | Lack of information<br>On the part of caregivers | |
| | Lack of education<br>On the part of caregivers | |
| Theme 3<br>Socio-economic issues | Lack of resources | Financial constraints/a lack of money |
| | | Transport issues |
| | Lack of support | From the spouse |
| | | From the community |

| | | |
|---|---|---|
| Theme 4 Responsibility/ role of stakeholders | Departments of Basic Education/Health and Social welfare | Training of ECD practitioners |
| | ECD centres | Marketing of services provided by the ECD centres |
| | Health care and social welfare professionals | Awareness campaigns |

In the following section I present interview summaries of special school educators from which recurring patterns of responses emerged and were identified as common themes and categories as reflected in table 5.11 at the end of the section below.

## 5.4 DATA ANALYSIS: INDIVIDUAL INTERVIEWS WITH SPECIAL SCHOOL EDUCATORS

Special school educators that were interviewed are employed in public special schools in the Limpopo province. I have decided to include special school educators in this study because they could have some insights with regard to the subject of accessibility of ECD services for young children as they also deal with children who have various disabilities, though much older than the three to five age group which is the focus of this study. Two special school educators from each of the three special schools were interviewed. However, the summary of the interview with participant SSF was not included in the discussion of interviews below as it was found to be less relevant to the main aim of the study. The interviews were conducted at different schools where these educators are stationed.

### 5.4.1 Special school educator SSA

Special school educator SSA is employed in a public special school for children with severe intellectual disabilities which include Down's syndrome, Autism Spectrum Disorder, Tourette syndrome, mental retardation, Cerebral palsy, epilepsy and those with Traumatic brain injury, mainly caused by accidents. The school admits children with mental impairments from the age of six to 21 years old. Children falling within the three to five age group are consequently excluded. The educator has completed a diploma course in Special Needs Education and has been at the school since 1991 to date. Her typical activities with children with disabilities include teaching children with Down Syndrome.

The educator indicated that while there were some ECD centres which admit children with disabilities there were other ECD centres which might not admit children with disabilities because their policies exclude them. She thought the enrolment of children with disabilities might be low at ECD centres because some parents were protective of their children and therefore preferred to keep them at home. In other instances children do not go to ECD centres, because parents were ashamed of the condition of their children. She indicated that it was common among rural black communities to hide their children with disabilities. Lack of knowledge on the part of the parent on how to handle the disability as well as where to take the child may also contribute to low enrolments at the ECD centres. Lack of training of ECD practitioners on how to deal with children with disabilities could make it difficult for them (ECD practitioners) to admit children with disabilities as they would not know what to do with the children.

According to the educator it would be easier for children with disabilities to access ECD services and ultimately have their enrolment increased at ECD centres if there was more marketing or advertisement of services through the media by the ECD centres themselves, as well as holding parents’ evenings for giving them information on the types of disabilities they could cater for.

### 5.4.2 Special school educator SSB

Special school educator SSB is employed in a public special school for children with severe intellectual disabilities, which is situated in an urban area. The school falls under the direct jurisdiction of the provincial Department of Basic Education whereby funding and other resources are supplied directly from the provincial office instead of through the district offices like in the case of other mainstream schools. The educator has undergone post-graduate training in special needs and has been employed at the school since 2009. Her typical activities with children with disabilities include teaching children with Autism Spectrum Disorder.

She has observed that there were few ECD centres which admitted children with disabilities, and acknowledged that in her school only children older than six years old were admitted.

In terms of her experience with parents of children with disabilities she noticed that some parents were still in denial that their children were disabled and other parents lacked knowledge of the conditions of their children as well as where to get help for the condition of their children. With regard to reasons preventing children from attending ECD centres she indicated that teachers in the ECD practitioners were not well trained in the various disabilities and that made it difficult for them to handle children with disabilities. She also indicated that it was difficult for children with disabilities to attend ECD centres because some were not toilet trained, while others were on medication. It would therefore be strenuous for ECD centres to cope with the needs of children with disabilities because they usually do not have enough staff to carry the extra responsibility of taking care of these children.

### 5.4.3 Special school educator SSC

Special school educator SSC is a female teacher who has teaching experience spanning 12 years. She has gained most of her teaching experience in a special school environment and only one year in mainstream education. Her typical activities with children with disabilities include teaching life skills, practical skills in arts and crafts such as, beadwork and flower making to learners with intellectual disabilities in the age group 15-19 years.

She explained that children were not able to attend ECD centres because some parents felt “shy” about their children with disabilities or did not accept their conditions (“parents are not open about the conditions of their children”) and therefore needed to be taught how to handle this kind of children and accept them. She further indicated that low enrolments of children with disabilities were due to the same reason of lack of acceptance of children by parents which resulted in parents keeping them at home. According to her, ECD centres could increase their enrolments if they could be well resourced and have facilities such as assistive devices to cater for all types of disabilities. She mentioned that it was difficult for young children with disabilities to access ECD services because those that were able to cater for young children with disabilities were mostly private and therefore unaffordable for most parents.

ECD centres could make it easier for children with disabilities to access ECD services if they could inform the public or community that all children were eligible for admission including those with disabilities

### 5.4.4 Special school educator SSD

Special school educator SSD is a male teacher who started teaching at the present public special school in 2010 after having taught in mainstream schools for 11 years. His experience in special education, which spans five years was gained in the current school and is presently studying towards a qualification in special needs education. His typical activities with children with disabilities include teaching vocational skills to learners with intellectual disabilities in the age group 16-21 years.

He reckoned that the main reason for children with disabilities not attending ECD centres was mainly the result of the parents of these children as they could not accept the fact that their children had a disability. Enrolments at the ECD centres were consequently low because parents did not want to expose their children at an earlier age and therefore preferred to keep them at home and rather get a nanny to look after the child. He also indicated that the parent’s choice of keeping their children at home had the element of hiding children with disabilities from the community.

Contributing to children not going to ECD centres is the unavailability of centres meant for children with disabilities. It might be difficult for these children to access ECD centres, because in most cases the mode of transport they had to use to the centre might not be compatible with their nature of disability. It would be easier for young children with disabilities to access ECD services if the Department of Basic Education would make ECD centres available for preschool children as in the case of school-going age children with disabilities, who go to special schools. Increase in the enrolment of children with disabilities would be possible if the ECD practitioners were trained themselves in how to teach young children with disabilities.

### 5.4.5 Special school educator SSE

Special school educator SSE is a 45 year old female teacher at the school for severely intellectually impaired learners. She has a teaching experiencing spanning 13 years and has completed a certificate course in special needs education. Her typical activities with children with disabilities include teaching learners with severe intellectual impairment life skills and vocational skills such as cooking and sewing.

She indicated that young children with disabilities were prevented from attending ECD centres because of parents’ denial of their children’s disabilities. Parents kept their children at home so that the community could not see them. She further indicated that the enrolment of children with disabilities at ECD centres was low because these centres were not equipped with assistive devices, while the physical built was not designed or adapted to accommodate children with disabilities.

It might also be difficult for young children to access ECD services as ECD practitioners are not trained to cater for children with disabilities. She mentioned that it might be easy for children with disabilities to access ECD services if advocacy campaigns on inclusive education were extended to ECD as well, thereby increasing their enrolment at ECD centres. This could make ECD centres aware that they should also admit children with disabilities, and that it does not apply to formal schooling only.

### 5.4.6 Special school educator SSF

Special school educator SSF is a male teacher who teaches at a special school for severely intellectually impaired learners. He has teaching experience spanning 23 years, though some of his experience was gained in mainstream schools. His typical activities with children with disabilities include teaching Life skills, woodwork and leather work to learners with intellectual impairments, ranging from 10 to 28 years old.

His responses in the interview did not have much relevance to the main aim of this study and were consequently left out in the analysis of data.

The following direct quotations of some of the interview responses of special school educators were classified under headings derived from the participants' words, i.e. in vivo codes as reflected in the box below to facilitate the data analysis process:

**Box 5.5: In vivo codes and verbatim quotes**

*Lack of knowledge*

"I think parents don't know if they can take their children to the ECD centres".*(SSA)*

"Parents need workshops on how to handle these kind of children".*(SSC)*

*ECD practitioners not trained*

"I think it is more of lack of education from the teachers side, because if they don't know how to handle the child, they won't enrol him" (*SSA*)

"ECD practitioners are not well trained in the various disabilities- say the child is having Autism Spectrum disorder, they throw children away because they say they are not normal". (*SSB)*

“If we can have well trained educators at the ECD centres” (*SSD)*

“Maybe it’s a problem of educators at ECD centres, maybe they are not trained to cater for those children with disabilities” (*SSE*)

*Feeling shameful of the child/Hiding the child from the community*

“she said the family was very much ashamed of the child” (SSA)

“I am staying with one here at Madiba Park, and I just know that in the family there is this kind of a child... but I have never seen the child outside…they are hiding the child…” (*SSD)*

*Lack of acceptance/denial of the condition of the child*

“sometimes the cause can be whereby parents don’t welcome the issue of their learners (children), maybe they don’t accept that their children need this kind of education” (*SSC*)

“the main reason might be with parents… most parents don’t accept that their children have a different condition or disability” (*SSD*)

“because of the parent’s denial, some of the parents do deny, have too much denial” (*SSE*)

*Responsibility/role of stakeholders*

“Government needs to make ECD centres available” (SSD)

“Government need to work hard in order to make those ECDs (centres) available to all types of learners” (*SSC*)

*Marketing*

“I think it’s more marketing” (*SSA*)

“Maybe when they advertise the preschool (ECD centres) they can indicate that they also include children with disabilities” (*SSC*)

The table below reflects the common themes and subthemes/categories that emerged in the analysis of interviews with special school educators:

**Table 5.11: Themes and categories: Special school educators**

| THEME | CATEGORY |
|---|---|
| Theme 1<br>Lack of knowledge | Lack of information |
| | Untrained personnel at ECD centres |
| Theme 2<br>Belief system | Feeling shameful of the child/Hiding the child from the community |
| | Lack of acceptance/denial of the condition of the child |
| Theme 3<br>Responsibility/role of stakeholders | Department of Basic education |
| | ECD centres- Advertisement/Marketing their services by |

In the following section I present interview summaries of caregivers from which recurring patterns of responses emerged and were identified as common themes reflected in table 5.12 at the end of the section below:

## 5.5 DATA ANALYSIS: INDIVIDUAL INTERVIEWS WITH CAREGIVERS

The four caregivers, whose interview summaries are presented below, live around Polokwane, within an average radius of about ten kilometres or less from the health care centre where they normally take their children for rehabilitation and stimulation sessions. Two of the caregivers had their children with disabilities enrolled at the local ECD centres, whereas the children of the other two caregivers were looked after at home, due to the unavailability of a local ECD centre that could admit their children.

### 5.5.1 Caregiver CA

Caregiver CA is a married female aged 28 years, who was unemployed at the time of the interview with her. She has a three-year old daughter who is cerebral palsied and is not able to talk, walk as well as do many other things that children her age are able to do for themselves. Typical activities with her child include, helping the child to do stretching exercises when she wakes up in the morning, then she engages her in rehabilitation exercises, bathes and feeds her.

Although her child is not attending any ECD centre, she takes her for physiotherapy sessions at the hospital once a month. When asked about the reasons preventing children with disabilities from attending ECD centres, as well as the low enrolments of such children in ECD centres, she indicated that she thought ECD centres were for non-disabled children. She felt that she would be burdening ECD practitioners with her child because she needed a lot of attention, and ECD practitioners might not have the patience to look after a child such as hers, since her child was unable to do certain things for herself.

She had also gone to the local special school to make admission enquiries in respect of her child, and was told that children should have reached some level of independence with regard to certain developmental milestones, such as being able to feed themselves and being able to walk, in order to be admitted to the school. In view of the foregoing she thought having an ECD centre for young children with disabilities would help as she was looking for a centre which would admit her daughter. She also indicated that there were many children with disabilities in her village, and if caregivers or parents were not hiding their children, the enrolment of children with disabilities would increase at ECD centres as the need for having centres specifically established for them would be realised.

### 5.5.2 Caregiver CB

Caregiver CB is a 63-year old granny who looks after her 5 year old grandson who has Cerebral palsy. The parents of the child work outside Polokwane, and visit the child at least once a month. The grandson is unable to talk, walk and has not reached other developmental milestones such as sitting up on his own and feeding himself. Typical activities that the granny does with the child include, doing the exercises she has been taught by therapists with the child, after which she gives him a bath and feeds him. The granny takes the child for physiotherapy sessions at the Pietersburg hospital once a month.

When asked about the reasons which prevent children with disabilities from attending ECD centres she indicated that children were probably not able to attend ECD centres as there were no ECD centres for children with disabilities in rural areas and she thought that the low enrolment of such children at ECD centres might be due to parents' unwillingness to let their children go to these centres, as they might think that their children would not be well looked after as the parents would do. She also thought children with disabilities might find it difficult to attend ECD centres as some families might solely be dependent on the child's social grant for subsistence, and having to use part of the grant to pay for the monthly fees for the child to attend might reduce their income and therefore find it difficult to survive until the next payment of the grant.

### 5.5.3 Caregiver CC

Caregiver CC is a 25-year old female, who is the mother of a four-year old son. The caregiver shares a one-room shack built in the backyard of the homestead with her son and her son's father. Her son has Cerebral palsy and is therefore unable to walk and has speech impairment as well. He is able to sit up on a normal kiddies chair and can do certain things such as feeding himself. Typical activities that the caregiver does with the child include giving him a bath in the morning and taking him to the ECD centre. She helps the child with activities such as colouring and drawing in the afternoon when he comes back from the ECD centre.

The local ECD centre is about one kilometre away from his home and the caregiver takes him every morning to the ECD centre and collects him in the afternoon as she is not employed. She cannot look for employment because she has to look after her son and also accompany him to and from the ECD centre on a daily basis.

When asked about reasons preventing children with disabilities from attending ECD centres she indicated that she thought it could be that parents might not have money to pay for the child at the ECD centres. She acknowledged that there were many children with disabilities, however parents might be concerned that their children would be discriminated against, hence preferred to keep them at home or even hide them from the public or community. According to the caregiver, enrolments of children with disabilities would increase in ECD centres if ECD centres themselves would let the public or community know that they admit all children, including those with disabilities.

### 5.5.4 Caregiver CD

Caregiver CD is 50-year old female who looks after her friend's grandson. Her friend's daughter who is the mother of the child is attending school somewhere in Gauteng and the granny of the child is employed elsewhere outside Polokwane. The child has Cerebral palsy, but is able to walk, run, talk and does most of the things children his age are able to do. He wears a paediatric splint on his left hand to correct the spasticity in his fingers and has a limp on the left foot. Typical activities with the child include doing rehabilitation exercises with the child to manage his spastic fingers. As the caregiver is also an ECD practitioner, she takes the child along every morning to the ECD centre where she works.

When asked about the reasons which prevented children with disabilities from attending ECD centres and the reasons for the low enrolments at ECD centres, she indicated that some parents felt ashamed and chose to hide their children with disabilities from the community. Parents who feel ashamed of their children with disabilities do not want their children to mix with other non-disabled and therefore prefer to keep them at home until they were older than the pre-school going age. Caregiver CD also indicated that children with disabilities should have their own ECD centres.

In order for ECD centres to increase their enrolments of children with disabilities they should make public announcements that they do admit all children including those with disabilities. However this can be successfully done if ECD practitioners are trained or given workshops on how to deal with children with disabilities. Lack of training of ECD practitioners was mentioned as another reason which makes it difficult for children with disabilities to be admitted to ECD centres.

The following direct quotations of some of the interview responses of caregivers were classified under headings derived from the participants' words, i.e. *in vivo codes* as reflected in the box below to facilitate the data analysis process.

**Box 5.6: In vivo codes and verbatim quotes**

*Parents hide/ashamed of their children*

**"**children with disabilities are many, but parents hide them" (*CA*)

"parents are ashamed of their children and don't wish people to know about them" (*CC*)

"parents are ashamed of the condition or disability of their children and therefore choose to keep them at home, hiding them from the public" (*CD)*

*Maltreatment/discrimination of their children*

"others think their children might not be treated well and may be discriminated against" (*CC*)

"parents don't want their children to go there (ECD centres) because of the fear that their child might not be well looked after" (*CB*)

*ECD centres for children with disabilities*

"If someone could establish a crèche (ECD centre) for children with disabilities" (*CA*)

"The government should establish ECD centres for these children" (children with disabilities) (*CB)*

"children with disabilities should have their own ECD centres as being around other non-disabled children" (*CD*)

The table below reflects the common themes and categories that emerged in the analysis of interviews with caregivers of children with disabilities:

**Table 5.12: Themes and categories: Caregivers**

| **THEME** | **CATEGORY** |
|---|---|
| Theme 1<br>Belief system | Hide children with disabilities/Shameful about the children with disabilities/stigma/curse |
| | Fear of discrimination against their children/maltreatment |
| Theme 2<br>Lack of facilities | ECD centres for children with disabilities |

In the following section I present interview summaries of ECD practitioners from which recurring patterns of responses were identified and emerged as common themes reflected in Table 5.13 at the end of the section below.

## 5.6 DATA ANALYSIS: INDIVIDUAL INTERVIEWS WITH ECD PRACTITIONERS

The three ECD practitioners were interviewed at their respective ECD centres, situated in the same village or settlement, where caregivers of children with disabilities also resided. The pictures of the ECD centres I visited are depicted below.

**Picture 5.1: ECD centres visited in the villages and peri-urban areas**

### 5.6.1 ECD practitioner EPA

ECD practitioner EPA is the centre manager at the ECD centre which has been operating since 2000. The centre is registered with both the Department of Social Development and Basic Education. She has completed a one-year course in ECD that was run by the Limpopo provincial Department of Basic Education through a service provider contracted to the department. However their course did not include any specific training in how to deal with children with disabilities.

The ECD centre is situated in a semi-urban area and admits all children from a month-old to five years, including those with disabilities. Children are grouped in different classes according to their ages. The centre has admitted two young children with disabilities in the current year. The one child has Cerebral palsy and is unable to walk, and the ECD practitioner indicated that they were training him to walk. The other child they have admitted at the centre has a spinal cord impairment hence is not able to sit up.

She indicated that children with disabilities are prevented from accessing ECD services at ECD centres because parents are unable to accept that their children have disabilities and therefore feel ashamed of them. Parents end up hiding their children with disabilities and can hardly take them for rehabilitation sessions at the local hospital. She further indicated that children could also be prevented from attending ECD centres by practitioners who had a tendency to ostracise children with disabilities as they felt that they could not cope with these children because of their disabilities. When children pick up this attitude they then refuse to be taken to these ECD centres.

With regard to ECD centres increasing their enrolments of children with disabilities, they have to market their services by distributing information pamphlets in shops and other places, so that the community can be made aware that the ECD centre admits all children of specific age groups including those with disabilities.

### 5.6.2 ECD practitioner EPB

ECD practitioner EPB is the manager at the ECD centre which was established in 1999. The centre is situated in a rural area and is registered with both the Department of Social Development and Basic Education. The ECD centre is a two-roomed corrugated iron structure with scanty resources and facilities. The physical built of the ECD centre has not been adapted or designed to accommodate children with disabilities. The centre has an enrolment of 58 children and has never admitted a child with a disability. However, they are willing to admit such children if they seek admission.

The ECD practitioner has been at this centre since 1999 when it was established. She was initially employed as an assistant practitioner and was later on promoted to the position of centre manager when her predecessor left. She has received training in ECD which took about two years, but did not include any specific training in how to deal with children with disabilities.

The ECD practitioner indicated that young children with disabilities did not attend ECD centres because parents lacked information that all children had a right to education. She also mentioned that because parents lacked knowledge of disability, they felt ashamed of their children and viewed having a child with a disability as a curse. This leads to parents hiding and keeping their children at home thus preventing them from going to ECD centres. While parents need to be educated that even if a child has a disability he/she needs to be taken to ECD centre, ECD practitioners equally need to be trained on how to deal with children with disabilities. She reckoned that if ECD practitioners received training in disability, it would be easy for them to invite children with disabilities, and this could lead to an increase in the enrolment of children with disabilities at the ECD centres.

### 5.6.3 ECD practitioner EPC

ECD practitioner EPC is employed at an ECD centre situated in a township. The centre was established in 1989 and is registered with both the Department of Social Development and Basic Education. The centre is properly built with brick and mortar and has ample space to accommodate different groups of children according to their ages. It has an enrolment of 62 children, ranging from 0 months to four and a half years old. There are no children with disabilities admitted at the centre. The ECD practitioner has undergone training in ECD for a period of one and a half years but decries the fact that the training did not include how to deal with children with disabilities.

