PERCEPTIONS OF GRADE 1 TEACHERS IN MAINSTREAM PRIMARY SCHOOLS REGARDING OCCUPATIONAL THERAPY FOR CHILDREN WITH LEARNING DIFFICULTY

by

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Declaration:

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Elrika Beukes

SIGNED ON THE 29th **DAY OF** October **2017.**

EXECUTIVE SUMMARY

Teachers are often the source of referrals to Occupational Therapist in mainstream schools. The researcher wanted to determine what the Grade one teachers' perceptions are regarding Occupational Therapy and children with learning difficulties. A qualitative descriptive approach was adopted to gather in-depth information about the teachers' lived experiences and thus gather information about their perception of Occupational Therapy and children with learning difficulties. A total of seven focus groups where held at the three types of mainstream primary schools namely: No-Fee-, Former Model-C- and Private schools. The focus groups were recorded with written permission and data was transcribed and analysed. The themes highlighted the knowledge, perceptions and attitudes of the teachers towards Occupational Therapy and the children with learning difficulties. It furthermore indicated the teachers' perception of the role that parents play in helping their children with learning difficulties. Teachers' perceptions proved to be important when referring a child with learning difficulties to Occupational Therapy.

Keywords:
Occupational Therapy; Teachers; Foundation Phase; Scholastic; Learning Difficulties; Referral; Grade one; Focus Group.

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LIST OF ABBREVIATIONS

PEO:	Person-Environment-Occupation Model of Occupational Performance
OT:	Occupational Therapy
OTASA:	Occupational Therapy Association of South Africa
UNICEF:	United Nations Children's Fund
WHO:	World Health Organization
SAHRC:	South African Human Rights Commission

CHAPTER 1

INTRODUCTION TO THE STUDY

1.1 INTRODUCTION

The United Nations Children's Fund (UNICEF) South Africa indicated that a large portion of the country's population is represented by young children between the ages of 0 to 4 years (UNICEF 2007).

Even though the South African Government launched the Early Childhood Development Strategy in 1996 the majority (84 percent) of young children still did not have access to formal Early Childhood Development by 2007 (UNICEF 2007; Department of Education 2001). The researcher, who is an occupational therapist, observed that it is still the case and that the parents and/or primary caregivers, who are often the grandmothers, may or may not have the knowledge to provide age appropriate stimulation to these children.

Margetts and Phatudi (2013) noted that the nationwide audit of 2001 indicated that seventy percent of South Africa's preschool teachers were unqualified. So even though the children were sent to preschool, the children might not have received age appropriate stimulation.

Lack of age appropriate stimulation is regarded as one of the many challenges our South African school system faces as the majority of South African children perform significantly below the curriculum (Spaull 2013). The children who have learning difficulties in primary schools are often not able to follow the curriculum at higher grades (Spaull 2013).

When looking at how South Africa compares to other countries it was found that South Africa's education system performs much worse than poorer countries that spend less on education (Van der Berg 2008).

The South African Human Rights Commission (SAHRC) hypothesises that township and rural schools are often marked by "vulnerability, alienation and a lack of social cohesion" (SAHRC 2006).

Margetts and Phatudi (2013) noted their concern for the future of education in South Africa. They noted that the Government made a proclamation during the State of the Nation Address 2009, that school readiness tests were not a condition for being accepted into Grade one (Margetts & Phatudi 2013).

The Education Policy Act indicated that "*The governing body of a public school may not administer any test related to the admission of a learner to a public school, or direct or authorise the principal of the school or any other person to administer such test*." (RSA Act 84 of 1996). This means that one cannot refuse entry to Grade one even if the child does not meet the basic literacy, numeracy and life skills that were deemed essential for Grade one in the past (Margetts & Phatudi 2013). This leaves our young children, especially the children with learning difficulties, in a vulnerable place.

Some literature does not differentiate between *learning disability* and *learning difficulty* and uses the terms interchangeably (Fletcher, Lyon, Fuchs & Barnes 2006). For the purposes of this study, the distinction between *learning disability* and *learning difficulty* is that *learning disabilities* are associated with an inability to improve scholastic performance past a certain ceiling. The World Health Organization (WHO) describes learning disability to be an "incomplete development of the mind" (World Health Organization 2016). The WHO indicated that a person of an intellectual quotient (IQ) range between 84 and less than 20 is considered to have a learning disability (World Health Organization 2016). The Department of Health in England indicated that children will be considered to have a learning disability if they have been identified as having a moderate, severe or profound learning difficulty. This implies that they have reduced ability to understand new or complex information and/or to learn new skills; or if they score two standard deviations below the mean of a validated test of general cognitive functioning or general development (Emerson & Heslop 2010). These children are better suited in special schools and do not follow the curriculum as set out by the National Curriculum Statement of South Africa (Department of Education 2002).

The term *learning difficulty* is used to describe a variety of neurological disorders that affect the *way* learners learn. These children may have difficulties with spelling, reading, arithmetic and/or language difficulties (Bowyer & Cahill 2008:207; Selikowitz 2012). Yuen, Westwood and Wong (2006) noted that specific learning difficulties (SpLD) are defined as children with average intelligence who do not present with any significant cognitive, physical or sensory impairment. They also do not suffer from emotional disorders or marked degree of cultural or linguistic disadvantage. A child with learning difficulty has had normal opportunities to learn through exposure to conventional teaching methods; yet exhibit extreme difficulty in acquiring adequate proficiency in reading, writing, spelling and basic mathematical skill (Yuen, Westwood & Wong 2006).

Learning difficulties are of lesser extent compared to learning disabilities and are often rectified or compensated for in the scholastic setting. Children with learning difficulty are often found in mainstream schools (Missiuna, Pollock, Levac, Cambell, Whalen, Bennett, Hecimovich, Gaines, Cairney & Russell 2012:45; Rodger 2006:234).

Learning difficulties are associated with difficulty with attention, memory, visual perception, higher-level cognitive and mental functions. This includes mental functions of language, calculation functions, mental functions of sequencing complex movement and the experience of time. In other words, children who are not achieving according to their age expectation (Bowyer & Cahill 2008:208). Literature indicated that it is not uncommon for these learners to act out in the class setting and they may even be disruptive in some cases. Learners with learning difficulties can at times be labelled as being noncompliant due to elaborate strategies to avoid certain tasks. These behaviours often signal difficulty with the scholastic tasks (Bowyer & Cahill 2008:209; Rodger 2006:72; Missiuna et al 2012:45).

'Barriers to learning' is a term that is commonly used among teachers as it is defined in the National Curriculum Statement as an "obstacle that prevents learning and development and ultimately prevents learners from accessing the curriculum" (Spaull 2013; Department of Education 2002). A *'learning barrier'* is considered to be the effect of a learner's difficulty in achieving competence in an age appropriate performance component. *Barrier to learning*, for the purposes of this study, will be used synonymously with *learning difficulty*.

Research has proven that Occupational Therapy can make a valuable contribution in treating learning difficulties (Lane & Bundy 2012:535; Hargreaves, Nakhooda, Mottay & Subramoney 2012; Bourke-Taylor, Howie & Law 2010).

Lane and Bundy (2012:4) defines Occupational Therapy as a profession that offers a unique approach to intervention with children. Focus is placed on the children's participation and occupational performance especially in the case where their participation is impacted by environmental factors influencing their health and well-being (Lane & Bundy 2012:538).

Occupational Therapy's role in the school setting is aimed at providing children the opportunity to achieve independence in the context in which they live, work and play in accordance with their age expectation. The school going child's role is that of being a scholar (Case-Smith & O'Brien 2013:717; Rodger 2006:72; Benson, Szucs & Mejastic 2016:290).

The scope of Occupational Therapy in South Africa is defined by the Health Professions Act, as the act of evaluating, improving, maintaining and/or guiding development through appropriate techniques to facilitate participation in normal "age appropriate" activities. 'Normal activities' include activities which are age appropriate for play, school and personal care activities (RSA Act 56 of 1974).

Occupational Therapy as a profession considers the dynamic relationship between people, occupation and their environment in which they need to function. This may be of value in this study as we will be looking at teachers teaching Grade 1 students in their specific environment and resources (Strong, Rigby, Stewart, Law & Cooper 1999). The Person-Environment-Occupation (PEO) model creates a platform from where one can consider the complexities of human functioning, enable clients to successfully engage in meaningful occupations in chosen environment (Law, Cooper, Strong, Stewart, Rigby & Letts 1996).

Occupational therapists can be found in a variety of settings which ranges from clinics and hospitals to private practices, schools and special schools (Schell, Gillen, Scaffa & Cohn 2013:975). Some special schools employ occupational therapists as part of the staff to assist children with learning disabilities. Mainstream primary schools in South Africa refer to

government schools (No-Fee- and Former Model-C schools) as well as private schools from Grade R to Grade seven. The process of referral can differ from setting to setting.

Occupational therapists in government hospitals and clinics are not employed by the Department of Health to assist children with learning difficulties according to circulars distributed in these settings. The Department of Health, especially Primary Health Care Services, can deal with perceptual and cognitive delays before the age of six. These circulars indicate that children who are six years and older and do not have health-related problems should be referred to the appropriate service provider, which in the case of learning and education, would be the Department of Education. These children are then referred to the Department of Education's District Team (Department of Education 2013). It is however found that many district offices have disappointing service records due to lack of service delivery (Letseka 2013:4866). Letseka (2013:4866), in her study done on Education in South Africa, indicated that a minority of the school principals in her study received 'satisfactory' support from the district offices. She noted that the district offices have a responsibility to aid school principals and teachers to improve the quality of learning and teaching (Letseka 2013:4867).

There seems to be a lack of planning and collaboration between Provincial Education Departments and their district offices (Department of Education 2013). There are, therefore, no guarantees that the child with a learning difficulty will receive the intervention he/she requires to cope in school. Thus, if a child is not in a special school where Occupational Therapy forms part of the curriculum, the only other option is an occupational therapist in private practice. The occupational therapists in government hospitals and clinics are employed by the Department of Health and do not have a mandate for non-health related conditions after the age of six.

In mainstream primary schools, occupational therapists have an understanding with the schools and build a relationship with the principals and teachers. The school could offer the occupational therapist a venue in which she can perform therapy. Rent payable for use of the venue is based on the individual agreement or understanding with the school. Occupational therapists can also perform screening tests at school on request. Where and when the occupational therapist treats children during school time is thus directly dependent on the

agreement between the occupational therapist and the school. The occupational therapists are not formally employed but rather affiliated with the school. The term 'mainstream school' in this study includes No-Fee-, Private- and Former Model-C schools.

The teachers are frequently the first to identify a learning difficulty as parents are often not knowledgeable in identifying possible learning difficulties. The teachers are obligated to report learning difficulties to the parents. The parents then have the prerogative to do something about the reported difficulty. In some cases parents can also be in denial about the fact that their child has a learning difficulty.

It is therefore clear that teachers are often the source of referrals, as they need to identify the child with *barriers to learning* and refer appropriately. The teachers' perception towards Occupational Therapy may play a role in their willingness to refer the child to Occupational Therapy. Subsequently, the parents' relationship with the teachers and their own perceptions regarding their children's teachers and Occupational Therapy can play a role in whether the parent will accept the teacher's advice.

The path of referral of '*children with learning difficulties*' is often dependant on teachers, doctors and/or paediatricians noticing difficulty, and then reporting it to the parents, who can then make contact with an occupational therapist. Parents are also known to consult occupational therapists when they are concerned about the development of their children. The referral of children from doctors, teachers and even parents themselves are often dependant on their subjective perceptions of Occupational Therapy and the perceived effectiveness of treatment.

Research studies based on Occupational Therapy intervention in the mainstream school system indicated that Occupational Therapy is effective in the treatment of learning difficulties (Lane & Bundy 2012:560; Hargreaves et al. 2012; Blanche, Durrheim & Painter 2006:185). Some studies performed in Canada and the United States of America showed that teachers believe that Occupational Therapy in the school setting is beneficial. They also found that teachers might be reluctant in some cases, to refer as they are not fully aware of the scope of Occupational Therapy (Casillas 2010; Benson et al 2016:292; Fairbairn & Davidson 1993).

A study performed in KwaZulu Natal, South Africa, at former Model-C schools that have access to Occupational Therapy, indicated that there is a need for occupational therapists to advocate their role in the mainstream primary schools (Hargreaves et al. 2012). Literature in regard to teachers' perceptions about Occupational Therapy in the mainstream school setting in the South African context is limited.

Teachers are regarded as one of the key sources from where children can be referred to Occupational Therapy. It is for this reason important to explore Grade one teachers' perceptions towards Occupational Therapy and how these perceptions influence their willingness to refer children with learning difficulties to Occupational Therapy.

1.2 PROBLEM STATEMENT

From the discussion above one can conclude that South Africa is faced with an educational crisis where the children are not performing according to their age expectations (UNICEF 2007; Spaull 2013).

Occupational Therapy can assist children within the school context with learning disabilities as well as learning difficulties (Bowyer & Cahill 2008:207; Palisano 1989; Niehues et al. 1991). Children with learning difficulties are often found in the mainstream school system, including private and public schools. These children require Occupational Therapy intervention, among other interventions, to improve their ability to cope scholastically. The concern, however, is how do these children get from '*realizing there is a problem*' to '*attending therapy*' to remediate the problem.

It is assumed that teachers often need to inform parents should *barriers to learning* be identified. The teachers are, therefore, often a source of referral to occupational therapists.

It is hypothesised that there could be a number of reasons why a child might not receive Occupational Therapy intervention, but for the purposes of this study, the focus was on the Grade one teachers' perceptions towards Occupational Therapy and how this influenced their willingness to refer children with learning difficulties to Occupational Therapy.

1.3 RESEARCH QUESTION

What are the perceptions of Grade one teachers in mainstream primary schools regarding Occupational Therapy for learners with learning difficulties?

1.4 RESEARCH AIM

The aim of this study was to determine Grade one teachers' perceptions of Occupational Therapy pertaining to learners with learning difficulties.

1.5 CONCEPT CLARIFICATION

Learning difficulties - The Oxford dictionary describes learning difficulty as experiencing difficulty with acquiring knowledge and skills to the normal level expected of those of the same age, such as difficulty with reading, writing and understanding, particularly when not associated with a physical impediment (Stevenson 2010:1005). Learning difficulties are associated with difficulty with attention, memory, visual perception, mental functions of language; mental functions of sequencing complex movement; calculation functions and the experience of time (Bowyer & Cahill 2008:207).

Operational Definition: Learning difficulties are of lesser extent and are often rectified or compensated for in the scholastic setting.

Mainstream schools –

- **Former Model-C schools –** This term is not officially used by the Department of Basic Education. This, however, refers to former 'white' schools.

  Operational Definition: These schools often have more resources both financial and human. These schools are also regarded as 'higher functioning' according to Roodt (2011).
- **No-Fee schools –** Is defined as a mainstream school that might not levy a compulsory school fee (RSA Act No. 84 of 1996). This Act abolishes school fees in the poorest schools nationally.

  Operational Definition: Schools who do not levy compulsory school fees in poor areas.

- **Private schools** – Private schools are owned by private entities/companies and follow a different curriculum than that of government schools. They are run independently. Private schools are regarded as more expensive compared to government schools.
  Operational Definition: Schools who are independent from the Government.

Occupational Therapy – Denotes the ability of a person to perform daily occupations. The aim of Occupational Therapy is to enable and empower a person to be competent and confident in the performance of his/her occupational tasks so as to enhance well-being and minimise the effects of dysfunction or the impact the environment may have on dysfunction (Whalen 2002).
Operational Definition: Occupational Therapy can contribute to the quality of life of learners with learning difficulties through treating and/or accommodating for developmental delays.
Perception – Is defined as a frame of mind, way of thinking, position, approach, interpretation or a particular attitude towards or way of regarding something (Stevenson 2010:1318).
Operational Definition: In this study perception will be seen as a belief, a fixed idea or attitude of teachers towards an occupational therapist.

1.6 SIGNIFICANCE AND CONTRIBUTION TO THE SCIENTIFIC BODY OF KNOWLEDGE

The purpose of this descriptive qualitative study was to discover the perceptions of the Grade one teachers in mainstream primary schools regarding Occupational Therapy.

This study makes a valuable contribution to the knowledge base about teachers' perceptions towards Occupational Therapy in the South African context. Information obtained in this study can be used to encourage collaboration between occupational therapists and teachers. This will in return empower the teachers with knowledge and solutions to attempt to remediate learning difficulties. In the ideal world it is believed that effective collaboration results in effective therapy which, in return, results in more learners succeeding scholastically.

The Occupational Therapy profession as a whole will benefit from the information gained from this study through improving service delivery. The perceptions can be discussed among occupational therapists. The Occupational Therapy Association of South Africa (OTASA) is a suitable platform for sharing information gained from this study.

1.7 DELIMITATION OF THE RESEARCH

This study's aim was to determine mainstream primary school Grade one teachers' perceptions of Occupational Therapy in the Tshwane South District in Former Model-C, No-Fee as well as Private schools.

