“...because of the invisible nature of the (hearing) impairment, and the general lack of understanding regarding the full impact of hearing impairment upon learning, there is always a need for individuals to work for the child, to ensure that his or her needs as a learner with hearing impairment are not marginalized or overlooked.” (English, 1995:12).

1.1 INTRODUCTION

Education of the child with hearing loss does not merely translate into regular education practices imposed on children with hearing loss. Some unique pedagogic methods feature in the education of children with hearing loss in order to accommodate the child’s unique barrier to learning due to his/her sensory impairment (Bess & McConnell, 1981; Bunch, 1987; English, 1995; Lynas, 1994; Moores, 1996; Sanders, 1988; White, 1981).

Children, except children exclusively immersed in signing environments, learn language primarily through the auditory pathways (English, 1995; Lynas, 1994). If the child’s input is distorted or inconsistent, as a result of the hearing loss, the child may experience a variety of linguistic difficulties such as articulation deficits, vocabulary deficits, delayed syntax development, and inappropriate use of abstract language. These linguistic deficits may have a direct effect upon the child’s cognitive development, as well as on the development of his/her social skills (Bench, 1992; Bess & McConnell, 1981; English, 1995; Johnson, Benson & Seaton, 1997 and Tucker & Nolan, 1984). Therefore, the linguistic, cognitive and social challenges have to be addressed in the classroom, in order for the child to maximally benefit from educational
efforts. These obstacles have to be addressed by educational practices most suitable for children with hearing loss.

The following features distinguish the educational practices most suitable for a child with hearing loss from the education practices for a hearing child and were identified and compiled from various literature sources (Bunch, 1987; English, 1995; Lynas, 1994; Moores, 1996; White, 1981). These features are listed below:

- There is a far greater emphasis on the mastery of language. A language deficit is one of the main barriers caused by hearing loss, and negatively interferes with all acquisition and processing of academic knowledge. Three basic methods of language instruction exist, and depending on the schools language policy, primarily one of these methods may usually be adopted. Although a heated debate exists among professionals and non-professionals on the best method for language and communication instruction, each method has its rightful place in the education of children with hearing loss. The three basic methods of language and communication instruction identified from literature are: the oral method (also known as the oral-aural method); the total communication method; and the bilingual-bicultural method.

- Attention is given to the improvement of the child’s speech intelligibility through instruction in areas such as articulation, respiration, phonation and intonation. Not all schools include the improvement of speech intelligibility in the classroom; for example schools that only rely on the teaching of signs will not give attention to this skill.

- Focus is placed on the maximum utilisation of the child’s residual hearing. The maximum utilisation of residual hearing is achieved, inter alia, by: early identification of hearing loss, fitting with hearing aids and other assistive devices, intensive auditory training and parent guidance. Although schools vary in their dedication towards the utilisation of the child’s residual hearing, most schools at the least do provide learners with hearing aids.
At some schools, such as those that rely on visual teaching, learners are trained in the skill of **speech reading**, previously known as lip-reading. Learners are taught how to employ situational and motivational variables to visually decipher the speaker's spoken message.

Much more time and effort is spend on learners' acquisition of **literacy** skills. The reduced amount of information obtainable through the child’s hearing necessitates that the child with hearing loss have access to knowledge, general and academic, in written format.

The above-mentioned differences in education practices testify that, although the objectives of education prescribe that children with hearing loss be the same as those desired by society for all children, hearing loss presents unique challenges that require unique educational practices (Lynas, 1994). Nevertheless, education of children with hearing loss should be of the highest standard and teachers must be committed to excellence and help children to achieve their highest academic potential (Moores, 1996).

Education should always be viewed within context and therefore the question arises whether the development of education of children with hearing loss in South Africa compares with the development in other countries. Reviewing literature on the international evolvement of the education of children with hearing loss (Clark, 1997; Lynas, 1994; Moores, 1996), close parallels can be drawn to the education of children with hearing loss in South Africa. South Africa has mainly followed the same course of development as the United States of America and European countries. To understand the present-day situation in the education of the child with hearing loss, it is necessary to consider developments in the past. A distinct difference in the development of South African schools for children with hearing loss is that it was entrenched in apartheid ideology since 1934 until the early nineties. The apartheid educational policies separated schools for the White population from schools for other races. One of the consequences of the separation was that the schools for White learners with hearing loss enjoyed much more governmental assistance such as financial, resources, educational support, et cetera, than schools for other races.
A summary of the historical development of education of children with hearing loss in South Africa follows after a brief outline in Table 1.1.

Table 1.1: Outline of the historical development of education of children with hearing loss in South Africa [compiled from: Department of Education and Training (1992); Mocke (1971); Penn (1993) and Van der Merwe (1995)].

<table>
<thead>
<tr>
<th>Year</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>1863</td>
<td>Initially, schools were started and funded by churches. First school founded by Roman Catholic nuns in Cape Town, they adhered to a manual approach with little emphasis on oral instruction. Nuns founded another school in Worcester with the same instructional approach.</td>
</tr>
<tr>
<td>1881</td>
<td>School for children with hearing loss (later named De la Bat School) was founded by Dutch Reformed Church in Worcester, they relied on a manual approach (finger spelling).</td>
</tr>
<tr>
<td>1913</td>
<td>Schools were acknowledged as separate from regular schools and could apply for minimal subsidies from the government.</td>
</tr>
<tr>
<td>1920</td>
<td>Strict oral instruction was followed as the only means of education in schools after an international conference.</td>
</tr>
<tr>
<td>1928</td>
<td>First governmental legislation for schools requested persons to apply for approval to establish a school and subsequently apply for subsidy.</td>
</tr>
<tr>
<td>1934</td>
<td>Apartheid government divided schools into schools for Whites and other races. Schools for other races used manual instruction together with oral instruction, while schools for Whites were only allowed strict oral instruction and thus could use signs informally only.</td>
</tr>
<tr>
<td>1937</td>
<td>Education of White children with hearing loss was declared compulsory.</td>
</tr>
<tr>
<td>1944</td>
<td>First school exclusively for Black children with hearing loss was founded by Anglican Church in Roodepoort.</td>
</tr>
<tr>
<td>Year</td>
<td>Event</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1945</td>
<td>Education department introduced first diploma in the education of children with hearing loss for all races at a school</td>
</tr>
<tr>
<td>1948</td>
<td>Education of races other than White fell under separate management of: the Department of Education, Arts and Science</td>
</tr>
<tr>
<td>1961</td>
<td>Education department of Black children with hearing loss was transferred to: the Department of Bantu Education</td>
</tr>
<tr>
<td>1965</td>
<td>UNISA introduced a post-graduate diploma in the education of children with hearing loss for all races. Black teachers do not have qualifications to enrol and instead continued with in-service training at schools, whilst White teachers enrolled for the UNISA diploma</td>
</tr>
<tr>
<td>1970</td>
<td>Education department initiated a diploma in the education of children with hearing loss exclusively for Black teachers</td>
</tr>
<tr>
<td>1978</td>
<td>University of Stellenbosch introduced a post-graduate diploma in the education of children with hearing loss for the training of teachers at Karel du Toit Center for children with hearing loss</td>
</tr>
<tr>
<td>1986</td>
<td>“The year of Disabled Persons” commemorated, causing changes in perceptions held of children with hearing loss, and subsequently the first discussions began on including children with hearing loss in regular schools</td>
</tr>
<tr>
<td>± 1990</td>
<td>Sign Language instruction re-emerged especially in White schools, due to Gallaudet revolution and subsequent empowerment of Deaf culture. Parallel to this, oral instruction was reinforced among all races, due to enhancements in early identification and intervention, hearing aid technology, and cochlear implants</td>
</tr>
<tr>
<td>1993</td>
<td>The first attempt was made to place children with hearing loss (fitted with hearing aids) in a regular school</td>
</tr>
</tbody>
</table>
The formal history on the education of children with hearing loss in South Africa is scantily documented and the following information was mainly compiled from the course material of the Diploma in Special Education of the Department of Education and Training (1992), an article by Penn (1993), and unpublished theses from Mocke (1971), and Van der Merwe (1995). The following developments in the history of education of children with hearing loss provide relevant highlights in South Africa and by no means provide a detailed account of events that occurred between the 19th and 21st century.