She thought that young children with disabilities were prevented from attending ECD centres because in most cases they were looked after by grannies, who preferred to keep their grandchildren at home, as a result of little education, fear of being discriminated against and being ridiculed by other children at the ECD centres. The ECD practitioner also indicated that parents kept children with disability at home as opposed to taking them to ECD centres because they might be hiding them from neighbours and did not want them to know that they had such a child.

She mentioned that lack of training of ECD practitioners made it difficult for ECD centres to admit children with disabilities as they had the challenge of how to deal with such children. The Department of Basic Education regularly collects statistics on children with disabilities but seems to ignore training ECD practitioners on how to handle children with disabilities. The Department of Social Development encourages ECD centres to admit children with disabilities yet they do not offer them any training on children with disabilities, hence she feels the government has forgotten about empowering them in this regard. She also indicated that the Department of Social Development had the responsibility to establish ECD centres for children with disabilities.

With regard to ECD centres increasing their enrolment of children with disabilities she reckoned that the community should be educated on the need of children to be taken to ECD centres. ECD centres should distribute information to the community indicating what age groups of children they admit including children with disabilities.

The following direct quotations of some of the interview responses of ECD practitioners were classified under headings derived from the participants' words, i.e. in vivo codes as reflected in the box below to facilitate the data analysis process:

**Box 5.7: In vivo codes and verbatim quotes**

*Hiding the child/Feeling ashamed of the child*

“caregivers are not able to accept the child as they feel ashamed of them” (EPA)

“parents…are ashamed of them and feel it is a curse to have a child with a disability, and can rather keep the child at home… and this leads to hiding the children” (EPB)

*Lack of information*

“parents do not have the information that these children have the right to be taken to ECD centres” (EPB)

“the community should be …given information about children with disabilities indicating that they need to take children to the ECD centres” (EPC)

*Need of education*

“Parents need education that even if the child is disabled he needs to go the centre” (EPB)

“Little education results in grannies(caregivers) preferring to keep their grandchildren at home… the community needs to be educated” (EPC)

*ECD practitioners need to be trained*

**“**Department of Basic Education provides training on ECD but lacks specific training on children with disabilities” (EPA)

“ECD practitioners need to be trained or workshopped in dealing with children with disabilities.” (EPB)

“It is as if the government has forgotten about empowering ECD practitioners on how to deal with children with disabilities”
(EPC)

“Given training, but does not include disabilities” (EPC)

*Marketing of services*

“We can market our ECD centres by distributing information pamphlets on the admission of children, their ages including those with disabilities” (EPA)

"I think ECD centres when we have received training, we will invite these children to our centres…we will easily convey the information to them …about the admission of children with disabilities" (EPB)

"an ECD centre like ours, can distribute pamphlets indicating the age groups we admit and children withdisabilities" (EPC)

In the following table the common themes and subthemes/categories that emerged in the analysis of interviews with ECD practitioners are reflected.

**Table 5.13: Themes and categories: ECD practitioners**

| THEME | CATEGORY | SUB-CATEGORY |
|---|---|---|
| Theme 1<br>Belief system | Hiding the child/feeling ashamed of the child | |
| Theme 2<br>Lack of knowledge | Lack of information | |
| | Lack of education | |
| Theme 3<br>Responsibility/ role of stakeholders | Responsibility of government - Departments Basic Education, Health and Social Development | Training in dealing with disability-ECD practitioners are not trained in disability |
| | Responsibility of ECD centres | Marketing their services/ECD centres |

The analysis process of the four different categories of interviews unfolded as follows:

- Identification of segments or significant statements within interviews in a specific category of participants, for e.g. focus groups, special school educators, caregivers, or ECD practitioners;

- Comparison of interviews to identify recurring patterns within a specific category of participants from which specific themes could be established;
- Comparison of recurring patterns of themes to identify themes that cut across the various categories of participants, namely health care and social welfare professionals, special school educators, caregivers, and ECD practitioners, leading to the establishment of the underlying, common essence of lived experiences of participants which form the basic structure of the phenomenon that was studied.

The recurring themes, which have emerged from the analysis of interviews of the four different categories of participants are presented in Table 5.14 below.

**Table 5.14: Recurring themes across the various categories of participants: Health care and welfare professionals; special school educators; caregivers and ECD practitioners**

| THEME | CATEGORY | SUB-CATEGORY |
|---|---|---|
| Theme 1<br>Lack of knowledge /Ignorance | Lack of information | Caregivers (do not know if children with disabilities can attend ECD centres). |
| | Lack of insight (lack understanding) | Caregivers (do not understand the nature of their children's disability) |
| | Lack of education | ECD practitioners need training in dealing with children with disabilities |
| | | -Caregivers<br>-Community (need to be educated on disability-stigmatising and discrimination) |
| Theme 2<br>Socio-economic conditions | Lack of resources/ Limited resources | -Lack of money to pay for monthly fees<br>-Social grants not enough (used for family subsistence)<br>-lack of transport<br>-lack of assistive devices |
| | Lack of support | -spousal support for caregivers-single mothers |

|  |  |  |
|---|---|---|
| Theme 3<br>Belief system | -Attitudinal issues (society/community) | -Ashamed of the child -Stigma/curse/ Hiding the child from the community<br>-Discrimination against the child<br>-Denial/Lack of acceptance |
|  | Traditional/Cultural beliefs | -Belief in miracles<br>-Belief in witchcraft-<br>-Exploring/seeking other avenues to address/heal the child's disability (going to ECD centres has to be suspended until the alternative avenue has produced results |
| Theme 4<br>Responsibility/role of stakeholders**:** | The Department of Basic Education | Establishment of ECD centres for children with disabilities |
|  | The Department of Health and Social Development (Health care and social welfare professionals) | -Provision of grants<br>-Awareness campaigns |
|  | ECD centres | Marketing/advertisement of services |

## 5.7 CONCLUDING REMARKS

Multiple factors play a role in promoting the inclusion or exclusion of children with disabilities from ECD services. The analysis of data obtained from interviews with participants falling within the various systems of the ecological environment was expected to yield key findings which reflect those factors which are perceived by (participants within their various systems or levels of the ecological environment) as influencing the accessibility of ECD services for young children with disabilities.

The interpretation and discussion of the themes cutting across all the categories of participants interviewed in this study will be done in the next chapter.

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# CHAPTER 6

# DATA INTERPRETATION

## 6.1 INTRODUCTION

In this chapter I focus on the interpretation of data that were analysed in chapter five. According to Taylor-Powell and Renner (2003, p. 5) interpreting data refers to “attaching meaning and significance to the analysis”. Data interpretation involves providing the meaning and significance of the four main themes that emerged during data analysis in the previous chapter, as these main themes represent the key findings of this study (see Table 5.14). As a phenomenological inquiry, the ultimate aim of this study is to give descriptions of the meanings participants ascribe to their lived experiences with the phenomenon under scrutiny across the various layers of the ecological environment as postulated by McMillan and Schumacher (2014).

In the following sections I present the interpretation of the main themes in relation to the trustworthiness of the findings, the main aim and objectives of this study, within the broad theoretical framework underpinning this study - Bronfenbrenner’s ecological systems theory (see section 3.3).

## 6.2 TRUSTWORTHINESS OF THE RESEARCH FINDINGS

Maree and Van der Westhuizen (2010) hold that the validity or trustworthiness of a qualitative research design is a function of the extent to which the interpretations have a common meaning for both the participants and the researcher. Lincoln and Guba (1985) posit that in order to evaluate the quality of a research study, its trustworthiness needs to be established through ensuring that it is credible (internally valid); transferable (externally valid); dependable (reliable); and has a measure of neutrality (objectivity). Having adopted the interpretivist paradigm this study subscribes to the notion that there are "multiple realities" that are experienced by various participants and should reflect findings worthyof being trusted in terms of the abovementioned criteria used for the evaluation of the quality of the study (Denzin & Lincoln, 2011, p. 13). It is in this regard that Tufford and Newman (2010, p. 84) caution that since the researcher is the research instrument himself, he needs to be wary of influencing the research process with his own preconceived ideas at all times and extend this self-awareness to the process of data interpretationas well. The researcher's vigilance with regard to his own pre-existing ideas, beliefs and perceptions, encourage engagement "in the self-reflective process of bracketing" (Tufford & Newman, 2010, p. 83). It is through bracketing that the potential influence of the researcher's preconceptions on the research process can be minimised thereby enhancing the trustworthiness of the findings (Tufford&Newman, 2010, p. 83). With regard to data interpretation in this study, I constantly engaged in reflexivity, to keep my own biases from tainting the meaning attached to the findings by the participants.

## 6.3 THEMATIC INTERPRETATION OF KEY FINDINGS

In the following section I present and interpret the key findings of this study as reflected in the main themes and categories that emerged during the data analysis process. The main themes are: lack of knowledge; socioeconomic conditions; belief system; and the roles and responsibilities of stakeholders (see section 5.7 and table 5.14).

### 6.3.1 Theme 1: Lack of knowledge/Ignorance

Theme 1 embraces the following three categories: Lack of information, Lack of insight and Lack of education (see Table 5.14 and Figure 6. 1 below).

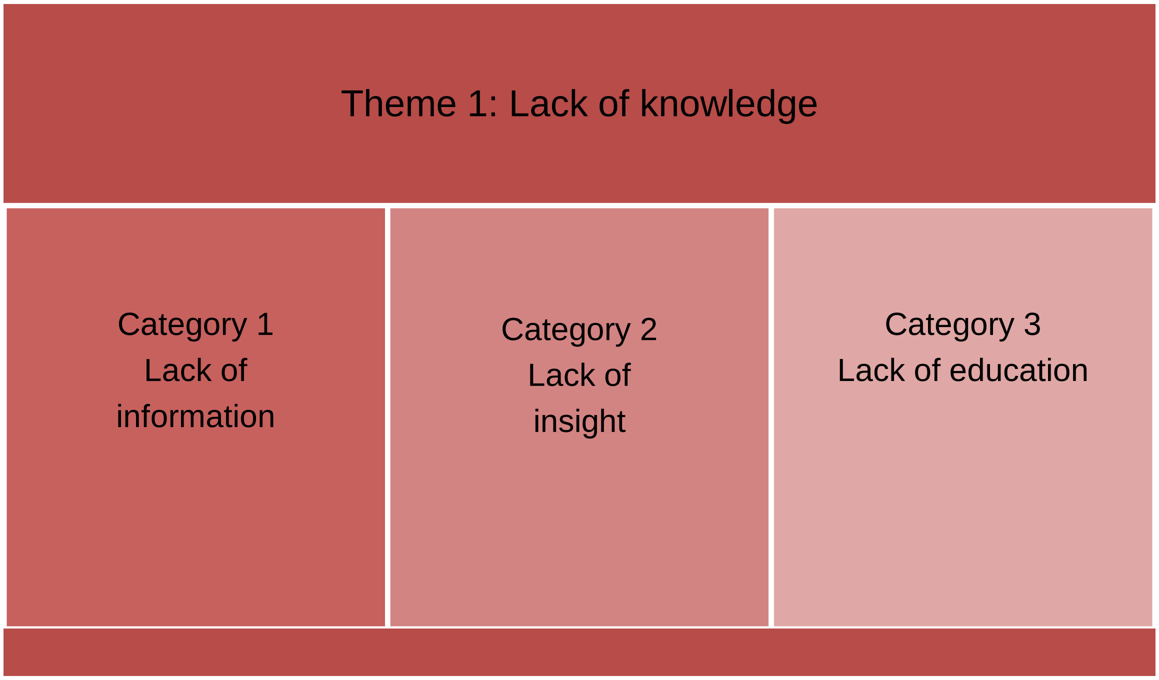

**Figure 6.1: Theme 1: Lack of knowledge**

Lack of knowledge or ignorance emerged as a theme that was experienced by the different participant categories hence it cuts across the different categories. In this regard, health care and social welfare professionals, special school educators as well as ECD practitioners noted this lack of knowledge as a characteristic that was common amongst caregivers of young children with disabilities. A lack of knowledge about disability was observed in communities outside the borders of South Africa as well and was considered to be the result of “cultural misgivings about disabilities” (see section 3.4.4).

Health care and social welfare professionals together with special school educators also raised the issue of a lack of knowledge to deal with young children with disabilities on the part of ECD practitioners. ECD practitioners by their own admission or acknowledgement indicated that they lacked the knowledge to deal with children with disabilities (see section 2.3.1.2).

Lack of knowledge was understood to refer to three separate but closely related components of knowledge, which were captured as follows:

- Lack of information
- Lack of insight
- Lack of education

#### 6.3.1.1 Lack of information

This category of lack of knowledge was identified by health care and social welfare professionals, as well as special school educators as one of the reasons which prevented young children from accessing ECD services provided by ECD centres. Lack of information on the part of caregivers revolved around not being aware that young children with disabilities can also attend an ECD centre or preschool (as it is commonly known in most communities). Lack of information was displayed as not knowing that a child with a disability has a right to education too, regardless of his/her disability. In instances where parents were aware that their children also needed to get early childhood education, they did not know where to get help for their young children with a disability see sections 3.4.1.4 and 3.4.2.1).

#### 6.3.1.2 Lack of insight (lack understanding)

This category of lack of knowledge was cited by occupational therapists using precisely the same phrase, i.e. ‘lack of insight’. They explained lack of insight as referring to lack of understanding of the children’s condition or disability on the part of caregivers. Misconceptions about disability originate from lack of understanding as to what disability is all about as well as how the individual’s functionality may be affected as a result of the disability (see section 3.4.4). In a research study conducted among the three broad cultural groups in South Africa on knowledge, attitudes and cultural beliefs, Black people, were observed to have a “more superficial knowledge of disability” as compared to other cultural groups, namely Whites and Coloureds, who had a fairly good knowledge about disability as well as its causes (see section 3.4.4).

As caregivers lack insight or understanding of their children’s disability they would rather opt for alternative ways of dealing with the child’s disability, with the hope that the child would be cured of the disability (see section 3.4.4). During the time that caregivers were pursuing alternative ways of treating the child for his/her disability, they would rather suspend the child’s enrolment at an ECD centre. The alternative avenues caregivers opted for to treat the child’s disability in some instance were so bizarre that the child’s state of heath would be in jeopardy or even put the child’s life in danger. An example of the alternative ways of addressing the child’s disability involved a child who had hydrocephaly (excess fluid in the cranial cavity, resulting in a disproportionally large head circumference) and had incisions made to his head to let the excess fluid out, because the caregiver was told at the hospital that the child had excess fluid in the head. These incisions were done by traditional healers, who probably had no knowledge of the anatomy and physiology of the human body. Other children suffered from herbal intoxication as a result of the substances they were given in an attempt to heal or treat the child’s disability. If the child had hearing aids inserted in his/her ears, they would be removed while traditional healing procedures were being executed.

What is significant in this finding is the extent of lack of understanding of disability on the part of caregivers. If there was any semblance of insight into the specific disability that the child had, it would be unlikely that caregivers would consent to the kind of treatment procedures that traditional healers perform on their children, in an effort to treat or heal the child from his/her disability. Basic understanding of human anatomy and physiology would make anyone who intends fiddling with the child’s body realise that one would need some medical expertise to be able to remove or drain excess fluids from a child’s head.

### 6.3.1.3 Lack of education

A lack of education on the part of caregivers as raised by health care professionals, special school educators, and ECD practitioners was perceived as a need to be educated or given knowledge on disability (see section 3.4.1.4). It was also viewed as a need to learn to accept the condition of their children as “such things do happen in life”, and should therefore be seen for what it is as opposed to perceiving it as something else, for example a curse or stigma.

A lack of education was also raised on the part of ECD practitioners in spite of having been trained in ECD. All the ECD practitioners that were interviewed in this study had received some degree of training in ECD, ranging from Level 1 through Level 4, based on the National Qualifications Framework (NQF). The South African Qualifications Authority (SAQA), is a body mandated by the National Qualifications Framework (NQF) Act (2008) to develop policy and assessment criteria, and is responsible for the evaluation, classification and accreditation of educational and professional qualifications.

For health care and social welfare professionals, as well as special school educators, a lack of education with regard to ECD practitioners, referred to lack of training in dealing with children with disabilities in their training as ECD practitioners. Lack of education as perceived by these participants (health care professionals, special school educators), meant that they did not have the knowledge and skills to deal with children with disabilities, as this aspect was excluded from their training. This lack of knowledge and skills was also viewed as a lack of education by ECD practitioners themselves (see section 2.3.1.2). A lack of education relating to dealing with children with disabilities was seen to be preventing children from accessing ECD services, as most practitioners in ECD centres would not have the relevant expertise or skills to handle children with disabilities. They would rather not enrol children with disabilities, despite knowing fully well that such children should be admitted as mandated by legislation and policies relating to ECD service provisioning. A lack of training in dealing with children with disabilities was therefore regarded as contributing to preventing most ECD centres from admitting children with disabilities and in the process prevent these children from accessing ECD services (see section 3.4.2.2).

### 6.3.2 Theme 2: Socio-economic conditions/issues

Theme 2 involves the following categories: lack of or limited resources, and lack of spousal support on the part of caregivers, as illustrated in Figure 6.2 below:

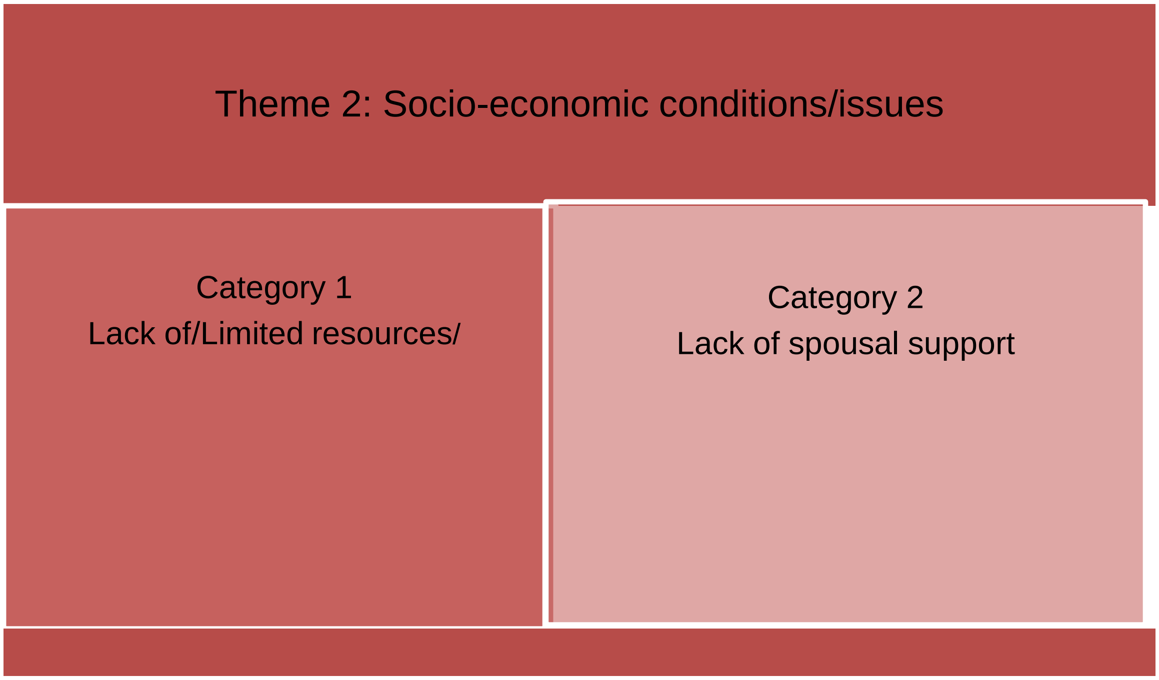

**Figure 6.2: Theme 2: Socio-economic conditions**

6.3.2.1 Lack of resources/Limited resources

Caregivers of children with disabilities receive a monthly Child Dependency Grant (CDG) from the Department of Social Development. The CDG has improved the well-being of households and in some instances the CDG is perceived by caregivers as being provided solely for the sustenance of the child with disabilities and his/her family (see section 3.4.4), while overlooking other aspects of his development, such as enrolling the child at an ECD centre. It is in such instances that the CDG has led to counterproductive actions with regard to facilitating the development of the child, through the opportunity to access ECD services. Some caregivers of children with disabilities refrain from enrolling their children at ECD centres as they feel that the income they receive as CDG will be reduced if the child goes to the ECD centre since they have to pay for the child every month. Caregivers then choose to keep their children at home. The expense for enrolling the child at the ECD centre may not include only the fees that have to be paid at the centre, as there would be other expenses, for example transport costs. The CDG would in this case be drastically reduced hence caregivers would rather keep their children at home. Another form of a social cash transfer called the Child Support Grant (CSG), which is much less than the CDG, is received by children between the ages of 0 to eighteen who come from disadvantaged backgrounds. In a qualitative study conducted on Child Support Grant (CSG) in South Africa , caregivers and parents acknowledged that the CSG plays a significant role in making ECD services accessible for their children, hence realised the need to use the cash transfer for the payment of fees at ECD centres (see section 2.4.2). While the CDG (and CSG) is viewed by some caregivers as a welcome relief for them to be able to enroll the child at the ECD centre, other caregivers view it as subsistence for the whole household. This results in the child missing out on the ECD services that he or she would otherwise have access to if some of the money was used for the payment of fees at the ECD centre.