1.8 RESEARCH METHODOLOGY

A qualitative descriptive method was used in this study. The researcher gathered data through facilitating focus groups at No-Fee-, Former Model-C- and Private schools. A total of seven focus groups were facilitated. The data was transcribed and analysed. Details regarding research design and methodology are addressed in *Chapter 2.*

1.9 OVERVIEW OF CHAPTERS

This study is structured as follows:

- *Chapter 1* provides an introduction and highlights, amongst others, the problem statement, research question and aim,
- *Chapter 2* addresses the research design and methods that were used to collect and analyse data,
- *Chapter 3* discusses the research findings, and
- *Chapter 4* contains the conclusion and reflection.

CHAPTER 2

RESEARCH DESIGN AND METHODS

2.1 INTRODUCTION

This study adopted a qualitative research design. This manner of research adopts a person-centred and holistic perspective which is in line with the occupational therapists holistic client-centred approach (Roley, Brownrigg, Sava, Talley, Voelkerding, Toto, King & Lieberman 2008). Qualitative research seems to match the philosophy of Occupational Therapy in this respect and is therefore considered appropriate for researching the Grade one teachers' perceptions regarding Occupational Therapy and learning difficulties.

2.2 RESEARCH DESIGN

Qualitative research is defined as the process of understanding people's opinions about their lives and the lives of others. It is the process of generating information in regard to the participants' reality or in this case, the participants' perception towards a subject (Holloway & Wheeler 2013:3). Brink and Wood indicated that this research design is flexible and unique and ever-evolving throughout the research process (Brink & Wood 1998:322). The researcher deemed Qualitative Research as the appropriate method as the researcher wanted to gather in-depth knowledge about the Grade one teachers' lived experiences. The researcher is of the opinion that rich qualitative data would contribute in understanding and answering the research question more fully.

Burns and Grove (2010:534) noted that descriptive qualitative research design is a manner of describing the 'nature' of certain settings, processes and relationships and in this study, various relationships and perceptions of Grade one teachers.

The researcher considered a qualitative descriptive design as the best method and approach for this study.

The descriptive design gave the researcher a deeper understanding of the nature of Grade one teachers' perceptions. It therefore provided the Grade one teachers with a platform where they were able to share their lived experiences and for the researcher to gather rich qualitative data.

2.3 CONTEXT

This study was done at three 'types' of mainstream schools. These included No-Fee schools, Former Model-C schools, and Private schools.

No-Fee schools are regarded as the poorest schools and are subsidized by the Government according to the Constitution of the Republic of South Africa (RSA Act 108 of 1996). These schools are often found in rural areas of South Africa. The referral process of children to Occupational Therapy in these schools is often unclear. Normally the teachers report learners with difficulties to their Head of Department who then organize meetings with the child's parents or caregiver. The teachers may also attempt to remediate the child's difficulties with extra classes and activities. It is assumed that teachers with knowledge about Occupational Therapy refer children to occupational therapist at the nearby clinic. Not all clinics and hospitals have access to Occupational Therapy services. It is assumed again that if there are occupational therapists who work at the clinic, they would refer them to the Department of Education's District Team.

The occupational therapists at clinics and hospitals often cannot treat children with learning difficulties or other scholastic problems as they do not have the resources or time. Spaull noted that the Department of Education's District Teams often have disappointing service records and the children frequently go without assistance (Spaull 2013, Letseka 4866).

Former Model-C schools are schools that are mainly situated in the urban and suburban areas. It is assumed that these schools have more resources available to them compared to No-Fee schools. Former Model-C schools seem to have a structured referral system which differs from school to school.

Some Former Model-C schools have direct access to educational psychologists, speech therapists and occupational therapists on their premises. They follow a process of reporting the child with learning difficulties to a remedial teacher who attempts to remediate the problem. If the remedial teacher is unable to assist, the child's parents are informed and recommendations for therapy are made. In some schools, the educational psychologist will be the first to assess a child with learning difficulties. From there the child is referred to Occupational Therapy for further assessment and therapy on the school premises or at a private Occupational Therapy practice.

Private schools are run independently and are not subsidized by the Government. Private schools often have their own curriculum. Private schools' fees are expensive compared to Former Model-C schools. The referral processes of the Former Model-C schools and the Private schools are similar in nature. Some Private schools require an Occupational Therapy School Readiness report prior to being accepted into Grade one. The occupational therapist functions as a separate entity but can also have a therapy room on the school's premises, or children can be referred to private practices outside the school.

2.4 METHODOLOGY

Methodology is defined as the method of capturing data from selected sources and in the case of this study, from a group of people. It is the recipe of steps to follow to obtain information essential to the research being conducted (Leedy & Ormrod 2010:12). Qualitative methodology is dialectic and interpretive. The research participants' world will be discovered and interpreted by means of qualitative methods during interaction between the researcher and the research participants (Creswell 2013:74).

2.4.1 Assumptions

Assumptions in a qualitative research study attempt to determine what there is to know about the current reality, how we know what we know, identifying the underlying values of both the researcher and the participants and the method or process of obtaining what we know (Blanche, Durrheim & Painter 2006:40).

The following assumptions will be discussed: ontological assumptions, epistemological assumptions, axiological assumptions and methodological assumptions (Blanche, Durrheim & Painter 2006:278).

2.4.1.1 Ontological Assumptions

'*Ontological assumptions*' is described as the 'real world' or the reality of the setting in which research was conducted (Denzin & Lincoln 2011:13; Creswell 2013:299). The assumption in this study was that the teachers are the first line of contact when identifying children with learning difficulties. These children are most often identified in the classroom setting when they are compared to their peers and age appropriate activities and expectations. Furthermore, children with learning difficulties can be assisted by occupational therapists, but they need to be referred. Most common method whereby a child is referred to an occupational therapist is through a teacher who refers the parent. Doctors and paediatricians are often also a source of referral although they may be oblivious, or fail to identify learning difficulties and even mistake it for something else. Parents can also directly contact an occupational therapist should they become aware of a scholastic difficulty. The assumption was made that each school, whether No-Fee-, Former Model-C- or Private schools, has its own internal process of dealing with children who struggle in the classroom setting. Furthermore it was assumed that not all schools may have access to Occupational Therapy.

In this study the researcher will attempt to describe the reality of the perceptions of teachers and how this affects their willingness to refer to Occupational Therapy.

2.4.1.2 Epistemological Assumptions

Epistemological assumptions are concerned with how the researcher would approach the participants. It is further defined as the relationship between what we know and what we see (Guba 1985:28; Denzin & Lincoln 2011:95).

The researcher was aware that she will obtain data when interacting with the participants in the focus groups. The researcher assumed that by asking questions, the participants would provide valuable data of their lived experiences.

The researcher assumed that it is important to build rapport with the participants by creating a non-threatening setting and to take on the role of an empathetic listener during the focus groups. The focus group provided a platform where they could share their perceptions with the researcher.

2.4.1.3 Axiological Assumptions

Axiological assumptions are based on the role of values. (Lincoln & Guba 1985:31; Denzin & Lincoln 2011:233). During this research process the researcher realized that her own perception and assumptions could have the potential to skew the research findings. The researcher therefore attempted to identify her own values and perceptions and then bracketed these values and perceptions when listening to the Grade one teachers' perceptions and values. She further assumed that the teachers have their own values that influence their decisions and behaviour, including referral of children to occupational therapists. It was assumed that these values will also influence their responses during the focus groups.

2.4.1.4 Methodological Assumptions

Methodological assumptions refer to how we got to know what we wanted to know (Lincoln & Guba 1985:66). The researcher assumed that the teachers knew the best about their own experiences and perceptions about the children who have learning difficulties in their class and the opportunity to refer them to an occupational therapist. The topic is not of a sensitive nature and the researcher assumed that the participants will willingly and openly share their opinions during a focus group. The researcher realized the need to ask probing questions to encourage the participants to share more of their lived experiences.

2.5 SELECTION OF PARTICIPANTS

2.5.1 Population

Population is described as the entire set of individuals having some common characteristics determined by the sampling criteria established for the study (Burns & Grove 2010:290; Brink & Wood 1998:320). In this study the Grade one teachers in the mainstream primary schools from Former Model-C, No-Fee and Private schools in the Tshwane South District were selected.

Former Model-C schools, No-Fee schools and Private schools are believed to have different resources and 'challenges'. These types of schools were chosen in order to obtain comprehensive information regarding teachers' perceptions within the context of their specific challenges and available resources.

2.5.2 Sampling Method, Size and Location

In this study, the researcher made use of purposive sampling. Purposive sampling refers to selective sampling that involves conscious selection by the researcher of certain participants to include in the study (Burns & Grove 2010:313; Brink & Wood 1998:292). In this study, Grade one teachers in schools in the Tshwane South District were identified. The participants were invited to participate and requested to complete and sign an informed consent form (see *Annexure D*).

Selection criteria included Grade one teachers, not limited by the extent of experience they had in teaching, at former Model-C, No-Fee and Private schools that are able to understand and communicate in English and who are located within a radius of 15 km from the venue (*Lombardy Business Park in the Tshwane South District*). This venue was planned to be a place of neutral ground where focus groups would be held. The Tshwane South District (D4) includes the following areas: Atteridgeville, Brooklyn, Constantia Park, Eldoraigne, Erasmia, Eersterust, Garstfontein, Irene, Laudium, Lynnwood, Lyttelton; Mamelodi, Menlopark, Murrayfield, Nellmapius, Pretoria-West; Rissik; Silverton, Soulsville, Sunnyside and Wierda Park. There are 128 registered schools in the Tshwane South District. The socio-economic status of these areas is believed to be diverse as it includes rural townships, urban and suburban areas. Teachers from various schools would have been invited to attend the focus groups. The No-Fee schools' principals noted, however, that their teachers do not have the means to attend a focus group at the venue referred to above. The principal of a Former Model-C school requested that the focus group should be held at their school during the foundation phase meeting. He voiced this request based on his believe that the teachers would probably not be willing to attend a focus group on Saturdays or after work at a different venue.

The researcher accepted the principal's request and held the focus groups at the relevant schools either during a foundation phase meeting or arranging for the teachers to remain behind after school. The initial plan was to have a total of three focus groups comprising of four to six participants. The researcher, however, was unable to form focus groups at the two No-Fee schools as they only had two participants for reasons which were outside of the researcher's control. Two semi-structured interviews were conducted instead. Three focus groups were conducted at the Former Model-C schools; and two focus groups were conducted at the Private schools before data saturation was achieved. Speziale, Streubert and Carpenter (2011:230) describes data saturation as the point at which data-collection themes are repeated.

2.6 DATA COLLECTION

Qualitative data collection methods are flexible and usually do not take numerical form. It is further defined as the precise, systematic gathering of information, capturing verbatim reports of observable characteristics (Brink & Wood 1998:293; Burns & Grove 2010:364).

In this study, data was collected by means of focus groups. Focus groups were used as they were cost-effective, encouraged participation if participants felt safe in the group and some participants indicated that they found the group a stimulating and enjoyable process. Stewart and Shamdasani (2014:12) noted that focus group interviews may also yield more in-depth information in comparison to an individual interview.

The researcher first obtained permission from the Department of Education to approach the government schools. The researcher then contacted the principals of the schools that were selected and arranged to have a meeting with them in person. During these meetings, this study and possible outcomes were explained. The principals were requested to sign a form to confirm their consent should they agree to participate in this study. After these meetings, the researcher was introduced to the foundation phase teachers with whom arrangements were made for an appropriate date and time for the focus groups.

2.6.1 Focus Group

A focus group is a group interview that is aimed at a particular issue. Focus groups are often used in capturing group responses, exploring participants' views and experiences on a specific topic. Focus groups have the following benefits: It can be more cost-and time- effective than an interview; some participants might find participation in group discussions easier or more comfortable; participants often find focus groups enjoyable and improve quality and depth of information that can be obtained (Stewart & Shamdasani 2014:62).

The core aspects of a focus group include being well prepared in terms of the questions that were asked. The questions needed to be open-ended to encourage conversation (Creswell 2013:160; Speziale et al. 2011:68). Written permission was obtained from participants to ensure voluntary participation. A suitable location for the focus group needed to be identified. In this study, the location was often the personnel room or an empty classroom. The researcher attempted to establish and maintain rapport through small talk prior to the focus group and being courteous and respectful at all times. The researcher was also aware of her body language to ensure that non-verbal communication remained welcoming and encouraging (Denzin & Lincoln 2011:460).

The researcher, who also conducted the focus groups, introduced the issue to be discussed and attempted to make sure that nobody dominated the discussion.

The researcher also attempted to keep all the participants on the topic of discussion as recommended by Stewart and Shamdasani (2014:105).

Stewart suggests that the ideal size of a focus group is approximately between eight to 10 participants (Stewart & Shamdasani 2014:64). It was however expected that there would be approximately three to five Grade one teachers per school.

The number of participants per focus groups was inconsistent among the various schools. Focus Group Five (FG5) and Focus Group Three (FG3) were No-Fee schools which yielded only two participants each. These *groups* can no longer be classified as *Focus Groups* but are seen as 'semi-structured interviews' due to participants being less than four. Focus Group Three (FG3) which was also a No-Fee school, only had two participants. This was, however, not within the

researcher's control as she was notified that some of the participants had family responsibility to attend to and a participant was sick on the day of data collection. Focus Group Four (FG4) was a Private school and yielded four participants, whereas Private school Focus Group Seven (FG7) yielded two participants. The Former Model-C school focus groups were as follows: Five participants in Focus Group One (FG 1); four participants in Focus Group Six (FG 6) and five participants in Focus Group Two (FG 2). *Table 1* depicts the make-up of the sample used in this study.

Table 1: Make-up of the sample used in this study

Focus Group	*Type of School*	*Number of Participants*	*Duration*	*Date of Focus Group*
FG 1	Former Model-C	5	15:01	23 August 2016
FG 2	Former Model-C	5	26:24	29 August 2016
FG 3	No –Fee (semi-structured interview	2	25:06	5 September 2016
FG 4	Private	4	33:56	7 September 2016
FG 5	No – Fee (semi-structured interview)	2	20:09	12 September 2016
FG 6	Former Model-C	4	25:32	28 September 2016
FG 7	Private	2	17:25	7 March 2017

The following additional information was collected to describe the demographics of the focus groups: Age, gender, institution where qualification was obtained, presence of remedial/support teacher at school, as well as years of experience. See *Annexure E* for the demographic data that was requested from the participants. More details regarding the findings are contained in *Chapter 3*.

The recommended duration of a focus group was estimated at approximately 40 – 90 minutes (Stewart & Shamdasani 2014:148). The researcher noted that each focus group's duration fluctuated with the number of participants that were present (see *Table 1* for duration of each focus group). Facilitative techniques such as open-ended clarifying questions were used (see

Annexure F for the interview questions). The researcher attempted to refrain from asking leading questions as suggested by Speziale et al. (2011:68).

The researcher noted that the initial focus group held on the 23rd of August 2016 had the shortest duration. The researcher noted this and attempted to ask more leading questions to gain more ideas and thoughts surrounding the discussion during the focus group. The researcher noted that 'small talk' is an important part of conducting a focus group as the participants first need to feel at ease before they will share information freely.

2.6.2 Data Capturing

The researcher conducted the focus groups between August 2016 and March 2017. The research assistant supported this process, which included the noting of the order in which the participants spoke. The research assistant is a mother of four children. She has a keen interest in learning difficulties and is familiar with the Occupational Therapy process as all four her children went through the process. The research assistant holds a music degree and is an analytical thinker. The researcher chose her as the research assistant as she has some background regarding occupational therapy and children with learning difficulties. She was also readily available to assist during the focus groups due to her flexible schedule. The researcher together with the research assistant held a brief feedback session after each focus group to discuss the general feeling of the group.

The researcher and research assistant attempted to approach the participants in a non-threatening manner. The researcher and research assistant became acquainted with the participants by giving some personal background and engaging in small talk to put the participants at ease prior to commencing the focus group interviews. The researcher felt that it was important for the participants to realise that the researcher and research assistant were non-bias listeners as suggested by Stewart and Shamdasani (2014:81).

Data was captured by means of two audio recorders. See *Annexure F* for the list of questions that were asked and how they relate to the objectives of this study.

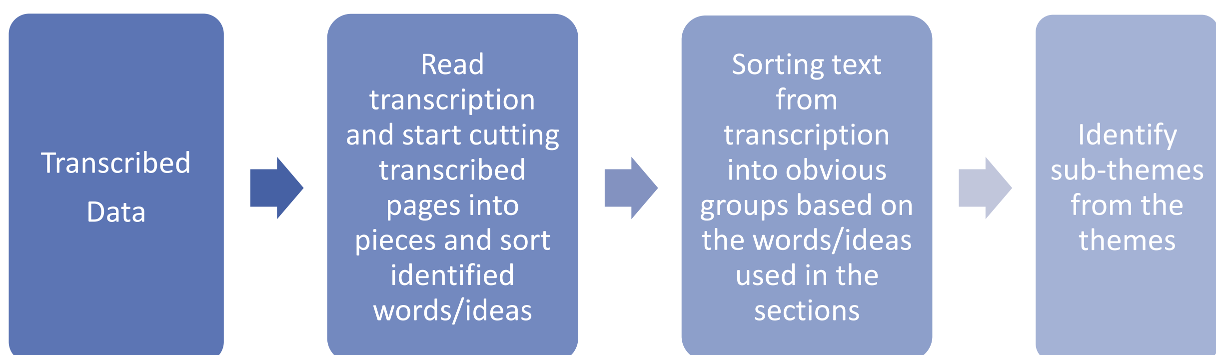
The researcher provided refreshments to the participants which they could enjoy either before or after the focus groups as a gesture of goodwill. The participants expressed appreciation for this gesture.

