

Research Article

Exploring Managers' Views on Government Support for Special Care Centres for Learners with Severe Intellectual Disabilities in Gauteng, South Africa

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Abstract

This study investigates managers' perceptions of the support provided by the Gauteng provincial government to Special Care Centres for Learners with Severe to Profound Intellectual Disabilities. It examines the challenges these managers face and evaluates the adequacy of governmental support from their perspective. Utilizing a Mixed Methods Research (MMR) approach with an exploratory sequential design, the research comprised two phases. In Phase 1, qualitative data were collected through face-to-face semi-structured interviews with 10 managers, followed by Phase 2, where 31 participants completed a questionnaire. Out of 45 centre managers, 14 did not return the questionnaire. The findings reveal that managers struggle to obtain support from various provincial government departments. While the Departments of Education, Health, and Social Development provide assistance in accordance with policy, departments such as Transport, Cooperative Governance, and Infrastructure fail to meet their obligations. The study recommends enhanced collaboration among provincial departments to improve support for the centres, focusing on transportation for learners to and from the centres, upgrading centre infrastructure, and establishing effective communication channels between managers and government departments.

Keywords

Special Care Centres, Intellectual Disability, Centre Managers, Provincial Government and Government Support

1. Introduction

The South Africa Government made an international commitment to promote Education for All (EFA) in Jomtien, Thailand, in 1990 [44]. This commitment was re-affirmed in Dakar in 2000 with the development of the Framework for Action [45]. The main aim of EFA, based in Salamanca, Spain, is fostering universal, high-quality basic education as a fundamental right for all children, youths, and adults [44]. EFA as an organisation represents 92 member states and 25 international organisations whose main objective is to ensure

special needs education forms part of every discussion dealing with learners with disabilities [44]. As a response to the international call for EFA to address issues in special needs education, the former South African Department of Education [14] developed White Paper 6 on special needs education, and later, the Department of Basic Education [9] conceptualized the Screening, Identification, Assessment, and Support (SIAS).

The South African government has taken great strides in

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Received: 2 August 2024; Accepted: 15 October 2024; Published: 28 November 2024



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fostering inclusive education through the development of policy documents that acknowledge the right to EFA for children and adults. However, until 2010, education provisions were centred in mainstream, full-service, and special schools, and not in Special Care Centres (SCCs), despite the development of progressive policies [7]. As of 2018, the South African government, through the GDE, started providing education services in Gauteng province SCCs [11]. Ironically, these SCCs were set up by non-governmental organisations (NGOs) and parents. Thus, centre managers have different qualifications, management experiences, and styles as very few have attended formal education, as the result the managers require adequate support from government and in this case the provincial government. This brings us to the research question and objectives of the study.

2. Research Questions and Objectives

Main Research Question:

How do managers of special care centres for Learners with Severe to Profound intellectual disabilities perceive the support provided by the Gauteng provincial government?

Sub-Research Questions:

1. What are the specific challenges faced by managers in operating special care centres?
2. What types of support do managers expect or require from the provincial government to enhance the quality of care and services provided in these centres?

Objectives:

1. To identify and analyse the challenges encountered by managers in overseeing centres.
2. To determine the specific types of support that managers believe are essential for improving effectiveness of the centres.

3. Literature Review

3.1. Milestone in Educating LSPID in South Africa

In the last two decades in South Africa, there has been a steady trend of raising awareness about disability. This is evident in several disability policies that have been enacted in response to the *Universal Declaration of Human Rights* [46] and the ratification of the UNCRPD [47].

The Constitution of South Africa [36] guarantees the right to equality without reservations or prejudice. The rights to equality are also guaranteed to persons with disabilities as enshrined in the Bill of Rights. Furthermore, to achieve the rights to equality for disabled persons, the government has developed the *Integrated National Disability Strategy* in 1997 that worked towards the development of policies and programmes aimed at serving people with disabilities [37]. The services, inter alia, included free health care, social assistance,

and inclusive EFA for children and adults [19]. This indicated that the South African government had shifted from the medical model to the social model and viewed disability as an environmental problem.

Despite the proclamation in the Constitution [36] of a non-discriminatory education system and the *Integrated National Disability Strategy* [34], children with disabilities were being discriminated against in accessing education services. To address discrimination in the education sector, the 1998 *Admission Policy for Ordinary Public Schools* reemphasised the notion that education is a human right, and as such, no child should be denied admission [12]. Clarity on education provisions was tabulated in the South Africa Schools Act, no. 84 of 1996, [35] which emphasized the right to basic education, which was to be achieved by making schooling compulsory to all children of school-going age. Thus, schools must enrol all children without discrimination and serve their education needs without distinction.

The turning point for the South African education system and for children with disabilities was in 2001 when two major policy documents were enacted. First was the *Education White Paper 5 on Early Childhood Development* [13], which is about protecting children's rights by developing them to their full cognitive, social, and physical potential. The second was the *Education White Paper 6 on Special Needs Education: Building an Inclusive and Training System* [14], which advocates for an education system that promotes inclusion and equal participation in society.

In the health and social services sector, two notable acts advocate for disability rights, namely the Mental Health Act, no. 17 of 2002 [15] and the Children's Act, no. 38 of 2005 [39]. The Mental Health Act [15] emphasizes the protection of disabled persons, and states that people working with disabled persons are expected to act in the best interest of their clients. The Children's Act codifies the rights of the child by promoting and advocating for respect and protection as enshrined in the Constitution [36].

The landmark judgement for the Western Cape Disability Forum for Intellectual Disability vs. Government of the RSA and the Western Cape provincial government [48] was a turning point for education provisions for learners with intellectual disabilities [48]. The court held that the government of South Africa failed to provide the education needs of learners with intellectual disabilities and that this is a breach to the right to education. The landmark ruling laid out the process to be followed to rectify the lack of education services in an order of the court with clear timeframes and responsibilities for several different government departments [19]. In response to the court ruling, the *Draft Policy for Provisions of Quality Education and Support for Children with Severe to Profound Intellectual Disability* [11] and the *Draft Learning Programme for Children with Severe to Profound Intellectual Disability* [10] were developed. The two policy documents sought to improve education provisions for learners with intellectual disabilities in the country.

