

School-based Occupational Therapists: An exploration into their role in a Cape Metropole Full Service School

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ABSTRACT

School based occupational therapists within the South African context are faced with the challenge of extending their roles within inclusive education.

The following article describes a research study that was conducted by a group of fourth year occupational therapy students in 2006. The purpose of the research was to explore the current role and develop a future perspective for school-based occupational therapists in an inclusive education system in a full service school in the Cape Metropole area. A qualitative phenomenological approach was followed, where semi structured interviews and focus groups were the methods of data collection.

Data was transcribed and analysed inductively using content analysis. The article expands on the following two themes, namely the unclear existing role of the occupational therapist in inclusive schools and diverse and evolving attitudes towards inclusive education. The themes highlight the attitudes and perceptions of teachers, parents and an occupational therapist on inclusive education and explores the possibilities of emerging and transforming roles for occupational therapists willing to engage in this inclusive process.

Key words: Inclusive Education, Full service schools, Roles, Occupational therapist

Introduction

With the emergence of the awareness of disability rights in South Africa and the introduction of the inclusive education policy, the role of the occupational therapist is constantly evolving. In 1997 the National Commission on Special Needs in Education and Training (NCSNET) and the National Committee for Education Support Services (NCESS) were appointed to make recommendations for support services and special needs in South Africa¹. A system to bring about this transformation and accommodate the full range of the learners' needs was outlined in the Education White Paper 6 on Special Needs Education: Building an Inclusive Education and Training System¹. Because of this adjustment in the education system in South African schools, the role of the occupational therapist is changing to meet the demands of policy implementation. Research studies currently being published focus on promoting the implementation of the inclusive education policy² and experiences of educators in this system at primary schools. However, limited documentation was available regarding the new role for occupational therapists in South African inclusive schools. The purpose of this study was to explore the current role and the emerging role of the occupational therapist within the dynamic and challenging environment of inclusive education.

Occupational therapists are currently situating themselves within various school contexts in the education system. Therapists are seen as providing a service to special schools by either being employed by the school or via a private practice. In direct response to the implementation of the White Paper 6¹, occupational therapists needed to make a shift in their everyday tasks and activities. This shift impacts on how they deliver occupational therapy services to learners with special educational needs. The critical problem really stems from the above shift and the many contextual factors that impact on the unclear role of occupational therapists in inclusive education.

The common trend is to presume that education is only concerned with academic domains and achievement. However it is important to approach education more holistically and thus for the purpose of this study the following definitions were deemed appropriate: "Education is also concerned with developing in children an increased sense of independence, personal responsibility and belonging to their diverse community"^{3:46} and "Education is or should be an enjoyable and positive experience. School is a major social setting for children where they learn about each other and the world around them"^{4:220}.

Inclusive education

An inclusive school is defined as "...a place where everyone belongs, is accepted, supports and is supported by his or her peers and other members of the school community in the course of having his or her educational needs met"^{5:140}. Inclusion means changing the attitudes and practices of individuals, organisations and associations so that they can fully and equally participate in and contribute to the life of their community and culture. Furthermore an inclusive society is one in which difference is respected and valued and where discrimination and prejudice are actively combated in policies and practice⁶.

The real turning point towards inclusive education in South Africa only occurred in 1994 as a result of the democratic elections. In this new found democracy the constitution ensured that significant educational reforms were implemented to ensure that all learners were given the right to basic education, thus addressing the imbalances of the past and focusing on key issues of access, equity and redress⁷.

To research and formulate recommendations to implement the necessary support systems in South Africa for inclusive education; the Education White Paper 6 on Special Needs Education: Building an Inclusive Education and Training system¹ was developed in May 2001. This White Paper outlined the rationale and the way forward for implementing an inclusive system in schools⁷.



