PREPARATION OF ADOLESCENT LEARNERS WITH DOWN SYNDROME IN CAPE METROPOLE SCHOOLS, SOUTH AFRICA, FOR TRANSITION TO WORK

BY

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A mini-thesis submitted to the Physiotherapy Department, faculty of Community and Health Sciences, University of the Western Cape, in partial fulfilment of the requirements for Master of Science degree in Physiotherapy.

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(University of the Western Cape, South Africa)

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(Ghent University, Belgium)

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KEY WORDS

Intellectual disability
Down syndrome
Inclusive education
Health promoting schools/ Health promoting school framework
Curriculum
Transition/Transition planning
Photovoice
Work
Cape Metropole
South Africa
ABSTRACT

Transition from school to work entails the preparation, education and training of learners, leading to their placement in desired work situations. The right of children with disabilities to be included in ordinary schools and employment thereafter is being advocated internationally. However, despite this, preparation for transition from school to work still poses a major challenge for many learners with intellectual disabilities. The aim of this study was to explore how schools in the Cape Metropole, South Africa, are preparing adolescent learners with Down syndrome for the transition to work. The objectives of the study were to explore: school policies related to the transition process; schools’ physical and psychosocial environments; the link between schools and the community; learners’ acquisition of skills and education support services. Collaborative qualitative research design was used with a partnership between the researcher and the Western Cape Down Syndrome Association. The participants included two teachers with experience of teaching learners with intellectual disabilities, two parents of adolescent learners with Down syndrome, ten participants with Down syndrome, amongst them, two adolescent youths in post school training who were identified in this study as role models and eight learners at school. As learners with Down syndrome might not be fluent in verbal communication, an alternative research strategy, photovoice was used. Photovoice (photography) was used a means of accessing learners’ views of the transition planning and making these views accessible to others. The eight school-going learners were given cameras and requested to take photographs of things and experiences that helped to prepare them for work. The learners were then interviewed. Subsequently adults with Down syndrome (role models), who were in post school training, were also interviewed. Finally, parents and teachers were
interviewed. Data analysis included translating, transcribing of raw data from the recorded tapes and content analysis by using codes and identifying themes. The synthesis of the findings from all the participants yielded multiple themes including: education support services: acquisition of skills: supportive relationships; home, community, classroom and school environments; and dreams of the participants. Ethical considerations included getting permission from the University of the Western Cape, the Western Cape Education Department, the principals of the schools, the participants and their parents/guardians. The study has illustrated that, given opportunities and proper preparation in school, adolescent learners with Down syndrome have the potential to become active members of society. For better outcomes of the transition planning process, there is need for: teachers to work closely with the parents; increased government support; job coaches and class assistants in the schools and a greater collaboration between government departments.
DECLARATION

I hereby declare that “Preparation of adolescent learners with Down Syndrome in Cape Metropole schools, South Africa, for transition to work”, is my own work, that it has not been submitted for any degree or examination at any other university, and that all the sources used or quoted have been indicated and acknowledged by complete references.

Ancent Muli Muvua

Signature……………………………….May 2009

Professor Patricia Struthers

Witness………………………………….May 2009
ACKNOWLEDGEMENTS

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A special note of thanks is due to the youths, parents and teachers who participated in this study for having shared their experiences, opinions and views with me. I wish to sincerely thank the Down Syndrome Association of Western Cape, Margaret Wazakili, Nondwe Mlenzana, Maria Disten, Marla Warner and lecturers and staff in the Physiotherapy Department for all their assistance during the preparation of this thesis. You made a huge difference and are true professionals in every sense of the word. Lastly, but certainly not the least, I thank all my colleagues and friends at the University.
### ACRONYMS