Other notable documents include the Promotion of Equality and Prevention of Unfair Discrimination Act, or the Equality Act, no. 4 of 2000, [38] that prohibits any form of discrimination, be it due to race, gender, or disability. For instructions in classrooms, the National Curriculum and Assessment Policy Statement was developed in 2011 and provided details of what needs to be taught and assessed on a grade-by-grade basis [8]. For support in the classroom, the SIAS policy document [9] provides standard procedures for learner support and emphasises the provision of equitable education through learner tailored interventions [8].

The Department of Social Development's (DSD) *National Disability Strategy* [34] and the *White Paper on Rights of Persons with Disabilities* [40] are other significant documents advocating for the rights of disabled persons. The former adopts the social model as it provides a framework for how social services must be rendered, and the latter guides operating procedures for mainstreaming disability to foster an inclusive society.

In South Africa, SCCs and stimulation centres cares for children with severe to profound intellectual disabilities. Usually, children placed in SCCs have multiple disabilities. The SCCs are often established by parents of disabled children, churches, or NGOs. These centres are managed as NGOs, and registered with either the DSD or DoH [11]. SCCs range from one room in a mud and stick house to well manage institutions with solid infrastructure. They can be classified into two groups, namely day and residential. Special schools in some cases admit LSPID, who are housed in a separate unit in the institution.

The provisions of services at SCCs draws from the *Integrated School Health Policy* [25] as a model for interdepartmental collaboration. Currently, the collaboration is largely between the DoH, DBE, and DSD. However, the High Court [48] ruling recommended that the Department of Public Works and the Department of Transport also have major roles to play in ensuring adequate infrastructure to support education as well as the necessary transport to and from SCCs [11, 48]. To provide quality support to the SCCs, collaboration should occur at different levels of government. Furthermore, the judgement handed by the Western Cape High Court [48] recommended that the Department of Cooperative Governance and Traditional Affairs should play a significant role in supporting SCCs as the centres fall within the ambit of municipalities [11].

However, according to the DBE [11], the registration and licensing of SCCs are managed by the DSD, DoH, and DBE. The DSD is the main registration authority and registers SCCs in accordance with the norms and standards outlined in Chapter 5 of the Children's Act [39]. The Act is derived from the Constitution [36] and sets out guiding principles relating to the care and protection of children. The DoH licences the centres in accordance with the Mental Health Care Act [15] that stipulates the provision of care, treatment, and rehabilitation for persons who are mentally ill. Lastly, the DBE registers SCCs in terms

of its capacity to deliver learning programmes that comply with the criteria set in the *Draft Policy for the Provision of Quality Education and Support for Children with Severe to Profound Intellectual Disability* [11]. In the event that a centre does not comply with the registration requirements, the institution does not receive funding until it complies with all three levels of registration and licensing. To promote checks and balances, all the three departments are responsible for monitoring and supporting SCCs.

3.2. Funding of Special Care Centres

Across South Africa, the DSD subsidises SCCs through a Disability Grant that is paid directly to the facility [19]. The DSD funding is in line with *White Paper 5 on Early Childhood Development* [13], and therefore, the DSD also supports SCCs operating as early childhood development centres. On the other hand, the DoH funds all centres that admit learners with intellectual disabilities [15]. The best hope for NGOs attempting to broaden their financial base is fundraising using their own resources. DBE support includes supplying of LTSM and assistive devices, but there is no financial support from the DBE.

3.3. Transport for Learners

SCCs are categorised as day or residential centres. LSPID at day centres commute to and from the centre daily. The Western Cape High Court [48] ruling stipulated that the Department of Transport must play a leading role in transporting LSPID. However, transporting learners is a challenge for most centres because of limited finances to purchase buses [19]. The Disability Grant from the DoH and the DSD is usually used to buy food, toiletries, and in rare cases, medication. In recent years, the National Lotteries Fund has made significant donations to SCCs; however, there is no consistency to these donations as there is no guarantee of funding at any given time [19]. On a positive note, SCCs have used the funds from National Lotteries to purchase buses. Unfortunately, as noted by [19], most of these buses are non-operational as they have broken down and SCCs are unable to maintain them because of lack of funding.

3.4. Staffing of Special Care Centres

SCC staff are involved in delivering the learning program either directly or indirectly. The central person at SCCs is the centre manager, and depending on the type of centre, a manager can be chosen by the board/governing body, or self-elected. The centre manager supervises caregivers who offer basic personal care and education stimulation to learners. LSPID require high support as most of them have multiple disabilities. Due to high support needs, the carer to learner ratio must be high. The DBE policy document for LSPID [10] propound a carer to learner ratio of 1: 4 for children with physical disabilities and 1: 6 for children with multiple disa-

bilities. This means that SCCs are expected to employ caregivers to match these ratios and retain them. Unfortunately, SCCs often do not have the resources to retain caregivers, and as a result, the prescribed carer to learner ration is usually unattainable. In many cases, SCCs are unable to retain caregivers as they are usually paid minimum wage [19].

The policy document for LSPID [11] accentuated the importance of employing a program implementer at SCCs to serve as the liaison between the DBE and caregivers to ensure the successful implementation of the learning programme. However, unlike the centre manager, the policy document for LSPID [11] prescribed the minimum qualifications for the program implementer as a Matric and/or and early childhood development qualification at National Qualifications Framework level 5. It was highly recommended that a qualified teacher be employed as the programme implementer [11].

3.5. Infrastructure Development for Special Care Centres

SCCs are either established by a parent of a disabled child or an NGO. This means that financial resources differ between centres, and hence, the type of infrastructure in SCCs are not uniform in terms of their quality and functionality [19]. There are differences between a SCCs established by a family and a well-established NGO.