2.6.3 Data Organisation

The researcher transcribed the audio recordings after each focus group. Behaviours were also noted on the observation sheets.

Each audio recording was coded with the letters FG (focus group) and the relevant number, eg., *"FG 1"* and stored electronically on a USB-disk device. Each participant was given a number so that participants will have a pseudo-identification to protect the confidentiality of the teachers and the school. For instance, "FG1 P3" is used for Focus Group 1, Participant Number 3.

Diagram 1: The researcher's data organisation process



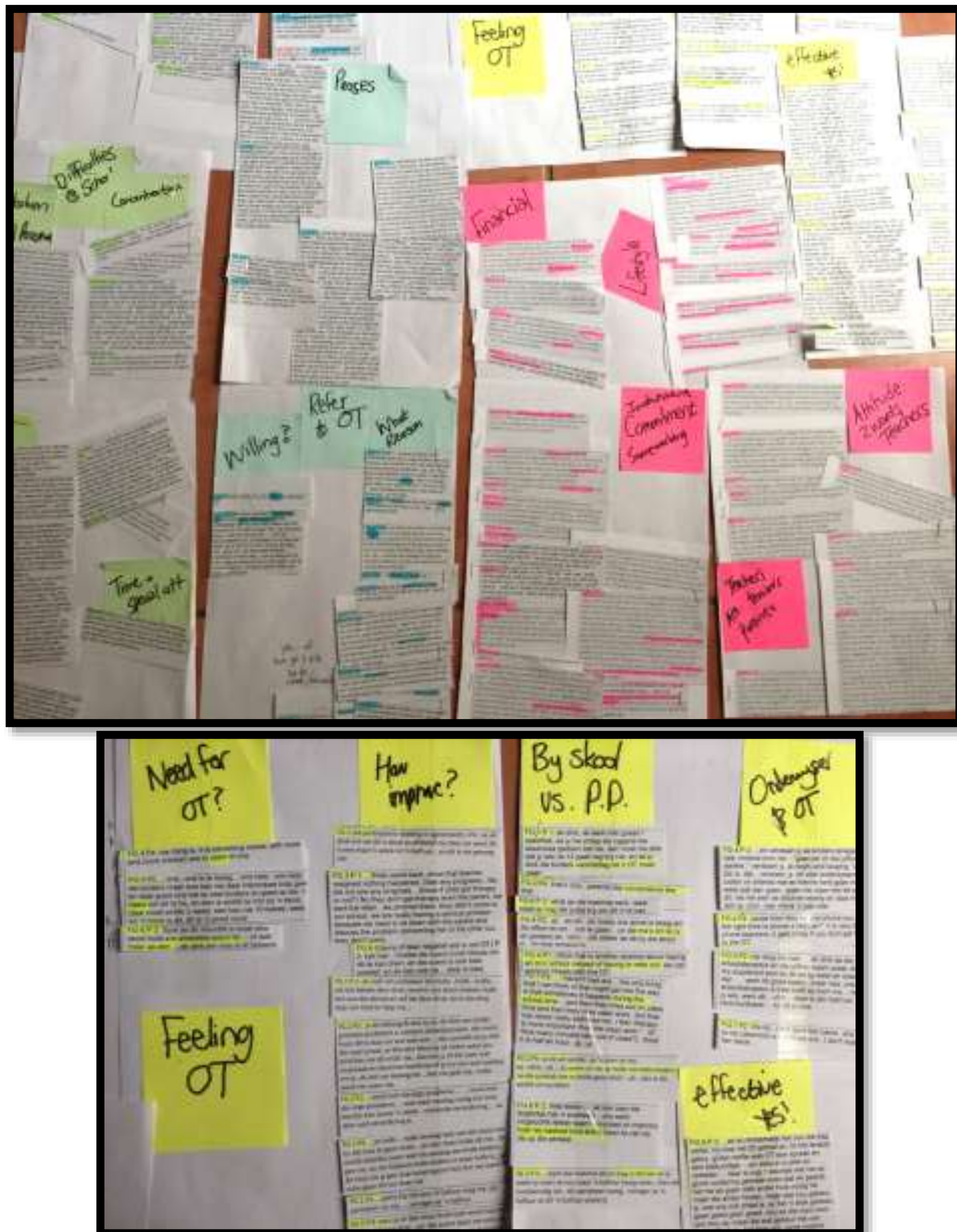
2.6.4 Data Analysis and Interpretation

The researcher made use of Creswell (2013:211) '*spiral of data processing*'.

The researcher performed the following steps to analyse the data-

- listened to the recorded audio tracks;
- transcribed the raw data by listening, and re-listening to the conversations, often at slow speed as some of the participants spoke fast and often interrupted one another;
- organized the transcribed data into various files on the researcher's computer;
- printed out the transcribed pages of each focus group and highlighted the recurring words and ideas;
- cut the transcribed pages into pieces and sorted the pieces into groups based on the recurring words/ideas that were identified;
- sorted the pieces of paper to see which themes emerged;
- reshuffled the data chunks on the researcher's computer so that the data analysis can be stored and processed in an electronic format;
- write up of the data; and
- organising and reorganising data into sensible themes and sub-themes. This, according to Brink and Wood (1998:248), is where the critical elements and findings are communicated (refer to *Diagram 1* and *Image 1*).

Image 1: Photo of the data sorting and organising phase



In an attempt to ensure accuracy, the researcher asked a colleague to review the data analysis during the write-up process. This method of data analysis is based on the work of Creswell (2013:211). The researcher has attempted to avoid describing the findings prematurely which is a common methodological error associated with this type of research as suggested by Speziale et al. (2011:82). See *Chapter 3 and Chapter 4* for the interpretation and discussion of the results.

2.7 TRUSTWORTHINESS

Trustworthiness, or rigour in qualitative research, is the act of correctly presenting the study participants' experiences in a way that is accurate and a true reflection of their reality (Speziale et al. 2011:93). This has been ensured through the following methods:

2.7.1 Credibility

Lincoln and Guba (1985:296) coined the term '*credibility*' as a technique to support the trustworthiness of a study. Credibility describes the sincerity of which the data findings are reported. This, according to Speziale et al. (2011:48), is seen when participants can identify with the research findings.

The researcher made use of the following aspects, as suggested by Lincoln and Guba (1985), to ensure that the findings are as credible as possible: Prolonged engagement, bracketing, persistent observation and peer review (Lincoln & Guba 1985:301).

Prolonged engagement is described as the amount of time spent on this phenomenon or setting from where the research question originated (Lincoln & Guba 1985:301).

The following indicates context with regards to the researcher's prolonged engagement in the field of Occupational Therapy as well as with past interactions with teachers and parents:

The researcher is a qualified occupational therapist and has been working in the field of Occupational Therapy for the last six years. Most of this time was spent in a paediatric practice where she worked with children with learning difficulties, parents and teachers from a variety of schools. Due to the researcher's prolonged engagement and clinical experience in the field of Occupational Therapy, she has a deep understanding of the research problem.

During the time of the research, the researcher spend prolonged time with the data related to the research topic by studying literature related to learning difficulties, occupational therapy collaborations with teachers, different types of schools and perceptions of teachers with

relation to Occupational Therapy. In addition, time was spend with the participants prior to conducting the focus groups. The focus groups were not rushed as the researcher attempted to create a space where the participants would be free to share their ideas and thoughts.

As much as prolonged engagement contributes to understanding of the context and interpretation of the data, it poses a risk for bias. To reduce bias, the researcher deliberately clarified her values prior to data collection and used bracketing during data collection. *Bracketing* is the process of identifying and isolating one's own assumptions and perceptions of the research topic to improve the trustworthiness of the research (Holloway & Wheeler 2013:216; Stewart & Shamdasani 2014:87).

Bracketing was an attempt to limit the interference that both the researcher and the research assistant might have had on the data collected as suggested by Holloway and Wheeler (2013:221).

The researcher was competent in conducting the focus groups as she received training in facilitating groups as an occupational therapist and additional training in focus groups by attending mentorship sessions with Dr Carin Maree (PhD in Nursing Science) and Dr Marianne de Beer (Ph.D in Occupational Therapy) who are both highly esteemed qualitative researchers. The researcher also consulted authoritative sources on the process of conducting a focus group.

The researcher facilitated all seven focus groups, which also contributed to the credibility of this study, as the focus groups were all done by the same person in the same format. She listened intently to participants' experiences concerning Occupational Therapy and children with learning difficulties. The researcher listened and re-listened to the audio recordings and often at reduced speed to ensure that the words are transcribed and interpreted as accurately as possible.

The role of the research assistant was to indicate the order in which the participants spoke, noting non-verbal cues and commenting on the general feeling of the group. The research

assistant was also instructed to help the researcher to facilitate the group and to prevent straying from the topic of discussion.

Persistent observation was described by Lincoln and Guba (1985:304) as the act of observing that which is most relevant and applicable to aid the researcher in answering the research question. The researcher facilitated all seven focus groups as well as audio recorded the conversations.

The research assistant made notes on the participants' non-verbal cues and general feeling among the participants. The researcher transcribed the data that contributed to in-depth engagement with the data in order to identify themes and sub-themes.

Triangulation is defined as using various methods or repeating the same method in different settings to obtain compounding data (Lincoln & Guba 1985:305). Data Triangulation was established by collecting data from three different types of schools namely Former Model-C-, No-Fee- and Private mainstream schools (Guion 2002).

Peer reviewing/debriefing, according to Lincoln and Guba (1985:308), exposes a researcher and the research findings to the constructive critique of a colleague who is either experienced in the methods of enquiry, the phenomenon or both. The researcher exposed the research findings (after pseudo-identification has been done) to an impartial colleague for constructive critique. The colleague, Mrs Heila Fourie, who has a master's degree in Occupational Therapy, reviewed the data. She worked as a lecturer at the University of Pretoria and often assisted with fieldwork of students in the rural areas of the Tshwane South District. She is familiar with qualitative research studies as she has conducted a qualitative research study herself. By allowing a colleague to review the data, the researcher had the benefit of a fresh perspective with regard to the research information that was gathered and analysed.

Finally, the supervisors were invited to provide constructive critique regarding the data, findings and interpretation as well as recommendations. Every attempt has, therefore, been made to ensure credibility of this study.

2.7.2 Dependability

Dependability, as described by Lincoln and Guba (1985:323), lies therein that the researcher has attempted to richly and comprehensively describe the research methods step by step so that future replication can be possible. The researcher attempted to enhance dependability by recording the focus groups on two recording devices, one placed on each side of the group. This was to ensure that the quality of the recordings was as high as possible and to make it easier to identify which participant was speaking. The research assistant made notes of the order in which the participants spoke. The researcher listened and re-listened to the recordings before transcribing the data.

The themes and sub-themes were peer-reviewed by a colleague who has extensive knowledge about qualitative studies and focus groups. An audit trail was described to further enhance dependability.

2.7.3 Confirmability

Confirmability refers to "*the degree to which the results could be confirmed by others*" (Trochim 2006; Lincoln & Guba 1985:323). The researcher attempted to leave a detailed audit trail throughout this study to ensure confirmability. (Trochim 2006; Lincoln & Guba 1985:219). A thick description of the research process contributes to the confirmability of this study.

2.7.4 Transferability

The level or extent one is allowed to generalize the information gathered in the study to other contexts or settings depends on the researcher's ability to describe and document the setting and the methods in detail. This allows a person to determine how this study and the results of this study can be 'transferred' to a similar study. One can then begin to make a judgement based on how true the transfer is, or how much one would be able to generalize information (Creswell, Hanson, Plano, & Morales 2007; Trochim 2006; Guba 1990:236).

The researcher has attempted to comprehensively explain the process, method and context of this study so that one can decide how the findings could transpire and be transferred to another setting. Thus thickness of description contributes to the transferability of this study.

2.7.5 Authenticity

Authenticity refers to the originality and the truthfulness of the phenomenon that is being studied (Creswell et al. 2007; Guba 1990:72). The researcher recorded the focus groups and transcribed the participant's words verbatim. Direct quotes are included in *Chapter 3*: Research Results and Discussion. This ensures that the reader can see the exact words used by the participants. This also ensures that the results remain authentic and rich.

The participants' feeling and tone were noted during the focus groups and the method or the intensity in which they spoke (the non-verbal cues) was also noted.

The researcher organized and interpreted the data. The data organization and analysing sheets are available on request for scrutiny. A snippet of the data analysing proses is included in *Section 2.6.4*.

2.8 CONSIDERATION OF ETHICS

The researcher has a moral obligation to strictly consider the rights of the participant who has provided knowledge (Speziale et al. 2011:60; Guba 1990:139). The following aspects will be discussed: Informed consent, autonomy, confidentiality, beneficence and the principle of justice.

2.8.1 Autonomy

Autonomy entails being free from external influences and being able to decide for yourself (Speziale et al. 2011:61). The researcher has obtained permission to conduct this study from the Faculty of Health Sciences Research Ethics Committee, Department of Occupational Therapy at the University of Pretoria, Department of Education, the mainstream primary schools in the Tshwane South District that form part of the sample, as well as the Grade one

teachers. *Annexure D* contains an example of the informed consent forms. Consent has also been obtained from the governing bodies of the private schools identified after sampling was performed. Consent to audio record the focus groups was obtained. The researcher made appointments with each of the schools which participated in this study.

The researcher explained the objectives of this study to the principals and requested them to complete and sign the consent forms if they wished to participate in this study.

A data collection appointment was made and during this meeting, the researcher explained to the participants that the focus groups will be audio recorded. The researcher explained that their personal information will be protected and asked that they sign a consent form should they agree to participate in this study.

The researcher has subsequently obtained informed consent from the Department of Education, the principals of the mainstream primary schools including Former Model-C-, No-Fee- and Private schools, as well as the participating Grade one teachers. See *Annexure C* and *Annexure D* for examples of these forms.

The identity of the mainstream primary schools and the Grade one teachers participating in this study has been, and will be kept confidential. The researcher has, and will continue to respect the teachers' rights to confidentiality, anonymity and privacy as well as the right to withdraw from this study at any time without suffering any consequences to themselves or to their school. The participants' rights were explained to them before the focus group commenced.

2.8.2 Confidentiality

Confidentiality is the protection of identity and keeping personal information safe (Guba 1990:82). No personal information has been disclosed in the analysed data, including *Chapter 3*, where the research findings have been discussed. Pseudo-identities were given to all participants and an explanation of the pseudo-identities can be found in *Section 2.6.3, Data Organization*. The identities of the participants and the schools will be kept confidential. The signed consent forms are, therefore, not included in this document to protect the participants' confidentiality. The true identity of the schools and participants who participated in this study has not been disclosed at any stage of this study.

2.8.3 Beneficence

Beneficence refers to the act of being a benefit to others, contributing to something and adding value (Guba 1990:164; Speziale et al. 2011:61; Burns & Grove 2010:107). This study makes a valuable contribution to the knowledge base regarding teachers' perception towards Occupational Therapy in the South African context.

Information obtained in this study can be used to encourage collaboration between occupational therapists and teachers. This will in return empower the teachers with knowledge and solutions to attempt to remediate learning difficulties. In the ideal world it is believed that effective collaboration results in effective therapy which, in return, results in more learners succeeding scholastically.

This study did not cause harm to any participant or institution as confidentiality is protected. Children may indirectly benefit from this study, but were not directly part of the Study.

This study also seemed to have an immediate contribution to the life of one of the participants (FG6) who communicated to the researcher that she enjoyed the focus group discussions.

2.9 CONCLUSION

This chapter focused on the methodology used to determine the Grade one teachers' perceptions regarding Occupational Therapy and children with learning difficulties. The research results are discussed in *Chapter 3.*

CHAPTER 3

RESEARCH RESULTS AND DISCUSSION

3.1 INTRODUCTION

South Africa is faced with an educational crisis where the children are not performing according to their age expectations (UNICEF 2007; Spaull 2013). Occupational Therapy can assist children within the school context with learning disabilities as well as learning difficulties (Bowyer & Cahill 2008:207; Palisano 1989; Niehues, et al. 1991).

Learning difficulties are often found in the mainstream school system, including private and public schools. Literature has proven that Occupational Therapy intervention is effective in assisting children with learning difficulties to improve their ability to cope scholastically. The main concern, as noted in the problem statement, is how would one improve the process of 'realizing *there is a problem*' to '*attending therapy*' to remediate the problem. Teachers are often the source of referral to occupational therapists and it is assumed that teachers have to inform parents should barriers to learning be identified. The onus of therapy thus ends with the parents.

It is assumed that there could be a number of reasons why a child might not receive Occupational Therapy intervention. For the purposes of this study, the focus was on Grade one teachers' perceptions towards Occupational Therapy, as it influences their willingness to refer children with learning difficulties to Occupational Therapy. Teachers from three different school settings (No-Fee, Former Model-C and Private Schools) were included in this study.

The aim of this study was to determine Grade one teachers' perceptions of Occupational Therapy pertaining to learners with learning difficulties.