Education of children with hearing loss only commenced 200 years after the first school for regular education was founded in 1663 in South Africa (Biesenbach, 1945 in Van der Merwe, 1995). Initially, schools for children with hearing loss in South Africa were started and funded by churches (Department of Education and Training, 1992).

The first school for children with hearing loss in South Africa was founded in Cape Town by five Roman Catholic nuns in 1863, later known as the Grimley...
The Institute for the Deaf (Mocke, 1971; Penn, 1993). The nuns introduced the then popular manual approach, with little emphasis on oral communication, to South Africa (Mocke, 1971). Shortly thereafter, in the same year, another school for children with hearing loss was founded by the nuns in Worcester, South Africa following the same instructional approach as their first school in Cape Town (Penn, 1993).

In 1881, the Dutch Reformed Church in Worcester, South Africa started a school for children with hearing loss, at the time, they too relied on a manual approach (finger spelling) for instruction (Mocke, 1971). This school, later named the De La Bat School, today still remains one of the leading schools providing for children with hearing loss in South Africa.

In 1913 the government acknowledged schools for children with hearing loss as separate from regular schools, and schools for children with hearing loss could apply for minimal subsidies from the government (Department of Education and Training, 1992).

Meanwhile, educational policy universally changed to strict oral instruction after the first major international conference on education of children with hearing loss, held in Milan in 1880 (Lynas, 1994, Moores, 1996). Subsequently, oral instruction was exclusively adopted in all schools for children with hearing loss in South Africa in 1920 (Penn, 1993).

The first legislation for schools of children with hearing loss came into existence in 1928, and requested all persons interested in establishing a school for children with hearing loss to apply for approval and subsequently to apply for a subsidy from the government (Department of Education and Training, 1992).

A few years later, the apartheid government divided schools for children with hearing loss into schools for the White population and schools for other races in 1934 (Penn, 1993). Schools for other races were introduced to manual instruction together with oral instruction as opposed to schools for the White
population that only followed strict oral instructional approaches. White children with hearing loss only used signing informally on the playground and outside the school context (Penn, 1993).

Shortly thereafter, in 1937, the government introduced compulsory education for all White children with hearing loss (Department of Education and Training, 1992).

In accordance with newfound apartheid policy, the first school exclusively for Black children with hearing loss was opened by the Anglican Church in Roodepoort, South Africa in 1944 (Mocke, 1997; Van der Merwe, 1995).

In 1945 more serious consideration was given to the training of teachers and the first diploma in the education of children with hearing loss was introduced by the Education Department to teachers of all races at the school for children with hearing loss at Worcester, South Africa (Mocke, 1971).

As apartheid ideology continued to grow stronger, the education of races other than White came under the separate management of the Department of Education, Arts and Science in 1948 (Mocke, 1971). In the same year, the government took the initiative in the establishment of schools for children with hearing loss and existing schools for children with hearing loss were transferred when they applied for acknowledgement and met the government's requirements. However, the government was not always eager to take control of schools for children with hearing loss, and especially not schools of races other than White (Department of Education and Training, 1992; Mocke, 1971).

The education of Black children with hearing loss was transferred to a new Education Department, namely the Department of Bantu Education, in 1961 (Mocke, 1971). The Department of Bantu Education assumed responsibility for the control and subsidising of the majority of schools for Black children with hearing loss, whilst a number of schools continued under joint control of the
Education Department and churches (Department of Education and Training, 1992).

In 1965 the need for teacher training was raised again, and the University of South Africa (UNISA) introduced a diploma in the education of children with hearing loss for teachers of all races. Unfortunately for teachers of other races than White, the entrance level of the diploma required a post-matric regular teaching diploma, which the majority of Black teachers did not possess (Mocke, 1971). Therefore teachers of races other than White, continued with their own in-service training programmes at their schools, whilst the majority of White teachers enrolled for the diploma (Mocke, 1971).

The predicament of Black teachers who required more formal training was solved in 1970 when a diploma in the education of children with hearing loss was started by the teaching department exclusively for Black teachers. Enrolling for the diploma did not require any previous qualifications from the Black teachers, and all Black teachers could partake (Department of Education and Training, 1992).

In 1978, the University of Stellenbosch introduced a post-graduate diploma in the education of children with hearing loss. The diploma was aimed at the training of teachers employed at the Karel du Toit Center for children with hearing loss at the Tygerberg Hospital near Stellenbosch, South Africa (University of Stellenbosch, 1978).

“The Year of Disabled Persons” that was commemorated in 1986 in South Africa, made the authorities and the community aware of the plight of persons with hearing loss, and that such persons were to be respected, accepted and integrated into society. Subsequently, the first discussions dawned on the possibility of including children with hearing loss in regular schools (Van der Merwe, 1995).