The Western Cape High Court [48] ruling noted that infrastructure is critical to provide quality education for LSPID. The importance of infrastructure was equally emphasised in the Draft Policy for LSPID [11], which stated that the Department of Public Works must play an important role in ensuring there are adequate infrastructure provisions in SCCs. As noted by [26], centres established by parents for disabled children face infrastructure challenges, unlike centres managed by established NGOs. Further, Limaye, S held that most of SCCs established by individuals are small, and learners have challenges accessing toilets, playgrounds, and classrooms [26].

3.6. Consultation with Provincial Government

Consultation is the process of seeking and offering information and advice, exchanging ideas, and addressing problems in a respectful and trusting environment. To be effective, the process must be motivated by both parties' willingness to share information and collaborate to address problems. According to [21], the consultation process is vital for improving collaboration and communication among institutions that support learners with intellectual impairments. Open talks among stakeholders can lead to good policy reforms that will allow SCCs and provincial governments to help learners with intellectual disabilities more effectively [21].

3.7. Advocating for LSPID

SCC managers are expected to be knowledgeable with in-

ternational and national policies and procedures while working with disabled children. With this grasp of legislation and processes, centre managers will be able to deliver services to children with disabilities that satisfy international and national standards while also advocating for them. An advocate is someone who speaks on behalf of or collaborates with another person, such as a kid or a parent, to obtain required assistance [23]. Managers at SCCs are encouraged to advocate for learners with disabilities when it comes to obtaining appropriate resources for young children with disabilities and families. This is accomplished by collaborating with many stakeholders to teach them about children with intellectual disabilities. Through this education, the various stakeholders can support the SCCs.

4. Research Methodology

This study adopted a mixed methods research (MMR) design. According to [20], in a mixed methods research study, quantitative and qualitative data are collected sequentially and involve the integration of data at one or more stages in the process of the research. These approaches are complementary since, as [29] aver that qualitative findings usually inform and support the quantitative results. According to [3], an exploratory sequential mixture design begins with a qualitative phase in which qualitative data are collected and analysed. In this study, interviews were used to collect data during the qualitative stage. The results of this phase were used to develop and inform the subsequent quantitative phase during which surveys were developed as the quantitative data collection tools [5]. It is important to remember that the relevance of mixed methods research lies in the deliberate blending of methods used in data collecting, data analysis, and evidence interpretation. Purposeful data integration has the benefit of allowing the researcher to seek a more panoramic picture of their research terrain by looking at occurrences from various angles and using a variety of research lenses [42].

The research design in this study involved two distinguishable, but complementary phases:

1. Phase 1: The researcher collected qualitative data and analysed it using the READ approach [6]. Thus, Phase 1 assisted in determining how managers of special care centres for Learners with Severe to Profound intellectual disabilities perceive the support provided by the Gauteng provincial government. The findings from Phase 1 were utilised to develop questionnaire for Phase 2.
2. Phase 2: The results of Phase 1 was refined and built on by employing a quantitative approach which used a questionnaire as an instrument [4]. Furthermore, in the questionnaire, participants were expected to rate how managers of special care centres for Learners with Severe to Profound intellectual disabilities perceive the support provided by the Gauteng provincial government by scoring or ranking questions assigned on a Likert

scale. SPSS computer software was used for the quantitative data analysis.

4.1. The Research Approaches

The focus of the study was to investigate how managers of special care centres for Learners with Severe to Profound intellectual disabilities perceive the support provided by the Gauteng provincial government, and thus the Pragmatic paradigm was adopted [24]. What was needed was a worldview which would provide methods of research that were seen to be most appropriate for studying the phenomenon at hand. This approach allowed a combination of methods that in conjunction could shed light on the actual behaviour of participants, the beliefs that stand behind those behaviours and the consequences that are likely to follow from different behaviours [30, 24]. This paradigm advocates a relational epistemology (i.e. relationships in research are best determined by what the researcher deems appropriate to that particular study), a non-singular reality ontology (that there is no single reality and all individuals have their own and unique interpretations of reality), a mixed methods methodology (a combination of quantitative and qualitative research methods), and a value-laden axiology (conducting research that benefits people) [24]. According to [43], pragmatism is based on the proposition that researchers should use the philosophical approach that works best for the research problem being investigated. Hence, pragmatism is concerned with effective applications or workable solutions for the research problem. Thus, in this study, data were drawn from both qualitative and quantitative assumptions (mixed methods approach) to answer the research questions to achieve the aim of the study.

It is worth noting that qualitative research is subjective and quantitative research is objective, and pragmatism acknowledges the strengths and weaknesses of each. In this study, pragmatism was appropriate as at one stage of the research I adopted a subjective approach by interacting with the participants to construct realities, and at another stage I took a more objective approach by not interacting with the subjects [43]. This was accomplished by combining interviews (qualitative) and a questionnaire (quantitative) to bring together the advantages of the breadth and depth associated with pragmatism [43].

4.2. Research Instruments

The type of research approach adopted in this study informed the research instruments that were used. Both qualitative and quantitative research instruments were used to collect data for this study. The qualitative data were collected via face-to-face semi-structured interviews which were conducted with centre managers at the purposefully selected Gauteng Special Care Centres for LSPID. A cell phone was used to record each interview, which was later transcribed using MS Word processing software and a computer. Quan-

titative data are collected by using a questionnaire [4] which uses scaled items, and closed form items were also included in the questionnaire. The questionnaire items typically were in the form of a statement with limited, closed-ended choices on a Likert scale. The Likert scale measured attitudes, perceptions, and experiences by asking participants to respond to a series of statements about the research questions in terms of the extent to which they agree or disagree [41].

4.3. Population and Sampling

According to [33], a population is a total number of units from which data can potentially be collected. In research, it is often not feasible to recruit the entire population of interest; hence, the researcher recruits a sample from the population of interest to be included in a study.

4.3.1. Population and Sample for the Qualitative Phase

According to [28] sampling is a process of selecting a portion of the population for the study. The participants were purposively selected based on their position and experience of the phenomenon being investigated. Purposeful sampling of ten ($n=10$) centre manager was appropriate because I elected participants who had knowledge about or experience with the phenomenon being investigated [5]. In addition, purposeful sampling was suitable as the choice of participants was based on availability and preparedness to take part and being able to communicate experiences and opinions in an articulate, expressive, and reflective way [2, 32].