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<tr>
<th>Acronym</th>
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<tr>
<td>ACED</td>
<td>Angus Council Education Department</td>
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<td>ANC</td>
<td>African National Congress</td>
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<td>APDK</td>
<td>Association of the Physically Disabled of Kenya</td>
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<td>CLRP</td>
<td>Community Living Research Project</td>
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<td>DSSA</td>
<td>Down Syndrome South Africa</td>
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<td>DSS</td>
<td>Down Syndrome Scotland</td>
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<td>IASSID</td>
<td>International Association for the Scientific Study of Intellectual Disabilities</td>
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<td>IDEA</td>
<td>Individuals with Disabilities Education Act</td>
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<td>IEP</td>
<td>Individualised Education Planning</td>
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<tr>
<td>NCESS</td>
<td>National Committee of Education Support Services</td>
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<td>NCSNET</td>
<td>National Commission on Special Needs in Education and Training</td>
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<td>NDSS</td>
<td>National Down Syndrome Society</td>
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<tr>
<td>NICHY</td>
<td>National Information Center for Children and Youth with Disabilities</td>
</tr>
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<td>NSDS</td>
<td>National Skills Development Strategy</td>
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<tr>
<td>PIDs</td>
<td>People with intellectual disabilities</td>
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<td>RNCS</td>
<td>Revised National Curriculum Statement</td>
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<td>SDA</td>
<td>Skills Development Act</td>
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<td>SEN</td>
<td>Special Education Needs</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organisation</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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- Toestemmingsvorm
- Toestemmingsvorm: Ouer
- Inligtingstuk vir opvoeders
- Inligtingstuk vir ouers
- Inligtingstuk vir leerders

Appendix IX: TRANSLATIONS: XHOSA
- Ifomu yesivumelwano
- Iphepha eluqulathe ulwazi (abazali)
- Iphepha eluqulathe ulwazi (ootitshala)
- Ifomu enika llungelo elivelu kumzali
- Ifomu yesivumelwano nabafundi

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CHAPTER ONE

INTRODUCTION

The transition from school to work is an important step in the lives of youth. This chapter describes the importance of transition and transition planning in the lives of young people with Down syndrome. It goes on to discuss the health promoting school framework, as a theoretical framework within which to describe and analyse preparation for transition from school to work. The chapter introduces the human rights perspective that challenges education systems to include learners with Down syndrome at school, as well as their preparation for the transition to work. The research problem, research question, aim and objectives of the study are presented. The chapter concludes with an overview of the subsequent chapters in the thesis.

1.1 RATIONALE

For all young people, education and training serve as crucial stepping stones to becoming valued and contributing adults in society. Transition is the process of changing from one state, activity or place to another. Although most individuals go through the transition from school to work during their lives, for students with disabilities the transition has emerged as a particularly crucial one, often affecting later participation in employment and further education training, as well as the quality of life (Wehman, Kregel & Barcus, 1985; Riches, 1996). Transition will succeed when there is an understanding of the individual’s personal strengths and interests and also based on the knowledge of what options and services are available in the community.
However, the majority of learners with intellectual disabilities have faced the unrewarding prospects of unemployment, underemployment and long-term dependency after their school programmes end. These adolescent learners face additional difficulties with other aspects of their community adjustment, including inappropriate living conditions, inadequate financial resources, restricted opportunities for post secondary education, limited opportunities for leisure activities and inadequate healthcare. The economic opportunity structure available through employment has been out of reach for this group, to a point that their families, their communities and the learners themselves have traditionally held low expectations of work opportunities (Community Living Research Project, 2006).

The importance of transition to work for learners with Down syndrome is well articulated by Selikowitz (1990) who emphasises that regardless of an individual's capability, he or she should have the satisfaction of work. He further reiterates that towards the end of high school the learners with Down syndrome need to have work experience in order to learn how a particular job is done and also learn how to interact with other workers. This approach is further espoused in the South African National Disability Strategy (Republic of South Africa, 1997), which criticises the segregation of persons with disabilities from the mainstream of the society and thus puts a lot of emphasis on the need for inclusion of people with disabilities in the workplace.

According to the United Nations Convention on the Rights of Persons with Disabilities (United Nations, 2006c) and the Disability Rights Charter of South Africa, Article 5 (South African Human Rights Commission, 2002) all people with disabilities have the right to employment. This is a human rights approach to the inclusion of
people with disabilities. Training programmes should be implemented by the
government and employers, to ensure that opportunities are created in the
workplace, which allow for the full enjoyment of this right. During the period 1994–
2004, legislation, policies, interventions, and programmes were formulated in South
Africa with the aim of positively influencing the attainment of equity goals and also
for addressing immediate goals in ensuring that more people with disabilities could
receive appropriate education and preparation for the transition to work.

The transition from school to work requires all students to engage in some form of
preparation. Beresford (2004, p. 584) states that:

Transition planning should be seen as a way to enable and support a young
person to move towards and onto a new life stage.