Occupational Therapy often considers a complex and dynamic world of relationships between people, their occupation and the environment they find themselves in, as defined in the

Person-Environment-Occupation Model (Strong, Rigby, Stewart, Law & Cooper 1999). This model can be of assistance when discussing results obtained in this study and in particular, when considering the dynamic interaction among teachers and their students, occupational therapists and parents in the three different 'types' of school environments (No-Fee Schools, Former Model-C and Private Schools).

3.2 SUMMARY OF THE FINDINGS

The researcher conducted seven focus groups at seven different schools. The participants were asked questions about their previous experiences with children with learning difficulties, occupational therapists and parents.

The participants' responses were recorded on two audio recorders with their written consent. The researcher transcribed the responses and identified common themes and sub-themes.

3.3 DEMOGRAPHIC DATA

Demographic data was obtained from the Grade one teachers who participated in the focus groups. They filled out a background form indicating how many years of experience they have in the field of teaching; from what type of school they are (for example No-Fee-, Private- or Former Model–C schools); whether they had access to Occupational Therapy at their school or community, as well as whether they refer to Occupational Therapy.

Table 2: Demographic data of the focus groups

Data from Focus Groups	*Former Model-C*	*No-Fee School*	*Private School*	*Total*
Number of focus groups	3	2	2	7
Number of participants	14	4	6	24
Access to Occupational Therapy	Yes	No	Yes	20
Referred to Occupational Therapy	Yes	No	Yes	20
Participants' years of experience				
Less than 1 year	0	1	1	2
1- 3 years	1	0	2	3
4 - 8 years	4	2	2	8
More than 8 years	9	1	1	11

The demographic data indicated that the majority of participants were from Former Model-C schools. It should be noted that only four participants participated in the No-Fee school's semi-structured interviews. This is seen as a limitation in the study as the three different types of schools were not represented equally. It is important to note, however, that all three types of schools were given equal opportunity to participate in the study. From the twenty-four participants, only twenty participants had access to Occupational Therapy, and twenty participants stated that they refer to Occupational Therapy. It should further be noted that the majority of participants have more than eight years of experience in teaching.

3.4 THEMES AND SUB-THEMES

The following themes and sub-themes were found during this study, and will be discussed in the section that follows:

Table 3: Summary of Major Categories and Associated Concepts

Major Categories	*Associated Concepts*
Occupational Therapy	Knowledge, effectiveness of therapy, availability of therapy at school/community, communication with teacher and parents, treatment, learning difficulties, appropriate referrals.
Teachers	Access to Occupational Therapy, attitude towards parents/Occupational Therapy, classroom challenges, communication with parents/occupational therapists, technology, previous experience with occupational therapist/ children with learning difficulties, support at school
Parents	Level of involvement, attitudes towards teachers/occupational therapist, lifestyle, financial, beliefs regarding child's development

Table 4: Summary of themes and sub-themes

Theme	*Sub-theme*
Theme 1: Teacher's knowledge about Occupational Therapy	1.1 Access to Occupational Therapy
	1.2 Referral to Occupational Therapy
Theme 2: Teacher's attitude towards Occupational Therapy	2.1 Perceived effectiveness of Occupational Therapy
	2.2 Willingness to refer to Occupational Therapy
	2.3 Communication between occupational therapists and teachers
Theme 3: Parents' role	3.1 Parents' level of involvement
	3.2 Parents' lifestyle and financial status
	3.3 Parents' attitude towards teachers and Occupational Therapy

3.4.1 Theme 1: Teacher's knowledge about Occupational Therapy

Theme 1 is defined as the '*Teacher's knowledge about Occupational Therapy*'. It is assumed that teacher's knowledge about Occupational Therapy could have been gained through having contact with Occupational Therapy or hearing about Occupational Therapy in the past. Contact can include having access to, referring to and/or talking to an occupational therapist. This study will be considering the following sub-themes under this theme: Access to Occupational Therapy and referral to Occupational Therapy.

3.4.1.1 Sub-theme 1.1: Access to Occupational Therapy

Occupational Therapy, for the purposes of this study, is defined as therapy that is aimed at improving children's functioning on a scholastic level. *Access to Occupational Therapy* is defined as the availability of an occupational therapist at the school or in the community to whom teachers can refer children for assistance.

Teachers from No-Fee schools have limited access to Occupational Therapy, which is evident from the following quotes:

A teacher from a No-Fee school said that she believes that Occupational Therapy is (FG5 P2): *"…something like…where you go to get a therapy…or when uhm…regarding the ed…duties that I am doing in my occupation, even the people that are around me, so that I can deal with them in a good way maybe…it's when I think of that".* Another participant from the same school noted that (FG3 P1): *"I think Occupational Therapy, it think it might be someone who help the occupation, whatever the problems that might be there, like socially like here at the school, like here in school the problems that we encounter maybe with the learners and the teachers"*. Based on the comments from these two participants it can be deducted that they did not seem to know what Occupational Therapy is. They reported that they do not have access to Occupational Therapy at their school and hence do not seem to have a reference when speaking about Occupational Therapy.

A participant from a No-Fee school (FG3 P1) stated that: *"I think of, because previously referred to some of the learners in Grade one with their parents to Occupational Therapy…working in the Vista and visit Mamelodi East so I think you are speaking about something, somebody who deals with the difficulties…".* This participant reported that she has not received any feedback from the therapist and noted that the child does not receive therapy.

One of the No-Fee schools reported that (FG3 P1): *"…there are those that are having severe problems, mmm…that needs maybe psychologist, occupational therapist, social workers"*. When asked if they had access to these services, she stated that (FG3 P1): *"No, we do not have access".*

Another participant from a No-Fee school was told by a remedial therapist who assisted them for a while, to send children with learning difficulties to the local clinic. She made the following comment (PG3 P1): *"…they just gave me the address of the occupational therapist at Vista Clinic, just spoke to the parent and then send them to the Vista but I did not meet the occupational therapist".* The teacher reported that she also had no response from the therapist at Vista Clinic and the child did not receive therapy.

It was evident from the following quotes that teachers from the Former Model-C- and the Private schools have a good idea of what Occupational Therapy is. They also noted that they have access to occupational therapists at their school and/or know of therapists they can refer

to. Here is one example (FG4 P2): *"Arbeidsterapie, dit is waar kinders wat ons verwys wat probleem het met vaardighede en fynmotoriese probleme…en…en daai tipe vaardighede wat ons optel in die klas wat ons soontoe verwys, wat ons verder kan help, ons gaan tot op 'n punt en dan...meer professioneel stuur ons hulle na hulle toe…om te help".* (Occupational Therapy, it is where we refer children who have difficulty with skills, fine motor problems…and that type of skills that we note in class and then we refer, which can help us further, we can assist up to a point and then…for more professional assistance we refer them…for help.)

Another participant stated that (FG2 P5): *"...kinders wat ons raak sien wat ons weet 'n probleem het en ons weet dis nie ons veld nie...ek kan die probleem raak sien maar weet 'n arbeidsterapeut gaan die probleme op 'n ander manier raak sien...of die regte manier raak sien".* (…children that we see that have a problem and we know it is not our field….I can see the problem, but know that the occupational therapist will see the problem in a different manner…or the right manner.)

It was noted that all the teachers from the Former Model-C- and the Private schools stated that they had access to Occupational Therapy. Some of the teachers explained that there is an 'in-house' therapist. One participant noted that (FG5 P2): *"…ons werk ongelooflik lekker saam, voordeel vir mamma, hoef nie na skool kind êrens heen te vat nie, dis op die perseel".* (…we work very well together, this is an advantage for the mother, she does not have to take her child anywhere after school, as it is on the premises.)

Some of the teachers reported that they refer to a therapist at a private practice that might not be affiliated with the school. One participant said that (FG6 P1): *"...daar is mammas wat… wat…buite mense gebruik, wat sê jy altyd? Elke ou soen sy mat op sy eie manier, as iemand besluit hy wil daai…by all means…just do it, maak nie saak waar nie, ons sonder nou nie net ons s'n uit nie…doen dit so gou as moontlik, sonder onderbreking".* (…there are mothers that, use outside people (occupational therapists) what do you always say? Each person kisses his mat in his own way, if someone chooses to do it, then just do it, it does not matter, we do not only single out our own, do it as quickly as possible, without interruption.)

Casillas (2010) reported in his study, done in Midwestern Suburban school district in America, that there is a link between teacher's knowledge about Occupational Therapy and the extent of

contact they have had with occupational therapists. He indicated that *"most of the participants reported not knowing Occupational Therapy's scope of practice".* The participants reported that they were unsure of the role of the occupational therapist in school-aged children. The teachers mentioned in the study that they do not know how Occupational Therapy can assist the children in their classroom. The teachers in this study who had more contact with Occupational Therapy reported having more knowledge about Occupational Therapy in a school-based setup. Some teachers who had no knowledge of Occupational Therapy felt negatively towards Occupational Therapy and even believed that the child's needs were not met (Casillas 2010).

A study done in KwaZulu-Natal indicated that collaboration between occupational therapists and teachers helped to improve teacher's knowledge about Occupational Therapy services. The study indicated that with better collaboration the teachers were able to identify learners who would benefit from Occupational Therapy more effectively (Hargreaves et al. 2012).

Benson et al (2016) noted in their study done among the teachers in Pennsylvania's schools that collaboration and communication between teachers and Occupational Therapists are vital for learner success. In this study the teachers indicated that Occupational Therapy plays an important role but voiced frustrations related to the occupational therapists who do not fulfil their responsibilities to the child or team. Twenty-five percent of the participants indicated that there were no direct interaction and communication with the teachers and the occupational therapists did not attended scheduled meetings (Benson et al 2016).

A clear difference between the answers from No-Fee school teachers and the teachers from the rest of the sample can be seen. The participants from the No-Fee schools did not have access to an occupational therapist apart from the therapist at the clinic, whom they have never met, nor received any feedback from. Their knowledge regarding Occupational Therapy is very limited.

It was found that teachers from Former Model-C- and Private schools seem to have access to Occupational Therapy and a better understanding about Occupational Therapy. Therefore it can be said that teachers who have had contact with Occupational Therapy appear to have a better understanding of the role of occupational therapists with school-going children.

3.4.1.2 Sub-theme 1.2: Referral to Occupational Therapy

"*Referral to Occupational Therapy*" is defined as the process of recommending a child for consultation based on teachers' knowledge of Occupational Therapy.

When the participants from the various schools were asked for what reason(s) they refer to Occupational Therapy, the No-Fee school participants responded as follows: (FG3 P1): *"… there are those that are having severe problems, mmm…that need maybe psychologist, therapist, speech therapist, occupational, social workers, we do not have access…".* Another No-Fee school participant continued to say (FG5 P2): *"I'm,…I will say…not really just because they are not based…in our school, it is only when we find it when they are here, that what's that, what can I say, the ones that the behaviour that is so much against being here, that we will take it to the management so that they can help us with,…it is then that they give it to those people, they refer to there…the clinic, with us, we don't have the therapy, the occupational therapist who is based in our school…just because we can even do…uhm, what the support. We as teacher we do support to…the support to those learners, but sometimes they don't have the intervention that it's coming from outside, it is only the inside intervention that we have, yes".*

Consequently, No-Fee school participants did not have access to Occupational Therapy, and therefore do not refer children. They reported that they are reliant on other measures to address difficulties in the classroom.

A No-Fee school participant noted that to date, she has not received any assistance from the Department of Education (FG3 P1): *"...there is somebody at the department who told,…that lady told us we are going to help you, we are going to work together, but if you try to phone, their phone is always off, she does not come…she does not come to our school, checking whether the learners …what…that lady that did not come…".*

Another No-Fee school participant noted that (FG3 P1): *"…we've got children in our classroom, the department use to say, just write the problems and we explained them to classes and teacher, talk to the parents but truly speaking our department doesn't help us so we just feel*

that just write the problems we experience in the class after that the child remains in the class (that) they repeat, but there is no remedial class, there is no further steps to take some belongs to, as I am speaking now, they are supposed to refer the learners to the special school, but they still stay in the class, nothing happens".

The No-Fee school participants were asked about the involvement of the department of education. One noted that (FG3 P1): *"…concerning those learners? They come for visits, but particularly for curriculum issues, not for learners with difficulties*". The other participant nodded in agreement.

It should be noted that all the participants from Former Model-C- and Private schools have access to Occupational Therapy and had basic knowledge as to what Occupational Therapy is.

One participant from a Former Model-C school noted that (FG6 P1): *"...kyk as mens met die perseptuele program begin aan die begin van die jaar dan kom ons baie vinnig agter dat 'n outjie...kan byvoorbeeld...glad nie...kom ons sê...na trek nie...glad nie knip nie...glad nie plak nie dit is al daar heel aan die begin kleuterskool vaardighede dat is wat ons dadelik sien...ye...dan begin jy in zoom op daai kind dan kom jy agter ma...hy kan ook nog nie sy naam skryf of hy skryf dit onderstebo,...begin die lettertjies nie reg nie...uhm...omkerings...*". (… when one begins with the perceptual programme in the beginning of the year then you quickly realize that a child cannot, for example trace objects, cut with scissors, stick with glue, and then you realize that preschool skills are not well developed, then we zoom into that child, if he cannot yet write his name, he might write it upside down, does not start writing the letters in the right place and might make letter reversals.)

Participant from a Private school noted that there are (FG4 P2): *"... baie konsentrasie probleme...en vaardighede van...uhm...uhm..., perseptuele vaardighede, veral fyn-motoriese probleme..., dis wat ons maar van praat want die kinders is baie op tegnologie, ons is 'n ryk skool...baie gegoede ouers...so die kinders...uhm...min speel buite, min het spasie om buite te speel so hulle...uhm is op tab...tablets en laptops van kleins af...so ons sukkel baie...baie...elke jaar...hierdie jaar ergste ooit...wat ons...potloodgreep en knip en teken en...voorgrond-agtergrond, ruimte al daai goeters wat ons nou maar dink dit is, maar hierdie...van die mense*

van ander skole het nou weer nie so baie van dit nie, maar hulle ander probleme...so ons...dink maar die kinders is van kleins af baie besig met dit...". (…many concentration problems...and skills of...uhm...perceptual skills, especially fine motor problems...this is where we see children who spend a lot of time with technology, we are a rich school, with affluent parents, so children don't play outside a lot, only a few have access to enough space to play outside, so many of them play on tablets and laptops from a very young age...we therefore battle every year, but this year is the worst so far. Pencil grip, cutting and drawing...visual figure-ground, spatial and all those things, some of the other schools might not have so much of these, but may have other problems, so we are of the view that the children are busy with this from a very young age.)

Another participant from a Private school confirmed this statement by saying that she refers *(FG4 P2): "...potlood greep...ruimte...ruimtelike probleme, voorgrond agtergrond fyn motories...uhm...en midlynkruising..."* to Occupational Therapy. (...pencil grip....space...spatial problems, figure-ground and fine motor....and...midline crossing…)

Low muscle tone and poor postural stability was also indicated to be reasons for referral as one participant from a Private school noted that (FG4 P1): *"…they lieeeeee on their tables"*. The same participant noted that "…*they have to hold their heads up, because they don't have the muscle tone, they lie when they write".*

*A participant from a Private school also noted that she refers children to Occupational Therapy when there are (*FG4 P1): *"…*skills that they are just missing that needs to be filled in on...yes...., the perceptual skills...". A Former Model-C participant noted that she refers children (FG6 P3): "… *wat ondersteuning nodig het".* (…who needed support.)

The Former Model-C- and Private schools had similar answers when they were asked what the reasons for referring to Occupational Therapy were.

No studies in regard to teachers referring to Occupational Therapy in the South African context could be found. The study about collaboration between Occupational Therapy and teachers in Kwazulu-Natal was noted. It was found that there seems to be a *"…gap in teacher's ability to*

identify learners with barriers to learning…" that might benefit from Occupational Therapy intervention.

The study found that limited knowledge about the role of Occupational Therapy, attitudes of teachers towards occupational therapists and time were identified as barriers to a collaborative relationship (Hargreaves et al. 2012).

A study done among teachers in Pennsylvania noted that majority of the participants referred children for handwriting, sensory difficulties, gross- and fine-motor challenges as well as visual perceptual difficulties and *Activities of Daily Living* (ADL) challenges. Seventy-seven percent of the participants noted that Occupational Therapy is a valuable member of the team (Benson et al 2016).

The No-Fee school participants did not refer to Occupational Therapy other than infrequent contact with the occupational therapist at the nearby clinic. The participant who noted that she is aware of the occupational therapist at the nearby clinic, has however never received any feedback, which tends to discourage future engagements. The No-Fee school participants do not have access to Occupational Therapy and therefore do not refer to Occupational Therapy. They consequently do not have basic knowledge about Occupational Therapy in the school setting.

The answers from Former Model-C schools and Private school indicated that they refer a number of developmental and scholastic difficulties to Occupational Therapy. Their referrals are deemed appropriate. The participants from Model-C schools and Private schools have access to Occupational Therapy and also have basic knowledge regarding Occupational Therapy that might have resulted in appropriate referrals to Occupational Therapy.

3.4.2 Theme 2: Teachers' attitude towards Occupational Therapy

Theme 2 will be considering teachers' attitude towards Occupational Therapy based on their perceptions relating to the effectiveness of Occupational Therapy; willingness to refer to Occupational Therapy; as well as sharing their experience regarding previous communication with Occupational Therapy. By examining these three sub-themes, one will gain a good picture of what the teachers' attitude is towards Occupational Therapy.