A lack of resources also applies to transport costs which caregivers may not afford. Caregivers who were supposed to take their children for routine rehabilitation and stimulation sessions at the health care institution, could not be allocated specific dates on which to bring their children. These caregivers were instead advised to bring their children for the abovementioned sessions whenever it was financially convenient for them to do so, hence they would bring their children whenever they had money to pay for transport costs to the health care institution. This implies that their children would miss out on the routine sessions that they were supposed to attend at least once a month, as they had to wait for when the caregiver had the financial means to pay for transport costs (see section 3.4.4). Missing out on rehabilitation sessions is not good for the prognosis of the condition of the child, as this may further negatively affect the child's chances of participation in activities, such as attending an ECD centre owing, to the worsening of the disability. Health care professionals who participated in this study indicated that children who have Cerebral palsy may develop conjectures if they do not attend rehabilitation sessions (see sections 3.4.1 and 3.4.1.1).

If transport costs to the health care institution once a month is a challenge due to financial constraints, transport on a daily basis to the ECD centre then becomes a huge financial challenge, which in turn prevents the child from attending the ECD centre and thus effectively denying the child accessibility to ECD services.

Lack of transport also referred to the mode of transport that children with disabilities needed by virtue of the nature of their disabilities. Children with physical disabilities, such as those with spasticity in their limbs and are unable to bend, may find it difficult to use the conventional vehicles used by nondisabled people, as the posture of their bodies may not be compatible with ordinary vehicles.

#### 6.3.2.2 Lack of spousal support

The socio- economic theme has a social component which involves a lack of support on the part of the caregiver. It was noted by health care and social welfare professionals that most of the caregivers were single parents, and in certain instances the caregiver would have more than one child who had a disability.  In such instances the caregiver would end up taking care of her children with disabilities with no support from the spouse or partner. Lack of support from the fathers of children with disabilities has been documented in literature as there is a tendency in some cultures to blame the birth of a disabled child on the mother. Hence, the husbands or partners choose to desert the mothers of their children because they do not consider themselves as capable of fathering children who have a disability (see section 3.4.4).

Health care and social welfare professionals reported that caregivers showed emotional exhaustion, because they had to raise the child and look after him/her all by themselves (see section 3.4.1.3). A case of one of the caregivers who would skip rehabilitation/stimulation sessions for her children, as they had to go for their sessions on different dates to different health care institutions came to the fore. Having to see to it that the children were enrolled at the ECD centre, turned out to be another huge challenge for the caregiver which she could not cope with. The caregiver ended up abandoning her responsibility of enrolling her children at the ECD centre. In such instances the caregiver would let go of all the responsibilities of taking the children for rehabilitation/stimulation or ECD centre, as they end up being emotionally tired.

### 6.3.3 Theme 3: Belief system

Theme 3 involves the following categories: Traditional/cultural beliefs and attitudinal issues as illustrated in Figure 6.3 below:

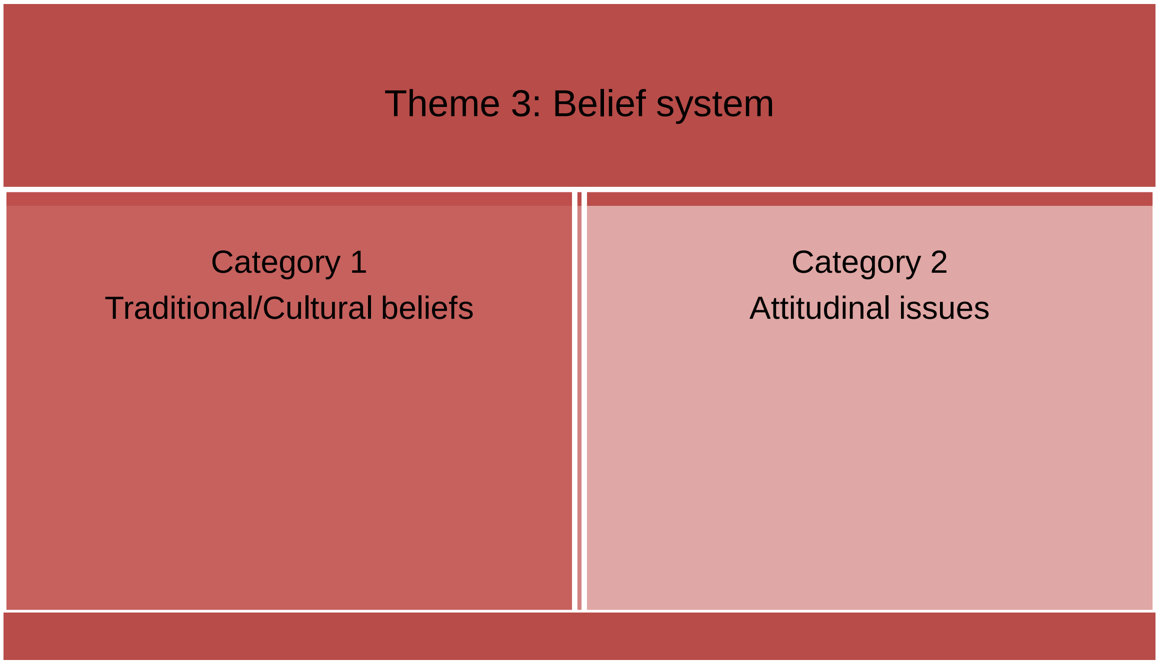

**Figure 6.3: Theme 3: Belief system**

In view of the multicultural, multiracial and multilingual constitution of the South African society, the existence of different traditions, cultural values and practices is a common phenomenon. It is because of this diverse nature of traditions and cultures that people subscribe to various belief systems which in turn influence their attitudes towards various issues including amongst others, disability. With every individual subscribing to his/her own belief system, reality may be represented differently from one individual to the other. The belief systems held by individuals help them make sense of the world in which they exist. Hence the meaning they construct of the world around them is influenced by their belief systems (see section 3.4.4).

The theme “belief system” revolves around the beliefs that caregivers were observed to have about disabilities and it featured across the various categories of participants. It was captured under two sub-themes or categories, namely, traditional/cultural beliefs and attitudinal issues.

### 6.3.3.1 Traditional/Cultural beliefs

Traditional or cultural beliefs are constituted by the notion that the cause of the child's disability is witchcraft. Witchcraft according to Kunhiyop (2002, p. 130) is a belief that is held in almost all African societies and is seen as the traditional way of explaining the ultimate cause of evil, misfortune or death. In a study conducted by McKinney (1985, p. 59) witchcraft is described as “an inherent capacity to exert supernatural influence over another person. This influence frequently causes harm and it explains phenomena such as, breaches in social relations, anti-social behaviour, unexpected occurrences, sickness and death” (McKinney, 1985, p. 59). According to Kunhiyop (2002) believing in witchcraft provides explanations for occurrences and their causes (see section 3.4.4). It is not uncommon for Africans in general to attribute disability to witchcraft (Munyi, 2012). A research study conducted in Nigeria found that Nigerians as well as Africans in general believe that disabilities are a result of witchcraft (Abosi & Koay, 2008).

Some caregivers attributed the disability of their children to witchcraft and strongly believed that their children had been bewitched, in some instance by people that were known to them such as their relatives. In this particular instance cited by health care and social welfare professionals, the caregiver was convinced that her child was bewitched by his or her aunt. The caregiver was advised by health care and social welfare professionals to enrol her child at the local ECD centre, but would hear none of it as she was adamant that she needed to consult with her traditional healer first before she could consider enrolling the child at an ECD centre. In other instances caregivers believed that some miracle would happen and would therefore choose to wait for that miracle to cure their children of the disability before they could enrol them at the ECD centre. While the caregiver waited for some kind of miracle to happen, the child would be kept at home and not attend an ECD centre.

The beliefs that the caregivers have about their children's disability have a remarkable influence on how they perceive and experience disability. The child is consequently denied the opportunity to access ECD services as caregivers set out to explore or seek other avenues to deal with the children's disabilities instead of taking them to ECD centres. Enrolment in ECD centres has to be suspended until the alternative avenue has produced results (see section 3.4.4).

#### 6.3.3.2 Attitudinal issues (society/community)

The underlying influence of the negative attitudes is rooted in the traditional values, beliefs and culture of the community concerned. Negative attitudes towards disability and misconceptions in most instances emanate from a lack of understanding as to what disability entails. The negative light in which a child is viewed is accompanied by "shame "which is believed to bring a curse to the whole family even to the community at large. Such attitudes adversely affect the child's development as he/she gets less attention and is denied access to educational, health care and stimulation opportunities which are meant develop the child to his/her full potential (see section 3.4.4). Children who present with one form of disability or another in early childhood are predisposed to various risk factors such as poverty, stigma and discrimination, poor caregiver interaction, institutionalisation, violence, abuse and neglect as well as limited accessibility to programmes and services, all of which can have a detrimental effect to both their survival and full development (see section 2.4.1.1).

Health care and social welfare professionals, special school educators and ECD practitioners noted that caregivers of children with disabilities were ashamed of their children and regarded the birth of a child with a disability as a curse in view of the stigma society attaches to disability. Other caregivers were observed to be in denial of the fact that their children have disabilities and consequently battled to accept their children as such. It is these factors as observed and experienced by the different participant categories, which lead to the tendency to hide children with disabilities from the public in an effort to keep the matter within the family, for fear of being ostracised by the community (see section 3.4.1.2).

### 6.3.4 Theme 4: Roles and responsibilities of stakeholders

Theme 4 was captured under the three categories presented in Figure 6.4:

| Theme 4:The roles and responsibilities of stakeholders | | |
|---|---|---|
| Category 1<br>The role and responsibility of the Departments of Basic Education and Social Development:<br>Establishment of ECD centres | Category 2<br>The role and responsibility of the Department of Health and Social welfare:<br>Disability Awareness and Advocacy campaigns by health care and social welfare professionals in collaboration with ECD centres | Category 3<br>The role and responsibility of ECD centres:<br>Advertisement and marketing of services by ECD centres |

**Figure 6.4: Theme 4: The roles and responsibilities of stakeholders**

South African policies recognise the state's responsibility for children's development by emphasising the need for an effective and integrated system that will afford all young children accessibility to ECD services, in particular those children who are vulnerable or "whose development is at risk", such as young children with disabilities. Clearly defined roles and responsibilities on the part of government institutions and civil society organisations at regional, regional and local levels have the potential to facilitate the attainment of an effective ECD service delivery system. ECD services are viewed as a "public good" as they not only promote the holistic development of the child, but also contribute towards the growth and prosperity of society as a whole both in the medium and long term (see section 3.4.2).

If ECD services are seen as a medium to long term benefit for society, then the role of government in this regard cannot be overlooked (see section 2.4.1.2). It has also been clearly stipulated in the Children's Act (2005) that for an effective ECD service delivery system to be realised core stakeholders within government such as the Departments of Social Development, Basic Education and Health, as well as provincial and local governments should collaborate among themselves and with other stakeholders outside government such as civil and community structures. Hence the Children's Act (2005) mandates the government to develop a well-resourced, co-ordinated and managed ECD system. In this regard participants advocated for the government to take the responsibility of ensuring that ECD services are accessible to their children too.

The abovementioned theme was captured in the following categories, the establishment of ECD centres for children with disabilities; disability awareness and advocacy campaigns and collaboration with ECD centres by health care and social welfare professionals; advertisement and marketing of services by ECD centres, which will be discussed below.

#### 6.3.4.1 The role and responsibility of the Departments of Basic Education and Social Development: Establishment of ECD centres for children with disabilities

Special school educators and the majority of caregivers believed that their children needed ECD centres that were meant to cater for their disabilities. They deemed it the responsibility of the Departments of Basic Education and Social Development to see to it that such ECD centres were established. Special school educators noted that the government, and specifically the Department of Basic Education established special schools for the formal education of school-going age children with disabilities. However, they indicated that these special schools did not admit children who were younger than six years old. They therefore deemed it necessary for the Department of Basic Education to cater for the early education of children with disabilities who were below six years old, which includes the age group that is the focus of this study i.e. three to five years old.

Some health care and social welfare professionals, ECD practitioners and special school educators did not see the need for the Department of Education to establish ECD centres solely meant for children with disabilities. They advocated that young children with disabilities should be admitted to ordinary ECD centres where non-disabled children were admitted. Some of them were aware of the move by the Department of Education to roll out inclusive education as spelled out in the Education White Paper 6 (Department of Education, 2001c).

#### 6.3.4.2 The role and responsibility of the Department of Health and Social Development: Health care and social welfare professionals

Health care and social welfare professionals regarded themselves as playing a vital role in promoting the accessibility of ECD services for children with disabilities. They conceded that they had a responsibility to initiate working relationships with ECD centres, so that they could reach out to them and sensitise them to the benefits of early intervention with regard to the improvement on the conditions or disabilities of children.

They indicated that the improvement on the condition of the child would be much greater when rehabilitation and stimulation were introduced when the child was younger.

Health care and social welfare professionals also acknowledged their responsibility in collaborating with ECD centres to conduct information giving and/or disability awareness and advocacy campaigns. They indicated that they would share with the communities the kind of services they offered with a view to encouraging caregivers of children with disabilities to make use of their services, as well as enrol their children in ECD centres (see sections 1.1 and 3.4.1.4).

Health care professionals advocated for the establishment of posts for therapists who should be based at the ECD centres so that children who attend these centres might have more rehabilitation and stimulation sessions as compared to when they have to go to the hospital once a month. These professionals maintained that if they were employed by the Department of Education and stationed at various ECD centres, services would be within reach of children with disabilities as most children who attended rehabilitation sessions did not go to ECD centres.

### 6.3.4.3 The role and responsibility of ECD centres

Within the South African context, the provisioning of ECD services has been entrusted to ECD centres as set out in the Guidelines for ECD (UNICEF, 2007) (see section 1.1). ECD practitioners acknowledged the role they have to play as agents through which ECD services can be accessed and their responsibility towards the provision of ECD services to all young children including those with disabilities. In view of the foregoing, ECD practitioners realise the need to make the services they provide for young children to be known to the communities they serve. Hence they indicated that they had a responsibility to advertise and market their services to the public in order to facilitate an increase in the enrolment of children with disabilities. They noted that in disseminating information about the services they offered, indicating the age ranges of children they catered for with regard to children with disabilities as well, that would make caregivers aware that they could enrol their children with disabilities at the respective ECD centres.

However, ECD practitioners were concerned about the fact that the training they received in ECD did not include that extra knowledge and skills to handle children with disabilities. ECD practitioners expressed the need to be given training in dealing with children with disabilities. They considered a lack of knowledge and skills in handling children with disabilities as one of the factors which contributed to low enrolments of children with disabilities in ECD centres and therefore a hindrance to the accessibility of ECD services for young children with disabilities. In as much as they acknowledged their role as agents for ECD services, they expressed reluctance and uneasiness in having to advertise and market their services to the public for all children, including those with disabilities because of a lack of knowledge and skills in dealing with children with disabilities.

Other participant categories advocated for ECD centres to market their services to the public to facilitate the accessibility of ECD services to young children with disabilities. The responsibility to advertise and market the services that ECD centres could offer was therefore noted by health care and social welfare professionals as well as special school educators. These participants also noted that it would be easier for ECD centres to advertise and market their services for all children including those with disabilities, if they had the relevant training to handle disability.

Below is a graphic representation of key findings of the study, on the various layers of the ecological environment as postulated in Bronfenbrenner’s Ecological Systems Theory (1979).

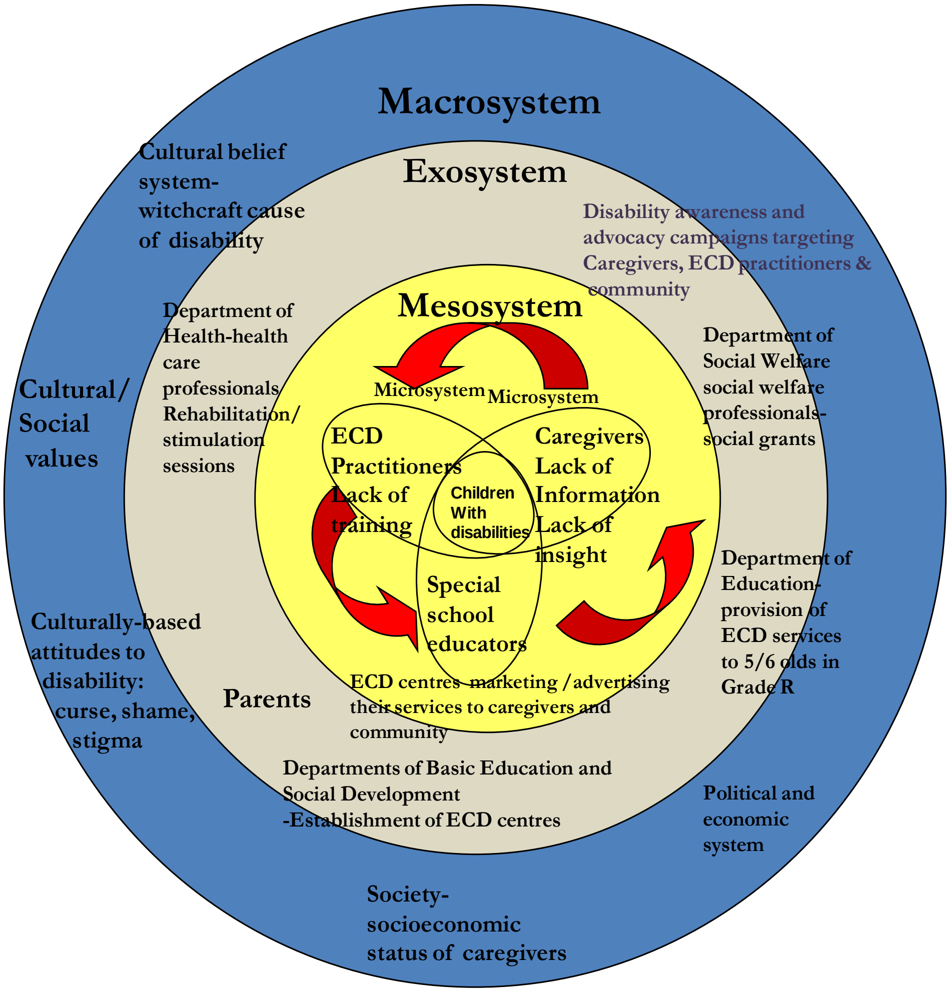

**Figure 6.5: Key findings of the study according to the various ecological levels**

## 6.4 SYNTHESIS OF DATA INTERPRETATION IN RELATION TO THE THEORETICAL FRAMEWORK AND RESEARCH AIMS

In this section I present a synthesis of key findings of this study in relation to the main aim and sub-aims, as well as the broad theoretical framework underpinning the study- Bronfenbrenner' s ecological systems theory (see section 3.3). The main aim of this research study as mentioned in chapter one (see section 1.4.2) was to explore and identify ecosystemic factors which influence the accessibility of ECD services for young children with disabilities between the ages of three to five years old. It is important to note that the main aim of this study refers to both those ecosystemic factors which prevent and those that could promote the accessibility of ECD services for these young children.