The Education White Paper 6 on Special Needs Education¹ policy identifies three levels of educational support that are necessary within South Africa for learners with special needs. They are as follows:

1. Ordinary Schools: For learners who need low-intensive support. Defined by UNESCO⁶, the current use of the term ordinary schools include preschools, primary and secondary schools. As a group they are also referred to as mainstream or regular schools to distinguish them from special schools.
2. Full Service Schools: For learners who need moderate support. Full Service schools and colleges will be equipped and supported to provide for the full range of learning needs among the learners. Their capacity to address barriers to learning will be developed¹.
3. Special Schools: For learners who need high intensive support. Currently these schools are for children who have a particular impairment or disability¹.

The long term goal of the Education White Paper 6 is to develop an inclusive education system which will aim to identify and combat barriers to learning as well as accommodate the diversity in learning needs.

Role of the Occupational therapist in education

The role of occupational therapists in school-based practice is affected by the growing trend towards inclusive education. Fully included learners require more occupational therapy support within the education setting. Hemmingsson & Borell⁸ further acknowledge the increasing involvement of occupational therapists in offering services to facilitate a student-environment fit that enables full participation (academically and socially) of children with disabilities in an inclusive school environment. The role the therapist often adopted in an educational framework is one of a consultant for parents and teachers⁹. Occupational therapists provide education and training in how to adapt the classroom environment, how to modify teaching techniques and how to access assistive devices so as to adjust and meet environmental demands. The use of equipment or special techniques could allow the teachers to experience and thus understand the disability of the child¹⁰. Engelbrecht and Green² explain how the educators should be primary agents of change within the inclusive classroom. This means the focus of the occupational therapist's role would be that of enabling the teachers to best meet the needs of all individuals in the classroom.

The programmes that are developed in full service schools are to be carefully monitored and evaluated by the Western Cape Education Department and will then act as an example to extend inclusive education to the education system as a whole. The Education White Paper 6¹ highlights the steps that will be taken in order to start the process of inclusion. One of these steps was to designate one primary school from every district to act as a model full service school. The Education White Paper 6; furthermore states that "District support teams and institution-level support teams will be required to provide curriculum, assessment and instructional support in the form of illustrative learning programmes, learner support materials and equipment, assessment instruments and professional support for educators at special schools/resource centres and full service and other educational institutions"^{1:29}. The Occupational Therapist as part of a district-based support team or institution-based support team would assist in accelerating the process by providing knowledge on school related assessments and support for learners with special educational needs and support for educators at special schools/resource centres.

The current and potential role of the school-based occupational therapist in full service schools need to be clearly defined so that occupational therapy is included in the strategies that will be applied locally and nationally to other schools in the evolving inclusive education system.

Methodology

This research was based on qualitative modes of inquiry. "Interactive qualitative inquiry is an in depth study using face-to-face techniques

to collect data from people in their natural settings"^{11:35}. The objectives of the study were therefore:

1. To explore the perceptions of the participants in the study towards the potential role of the school based occupational therapists within a model full service school in the Cape Metro-pole Area.
2. To explore the challenges facing occupational therapists in transforming the South African education system as viewed by the participants.

A phenomenological approach was selected for this study as it explored the experiences of the occupational therapist, the teachers, and the parents that have some involvement at the school. The school selected for this study was the Rainbow Primary School; a full service school in the Cape Metropole. The school was at the time identified as a full service school and so the concepts of inclusive practices were starting to be introduced to the principal, teachers, parents and allied health professionals. The Rainbow Primary School follows the Western Cape Department of Education Curriculum.

Gaining Access

Before access was negotiated with the school and principal, ethical approval was obtained from the University of Cape Town Health Sciences Faculty Human Research Ethics Committee. Permission for the research to be conducted within the school was negotiated with the school principal in written form and with the Department of Education (Western Cape).

Data Collection

A multi-method strategy¹² was used, as it enhances the credibility of the study. The primary data collection strategies used were focus groups and semi-structured interviews. These strategies were used not only to enrich and fill out the data collected but also to provide an opportunity for converse arguments and viewpoints. Facilitation of the focus groups was conducted by the same two researchers and the interviews were conducted by another researcher in the group to ensure consistency of data collection. Data collected from the focus groups were supplemented by data collected from the three interviews so as to add credibility and broaden the focus. The aim of the focus groups was to gain knowledge about how parents/caregivers, teachers and the principal experience and view the occupational therapist's role within that particular School. The focus groups were conducted for an hour and were based on trigger questions related to the participants' perceptions, thoughts, feelings, and attitudes. The interviews were based on a similar set of open-ended questions and also lasted for 1 hour.