3.4.2.1 Sub-theme 2.1: Perceived effectiveness of Occupational Therapy

"*Effectiveness of Occupational Therapy*" is defined as the teacher's subjective experience of the effectiveness of treatment based on the improvement they have seen in the children that they have referred to Occupational Therapy.

The No-Fee school participants were unable to give an answer to this question. They do not have any means of measuring effectiveness of therapy as they reported little or no access and/or communication with occupational therapists. One participant did note that she referred a child to the occupational therapist at the nearby clinic. She has, however, not received any feedback nor did the child receive any intervention.

A Former Model-C school participant had this to say about Occupational Therapy (FG6 P3): *"Daar is rêrig resultate".* (Truly, there are results.) Another participant from a Former Model-C school noted that *(*FG2 P1)*: "Ja weet jy ek dink net dis 'n lang proses...kyk die uitvalle wat ons oorgee gaan nie oornag reggemaak word nie, so ons sien dalk (nie) altyd daai eind resultaat nie, dis dalk meer in graad 2 waar daai kind daar gaan aankom en...o nee ek het nie probleem met hom nie...dan weet jy".* (Yes, you know, I just think it is a long process... the difficulties that we hand over will not be fixed overnight, so we might not see the end result, but maybe in Grade two, where the child goes next the teacher might note that there is no longer a problem-then you know.) This participant confirmed that Occupational Therapy is effective but therapy takes time and one might only see the results after a period of time.

A participant from a Private school stated that *(*FG4 P1)*: "...yeah I had a child who was not going to grade two at all and now, I'm like, he is getting six and sevens, it is amazing...it's a..amazing...".* Another participant noted that (FG4 P3): *"...ek dink daar is algemene verbetering in die kind se werk, hoe hy optree, hoe hy vashou en doen en uitvoer en skryf en lees en ...".* (...I think in general there is an improvement in the child's work, how he behaves, how he holds and writes and reads and…)

A Private school participant noted that she will definitely refer a child to therapy (FG7 P1): *"As daar probleem is definitief ja...ons het groot waardering vir die terapeute wat ons kan help, want ons het nie tyd om dit self te doen nie ... dis die groot ding...ons het nie tyd nie...".* (If there

is a problem, definitely yes…we have a lot of admiration for therapists that can help us, because we do not have the time to do it ourselves, that is the big thing, we do not have time.)

Another participant from a Private school explained *(*FG4 P1): *"I have a little boy in my class, he is also, he is not young he is not like the youngest in the class, but he is a baby, he is little, he is seeing…also seeing an OT now, and she is doing weird stuff with him, and it is working (laughing) he is doing, I don't know, his mom says that she swings him around I don't know it is weird, but he is doing very well in maths and I can see that now…".*

A participant from a Former Model-C school noted that (FG6 P2): *"Sjoe as dit moontlik is moet elke skool hulle eie arbeidsterapeut hê,...of dalk meer as een .... ek dink die vrou is al oorwerk". (Wow, if possible each school should have their own occupational therapist,…or maybe more than one...I think that woman is already overworked.)* She voiced her belief that each school should have an occupational therapist, or even more than one therapist.

The Private school participant noted that (FG7 P1): *"Ek het op 'n stadium te doen gehad met 'n vrou...wat...ek gedink het sy het die probleem verkeerd geïdentifiseer...sy het op verkeerde goed gekonsentreer...maar dit was baie lank terug...dit is....dit het nie regtig vir my die probleem aangespreek wat daar was nie...so uhm...maar mens werk seker met 'n kind as 'n geheel...jy weet...uh...uh...jy moet seker die ander goeters ook aanspreek".* (I once had some involvement with a woman...which...I thought incorrectly identified the problem...she focussed on the wrong stuff...but this was a long time ago...in my view she did not address the problem...but one works with a child as a whole...you know...you must surely address the other aspects as well.) She was unsure whether the occupational therapist correctly identified and addressed the referred problem.

A Former Model-C school participant noted that (FG2 P4): *"...ek dink net nie dit is altyd so effektief nie, want dit is een maal 'n week vir 'n half uur...en dit is nie genoeg nie".* (…I do not think it is always so effective, because it is once a week for half an hour...and that is not enough.) This participant is unsure whether a session of 30 minutes a week would be sufficient to ensure effective therapy.

Another participant of the same group continued to add that (FG2 P3): *"...veral met die erge probleme...veral met die erge probleme...wat meer aandag nodig het soos hierdie een sessie 'n week...minimale verandering...as daar ooit verandering is".* (…especially with extreme problems, where more attention is required than one session a week… only minimal change, if any.)

A study done on poverty and educational outcomes in South Africa indicated that socio-economic differentials still play a major part in primary school level in South Africa. The study highlighted learner's attendance, grade repetition, parents' education and household resources as important elements contributing to, or limiting academic success (Van der Berg 2008).

No-Fee school participants were unable to answer this question as they had little or no access or knowledge about Occupational Therapy. The one participant who stated that she referred a child to the occupational therapist at the nearby clinic could have argued that Occupational Therapy was not effective, as she never received any feedback from the therapist and the child did not receive therapy.

The overall feeling among the Former Model-C- and Private school participants was that Occupational Therapy is effective. Some participants noted, however, that a therapist did not identify the actual problem with the child and therefore she did not see any improvement. Another participant voiced her doubts whether a session of 30 minutes per week is enough for a child to improve, especially when this child has severe fall-outs. A participant from a Private school stated that Occupational Therapy can be a long proses and improvement is sometimes slow. The majority of teachers noted that Occupational Therapy is indeed effective. Note that the majority of participants had access to Occupational Therapy. The participants from the No-Fee schools had limited knowledge and contact with Occupational Therapy and for this reason could not make indicate Occupational Therapy's effectiveness.

3.4.2.2 Sub-theme 2.2: Willingness to refer to Occupational Therapy

"*Willingness to refer to Occupational Therapy*" is defined as the teacher's inclination to refer children to Occupational Therapy in the future.

The No-Fee school participants stated that they do not refer to Occupational Therapy as this service is not based at their school. They also have limited access and knowledge regarding Occupational Therapy. One participant (FG5 P2) stated: *"I'm,…..I will say…not really just because they are not based….in our school, it is only when we find it when they are here, that what's that, what can I say, the ones that the behaviour that is so much against being here, that we will take it to the management so that they can help us with ,…it is then that they give it to those people, they refer to there…the clinic, with us, we don't have the therapy, the occupational therapist who is based in our school…just because we can even do…uhm, what the support. We as teacher we do support to…the support to those learners, but sometimes they don't have the intervention that it's coming from outside, it is only the inside intervention that we have, yes".*

The participant of the No-Fee schools did not seem willing to refer based on the fact that they do not have access to, or communication with an occupational therapist. Their unwillingness to refer is directly linked to past experience, or rather lack of experience with Occupational Therapy. They did note that there are children with learning difficulties in their classroom and that they needed assistance. They rely on assistance from the Department of Education, but as one participant noted (FG3 P1): *"…up to so far there is no assistance …there is somebody at the department who told,…that lady told us we are going to help you, we are going to work together, but if you try to phone, their phone is always off, she does not come…she does not come to our school, checking whether the learners …what…that lady that did not come…".*

A Former Model-C school participant was very positive about Occupational Therapy and voiced her willingness to refer to Occupational Therapy in future. She said (FG6 P1): *"Absoluut, ek is baie positief".* (Absolutely, I am very positive.)

A Private school participant stated that (FG4 P2): *"...kom ek sê jou, ons kan, mens kan nie sonder sulke mense nie, sonder, sonder arbeidsterapeute en goed...".* (…let me tell you, we cannot work without such people, without occupational therapists and such….) It can be deducted that she is very positive towards Occupational Therapy.

Another participant noted that she refers children when there is a problem as follows (FG2 P5): *"...kinders wat ons raak sien wat ons weet ŉ probleem het en ons weet dis nie ons veld nie...ek*

kan die probleem raak sien maar weet 'n arbeidsterapeut gaan die probleme op 'n ander manier raak sien...of die regte manier raak sien". (…children that we see that have a problem and we know it is not our field….I can see the problem, but the occupational therapist is going to see the problem in a different manner…or the right manner.) The rest of the participants nodded in agreement.

A participant from another focus group also agreed that she often refers when there is a problem (FG7 P1)*: "As daar probleem is definitief ja...ons het groot waardering vir die terapeute wat ons kan help, want ons het nie tyd om dit self te doen nie...dis die groot ding...ons het nie tyd nie...ek het byvoorbeeld nou 'n seuntjie in my klas wat glad nie 'a', 'b', 'd' of 'k', hy ken dit glad nie...glad nie...en die ander kinders hardloop vir hom weg...ons is besig om vir hom weg te hardloop en hy bly agter...en ek moet dringend, dringend werk maak met hom...dringend". (*Yes, definitely, If there is a problem…we have the greatest admiration for the therapists who can help us, as we do not have time to do it ourselves...that is the big thing...we do not have time...I have a boy in my class for example, he does not know 'a', 'b', 'd' or 'k'...the other children are ahead of him, he is lagging behind, I must make a plan with him urgently…urgently.*)*

A participant from a Private school noted that (FG4 P2): *"...ons help die kinders maar ons kan nie daai intensiewe hulp gee en daai goed ons het te veel kinders en goed so dis 'n nood om dit te hê, en een is eintlik te min by 'n skool, daar moet eintlik twee wees, een kan nie 10 klasse, jy weet, so 'n nood is dit, dit is 'n groot nood". (…we assist the children but we cannot give them the intensive assistance they need, we have too many children, so we need therapists. One is not enough, there should be two, one cannot handle 10 classes alone, so it is a need, a big need.)*

Most of the No-Fee school participants were not willing to refer, as they do not have the knowledge about and/or access to Occupational Therapy. The Model-C- and Private school participants were all in favour of referring to Occupational Therapy. It should be noted that the majority of participants had access to Occupational Therapy and were therefore willing to refer. The four participants from the No-Fee schools had limited knowledge and contact with Occupational Therapy and for this reason, appear less willing to refer to Occupational Therapy.

3.4.2.3 Sub-theme 2.3: Communication between occupational therapist and teacher

"*Communication between occupational therapist and teacher*" is defined as the verbal and/or written feedback that is shared between the teacher and the occupational therapist regarding the child that was referred to the therapist. Communication is aimed at assisting both the teacher and the therapist to understand/treat the child better and/or to gauge the effectiveness/progress of therapy.

No-Fee schools do not have access to Occupational Therapy and communication therefore is limited. The participant who referred the child to the occupational therapist at the clinic did not receive any feedback (FG3 P1): *"No they don't get therapy even the parent, we sent the letter, we phoned them, they didn't come to our school".*

Communication between the occupational therapist and the teacher is lacking as they do not have access to Occupational Therapy apart from the occupational therapist they have heard about at the clinic. The participants from the No-Fee schools reported that they have difficulty communicating with the parents as well.

In contrast to the No-Fee school participant, a Former Model-C school participant noted that she has frequent access to Occupational Therapy at her school and enjoys working closely with the occupational therapist (FG6 P2): *"Wat lekker is, ek kan sien die dogtertjie het 'n probleem, ons werk ongelooflik lekker saam, voordeel vir mamma hoef nie na skool kind êrens heen te vat nie, dis op die perseel".* (…we work very well together, this is an advantage for the mother, she does not have to take her child anywhere after school, as it is on the premises.)

A participant from a private school noted that (FG4 P1): *"I think that is another positive about having an OT in school instead of having to refer out, we can work closely with the OT".*

A participant from a Former Model-C school noted that she enjoys the advice she receives from the occupational therapist (FG6 P3): *"...en die idees, byvoorbeeld ek het nou 'n seuntjie wat lae spiertonus het en, uhm, ruimtelike probleme, hy kom nie van ons kleuterskool nie, sy het 'n stoeltjie gebring sonder 'n rugleuning waar ons hom nou geleer sit het waar hy moet balanseer,*

sy gee nogals baie raad op 'n ander vlak en ander manier, sy kom praat ook baie, hoe gaan dit met die kind en dit is baie lekker". (...and the ideas, for example I have a boy who has low muscle tone and spatial difficulties, he does not come from our pre-school, she brought a chair without a backrest where we have now taught him to sit and balance. She provides lots of advice on a different level, she also engages and enquires about the child and that is very nice.)

A Former Model-C school participant noted that it is easier to speak to an occupational therapist that is at school as there are hindrances that might prevent a private therapist to speak to the teacher (FG4 P4)*: "…because then they try and phone you, what is the right time to phone a teacher? It is very difficult to phone teachers, it gets tricky if you don't get to speak to the OT".*

A participant from a Private school noted that (FG4 P2)*: "...ek voel onderwysers met ook luister, die arbeidsterapeut weet wat aan gaan, gaan nie cope met dit en dit en dit, nie net sien as stout en woelig en daai nie, dan dan ja, uhm...kan mens 'n pad stap".* (…I feel that teachers must also listen to the occupational therapist that says that a child will not cope, she knows what is going on, and not only see the child as naughty and bustling and so forth, one can work together.)

A participant from a Former Model-C school noted that (FG4 P4)*: "It is incredible to see how that OT therapy ties in so nicely with what we are doing, and after a while we can throw it into what we do in our classes, we don't believe how much just saying that 'pretend you are an animal on the carpet', how much that can help, just tying the two together".* It appears that she is knowledgeable of what Occupational Therapy does and how it ties into a classroom setting. Without effective communication this might probably not have had the same positive effect.

Another participant from the same focus group noted that (FG4 P2)*: "...ek dink as die arbeidsterapeut en die juffrou saam praat, dit en dit in my stupiditeit sien ek dit en sy weet ek meen dan ja, dan...werk dit goed saam, maar nee, ons ... en ons arbeidsterapeut is baie oulik sy kom vra,...horie sien jy iets, werk dit,...uhm...daar is die heel tyd kommunikasie...so dit is nice".* (... I am of the view that if the therapist and the teacher communicate, even if it is only the way the teacher experiences matters, the therapist will understand what she means, and it works well. Our occupational therapist is cute and enquires if therapy works, and constant

communication is key.) This participant is benefiting from effective communication between herself and the occupational therapist.

A study done by Kennedy and Stewart (2011) looked at collaboration between occupational therapists and teachers in Australia. Rodger (2006) stated that collaboration between teacher and occupational therapist is a fundamental part in encouraging children's participation in play, learning and social interaction, especially in a school context (Rodger 2006; Kennedy & Stewart 2011). The study further looked at Herbert et al. (2007) study which emphasised the influence that past experiences had on collaboration. Herbert was cited by Kennedy and Steward (2011). The conclusion on Kennedy and Stewart's (2011) literature review was that collaboration is effective and desired by both teachers and occupational therapists. They noted that both teachers and occupational therapists often face barriers which limit collaboration. They continue to note that the individuals require both the motivation and the skill to collaborate effectively and therefore have a positive effect on the children in the school setting (Kennedy & Stewart 2011).

The importance of communication and collaboration between teachers and occupational therapists were highlighted in Benson et al (2016) study. She noted that reduced levels of communication are often ascribed to school-based occupational therapists' high workloads and little flexibility. She recommends that occupational therapists should advocate their role in the school system to improve services in the educational context (Benson et al 2016).

A study done in Kwazulu-Natal regarding the collaborative relationship between teachers and occupational therapists found that both the teacher and occupational therapist must create opportunities for communication. Hargreaves noted that collaboration between teachers and occupational therapists is a "relatively new practice and no local literature could be found". The study concluded that the teachers' lack of understanding regarding Occupational Therapy prevented effective communication (Hargreaves et al. 2012).

They recommend that collaboration between teachers and Occupational Therapy should be pursued more, thus creating a greater awareness of the skills and services occupational therapists can provide within the scholastic context (Hargreaves et al. 2012).

The participants who have access to occupational therapist at their school reported that they regularly communicate with the therapist. The teachers noted that it is sometimes difficult to speak to a therapist as they have class and extra mural activities and are therefore not always available to take a phone call.

Majority of the participants were positive towards Occupational Therapy and stated that they benefited from practical advice given by the occupational therapists.

3.4.3 Theme 3: Parents' Role

Theme 3 is concerned about the role the parents' play. The following aspects will be considered: Parents' level of involvement, parents' lifestyle and financial status as well as their attitude towards the teacher and Occupational Therapy.

3.4.3.1 Sub-theme 3.1: Parents' level of involvement

"*Parents' level of involvement*" is based on teachers' perceptions. It is further defined as the level of interest they have in their children's scholastic performance that is visible in the actions the parents take. These actions include doing homework with the children, speaking to the teachers and willingness to give their children the professional assistance they may need such as Speech- and Occupational Therapy.