This study has endeavoured to address the main research aim through the following sub-aims (see section 1.4.2):

- To identify and describe ecosystemic factors which lead to low enrolments of children with disabilities in ECD centres as perceived by caregivers, ECD practitioners and focus groups consisting of health care and social welfare professionals;
- To describe how ECD centres can facilitate an increase in the enrolment of children with disabilities; and
- To identify strategies that can promote accessibility to ECD services for young children with disabilities.

The synthesis of key findings focuses on the main aim as well as the first two sub-aims mentioned above. The third sub-aim is deferred to the next chapter as it relates more to the recommendations that this study has put forward.

The themes that emerged during the data analysis process highlight the experiences of participants with the phenomenon under scrutiny, as well as reflect those factors prevalent across the various layers of the ecosystem which participants have experienced as exerting some measure of influence on the accessibility of ECD services for young children. The themes presented in sub-sections 6.3.1; 6.3.2; 6.3.3; and 6.3.4 can be classified under two broad categories. They are:

- factors which prevent accessibility to ECD services; and
- those that could promote accessibility to ECD services for young children with disabilities.

The two broad categories are presented in figure 6.6 below:

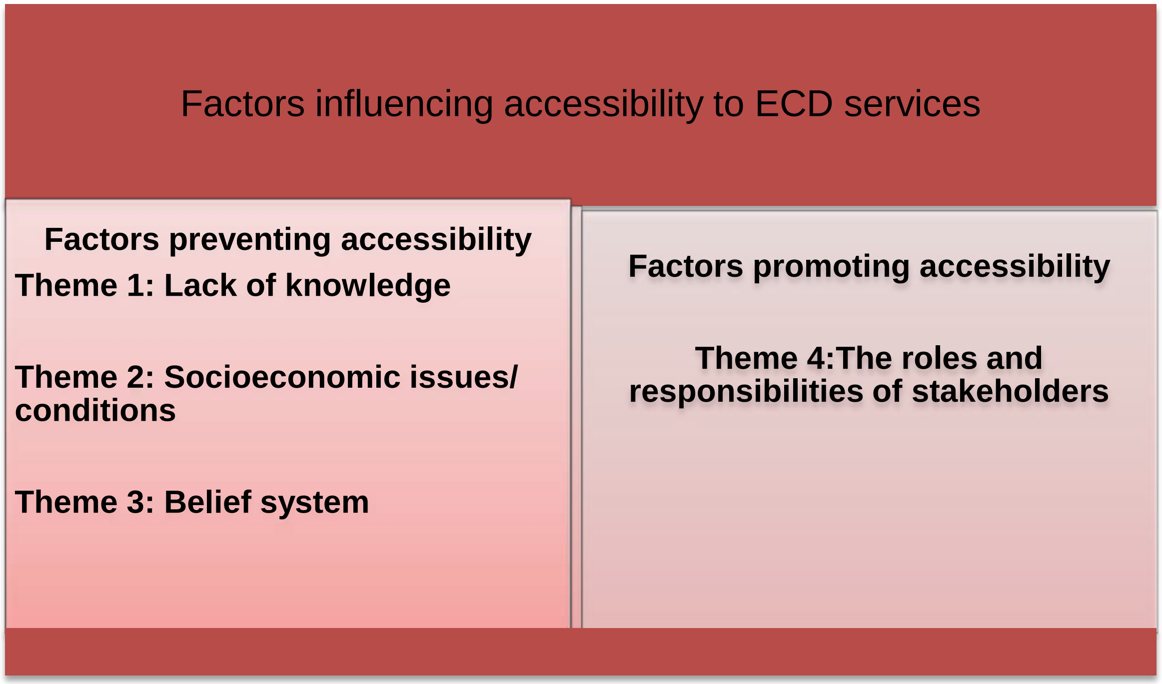

**Figure 6.6: Factors influencing accessibility to ECD services**

### 6.4.1 Factors preventing accessibility

Factors which prevent accessibility to ECD services by young children with disabilities have been captured in the three themes, namely themes 1, 2, and 3 as illustrated in figure 6.5 above.

The category ‘Lack of information’ on available early childhood development services, presented under theme 1 (see section 6.3.1.1 above), is consistent with the concern raised by the Australian Human Rights Commission that most parents of children with disabilities did not know how to access early childhood educational services for their children (see section 3.4.2.1). This lack of information on the part of caregivers cannot be solely blamed on the parents as the contributing factor towards inaccessibility of ECD services or limited access to such services by young children with disabilities. It may be one of the factors that play a role in negatively influencing accessibility to ECD services for children with disabilities. The acknowledgement by ECD practitioners that they have a responsibility to advertise and market their services to the communities they serve, attests to the fact that caregivers and ECD practitioners can address the issue of lack of information on the part of caregivers about where to get help for their children with disabilities, through mutual interaction (see section 3.4.1.4).

In terms of Bronfenbrenner' Ecological systems theory (section 3.4.1), caregivers and ECD practitioners represent the microsystem where direct and intimate relationships take place between individuals making up the system, such as caregivers and their children; ECD practitioners and children placed under their care, including those with disabilities. Children spend considerable amounts of time with caregivers or ECD practitioners and their development is influenced by the behaviours of those individuals with whom they interact within the microsystem (see section 3.3.1). The caregiver's lack of knowledge, whether manifested as a lack of information, a lack of understanding or a lack of education with regard to the child's disability or condition as explained in sections 6.3.1.1, 6.3.1.2 and 6.3.1.3 above, influences the actions the caregiver will take or omit to take in pursuit of facilitating or promoting the child's development.

The same holds true for ECD practitioners on the issue of a lack of education, which specifically refers to their lack of knowledge and skills to teach children with disabilities. All the ECD practitioners who participated in this study were fully aware of the policy guidelines with regard to the right of children with disabilities to be admitted to ordinary ECD centres. Lack of training was raised as a challenge which made it difficult for ECD centres to admit children with disabilities, as ECD practitioners would not know how to handle such children. If ECD practitioners received training in disability, it would be easy for them to invite children with disabilities (see sections 5.4.1; 5.4.2; 5.6.2 and 5.6.3). The finding by Purdue et al. (2011) that early childhood teachers and professionals denied children with diverse needs access to early childhood education because of their unwillingness to teach children with disabilities resonates with the views held by health care and social welfare professionals, special school educators and ECD practitioners themselves in this study (see section 3.4.2.2).

The interrelationships between the family and the ECD centres or special schools as microsystems making up the mesosystem of the ecological environment, can potentially have a direct negative or positive influence on the child's development, by hindering or promoting accessibility to ECD services respectively (see 3.4.2.1). According to Bronfenbrenner's theory (see section 3.3.2), the mesosystem is comprised of the interrelationships among two or more structures forming the microsystems, where caregivers, ECD practitioners and special school educators are active participants (see section 3.4.2). The interrelationships among the microsystems are established when the developing person, which in this study is the young child with a disability moves into a new setting or other such as the ECD centre or special school. However, in the event of the child being unable to access the new setting such as the ECD centre or special school due to any of the hindrances mentioned above (see section 6.4.1), interconnections between the caregivers, ECD practitioners or special school educators fallshort of being established, and the child is denied access to early learning stimulation such as that provided through ECD services. The establishment of these interactions is significant for the continuation of activities that promote the development of the child from the child's home environment to the ECD centre setting. The interactions between caregivers and other individuals in microsystems such as ECD centres indicate the extent of coordination and continuity of activities in the developmental context of the child (see section 3.3.2).

As both caregivers and ECD practitioners are expected to interact with the child, cooperation and working together between the home and ECD centres encompassing caregivers and ECD practitioners respectively is consequently of huge importance since they share their relationships with the child (see section 3.4.1). Caregivers and ECD practitioners need to be able to relate reciprocally with one other so that they have a two-way relationship as opposed to a one-way relationship, where either the ECD practitioners are expected to reach out to caregivers, or caregivers are expected to trace ECD practitioners in search of information. ECD centres through ECD practitioners need to share information relating to the admission of children as well as the services they can offer for children living with disabilities (see sections 3.4.2 and 3.4.2.1).

ECD practitioners (and/or special school educators) need to form partnerships with caregivers through which information and resources can be exchanged and managed for the efficient execution of their common role in the development of the young child. This exercise in itself might have a positive impact on the accessibility to early learning opportunities for young children with disabilities (see section 3.3.2). Caregivers can experience enhanced development of their children with the support from ECD practitioners if the latter create a welcoming environment that affords caregivers an opportunity to learn more about the developmental needs of their children (see section 3.3.2).

In terms of theme 2, i.e. socio-economic conditions/issues, participants indicated that caregivers experience financial constraints, particularly with regard to the payment of fees at the ECD centres as well as transport costs for going to rehabilitation centres and/or ECD centres (see section 6.3.2 above). Lack of financial resources adversely affects the opportunity to access ECD services, as well as rehabilitation services which are supposed to have a positive contribution towards the development of the child. Research findings reported by the WHO and World Bank indicate that people living with disabilities and their families are increasingly being subjected to adverse socio-economic conditions. The same can be said with regard to the majority of the South African society, in which poverty and inequality have been observed to be increasing at an alarming high rate (see section 3.4.4).

In terms of Bronfenbrenner's ecological systems theory (see section 3.4.4), the macrosystem is the context in which exosystems, mesosystems and microsystems are embedded, and consequently has a permeating effect on all these systems. The economic dispensation of society as one of the components of the macrosystem has an effect on the socio-economic status of individuals (see section 3.4.4). Lack of financial resources to fund the provision of ECD services was cited as one of the factors that contribute to limited access or no access at all to ECD services (see section 3.4.5). This has adversely affected families from poor socio-economic backgrounds as they do not have financial resources of their own to cater for the educational needs of their children. If the government made provision to cover the expenses that caregivers are expected to incur when they enrol their children in ECD centres, this would go a long way in promoting accessibility of ECD services by children from impoverished backgrounds and relieve their families from the financial burden (see sections 3.3.4 and 3.4.4).

Children who live in extreme poor conditions are more often than not vulnerable to exclusion and discrimination. The majority of South African young children cannot access early education programmes due to unaffordability of school fees by parents or families (see section 3.4.2.3), as supported by the finding that the caregivers would rather choose not to enrol their children in ECD centres due to financial constraints. Since the only source of income that most of these caregivers have is the social grant they receive for their children with disabilities, they are compelled by their socio-economic situation to use the social grant for the families' subsistence, instead of using some of the money for the payment of fees at the ECD centre.

It is in this regard that poverty has been observed to be both the cause and result of disability (see section 3.4.2.3). Poverty may increase the risk of disability, while disability may in turn increase the risk of poverty. The existence of disability in the family may aggravate the socio-economic situation of the family due to increased expenditure associated with the child's disability such transportation costs to the ECD centre or rehabilitation centres and consequently reduce the chances of accessing education, employment and income opportunities (see section 3.4.2.3).

Having participants in this study tell their own stories with regard to their cultural beliefs, views, values, and attitudes towards disability was significant in view of the broad ideological component of different cultural backgrounds constituted by a diversity of laws and customs (see section 3.4.4). The belief system that caregivers subscribe to, in terms of Bronfenbrenner's ecological theory (see section 3.4.4) is a constituent of the macrosystem and has an influence on how caregivers were observed to perceive disability in their children, in particular the cause of disability, which they attributed to witchcraft (see table 5.14). Whereas the macrosystem is the outermost layer of the ecological environment, its components, such as the belief system and attitudes that a particular cultural or sub-cultural group subscribes to, play a significant role in influencing the way people do things. These also impact on raising their children (see section 3.3.4) as well as dictating how interrelationships take place between and within systems such as the child's home or family and the ECD centre as microsystems in the ecological environment (see sections 3.3 and 3.3.4).

The belief system of caregivers also influences their attitude towards disability, as instead of viewing it as a health condition they perceive it as a curse that they feel ashamed of because of the cultural stigma that society attaches to it. This leads to the tendency to hide children with disabilities, which in turn adversely affects the opportunity to access ECD services provided by ECD centres. In some cultural contexts, having a child with a disability evokes negative attitudes which often results in the mother being blamed by the extended family for bringing shame to the family. The family of the child with a disability may consequently be compelled to hide the child in an endeavour to keep the disability of the child as a secret from the extended familyas well as the community. The cultural beliefs of caregivers in such instances, have the potential to thwart their children's opportunities to access ECD services, even if they are made available for them (see section 3.4.4).

The caregivers' beliefs about disability can have a significant influence in the course of action they perceive to be appropriate in addressing their children's disabilities, such as seeking help from traditional healers or expecting some miracle to happen to cure the child's disability. It is in this regard that the macrosystem is viewed as the blueprint of a specific cultural context as it determines the nature and the magnitude of the influence its component features such as cultural beliefs, values, customs and laws that individuals may be subjected to (3.3.4). The cultural value system and beliefs that caregivers or parents and other settings such as preschools, religious institutions, extended families, the neighbourhood, the community, social welfare and health systems subscribe to, as well as the resultant attitudes that they develop, have a significant influence that is capable of permeating all other ecological levels of the child's interrelationships with other systems within the ecological environment (section 3.3.4). These cultural values and beliefs may create hindrances or opportunities in the accessibility of ECD services, and thereby have a negative or positive impact on the development of young children with disabilities (see section 3.4.1.2).

### 6.4.2 Factors promoting accessibility

Each and every structure of the ecological environment has a vital role to play in the development of the child as noted by Wilson (1998). The significance of Bronfenbrenner's ecological model (see section 3.3) for this study is that the development of the child which ECD services are expected to foster, takes place within the context of community structures, situated within each other (see section 3.3). Hence the participants' perceptions and experiences with regard to the roles and responsibilities that various stakeholders have to assume, in promoting the accessibility of ECD services for young children with disabilities, re-affirm the collective contribution of the various community structures in the development of the child (see 1.6.2). Participants in this study acknowledged that the development of the child does not take place in one structure, but is the responsibility of a multitude of structures, such as education, health care and social welfare agencies (see section 1.6.2).

The interrelationships between caregivers, ECD centres and health care and social welfare agencies constitute components of Bronfenbrenner's exosystem layer of the ecological environment (see section 3.3). It is imperative that the role and responsibility of each of these stakeholders in the provisioning of ECD services be clearly defined for an effective delivery system of ECD services. The national departments of Basic Education and Social Development are expected to assume a fair share of their responsibility to establish ECD centres for children with disabilities (see section 2.5.2). Health care and social welfare professionals need to conduct disability awareness and advocacy campaigns in collaboration with ECD centres. ECD centres have the responsibility to advertise and market their services to the communities they serve (see section 6.3.4). All these responsibilities entrusted to the various stakeholders or structures are geared towards promoting the development of the child through access to ECD services provided by ECD centres.

Caregivers and special school educators highlighted the need for ECD centres to cater for the needs of children with disabilities, and looked up to the government for the establishment of ECD centres (see sections 5.4.1; 5.4.4 and 5.5.4). Although caregivers were not specific about which government department or institution should assume the role and responsibility of establishing ECD centres, special school educators considered it to be the role and responsibility of the Department of Basic Education to establish ECD centres (see sections 5.4.1 and 5.4.4). Caregivers and special school educators as active participants in their respective microsystems (see section 3.4.2), have noticed the failure or inability of the government, through its department(s), to carry out its role and responsibility in making ECD services accessible to young children with disabilities, through ECD centres (see sections 2.5.2 and 5.6.3). This observation is consistent with Bronfenbrenner’s ecological tenet (see section 3.3) regarding the interdependence of various systems on one another within the ecological environment, which acknowledges that one set of events in one setting has the potential to influence events in another setting (see sections 3.3 and 3.3.4). Lack of provision of ECD centres is perceived to be a hindrance to accessing ECD services, which can be reversed in the event of ECD centres being established by the government or specifically the Department of basic Education. Some ECD practitioners reckoned that the Department of Social Department should also have a fair share of its responsibility to establish ECD centres (see sections 1.1 and 5.6.3).

Having recognised the importance of disability awareness campaigns, health care and social welfare professionals who participated in this study acknowledged that they have the role and responsibility to reach out to caregivers of children with disabilities, as well as initiate close relationships through collaboration with ECD centres (see sections 5.3.1; 5.3.2 and 5.3.4). Interrelationships between caregivers, ECD practitioners and health care and social welfare professionals can be beneficial for the development of the child, as it is through these professionals that caregivers and ECD practitioners can be encouraged to enrol the children with disabilities in ECD centres. Such campaigns by health care and welfare professionals have the potential to empower both caregivers and ECD practitioners by enhancing their understanding of disability, so that the child's development can be positively influenced even if he/she does not participate directly in the campaigns (see sections 3.3.3 and 3.4.3).

Interrelationships within and between ecological systems as postulated in Bronfenbrenner's theory (see sections 3.3.5 and 3.4.5) invariably take place over given time periods. The time dimension therefore constitutes the main feature of Bronfenbrenner's chronosystem (see section 3.3.5) which represents a layer that cuts through all the other ecological systems, i.e. the microsystem, mesosystem, exosystem and macrosysten. In the context of this study the time dimension of the chronosytem refers to two levels, i.e. the level of the individual and the historical context involving change in the individual's environment (see section 3.3.5). On the individual level the time dimension involves the development of the child over time and the influence or effect the time dimension has on subsequent developmental changes. Key findings representing the two broad categories of factors which either hinder or promote accessibility to ECD services on the individual level (see section 6.4.1 and 6.4.2 above), can result in consistencies or developmental changes over time respectively. The development of the child with disabilities has a greater possibility of being stagnant over time in the event of lack of knowledge among caregivers and ECD practitioners who are major participants in interactions with the child; poor socio-economic conditions and cultural beliefs of caregivers, which are perceived to hinder accessibility to ECD services. Those factors which are perceived to promote accessibility to ECD services (see section 6.3.4) stand a better chance of bringing about developmental changes in the developing child with disabilities. Health care professionals who participated in this study acknowledged that the improvement in the condition of the child with disabilities is much greater when rehabilitation and stimulation are introduced when the child is younger (see section 6.3.4.3 above). The view held by Lerner and Johns (2009) seems to be consistent with the foregoing statements as they note that the early years constitute the opportune period for optimal acceleration of development, particularly the child's cognitive domain, in the event of accessing ECD services (see section 3.4.5).

Bronfenbrenner (1994) notes that the chronosystem is not only constituted by change or consistency over time in the characteristics of the developing person, but also includes change effected in the person's environment over time (3.3.5). The second level of the dimension of time, the historical context encompasses change in the individual's environment (see section 3.3.5) brought about by a diversity of factors such as the political and economic dispensation of the state. Historical factors creating barriers towards accessing ECD services in South Africa have over the years, both during the apartheid and post-apartheid era mainly revolved around a lack of the political will to assume full responsibility for the establishment of ECD centres where young children could access ECD services (see section 2.5.1). Barriers to accessing ECD services were also created by a lack of funding to make the services available for young children, including those with disabilities (see section 3.4.4). The attitude of the present democratic government in South Africa has changed considerably towards making ECD services accessible (see sections 1.1 & 2.5.2), although no concrete commitment has been witnessed to demonstrate the political will to provide infrastructure for ECD centres. However, the Department of Social Development has acknowledged that there has been lack of national infrastructure planning ever since the inception of the democratic government in 1994 (see section 2.5.2). The responsibility of establishing ECD centres has been carried by civil society and non-profit organisations (see section 2.5.1). The Department of Social Development has only gone as far as registering ECD centres (see section 2.5.2) and providing a minimal amount for the subsidisation of children enrolled at the ECD centres. Unavailability of a national infrastructure plan has adversely affected the accessibility of ECD services, particularly for children with disabilities, as private individuals and the community do not have adequate funds to establish well-resourced ECD centres, which have the capacity to accommodate children with diverse educational needs (see section 2.5.2).

Some of the key findings in this study such as the socio-economic conditions of caregivers (see section 3.4.3 and table 5.14), and the establishment of ECD centres for children with disabilities (see sections 5.4.4 & 5.5.4) are of significance to the socio-economic and political changes that have taken place over the years. These changes involve focusing considerable attention on the provisioning of ECD services (see section 3.4.5). The growing recognition of the importance of the child's early developmental phase by the present democratic government in South Africa has surfaced through the creation of an enabling environment for the provisioning of ECD services through legislative and policy initiatives by the three core department namely, the Departments of Social Development, Health, and Basic Education (see section 1.1).