For those students with an intellectual disability, this preparation entails a more
active and comprehensive process ideally focusing on their strengths, abilities and
interests (Wehman, Kregel & Barcus, 1985; Riches, 1996; Beresford, 2004).
Transition can be a complicated and frustrating process as individuals and families
attempt to navigate a new service system with issues of eligibility, costs, person-
environment fit, and waiting lists (National Information Center for Children and Youth
with Disabilities, 1994).

Transition planning, which includes the education and training received during
childhood and adolescence resulting in placement of the learner in the desired work
situation, need to be a right that exists for all learners with disabilities (Mirfin-Veitch,
2003; Individuals with Disabilities Education Act, 2004; CLRP, 2006; National Down
Syndrome Society, 2007). A transition plan of a learner with an intellectual disability
consists of goals, which reflect the learner’s interests, abilities and dreams, and
outlines the specific objectives to help the learner achieve the goals (Mirfin-Veitch, 2003; CLRP, 2006; NDSS, 2007).

The power of a school education system to prepare adolescent learners with Down syndrome for transition to work is diminished if it fails to address the full range of content related to the roles expected of the learners when they leave school. Similarly, participation in the most sophisticated education and transition planning process is of minimal value if the learners are not supported to explore post-school options, develop personally meaningful post school goals, and connect with resources related to those goals (CLRP, 2006; Mirfin-Veitch, 2003).

The right to a basic education for people with disabilities is enshrined in the Bill of Rights of the South African Constitution where it states that:

Every person (including those with disabilities), shall have the right to basic education and to equal access to educational institutions. (Republic of South Africa, 1996: Section 29)

Section 9 of the South African Constitution commits the state to promote and uphold the equality and rights of the individual and says the government may not unfairly discriminate against anyone on any grounds including disability. According to the Education White Paper 6 (Department of Education, 2001), depending on the educational needs within an Inclusive Education, a child with a disability could be placed in the following settings: ordinary schools: where learners who need little support will be accepted at ordinary schools and where teachers will have improved skills to respond to individual learner needs; full service schools: where learners who need more support will attend designated full service schools with their peers. These full service schools will mainly be primary schools that have been selected and equipped with staff trained to address barriers to learning that different children may
experience; and special schools: these will be changed into resource schools to provide for those learners who need a high level of support. In addition, the staff of these schools will act as a resource in terms of curriculum and other issues to neighbouring schools in the district.

The health promoting school is considered an appropriate environment for inclusive education. The Draft National Guidelines for health promoting schools/sites in South Africa (Department of Health in collaboration with the Departments of Education and Welfare) highlights the need to use a whole school development framework for all schools, with the health promoting schools strategy located within it (Department of Health, 2000). Health promoting schools focus on developing programmes that promote health, extending the teaching beyond knowledge and skills to take account of the school’s social and physical environment and developing links with the community.

In South Africa, the Report by the National Commission on Special Needs in Education and Training (NCSNET) and the National Committee on Education Support Services (NCESS) (Department of Education, 1997) highlighted the role of health promoting schools in developing an environment that is safe and supportive for learners with intellectual disabilities and other learners in the school. The Report further made the recommendation (Recommendation 5.5) that the health promoting schools strategy be adopted at all schools.

At the Inclusion International 14th World Congress held in Mexico in 2006, discussions included the promotion of the rights of every child who has a disability to be included in a regular school and employment thereafter (Inclusion International,
Inclusive education was proposed as an alternative and claims to provide the best solution for a schools’ system that can meet the needs of all learners. The United Nation’s Standard Rules on the Equalization of Opportunities (United Nations, 1993) further supported the idea of inclusion for Persons with Disabilities proclaiming participation and equality for all. The South African Education White Paper 6 (Department of Education, 2001), says that inclusive education means a shift from the medical, pathological model to a social model where barriers to learning are defined as systemic and not only as deficiencies located within the individual learner.