The No-Fee school participant noted that (*FG3 P1): "… we've got...uhmmm...learners with some having problems, but they have many, maybe problems with reading due to historical background, some got visual problem but no so many, they are unable to read and the problem lies within, with the parents, they do not...because most of the parents are still young, they do not assist their children with their homeworks everything....".*

She (*FG3 P1)* continued to say that*: "the child comes home without anything, without any homework done, you ask the learner why is the homework not done, they say my mother is not staying with me, maybe the mother, most of the parents, because they are still young, they are*

staying in the shacks with their boyfriends...so their child is…stay with their grandparents so the grandparent is unable to read to help the learner...so there lies the problems. I think maybe if we can have parental, the parents support us, and also...someone who maybe like the occupational therapists, social worker people who can assist us…at least if we can handle the problem together...I think, because we are doing this for the benefit of the child".

The other participant confirmed by saying (*FG3 P2): "…and the problem is their parents must be involved, most of them…".* The participants' from the No-Fee schools noted that they do not have the involvement of the parents and that there is a larger social issue where parents do not seem to take responsibility for their own children.

A Former Model-C school participant is of the opinion that parental involvement is essential for progress in therapy (*FG2 P1): "By ons skool, as die ouer nie saam werk met die arbeidsterapeute nie dan gaan daai niks help nie, dis hoekom ons met 'n ander probleem sit, die ouers help nie altyd nie, werk nie saam nie...daar is wat saam werk maar nie almal werk saam nie...ek bedoel 'n kind kan dan nie vir 'n halfuur of 20 minute arbeidsterapie ontvang (nie, dit) gaan daai kind niks help nie".* (At our school, the parents need to work with the occupational therapist otherwise it will not make a difference, that is why we have another problem, the parents do not always assist, they do not give their co-operation…there are parents who cooperate and then you find those who do not...I mean it won't help if the child then receives Occupational Therapy for half an hour or 20 minutes.)

A Former Model-C school participant noted that improvement in the child, the level of parental involvement and an understanding of the therapy process, go hand in hand *(FG2 P1): "Ek sou sê, ek sal antwoord deur te sê...by die ouers wat hulle samewerking gee, kan DUIDELIK die verskil sien...daai kind kan...beter werk, luister wat ons sê... die aanbevelings maak en dit vat en iets daarmee gaan doen...ne! ...ja met hulle, maar die ander...minimaal, sien jy gaan dit nie sien nie, en ouers verwag, juis daardie ouers verwag nou 'n onmiddellike reaksie, hy gaan nou verbeter, hulle verstaan nie dis 'n proses nie.. dis 'n hele proses...".* (I would say, in answering your question, that improvement is seen with the parents that cooperate, we can clearly see the difference, the child's work performance is better, if parents listen to what we say…and uses the recommendations and do something with it,…but with other parents we see minimal

difference, you won't see the improvement, they do not understand that it is a proses, a whole proses.)

Another Former Model-C school participant noted that she feels powerless to help a child if the parents are unwilling to give their co-operation (*FG2 P3): "...dit kom maar weer terug daar op dat mens voel partykeer so magteloos as die ouers nie inkoop nie, jissie mens doen vreeslik baie om die kind te help en dan voel jy...jy weet jy gaan so teen 'n muur vas (sound of hands making clapping sound)...ek het byvoorbeeld nou 'n dogtertjie daar wat wag vir haar pappa en ek weet hulle lees nie eers die sms nie so sy gaan hierso wag die skool kom die week 1uur uit, die ouers wil nie hoor nie...dit maak mens magteloos...hulle wil nie hoor as ek vir hulle se ek het al alles gedoen vir daai kind...in die verslaggie het ek iets gaan skryf soos "I rest my case"...ek kan net soveel keer vir die pa sê jou kind sukkel, ek kan haar nie verder help nie, asseblief help haar, daai voel vir my...ongeag van die visuele diskriminasie...en al die ander grand woorde, is dit my mees magtelose gevoel in my klas situasie as 'n ouer my nie wil hoor nie...ek kan haar nie verder help nie...want dis nie net gou-gou van knip en plak nie...dis soos goed soos hoor nie klanke nie, ken nie sig woorde nie, ken dit net soos 'n papegaai uit haar kop uit en sodra daar ander snaakse goed by is sukkel sy...hulle hoor my nie...dit maak my absoluut mal".* (… one feels helpless when the parents do not buy into the process, we do a lot to help the child and then.... it's like walking into a wall ... for example, I have a girl in my class who is waiting for her dad to pick her up, and he probably did not read the sms that the school ends at 1 o'clock this week, the parents do not want to listen.... it makes one powerless.... they do not want to listen when I say that I have done everything I can for their child, in the report I wrote 'I rest my case'.... I can only tell a dad so many times that his child battles, I cannot help her any further, please help her. That makes me feel, regardless of the visual discrimination and all the other grand words, the most powerless in my class situation, when they do not want to listen to me ... I cannot help her further, it is not a quick fix, as there are things like not hearing her sounds correctly, not knowing her sight words, she knows it by heart but as soon as it changes, she battles...they do not hear my plea... and that makes me mad.) This participant voiced her feeling of hopelessness and frustration when parents are not co-operating.

A Former Model-C school participant noted (*FG4 P2): "...ag klein goedjies, daar is kinders wat deur verskillende goed gaan wat ek kan improvement sien, as...uhm...ouers saam werk soos ek*

sê, maar as daai kinders nie die werkies gaan doen nie, dan gee die ouer ook moed op later, want hulle sien nie... if uhm ... verbetering en goeters nie, maar ons sien...". (…a lot of small things, there are kids who go through a variety of things where I can see improvement, when ...uhm...parents cooperate like I say, but if children do not do the work, then the parents also give up as they do not see improvement , but we see it.) This participant stated that parents do not do homework with their children, improvement is slow and then they lose motivation and then often stop with therapy.

This Former Model-C school participant was adamant that children with developmental delays are the product of parents who are uninvolved and uninformed (*FG2 P3): "Ek dink ook ...uhm... agterstande begin weereens by ouers, as ouers onbetrokke is, het die kinders agterstande, as ouers oningelig is, is die kinders oningelig ....wat ek het agtergekom ouers praat nie meer met hulle kinders nie... selfs as hulle 'n babatjie is, praat hulle nie meer met hulle kinders...en sê...is hierdie bottel vol of leeg...hulle PRAAT nie meer met hulle kinders nie... die kinders is nie ingelig nie...ja mens sê altyd jy kry nie 'n dom kind nie, maar jy kry rêrig 'n oningeligte kind ...en ek dink...probleme van 'n kind kom van die ouers af...absoluut". (*I think...uhm...delays once again starts with parents, if parents are uninvolved, the children have delays, if parents are uninformed, then their children are also uninformed...I have noticed that parents do not speak to their children anymore,...ask them if this bottle is full or empty, they do not speak to their children...the children are uninformed...people say you don't get a dumb child, but you definitely get an uninformed child, and I think problems come from the parents...absolutely.)

A No-Fee school participant noted that, even if a child receives mentorship or a person who is willing to take over the 'parent role', that child does better at school (*FG5 P1): "Just a bit, just a bit actually…like maybe behaviour in class, when they use to talk when they change they try to do the work, and the activities they give them, most of them they enjoy them and unlike in class they just follow the work they are supposed to follow, and to add on that what many is saying now is that mostly the challenges, the most challenges that we get is that our children are single parent children, they don't have it, the ones who get good feedback they are the ones who some parents want to adopt them , then if that child got someone who is a parent, on behalf of ….all…all the children at home, then she or he does well at class".* This statement seems to

highlight the important role that parents/caregivers play in the child's development and scholastic performance.

She continued to say that *", unlike those we intervene here at school, but immediately when it is after school no one cares about…ja…they continue with their behaviour, but the ones that people come and say I may take care of this, care of this child for a certain time or period, you see the children become better"*.

Hofmann (2016) noted in an article that parents' involvement is very important as they have responsibility when it comes to their child's success at school. The following suggestions were made to parents whose children are receiving occupational therapy: "Share information about what your child does at home, raise concerns you have, find out what sorts of things you can do with your child to help him or her succeed." She continued to say that "Occupational therapy practitioners have important knowledge and expertise to share, take advantage of it."

It is the view of the Early Learning Resource Unit (ELRU) that children transition positively from preschool to primary school if parents are involved in the process and their education. However, in disadvantaged contexts, this valuable contribution by parents is negated. Most children do not have access to any early childhood education, which is seen to prepare them for the formal education they will receive at primary school. The parents' contribution in terms of being involved, spending time and playing a supportive role in their child's education is of the utmost importance and is negated in most instances (Block 2000).

The South African Human Rights Commission (SAHRC) theorises that township and rural schools are often marked by "vulnerability, alienation and a lack of social cohesion" (SAHRC 2006).

In this study it was found that the parents' level of involvement in the Occupational Therapy Process is an important aspect determining success and improvement in therapy according to the teachers. Parents who are invested in the therapy process are more involved and improvement is frequently seen by both teacher and parent. In the case where the parent is not involved, they do not reinforce the therapy process by doing homework at home and often

loses motivation when they see no or little results. Some of the participants reported frustration with the lack of involvement from parents.

3.4.3.2 Sub-theme 3.2: Parents' lifestyle and financial status

"*Parents' lifestyle and financial status*" is defined as the parents' pace of living, their schedules, work and family responsibilities and how these affect their day to day routine. Parents' availability, in terms of time as well as financial abilities, is impacted by their lifestyle. This sub-theme is based on the teachers' observations and opinion.

A No-Fee school participant noted that (FG5 P1): "...and poverty, and most of our learners are very needy because in this area most of them comes from the squatter camps, most of them at home some parents are not working, and even the place they stay they don't have enough time or even a place to read.,...so in class they give us more problems…actual...especially behavioural problems, like upset because of that…but if we talk to them sometimes we get more information…".

Another participant noted (FG3 P1): "…*most of the parents are still young, they assist their children with their homeworks everything...the child comes home without anything, without any homework done, you ask the learner why is the homework not done, they say my mother is not staying with me, maybe the mother, most of the parents, because they are still young, they are staying in the shacks with their boyfriends…so their child is…stay with their grandparents so the grandparent is unable to read to help the learner...so there lies the problems".*

The participant noted that there are parents who are still young and who are not necessarily involved in their child's life. These parents' lifestyle is not conducive to a good learning environment for the child living with such uncertainty.

Letseka (2014) noted in his study that township and rural schools experience a lack of social cohesion as they are often disconnected from their communities (Letseka 2014).

In contrast to this, a Private school participant noted that (FG4 P2): *"...die kinders is baie op tegnologie, ons is 'n ryk skool...baie gegoede ouers...so die kinders...uhm...min speel buite, min het spasie om buite te speel so hulle...uhm is op tab...tablets en laptops van kleins af...so ons sukkel baie...baie...elke jaar...hierdie jaar ergste ooit...wat ons...potloodgreep en knip en teken en...voorgrond agtergrond, ruimte al daai goeters wat ons nou maar dink dit is, maar hierdie...van die mense van ander skole het nou weer nie so baie van dit nie, maar hulle ander probleme...so ons...dink maar die kinders is van kleins af baie besig met dit...".* (…children spend a lot of time with technology, we are a rich school, with affluent parents, so children don't play much outside, only a few have access to space to play outside, so many of them play on tablets and laptops from a very young age...we therefore battle every year, but this year is the worst so far. Pencil grip, cutting and drawing...visual figure-ground, spatial and all those things, some of the other schools might not have so many of these (problems), but may have other problems, so we are of the view that the children are busy with this from a very young age.)

One participant noted that more and more children seem to need therapy (FG2 P1): *"...dis amper die meerderheid wat dit nodig het...en daar sit die kind nou maar, jy doen wat jy kan, stuur goed huis toe... albei ouers werk elke dag tot hoe laat...".* (...it is almost the majority that need it...and the child is there, you do what you can, you send stuff home, both parents work every day until late.) She also noted that both parents work long hours and do not get to do homework with the child.

One participant stated that (FG2 P3): *"...hulle is te besig en hulle kom nie by hulle kinders uit nie, en dan in die aande as die kind sê nou wil weet...mamma help my met hierdie...legkaart...mamma wil nie want sy is moeg, sy wil ook bietjie op die bank lê en televisie kyk..."*. (... they are too busy and they do not have time for their children, if the child asks assistance with building a puzzle, the mother would say she is too tired and also wants to lie on the couch and watch television.)

Another participant noted that communication between parents and children are lacking (FG2 P2): *"... alhoewel dit nie 'n slegte milieu is waar hulle in groot word nie, partykeer goeie werkende ouers met geld, maar daar is nie kommunikasie nie, aandag ... respek...".* (... although

these children grow up in a good environment with parents who are good working people with money, there is no communication, attention, or respect… .)

A Former Model-C school participant noted that sometimes the parents cannot afford treatment (FG2 P2): *"...ek dink ons ander grootste probleem is rondom Arbeidsterapie, die ouers hoor dit is duur en wat, wat, wat....".* (…I think another big problem regarding Occupational Therapy is that the parents hear it is expensive… .)

Another Former Model-C school participant added (FG2 P3): *"...of baie ouers het glad nie geld nie"* (...or many of the parents do not have the money) and (FG4 P1*): "Ja, I have one of those in my class at the moment, who desperately...desperately needs OT and his parents can't afford to give...I mean he...eh....he only sees the OT for half an hour a week, because he can only afford, but he needs about 2 hours a week, 3 or more…but he just cannot afford...can't afford...any remedial...eh...educational psychologist..."*. Some of the parents are unable to see the therapy process through due to financial constraints (FG6 P1): *"...nou is sy hier, nou sê mamma hulle wil ophou, so dit finansiële probleme dan, of dit is net ouers wat uitgeput word deur die ryery...so dis sleg, hulle bly nie langer nie"*. (…they are here now, then mother said she would like to stop, so it is probably financial difficulties, or just parents who are exhausted due to travelling, so is it bad if they do not attend (therapy) for longer.)

Some parents prefer that therapy is done at school as it saves them time to take their child to the therapist according to a participant who said (FG4 P4): *"...parents like convenience like that".* Another participant noted that doing therapy at the school is better (FG6 P2): *"... veral as die mamma werk, waar moet sy nog die tydjie kry om dit in te pas?".* (…especially for working mothers, where must she find the time to fit it (occupational therapy session) in?)

There are a number of challenges that parents' must overcome to get treatment for their children, among these are time and financial constraints.

Van der Berg (2008) reported that there are remaining residual socio-economic problems that are still affecting the school system, especially 'poor' schools. Poor schools' performance is lower compared to middle- and affluent schools. He noted that although resources mattered

and had an effect on performance, it reached a ceiling. Resources were only conditional. Resources must be converted into outcomes before it can be effective. Converting resources into outcomes needs to be addressed in policy writing according to Van den Berg (Van der Berg 2008).

Participants from all the focus groups indicated that the parents' lifestyle may affect their ability or motivation to be involved in their children's lives. This was reported by teachers from Private- and Former Model-C-, as well as the No-Fee schools. Lifestyle and finances seem to affect the children's academic performance and for different reasons in Former Model-C- and Private schools versus No-Fee schools. The parents, according to the participants, are not involved, have busy lifestyles and/or do not have the financial means to provide their children with the therapy they may need.

3.4.3.3 Sub-theme 3.3: Parents' attitude towards teachers and Occupational Therapy

"*Parents' attitude towards teachers*" is defined as their feeling towards the teachers and this influences their behaviour and/or approach towards the teachers.

Some participants from both Former Model-C- and Private schools noted that the parents are not always positive towards them, especially when they need to inform them that their child has difficulty with the work they do in the classroom. One participant noted (FG2 P2): *"...die oomblik as jy met die ouer praat, sê Meneer, Mevrou ek neem waar jou kind kan nie dit of dit nie...dan kry jy of die ouer wat oopmaak en daarmee hardloop of jy kry een wat toeklap en sê...ek stel nie belang nie, het nie geld nie...hulle werk nie saam nie.."*. (...the moment you speak to a parent, Mister, Misses I am noticing that your child is unable to do this...or this....then you either get the parent who opens up and attends to the matter...or the parent who is not interested, or does not have money, they usually do not work together.)

She continued to say that (FG2 P2): *"...met ander woorde dit kos nogals van ons vreeslik baie... ons praat baie daaroor, ons graad 1 juffrouens is half die eerste linie van daardie slegte nuus breek ... baie ouers kom skool toe met die verwagting dat hy universiteit toe moet*

gaan...ja...dan kom hierdie juffrou en vertel vir jou hier is ŉ probleem...hulle wil nie dit nie hoor nie...hulle werk laat...hulle is moeg...dan kry jy te doen met ŉ ou wat net toemaak en sê vergeet dit...so dit hang baie af (baie af) van die ouer se gesindheid af...". (…in other words, it takes a tremendous amount of effort, we refer to this a lot as we as the first grade teachers are the first to break the bad news…many parents have the expectation that their child must go to university, then the teacher tells them there is a problem. They do not want to hear this, they work late, they are tired, then you get the parent who shuts down and says never mind, forget it…so it depends on the parents' attitude.) Whether a child receives therapy or not often depends on the parents' attitude towards the teacher and Occupational Therapy.