4.3.2. Population and Sample for the Quantitative Phase

The objectives of sampling in Phase 2 (quantitative) were to obtain a numerical representative sample from the population of interest so the inferences and research findings from the sample represented real associations in the population of interest [27]. For Phase 2, the sample were all 45 SCC managers in Gauteng. As the Grant Project supports 45 SCCs, I adopted Total Population Sampling (TPS). Hence, all managers ($n = 45$) in Gauteng were part of the population for the study. However, only thirty one ($n=31$) centre managers took part in Phase 2 as they were the only participants that returned the questionnaires.

5. Data Analysis

5.1. Qualitative Data Analysis

The qualitative data (Phase 1) was collected using face-to-face, semi-structured interviews and were transcribed into MS Word format. The results obtained from the interviews have been arranged in sequence with the responses received from the questions in the interviews. The sequential

order of the questions has been adhered to as far as possible. These were organised into data segments, which contained similar comprehensive and relevant ideas utilising the READ approach. In this qualitative study, according to [6], the READ approach consists of the following steps: (1) Read the materials, (2) extract data, (3) analyse data, and (4) distil the findings.

5.2. Category 1: Support from Provincial Government

To promote EFA, the South African government developed a draft policy for delivering quality education and support to children with severe to profound intellectual disabilities [11], which was first implemented in 2018. The policy document specified which departments must provide assistance and how the assistance must be delivered in SCCs. The supply of resources to support students with intellectual disabilities can help centre management succeed. According to the findings, only the DBE and DoH are meeting the mandate of the five departments tasked with leading the provision of services in centres. While the DSD, DPWI, and Department of Transport make smaller contributions.

5.2.1. Theme 1: Lack of Support from the Provincial Government

When asked about provincial government support, interviewees had varied responses. Some felt that help from the DBE and DoH is adequate, while others felt that support from the DSD is insignificant. One supporter (P#05) of the Departments of Education and Health stated, “We get help from Departments of Health and Education. Health gives us money and Education provides learning materials”. In addition, P#02 was in agreement with P#05 when asked about support from provincial government and state the following:

Since we started the centre, I commend Department of Health and then came Department of Education. We didn’t know that these kids they have potential to learn. But through the Department of Education, now we see our children have the potential to learn.

5.2.2. Theme 2: Lack of Infrastructure Development

When asked about infrastructure development, P#05 presented the following example of how infrastructure development and regulations frustrate centre managers:

From government structures? No. In fact in their contract, they are very clear that they are not getting involved in buildings and all that. When we started, somebody came from government and recorded all the kids, and said you can’t have kids in tin shacks, and we asked them that they are abandoned, so please help us to put something, and they said no and asked to licence us so that we can ask for donations. And they said, we can’t licence you in a shack. They can’t take the kids, they can’t help us build, they can’t licence us because they licence

only a brick and mortar structures.

On the other hand, one centre manager faced a different infrastructure difficulty since they are renting from the DPWI, and the challenge is high billing from the department. This is what P#08 had to say:

Yes, we do work with infrastructure. Department of Infrastructure are the ones that are owning this place. So we are renting from Department of Infrastructure. Yes, and we have been signing the lease agreement with them because we are leasing from them. But for now we have got problems with Department of Infrastructure because the problem is the money for rental the billing is too high for us. Its way too high for us so that is the biggest problem with us. But we have tried to discuss with Department of Infrastructure because they are supposed to renew the lease agreement as it was supposed to finish last year and we applied, but now they are in the process of taking back the school to the normal children. So they are still surveying, and they were not happy about the payments because we couldn’t afford to pay R7 000 every month.

The findings showed that there is a lack of infrastructure development because of financial constraints. To alleviate financial and infrastructure development constraints, centre managers are expected to request assistance from the DPWI to facilitate infrastructure development and ensure that buildings meet international universal design standards, but this is not possible because the department is not supporting the centres.

5.2.3. Theme 3: Lack of Support of Transport for Learners

There are two types of SCCs, namely day and residential care centres. Residential care facilities provide learners with on-site housing so they do not require transportation, but learners for attend day care centres do need transport. When questioned about problems, most day care centre managers listed transportation as a major issue. According to the findings, the residential managers are eager to provide day services but they cannot provide the transport learners. With regards to transport, P#05 stated the following:

Transport they are not providing, but they say from the subsidy that they give us, you have to try and get transport, which does not work. Food of course because from the subsidy we get us, buy food, clothing, and stipends for the staff.

P#05 was asked to provide a solution to the transportation problem, and replied as follows:

I think it’s important for the government, the same way that they make a plan, we are not expecting a different thing for kids with special needs. We just say what you provide for kids we say are normal with us, in areas where transport is a problem, there is a schooling transport system is provided by the government. Why can’t they provide for these kids?

P#06 was asked about the challenges experienced, said lack of reliable transport was the main issue, explaining as follows:

We do not have any kid of transport here. So as you see the Avanzas have parked there, they are old, but for us to go for the meetings, there is a community member who donated. He

didn't donate as such, he borrowed us his Avanzas, two of them. We fill petrol in them. We are not paying anything. We just fill petrol and use them anyhow as much as we want. So he is part of us as a volunteer, is a driver, he is in transport, he is a guy who collects kids from different places.

When asked to recommend a solution to the transportation problem, P#06 recommended the following:

Transport department if they can donate because we don't even have transport for office work. Remember we have workshops, we have forum meetings that we need to attend, and we do submissions every month. So for us to go to taxis or to Uber, Ubering is a bit expensive. Besides they provide transport in schools, why not our kids?

Finally, P#07 described the difficulties of transporting children with intellectual disabilities by citing the following incident that happened with her on her way home from the hospital:

Doctor phoned, and he said the child was discharged. I go there with a taxi, and come back with a taxi. She is 18 years, she is long, and they don't know how to walk, and it was so painful in that taxi because people when you get there, they shishiiii. They don't want this child touch, but our child want to touch, so when you come to a taxi, you become like a fool or like what, I do know.