Likewise, the White Paper on an Integrated National Disability Strategy (Republic of South Africa, 1997) acknowledges “in the past, disability issues were viewed chiefly within a health and welfare framework... [and] this led naturally to a failure to integrate disability into mainstream government statistical processes”. It continues:

> the majority of people with disabilities in South Africa have been excluded from the mainstream of society and have thus been prevented from accessing fundamental social, political and economic rights...[and that] the key forms of exclusion responsible for the cumulative disadvantage of people with disabilities are poverty, unemployment and social isolation. (pp, 2-4)

The social model of disability considers that it is largely the environment, which determines the effect of impairment or a disability on a person's daily life. A person is disabled when he or she is denied the opportunities generally available in the community that are necessary for the fundamental elements of living including participation in family life, education, employment, housing, financial and personal security, participation in social and political groups, religious activity, intimate and sexual relationships, access to public facilities, freedom of movement and the general style of daily living (United Nations, 2006a, 2006b).
School to work transition issues were highlighted during the 1980s as research identified poor post-school outcomes for learners with an intellectual disability. In 1987, the Association for Retarded Citizens (ARC) in the USA identified what they described as a severe gap in training and other kinds of services needed by young adults with intellectual disabilities as they emerged from school (ARC, 1987). The goal and purpose of special education in the United States were questioned as many youth and their families found the transition process to be disappointing and unsatisfying (Heslop, Mallett, Simons & Ward, 2002). Florian, Dee, Byers & Maudslay (2000) surveyed 270 special education schools in England to determine the percentage of learners aged 14+ years with severe/profound disabilities enrolled in the schools and to determine the future plans for these youths. They found that very few students with severe intellectual disabilities were moving on to college.

Advocacy for inclusion is carried out through support groups like the Down Syndrome South Africa which is working towards achieving the goals of full participation and equality in South Africa. Other legislation in South Africa has helped create a new sense of awareness of the needs of people with disabilities. These include the Employment Equity Act (1998), the Social Assistance Act (2004), the Skills Development Act (1998), and the Skills Development Levy Act (1999).

Although transition planning is a relatively new concept in South Africa, the country has made progress with some education districts implementing projects that assist in the employment of learners with intellectual disabilities. Additionally, some schools have taken the lead in preparing their learners with the necessary skills to enter the open labor market (Schoeman, 2007). Preparation for transition is an issue of
concern for members of the Down Syndrome Association of Western Cape who requested research on this topic be undertaken.

However, following inclusion at school, preparation of learners with Down syndrome for transition to work is a major challenge that is fraught with difficulties for education systems, teachers, students and families (Dos Santos, 2007; Tisdall, 1994). Lichtenstein and Nisbet (1992, p. 2) commented that:

The process by which students with disabilities move from school programmes to productive adult lives in their communities is undergoing intense scrutiny.

1.2 MY BACKGROUND

My interest in the field of disability dates back to 1982 when I started my secondary education. I happened to sit next to a lady in class who was using crutches to ambulate and who no one in the class wanted to sit next to. At that time, I did not understand why my other classmates did not want to sit next to her, but later on, I came to understand the negative attitudes people had towards those with disabilities and the stigma present. This is the person I owe a lot to as far as disability issues are concerned. It is from her that I learnt much about disability. It is from her, that I heard the word “physiotherapy” for the first time as she described to me what services she received when she went for her medical appointments. I never knew that one day I would become a physiotherapist.

Years later, I joined the Kenya Medical Training College. This is where the concepts related to intellectual disability were introduced. Lecturers elaborated on concepts on intellectual disability and what my lady friend in secondary school had tried to explain to me became clear. We had many clinical rotations as students, and one of them was in one of the facilities for people with disabilities. It was here that I met with and
began to learn more about people with intellectual disabilities. We learnt to assess and manage them holistically. I graduated in 1991 from the Medical College and was seconded to a school for people with intellectual disabilities. The school had only one occupationational therapist and no speech therapist.

I was not involved in the transition planning process but was called upon to assess learners before admission. I was too young to know what was happening in the country as far as education for people with intellectual disabilities was concerned. At this time in Kenya, only special schools provided schooling for people with particular disabilities. Learners with physical disabilities were in their own special schools; learners with visual impairments were in their special schools; and those with hearing impairments were also in their own special schools.

I was transferred to the provincial hospital after two years. At the hospital, I treated children and adults with intellectual disabilities who were either admitted in the hospital or came as out patients. I was lucky to be admitted to the Uppsala University in Sweden where I did a course on “rehabilitation in low income countries”. During the course, a film, “My left foot” was shown to the class. The film is about a child born with cerebral palsy, who used his left foot for drawing and artwork. He grows up to become an artist. After the film, my attitude towards people with intellectual disabilities changed. I realized that, despite the disability, people with intellectual disabilities were just like everyone else and if given a chance, they could do what those without disabilities could do. I went back to Kenya, joined the Lions Club International and got involved in issues pertaining to the welfare and schooling of people with intellectual disabilities. The exposure I have had at the places I have
worked at and the challenges I have seen that people with intellectual disabilities face as they go through school resulted in my interest in this study.