Socio-economic changes that have been brought about by legislative and policy initiatives of the Department of Social Development involve the role it has assumed in making ECD services accessible to children in the birth to four year age cohort by progressively increasing its funding to subsidise children who are enrolled in registered ECD centres (see sections 1.1 & 2.5.2). The Department of Social Development in an endeavour to alleviate the financial strain suffered by caregivers of children with disabilities, especially those from poor socio-economic backgrounds, provides them with a monthly Child Dependency Grant. These social grants have gone a long way in improving the well-being of households (De Koker, De Waal, & Vorster, 2006). The socio-economic conditions of caregivers and their children who have disabilities may not have completely changed for the better. It can however not be refuted that the efforts made by the Department of Social Development have made a positive impact in providing financial support for children to access ECD services (see section 2.4.2). The Department of Basic Education has made great strides in providing ECD services to five and six year olds, who have been targeted to reach universal accessibility to ECD services prior to commencing formal education by introducing Grade R, mainly in established primary schools (see section 2.5.2).

Both the Department of Social Development and Basic Education have made recognisable efforts over the years to make ECD services available for the birth to four and five year age cohorts, respectively, including three to five year olds, which are the focus of this study (see section 2.5.2). However, the same cannot be said about children with disabilities falling within the three to five age cohort, as lack of or limited accessibility to ECD services still stands out in spite of the provisions of the Children's Act (2005). This Act has clearly identified the roles and responsibilities of the government in providing ECD services for all children including those with disabilities (see sections 1.1 and 6.3.4).

## 6.5 CONCLUDING REMARKS

In this chapter I presented the interpretation of key findings of this study as reflected in the four main themes that emerged during data analysis, namely, lack of knowledge; socio-economic conditions/issues; belief system; and the roles and responsibilities of stakeholders. The former three themes were classified under those factors which were experienced as preventing the accessibility of ECD services for young children with disabilities, while the last theme represented those factors which could promote the accessibility of ECD services for these young children. Since these factors were observed and experienced by different participant categories occupying the various ecological layers of the environment, it is befitting to qualify them as ecosystemic factors which influence the accessibility of ECD services for young children with disabilities. In view of the foregoing it can be concluded that these key findings have addressed the main aim as well as the secondary aims of the research study as indicated above.

In the next chapter I present summaries of the previous six chapters; conclusions with regard to the key findings in relation to the primary research question and secondary questions posed in section 1.4.1, as well as recommendations based on the key findings.

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# CHAPTER 7

# SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

## 7.1 INTRODUCTION

In the previous chapter I presented data interpretation with reference to the trustworthiness of the key findings, the primary and secondary aims of the study and Bronfenbrenner's ecological systems theory (1979), as it underpins this study. In this chapter I provide brief summaries of the previous six chapters and indicate the extent to which the key findings have answered the three secondary questions in order to provide answers to the primary research question as set out in section 1.4.1. Later in the chapter I present recommendations based on the key findings in this study, suggestions for future research and limitations of this study.

## 7.2 CHAPTER SUMMARIES

Brief summaries of each of the six preceding chapters are presented in the sections below, with a view to highlighting aspects of significance in the research study.

### 7.2.1 Chapter 1

The main purpose of this chapter is to give the background and set the scene for the whole research study with specific reference to the problem statement, rationale and significance of the study, posing the primary and secondary research questions, as well as setting out the main and sub-aims that the study intended to pursue. This chapter also makes a brief discussion of the kind of literature that was reviewed as well as the research methodology adopted in this study.

### 7.2.2 Chapter 2

This chapter provides a contextual framework within which the research problem and the main research aim are embedded, through the review of related literature and research studies, focusing attention on the importance of the early years and the significance of ECD services for the development of the child. Experiences that the child goes through during the early years form the basis for all subsequent learning. The quality of health, well-being, learning and behaviour throughout the human developmental cycle are determined during these early years (WHO, 2014). The chapter highlights the fact that emphasis is often laid on the ECD period, covering the 3 to 5 or 6 year age cohort as it comes immediately before formal schooling (Biersteker, 2001).

The chapter also discusses the concept ‘development’ and the various areas of development in relation to normal and atypical development. In order to shed light on how development unfolds in young children, this chapter focuses on the various child development theories which provide different theoretical perspectives within which the development of young children can be understood. The chapter concludes with a brief account of the state of ECD services provisioning in South Africa pre-1994, during the apartheid regime, as well as during the reign of the democratically elected government, post 1994. The state of ECD services in South Africa was presented in order to contextualize the research question of this study. This was intended to shed some light, firstly on the availability of ECD services, and secondly on the accessibility of these services for young children, including those with disabilities, specifically for the group of children falling within the preschool age, i. e. three to five years old.

### 7.2.3 Chapter 3

This chapter begins by acknowledging that ECD services are geared towards the holistic development of young children including those with disabilities. Various child development theories are discussed as they facilitate our understanding of how development takes place. Since development takes place in context, the greater part of the chapter focuses on Bronfenbrenner's ecological systems theory, which forms the theoretical background of this study. With the main aim of this study being to explore and identify ecosystemic factors which influence the accessibility of ECD services for young children with disabilities, the ecological systems theory seems to be the most useful and relevant in facilitating the achievement of the research aim. The ecological systems theory provides a theoretical framework which serves as a lens through which the link between the developing child and the environment can be explored (see section 3.1).

In this research study the caregivers, ECD centres, special schools, health care and social welfare agencies, the political and economic environment and cultural value/belief systems in which children with disabilities live, represent the various layers of the ecological system. Shaffer (1996) contends that these ecological systems are a significant source of influence by virtue of being the natural settings that have the potential of providing actual information as opposed to artificial information obtained from simulated situations.

The chapter also reviews the applicability of Bronfenbrenner's ecological theory through the five levels, namely the microsystem, in which the child with a disability is placed, the mesosytem, through which accessibility to ECD services is examined, and the exosystem which represents the interrelationships between caregivers and social welfare and health care professionals, as well as government policies. The review of the last two systems, namely the macrosystem and the chronosystem, is presented in relation to the cultural understanding of disability and the development of the child with a disability within the historical context in which it takes place, respectively.

### 7.2.4 Chapter 4

This chapter starts off by indicating that while Bronfenbrenner's ecological systems theory underpins this study it will also be used as a methodological framework to explore and identify ecosystemic factors which influence the accessibility of ECD services for young children with disabilities within the multi-levels of the ecological environment. The ecological systems theory has been used within the social sciences as a methodological framework, with a view to examining the dynamic relationships that exist between individuals and the social environments in which they find themselves. Environmental factors have to be considered in any instance of an inquiry, as such factors have an inherent influence over the subjects which in turn also have an influence on them (section 4.1). Having been adapted from the natural sciences, where environmental factors are taken into consideration when studying “primary subjects of the research”, the ecological systems theory is used primarily as a qualitative research perspective.

The chapter focuses on the research methodology that has been employed to explore the ecosystemic factors which influence the accessibility of ECD services for young children with disabilities will be discussed. The chapter discusses the research methodology, with reference to the following aspects: the research design, the research paradigm, the research approach, the sampling method for the selection of participants and the research sites, data collection and analysis techniques. The chapter concludes with a discussion of the four criteria of the trustworthiness of the study, namely credibility, transferability, dependability and conformability, as well as the ethical considerations which guided the study.

### 7.2.5 Chapter 5

This chapter presents the data analysis process which was done according to the various participant categories consisting of the following: special school educators, health care and social welfare professionals, who formed focus groups, caregivers and ECD practitioners. The constant comparative method was used to analyse data collected from each participant category, from which specific themes and sub-themes identified. The following themes which cut across the four participant categories were identified as the main themes: lack of knowledge; socio-economic conditions; belief system; and the roles and responsibilities of stakeholders (see Table 5.14).

### 7.2.6 Chapter 6

This chapter focuses on data interpretation of the main themes that emerged in the preceding chapter and therefore provides the meaning and significance of the four main themes, which emerged during the data analysis process in chapter five. These main themes are: lack of knowledge; socio-economic conditions; belief system; and the role and responsibilities of stakeholders and they represent the key findings of this study.

As this study is a phenomenological inquiry, the ultimate aim of this chapter is to give descriptions of the meanings participants ascribe to their lived experiences with the phenomenon under scrutiny across the various layers of the ecological environment. A synthesis of the key findings of this study is presented in relation to the main aim and sub-aims, as well as the broad theoretical framework underpinning the study-Bronfrenbrenner’s ecological systems theory (see section 6.4).

The chapter has endeavoured to address the main research aim through the sub-aims presented in chapter four. The key findings are classified under two broad categories, namely, 1) factors which prevent accessibility to ECD services and those that promote accessibility to ECD services for young children with disabilities, between the ages of 3 to 5 years old, and therefore endeavour to respond to the main aim of this study which refers to both those ecosystemic factors which negatively and positively influence the accessibility of ECD services for young children with disabilities (see section 6.4).

## 7.3 OVERVIEW OF LITERATURE AND EMPIRICAL FINDINGS

In this section I present an overview of findings gleaned from literature as set out in Chapters 2 and 3, as well as the empirical findings that emerged from data analysis and interpretation in chapters 5 and 6 respectively.

### 7.3.1 Overview of literature findings

Literature findings presented in chapter 2 mainly revolve around the importance of the child's early years of development, the importance of ECD services or ECE, as well as factors which were seen to be influencing the accessibility of ECD services for young children in general and those with disabilities in particular.

#### 7.3.1.1 Findings in relation to the importance of the child's early years of development

It has been demonstrated in research studies conducted both in South Africa and internationally that the early years between birth and age nine are crucial for development. Early childhood is conceived of as a period of "extraordinary development, but also of vulnerability" (see section 2.2). Medical research has provided evidence indicating that brain development takes place at a faster rate during the first few years of life. Hence, the early childhood experiences that a child is exposed to have an impact on the brain development and can either promote healthy development or increase the vulnerability of the child. These factors constitute environmental factors which may affect the child's future learning capacity with regard to his cognitive development and functioning (see section 2.4.2). Early childhood is generally characterised by accelerated rates of development, manifested cognitively, physically and psycho-socially. The early years of the developmental cycle of human beings have a significant effect on the child's development as they have the potential to influence the course of events throughout an individual's lifetime (UNICEF, 2006). The quality of health, well-being, learning and behaviour throughout the human developmental cycle are determined during these early years (see section 2.2). It is in this regard that a nurturing environment characterised by good health and nutrition is indispensable in building a strong foundation that will facilitate the child's transition to formal education. A nurturing environment also has the potential to reduce the chances of living in an impoverished or disadvantaged background (UNESCO). In view of the foregoing the importance of ECD goes much further than being the period which precedes and prepares children for formal schooling.

According to international policy guidelines, the period considered to cover early childhood stretches from the prenatal developmental phase to age eight (WHO & UNICEF, 2012), which in South Africa goes up to age nine. The first five years of the ECD phase serve as the foundation on which later development of the child will be built and therefore influences the developmental pace of the child, physically and mentally. As indicated earlier the period from birth to age five, which is the period just before the child is eligible to start formal schooling, i.e. kindergarten or Grade R in the South African context (The New York University Child Study Centre, n.d.), also falls within the period of the child's most profound development. Hence, emphasis is often laid on the ECD phase, i.e. from ages three to five or six as it comes immediately before the commencement of formal education (Biersteker, 2001). The focus of this study is on ECD services that are intended for all young children falling within the three to five age cohort, including young children with disabilities. Children with disabilities would also benefit from accessing ECD services hence it is more urgent for them to receive these services during the early years, in order to reverse any forces that might delay development even further (see section 2.4.1).

#### 7.3.1.2 Findings in relation to the importance of ECD services or ECE

The importance of ECD services lies in the positive impact that they make on the cognitive development of children as demonstrated by research. Jean Piaget (1896–1980) who has been influential on research and theory in the field of child development (Keenan & Evans, 2009) observed that mental growth is the most important aspect in child development as almost all other aspects of human functioning depend on the individual's cognitive capacity with specific reference to thinking ability and language usage (Trawick-Smith, 2003, p. 48).  All individuals need to have their cognitive capacity developed to their full potential, though this may vary with individuals given their variable genetic make-up (Trawick-Smith, 2014). The promotion of the holistic development of the child renders ECD services important and indispensable in the achievement of what the Bernard Van Leer Foundation (2000, p. 4) refers to as an "overall enhancement in the quality of any individual society and…the enrichment of the world society".

ECD services present children with opportunities that promote their social development through interacting with one another, thereby learning how to relate to one another, subsequently fostering the development or acquisition of interpersonal skills. When children are in the process of interacting with other children and adults, they learn to share and cooperate with others in their environments. The development of feelings of security and freedom to engage in relationships with peers and adults is fostered through gaining a positive self-concept, self-confidence and a sense of independence is nurtured through early childhood education as it improves and strengthens interactions with peers (Atmore, 1996; Morris, 1985; The New York Professional Institute, n.d.). It is in this regard that accessibility to centre-based ECD services are considered to be appropriate for children older than three years old as caregivers/parents might not have the necessary skills required to adequately promote the child's holistic development (Biersteker, 2012). Educational programmes outside the home are necessary for children falling within the three to five agecohort as they need to develop social skills and be prepared for formal learning. The phasing in of Grade R for five year olds was intended to promote universal accessibility to ECD services or ECE to facilitate the transition to formal learning (Biersteker, 2012). The ECD service package provided in public ECD centres is designed to supplement existing health and welfare services which also include early learning stimulation as set out in the National Integrated Plan for ECD (UNICEF, 2005). This bears testimony to the acknowledgement that the home environment alone cannot prepare the child adequately for the demands of formal schooling.

### 7.3.1.3 Findings in relation to factors regarded as influencing the accessibility of ECD services for young children in general and those with disabilities

The accessibility of ECD services outside the home was observed to be influenced negatively by a variety of factors both in South Africa and internationally. Although it is widely acknowledged that the first five or six years of the child are of “vital importance in the development of the young child”, the provision of affordable and quality ECD programmes was overlooked by the previous regime prior to the inception of the democratic government in 1994. A lack of involvement on the part of the previous South African regime to provide ECD services for children below the age of five, as well as funding for these services stood out as the main causes of limited accessibility to services. A report compiled for the Australian Human Rights Commission indicated that most parents lack information about what preschools are available for children with disabilities; hence do not know how to access educational services that can cater for the needs of their children with disabilities (see section 3.4.2.1). A critical examination of three case studies of how teachers and professionals in early childhood centres in Aotearoa, New Zealand, dealt with requests for admission of children with disabilities, revealed that children with disabilities were denied access to early childhood education.Teachers felt they were not trained adequatelyto teach such children, or did not have the will to do so, in spite of early childhood policy and practice guidelines clearly stipulating that teachers have the responsibility to teach children with disabilities (see 3.4.2.2). It was further reported that some of these teachers indicated that teaching young children with disabilities was the primary responsibility of the support staff, and was not part of their duty.

It was observed that young children in South Africa, including those with disabilities do not have access to ECD services because service delivery is fragmented and uncoordinated (UNICEF, 2005). In order to provide an integrated and comprehensive ECD services delivery, the South African government has since 1994 engaged in formulating legislation and policies as well as strategic planning through the three core departments entrusted with ECD service provisioning namely, the Departments of Social Development, Health, and Education and other government institutions (UNICEF, 2005). In spite of legislation and policy promulgated for the provisioning of ECD services for young children, which is expected to promote accessibility to ECD services the majority of children with disabilities continue to have limited accessibility to early childhood education (see section 1.2 ).

In order to address the plight of children with disabilities with regard to accessing educational services, the South African government, consistent with global trends in education, adopted the inclusive education system which was recognised as a system that would facilitate the delivery of educational services for children with disabilities. The Department of Education sought to implement inclusive education in South Africa through the publication of the White Paper 6 on Special Needs Education in 2001 (Department of Education, 2001c), which was envisaged to gradually phase in a non-discriminatory education system in which schools would be inclusive of all children, including those with disabilities or special needs. Through this policy the Department of Basic Education hopes to address a diversity of needs through the National Strategy on screening, identification, assessment and support (SIAS), which is still in the process of implementation as a strategy to roll out the inclusive education policy (Department of Education, 2014). However, the Department of Education has acknowledged that the focus with regard to ECD services has been mainly on basic systemic needs such as health and nutrition as they have the potential to create barriers to learning. Consequently, the implementation of SIAS to ECD to promote the accessibility of young children to early childhood education has not received much attention (see section 3.4.2.3).

In order to support the development of children with disabilities the point of departure should be premised on the recognition of practices that will include both children and their families as they have similar needs to those who are not affected by disability. They therefore need to enjoy accessibility to mainstream programmes and services including health care, child care and education. They also need extra services such as Early Childhood Intervention, which refers to a range of services and support programmes that are designed to give support to young children who are at risk of experiencing developmental delays or disabilities. These programmes include specialised services such as medical, rehabilitation, family-focused support, assistance and support to access mainstream services such as preschool and child care through referral (WHO & UNICEF, 2012). In an audit conducted on the provision of ECD services in South Africa the following were discovered:

- lack of uniformity in the implementation of ECD services by the various provincial governments;
- lack of ECD services for children with disabilities under the age of seven featured prominently; and
- poor funding of the ECD sector (Department of Education, 2001b).

The issue of lack of financial resources for implementing ECD programmes directly relates to the economic dispensation of the country. The audit conducted on ECD provisioning cited poor funding of ECD programmes to be amongst the barriers to accessing ECD services (Department of Education, 2001b). This could suggest that lack of adequate financial planning has the potential of adversely influencing accessibility to ECD services. Having identified the need for ECD, the South African government has made notable efforts to promote accessibility to ECD programmes by increasing funding for young children falling within the birth to four and five to six age groups through the Departments of Social Development and Education, respectively (Department of Basic Education, 2001a; Department of Social Development, 2009; UNICEF, 2010).

### 7.3.2 Overview of empirical findings

I have endeavoured to explore factors which prevent as well as those which have the potential to promote accessibility to ECD services to young children with disabilities, as perceived by participants in this study. This is an objective that I achieved through conducting individual and group interviews to gather relevant data. Participants identified ecosystemic factors which they perceived as creating barriers and those that could promote access to ECD services for young children with disabilities. The key findings in this study revolve around two broad groups of factors which influence the accessibility of ECD services for young children with disabilities-those hindering accessibility and those promoting accessibility to these services. The following empirical findings were made through the data analysis and interpretation processes I carried out in chapters 5 and 6, respectively.

#### 7.3.2.1 Lack of knowledge

Lack of knowledge emerged as a finding that was experienced by the different participants, which encompassed the following:

- lack of information with regard to the right of children with disabilities to education as well as where and/how to find ECD services for their children (see 3.4.2.1);
- lack of insight or understanding of the nature of disabilities; and
- lack of education on the part of ECD practitioners and caregivers.

In a research study on knowledge, attitudes and cultural beliefs of the three broad cultural groups, namely Blacks, Whites and Coloureds in South Africa, it was found that Black people “had a more superficial knowledge of disability” as compared to the other two cultural groups who” had a fairly good knowledge of disability and its causes” (see section 3.4.4). The finding in the aforementioned study is consistent with the observation by health care and social welfare professionals, special school educators and ECD practitioners that caregivers lacked understanding of disability and its causes.

Lack of education on the part of ECD practitioners specifically referred to lack of knowledge and skills to teach children with disabilities (see 3.4.2.2). Lack of education on the part of caregivers which was raised by health care professionals, special school educators, and ECD practitioners was perceived as a need to be given knowledge on disability as well as a need to learn to accept the condition of their children for what it is as opposed to perceiving it as a curse, stigma or shame that has befallen the family.

### 7.3.2.2 Socio-economic issues

The socio-economic conditions of caregivers and their families concerning lack of resources or limited resources came to the fore as the underlying factor in the creation of a disabling environment, with regard to the accessibility of ECD services for young children with disabilities. Caregivers of children with disabilities receive a monthly Care Dependency Grant (CDG) from the Department of Social Development, which is intended to alleviate the adverse economic conditions under which most families from impoverished backgrounds live. It has been noted that the CDG has improved the livelihoods of households having a child with a disability (see section 6.4.2). In a study conducted by DSD, SASSA and UNICEF (2010) on Child Support Grant (CSG) it was found that caregivers and parents acknowledge the important role that the CSG for non-disabled children plays in making ECD services accessible for their children (see section 2.4.2).

However, in certain instances the CDG and CSG turn out to be the sole income that the household receives and the whole family depends on it for their sustenance. In such cases the grant ends up not catering for some of the needs of the child with a disability, such as accessing ECD services offered at the ECD centres. In such instances no money is put aside to pay for the child at the ECD facility. Caregivers indicated that they would not enrol their children at ECD centres because the fees were unaffordable. They would rather keep their children at home as the income they receive for the CDG will be reduced if the child goes to the ECD centre (see section 6.3.2.1).