According to the findings, transportation is limited because of financial restrictions. The lack of transportation in centres has been exacerbated by the Department of Transport's failure to fulfil its mission of providing transportation for intellectually disabled learners as indicated in the Draft Policy [11].

Unfortunately, the managers believed the DBE has double standards by providing scholar transportation in schools but not in SCCs. Seeing that the DBE provides scholar transportation, centre managers are constantly requesting the DBE to offer transportation to SCC learners, but these requests have fallen on deaf ears.

5.2.4. Theme 4: Lack of Adequate Social Services

Children with intellectual disabilities confront great obstacles in South Africa as the majority of them are either abandoned or orphaned. When asked about support from DSD, P#05 described how a shortage of social services is evident among centre managers, and to clarify his point of view, he said the following:

There must be a social worker or a social worker linked to every organisation. We have five organisations in this area, one social worker can be linked to them to provide social worker needs. A social worker can come check and go to the houses, even the same kids we have here when we release them on leave of absence to the homes. How do we know if the environment is conducive? The service of a social worker is needed.

To emphasise his argument about the shortage of social services, P#05 used the following of an occasion that required the services of a social worker:

For these kids, social development is needed because some

of these kids the home environment is hostile, then we need social development. We had two of our kids, we had two teenage girls, they go home December, and we give around 3–4 weeks holiday. They come back, and four months down the line we discover that they are pregnant. What is that? Its rape, but you know that there is something at home, and social development is not involved.

P#09 also stated how important social workers are by saying the following:

The social worker must be employed. You can imagine there are a lot of social issues to deal with in our centres. Because we have things like, for an example, there is a young lady here who is non-verbal, and we suspected she was raped, and it took an entire week to find a social worker. I had to go and have the child be tested if she was really raped at a rape centre, make a case, etc. I don't have all the knowledge. What are my legal parameters as the centre manager but working in the interest of the child?

P#08's response to the dearth of social services was described as follows through the lens of counselling services for both learners and carers:

I had a boy who came here, he was a twin. The father killed the other twin in the presence of this one, and then this one comes here. He is violent and keeps saying I need my brother, and here is a caregiver who is supposed to be a father and a mother to this kid, they get stressed. So they need continued therapy and counselling, but we can't afford that kind of counselling, but there is a department that can provide somewhere but they can't.

P#03, on the other hand, examined social difficulties through identification documents, which are under the purview of social workers, and stated the following:

I have kids who don't have IDs [identification documents], and only this week I went to four different Department of Home Affairs. They keep referring to one another. This one says it's not us but another department. So you need social development to get involved.

SCCs for disabled children often require workers with unique capabilities. For example, a social worker who works with deaf children should be fluent in sign language to provide counselling without relying on interpreters. However, according to the findings, recruiting and retaining talented people in the NGO sector is challenging.

The findings showed that there is a paucity of social service provision at the centres, and that home visits are difficult. Centre managers requested assistance in the form of enough social workers or permanent placement in centres, but the request was denied, resulting in minimal provision of social services because of a shortage of social workers.

5.2.5. Theme 5: Lack of Adequate Funding

According to the findings, the centres spend the majority, if not all, of their funds providing services rather than improving their organisations. The participants described the problem as follows:

Its only Mental Health that give us a subsidy for food, stationery, stipend, and cleaning material, but the money is not enough for things like transport or paying our staff. (P#01)

The money we get is helping, am not saying it's not helping. It's helping, but it's not enough. On that money they give us, a certain percentage needs to go on this, and another percentage go on this, and so on. So we have 60% to go for HR for paying staff, and that money we get from Department of Health is not enough to pay everyone. (P#08)

We do have financial support from Department of Health through subsidy per capita, which is not enough, because we claim a grant on monthly basis. They pay when they have it. Sometimes its stories, but that is not enough, and it covers I can say around 60–70% of our activities, and the other 30% we have to raise from different donors and sources so that we can pay caregivers. (P#05)

Our main source of income is we are funded by the government as we are given subsidy by the Department of Health Mental Health Directorate. We get a monthly subsidy for each child, but it's not enough. So the state pays an amount per child as subsidy, and subsidy caters about 60% as salaries and 20% of the income comes from parents as they pay a small school fee, and we also provide transport for the children. (P#09)

The Children's Act [39], which mandates the government to provide comprehensive social services to children, prioritising funding in low-income communities and ensuring accessibility for children with disabilities [16]. NGOs provide specified services, but the grants do not fully cover their expenses. According to the findings, a shortage of funds presents management issues for centre managers.

According to the findings, the DoH gives financial help, but the centre administrators believed it is inadequate. The managers felt that the DoH should re-examine the grant for children with intellectual disabilities. Some centre administrators can also fundraise, but according to the data, they cannot raise enough.

5.2.6. Lack of Adequate Multidisciplinary Professional Support

Children with intellectual disabilities struggle to navigate tasks that require physical, emotional, educational, verbal, and social abilities, and because of these obstacles, they require consistent and adequate support from multidisciplinary professionals. When asked about the extent of specialist help, P#09 stated the following:

The other thing that is a challenge for us is that there is lack of professional services, but we advertise. We have got the money to employ but maybe not the asking price. But to give an example, we have a couple of occupational therapists that come and go. But these people cost money, and there too far and between. Occupational therapist and physiotherapist it's hard to get hold of them. That is a challenge for us.

Furthermore, P#09 highlighted the absence of professional help using the following example that occurred in my presence:

It's impossible for us to employ a nurse, like that child that is getting epilepsy, and we struggle to find a nurse that will work for a very low salary to assist us with things like that. It will give you so much comfort if like now a child had epilepsy, and you have a nurse who can look at everything, but now we need to go the hospital whatever the case. So having a qualified nurse on site would be such a relief to us in terms of medical care.