Another participant from the same group noted that (FG2 P4): *"Ons sal byvoorbeeld as jy nou sien ŉ kind sukkel met ŉ fynmotories, sal ons nou ekstra werk nou maar huis toe stuur en ŉ bietjie ekstra goedjies stuur, maar dis ok nie, dis maar wat ons van weet, wat ons dink om te doen, en sê gaan bou bietjie pennetjies en allerhande raad wat ons nou het vir fyn motoriese ontwikkeling of voorgrond agtergrond wat ons ook al het...maar...ek meen...die ouers glo ons nie altyd nie".* (...for example, if you see a child struggling with a fine motor task, then we send extra work home, that is all we can think of doing, we also suggest playing with games such as peg board and other activities that can assist fine motor development or figure ground skills, however, the parents do not always believe us.) She noted that the parents don't often believe the teachers and often disregard the advice and shrugs it off and do not see the seriousness of the problem (FG2 P2): *"Sien nie die erns daarvan raak nie...nee juffrou, die probleem sal verby gaan...kom ons werk nog bietjie". (*Do not see the seriousness of the problem, no teacher, the problem will dissipate, let us just continue.)

Some of the parents are unwilling to accept that there is a difficulty (FG3 P2): *"…you must inform the parent of the problem, and then you discuss problem with the parent. If the parent agrees...you send the parent to the Occupational Therapy or maybe a speech problem you send the child to speech... according to the disability or the problem of the learner...mmm...our parents, most of them, they deny it...ja...that is a big problem".*

Another participant noted that parents can be quick to take offence or to jump to conclusions (FG 2 P4): *"...en van die ouers spring dadelik en dink jy wil die kind op medikasie sit... en dan het*

jy nog glad nie eers daar naby gekom nie...en jy wil net die kind help...". (...and some of the parents jump to conclusions thinking that you want to suggest medication for their child…meanwhile that is not the case, and your intention is only to help the child… .)

The researcher was unable to find studies that depict parents' attitude towards teachers and occupational therapists.

It was found that parents are not always willing to listen to teachers and are often sceptical or defensive about Occupational Therapy. Parents' perceptions and attitude towards their child's teacher and consequently the occupational therapist, determine whether the parent is willing to follow the advice given by the teacher.

3.5 DISCUSSION

The general feeling among the Former Model-C- and Private school participants was that Occupational Therapy is effective. These findings are congruent with that of Hargreaves (2012) who indicated that the teachers agreed that '*occupational therapists were a major support system for both them and the learners with learning difficulties'* (Hargreaves et al. 2012). A participant noted, however, that a therapist did not identify the actual problem with the child and therefore she did not see improvement. Another participant voiced her doubts whether a 30 minutes per week is enough, especially when this child has severe fall-outs. A participant from a Private school stated that Occupational Therapy can be a long process and improvement is sometimes slow.

It was found that teachers from Former Model-C and private schools mostly have access to Occupational Therapy and have a better understanding about Occupational Therapy. Therefore it can be said that teachers who have had contact with Occupational Therapy seems to have a better understanding of the role of occupational therapists with regard to school-going children.

Jackman and Stagnitti (2007) noted that access to Occupational Therapy is directly linked to the teachers' awareness of Occupational Therapy and the role it can play in children with difficulties. This study consequently correlates with the research findings indicating that

increased awareness and access enhances effective intervention. Similarly, Hargreaves et al. (2012) noted that collaboration has an impact on identifying and managing learners with problems.

Former Model-C school and Private school participants indicated that they often refer a number of developmental and scholastic difficulties to Occupational Therapy. The participants' from Model-C schools and Private schools have access to Occupational Therapy and also have basic knowledge about Occupational Therapy that might have resulted in appropriate referrals to Occupational Therapy.

The participants who have access to occupational therapist on their school premises reported that they are able to communicate with the therapist as he/she is more accessible. The teachers noted that it is sometimes difficult to speak to an 'outside' therapist as they are not always available to take a phone call during class times and extra mural activities after school. Casillas (2010) and Hargreaves et al. (2012) also found this to be true in their study as they noted that further collaboration and relationship must be established to ensure effective intervention. The importance of communication and collaboration between teachers and occupational therapists were also highlighted in Benson et al (2016) study. She recommends that occupational therapists should advocate their role in the school system to improve services in the educational context (Benson et al 2016).

Kennedy and Stewart (2011) noted in their study conducted in Australia that both teachers and occupational therapist who partook in their study wanted to collaborate with each other.

Therefore, the relationship between teachers and occupational therapists are imperative in assisting children with difficulties.

The majority of teachers noted that Occupational Therapy is indeed effective. Note should be taken that the majority of participants had access to Occupational Therapy. The Model-C and Private school participants were all in favour of referring to Occupational Therapy. The researcher noted that these findings are in line with Casillas (2010) who found that teachers have great respect for occupational therapists and value their contribution.

The participants from the No-Fee schools had limited knowledge and contact with Occupational Therapy and for this reason seems to have less knowledge and experience with Occupational Therapy and could not indicate the effectiveness of such.

A clear difference between the knowledge of teachers from No-Fee schools and teachers from the rest of the sample could be seen. The participants from the No-Fee schools did not have access to an occupational therapist apart from the therapist at the clinic, whom they have never met. Their knowledge about Occupational Therapy appears to be very limited. The No-Fee school participants did not refer to Occupational Therapy apart from the occupational therapist at the nearby clinic. The participant who noted that she is aware of the occupational therapist at the nearby clinic has never received any feedback from her. No-Fee school participants were unable to state whether Occupational Therapy was effective or not due to limited access to occupational therapists. They consequently did not refer children to Occupational Therapy. The findings of Jackman and Stagnitti's study (2007) reiterate the importance of being aware of the services that occupational therapists can offer (Jackman & Stagnitti 2007). She noted that the less teachers are aware of the services and support that occupational therapists can offer to children with difficulties, the less likely they are to refer children to Occupational Therapy (Jackman & Stagnitti 2007).

Fairbairn and Davidson (1993) supports these findings and suggests that teachers who have worked with occupational therapists understand their role and that therapy is a process. These teachers are often also positive about Occupational Therapy. The teachers who are misinformed about Occupational Therapy, or who did not have access to, or communication with Occupational Therapy, seem to be sceptic (Fairbairn & Davidson 1993).

Fairbairn and Davidson (1993) noted that teachers who had worked with occupational therapists in the past had a better understanding of the role of Occupational Therapy and seemed to be more willing to work with the occupational therapists.

As a result, there is a discrepancy between teachers from No-Fee schools and teachers from Former Model-C- and Private schools in terms of access and knowledge about Occupational Therapy.

Benson et al (2016) also indicated that mismatch or uncertainty can be minimized once open pathway of communication and collaboration is maintained between the teachers and the occupational therapists. The question however remains, what should be done when teachers especially from the rural areas, No-Fee Schools that do not have access to Occupational Therapy and therefore do not have knowledge or even a possibility of collaborating with an occupational therapist?

In this study it was found that the parents' level of involvement, according to the teachers in the Occupational Therapy process is an important aspect determining success and improvement in therapy. Parents who are invested in the therapy process are more involved and improvement is frequently seen by both teacher and parent. Parents who are not involved often neglect helping their children with homework and often lose motivation when they see no or little results. Margetts and Phatudi (2013) noted that parents from disadvantaged settings are less committed and involved in their children's' education, some parents are limited by their work and cannot attend to meetings with teachers.

It was found that parents are not always willing to listen to teachers and are often sceptical or defensive about Occupational Therapy. Parents' perceptions and attitude towards their child's teacher and consequently the occupational therapist determine whether the parents are willing to follow the advice given by the teacher.

Participants from all the focus groups indicated that the parents' lifestyle may affect their ability or motivation to be involved in their children's lives. This was reported by teachers from Private- and Former Model-C- as well as the No-Fee schools. Lifestyle and finances seem to affect the children's academic performance and for different reasons in Former Model-C- and Private schools- in relation to No-Fee schools. The parents, according to the participants, are not involved, have busy lifestyles and/or do not have the financial means to provide their children with the necessary therapy they need. Some of the participants reported frustration with the lack of involvement of parents.

The Person-Environment-Occupation Model (see Image 2) is a tool used by therapists to assist patients and or clients to successfully engage in meaningful occupations in chosen environments. (Strong et al 1999) This model allows one to first identify occupational

performance strengths and problems. The performance components; occupation, activities and tasks as well as the environment in which the client finds him or herself, get assessed. These three aspects are then brought together in a transactional framework to assist in the development of the intervention plan with the client. Outcomes are then evaluated by measuring occupational performance. These main dimensions (person, environment, occupation) are presented by three inter-related circles transacting over the life span. The closer the three circles overlap the greater degree of occupational performance or the dynamic experience of a person engaging in an occupation within an environment (Strong et al 1999).

The Person-Environment-Occupational Model of Occupational Performance (POE) suggests that an individual's effectiveness or occupational performance is either enhanced or limited by the personal, environmental and occupational elements of that person's life (Law et al 1996).

In this study one can reason that the teachers who have personal interaction with occupational therapists; have access to occupational therapy services in their environment; have worked with occupational therapists (assuming that it was a positive experience) will have maximum occupational performance. In this case, maximum occupational performance reflects as having positive perceptions towards occupational therapists, and these teachers are thus willing to refer.

In the case where a teacher does not have *personal knowledge* or *contact* with an occupational therapist and/or access to the Occupational Therapy services at their school or community, experience working with occupational therapists will have minimal occupational performance. In this case, this implies limited- to no referrals to Occupational Therapy. They might thus even be oblivious to the contribution Occupational Therapy can make to children with learning difficulties.

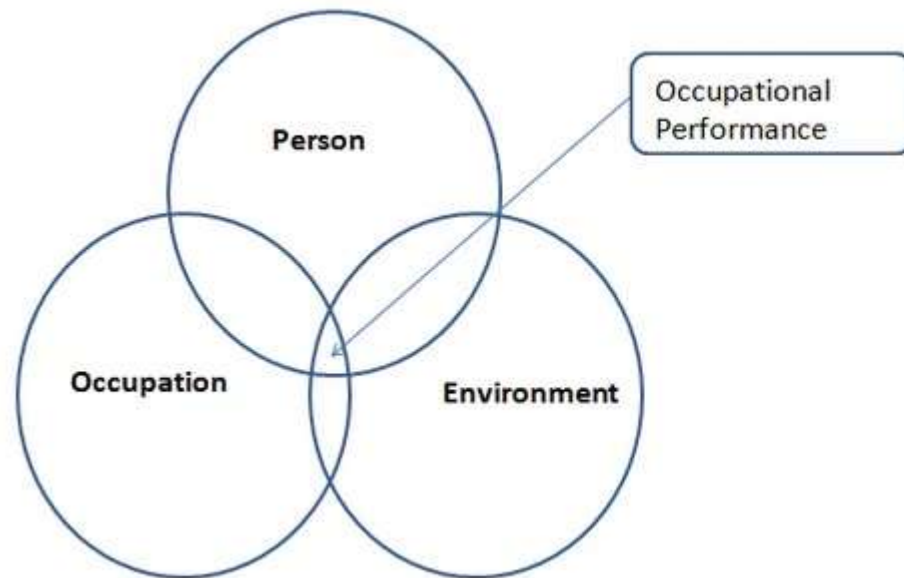


Image 2: The Person-Environment-Occupation Model of Occupational Performance (POE) (Law et al. 1996)

These are two extreme cases. The point that needs to be made is that the level of personal, environmental and occupational engagement improves the perception and knowledge of Occupational Therapy. This model suggests that the person, environment and the occupation (or task) that needs to be done interact with one another to either produce maximum occupational performance, or minimise occupational performance which could lead to little or no occupational performance (Law et al. 1996).

3.6 CONCLUSION

It was noted in this Chapter that teachers' access and knowledge regarding Occupational Therapy and learners with difficulties are crucial to their perceptions of the effectiveness of Occupational Therapy and affects their willingness to refer to Occupational Therapy. Teachers from No-Fee schools had limited access to Occupational Therapy and consequently had limited knowledge with regard to Occupational Therapy in a school setting. Teachers who did not have access and/or knowledge about Occupational Therapy did not refer to Occupational Therapy and also did not have a foundation on which they could formulate their perception of Occupational Therapy.

Teachers from Former Model-C and the Private schools had access, often on the school premises and had a good idea of what Occupational Therapy is. Teachers from Former Model-C and Private Schools often refer children to Occupational Therapy. A participant from a Private school stated that Occupational Therapy can be a long proses and improvement is sometimes slow. The majority of teachers, from the Former Model-C and Private schools, noted that Occupational Therapy is indeed effective.

CHAPTER 4

CONCLUSION AND REFLECTION

4.1 INTRODUCTION

In *Chapter 1* it was noted that a large portion of South Africa's population consists of young children. The Government has attempted to implement the Early Childhood Development Strategy where children are requested, but not obligated, to attend Grade R prior to Grade one. The State of the Nation address of 2009 indicated that a child applying for Grade one no longer needs to comply with a basic literacy, numeracy and life skill school readiness assessment (Margetts & Phatudi 2013; RSA Act 84 of 1996). As a result, there is no prerequisite for applying for Grade one, apart from being the correct age (Margetts & Phatudi 2013). It is not uncommon in South Africa for grandparents to raise their grandchildren. A large number of children, especially in the rural areas, do not have the social support to assist them with school work. The grandparents are often also uninformed about age appropriate stimulation and school requirements and they are often uneducated themselves. The No-Fee schools in rural areas of South Africa are often overcrowded and the teachers are often unqualified. Teachers have difficulty with children in their class who cannot concentrate or perform the tasks required from a Grade one child.

Occupational Therapy can assist children with learning difficulties to cope better in the classroom setting. The children that are identified with learning difficulties are referred to occupational therapists, provided that the teachers have knowledge about Occupational Therapy as well as access or contact with an occupational therapist to whom they can refer. Occupational Therapy in rural areas is often only available in clinics and hospitals. Children with learning difficulties that are referred to occupational therapists working for the Department of Health cannot assist the child. Learning difficulties are not a Department of Health issue, but rather a Department of Education problem. Children are then referred to the Department of Education. Studies indicated (Spaull 2013, Letseka 2014) that these departments are not always as effective, resulting in children with difficulties not receiving assistance.

Children with learning difficulties are also found in the Former Model-C- and Private schools. The teachers are responsible for identifying a learning difficulty where after it is reported to the parents for referral to the appropriate profession, which in this case, can be Occupational Therapy.

The researcher assumes that teachers' knowledge and perceptions regarding Occupational Therapy play a role whether they refer the child or not. The researcher wanted to identify the Grade one teachers' perceptions regarding Occupational Therapy and children with learning difficulties in three different settings. Thus the research question: *What are the perceptions of Grade one teachers in mainstream primary schools regarding Occupational Therapy for learners with learning difficulties?*

In *Chapter 2*, the research design and methods were explained in detail. The researcher chose a descriptive qualitative study to gather in-depth data of the teachers' lived experiences. Five focus groups and two semi-structure interviews were conducted where the Grade one teachers were asked open question regarding their knowledge about Occupational Therapy and whether they believed it was effective. The focus groups were audio recorded with written permission, transcribed, analysed and sorted into themes and sub-themes. These themes were discussed in detail in *Chapter 3*.

The research aim was reached as the researcher was able to gather the Grade one teachers' perceptions about Occupational Therapy and learning difficulties. The following conclusions can be made:

4.2 CONCLUSIONS

4.2.1 Theme 1 – Teachers' knowledge about Occupational Therapy

Theme 1 concluded that No-Fee school participants did not refer to Occupational Therapy. This is as a result of them not having access to Occupational Therapy and their subsequent limited knowledge about Occupational Therapy. One participant mentioned an isolated engagement with an occupational therapist at a Clinic. She never received feedback from the Therapist and the child did not receive therapy.

The participants from Model-C schools and Private schools have access to Occupational Therapy and also have basic knowledge about Occupational Therapy that might have resulted in appropriate referrals to Occupational Therapy.

4.2.2 Theme 2 - Teachers' attitude towards Occupational Therapy

The overall feeling among the Former Model-C- and Private school participants was that Occupational Therapy is effective.

Some participants noted that the therapists' ability to identify and treat the referred problem, the duration of the sessions as well as the proses have an effect on their perceived idea of effectiveness of therapy. The participants who have access to occupational therapist at their school reported that they communicate with the therapist who is also more accessible. The teachers noted that it is sometimes difficult to speak to an external therapist as they have class and extra mural activities and are therefore not always available to make or receive a phone call.

The majority of the participants were positive towards Occupational Therapy and stated that they benefited from practical advice given by the occupational therapist. It should be noted that the majority of participants had access to Occupational Therapy. The four participants from the No-Fee schools had limited knowledge and contact with Occupational Therapy and were therefore unable to benefit from possible practical advice from an occupational therapist.

The No-Fee school participants did not refer to Occupational Therapy as they have limited knowledge and access to Occupational Therapy. The No-Fee school participants' attitude towards Occupational Therapy can be described as indifferent. They did, however, note that they need assistance with children with learning difficulties in their classrooms.

4.2.3 Theme 3 – Parents' role

In this study it was found that the parents' level of involvement in the Occupational Therapy process is an important aspect determining success and improvement in therapy according to the teachers. Parents who are invested in the therapy process are more involved and

improvement is frequently seen by both teacher and parent. In the case where the parent is not involved, they do not reinforce the therapy process by doing homework at home and often loses motivation when they see no or little results.

Participants from all the focus groups indicated that the parents' lifestyle may affect their ability or motivation to be involved in their children's lives. This was reported by teachers from Private- and Former Model-C- as well as the No-Fee schools. Lifestyle and finances seem to affect the children's academic performance and for different reasons in Former Model-C- and Private schools- versus No-Fee schools. The parents, according to the participants, are not involved, have busy lifestyles and/or do not have the financial means to provide them with the therapy they may need.