The Sample Group was as follows:

Focus group 1:

- The principal and 11 teachers from the Rainbow Primary School (working with children who either have physical or learning disabilities at the school. These teachers were from the foundation, intermediate and senior phase classes working with children who have had exposure to occupational therapy).

Focus group 2

- All parents/guardians of children at the Rainbow Primary School whose children had exposure to occupational therapy were asked to participate in the study. Of this particular group of parents; only nine consented to participate.

Interviews:

- Three key informants who were knowledgeable about and who had worked in Inclusive Education. (The one key informant used to be the Occupational Therapist working in a private capacity at the Rainbow Primary School; the other two were not occupational therapists, but were in managerial positions working for the Education Management Development Centre [EMDC]).

Data Analysis

Data were inductively analysed. Focus groups and interviews were recorded on audiotapes, the data were accurately transcribed and



analysis was done using content analysis as described by Silverman¹². Through this analysis process, common threads were grouped together in order to develop themes. The transcripts were destroyed to ensure confidentiality of participants as soon as the research report was completed.

Ethical considerations

In order to protect the rights of both the participants in the study and those doing the research, it was important that the following ethical considerations were taken into account and utilised. The researchers identified the following ethical principles as being pertinent to the specific study: Informed Consent, Confidentiality and Anonymity, Deception and Veracity.

Individually, the participants had access to all information collected about them, and were allowed, at all stages of the study, to query researchers as to their motives for gathering different information. Participants had the right to review the study once it was completed.

Trustworthiness

As this was a qualitative research study techniques ensuring trustworthiness of the findings were employed. These techniques as described by Lincoln and Guba¹³ included credibility, transferability, dependability and confirmability. Validity was ensured through data triangulation during focus groups and member checking. Reliability was ensured through the same two researchers facilitating the focus groups and the same researcher conducting the interviews.

Findings

Findings from the focus groups aided the identification and extension of the role of the occupational therapist in these settings. Furthermore it enhanced understanding of the realities and the challenges being faced by teachers and occupational therapists working within an inclusive education system.

Four themes emerged from the transcriptions of the two focus groups and three interviews. Many of the responses and observations offered by the participants were emotionally charged and were examples of their own life experiences. The four emerging themes were named as: *Diverse and evolving attitudes towards inclusive education*, *Unclear existing role of the occupational therapist*, *Micro, Meso and Macro challenges faced and the Multifaceted role of the occupational therapist*. For the purpose of this article, the following two themes will be further discussed: *Diverse and evolving attitudes towards inclusive education* and *Unclear existing role*. Table 1 below highlights the categories related to these two themes:

Table 1: Themes and categories

THEMES	CATEGORIES
Diverse and evolving attitudes towards inclusive education	Discrepancy between implementation and policy
	Misconceptions about inclusion
Unclear existing role	Uncertainty about role
	Scope of private practice
	Special schools

Theme 1: Diverse and evolving attitudes towards inclusive education

Discrepancy between implementation & policy “You see in theory it’s a good thing, but in practice it doesn’t work like this”

Participants showed an attitude of support towards the ethos of inclusive education as it has been reflected in policy. However they reported their experiences of not having sufficient support to

implement these policies which widens the gap between legislation and reality. *“And the whole process has become a failure not because the idea was bad but because the practicalities were not in place”*.