The revolution in 1988 at the Gallaudet University for students with hearing loss in the United States of America, where students had protests and insisted
on the appointment of a president with hearing loss, had a distinct impact on especially the education of White children with hearing loss in South Africa (Penn, 1993). The revolution caused universal awareness and recognition of Deaf culture and their right to the use of, and instruction in, Sign Language (Lynas, 1994; Moores, 1996). As a result, instruction in Sign Language in all schools in South Africa re-emerged in the early nineties, alongside existing oral approaches (Penn, 1993). Parallel to the strengthening of manual instruction in the early nineties, oral instruction was reinforced for all races by the advances made in early identification and intervention, hearing aid technology as well as the introduction of cochlear implants in South Africa (Penn, 1993).

In 1993 in Ellisras, South Africa, the first attempt was made to place children with hearing loss (fitted with hearing aids) in a regular school (Van der Merwe, 1995).

In 1994, a new democratic government was elected in South Africa. The new government introduced the Restructuring and Development Programme (RDP) to address, inter alia, the inequalities between education of White children with hearing loss and Black and Coloured children with hearing loss. For the first time, education of children with hearing loss was compulsory for all races. Education of all children with hearing loss came under the management of the Education Support Services which included all educational related services, such as: health, social, child guidance, and paramedical (e.g. speech-language and hearing therapy) services (Van der Merwe, 1995). All schools for children with hearing loss were incorporated under one education department, but a large number of schools were still jointly controlled and subsidised by the government and churches (Van der Merwe, 1995).

In 1995, the University of Pretoria introduced a post-graduate diploma for teachers in the education of children with hearing loss (University of Pretoria, 1995).
In the **new millennium**, the debate continues on the best instruction practice for children with hearing loss. At present, government policy allows schools in South Africa the freedom to choose their method of instruction for learners with hearing loss (DEAFSA, 2001b). To date, no compulsory training courses exist for teachers of children with hearing loss. Schools for children of all races with hearing loss continue to fall under one education department, and a large number of schools are still jointly controlled and subsidised by the government and churches. The education of children with hearing loss in South Africa (as internationally) has evolved into a more dedicated and specialised field, and today the child with hearing loss has far brighter prospects for educational growth and a successful life, than during earlier times.

The education of all learners in South Africa, including children with hearing loss, has undergone profound changes since the end of the apartheid era in 1994. The educational system changed from a racially segregated system to a non-racial inclusive system. Prior to 1994, specialised education was inadequate and was characterised by the following:

- education and support were predominantly provided for a small percentage of learners with disabilities within special schools or classes;
- where provided, specialised education and support were rendered on a racial basis, with the best human, physical and material resources reserved for the White population;
- most learners with disabilities were either excluded from the system or were mainstreamed by default;
- the curriculum and educational system as a whole generally failed to respond to the diverse needs of the learner population with disabilities and this resulted in massive numbers of academic failures; and
- although attention was given to the schooling phase with regard to “special needs and support”, the other levels or bands of education were seriously neglected (Education White Paper no 6, 2001).

The post-apartheid government is in the process of rectifying the above-mentioned past injustices to learners with disabilities in the past and proposes
an inclusive educational system which aims to “... promote education for all and foster the development of inclusive and supportive centres of learning that would enable all learners to participate actively in the education process so that they could develop and extend their potential and participate as equal members of society” (Education White Paper no 6, 2001:5).

In recognition of the above, this chapter aims to present the rationale and problem statement for the present study, to give an outline of the chapters, and to clarify terms and acronyms used during the study.

1.2 RATIONALE

It is hypothesised that the inclusive educational system will benefit the previously disadvantaged learner with hearing loss by eradicating the segregation of learners on the basis of their disability and/or race (Education White Paper no 6, 2001). Therefore, children with hearing loss will have greater access to quality educational opportunities and support systems. Furthermore, the provision of education for learners will be based on the intensity of support required to overcome the debilitating impact of their hearing loss (Education White Paper no 6, 2001).

In South Africa, the movement toward inclusion of children with hearing loss in the educational system is likely to have far-reaching ramifications for teachers, parents and learners (Keith & Ross, 1998). International literature highlights obstacles during inclusion practices, such as an increase in unfavourable acoustics and inexperienced teachers who lack the knowledge to adapt the classroom environment and curriculum to meet the needs of children with hearing loss (Brackett, 1997). In addition to this, Johnson, Benson and Seaton (1997) testify that increased inclusion practices in the United States of America caused an extended prevalence of learning problems among children with hearing loss due to more unfavourable classroom noise, less time for individual attention from the teacher, and the use of classroom language and communication that is above the child’s level of functioning.
It is speculated that the transition from the past educational system in South Africa to the current inclusive system will no doubt also present challenges to our teachers, and especially to those teachers with no prior experience in the teaching of children with hearing loss. These challenges will arise from, inter alia, the fact that teachers in regular schools, as well as teachers providing for children with hearing loss in South Africa, lack knowledge and skills in areas pertaining to the audiological and educational management of children with hearing loss (Pottas, 1998). A survey amongst regular teachers in South Africa found that the majority of teachers rated their competence in teaching children with hearing loss as low for knowledge and only medium for skill. Findings further revealed that the majority of teachers did not feel that they possessed adequate knowledge and skills for managing children with hearing loss in an inclusive system in South Africa. Furthermore, the transition to the inclusive educational system may present challenges to teachers due to the fact that compulsory specialised teacher training to date is not expected from teachers providing for children with hearing loss (Pottas, 1998). Thus, unskilled teachers are employed and will probably continue to fill their teaching posts in the inclusive educational system. In another South African survey, the majority of teachers declared a need for specialised training in teaching children with hearing loss (Keith & Ross, 1998). It can be deduced that needs will arise from teachers during the transition, especially in the areas pertaining to audiological and educational management of the child. Knowledge and skill in audiological and educational management is indispensable when educating children with hearing loss (Bess & McConnell, 1981; Bunch, 1987; English, 1995; Lynas, 1994; Moores, 1996; Sanders, 1988; White, 1981). For this reason, teachers’ needs regarding audiological and educational management will have to be addressed in order for teachers to provide quality education to children with hearing loss.