The participants' were of the opinion that there are some parents who are not always willing to listen to them and are often sceptical or defensive about Occupational Therapy. Parents' perceptions and attitude towards their child's teacher and consequently the occupational therapist, determine their willingness to follow the teacher's recommendations.

4.3 RECOMMENDATIONS

As a result of this study the following recommendations for clinical practice, research and education are made:

4.3.1 Clinical Practice

- Therapists to advocate the role of Occupational Therapy in schools, especially regarding learning difficulties, through hosting of information sessions with teachers at schools;
- Improve communication with teachers and parents so that they can buy into the therapy process and work together as a team to assist the child who is struggling in the classroom setting;
- Advocate for Occupational Therapy posts in government schools as part of community service;

- Determine parents’ perception towards Occupational Therapy. Communicate and build relationship with parents to enhance parents’ perception of Occupational Therapy through constant contact with them by means of parent evenings;
- Incorporating a module in educators’ training on Occupational Therapy and even other therapies to make them aware of the benefit of therapy for children with learning difficulties;
- Occupational Therapy awareness campaigns at schools were teachers and parents are made aware of Occupational Therapy;
- Advocate / get sponsorships from big corporate companies to sponsor therapy for the children in the rural areas who are unable to afford therapy;
- Present regular information snippets at various schools to empower the teachers with knowledge about developmental milestones and provide practical ideas that they can do in the classroom to assist their children with learning difficulties; and
- Screening of children in crèche or pre-school so that they can access Department of Health Services before they turn six.

4.3.2 Research

- Further research regarding access to Occupational Therapy especially in the rural areas should be done;
- Duplicate this study in a variety of other areas across South Africa to determine the level of knowledge and access Grade one teachers have to Occupational Therapy; and
- Research should be done and a programme must be developed to assist Grade R children to reach a certain standard before attending Grade one.

4.3.3 Education

- Guidelines in terms of age related expectations per age should be developed;
- Pre-school and primary school teachers should be educated, as part of their formal training on the Occupational Therapy proses and the valuable contributions it can make to children with learning difficulties;

- Put processes in place or streamline the process where children with learning difficulties can be identified sooner and treatment can be given to ensure that they are able to cope in school;
- There should be an Occupational Therapy post at each government school (No-Fee and Former Model-C) to ensure optimal scholastic development; and
- Assist in revising the Schools Act, 1984 (RSA Act No. 84 of 1996) *Chapter 2 number 2* of this act (1996) where the school is not permitted to administer any test related to the admission of a learner to a public school (RSA Act No. 84 of 1996). This policy is responsible for children entering Grade one often without the basic literacy and mathematical skills. Most teachers in public schools are overwhelmed in trying to help all the children in their often over-crowded classrooms. It is recommended that a screening test should be administered prior to entering Grade one. This may assist in improving equality in the classroom as the teacher will no longer need to spend all his/her attention and energy on the learners who do not have the basic skills, but he/she can now share full attention with the whole class, as they are functioning on more or less the same level. The children who fall outside this requirements, or those who lack basic literacy and mathematical skills will then attend a "*pre Grade one year*" to ensure that the learner will be able to cope with the formal demands of Grade one.

4.4 LIMITATIONS

The researcher is aware of the following limitations of this study:

- The information gathered could be applicable to the Tshwane South District only and further studies should be conducted to determine whether the findings can be translated to other districts in South Africa;
- The participants' availability to attend the focus groups can be seen as a limitation. Some of the potential participants could not attend the focus groups due to sport / family responsibilities as well as due to their health; and
- The demographic data indicated that the majority of participants were from Former Model-C schools. It should be noted that only four participants participated in the No-Fee school's semi-structured interviews. This is seen as a limitation in the study as the

three different types of schools were not represented equally. It is important to note, however, that all three types of schools were given equal opportunity to participate in the study.

4.5 FINAL CONCLUSION

This study has found that teachers are often the first individuals who identify learning difficulties in learners. Research has shown that Occupational Therapy can make a valuable contribution in assisting children with learning difficulties.

Teachers' personal knowledge; accessibility to Occupational Therapy services in their environment as well as previous interaction with Occupational Therapy all contribute to forming their perceptions regarding Occupational Therapy.

The teachers' perception of Occupational Therapy determines whether they would refer these children to Occupational Therapy. It is therefore of utmost importance that teachers have positive perceptions towards Occupational Therapy so that children with learning difficulties can be assisted. These teachers will in turn be able to communicate a need for Occupational Therapy to the parents with confidence. Teachers from rural areas often do not have access to Occupational Therapy and therefore lack knowledge of the benefits of Occupational Therapy for children with learning difficulties.

A clear need for awareness of- and access to Occupational Therapy in No-Fee schools of Tshwane South District was identified through this study.

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ANNEXURES

ANNEXURE A: LETTER OF APPROVAL FROM THE DEPARTMENT OF EDUCATION

For administrative use only:
Reference no: D2016 / 422
enquiries: Diane Buntting 011 843 6503

GAUTENG PROVINCE

REPUBLIC OF SOUTH AFRICA

GDE RESEARCH APPROVAL LETTER

Date:	3 May 2016
Validity of Research Approval:	3 May 2016 to 30 September 2016
Name of Researcher:	Bierman E
Address of Researcher:	37 Vanilla Court; Griffiths Street; Equestina
Telephone / Fax Number/s:	072 903 2307
Email address:	elrikabierman@gmail.com
Research Topic:	The perceptions of grade 1 teachers in the mainstream primary schools with regard to Paediatric Occupational Therapy - a qualitative study
Number and type of schools:	TWELVE Primary Schools
District/s/HO	Tshwane South

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved. A separate copy of this letter must be presented to the Principal, SGB and the relevant District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted. However participation is VOLUNTARY.

The following conditions apply to GDE research. The researcher has agreed to and may proceed with the above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted:

CONDITIONS FOR CONDUCTING RESEARCH IN GDE

1. *The District/Head Office Senior Manager/s concerned, the Principal/s and the chairperson/s of the School Governing Body (SGB) must be presented with a copy of this letter.*
2. *The Researcher will make every effort to obtain the goodwill and co-operation of the GDE District officials, principals, SGBs, teachers, parents and learners involved. Participation is voluntary and additional remuneration will not be paid.*

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Office of the Director: Education Research and Knowledge Management ER&KM)
9th Floor, 111 Commissioner Street, Johannesburg, 2001

3. *Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal and/or Director must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.*
4. *Research may only commence from the second week of February and must be concluded by the end of the THIRD quarter of the academic year. If incomplete, an amended Research Approval letter may be requested to conduct research in the following year.*
5. *Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.*
6. *It is the researcher's responsibility to obtain written consent from the SGB/s; principal/s, educator/s, parents and learners, as applicable, before commencing with research.*
7. *The researcher is responsible for supplying and utilizing his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institution/s, staff and/or the office/s visited for supplying such resources.*
8. *The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research title, report or summary.*
9. *On completion of the study the researcher must supply the Director: Education Research and Knowledge Management, with electronic copies of the Research Report, Thesis, Dissertation as well as a Research Summary (on the GDE Summary template). Failure to submit your Research Report, Thesis, Dissertation and Research Summary on completion of your studies / project – a month after graduation or project completion - may result in permission being withheld from you and your Supervisor in future.*
10. *The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned;*
11. *Should the researcher have been involved with research at a school and/or a district/head office level, the Director/s and school/s concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.*

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards

Dr David Makhado

Director: Education Research and Knowledge Management

DATE: 2016/05/04

2

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Office of the Director: Education Research and Knowledge Management ER&KM)

9th Floor, 111 Commissioner Street, Johannesburg, 2001

ANNEXURE B: LETTER OF INVITATION TO PRINCIPLES OF PUBLIC SCHOOLS TO BE PART OF THE STUDY

Dear Principal

INVITATION TO BE PART OF A RESEARCH STUDY

I am a master student in Occupational Therapy at the University of Pretoria. The title of my study is:

PERCEPTIONS OF GRADE ONE TEACHERS IN MAINSTREAM PRIMARY SCHOOLS REGARDING OCCUPATIONAL THERAPY FOR CHILDREN WITH LEARNING DIFFICULTY.

I would like to invite your Grade one teachers to attend a focus group whereby they will have an opportunity to share their views, past experiences and opinions regarding Occupational Therapy. The discussion will last between 60 to 90 minutes where after refreshments will be provided.

The identities of the Grade one teachers and the identity of your school will be kept confidential. The school and the teachers have the right to withdraw from the study at any time without consequences to you or your teachers.

I have obtained approval of the study from the Department of Education. I am in the process of obtaining permission from the Faculty of Health Sciences Research Ethics Committee, the Research and Postgraduate Committee of the School of Health Sciences and the Academic Advisory Committee.

I am hereby asking your ***provisional approval*** to participate in the study. Could you kindly fill in the bottom section of this letter and e-mail it to elrikabierman@gmail.com.

I will make an appointment with you during the course of 2016. I will then be able to present the consent forms to you. I will provide you with more information regarding the study and answer any questions you may have pertaining to the study.

Please contact me should you have any questions.

Your consideration is greatly appreciated!
Thank you in advance,

Kind regards

Elrika Bierman
Student Number: 27074898
072 903 2307
E-mail: elrikabierman@gmail.com.
I,________________________________, principal of___________________________________
provisionally agree to be part of the research study to be conducted by Ms E. Bierman.

Signature: ____________________________

ANNEXURE C: LETTER OF INVITATION TO PRINCIPLES OF PRIVATE SCHOOLS TO BE PART OF THE STUDY

Dear Principal

INVITATION TO BE PART OF A RESEARCH STUDY

I am a master student in Occupational Therapy at the University of Pretoria. The title of my study is:

PERCEPTIONS OF GRADE ONE TEACHERS IN MAINSTREAM PRIMARY SCHOOLS REGARDING OCCUPATIONAL THERAPY FOR CHILDREN WITH LEARNING DIFFICULTY.

I would like to invite your Grade one teachers to attend a focus group whereby they will have an opportunity to share their views, past experiences and opinions regarding Occupational Therapy. The discussion will last between 60 to 90 minutes where after refreshments will be provided.

The identities of the Grade one teachers and the identity of your school will be kept confidential. The school and the teachers have the right to withdraw from the study at any time without consequences to you or your teachers.

I am in the process of obtaining permission from the Faculty of Health Sciences Research Ethics Committee, the Research and Postgraduate Committee of the School of Health Sciences and the Academic Advisory Committee.

I am hereby asking your ***provisional approval*** to participate in the study. Could you kindly fill in the bottom section of this letter and e-mail it to elrikabierman@gmail.com.

I will make an appointment with you during the course of 2016. I will then be able to present the consent forms to you. I will provide you with more information regarding the study and answer any questions you may have pertaining to the study.

Please contact me should you have any questions.

Your consideration is greatly appreciated!
Thank you in advance,

Kind regards

Elrika Bierman
Student Number: 27074898
072 903 2307
E-mail: elrikabierman@gmail.com.

I,________________________________, principal of___________________________________
provisionally agree to be part of the research study to be conducted by Ms E. Bierman.

Signature: _____________________________
Date: ________________________________

ANNEXURE D: WRITTEN CONSENT TO PARTICIPATE IN THE STUDY

INFORMED CONSENT

Dear Teacher

I am an occupational therapist in the process of conducting research for my masters. Your principle has granted permission to do research at your school.

I would like to invite you to attend a discussion group where you and the other Grade one teachers in your school will have an opportunity to share your experiences with Occupational Therapy.

The focus group will be held one afternoon at a place that will be identified. More details with regard to the date and time will be confirmed with you as soon as possible. The focus group will last approximately 60 to 90 minutes. The group will be recorded by means of a audio recorder. No preparation is expected on your part.

Refreshments will be available after the discussion groups.

Thank you in advance,

Kind regards,

Elrika Bierman
occupational therapist
Tel: 072 903 2307

I, ___________________________________ am comfortable and willing to participate in the focus group. I take note that my participation will be kept confidential and nothing that I will say will be traced back to me and have negative implications to myself or my school.

____
Signature

ANNEXURE E: EXAMPLE OF THE BACKGROUND INFORMATION FORM

BACKGROUND INFORMATION FORM

Participant no:
Focus Group no:

Please complete this form:

Gender:

Male	Female

Date of Birth :

D	D	M	M	Y	Y	Y	Y

School: ________________________________*Primary School*

FORMER MODEL – C SCHOOL	NO –FEE SCHOOL	PRIVATE SCHOOL

Qualification:

Degree	Diploma	In-service Training	Other:	

Does your school have a Remedial Teacher/Student Support Teacher?

Yes	No

Place of Qualification: ______________________________

Year of Qualification:

Years of experience as a Grade one teacher:

Less than 1 year	
1 – 3 years	
4 – 8 years	
More than 8 years	

Question		
Have you heard about Occupational Therapy?	Yes	No
Have you referred to Occupational Therapy in the past?	Yes	No

THANK YOU!

ANNEXURE F: INTERVIEW QUESTIONS FOR THE FOCUS GROUPS

INTERVIEW QUESTIONS TO ASK DURING FOCUS GROUPS

QUESTIONS
1. What comes to mind when I say Occupational Therapy? 2. What **difficulties** can you refer to Occupational Therapy? **Prompt**: How do you decide a referral is appropriate or not? 3. Do you **know** an occupational therapist? **Prompt:** Where will you find an OT? 4. Have you seen **improvement** in the children you have referred to OT? Explain **Prompt:** What improvement do you hope to see when referring a child to OT? **Prompt**: What contribution do you think Occupational Therapy can make in scholastic performance of referred child? Explain 5. Would you **refer** to Occupational Therapy again in the future? Why? **Prompt:** Would you recommend Occupational Therapy to other teachers/parents? Why? 6. Do you have **positive** experiences with Occupational Therapy? Tell me about it? 7. Do you have **negative** experience with Occupational Therapy? Tell me about it?

ANNEXURE G: ETHICAL CLEARANCE LETTER

The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.
- FWA 00002567, Approved dd 22 May 2002 and Expires 20 Oct 2016.
- IRB 0000 2235 IORG0001762 Approved dd 22/04/2014 and Expires 22/04/2017.

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences Research Ethics Committee

28/07/2016

Approval Certificate
New Application

Ethics Reference No.: 284/2016

Title: PERCEPTIONS OF GRADE 1 TEACHERS IN MAINSTREAM PRIMARY SCHOOLS REGARDING OCCUPATIONAL THERAPY FOR CHILDREN WITH LEARNING DIFFICULTY

Dear Miss Eirika Bierman

The **New Application** as supported by documents specified in your cover letter dated 26/07/2016 for your research received on the 26/07/2016, was approved by the Faculty of Health Sciences Research Ethics Committee on its quorate meeting of 27/07/2016.

Please note the following about your ethics approval:
- Ethics Approval is valid for 1 year
- Please remember to use your protocol number (**284/2016**) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, or monitor the conduct of your research.

Ethics approval is subject to the following:
- The ethics approval is conditional on the receipt of **6 monthly written Progress Reports**, and
- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

Additional Conditions:
- Approval is conditional upon the Research Ethics Committee receiving permissions of the schools.

We wish you the best with your research.

Yours sincerely

*** Kindly collect your original signed approval certificate from our offices, Faculty of Health Sciences, Research Ethics Committee, Tswelopele Building, Room 4.59 / 4.60.*

Dr R Sommers; MBChB; MMed (Int); MPharMed,PhD
Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

012 356 3084 deepeka.behari@up.ac.za / fhsethics@up.ac.za http://www.up.ac.za/healthethics
Private Bag X323, Arcadia, 0007 - Tswelopele Building, Level 4, Room 60, Gezina, Pretoria

ANNEXURE H: EDITOR'S DECLARATION LETTER

DECLARATION OF LANGUAGE EDITING

Johann F Bierman

082 449 4669

jfbierman@hotmail.com

I, Johann Frederich Bierman, hereby declare that I have edited the research study with the title:

Perceptions of Grade One Teachers in Mainstream Primary Schools Regarding Occupational Therapy for Children with Learning Difficulties

for **Elrika Beukes** for the purpose of submission as a postgraduate dissertation.

Changes were suggested and discussed; however, implementation was left to the discretion of the author.

Yours sincerely

Johann F Bierman
29 October 2017

ANNEXURE I: TURN-IT-IN SUMMARY REPORT

PERCEPTIONS OF GRADE ONE TEACHERS IN MAINSTREAM PRIMARY SCHOOLS REGARDING OCCUPATIONAL THERAPY FOR CHILDREN WITH LEARNING DIFFICULTY

ORIGINALITY REPORT

7%	7%	2%	0%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

#	Source	Type	%
1	uir.unisa.ac.za	Internet Source	1%
2	repository.up.ac.za	Internet Source	1%
3	dspace.nwu.ac.za	Internet Source	1%
4	etd.uovs.ac.za	Internet Source	<1%
5	open.uct.ac.za	Internet Source	<1%
6	scholar.sun.ac.za	Internet Source	<1%
7	www.sajot.co.za	Internet Source	<1%
8	repository.nwu.ac.za	Internet Source	<1%