Some of the participants felt that not all relevant role-players were included in the development and writing up process of inclusive education policies, resulting in a ‘top-down’ approach to implementation. *“I think the problem was that nobody was included in the actual drafting of this white paper at that level and that is why.”* They felt that there was a lack of communication between the government and education departments and the relevant role-players trying to implement the policies at ground level. *“I don’t think the people at the top are seeing the bigger picture...they are looking at saving money but I don’t think they see the bigger picture.”*

A reality for the participants appeared to be that they have insufficient resources and lack the necessary support to implement inclusion in full service schools. Without this support they feel that inclusion cannot happen. *“I would have [a] serious problem. It’s no use battling all these good ideals around and not getting down to the nitty gritty, and saying listen how are we going to implement it and is it feasible? Is it viable? Can we depend on the teachers? Can we train the teachers? Something or other, but they always do these things and then in the end we have these big classes with learners who are having difficulties, and that is where the problem comes from.”*

Emerging in this category was a sense that if the participants were given sufficient resources and support they would be more able to make inclusion a reality. *“But balance that with the right kind of assistance, the right kind of people, the right kind of resources.”* They do not want inclusive education to fail. *“Do it properly now, don’t have a great idea and mess it up by not planning accordingly. You know what I mean.”* However because of a discrepancy between policy and reality they are experiencing difficulties and some participants expressed feelings of being disempowered, *“Teachers don’t have rights.”* One of the participants felt disheartened and said, *“Promises of the EMDC, you can never believe it.”*

Misconceptions about inclusion

This category clearly shows the participants' diverse attitudes and perceptions about inclusive education in South Africa. A participant showed a perceived benefit of inclusion, *“I was just thinking about H, the down syndrome child that Mr. E spoke about, she was here for about 4-5 years, and I mean H couldn’t write her name, she couldn’t do anything, the only thing I think she actually learnt how to socialise with other children.”* This demonstrates that there is a misconception that learning relates purely to academics and the social aspects of it are negated.

Merely integrating the child into a mainstream school is not inclusion, *“But I mean for years, she could only socialise and that’s about all. And I mean, if it was my child, would I as a parent have thought if this is all. If this is the only skill that my child has learnt within four years?”* This excerpt highlights two key points. Firstly the lack of understanding of how inclusive education aims to adopt a holistic approach to educating and developing the child rather than focusing on academic achievements. Secondly it highlights the need for a sound understanding of the differences between inclusion and integration in order for the objective of inclusive education to be met so that all children will benefit.

Theme 2: Unclear existing role - “Our role is definitely changing...what you do all depends on the school you’re at, how they rate OT.”

Establishing the current role of the school-based occupational therapist, specifically within full service schools, was somewhat challenging. Participants were easily able to identify what they thought the occupational therapist could or should be doing within the system but struggled to express their understanding of the current role. When asked about this role they often demonstrated some uncertainty or deviated away when asked about their role. In general, the participants were unclear as to what exactly the school-based occupational therapists' role entails and how far the scope of occupational therapy goes within a school.



Uncertainty about the role

One of the participants mentioned that she thought the main reason that the occupational therapist's role was unclear was that all policy and instruction pertaining to that role has been created by people uninformed about occupational therapy. Because of the 'top-down' effect governing expectations of occupational therapists, confusion about the role is generated, "if the guy at the top can't see who we are, what we can do... then things are not going to change," and, "he sees us as people sitting at a desk writing down... he doesn't see us as specialist and knowing what we are doing."

This 'top-down' effect is further exacerbated by the fact that there are no clear guidelines instructing school-based occupational therapists. Because of the uncertainty generated by this, therapists tend to work according to the needs of a particular school, making the role difficult to generalise and define. This is illustrated by one of the participants, "As we are all aware there are no guidelines... the therapists themselves, the multi-disciplinary team, they need to look at the needs of the school. I don't think it's something that can just be said 'there's a way we are going to do this.' Each school has different needs... and from there the role of the OT can be accomplished."