If the grant was used to cater for the needs of the child with a disability it would probably be enough to pay for expenses incurred in paying for the child at an ECD centre. In instances where the ECD centre is within walking distance from the home of the caregiver, the expense of enrolling the child at the ECD centre may not include transport costs, whereas it may be exorbitant in instances where the child needs to be transported to the centre. Lack of resources also applies to transport costs which caregivers may not afford even in the instance of having to take their children for routine rehabilitation and stimulation sessions at the health care institution. Although rehabilitation was acknowledged as an important strategy for addressing disability, some families in the Black communities were faced with transport challenges with regard to taking their children for these sessions in view of their socio-economic conditions (see section 3.4.4).

While the CDG is seen by some caregivers as a welcome relief for them to be able to enrol the child at the ECD centre, other caregivers view it as subsistence for the whole household. This results in the child missing out on the ECD services that he or she would otherwise have access to if some of the money was used for the payment of fees at the ECD centre (6.3.2.1).

Socio-economic issues have a social component relating to lack of support for caregivers. It was indicated that most of them are single mothers. The lack of support on the part of the caregiver was raised by health care and social welfare professionals, as they observed that caregivers ended up being overwhelmed by having to take all the responsibility of raising and looking after their children all by themselves with no support from their partners. They indicated that because of the emotional stress they tended to abdicate their responsibilities such as taking children for rehabilitation sessions at the health institutions, or bothering to take the children to ECD centres (see section 6.3.2.2).

### 7.3.2.3 Belief system

Various cultural, language and racial groups within the South African society subscribe to different belief systems which influence the traditional and cultural values they hold, practices and attitudes towards various issues including amongst others disability. The belief system that some caregivers subscribe to, emerged as a key finding which was observed to influence the caregivers' views on disability, its causes as well as the negative attitudes associated with it, based on how society perceives disability. This finding based on the belief system of caregivers was captured under two sub-themes, namely, traditional/cultural beliefs and attitudinal issues. Some of the caregivers strongly believed that their children's disabilities were a result of witchcraft, hence sought to address the disability in a traditional manner by getting help from traditional healers (see 3.4.4). Some caregivers believed in some sort of miracle that would happen and heal their children's disabilities. Caregivers would rather choose to wait for the traditional remedies applied on the child to cure their children's disabilities or wait for the miracle to take its course before they could consider enrolling their children at ECD centres (see section 6.3.3.1).

The beliefs held by caregivers about their children's disability have a remarkable influence on how they perceive and experience disability (see 3.4.4). Whilst caregivers seek other avenues to address their children's disabilities, the children are denied the opportunity to access ECD services, as enrolment in ECD centres has to be suspended until the alternative avenue has produced the envisaged outcome. Attributing disability to witchcraft is a common phenomenon amongst Africans (Munyi, 2012) as substantiated by findings in a research study conducted in Nigeria which indicate that Nigerians as well as Africans in general believe that disabilities are a result of witchcraft (Abosi & Koay, 2008).

Caregivers of children with disabilities were reported to be ashamed of their children as noted by health care and social welfare professionals, special school educators and ECD practitioners. Other caregivers were observed to be in denial of the fact that their children haddisabilities and consequently battled to accept their children as such. Caregivers regard the birth of a child with a disability as a curse as society stigmatises disability. It is as a result of these negative attitudes that caregivers were reported to have a tendency to hide children with disabilities from the public to avoid being discriminated against as such a child is regarded a "shame" to the whole family or the community. In most instances these negative attitudes emanate from misconceptions and a lack of understanding of what disability entails as well as how the individual's functionality may be affected by the disability. These negative attitudes towards disability are embedded in the traditional cultural values and beliefs of the community concerned (see sections 3.4.4 and 6.3.3.2).

It is as a result of the negative attitudes that children who have disabilities in early childhood are subjected to various risk factors such as poverty, stigma, discrimination, neglect as well as limited accessibility to programmes and services that the child needs (see section 2.4.1.1).

#### 7.3.2.4 The roles and responsibilities of stakeholders

As one of the key findings of this study the roles and responsibilities of stakeholders were highlighted by different participant categories and involve the following stakeholders: Departments of Basic Education, Department of Health, Department of Social Development and ECD centres themselves. Each of these government institutions and ECD centres were expected to play and execute specific roles and responsibilities respectively, as perceived by participants. In this regard participants advocated for the government to take the responsibility of ensuring that ECD services are accessible to children with disabilities too. The abovementioned finding was captured in the following categories:

- the establishment of ECD centres for children with disabilities;
- disability awareness and advocacy campaigns by health care and social welfare professionals in collaboration with ECD centres; and
- advertisement and marketing of services by ECD centres.

These categories are discussed below.

### *(i) The roles and responsibilities of the Departments of Basic Education and Social Development: Establishment of ECD centres for children with disabilities*

The establishment of special ECD centres for young children with disabilities was advocated by special school educators and the majority of caregivers. Special school educators deemed it fit for the Department of Basic Education to take the responsibility of establishing ECD centres for these children, as the department has established special schools for the formal education of school-going age children with disabilities. Since the available special schools do not admit children who are younger than six years it is necessary for the Department of Basic Education to cater for the early education of children with disabilities who are below six years old, which includes the age group that is the focus of this study i.e. three to five years old. For caregivers it did not matter which department assumed the responsibility as long as the government would assume its responsibility of establishing ECD centres for their children with disabilities. Of importance to caregivers was for the government to see to it that their children were able to attend ECD centres that would be able to look after their children, taking into consideration their conditions or disability.

Whereas the majority of special school educators and caregivers supported the establishment of special ECD centres for young children with disabilities, health care and social welfare professionals, ECD practitioners and one of the special school educators who participated in the study did not see the need for the Department of Education to establish ECD centres solely meant for children with disabilities. They advocated that young children with disabilities should be admitted to ordinary ECD centres where non-disabled children were admitted, as some of them were aware of the move by the Department of Education to roll out inclusive education as spelled out in Education White Paper 6 (Department of Education, 2001c).

It has also been clearly stipulated in the Children's Act (2005) that for an effective ECD service delivery system to be realised, core stakeholders within government such as the

Departments of Social Development, Basic Education and Health, as well as provincial and local governments should collaborate among themselves and with other stakeholders outside government such as civil and community structures. The Children's Act (2005) mandates the government to develop a well-resourced, co-ordinated and managed ECD system.

### *(ii) The roles and responsibilities of the Department of Health and Social Development: Health care and social welfare professionals*

Health care and social welfare professionals recognise the vital role they have to play and the responsibility they have, with regards to forging working relationships with ECD centres to promote the accessibility of ECD services for young children with disabilities. They conceded that they had a responsibility to initiate working relationships with ECD centres, so that they could reach out to them and sensitise them to the benefits of early intervention, with regard to the improvement on the conditions or disabilities of children, by mobilising disability awareness advocacy campaigns. In acknowledging their responsibility in collaborating with ECD centres, health care and social welfare professionals indicated that they would share with the communities the kind of services they offered, with a view to encouraging caregivers of children with disabilities to make use of their services, as well as enrol their children in ECD centres. They noted that the impact of early intervention on the condition of the child was much greater when rehabilitation and stimulation were introduced when the child was younger.

### *(iii) The role and responsibility of ECD centres*

ECD practitioners acknowledged the role they have to play as agents through which ECD services could be accessed and their responsibility towards the provision of ECD services to all young children including those with disabilities. Within the South African context, the practical provisioning of ECD services has been entrusted to ECD centres as set out in the Guidelines for ECD (UNICEF, 2007). In view of the foregoing, ECD practitioners realise the need to make the services they provide for young children to be known to the communities they serve. They therefore indicated that they had a responsibility to advertise and market their services to the public in order to facilitate an increase in the enrolment of children with disabilities. They noted that in disseminating information about the services they offered, indicating the age ranges of children they catered for, including children with disabilities could raise caregivers' awareness that their children with disabilities are eligible to be enrolled at the respective ECD centres.

However, whilst ECD practitioners recognised their responsibility in making their services known, they were concerned about not having appropriate training to handle children with disability. Their training as ECD practitioners excluded extra tuition on how to handle children with disabilities.  ECD practitioners expressed the need to be given training in dealing with children with disabilities. They considered a lack of knowledge and skills in handling children with disabilities as one of the factors which contributed to low enrolments of children with disabilities in ECD centres, and therefore a hindrance to the accessibility of ECD services for young children with disabilities. In as much as ECD centres acknowledged their role as agents for ECD services, they expressed reluctance and uneasiness in having to advertise and market their services to the public for all children, including those with disabilities because of a lack of knowledge and skills in dealing with children with disabilities.

Other participant categories also advocated for ECD centres to market their services to the public to facilitate the accessibility of ECD services to young children with disabilities. The responsibility to advertise and market the services that ECD centres can offer was noted by health care and social welfare professionals as well as special school educators. These participants also noted that it would be easier for ECD centres to advertise and market their services for all children including those with disabilities, if they had the relevant training to handle disability.

## 7.4 RESEARCH CONCLUSIONS

In this section I present the research conclusions of the study which provide answers to my initial research questions (see section 1.4.1), where I first deal with research conclusions I have reached to answer the secondary questions, and then present the answer to the main research question, which ultimately provides a comprehensive research conclusion to this study.

The following secondary questions were posed in order to answer the main research question of the study and reach conclusions in respect of the research study (see section 1.4.1):

### 7.4.1 Secondary questions

The secondary questions posed in this study guided the research process, in particular the interview process in an endeavour to elicit responses that would provide answers to the primary question which forms the basis of this study. The key findings which provided answers to these secondary questions are embedded in the main themes which emerged during the data analysis and interpretation processes in chapters 5 and 6 respectively (see table 5.14 and section 6.3).

In the section below I present three secondary questions and indicate the extent to which the key findings have answered them.

7.4.1.1 Secondary question 1: What are the reasons for the low enrolments of children with disabilities in ECD centres?

The low enrolments of children with disabilities in ECD centres are attributed to the following key findings: lack of knowledge; socio-economic conditions/issues; as well as the belief system that caregivers subscribe to. These findings constitute the group of factors which prevent accessibility to ECD services for young children with disabilities, hence contribute to the low enrolments in ECD centres (see section 6.4.1).

Lack of knowledge is presented in three different but related versions as explained earlier on (see sections 6.3.1.1; 6.3.1.2; and 6.3.1.3). Lack of knowledge on the part of caregivers refers to a lack of information about where to find ECD services for their children or not being aware that children with disabilities also have the right to education and therefore need to access ECD services provided at ECD centres (see section 2.4.1.1). When the caregiver does not know where or how to access ECD services for his/her child the only viable option is to keep the child at home. Lack of knowledge also refers to a lack of understanding of the child’s disability, which caregivers display by choosing other avenues such as spiritual or traditional healing to address their children’s disabilities instead of enrolling them at ECD centres. Lack of knowledge also means a lack of education on the part of caregivers which refers to the need to be educated on disability and accept it for what it is as opposed to seeing it as a curse or stigma as perceived by society. This practice of stigmatising disability impacts negatively on the will of caregivers to enrol their children in ECD centres. Even if they know that their children need to go to ECD centres, they are persuaded or compelled to hide children with disabilities from the public eye.

On the part of ECD practitioners, lack of knowledge refers to lack of education, which specifically means a lack of knowledge and skills to teach children with disabilities. Without the necessary knowledge and skills, ECD practitioners would not know what to do with children who have disabilities. Lack of knowledge in this regard results in ECD centres choosing not to enrol children with disabilities. Lack of training in dealing with children with disabilities adversely affects the enrolment of children with disability. Lack of training of ECD practitioners was raised as an issue of serious concern by ECD practitioners themselves, health care and social welfare professionals as well as special school educators.

Lack of knowledge, as presented in the various versions has a negative influence on the accessibility of ECD services for young children with disabilities and consequently contributes to the low enrolments in ECD centres, as children end up being kept at home, when they should actually be attending ECD centres.

The socio-economic conditions/issues emerged as another set of factors which prevent young children with disabilities from accessing ECD services and thereby contribute to low enrolments of children with disabilities in ECD centres. Socio-economic issues involve lack of or limited financial resources, transport costs, which caregivers cannot afford, as well as lack of spousal support for caregivers of children with disabilities, who in most instances are single mothers. With poverty, unemployment and inequality being so prevalent amongst most South African citizens (see section 3.4.4), it does not come as a surprise when most of the caregivers of children with disabilities find themselves unable to afford the costs of enrolling their children in ECD centres and transportation costs due to outright lack of or limited financial resources.

The fact that most of the caregivers are single mothers exacerbates their socio-economic situation as there is no other source of financial support they can depend on. In such instances of dire need caregivers have to make a choice between using the money they have for paying the ECD centre to look after their children and sharing whatever financial resources they have amongst all of them as a family. Hence the monetary social transfers the caregivers receive monthly to cater for the needs of their children are reserved for the sustenance of the family as a whole.

It is also known that research findings globally attest to the fact that most people living with disabilities and their families come from disadvantaged socio-economic backgrounds in which disability further aggravates their socio-economic status and increases the risk of poverty. Children living in poor conditions are more often than not prone to being excluded and discriminated against. It has also been documented that the majority of South African young children are prevented from accessing early education programmes as a result of unaffordability of school fees by parents or families.

The traditional /cultural belief system held by caregivers revolve around believing that disability is caused by witchcraft and must therefore be addressed through alternative avenues such as spiritual and traditional healing. Caregivers would rather choose not to enrol their children in ECD centres while their children are receiving traditional treatment hence children are kept at home and consequently prevented from accessing ECD services provided by ECD centres.

The attitudes that caregivers and society as a whole have towards disability as a result of the cultural belief system that they subscribe to, have a negative influence on how disability is viewed, and compels caregivers to hide their children because of the stigma that surrounds disability. Instead of viewing disability for what it is, it seen as a as curse that caregivers feel ashamed of and compels caregivers to keep their childlren from the public or community.

The abovementioned key findings encompass factors which exert a negative influence on the accessibility of ECD services for young children with disabilities, and have adequately answered the question posed in sections 1.4.1 and 7.4.1.1 with regard to the low enrolments of children with disabilities in ECD centres. It can therefore be concluded that these findings have provided the answers that this study sought to secure as indicated above.

#### 7.4.1.2 Secondary question 2: How can ECD centres facilitate an increase in the enrolment of children with disabilities?

ECD centres have to make their services known to the communities they serve in order to facilitate an increase in the enrolment of children with disabilities. The members of the community would ordinarily not be aware that children with disabilities can also attend the ECD centres that all other young children attend. The same can also be said of caregivers as members of the community since they are of the opinion that ordinary ECD centres in their communities are for non-disabled young children. Making their services known through marketing and advertisement of ECD centres provides the community with first-hand information on their admission requirements, ages of children they cater for as well as the kind of services they offer, and whether they cater for children with disabilities or not. Such information is imperative for caregivers as they do not have to go around looking for ECD centres that can admit their children. One of the caregivers said during the interview that she was looking for an ECD centre that could admit her daughter. There were ECD centres in the township in which she stays, but had not gone to any of them to enquire if she could enrol her daughter, because of the misconception that ordinary ECD centres are not for children with disabilities. Instead she went to make admission enquiries at a special school because of the association of disability with special schools.

ECD centres have the role to make their services accessible to all children, and should therefore take up their responsibility of providing caregivers of children with disabilities with the information they need as they navigate services for their children. This endeavour by ECD centres can make it easier for caregivers to know exactly where to get admission for their children, and can consequently facilitate an increase in the enrolment of children with disabilities in ECD centres. The conclusion that I have reached with regard to the role and responsibility that ECD centres have, is that marketing and advertising their services can positively impact on the accessibility of ECD services for children with disabilities and thereby facilitate an increase in their enrolment in ECD centres.

#### 7.4.1.3 Secondary question 3: What are the perceptions of caregivers; ECD practitioners; special school educators; and health care and social welfare professionals with regard to promoting accessibility of ECD services for young children with disabilities?

The establishment of ECD centres for children with disabilities is perceived as a strategy that could promote the accessibility of ECD services for children with disabilities. Caregivers of children with disabilities advocate the establishment of ECD centres for children with disabilities on realising that ordinary ECD centres are either unwelcoming or discriminatory with regards to children with disabilities. One of the caregivers expressed her concern about enrolling her child at the local ECD centre because she thought ECD centres were for non-disabled children. She had the perception that she would be burdening ECD practitioners with her child if she enrolled her child at the local ECD centre because she needed a lot of attention. She also thought that ECD practitioners might not have the patience to look after children such as hers, since her child was unable to do certain things for herself (see section 5.5.1). Hence the perception was created that children who have disabilities need ECD centres which are meant to cater for their needs and the government must see to the establishment of ECD centres for young children with disabilities.

Another perception with regard to promoting accessibility to ECD services involved establishing ECD centres for younger children with disabilities, because special schools cater for the formal education of older children of school-going age. In order to promote accessibility to ECD services for young children with disabilities, ECD centres catering for children with disabilities would be helpful to provide early childhood education, which according to one special school educator is less formal than the education special schools provide. She reckoned that the level of formal education offered in special schools was not appropriate for younger children (see section 5.4.1).

Disability awareness and advocacy campaigns conducted by health care and social welfare professionals in collaboration with ECD centres for members of the respective communities are perceived to have the potential to promote access to ECD services for children with disabilities. These professionals would use the opportunity to encourage caregivers of children with disabilities to make use of their professional services, as well as enrol their children in ECD centres (see section 6.3.4.2). Health care and social welfare professionals acknowledged their responsibility to collaborate with ECD centres to hold information giving and/or disability awareness and advocacy campaigns. They believed that they would be able to bridge the knowledge gap that exists among caregivers, the majority of ECD practitioners and the community at large by sharing with them the kind of services they provide for children with disabilities.

The perception underpinning these campaigns is that members of the community would benefit from the information that is shared with them regarding services that are available, to support the development of children with disabilities when admitted in ECD centres. It is hoped that these campaigns would raise their awareness of the need to enrol their children at the ECD centres (see sections 5.3.1; 5.3.2; 5.3.3; 5.3.4). This should serve as a strategy that would promote accessibility of ECD services for young children with disability as caregivers of these children would have the relevant information they need about disability and where to access ECD services. It would be even much easier for children with disabilities to access ECD services if there were sufficient health care professionals to reach out to more communities through disability awareness and advocacy campaigns.

### 7.4.2 The primary research question: What ecosystemic factors influence the accessibility of ECD services for young children with disabilities falling within the three to five age cohort?

This study has provided answers to the three secondary questions mentioned above, and it is on the basis of these answers that a comprehensive research conclusion has been reached. The ultimate answer to the primary research question is captured under two broad groups of factors, i.e. those which prevent accessibility to ECD services and those which promote the accessibility of ECD services for young children with disabilities.

In order to respond to the one part of the question that sought to find answers to factors that prevent accessibility to ECD services, the study identified a set of factors consisting of the following:

- Lack of knowledge presented in three different versions which are: lack of information; lack of understanding of disability and lack of education;
- Socio-economic conditions constituted by lack of or limited resources and lack of spousal support; and
- the belief system which encompasses traditional/cultural beliefs characterised by associating disability with witchcraft and the negative attitudes emanating from the cultural beliefs that caregivers subscribe to (see sections 6.3.3 and 7.3.2.3).

For the other part of the question that sought to find answers to factors that could promote the accessibility of ECD services, the study identified the following set of factors:

- the establishment of ECD centres for children with disabilities;
- disability awareness and advocacy campaigns conducted by health care and social welfare professionals in collaboration with ECD centres; and
- marketing and advertisement of services provided by ECD centres (see section 6.3.4 and 7.3.2.4).

The sets of factors mentioned above constitute the ecosystemic factors which this study set out to explore and identify. These are the factors which influence the accessibility of ECD services for young children and are located within the various layers of the ecological environment, namely, the microsystem, mesosystem, exosystem and the overarching macrosystem.

The significance of Bronfenbrenner's ecological model for this study is that the development of the child which ECD services are expected to foster, takes place within the context of community structures or levels of the ecological environment, embedded within each other. Each and every level of the ecological environment plays a vital role in influencing the development of the child. ECD services also play a significant role in the holistic development of young children through the provision of early learning opportunities in ECD centres. Hence, it is befitting to pursue the realisation of the main objective of this study i.e. to explore and identify ecosystemic factors which influence the accessibility to ECD services for children with disabilities. These ecosystemic factors are situated across the various levels of the ecological environment, ranging from the most immediate environments of the child with disabilities, the microsystem and the mesosystem through to the least immediate environments, the exosystem and the macrosystem of the ecological environment.