The needs of teachers of children with hearing loss with regard to their learners’ audiological and educational management have largely been neglected in South Africa to date. First World audiological service delivery models such as the Parent Referral Model, are mostly applied, and these are not entirely suitable for the unique demands of a developing country such as
South Africa. As for their needs being met with regard to educational management, teachers do not receive compulsory training for managing children with hearing loss and teachers tend to deal with educational challenges without proper training (Pottas, 1998). The Department of Education’s proposal for building an inclusive educational system in South Africa (Education White Paper no 6, 2001), also necessitates the revision of past educational practices for teachers providing for children with hearing loss. According to the South African Education White Paper no 6 (2001:17), the inclusive educational system is about “supporting all learners, educators and the system as a whole…with the emphasis on the development of good teaching strategies that will be of benefit to all learners.” This statement emphasises the need for teacher support and training by specialists in the field of audiological and educational management of the child with hearing loss, such as an educational audiologist. In a South African survey among regular teachers, the majority of teachers agreed that with the help of professionals, such as an educational audiologist, they were confident that they could manage a child with hearing loss in an inclusive classroom (Keith & Ross, 1998). An investigation into the teachers’ specific needs for the inclusive educational system is essential in providing a basis for effective audiological service rendering. This information is important, not only because it provides an indication of the current audiological service delivery process in South Africa, but also because it seeks to propose an educational audiology model for service delivery to address the unique service rendering challenges in the South African schools system. An educational audiology service delivery model should incorporate aspects from the relevant literature as well as accommodate the needs of the teachers, and, above all, the service delivery model must be tailor-made to be amenable to the previously disadvantaged children with hearing loss in the South African context. The service delivery model will also have the challenge of attempting to bridge the gap between special schools/resource centres, full-service schools, and ordinary schools.
1.2.1 Children with hearing loss in South Africa and their educational placement

The Constitution of South Africa (Act no 108, 1996) clearly states that all children have the right to a basic education. Basic education is one of the pillars of a civilised society, and provides an individual with access to literacy, life skills, further education, vocational opportunities, and various other social possibilities. The child with hearing loss shares the right to basic education, but due to his/her sensory impairment has to overcome certain obstacles, in order to benefit from education.

Unfortunately, educational obstacles place additional burdens on the child with hearing loss, and one of these are the past placement practices in South Africa.

1.2.1.1 Special schools versus mainstream schools in South Africa

The controversy surrounding the placement of children with hearing loss in mainstream schools versus special schools, is an extensive unresolved debate without clear-cut solutions. The following discussion aims to describe the argument surrounding special schools versus mainstream schools and the challenges these placement options may present to the child with hearing loss.

Special schools are schools that exclusively provide in the specialised educational needs of learners with disabilities (Pugach & Warger, 1996). “Special education is about conceptualizing (disability) and then responding to disability.” (Corbett, 1998:33).

According to Corbett (1998) and Pugach & Warger (1996), the special school system has its rightful place in the future inclusive educational system and therefore we have to consider its relevant application in the twenty-first century. It is acknowledged that, in many areas of the world, it is the establishment of special schools that serves as the marker of progress, rather
than the impetus for inclusive education (Corbett, 1998). Corbett (1998) argues that special education is bound up with value judgements, and agrees with Mazurek and Winzer (1994:3) that “…looming social concerns such as solving structural economic problems, providing universal elementary education, and establishing basic health services overshadow the pressing needs of a small and by definition politically and socially disadvantaged special-needs minority.”

The opposite of special school placement is the concept of inclusion. The term inclusion refers to the concept of mainstreaming stemming from the 1970’s and the principle of integration across a continuum used during the 1980’s when discussing academic placements for children with disabilities (English, 1995 and Johnson, Benson & Seaton, 1997). Currently, inclusion implies that children are no longer mainstreamed only for classes where it is thought they could benefit from. Rather, children with disabilities are considered to be equal members of the regular classroom and curriculum adaptations are made and support services are offered to suit the educational needs and challenges of every child (Johnson, Benson & Seaton, 1997). This implies that children with hearing loss are no longer “dumped” into regular schools without the relevant adaptations and support, but that children with hearing loss receive the necessary curriculum adaptations and support to become fully participating members in the classroom and can benefit from educational attempts.

Tucker and Nolan (1984) suggest that when mainstreamed, the educational achievement of the child with hearing loss is encouraged and enhanced through the demands of “fitting-in” and integrating with his/her hearing peers. According to Johnson, Benson and Seaton (1997), the importance of including children in academic and social activities cannot be overlooked, but the effect of communication (or the lack thereof) on true participation also needs to be recognised. An example of this is the fact that education of children with hearing loss has been significantly impacted by the increased inclusion of children with other disabilities such as auditory, language, and learning problems in regular classrooms, causing children with hearing loss to
have a higher prevalence of learning problems due to increased noise and faulty language models from their peers (Johnson, Benson & Seaton, 1997). In addition to this, Brackett (1997) stated that inclusion practices may cause an increase in unfavourable acoustics, and that inexperienced teachers may have a lack in knowledge in adapting the classroom environment and curriculum to meet the auditory needs of the child with hearing loss.

1.2.1.2 Special schools for children with hearing loss in South Africa

In South Africa there are currently 35 special schools providing for children with hearing loss (DEAFSA, 2001a). While government policy stresses the need for more inclusion practices, the South African Education White Paper no 6 (2001) made it clear that special schools will have their place in the inclusive educational system and that special schools will be strengthened rather than abolished. Non-governmental organisations such as the prominent Deaf Federation of South Africa (DEAFSA), strongly shares the government’s view on reserving a place for special schools. According to DEAFSA (2001b:3), “The right to mainstream education does not exclude the right to schools for the Deaf people in areas where the Deaf people can be educated more effectively in order to give them equal intellectual and vocational opportunities in all areas of their lives. This right to schools for the Deaf people should be entrenched as a separate right to the right to mainstream education as the Deaf people are a linguistic minority with their own cultural values and it is important that their cultural identity is nurtured.”

DEAFSA (2001b) believes that children with hearing loss should receive education within their first language, namely Sign Language as well as within their own “Deaf-Culture”. Because Deaf Culture is unique to the child with hearing loss, the child must have access to education within this special environment. DEAFSA (2001b) furthermore believes that the mainstreaming of some children with hearing loss may negatively influence the child’s development of Sign Language, and cultural identity and belonging.
Although the educational philosophies of organisations for persons with hearing loss have sound origins, one should not generalise the needs of all children with hearing loss. Some children do not necessarily feel they belong to the Deaf Culture, due to various reasons, such as the home-environment in which they were brought up, or their access to devices such as cochlear implants, et cetera., and may therefore feel more at one with the hearing community in mainstream schools.