1.3 THE RESEARCH PROBLEM
It is not known if the schools in the Cape Metropole, South Africa, are preparing learners with Down syndrome adequately to cope with the challenges they meet when they have completed their schooling. Further to this, it is not known if the schools are providing the learners with the necessary knowledge, information, skills, attitudes and values to take advantage of the employment opportunities that are available.

1.4 RESEARCH QUESTION
How are schools in the Cape Metropole, South Africa, preparing adolescent learners with Down syndrome for the transition to work?

1.5 AIM
To explore how schools in the Cape Metropole, South Africa, are preparing adolescent learners with Down syndrome for the transition to work.

1.6 OBJECTIVES

1.6.1 To explore school policies related to the transition from school to work for adolescent learners with Down syndrome.

1.6.2 To explore the effects of schools’ physical and psychosocial environments on the preparation of adolescent learners with Down syndrome for the transition to work.
1.6.3 To explore the link between schools and the community on the preparation of adolescent learners with Down syndrome for the transition to work.

1.6.4 To explore schools development of personal skills of adolescent learners with Down syndrome for the transition to work.

1.6.5 To explore support services offered to adolescent learners with Down syndrome for their preparation for the transition to work.

1.7 OUTLINE OF THE CHAPTERS

This thesis is organized into six chapters. Chapter two includes literature on Down syndrome, transition and transition planning, and the health promoting schools framework. The researcher links all these concepts to the preparation of adolescent learners with Down syndrome for transition to work.

Chapter Three outlines the methodology used in the study, in which a descriptive qualitative approach utilising photovoice and individual interviews as methods of data collection are used. The research design, research setting, study population and sampling, the inclusion criteria, research procedure and the methods employed to analyse and verify the data are described. The chapter ends with an explanation of the ethical considerations.

Chapter Four presented the results and findings of the study in the form of the voices of the participants. The participants share their stories, responses, contributions and views, opinions and knowledge regarding the preparation for learners with Down syndrome for the transition to work.
In Chapter Five the major findings are summarised and discussed with a comparison to previous research in the area of transition. The link between the transition from school to work and the health promoting school framework is discussed.

Chapter Six presents a brief summary of the study, the conclusion, limitations of the study, significance of the study to physiotherapy profession and recommendations arising from the study.
CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

This chapter will review the literature on Down syndrome, transition and transition planning, and the health promoting schools framework. The researcher links all these concepts to the preparation of adolescent learners with Down syndrome for transition to work.

An extensive search of databases including: EBSCOhost, Pubmed, Medline, Gateway, CINAHL, TRIP African Healthline and Science Direct was conducted. In addition, all pertinent citations from the references of the appropriate articles from these data bases were also searched. Experts in the field were also contacted to locate extra studies. A manual search was conducted for additional articles not recovered from the databases. The search was limited to publications between 1985 and 2009. The key words used in searching the literature included: intellectual disability, Down syndrome, health promoting schools, the health promoting school framework, curriculum, transition, transition planning, inclusive education, work, employment, Cape Metropole and South Africa.

2.1 DOWN SYNDROME

Down syndrome is a developmental disability resulting from an extra copy of the twenty-first chromosome (Selikowitz, 1990; Burns & Gunn, 1993; Down Syndrome Association, 2007 & Nicol, 2008). This purely random occurrence takes place at conception and
happens in 1 in 800 births in developing countries and 1 in 1000 births in developed countries. Down syndrome occurs in all parts of the world, is not restricted to any one race, culture or social class and is the most frequent of all chromosomal abnormalities. Symptoms include mild to moderate intellectual disability, lower muscle tone, an approximately forty percent chance of a congenital heart defect, and lesser but significant risks of gastrointestinal disorders and leukemia. Learners with Down syndrome having any of these symptoms require medical intervention as the symptoms may range from being life threatening to hindering the learners from benefiting from education.

Due to improved medical care, the life expectancy for someone born with Down syndrome has increased from 25 years in the early 1980s to more than 50 years (Down Syndrome Association, 2007 & Nicol, 2008). Where they are available, early intervention therapies, more inclusive educational support, legal protections in the workplace, and programmes for assisted independent living can offer a full, active future in the community (Selikowitz, 1990; Burns & Gunn, 1993; Down Syndrome Association, 2007 & Nicol, 2008).