Lack of knowledge, on the part of caregivers and ECD practitioners, manifests as a factor which exerts a negative influence on the accessibility of ECD services, and is located in the microsystem, where caregivers and ECD practitioners have direct and intimate relationships with individuals making up the system, including children with disabilities. The actions of caregivers and ECD practitioners have a direct influence on the child. A caregiver who lacks information about where to find ECD services for the child or lacks understanding of the child's disability directly affects the development of the child by not looking for appropriate services that will enhance the child's development. An ECD practitioner who lacks the knowledge and skills to teach children with disabilities exerts direct negative influence on the child as he/she will not be able to access ECD services due to the practitioner's reluctance to admit the child to the ECD centre. The actions of both the caregiver and the ECD practitioner as a result of lack of knowledge prevent the child from accessing ECD services.

The interactions that result between caregivers and ECD practitioners when the latter engage in marketing and advertisement of the services provided by ECD centres constitute the mesosystem. Through marketing and advertisement of ECD centres, community members, in particular caregivers of children with disability are provided with the information they need about services that are offered in the centres. Providing information on ECD centres makes it easy for caregivers to know exactly where their children can access ECD services and this constitutes one of the factors, which can promote accessibility to ECD services.

The Departments of Basic Education and Social Development have the responsibility of establishing ECD centres to cater for children with disabilities. Health care and social welfare professionals, who are based in the Department of Health, have a responsibility to reach out to communities, through disability awareness and advocacy campaigns. The aforementioned departments represent educational, health care and social welfare agencies which are components of the exosystem. Children with disabilities influence the activities of the aforesaid agencies by virtue of having disabilities and educational needs which have to be catered for. These children are affected by what is happening in these agencies even if they do not actively participate in their activities. The establishment of ECD centres by the departments and the campaigns conducted by health care and social welfare professionals are perceived as factors which can promote accessibility to ECD services.

Socio-economic conditions and the belief system of caregivers are influenced by the broad economic dispensation and overarching cultural context representing the macrosysytem. Conditions prevailing in the macrosystem exert a negative influence on the accessibility of ECD services through the caregivers' financial constraints, cultural beliefs and negative attitudes. The effect of having no financial resources or limited financial resources, transportation means, as well as lack of spousal support are experienced by caregivers of children with disabilities as active participants in the microsystem and consequently influence how they choose to address their children's needs, including educational needs and their disabilities. In the same vein the cultural beliefs and attitudes which caregivers have are experienced in the microsystem, and ultimately influence how caregivers deal with their children's disabilities. This study found that caregivers chose not to enrol their children in ECD centres, instead followed an alternative route to address their children's disabilities, guided by their cultural beliefs. The accessibility of education is influenced by how disability is viewed in a specific context as that will determine how it is understood.

In view of the foregoing, this study has provided answers to the primary question of the study, as factors which influence accessibility to ECD services were identified within the various layers of the ecological environment.

## 7.5 RECOMMENDATIONS

The recommendations that I present in this section have taken cognisance of the key findings of this study, literature review and aims of the study. The recommendations reflect guidelines and strategies which should be carried out in order to respond to the key findings that emerged in this study as well as the aims of the study.

### 7.5.1 Recommendation 1: Use of the Road to Health Chart/Card

*It is recommended that the Department of Social Development liaise with the Department of Health to extend the use of the Road to Health Chart (RtHC), which is currently used by the Department of Health (see section 3.4.1.4) to promote the relationship between health care workers and caregivers (parents) and to monitor the health of children during the first five years. As the RtHC is also used to facilitate the early identification of signs that could be indicative of developmental and growth deficits and abnormalities, it provides an opportunity to include guidelines that caregivers need to follow to navigate ECD services available for their children with disabilities.*

The Department of Social Development needs to include relevant information in the RtHC to guide caregivers as to where to go and who to contact in the event of their children being diagnosed with certain abnormalities (disabilities) as well as information relating to comprehensive ECD services. Comprehensive ECD services refer to the ECD service package which is envisaged to be provided in public ECD centres and designed to supplement existing health and welfare services which also include early learning stimulation as set out in the National Integrated Plan for ECD (UNICEF, 2005). It is hoped that including these guidelines in the RtHC could address lack of information with regard to where caregivers need to go in order to secure the services they need for their children including early childhood education.

### 7.5.2 Recommendation 2: Interdepartmental intervention through disability awareness and advocacy campaigns

*It is recommended that the Department of Social Development collaborates with the Departments of Health and Basic Education to educate caregivers and the community at large on disability, since the Department of Social Development has played a major role in putting in place guidelines for ECD services. The three departments mentioned above need to launch a comprehensive programme through which they can unleash well-organised and rigorous disability awareness and advocacy campaigns, aimed at raising awareness and educating caregivers and the community at large on disability*.

In order to make these awareness campaigns effective health care, social welfare and special needs education professionals should work closely with caregivers of children with disabilities who are open about their children’s disabilities and have enrolled them at ECD centres, to encourage other caregivers (parents) to do the same by sharing their experiences and challenges of raising a child with a disability. The campaigns should be widely publicised so that communities in deep rural areas can be reached. Traditional leaders should be used as gatekeepers to gain access to their subordinates in villages.

Various modes of communication should be used to inform the public about these campaigns, such as the radio through different radio stations, the television and print media as well as visiting schools and ECD centres to address parents and other members of the community. Such campaigns need to be adequately funded so that they are sustainable. The three departments mentioned above should have budgets set aside so that they can contribute towards this common cause to make the campaigns sustainable.

Such intervention should be targeted at empowering caregivers of children with disabilities and the community at large with appropriate information and knowledge about disability, as well as to highlight the counterproductive effects/ outcomes of associating disability with cultural beliefs such as witchcraft so that disability can be seen as a health condition which needs medical attention and treatment.

### 7.5.3 Recommendation 3: Training of ECD practitioners in disability

*It is recommended that the Departments of Social Development and Basic Education strengthen their present efforts in the training of ECD practitioners as a matter of urgency to, facilitate the enrolment of young children in ECD centres. ECD practitioners need to be equipped with the necessary knowledge and skills to teach children with disabilities, lest children continue to miss out on early learning opportunities*.

The Department of Social Development in conjunction with the Department of Basic Education has been facilitating the training of ECD practitioners. However, their initiatives and efforts in training ECD practitioners specifically on dealing with children with disability do not appear to have covered much ground, as none of ECD practitioners who participated in this study had received training on teaching children with disabilities. Lack of training of ECD practitioners in dealing with children with disabilities was raised by health care and social welfare professionals, special school educators as well as ECD practitioners themselves. ECD practitioners need knowledge and skills that will enable them to identify and deal with barriers to learning, as well as those emanating from disability, through the implementation of intervention programmes.

### 7.5.4 Recommendation 4: Addressing socio-economic conditions/issues

*It is recommended that the Department of Social Development should fully subsidise the early education of children with disabilities.The government should through the core departments entrusted with the provisioning of ECD services, assume a decisive and leading role to see to it ECD is adequately funded, to accommodate families whose young children are already vulnerable to poverty as a result of their disabilities*.

The Care Dependency Grant (CDG) that is used as a source of sustenance in most instances is the only source of income that families have as a result of the unemployment of members of families, including those who are supposed to be breadwinners. In the face of the economic conditions that most families are living in, the CDG alone cannot cater for all the needs of children with disabilities, hence it is recommended that the government should play a leading role in funding the services, not only by providing the legislative framework to regulate the provisioning of ECD services as is presently the case.

### 7.5.5 Recommendation 5: Establishment of ECD centres for young children with disabilities - Departments of Social Development, Basic Education and Public Works

*It is recommended that the Departments of Social Development, Basic Education as well as Public Works should collaborate with one another and play a leading role in the establishment of ECD centres that will accommodate the diverse needs of all children, including those with disabilities. ECD service delivery must be led by the state.*

Where civil society and Non-Profit Organisations are willing to contribute in the establishment of ECD centres, they should be roped in as they have played a significant role in the establishment of ECD centres in the past and are still continuing to do so (see section 2.5). The Departments of Social Development and Basic Education should provide funding for the establishment of ECD centres, while the Department of Public

Works should take charge of building projects in respect of ECD centres. With the South African Education system moving towards 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 and be physically accessible so that they can accommodate the diverse needs of children.

The government should do away with the present dispensation in which it primarily fulfils a regulatory role in the provisioning of ECD services, for the purpose of subsidising those children who qualify in terms of the means test in ECD as it is actually failing young children, and in particular those with disabilities.

### 7.5.6 Recommendation 6: Vigorous advertisement and marketing of services provided by ECD centres

*It is recommended that ECD centres use various modes of communication to advertise and market their services in order to address caregivers' lack of information concerning where to enrol their children. It is recommended that ECD centres use the modes of communication to market their services suggested below.*

*ECD centres have a role in making their services accessible and therefore have the responsibility to make the services they are providing known to the communities they serve and therefore have to do the following:*

- Visit local health care institutions/centres such as hospitals and clinics where caregivers take their children for well-being check-ups, normal consultations for medical attention and rehabilitation sessions with the purpose of disseminating information about the services they are providing to young children including those with disabilities;
- ECD centres should collaborate with health care and welfare professionals to organise information days/evenings and invite community members to such occasions;

- Make use of local radio stations and print media to advertise their centres giving information on when applications for enrolment are accepted, the age ranges of children they are admitting as well as indicating that children with disabilities are welcome; and
- Distribute information pamphlets to local businesses and faith-based localities.

The abovementioned strategies recommended for ECD centres in an endeavour to advertise and market their services, need an enabling environment in order for them to come to fruition. Firstly, ECD centres need to have properly built structures which can accommodate children with disabilities in terms of physical accessibility, to allow them to use their walking devices such as, walking frames, rollators, buggies (wheelchair adapted for young children to enable them to sit up). ECD centres also need basic infrastructure such as running water, electricity and sanitation facilities, which were noted to be unavailable in most ECD centres. The foregoing will need substantial financial resources and can therefore be achieved if such resources are made available by the Department of Social Development as it has initiated the policy formulation process with regard to infrastructure.

Secondly, ECD centres can confidently advertise and market their services to the communities they serve, inviting all young children including those with disabilities, only if they have trained staff, equipped with the knowledge and skills on how to deal with children with disabilities.

The objective of presenting the abovementioned recommendations is to forge strategies that can promote the accessibility of ECD services for young children with disabilities, so that they can also enjoy the benefits that early learning stimulation can provide, as the early years represent the most opportune phase during which the child’s cognitive development can be optimally accelerated.  For children with disabilities, accessing ECD services is a call that needs urgent attention in view of the developmental lags they experience in the acquisition of cognitive, physical and psycho-social skills (see sections 2.4.1.3 & 2.4.2).

## 7.6 RECOMMENDATIONS FOR FUTURE RESEARCH

This research study confined itself to those ecosystemic factors which were perceived by participants as either negatively or positively influencing the accessibility of ECD services for young children with disabilities. The study could not explore some of the phenomena that emerged during the research process and the following suggestions are made with regard to future research:

- It is recommended that future research should delve deeper into the influence cultural beliefs have on people's perceptions of disability, what implications their perceptions have for dealing or addressing disability as well as for facilitating access to early education. There appears to be a relationship between cultural beliefs and lack of understanding of disability. There appeared to be a cause an effect relationship between cultural beliefs and lack of insight into disability which could only be inferred, but not confirmed without empirical evidence. Exploring or seeking other avenues by caregivers to address or cure the child's disability, turned out to be counterproductive to facilitating the rehabilitation and development of the child in general and only served to highlight how critical the issue of viewing disability within a culturally-based perspective is;
- This study focused on the accessibility of ECD services for children with disabilities, without considering the quality of ECD services that would be appropriate for children with disabilities and responsive to their developmental needs. Such a study is recommended in order to determine what kind of services would be appropriate to promote the development of children with disabilities;
- This study focused on disability in general without considering the nature of the disability and its severity. During my encounter with some of the caregivers, I noticed that the nature and the severity of the disability of some children could influence their access to ECD services. It is therefore recommended that further research be conducted on the influence of the nature of the disability and its severity on the accessibility to ECD services.

## 7.7 LIMITATIONS

It was envisaged that a bigger number of about eight caregivers would be recruited to constitute the sample, in order to increase the richness of the collected data. However, four caregivers were eventually recruited through convenience sampling. These caregivers were included in the sample because they were: available at the time of my visit to the health institution; satisfied the selection criteria; and also volunteered to participate in the study.

The initial method of sampling that was to be used for the constitution of a sample, i.e. snowball sampling would have posed a limitation in itself as the sample was likely to be significantly small. Convenience sampling which was eventually used in this study posed the same limitation as well, as the number of caregivers that was available on a scheduled date was also limited, seeing that health care professionals could only attend to a limited number of caregivers on any given date. Caregivers who had brought their children on the dates I visited the health care institutions could not all be recruited to constitute the sample, as some were not willing to participate, while others did not meet the criteria for selection to the sample.

## 7.8 CONCLUSION

In spite of the growing recognition of the importance of the early years of a child and early childhood education, globally and particularly in South Africa, young children with disabilities are still faced with various hurdles ranging from lack of knowledge of disability through socio-economic conditions to culturally-based beliefs and attitudes, which prevent them from accessing ECD services. There has been a proliferation of legislation, policies, strategic plans and intermittent reviews of policy and legislative initiatives to promote the provisioning of ECD services, yet their role has not been of much significance in terms of promoting accessibility to ECD services.

The Departments of Social Development, Health, and Basic Education have a key role to play in the early development, care and education of the child (UNICEF, 2005), which can be implemented if there is a clear indication of what specific responsibility each one of these departments has, as well as how funds will be secured (UNICEF, 2015). The government, through the aforementioned departments needs to play a more decisive and leading role to ensure that ECD services are accessible to young children with disabilities.

It is encouraging to note that the Department of Social Development has acknowledged that lack of a National Infrastructure Plan for ECD has weakened the policy and legislative framework initiatives that have been put in place, to create an enabling environment for ECD services, to be accessible to all young children regardless of their health status. It appears that most of the key findings which emerged as ecosystemic factors adversely influencing the accessibility of ECD services, such as lack of knowledge; socio-economic conditions, as well as those which could positively influence the accessibility of ECD services such as the establishment of ECD centres to cater for children with disabilities; disability awareness and advocacy campaigns; training of ECD practitioners and the marketing and advertisement of services offered by ECD centres, can ultimately be addressed if specific attention is focused on dealing with children with disabilities, provided financial, material and human resources are made available.

Cultural beliefs seem to have such a permeating effect on the perceptions of disability as observed across different participant categories. It was quite disturbing to note that the association of disability with witchcraft is a common phenomenon amongst African people. What I found even more disturbing were the bizarre procedures undertaken to treat or cure disabilities, which indicated how deep lack of understanding of disability was, on the part of both the caregivers and the traditional experts who purported to know how to deal with disability. The sad thing about the whole issue was that these children ended up in hospital wards for medical personnel to reverse the effects of the damage traditional treatment had inflicted on children, even worsening the condition of the disability.

The fact that society stigmatises disability to the extent of compelling caregivers/families of these children to hide them, even if it means missing out on services that are supposed to promote the children's development is worrying, and calls for more in-depth investigation into what can be done to curb such tendencies and prevent them from holding the development of young children to ransom.

I chose not to specify the nature and severity of disability that the research would focus on, and opted for the inclusion of all forms of disability. Focusing attention on specific disabilities, while excluding other forms of disability, would be tantamount to excluding some children with disabilities on the basis of the nature or severity of their disabilities. Hence, I chose to focus on disability in young children regardless of the nature or the level of severity of the disability.

I had expected the caregivers of children with severe disabilities to regard their children illegible for early childhood education, but I was both surprised and encouraged to learn that the caregivers of these children were eager to have their children admitted to ECD centres, that would be able to cater for their needs. Caregivers of these children were not demoralised by either the nature or severity of their children's disability. It can only be hoped that the Department of Social Development having raised the need for a National Infrastructure Plan for ECD, that caregivers of children with disabilities will benefit from the venture envisaged by the government, and have access to ECD services they so much desire for their children.

Including up to four different participant categories in the study, appeared daunting at the beginning of the fieldwork, but became less so, as subsequent interview sessions went on smoothly. Focus groups were the most valuable in terms of the comprehensiveness of information, as they interact closely with caregivers of children with disabilities, and in some instances with ECD practitioners. Interviews with focus groups actually made the highlight of the data collection process in view of the dynamics of group interactions. The decision to include health care and social welfare professionals proved to be a step in the right direction as working closely with caregivers exposed them to diverse perceptions that caregivers had about disability, its causes as well as how some of them went about ‘treating’ these disabilities. They were able to share their experiences with these caregivers from which factors influencing the accessibility of ECD services for young children with disabilities emerged. On the whole, all participants were able to share invaluable information that contributed to answering both the primary and secondary questions posed in this research study. This made me realise that my choice of the research problem was not irrelevant, and investigating the problem using the qualitative research approach was the best decision I made in view of the quality of the data I was able to gather from participants.

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# APPENDICES

**APPENDIX A**

Request to conduct research at institutions/centres of health care: Hospitals and clinics falling within the department of health

**APPENDIX B**

Permission request to conduct research: Department of Education

**APPENDIX C**

Permission request to conduct research: Department of Social Development

**APPENDIX D**

Health and welfare professionals: Informed consent letter

**APPENDIX E**

Reply slip for health care and social welfare professionals

**APPENDIX F**

ECD practitioners informed consent letter

**APPENDIX G**

Reply slip for ECD practitioners

**APPENDIX H**

Special school educators: Informed consent letter

**APPENDIX I**

Reply slip for special school educators

**APPENDIX J**

Caregivers: informed consent letter

**APPENDIX K**

Reply slip for caregivers

**APPENDIX L**

Draft interview schedule for semi-structured interview

# APPENDIX A

**University of Pretoria**
Pretoria 0002 Republic of South Africa Tel (012) 420-4111
Fax (012) 362-5168 / 362-5190 *http://www.up.ac.za*

**Faculty** of Education
**Early Childhood Education**

2014-06-06

HEAD OF THE DEPARTMENT
DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT
PRIVATE BAG
POLOKWANE
0700

Dear Sir

**REQUEST TO CONDUCT RESEARCH AT INSTITUTIONS/CENTRES OF HEALTH CARE: HOSPITALS AND CLINICS FALLING WITHIN YOUR DEPARTMENT**

I am hereby asking for permission to conduct my proposed research project at some of the health care institutions and centres which fall under the jurisdiction of your department in the Capricorn District.I am currently enrolled with the University of Pretoria for the Ph. D degree programme. I need to conduct a research project in partial fulfilment of the requirements of this degree programme. My field of study is based on the accessibility of pre-schools to young children with disabilities.

**My research topic is: Ecosystemic factors influencing the accessibility of Early Childhood Development services for young children with disabilities.**I would like to conduct this research project because of the observation that most young children are often not able to access Early Childhood Services in the form of early childhood education, and particularly those children who have disabilities. According to the Bill of rights as spelled out in the South African Constitution, education is a basic right of every individual who is a citizen of this country. Education is a right that is inherently deserved by these young citizens as well since learning starts at birth. 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 majority of these young children attend periodic rehabilitation and stimulation sessions with the various therapists at the health care centres, but lack access to early childhood education.

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 care welfare professionals who will be able to participate in the study. Possible participants will include health professionals such as occupational therapists, speech and hearing specialists, physiotherapists, primary health care nursing personnel, clinical psychologists, as well as social workers. I therefore need your permission to conduct interviews with these health care and welfare professionals at the selected hospitals, clinics or health centres where these professionals work.

All the information gathered will be treated as confidential and the anonymity of participants as well as that of the institutions will be maintained. Participants have the right to withdraw from the research project at any stage of the project and will consequently not be penalised. The interaction with possible participants will take place outside their official hours of duty.

The research results will be made available on request after the completion of the research project and publication of the thesis. 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. Further note that the results may be shared with other professionals in articles or conference presentations

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. Should you require any additional information, you may contact me at 082 782 5102 or at the following e-mail address: nthabisengtm@vodamail.co.za

Thank you.