1.2.1.3 The inclusive educational system in South Africa

In an attempt to address the shortcomings of past placement practices in South Africa, the government proposes an inclusive educational system that will positively benefit the child with hearing loss by addressing the child’s barriers to learning. According to international inclusion philosophy, an inclusive educational system seeks to establish collaborative, supportive, and nurturing communities of learners based on providing all learners with services and accommodations they need to learn, as well as respecting and learning from each other's individual differences (Salend, 2001). In accordance with the aforementioned, the South African Education White Paper no 6 (2001) states that the inclusive educational system will include a range of different placements ranging form ordinary schools to special schools/resource centres with the goal of uncovering and addressing barriers to learning, and recognising and accommodating the diverse range of learning needs among learners. The inclusive educational system will have a wider spread of educational support services that will be created in line with what learners with their specific disabilities require. Schools will be divided into three categories: ordinary schools, full-service schools and special schools/resource centres. However, these three categories of placement are by no means an attempt to revert back to the previous educational system of separation of children with disabilities from other regular children. Instead, learners are classified according to their need for support and not according to their physical limitations. The following predictions can be made concerning the placement of children with hearing loss in the inclusive educational system:
Ordinary schools will exist for learners who require low-intensive educational support (Education White Paper no 6, 2001). It can be assumed that children who as a whole function with minimal support such as children that have had time to completely adapt to their cochlear implants, will be placed in these schools. Children with hearing loss who, with amplification, can independently participate in class may also be placed in ordinary schools.

Full-service schools will serve learners requiring moderate support (Education White Paper no 6, 2001). It can be deduced that children with recent cochlear implants and who are still learning their new auditory skills may be placed here, because they require moderate support. Children who, with amplification, are unable to fully participate in an ordinary school will also benefit from the level of support at full-service schools. These schools will accommodate the majority of learners with hearing loss.

Special schools/resource centres will enrol learners who require high-intensive educational support (Education White Paper no 6, 2001). It can be concluded that children who, with amplification, present with severe to profound hearing loss or children with hearing loss with an additional disability will be placed here. Children with hearing loss who do not function maximally in the other two categories, will also be placed in these special schools/resource centres.

To the relief of many persons advocating the preservation of special schools, the special school will still have its rightful place in the inclusive educational system. According to the South African Education White Paper no 6 (2001), special schools/resource centres will continue to provide critical education services to learners who require intense levels of support, and in addition to this role, these schools will have to provide expertise and support to full-service and ordinary schools, thereby serving as resource centres in the districts. The teachers at a special school/resource centre may, for example, use their specialised skills and specialised learning material to train teachers of full-service schools how to educate children with hearing loss. Teachers at special schools/resource centres will have access to pre-service and in-service training, and will receive professional support services, so that they, in
turn, can provide specialised support in curriculum, assessment and instruction to other schools. The government’s acknowledgement of the need for, and encouragement of, teacher training and teacher professional support services is a further motivation for the development of an educational audiology service delivery model to support teachers that have to educate children with hearing loss. The South African Education White Paper no 6 (2001:41) further stresses that: “Particular attention will be given to optimising the expertise of specialist support personnel, such as therapists … and health professionals…”, in order to support and train teachers in the inclusive educational system. Furthermore, the Department of Education foresees the future expansion of special schools/resource centres to reach the target of 380 special schools/resource centres. The expansion of special schools/resource centres is an exciting prospect, because this indicates that specialised knowledge about the education of children with hearing loss will be shared among teachers, and reach a greater number of teachers than previously and this will directly benefit the child with hearing loss. The expansion of special schools/resource centres will also provide educational opportunities to the child with hearing loss who requires high-intensive educational support and whose unique educational needs were not previously addressed, due to lack of support services.

Finally, the ultimate choice will reside with the parents (in consultation with educational authorities) on whether they want their child with hearing loss placed in an ordinary school, a full-service school, or a special school. Parents will no doubt base their decisions for their child’s placement, inter alia, on: whether they themselves were brought up in a Deaf culture, their exposure to anecdotes of successes and failures of different placements, their perception of the severity of their child’s hearing loss, and the influence of professional opinions they have consulted. No matter where the child with hearing loss is placed, the child should receive a quality education that will equip him with knowledge and skills that will enrich his life throughout.
1.2.2 Unique challenges facing teachers of children with hearing loss in South Africa

Apart from having to adapt to the inclusive educational system and its different placement options, teachers of children with hearing loss in South Africa already face some unique challenges. These challenges may prevent teachers from rendering quality education to children with hearing loss and must therefore be identified and addressed. The most prominent challenges for teachers in South Africa pertaining to audiological and educational management of children with hearing loss can be identified from available literature on regular teachers as well as teachers of children with hearing loss. These challenges are discussed forthwith.

According to the national census in 1996 (Statistics SA, 2001a), approximately 1% of the total South African population is hearing-impaired. This percentage does not correlate with the much higher international findings which estimate that 10% of the total world population is hearing-impaired (World Health Organisation, 2002a). The much lower percentage regarding the presence of hearing loss obtained in the South African census can best be explained by their failure to identify all the candidates with hearing loss. Nevertheless, using the underestimated percentages of the South African census (Statistics SA, 2001b), it can roughly be inferred that 44% of the total population that have hearing loss are school-aged children, therefore it can be estimated that there are approximately 169,550 children with hearing loss in South Africa and only 35 schools (DEAFSA, 2001a) for children with hearing loss. It is clear that schools for children with hearing loss face overcrowding and have limited staff resources. Regular schools also face continued overcrowding (Department of Education, 1996; De Villiers, 1997; Theron, 1996) mainly due to factors such as population growth. Generally, class sizes in developing countries, such as South Africa, are at least two to three times larger than equivalent classes in developed countries (Harber, 1999). The merging of many children with hearing loss together with their hearing peers in state schools in accordance with the government’s proposal
(Education White Paper no 6, 2001), will add to the problem of overcrowding. In conjunction with overcrowding, an unfavourable teacher/learner ratio exists (Reeves, 1994; Steyn, 2000). This places enormous stress and time limits on the teacher and prevents the accomplishment of educational goals. Furthermore, the managing of audiological aspects of children with hearing loss will also be negatively influenced by overcrowded classrooms, such as less time for troubleshooting of their hearing aids and added classroom noise that makes the signal-to-noise ratio unfavourable for teaching. It is clear that teachers require support in order to deal with audiological and educational aspects amidst the dilemma of overcrowding.