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<tr>
<th>Degree</th>
<th>IQ</th>
<th>Prevalence per 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>50-75</td>
<td>20-30</td>
</tr>
<tr>
<td>Moderate</td>
<td>35-50</td>
<td></td>
</tr>
<tr>
<td>Severe</td>
<td>20-25</td>
<td>3.0</td>
</tr>
<tr>
<td>Profound</td>
<td>0-20</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Table 2.1 Degrees of intellectual disabilities in South Africa, adapted from (Lawrence, 1995).
Internationally, children with Down syndrome are now increasingly brought up at home as opposed to facing life in institutions or hospitals while adults with Down syndrome are being encouraged to gain greater independence within their own communities (Campbell, Gilmore & Cuskelly, 2003; Nicol, 2008). Despite the challenges they face, children with Down syndrome can go to regular schools, make friends, enjoy life, and get jobs when they are older (Selikowitz, 1990; Burns & Gunn, 1993; Campbell, Gilmore & Cuskelly, 2003 & Down Syndrome South Africa, 2004).

As learners with Down syndrome may have some degree of intellectual disability that may limit their participation in age-appropriate activities at home, in school, and in the community, there is need for physiotherapists to be involved in their management. If the child has motor problems severe enough to interfere with mobility, self-care, or communication, physiotherapists may provide a program to help the child ameliorate, compensate for, or adapt to the physical aspect of the impairment or disability (Michaud, 2004). Physiotherapists, working with the family, child, and teacher, promote a positive functional adaptation to the impairment or disability in the context of the child’s developmental progress. Physiotherapists focus on gross motor skills and functional mobility.

Society now is demonstrating more awareness and acceptance of children with Down syndrome in schools and employment situations than a generation ago. However, Bruni (1998) emphasises that some parents must still advocate for and struggle to ensure basic rights for their children and points out that many children and adults with Down
syndrome are able to manage aspects of their own lives that were previously thought unattainable.

2.2 TRANSITION AND TRANSITION PLANNING

The transition from school to work is difficult for all young people but it is even harder for young people with an intellectual disability including learners with Down syndrome (Lichtenstein & Nisbet, 1992). Literature refers to school to work transition planning as a method of job preparation. It is what happens when learners with an intellectual disability move from school and start to live more adult lives as part of the community (Mirfin-Veitch, 2003; IDEA, 2004; CLRP, 2006; NDSS, 2007). Fish (1987) asserted that there is a need for agreed transition related aims, towards which all agencies can work. He also argued for a greater continuity over three phases of transition namely: the final years of schooling; further education and training; and the early years of employment and independent living. In conclusion, Fish advocated for young adults with an intellectual disability themselves to become an integral part of the planning process in order to ensure transition related initiatives are effective.

Transition planning helps young people and their families get information so they can make choices about the future. Positive transition planning supports people in the following areas of their lives: employment; recreation; education; self-determination; and community living (Mirfin-Veitch, 2003; IDEA, 2004; CLRP, 2006; NDSS, 2007). When a young person is involved in transition planning, their views and interests are the most important things to consider. Parents find transition planning useful because it helps
them to support their children so that, as they leave school, they will have real choices for employment and supported living.

Transition planning is not just about work, but also about education. The opportunity for further education must be part of transition planning. It is about social relationships, supported living, and community participation (Thoma, Rogan and Baker, 2001; Mirfin-Veitch, 2003). Transition planning is supposed to be positive and recommends that young people with an intellectual disability must be in control of their own transition process. Schools, disability service providers, employers, and education services need to get together during the process of transition planning. This is so that young people with an intellectual disability know about all their options for the future as they leave school (Mirfin-Veitch, 2003; CLRP, 2006).

The focal point of the transition process in many countries is the development of a formal, individualised transition plan (Wehman, Kregel and Barcus, 1985). In England, according to the Special Education Needs (SEN) Code of Practice (Department for Education and Skills, 2001), young people should be included in this process and be encouraged to communicate their views and preferences. The SEN Code of Practice states that:

> The creation of a transition plan must be participative, holistic, supportive, evolving, inclusive, and collaborative (Department for Education and Skills, UK 2001). p. 131, Section 9:52)

According to the SEN Code of Practice, it is the responsibility of the head teacher to ensure that a transition plan is created and that the statement of needs and provision, which includes the transition plan, is reviewed annually (Department for Education and
Skills, 2001; CLRP, 2006). Furthermore, planning for transition necessitates the encouragement of young people to have high aspirations, offers accurate information on the options available to them, and invites them to say what other options they would like considered (Mirfin-Veitch, 2003; CLRP, 2006). It is also recognised that within the American context, the 1990 Individuals with Disabilities Education Act (IDEA) broadened the scope of special education by adding a requirement that transition planning be incorporated into the individualised education planning (IEP) process (Furney, Hasazi & DeStefano, 1997).