Scope within private practice and special schools

"What happens is most of the OTs are private practitioners and they might offer set rates or medical aid rates [to the parents]." The client is then the individual child and the ethical responsibility of the occupational therapist is to work for the benefit of that child alone, "if you are a private therapist coming in... her first responsibility is her client which is the child." Another participant describes a two-pronged approach including both the child and the teacher but still explained that, "you can't not work with the child and just support the teacher. Then you would not really be being ethical or honouring parents' request for therapy. So you need to do things both ways". The scope of the private practitioner is described by participants very much as the 'traditional' occupational therapist role. Inclusion is about the individual, and the therapist is responsible for identifying problem areas, assessing the child and creating an individual therapy plan. Participants strongly agreed to the statement that, "it's fundamental within primary schools to identify the learning disorders, isolate them and address them. And that's where OT, within the school confines, is available there for that purpose." The individual therapy done with learners is, "one-on-one in private." The child is withdrawn from the classroom and the general practice is to, "take the kids for hour sessions twice a week."

The special school was another area participants identified as one where occupational therapists work. The role of the occupational therapist when working in a special school can either be 'one-on-one' therapy with a disabled child or can be a consultancy role for schools in the surrounding areas with children with milder disabilities or other barriers to learning. A participant explained this concept with the following example, "I see the role of the therapist in a special school with intellectual impairments being more able to actually go out and help in the main stream to be a consultant to other schools versus a therapist in a school for the physically disabled, where you would still need to be doing your day to day one-on-one therapy... so it weighs up differently in each situation."

Discussion

This study explored how various role players viewed the current and potential roles of school-based occupational therapists within full service schools in the Western Cape, and thus the evolving inclusive education system in the South African context. The study sought to investigate the attitudes of all study participants towards inclusive education. This was to lay the foundation to further explore their attitudes and their perceptions of the current and potential future role of the school-based occupational therapists within model full service schools. There was value in exploring the variety of challenges facing occupational therapists in transforming the South African education system in order to gain a deeper insight into the potential scope of the occupational therapist.

The concept of transformation was one that was evident throughout the study's findings. It emerged that throughout the

process of transforming from the traditional school system to that of inclusive education, people's attitudes and perceptions too, are transforming. Change brings about fears and the potential for misconceptions which can potentially hinder this transformation process. Transformation in turn will impact on the role of the occupational therapist within the school setting. Lorenzo¹⁴ explains how personal growth and transformation happens through the interdependence of each person on others, highlighting the necessity of working together. The discussion will expand on the two themes that emerged from the study's findings by focusing on the role of the occupational therapist.

When the researchers initially investigated inclusive education policy and the Education White Paper 6 in 2006; they understood the role of the school based occupational therapist to be centred mainly on children with disabilities who experience barriers to learning. Through the research process of this study, the researchers have come to realise that at this transformation stage in implementation of inclusive education it is not enough to focus on the child alone.

The role of school-based occupational therapy in inclusive education is much broader in the current South African context. The occupational therapist has to make a shift from an individual focus and reasoning strategies to broader systems, community and a population focus. "The profession's early preoccupation with the needs of individuals, and more recently with groups; limited curiosity and they were unaware of the usefulness of occupational therapy as viewed from a population perspective"^{15:59}. The occupational therapists' role has to extend beyond the traditional 'one-on-one' treatment session with children with disabilities to also incorporate: educator support and empowerment, advocacy and policy development, multidisciplinary team collaboration and a more extended role into parent support and community development.

Inclusive education requires a shift in the occupational therapists perspective, away from the traditional clinical reasoning to a more population based reasoning. This is because the focus is no longer on 'fixing' a disability or compensating for a loss of ability in an individual child, but rather on working within a system to most benefit all role-players involved. The occupational therapist traditionally started with the child and looked at the immediate school situation to benefit that child. However, inclusive education aims to change the system promoting change to enable inclusion of children with disabilities as well as those who have other barriers such as poverty and social problems¹⁶.

The need for collaboration and dynamic interactions between the members of the team is critical when determining the services offered and implemented by occupational therapists within full-service schools. "Part of the role of the occupational therapist in developing the school as an organisation is to facilitate appropriate communication amongst groups"^{16:193}. The emphasis is placed, not so much on which therapists or professionals are present on the team but, rather the communication between members. The various roles represented in the team should be clearly defined and understood enabling easy and correct referral and treatment.