**The geographical location** of schools (regular schools and schools for children with hearing loss) in South Africa create some unique challenges. Firstly, vast physical distances between some neighbouring schools exist (Reeves, 1994). These distances make it difficult for teachers to network and offer support to each other. Secondly, some schools are difficult to access due to inferior or sometimes non-existent roads and public transport. For these reasons, support personnel often do not visit these schools. Lastly, unfavourable differences between urban and rural schools still exist, due to their geographical locations. The location of schools for the Black population within rural communities (due to apartheid policy), contributed to inflexible catchment areas, isolation, and inequality in resource allocation (Smit & Hennessey, 1995). Although currently in the process of change, some rural schools still have limited access to electricity, clean water, toilets, adequate buildings, or basic facilities such as desks and chairs (Harber, 1999). The lack of professional support services offered to urban schools leave teachers without the proper assistance in audiological and educational management of children with hearing loss. The cumulative effect of these geographical challenges result in teachers having to work in isolation, and they often struggle to manage the audiological and educational demands of the child with hearing loss within these hostile circumstances.

**The lack of parental involvement** is a universal challenge that face teachers of children with hearing loss globally (English, 1995; Johnson,
Benson & Seaton, 1997; Lynas, 1994; Moores, 1996). Unfortunately, South African parents’ lack of involvement is aggravated by some exceptional conditions. The residential placement of children with hearing loss on grounds of not only their disability, but also their race and home language (Penn & Reagan, 1995), excluded parents from day-to-day involvement with their child and his/her school. Furthermore, parents in rural areas are not readily accessible to the school, and have to travel long distances from home to school. This implies that parents have to face the extra burden of travelling when liaising with teachers (Van der Westhuizen & Mosoge, 2001). The high incidence of urbanisation in South Africa causes some children to grow up in the care of their extended family in rural areas, whilst their parents, working elsewhere in cities, can only offer limited support with their schooling (Paterson & Kruss, 1998). Indirectly, the HIV/AIDS pandemic is resulting in changes in the child’s family structure, and can result in a lack of parental involvement, because many children’s parents pass away due to HIV/AIDS. Additionally, teachers of children with hearing loss receive no formal training in parent guidance (Pottas, 1998), and therefore seldom have the competence to involve parents in programmes to help their children optimally develop their language and academic skills outside the school context. Teachers require specialist support in order to address the issue of inadequate parental involvement.

The lack of legislation for compulsory specialised teacher-training courses for teachers of children with hearing loss presents yet another challenge. Teachers with regular educational qualifications are also employed in special schools for children with hearing loss (Pottas, 1998). Although the inclusive educational system proposes new training programmes for all teachers (Education White Paper no 6, 2001) the content of these programmes should be carefully scrutinised, considering the findings of a recent study among South African teachers of children with hearing loss (Pottas, 1998), which indicated a definite lack of knowledge of the teachers with regard to audiological aspects in spite of their in-service training. Even teachers with specialised formal training exhibited specific needs with regard to their knowledge of audiological
aspects (Pottas, 1998). Another study in South Africa involving regular teachers found that they deemed it necessary to receive specialised training in order to manage the child with hearing loss in an inclusive classroom (Keith & Ross, 1998). Without training and assistance teachers in South Africa lack the relevant knowledge, skills and support, and are unable to provide the best learning opportunities for these children (Pottas, 1998).

The absence of adequate financial resources at all schools is another challenge that teachers have to confront. Government expenditure is constrained, whilst the demand for education and training is constantly growing (Department of Education 1997; Hall & Engelbrecht, 1999; Steyn, 2000). The absence of adequate financial resources results in numerous hardships for schools of children with hearing loss, such as understaffed schools, limited teaching materials, restricted amplification opportunities for learners, and the declining of teaching standards (Penn & Reagan, 1995). Posts for support personnel, such as educational audiologists, are not common at all schools for children with hearing loss (Pottas, 1998). Lack of funding for assistive devices, hearing aids and therapy, negatively impacts on the performance of the child with hearing loss in class. Teachers require assistance to provide alternative ways of audiological and educational management with less financial resources available.

Poverty is an indisputable reality in South Africa. It can be deduced from the national census in 1996 (Statistics SA, 2001c) that at least 45% of the population live in poverty. Children with hearing loss not only have to face the challenges of their sensory impairment, but also have to confront everyday conditions of poverty such as hunger, malnutrition, homelessness, disease, disintegration of their families and other unfortunate social predicaments (Kamper, 2001). The challenge that teachers of children with hearing loss face, is to contribute, in their small but tangible way, towards the alleviation of the child’s poverty. According to Kamper (2001), the alleviation of poverty in South African classrooms can be achieved, inter alia, by providing learner-centred education as described by the American authors Knapp, Shields and Turnbull (1995). Learner-centred education will result in the development of the child’s
values and perspectives and will help the child to focus on his/her potential rather than his/her shortcomings (Knapp, Shields & Turnbull, 1995). Teachers may require support when providing learner-centred education to children with hearing loss, since to date teachers have received limited training in this aspect of teaching (Pottas, 1998).