Other participants indicated that the level of professional support is inadequate, describing the problem as follows:

We also have the physiotherapists working here. They also go to the homes and do home visits, and check all these people who have strokes. These physiotherapists come here once every month, but each time there is a new group, and I think once in a month, it's not enough. (P#06)

We have a dire need of professional services, because of that at least even if it's coming twice a month or so, we have a special needs teacher, a speech therapist, occupational therapist who comes, the reason why it was a better approach to look for help from people in the Department of Education, it was because as an NGO you don't have the money, you can't pay for the professional services. But again I think coming twice or so is not enough. (P#05)

I approached the section dealing with NGOs in the Mental Health in City of Johannesburg, so engaging with the Department of Health to bring more services to the NGOs, because before we had one occupation therapist, she was coming once in a week and the funder said they cannot fund for that anymore. So what I did was look for funding if we need a professional service, I engage the person to see if they can do it pro-bono if not look for another funder and negotiate a good deal and it is not easy. (P#04)

According to the findings, the participants believed that the DBE provides extensive support, but that contact days with centres are insufficient. In addition, an educational support team includes a special education teacher, physiotherapist, speech therapist, occupation therapist, and psychologist. The DoH, on the other hand, provides modest multidisciplinary help, and the DSD support is non-existent, according to the participants.

5.3. Quantitative Data Analysis

In Phase 2 of this study, once data had been collected through the use of questionnaires, the IBM SPSS software was used to capture, analyse and interpret the data. The quantitative data are presented using tables, graphs and statistical numbers [29]. A total of 31 valid questionnaires were received and analysed. The results are presented and discussed.

Respondents were asked to rate 20 statements pertaining to how managers of special care centres for Learners with Severe to Profound intellectual disabilities perceive the support provided by the Gauteng provincial government. A seven-point Likert-type scale was used to rate the statements, where 1 = strongly disagree, 2 = disagree, 3 = partially disagree,

gree, 4 = neutral, 5 = partially agree, 6 = agree and 7 = strongly agree. Higher levels of agreement with a statement would be associated with higher levels of support from provincial government, while disagreement would be associated with less of support.

To ensure the consistency, validity, and reliability of the findings, I ensured the measurement errors in the research instruments were kept to a minimum by designing them appropriately and accurately [4]. The reliability of the data collection instruments was therefore confirmed by confirming that they produced at least the same measures when used at varied intervals.

Furthermore, the structured questionnaire was subjected to Cronbach's alpha reliability test in Excel using analysis of variance. In each questionnaire, one item was used to assess for internal consistency. A question with Likert-scale items was chosen from the questionnaire using the Likert scale. The Cronbach's the Alpha rule states that the reliability test should not be less than 0.07 and should be near 1.0 [22]. The questionnaire's Cronbach's alpha reliability test result was 0.944, as shown in Table 1. As a result of the reliability test, the questionnaire was shown to be dependable in producing believable results when employed consistently throughout time.

Table 1. The questionnaire's Cronbach's alpha reliability test.

ANOVA						
Source of variation	SS	df	MS	F	P-value	F crit
Rows	416,7871	30	13,8929	18,08004	1,56E-48	1,501562
Columns	59,72903	9	6,636559	8,636731	2,21E-11	1,914648
Error	207 471	270	0,768411			
Total	683,9871	309				
Cronbach's alpha			0,94469			

5.4. Objective 1: To Identify and Analyse the Challenges Encountered by Managers in Overseeing Centres

5.4.1. Support from Different Departments

According to the data in Table 2, two-thirds of centre managers are satisfied with the help they receive from the DBE, while half the respondents felt that support from the DoH is adequate and the half felt it is inadequate.

Table 2. Level of support from different departments.

Level of support from different departments	N/%	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Total
DBE	N	7	3	1	11	9	31
	%	22.6%	9.7%	3.2%	35.5%	29.0%	100%
DoH	N	4	10	4	11	2	31
	%	12.9%	32.3%	12.9%	53.5%	6.5%	100%
DSD	N	5	8	10	3	5	31
	%	16.1%	25.8%	32.3%	9.7%	16.1%	100%
Department of Transport	N	21	0	0	2	8	31
	%	67.7%	0.0%	0.0%	6.5%	25.8%	100%
DPWI	N	19	1	2	3	6	31
	%	61.3%	3.2%	6.5%	9.7%	19.4%	100%

5.4.2. Correlation Analysis of Level of Support by Different Department

Spearman's correlation analysis was used to examine the correlation of support provided by several departments with

activities such as staff development, assistive equipment, LTSM, and infrastructure development. The results are shown in Table 3, with correlation values lower than 0.005 ($p < 0.005$) as significant.

Table 3. Correlation analysis of level of support.

Department	Correlation with staff development (p-values)	Correlation with assistive devices (p-values)	Correlation with LTSM (p-values)	Correlation with infrastructure development (p-values)
DBE	0,000	0,000	0,000	0,002
DoH	0.001	0,012	0,008	
DSD		0,019	0.025	
Department of Transport	0.000	0,000	0,000	
DPWI	0.002	0,001	0.000	0,032

Table 3 summarizes the support provided to SCCs by several departments as reported by the respondents. Staff development, assistive equipment, and LTSM were among the assistance provided. Only statistically significant scores are displayed, and blank scores have a value higher than 0.005 ($p > 0.005$), and are therefore not significant and not displayed. The various cases are detailed below.

Training provided by the DBE ($p = 0.000$), DoH ($p = 0.001$), Department of Transport ($p = 0.000$), and DPWI ($p = 0.002$) is statistically significant; however, training provided by the DSD is not significant ($p > 0.005$). This means that training provided by the DBE and DoH adds value to support services, while training for transport operators and building repairers that should be provided by the Department of Transport and the DPWI is non-existent. Transport operators should be trained in safety, and building developers should be trained in the universal design of buildings, and if this is done, it will increase the value of level of support by different departments.