Yours sincerely

| Researcher | Supervisor |
|---|---|
| Joyce Nthabiseng B Mailwane | Dr MG Steyn |
| PhD Student | Senior Lecturer |
| Department of Early Childhood Education | Department of Early Childhood Education |
| University of Pretoria | University of Pretoria |
| 015 291 2063 | (012) 420-5289 |
| 082 782 5102 | 08 2202 2133 |

# APPENDIX B

University of Pretoria
Pretoria 0002 Republic of South Africa Tel (012) 420-4111
Fax (012) 362-5168 / 362-5190 *http://www. up.ac.za*

**Faculty** of Education
Early Childhood Education

2014-06-06

HEAD OF THE DEPARTMENT
DEPARTMENT OF EDUCATION
PRIVATE BAG X9469
POLOKWANE
0700

DEAR SIR/ MADAM

**REQUEST TO CONDUCT RESEARCH AT INSTITUTIONS OF LEARNING REGISTERED WITH YOUR DEPARTMENT: PRE- SCHOOLS AND SPECIAL SCHOOLS**

I am hereby asking for permission to conduct my research study at some of the pre-schools which fall under the jurisdiction of your department in the Capricorn District.I am currently enrolled with the University of Pretoria for the Ph. D degree programme. I need to conduct a research project in partial fulfilment of the requirements of this degree programme. My field of study is based on the accessibility of pre-schools to young children with disabilities.

**My research topic is: Ecosystemic factors influencing the accessibility of Early Childhood Development services for young children with disabilities.** I would like to conduct this research project because of the observation that, most young children are often not able to access Early Childhood Services in the form of early childhood education, and particularly those children who have disabilities.  According to the Bill of rights as spelled out in the South African Constitution, education is a basic right of every individual who is a citizen of this country. Education is a right that is inherently deserved by these young citizens as well since learning starts at birth. 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 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 ECD practitioners in special schools and ECD centres/sites respectively, for which I need your permission. I am also asking for permission to use the ECD sites and special schools as the main sites for conducting the interviews.

All the information gathered will be treated as confidential and the anonymity of participants as well as that of the institutions will be maintained. Participants have the right to withdraw from the research project at any stage of the project and will consequently not be penalised. The interaction with possible participants will take place outside their official hours of duty.

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.  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. Further 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. In the event of you requiring additional information, you may contact me at 082 782 5102 or at the following e-mail address:nthabisengtm@vodamail.co.za

Thank you.
Yours sincerely

| | |
|---|---|
| Joyce Nthabiseng B Mailwane | Dr. M.G. Steyn |
| Researcher | Supervisor |
| PhD Student | Senior Lecturer |
| Department of Early Childhood Education | Department of Early Childhood Education |
| University of Pretoria | University of Pretoria |
| 015 291 2063 | (012) 420-5289 |
| 082 782 5102 | 08 2202 2133 |

# APPENDIX C

**University of Pretoria**

Pretoria 0002 Republic of South Africa Tel (012) 420-4111
Fax (012) 362-5168 / 362-5190 *http://www.up.ac.za*

**Faculty** of Education
Early Childhood Education

10 November 2014

HEAD OF THE DEPARTMENT
DEPARTMENT OF SOCIAL DEVELOPMENT
PRIVATE BAG
POLOKWANE
0700

Dear Sir

**REQUEST TO CONDUCT RESEARCH AT INSTITUTIONS/CENTRES/OFFICES OF SOCIAL WELFARE FALLING WITHIN YOUR DEPARTMENT**

I am hereby asking for permission to conduct my proposed research project at some of the health care institutions and centres which fall under the jurisdiction of your department in the Capricorn District. I am currently enrolled with the University of Pretoria for the Ph. D degree programme. I need to conduct a research project in partial fulfilment of the requirements of this degree programme. My field of study is based on the accessibility of pre-schools to young children with disabilities.

**My research topic is: Ecosystemic factors influencing the accessibility of Early Childhood Development services for young children with disabilities.** I would like to conduct this research project because of the observation that most young children are often not able to access Early Childhood Services in the form of early childhood education, and particularly those children who have disabilities. According to the Bill of rights as spelled out in the South African Constitution, education is a basic right of every individual who is a citizen of this country. Education is a right that is inherently deserved by these young citizens as well since learning starts at birth. 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 majority of these young children attend periodic rehabilitation and stimulation sessions with the various therapists at the health care centres, but lack access to early childhood education.

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 care welfare professionals who will be able to participate in the study. Possible participants will include health professionals such as occupational therapists, speech and hearing specialists, physiotherapists, primary health care nursing personnel, clinical psychologists, as well as social workers. I therefore need your permission to conduct interviews with these health care and welfare professionals at the selected hospitals, clinics or health centres where these professionals work.

All the information gathered will be treated as confidential and the anonymity of participants as well as that of the institutions will be maintained. Participants have the right to withdraw from the research project at any stage of the project and will consequently not be penalised. The interaction with possible participants will take place outside their official hours of duty.

The research results will be made available on request after the completion of the research project and publication of the thesis. 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. Further note that the results may be shared with other professionals in articles or conference presentations

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. Should you require any additional information, you may contact me at 082 782 5102 or at the following e-mail address: nthabisengtm@vodamail.co.za

Thank you.

Yours sincerely

| | |
|---|---|
| Joyce Nthabiseng B Mailwane | Dr. M.G. Steyn |
| Researcher | Supervisor |

## APPENDIX D

**University of Pretoria**

Pretoria 0002 Republic of South Africa Tel (012) 420-4111

Fax (012) 362-5168 / 362-5190 *http://www. up.ac.za*

**Faculty** of Education
Early Childhood Education
2014

Dear Sir/Madam

### INFORMED CONSENT LETTER: HEALTH CARE AND SOCIAL WELFARE PROFESSIONALS

I am a PhD student at the University of Pretoria. I need to conduct a research project in partial fulfillment 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.** 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.**

I would like to conduct this research project because of the observation that, most young children, particularly those who have disabilities, are often not able to access Early Childhood Services in the form of early childhood education. According to the Bill of rights as spelled out in the South African Constitution, education is a basic right of every individual who is a citizen of this country. Education is a right that is inherently deserved by these young citizens as well. 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.

In view of the information provided above, you are requested to participate in this research project. The participation that is requested from you involves responding to a set of questions that you will be asked in a group interview, which will be video-taped in order to capture the interactive responses between members of the group. The interview will be conducted at your place of employment or at any other venue that is suitable and can afford you privacy. The interview will last for about 50-60 minutes.

The research project will have no direct benefit to you, but your input will contribute to the identification of factors which create barriers to accessibility of ECD services (early childhood education) for young children with disabilities, as well as those factors which can facilitate or promote access to these services in ECD centres or pre-schools.

The following ethical principles will be observed during the research project and the researcher carries full responsibility to ensure that ethical standards are adhered to at all times:

- ✓ Participation in this study is voluntary and you may withdraw your participation at any time without any negative consequences and the data would be destroyed should you withdraw.
- ✓ All enquiries that participants might have will be addressed to ensure that they are fully informed of all aspects of the research project to enable them to give informed consent in participating in the study.
- ✓ All information will be treated with the strictest confidence and your personal particulars and identity will not be divulged to any person.

The research results will be made available on request after the completion of the project. 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. Results may also be shared with other professionals in articles or conference presentations and all persons who will have access to the research data will be identified.

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 Reply slips accompanying the *Informed Consent Letter*, one for giving consent to participate in the research project and the other to give consent to have the proceedings of the group interview video-taped. Kindly let me know when you have made your decision with regard to your participation in the research project, so that I can collect the Reply Slips.

Should you require any additional information, you are welcome to contact me at 082 782 5102 or at the following e-mail address: nthabisengtm@vodamail.co.za

Yours sincerely

| | |
|---|---|
| Joyce Nthabiseng Mailwane | Dr. M.G. Steyn |
| Researcher | Supervisor |

# APPENDIX E

## CONSENT TO PARTICIPATE IN THE RESEARCH PROJECT: HEALTH CARE AND SOCIAL WELFARE PROFESSIONALS

INFORMED CONSENT: REPLY SLIP

I………………………………..hereby give /do not give consent of participation in the abovementioned research project. I understand that I can withdraw at any stage of the research project and that my identity will not be disclosed.

Signature: Participant ………………………….. Researcher: ………………………..

Date: ………………………

## CONSENT TO VIDEO-TAPING OF THE GROUP INTERVIEW: HEALTH CARE AND SOCIAL WELFARE PROFESSIONALS

INFORMED CONSENT: REPLY SLIP

I………………………………..hereby give /do not give consent for the group interview to be video-taped as the researcher needs to watch and listen to the video clip at a later stage, so that the interview can be transcribed for the analysis of the data obtained from the group- interview session. I understand that I can withdraw at any stage of the research project and that my identity will not be disclosed.

Signature: Participant ………………………….. Researcher: ………………………..

Date: ………………………

# APPENDIX F

**University of Pretoria**
Pretoria 0002 Republic of South Africa Tel (012) 420-4111
Fax (012) 362-5168 / 362-5190 *http://www. up.ac.za*
**Faculty** of Education
Early Childhood Education
2014

Dear Sir/ Madam

## INFORMED CONSENT LETTER: ECD PRACTITIONERS

I am a PhD student at the University of Pretoria. I need to conduct a research project in partial fulfillment 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.** The main aim of the research project is to explore and identify factors that influence the accessibility of ECD services for young children with disabilities.

I would like to conduct this research project because of the observation that, most young children, particularly those who have disabilities, are often not able to access Early Childhood Development Services in the form of early childhood education. According to the Bill of rights as spelled out in the South African Constitution, education is a basic right of every individual who is a citizen of this country. Education is a right that is inherently deserved by these young citizens as well. 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.

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, which will be recorded with a voice recorder. The interview will be conducted at your place of employment or at any other venue that is suitable and can afford you privacy. The interview will last for about 45-50 minutes.

The research project will have no direct benefit to you, but your input will contribute to the identification of factors which create barriers to accessibility of ECD services (early childhood education) for young children with disabilities, as well as those factors which can facilitate or promote access to these services in ECD centres or pre-schools.

The following ethical principles will be observed during the research project and the researcher carries full responsibility to ensure that ethical standards are adhered to at all times:

- ✓ Participation in this study is voluntary and you may withdraw your participation at any time without any negative consequences and the data would be destroyed should you withdraw.
- ✓ All enquiries that participants might have will be addressed to ensure that they are fully informed of all aspects of the research project to enable them to give informed consent in participating in the study.
- ✓ All information will be treated with the strictest confidence and your personal particulars and identity will not be divulged to any person.

The research results will be made available on request after the completion of the project. 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. Results may also be shared with other professionals in articles or conference presentations and all persons who will have access to the research data will be identified.

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 Reply slips accompanying the *Informed Consent Letter*, one for giving consent to participate in the research project and the other to give consent to have the proceedings of the interview audio-taped. Kindly let me know when you have made your decision with regard to your participation in the research project, so that I can collect the Reply Slips.

Should you require any additional information, you may contact me at 082 782 5102 or at the following e-mail address: nthabisengtm@vodamail.co.za

Kind regards

| | |
|---|---|
| ______________________ | ______________________ |
| Joyce Nthabiseng B Mailwane | Dr M.G. Steyn |
| Researcher | Supervisor |

# APPENDIX G

## CONSENT TO PARTICIPATE IN THE RESEARCH PROJECT: ECD PRACTITIONERS

INFORMED CONSENT: REPLY SLIP

I………………………………..hereby give /do not give consent of participation in the abovementioned research project. I understand that I can withdraw at any stage of the research project and that my identity will not be disclosed.

Signature: Participant ………………………….. Date: ……………………………

## CONSENT TO AUDIO-TAPING OF THE INTERVIEW: ECD PRACTITIONERS

INFORMED CONSENT: REPLY SLIP

I………………………………..hereby give /do not give consent for the interview to be audio-taped as the researcher needs to listen to the audio clip at a later stage so that the interview can be transcribed for the analysis of the data obtained from the interview session. I understand that I can withdraw at any stage of the research project and that my identity will not be disclosed.

Signature: Participant ………………………….. Researcher: ………………………..

Date: ………………………

# APPENDIX H

AD DESTINATUM PERSEQUOR
**University of Pretoria**
Pretoria 0002 Republic of South Africa Tel (012) 420-4111
Fax (012) 362-5168 / 362-5190 *http://www. up.ac.za*

**Faculty** of Education
Early Childhood Education
2014

Dear Sir/ Madam

## INFORMED CONSENT LETTER: SPECIAL SCHOOL EDUCATORS

I am a PhD student at the University of Pretoria. I need to conduct a research project in partial fulfillment 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.** The main aim of the research project is to explore and identify factors that influence the accessibility of ECD services for young children with disabilities.

I would like to conduct this research project because of the observation that, most young children, particularly those who have disabilities, are often not able to access Early Childhood Development Services in the form of early childhood education. According to the Bill of rights as spelled out in the South African Constitution, education is a basic right of every individual who is a citizen of this country. Education is a right that is inherently deserved by these young citizens as well. 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.

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, which will be recorded with a voice recorder. The interview will be conducted at your place of employment or at any other venue that is suitable and can afford you privacy. The interview will last for about 45 -50 minutes.

The research project will have no direct benefit to you, but your input will contribute to the identification of factors which create barriers to accessibility of ECD services (early childhood education) for young children with disabilities, as well as those factors which can facilitate or promote access to these services in ECD centres or pre-schools.

The following ethical principles will be observed during the research project and the researcher carries full responsibility to ensure that ethical standards are adhered to at all times:

- ✓ Participation in this study is voluntary and you may withdraw your participation at any time without any negative consequences and the data would be destroyed should you withdraw.
- ✓ All enquiries that participants might have will be addressed to ensure that they are fully informed of all aspects of the research project to enable them to give informed consent in participating in the study.
- ✓ All information will be treated with the strictest confidence and your personal particulars and identity will not be divulged to any person.

The research results will be made available on request after the completion of the project. 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. Results may also be shared with other professionals in articles or conference presentations and all persons who will have access to the research data will be identified.

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 Reply slips accompanying the *Informed Consent Letter*, one for giving consent to participate in the research project and the other to give consent to have the proceedings of the interview audio-taped. Kindly let me know when you have made your decision with regard to your participation in the research project, so that I can collect the Reply Slips.

Should you require any additional information, you may contact me at 082 782 5102 or at the following e-mail address: nthabisengtm@vodamail.co.za

Kind regards

| | |
|---|---|
| Joyce Nthabiseng B Mailwane | Dr M.G. Steyn |
| Researcher | Supervisor |

# APPENDIX I

**CONSENT TO PARTICIPATE IN THE RESEARCH PROJECT: SPECIAL SCHOOL EDUCATORS**

INFORMED CONSENT:  REPLY SLIP

I………………………………..hereby give /do not give consent of participation in the abovementioned research project. I understand that I can withdraw at any stage of the research project and that my identity will not be disclosed.

Signature: Participant ………………………….. Date: ……………………………

**CONSENT TO AUDIO-TAPING OF THE INTERVIEW: SPECIAL SCHOOL EDUCATORS**

INFORMED CONSENT:  REPLY SLIP

I………………………………..hereby give /do not give consent for the interview to be audio-taped as the researcher needs to listen to the audio clip at a later stage so that the interview can be transcribed for the analysis of the data obtained from the interview session. I understand that I can withdraw at any stage of the research project and that my identity will not be disclosed.

Signature: Participant ………………………….. Researcher: ………………………..
Date: ………………………

# APPENDIX J

AD DESTINATUM PERSEQUOR
University of Pretoria
Pretoria 0002 Republic of South Africa Tel (012) 420-4111
Fax (012) 362-5168 / 362-5190 *http://www. up.ac.za*
**Faculty** of Education
Early Childhood Education
2014

Dear Sir/ Madam

## INFORMED CONSENT LETTER FOR CAREGIVERS

You are hereby requested to participate in the research study that I will be conducting based on the following research topic: **Ecosystemic factors influencing the accessibility of Early Childhood Development services for young children with disabilities.** The main aim of the research study is to explore and identify factors that influence the accessibility of ECD services for young children with disabilities. All young children need to have access to ECD services in the form of early childhood education as it is their basic right as spelled out in the South African Constitution. It has however, been observed that most young children have no access to ECD services as they do not attend pre-school, particularly those young children who have disabilities.

The participation that is requested from you involves responding to a set of questions that you will be asked in an interview, which will be recorded with a voice recorder. The interview which is expected to take about 45-50 minutes will be conducted at your place of residence or at any other venue that is suitable and can afford you privacy. Permission will be sought from you to take photos (still pictures) of the structural features of your dwelling. The purpose of taking photos of the structural features of your home is to use the photos as artefacts in the research report, reflecting challenges and /or facilitative factors, relating to the physical accessibility of your home.

The research study will have no direct benefit to you, but your input will contribute to the identification of factors which create barriers to accessibility of ECD services (early childhood education) for young children with disabilities, as well as those factors which can facilitate or promote access to these services in ECD centres or pre-schools.

The following ethical principles will be observed during the research project and the researcher carries full responsibility to ensure that ethical standards are adhered to at all times:

- ✓ Participation in this study is voluntary and you may withdraw your participation at any time without any negative consequences and the data would be destroyed should you withdraw.
- ✓ All enquiries that participants might have will be addressed to ensure that they are fully informed of all aspects of the research project to enable them to give informed consent in participating in the study.
- ✓ All information will be treated with the strictest confidence and your personal particulars and identity will not be divulged to any person.

The research results will be made available on request after the completion of the project. 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. Results may also be shared with other professionals in articles or conference presentations and all persons who will have access to the research data will be identified.

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 Reply slips accompanying the *Informed Consent Letter*, one for giving consent to participate in the research project and the other to give consent to have the proceedings of the interview audio-taped.

Kindly let me know when you have made a decision with regard to your participation in the research project, so that I can collect the Reply Slips.

Should you require any further information, you may contact me at 082 782 5102 or at the following e-mail address: nthabisengtm@vodamail.co.za

Kind regards

| | |
|---|---|
| Joyce Nthabiseng B Mailwane | Dr M.G. Steyn |
| Researcher | Supervisor |

# APPENDIX K

## CONSENT TO PARTICIPATE IN THE RESEARCH PROJECT: CAREGIVERS

INFORMED CONSENT:  REPLY SLIP

I………………………………..hereby give /do not give consent of participation in the abovementioned research project.  I understand that I can withdraw at any stage of the research project and that my identity will not be disclosed.

Signature: Participant ………………………….. Date: ………………………

## CONSENT TO AUDIO-TAPING OF THE INTERVIEW: CAREGIVERS

INFORMED CONSENT:  REPLY SLIP

I………………………………..hereby give /do not give consent for the interview to be audio-taped as the researcher needs to listen to the audio clip at a later stage, so that the interview can be transcribed for the analysis of the data obtained from the interview session. I understand that I can withdraw at any stage of the research project and that my identity will not be disclosed.

Signature: Participant ………………………….. Researcher: ………………………..
Date: ………………………

# APPENDIX L

**The manner in which questions will be phrased will be basically the same. However, there will be a slight variation depending on whether the question is directed to the caregivers or the other participants, i.e. ECD practitioners, special education teachers and members of the focus groups**

## SEMI-STRUCTURED INTERVIEW SCHEDULE

**In the letter requesting you to participate in this research study, I indicated that your participation, involves responding to a set of questions that I will ask you. The interviews will be audio-taped/video-taped as I have to listen and/or watch the tapes at a later stage, in order to make transcriptions of the interviews for analyzing them. The questions are as follows:**

A. Please tell me about the nature of the condition(s) or disability that your child has (or children present with).
B. Are there any ECD Centres/pre-schools and special schools which admit young children with disabilities in this/your village?
C. What kind of services does your child or (do children) need for the condition/disability s/he has (they have)? Are they available in or around your /this village?
D. Why is your child (or children) not able to attend the ECD centres /pre-schools or a special school in or around your village? /What are the reasons for the low enrolments of children with disabilities in ECD centre?
E. What makes it difficult for you to get those services for your child or attend the ECD centre/preschool in your village? /What makes it difficult for young children to access ECD services or attend ECD centres/pre-schools?
F. What would make it easier for your child (children) to get those services or attend the pre-school in your village? /How can ECD centres facilitate an increase in the enrolments of children with disabilities in ECD centres?
G. What is the government doing (particularly the Departments of Basic Education, Health and Social Development) to ensure that ECD services are accessible to young children with disabilities.