Another challenge for teachers of children with hearing loss is the ever-present and fast growing HIV/AIDS pandemic in South Africa. According to international research, the number of children with HIV/AIDS will continue to rise in future (Matkin, Diefendorf & Erenberg, 1998). The HIV/AIDS pandemic is bringing about changes in the South African population that also affects the child with a hearing loss. Children are often orphaned or have ill parents which causes an unstable home environment and parental involvement in the child’s schooling is disrupted. According to statistics there were 750 000 Aids orphans reported in South Africa during 2002 (Ngwenya, 2002). The pandemic creates an environment for children that is ridden with the danger of contracting infectious diseases from persons with HIV/AIDS. Audiological changes may occur either as a direct or indirect result of the HIV/AIDS infection (Bankaitis, 1996). Persons with HIV/AIDS may either develop sensorineural or conductive hearing loss due to opportunistic infections damaging the hearing mechanism (Bankaitis & Schountz, 1998). Indirectly, the pharmacological interventions used to treat persons with HIV/AIDS can be ototoxic to the hearing mechanism (Bankaitis & Schountz, 1998; Matkin, Diefendorf & Erenberg, 1998) resulting in further damage of the residual hearing of the child with hearing loss. Ototoxic medications taken by pregnant mothers may be transferred to their unborn babies resulting in the increase of children with congenital hearing loss (Bankaitis & Schountz, 1998). Learner enrolment and dropout rates will also be affected by the HIV/AIDS pandemic in South Africa (Education White Paper no 6, 2001). Teachers of children with hearing loss in South Africa require support in order to anticipate the effects that HIV/AIDS has on the child with hearing loss, with regard to their audiological and educational management.
South Africa is characterised by its diverse cultures and languages. A teacher has to overcome all the educational challenges associated with **multi-culturalism** and **multi-linguism**. The heterogeneous population of South Africa brings together in the classroom children from a variety of different cultural backgrounds (Viljoen & Molefe, 2001). The teacher has the challenge to incorporate the child’s unique culture into the curriculum. Research indicates that, despite constant research in this field, learners with diverse cultural backgrounds are still not being properly accommodated in South African schools (Viljoen & Molefe, 2001). Furthermore, teachers have to be sensitive to the existence of the Deaf culture among certain individuals with hearing loss (DEAFSA, 2001b). Within the South African Deaf culture there are aspects such as art, poetry, theatre, sport, et cetera, that distinguish the unique status of this culture from others (Penn, 1993). With regard to the issue of multi-linguism, the child with hearing loss has added demands on the development of his/her language because, not only is the child burdened with a language deficit resulting from the hearing loss (English, 1995; Johnson, Benson & Seaton, 1997; Lynas, 1994; Moores, 1996), but South African classrooms simultaneously accommodate many different languages (Viljoen & Molefe, 2001). In South Africa, there is currently a trend for many non-English speaking parents to enrol their children in English-medium schools, despite the fact that they speak different home languages and do not reinforce English at home (Viljoen & Molefe, 2001). Children with hearing loss do not cope well with the simultaneous exposure to more than one spoken language (English, 1995; Johnson, Benson & Seaton, 1997; Lynas, 1994; Moores, 1996; Sanders, 1988). Another challenge facing the teacher during language tuition is the different approaches that exist in language instruction, which range from strictly oral methods to signing approaches (Penn, 1993; Penn & Reagan, 1995). To complicate matters even more for teachers, different sign systems exist for different schools (Penn, 1993; Penn & Reagan, 1995). Teachers in South Africa require the expertise of support personnel in order to overcome cultural and linguistic aspects that influence the audiological and educational management of children with hearing loss.
Whilst many of these challenges are either caused or exacerbated by previous policies, and although the present-day government continues to eradicate these obstacles, most will have repercussions that will remain challenges for South African teachers of children with hearing loss in the inclusive educational system.

All the above-mentioned factors pose challenges to teachers of children with hearing loss, and can occur simultaneously and compound to create a situation where teachers are overwhelmed and unable to render quality education. Based on this rationale, a statement of the problem can be formulated.

1.3 STATEMENT OF PROBLEM AND FINDING A SOLUTION

Children with hearing loss share the right to basic education whether it be through the medium of ordinary-, full-service- or special school education. As discussed previously, teachers of children with hearing loss are faced with the challenges of educational placement in the current inclusive educational system as well as a variety of unique challenges within the South African context. Challenges in South Africa were identified, such as: overcrowding in classrooms; geographical disadvantages for especially rural communities; lack of parental involvement; lack of specialised teacher training; lack of financial resources at schools; poverty in the community; multi-culturalism and multi-linguism among learners; as well as the growing HIV/AIDS pandemic. These challenges impact negatively on the teacher’s audiological and educational management of children with hearing loss. Although many of these challenges are directly and indirectly addressed by the government, some important challenges will not be eradicated in the near future and will continue to have an impact on the teachers’ ability to provide quality education for the child with hearing loss.

The above scenario testifies that: teachers of children with hearing loss are in need of support in order to address audiological and educational challenges
related to the child in the classroom and in turn to enable them to provide children with maximal learning opportunities. One of the possible solutions for addressing the teacher’s need for audiological and educational support may be through the assistance of a professional who specialises in the audiological and educational management of children with hearing loss, such as the educational audiologist. The educational audiologist has expertise in the field of: audiological identification and assessment; amplification; hearing conservation; rehabilitation; educational planning and management; parent and family-centred support; as well as expertise in the assistance of teachers in identifying their needs for educating children with hearing loss and addressing their needs as best possible (English, 1995; Johnson, Benson & Seaton, 1997). An educational audiologist is trained unlike any other professional involved with children with hearing loss, because not only does the educational audiologist specialise in knowledge of the normal hearing mechanism and hearing, but also in hearing loss and the impact thereof on various aspects of childhood development (Johnson, Benson & Seaton, 1997). The educational audiologist may support the teacher in modifying or adapting his/her teaching approaches and/or classroom environment in order to maximise the learning environment of the child with hearing loss (English, 1995; Johnson, Benson & Seaton, 1997). In order to determine whether an educational audiologist will provide the support required by teachers in the inclusive educational system, the following question should be explored: What are the needs of teachers of children with hearing loss regarding an educational audiology service delivery model within the inclusive educational system?

In an attempt to answer the research question, the study will consist of two parts, namely:

Firstly, a critical review of the existing literature on the education of children with hearing loss, including the aspects that influence the education of the child with hearing loss, and the clarification of the role of the teacher and need for support. Furthermore, a review of literature will follow on the roles and responsibilities of the educational audiologist as a support system, with
regards to audiological and educational management of the child with hearing loss, as well as the application of various audiological service delivery systems in the South African context.

Secondly, based on theoretical findings, an empirical research study will follow to investigate the needs of teachers in the inclusive educational system with regards to the audiological and educational management of children with hearing loss.

This study aims to determine the needs of teachers of children with hearing loss and subsequently to develop an educational audiology service delivery model that strives to address these needs and provide support for teachers in the inclusive educational system.

1.4 OUTLINE OF CHAPTERS

A brief description of each of the chapters of the study follows.

Chapter 1: The first chapter provides the rationale and statement of the problem of the study, the outline of the chapters, and the clarification of terms and acronyms used in the study.

Chapter 2: In Chapter two, the effects and consequences of the hearing loss on the child’s ability to be educated are discussed; the role of the teacher in addressing these effects and consequences is provided; as well as the teacher’s need for support in addressing these effects and consequences is reviewed.

Chapter 3: Chapter three focuses on the outline of educational audiology service delivery systems, as well as the roles and responsibilities of the educational audiologist.
Chapter 4: In this chapter the methodology of the study is described. This includes the description of the aims and objectives, the research design, the selection and description of the participants, data collection instruments and equipment used in the study, the pilot study, data collection procedures, data recording procedures, and, finally, the data analysis and statistical procedures.

Chapter 5: Chapter five presents an overview of the results obtained according to the aim and objectives formulated for the study. Subsequently, the integration and discussion of the results follow.