Members of the multi-disciplinary team often have misconceptions about the role of the occupational therapist at a school level. This can result in incorrect referral, resistance to occupational therapy as a profession and under-valuing the role of the occupational therapist. Conversely, some occupational therapists may not have a clear understanding of their own role within the team and may overlap into the spheres of other professionals with whom they work. A future role of the occupational therapist would be to educate and raise awareness about the functions that fall within the field of the school-based occupational therapist and the contributions that an occupational therapist can make to inclusive education. This promotion of occupational therapy should be present at school level but also reflected in the policy documents such Education White Paper 6.

Collaboration and networking between all the role-players in the inclusive system is vital for inclusive education to become a reality. Collaboration needs to happen at all levels in order to address the challenges of implementation that the key role-players in inclusive



education are experiencing. It can also help close the gap between policy and implementation strategies within the school and maximise the fit between the two.

The role of occupational therapists is to ensure a holistic approach to therapy. In order for occupational therapists to incorporate their philosophy of a holistic approach; they need to be able to understand the needs, concerns, hopes and expectations of everyone who will be involved. Educators and parents of children with disabilities in full service schools are critical role-players that the occupational therapist should collaborate with in order to gain insight and understanding about the child. The system of inclusive education provides a context in which a more holistic intervention can happen.

The Participant Manual on the National Strategy on Screening, Identification, Assessment and Support (SIAS¹⁷) was developed in order to provide guidelines for the District based and Institution level support teams to implement the strategy in schools within the various districts. The participant manual outlines its purpose as being the following: "...The procedures give guidance about the role of the District-based Support Team and the Institution-level Support Team to ensure that barriers to teaching and learning are addressed and all learners are supported to participate and develop their full potential in their neighbourhood schools with their peers"^{17:2}.

As stated above, the strategy highlights the role of the two teams; however no mention was made of who should constitute these teams and the possible involvement of occupational therapists. The occupational therapist should utilise the inclusive environment, enriching and adapting it so as to enable the child to grow and develop within a social classroom setting, rather than removing them as this reinforces exclusion and not inclusion. Potentially the occupational therapist's role extends to that of policy and curriculum development and adaptation within the inclusive education context. This will ensure that as the system evolves the principles of occupational therapy will continue to guide and enrich the process of inclusive education. Occupational therapists have the necessary training to enhance the learning environments for children with disability by adapting the curriculum to meet their needs, and enabling implementation of the adaptations by appropriately equipping the teachers.

Inter-sectoral collaboration (for example between the health and education departments), could allow for the development of the occupational therapists role within the school based setting e.g. placement of final year occupational therapy students and/or community service occupational therapists, as suggested by one of the participants. This would mean that the occupational therapist's role would need to be extended to include supervision of these students.

In the transformation process of inclusive education, misconceptions will evolve and change as people become more aware and informed. The various misconceptions and related fears that emerged from the study cannot be disregarded as they create a barrier to the successful implementation of inclusive education. This in turn has hindered the incorporation of occupational therapists in the transition process. Participants in the study acknowledged that had occupational therapists been involved in the process sooner, fewer barriers to implementation of inclusion would have occurred. It is therefore vital that the occupational therapist's role includes collaborating with role-players, on all levels, in the future.

Limitations of the study

The study did prove to have some limitations; which are listed below:

- ❖ There was only one OT working at this particular Full Service School; thus limiting the points of view of many occupational therapists.
- ❖ It was an undergraduate study, thus limiting the scope and time that was available to conduct the study.

Conclusion

It is important to remember that the current political and social situation in South Africa is a dynamic and evolving one into which the

education system must fit. In policy and legislation, discrimination has been abolished, and the attitudes and beliefs held by many are in the process of maturing and developing. The transforming nature of the South African education system at present reflects changes in the country, showing growth at both individual and population levels. With the implementation of inclusive education comes the acceptance of people with disabilities as contributing participants of South African society. This research has illustrated how the boundaries of occupational therapy can be extended and the potential for growth and development of the role of occupational therapists in the inclusive education system.

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