Table 3 shows that there is statistical significance for the DBE ($p = 0.000$), DoH ($p = 0.012$), DSD ($p = 0.019$), Department of Transport ($p = 0.000$), and DPWI ($p = 0.001$). The

acquisition of assistive devices by the DBE, DoH, and DSD development is considerable, and is urged to continue. On the other hand, secure transportation and the storage of assistive devices are as important. This increases device availability and enhances the quality of life for LSPID.

The data also showed that providing LTSM is important. The provision of LTSM by the DBE ($p = 0.000$), DoH ($p = 0.008$), and DSD ($p = 0.025$) is statistically significant. This indicates that improving the quality and quantity of LTSM provisions improves the quality-of-service provision at centres, and as a result, improves the quality of life for LSPID. In terms of LTSM transportation and storage, the data showed that it is statistically significant for the Department of Transport ($p = 0.000$) and the DPWI ($p = 0.000$). This means that safe transportation and storage of LTSM should be promoted because it enhances the level and quality of support provided by SCCs.

As for infrastructure development, support by the DBE ($p = 0.002$) and DPWI ($p = 0.032$) was statistically significant. This means that the DBE and the DPWI should continuously improve Centre infrastructure, so the provision of services is enhanced and are in line with universal designs of buildings.

5.5. Objective 2: To Find the Specific Types of Support That Managers Believe Are Essential to Improve Effectiveness of the Centres

Table 4. Management support activities.

Activity	N/%	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Total
Fundraising skills	n	3	14	5	7	2	31

Activity	N/%	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Total
	%	9.7%	45.2%	16.1%	22.6%	6.5%	100%
Constructive consultation	n	6	4	15	3	3	31
	%	19.4%	12.9%	48.4%	9.7%	9.7%	100%
Advocacy	n	6	3	4	12	6	31
	%	19.4%	9.7%	12.9%	38.7%	19.4%	100%

Table 4 shows that the Centre managers had mixed feelings about fundraising abilities, advocating for learners with disabilities, and constructive consultations with government.

Three out of 31 (9.7%) respondents were *very dissatisfied* with their fundraising skills, 14 out of 31 (45.2%) were *dissatisfied*, and 5 out of 31 (16.1%) were neutral. On the other hand, 7 out of 31 (22.6%) respondents were *satisfied* with their fundraising skills, and 2 out of 31 (6.5%) were *very satisfied*. Secondly, in terms of constructive consultations with the government, 6 out of 31 (19.4%) respondents were *very dissatisfied*, 4 out of 31 (12.9%) were *dissatisfied*, and 14 out of 31 (48.4%) were neutral. While 3 out of 31 (9.7%) respondents were *satisfied* and *very satisfied*, respectively. Finally, 6 out of 31 (19.4%) respondents felt *very dissatisfied* with advocacy, 3 out of 31 (9.7%) were *dissatisfied*, and 4 out of 31 (12.9%) were neutral; however, 12 out of 31 (38.7%) respondents were *satisfied*, and 6 out of 31 (19.4%) were *very satisfied*.

To sum up, managers lack fundraising skills but can advocate for LSPID. Furthermore, the results showed that managers are dissatisfied with government consultations because they believe they are one side of the government.

6. Triangulation

Following the exploratory sequential mixed methods design, data analysis and interpretation were divided into two phases: The qualitative phase (Phase 1) and the quantitative phase (Phase 2). This section is concerned with triangulating or integrating the qualitative and quantitative datasets. As defined by [31], research triangulation is the process of increasing the credibility and validity of research. In other words, research triangulation tries to confirm the findings of a study. The qualitative themes from the interviews and document analysis were combined with the numerical data from the quantitative phase from the questionnaire.

The triangulation of the qualitative and quantitative datasets is jointly presented in Table 5. According to [18], joint displays are tabular or graphical tools or matrices used for qualitative and quantitative presentations in mixed methods research investigations. The advantages of joint display presentations include the ability to compare qualitative and quantitative data, to draw inferences from specific phases, and to present the overall results of a mixed methods study [1].

Table 5. Joint display of qualitative and quantitative results.

Objectives	Qualitative findings	Quantitative findings	Inference
To find and analyse the challenges met by managers in overseeing special care centres for Learners with Severe to Profound Intellectual Disabilities in Gauteng Province.	The finding included lack of support from government, lack of infrastructure development, lack of transport for learners, lack of fundraising skills, lack of adequate funding, and lack of multidisciplinary personnel support.	The findings show support from Different government departments (n = 31) Department of Transport: <i>satisfied</i> to <i>very satisfied</i> (n = 10), <i>very dissatisfied</i> (n = 21), and <i>neither</i> (n = 0). DPWI: Satisfied to very satisfied (n = 9), very dissatisfied (n = 20), and <i>neither</i> (n = 2).	Confirms that even if there is a policy framework, SCCs are facing challenges. Support from DBE and DoH was acknowledged by SCC managers. Support is lacking from DPWI and Departments of Transport, and Cooperative Governance.
To find the specific types of support that managers believe are essential for improving the functioning and effectiveness of these centres.	The findings show that centre administrators lack advocacy and fundraising skills, and there is little collaboration between the government and managers.	The findings show that (n=31) respondents took part in the research: Advocacy <i>Satisfied</i> to <i>very satisfied</i> (n=18) <i>dissatisfied</i> to <i>very dissatisfied</i> (n=9) and <i>neither</i> (n=4) Fundraising: <i>Satisfied</i> to <i>very satisfied</i>	This confirms that to expand SCC exposure and monetary base, managers need be trained in advocacy and fundraising skills. Furthermore, this shows that real support requires conversations between the government and

Objectives	Qualitative findings	Quantitative findings	Inference
		(n=9), dissatisfied to very dissatisfied (n=17) and neither (n=5). Consultations: Satisfied to very satisfied (n=6), dissatisfied to very dissatisfied (n=9) and neither (n=15)	management. The data show that management lack adequate advocacy and fundraising skills, and consultation is minimal.

7. Recommendations

Considering the findings from the data gathered from the mixed methods research (MMR) through a purposeful sampling process for the qualitative phase (Phase 1) and Total sampling approach for the quantitative phase (Phase 2) and, recommendations can now be proposed.