Chapter 6: In the final chapter, the conclusions and implications of the study are presented; an educational audiology model for use within the inclusive educational system is presented; together with a critical evaluation of the study and recommendations for future research.

1.5 DEFINITION OF TERMS

The following terms as used in the present study need clarification, and are:

Apartheid
This term refers to “a political system, in the past in South Africa, in which people of different races were separated”. (Cambridge International Dictionary of English, 1995:53).

Child(ren) with hearing Loss
The term “child(ren) with hearing loss” was used for the purposes of this study as opposed to “learner(s) with hearing loss”. This was done to place the individual with hearing loss within a human, social, family, as well as educational context throughout the study. The term “learner(s) with hearing loss” was employed in limited instances where special reference had to be made to school-going children within a purely educational context.
Deaf culture
This is a subculture formed among persons with hearing loss. The South African Deaf culture has its own language, namely South African Sign Language (SASL). Deaf culture has its own history, shared values, social norms, customs and technology that are transferred from generation to generation (DEAFSA, 2001c).

Disability
According to the World Health Organisation (2002b), this term refers to any restriction or lack of ability (resulting from an impairment) to perform an activity in the manner, or within the range, considered normal for a human being.

Educational audiologist
International literature (Bess & McConnell, 1981; English, 1995; Johnson, Benson & Seaton, 1997; Tucker & Nolan, 1984) defines an educational audiologist as a professional specifically trained to operate as an audiologist in school settings and their scope of practice expands beyond traditional clinical audiology to include responsibilities such as full participation in the educational process of the child. Currently in South Africa, no formal academic distinction is made between clinical audiologists and educational audiologists and a regular qualification allows audiologists to practice across different work settings. Nevertheless, the term “educational audiologist” will be used to describe an audiologist working in South African school settings, because these audiologists fulfil the same roles and functions than those of qualified educational audiologists internationally.

Full-service school
According to the South African Education White Paper no 6 (2001), a full-service school serves learners requiring moderate educational support.

Generalizable
This term is used to describe the drawing of conclusions from a population sample to the total population (Leedy & Ormrod, 2001).
Hearing loss
This umbrella term includes all degrees of hearing loss. It refers to the condition that results from the impairment of the sense of hearing to such an extent that it interferes with communication and affects the social, emotional, educational and/or vocational aspects of an individual.

Inclusive educational system
The inclusive educational system is currently being phased in the South African educational system. Previously, scattered attempts were made to include some individuals with disabilities, but the educational system was segregated, separating races from each other as well as dividing children with disabilities from other children (Education White Paper no 6, 2001). In literature associated terminology include “mainstreaming” and “integration” (Salend, 2001).

Junior phase
This refers to the categorisation of teaching phases according the educational department. The Junior phase usually includes learners from pre-school up to Grade 6. The Junior phase is further divided into categories which include: pre-school; foundation phase (Gr R to Gr 3); and the intermediate phase (Gr 4 to Gr 6).

Learner(s) with hearing loss
In some cases, the term “learner(s) with hearing loss” was applied for the purposes of this study as opposed to the term “child(ren) with hearing loss” where special reference had to be made to school-going children within a purely educational context. The term “child(ren) with hearing loss” was mostly employed in order to place the individual with hearing loss within a human; social; family; as well as educational context throughout the study.

Ordinary school
The South African Education White Paper no 6 (2001) defines an ordinary school as a school that exists for learners who require low-intensive
educational support, these schools are comparable to the traditional “regular schools”.

### Reliability
Reliability is a term used during research and means that the information provided by indicators does not vary as a result of characteristics of the indicator, instrument or measurement device itself (Neuman, 1997). It is the extend to which a measurement procedure yields the same answer however and whenever it is carried out (Kirk & Miller, 1986).

### Regular school
For the purpose of this study, this term shall refer to schools in South Africa in the past that did not provide for children with disabilities and educated only children without any physical, sensory and/or cognitive impairments.

### Senior phase
This refers to a specific category within the classification of teaching phases used by the Educational Department. The Senior phase usually includes learners from Grade 7 up to Gr 12 and may also include Vocational or Technical phases.

### Trouble-shooting (of a hearing aid)
This term is used to describe the process of inspecting a hearing aid in order to determine whether it is functioning properly. Trouble-shooting includes, inter alia, testing the battery voltage and listening to the sound quality through a stetoclip.

### Special school/Resource centre
A special school/resource centre serves learners who require high-intensive educational support, and in addition to this role, these schools have to provide expertise and support to full-service and ordinary schools, thereby serving as resource centres in the districts (Education White Paper no 6, 2001).
Validity

Validity is a term employed during research and used to determine whether a type of measurement actually measures what it is presumed to measure (Mouton & Marais, 1996).

1.6 ACRONYMS

The following acronyms are frequently used throughout the study and therefore require clarification:

- **ASHA**: American Speech-Language and Hearing Association
- **DEAFSA**: Deaf Federation of South Africa
- **EAA**: Educational Audiology Association
- **HIV/AIDS**: Human Immune Virus/Acquired Immune Deficiency Syndrome
- **IEP**: Individualised Educational Plan
- **PHC**: Primary Health Care
- **SASL**: South African Sign Language
- **SASLHA**: South African Speech-Language and Hearing Association
- **WHO**: World Health Organisation

1.7 CONCLUSION

In reviewing literature, the unique role of the educational audiologist in supporting the teacher of the child with hearing loss is clarified. Teachers in South Africa face unique challenges and therefore require audiological and educational support to fulfil their role as providers of quality education to children with hearing loss. A possible solution for this need for support may be the provision of assistance by an educational audiologist. A need for research thus becomes evident in order to determine to what extent an educational audiologist can provide support to teachers of children with hearing loss. This study will aim to determine the needs of teachers when
educating children with hearing loss in the inclusive educational system and to subsequently develop an educational audiology service delivery model for use within the inclusive system.

1.8 SUMMARY

In the introductory chapter, differences in the educational practises for children with hearing loss as opposed to educational practises for hearing children, were confirmed. An outline of the historical development of education of children with hearing loss in South Africa, from the 19th to the 21st century, was given as a backdrop to the present situation in education. The unfavourable characteristics of specialised education in the past were briefly mentioned. The rationale explored educational placement practices of the past as well as the current inclusive educational system in South Africa. An overview was given of the unique challenges that face teachers of children with hearing loss in South Africa. The problem statement of the research study was discussed with recommendations for finding a solution to the problem statement. A brief description of the chapters was presented and terms and acronyms were clarified to the reader. A conclusion and summary were provided at the end of the chapter.