7.1. Recommendations to Objective 1: To Find and Analyze the Challenges Met by Managers in Overseeing Centres

The findings showed that Centre managers face management challenges, and the following recommendations are made to solve these challenges:

1. In response to the issues found by the findings, it is advised that the provincial government gives suitable support, such as infrastructure development, learner transportation, and fundraising training, for Centre managers. Furthermore, it recommended that the DSD offer adequate and proper social services, while the DoH revisits its funding choices and takes inflation and cost of living into consideration. In addition, the provincial government should give enough interdisciplinary professional support by making enough Centre visits and encouraging constructive consultation with Centre management.
2. As for transportation, it is proposed that the Department of Transport be one of the key participants in transporting learners to and from SCCs. According to the findings, currently, the Department of Transport has not taken part in the Grant Project since its commencement in 2018, which ignores the recommendations of the court [48]. It is recommended that the Department of Transport follow the *National Learner Transport Policy* [17]. The provincial government should review the *National Learner Transport Policy* [17] as it does not address accessibility and safety concerns for learners, especially those with disabilities.
3. Furthermore, the findings showed that the DSD delivers few social services, and that those they do provide are not coordinated and are often intermittent. As a result, it is proposed that interdepartmental support be strengthened and better coordinated to increase project delivery

efficiency.

4. It is suggested that consultations between provincial government departments (DBE, DoH, DSD, Department of Transport, and DPWI) and Centre management be made a priority. Currently, only three ministries (DBE, DoH, and DSD) support SCCs, and the managers believed that the three departments are unwilling to engage in constructive talks since government communication is one-sided. Therefore, it is proposed that a consultation platform be built to allow relevant departments and Centre managers to engage.

7.2. Recommendations to Objective 2: To Figure out the Specific Types of Support That Managers Believe Are Essential to Improve Effectiveness of the Centres

In terms of objective 2, Centre manager have challenges in advocating for learners with intellectual disabilities, fundraising, and productive engagements with provincial government. With the challenges listed above, the following support recommendations are proposed:

1. In answer to the topic of advocacy, while the data suggest that half of the respondents believe they can advocate for learners with intellectual disabilities, it is advised that managers be trained in how to advocate effectively using modern approaches. The total number of participants was 31, with nine (n=9) unsatisfied to extremely dissatisfied, eighteen (n=18) satisfied to very satisfied, and four (n=4) neither. The implication is that by being able to advocate, centres will get more attention in the local and international community, potentially leading to more financing opportunities.
2. It is also proposed that Centre managers be taught fundraising skills, as more than half believe they lack fundraising abilities. The overall number of participants was 31, with seventeen (n=17) being dissatisfied to extremely dissatisfied, nine (n=9) satisfied to very satisfied, and five (n=5) being neither. The notion here is that by being able to fundraise, centres will have a stronger financial position to carry out activities that require funds.
3. Finally, the research revealed that there are limited consultations between provincial governments and Centre management. The total number of participants was 31, with ten (n=10) unsatisfied to extremely dissatisfied, nine

(n=9) satisfied to very satisfied, and fifteen (n=15) neither. The idea here is that by allowing for constructive consultations, centres and provincial governments would be better able to carry out activities that serve learners with intellectual disabilities in an efficient and effective manner. Half was unsure about consultations.

8. Summary and Recommendations of Triangulated Data

8.1. Objective 1: To Find and Analyze the Challenges Met by Managers in Overseeing Centres

Care managers play a key role in integrating stimulation, education, and social services, particularly for LSPID in SCCs. Unfortunately, the findings showed that managers often confront many problems carrying out their responsibilities, such as lack of transportation, insufficient money, insufficient fundraising ability, insufficient social services and funding from government, insufficient professional support, and a lack of productive consultations between managers and the provincial government.

8.2. Objective 2: To Figure out the Specific Types of Support That Managers Believe Are Essential to Improve Effectiveness of the Centres

To summarize, managers should receive training on how to effectively advocate using modern strategies. Furthermore, it is recommended that Centre managers be trained in fundraising skills, as more than half believe they lack these capabilities. Finally, enhanced consultations between provincial governments and Centre managers are recommended; communication between the two institutions must be increased.

9. Conclusion

This was an exploratory design since qualitative data was first collected and analyzed, and the themes were then used to develop a quantitative instrument to further investigate the research questions and address the research objectives using narratives. Individual interviews and document analysis were used to gather data to answer the research questions. Individual interviews were performed with SCC managers. I did the document analysis at the offices of the Centre managers. The data collected using the various methodologies revealed four themes. The use of several data collection methods helped me triangulate the data to ensure it is trustworthy.

Managing an SCC for LSPID is never easy, and the findings of this study supported this assumption. This study discovered that several issues impede the implementation of

policy documents. The issues hindering the implementation of policy documents include lack of transport for learners to and from SCCs, inadequate support from different departments of provincial government, lack of infrastructure development, minimal parental involvement, lack of fundraising skills, and inadequate funding. To overcome the above stated challenges and achieve fruitful implementation of policy documents while adhering to the court case ruling, the Gauteng Provincial Government, in collaboration with all stakeholders, must develop a practical and flexible blueprint of the implementation process that can be changed and adapted to meet the needs of SCCs.

Furthermore, to move forward with the provision of education, health, and social services in SCCs, the Gauteng Provincial Government must support managers to ensure that centres decide on the values and goals of education, the next step to take in the implementation process, how to develop the spirit of advancing social justice and operating procedures, how to develop and support SCC managers, and on roles and processes of providing stimulation, education, health and social services.

Abbreviations

GDE	Gauteng Department of Education
LSPID	Learners with Severe to Profound Intellectual Disability
NGO	Non-Governmental Organization
READ	Read, Extract, Analyse, Distil
RSA	Republic of South Africa
SCC	Special Care Centre
SPSS	Statistical Package for Social Science
IBM	International Business Machines

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Conflicts of Interest

The authors declare no conflicts of interest.

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