The concept of self-determination has recently been identified as an important factor to consider in transition and transition planning (Thoma et al., 2001). Wehmeyer (1996) is of the view that self-determination should be at the heart of transition planning and initiatives. Wehmeyer proposes that self-determination and positive adult outcomes are causally linked and therefore, self-determination is an important educational goal if youth with Down syndrome are to enjoy more positive adult lives. The concept of self-determination must be integral to transition planning and initiatives if learners’ preferences and interests are to be incorporated.

Over the past 20 years disability researchers increasingly have emphasised the importance of giving a voice to people who have an intellectual disability. It has also been recognised that the development of high quality services and initiatives for people with an intellectual disability will only be achieved with the input from people with an intellectual disability themselves (Mirfin-Veitch, 2003). Ryan (1997) did a study to explore student expectations, their experiences of the transition process, and the
outcomes related to the transition phase that they had gone through. Ryan’s study offers the perspectives of young people with an intellectual disability themselves. He concluded that in order to ensure that transition planning is beneficial to young adults with an intellectual disability, it must be empowering; have an emphasis on real work; be flexible; focus on all aspects of personal development; and facilitate the development of local services.

As well as involving learners themselves, transition planning efforts usually involve teachers/educators, careers advisors, and parents. It can also include employers (or potential employers), disability service providers, and other community groups or individuals who may have a role in the lives of the young adults with Down syndrome as they leave the school environment (CLRP, 2006). When learners have been part of a transition planning process, they usually find it easier to move from school to a more adult way of life in the community. Community Living Research Project in Canada identifies awareness of community support, group work in the areas of social and work skills, and collaboration as approaches to assist with the transition planning process. These approaches can be used by those who support young adults with Down syndrome and facilitate the organization and awareness necessary to effectively respond to the challenges of the transition process (CLRP, 2006).

Mitchell (1999) and Hughes, Bailey, Melinda and Mechur (2001) emphasise that it is important for learners with intellectual disabilities to have real work experience as well as job skills training in order to help them to learn the skills they need more quickly and easily. Researchers have also found that learners with intellectual disabilities often get
jobs more quickly than learners with intellectual disabilities who have not been involved in transition planning (Mirfin-Veitch, 2003; CLRP, 2006).

2.3 THE HEALTH PROMOTING SCHOOLS FRAMEWORK AND TRANSITION

In 1995, World Health Organisation produced a set of guidelines towards which schools aspiring to the status of health promoting school were required to work (World Health Organisation, 1996): school health policies; the physical environment of the school; the social environment of the school; school/community relationships; the development of personal health skills; and school health services. The principles of the health promoting schools framework are broad and holistic based on the Ottawa Charter: building healthy policies; creating a healthy physical and psychosocial environment; building links with the community; developing personal skills of all in the school community; and reorienting of the support services (World Health Organisation, 1986).

2.3.1 Healthy school policies

The first component of the health promoting school framework emphasizes healthy school policies. Policy needs to be in place that facilitates the process of transition from school to work for learners with Down syndrome (World Health Organisation, 1986, 1998). Legislation is important in establishing a framework of rights for learners with intellectual disabilities at all levels of society including the community level and school. The UN Standard Rules (UN, 1993) have provided a framework for many countries to introduce rights-based legislation. But there often remains a gap between policy and practice. Detailed policies are needed, outlining roles and responsibilities, and allocating resources to support implementation, if the words on paper are to be translated into practical changes.
In 1990, the IDEA was introduced federally in the **United States** of America and mandated that children (ages 3-21 years) have access to free and appropriate public education and those services relevant for preparation for employment and independent living according to the distinctive needs of the individual (ARC, 1999). Specifically, this Act mandated that student IEPs include a transition component by the time the student reached 16 years of age (deFur, 2002). Seven years later, the Act was amended and IEPs were required to incorporate a transition component by the time the student turned 14 years old with a more detailed transition plan outlined by age 16 years. In 1994, the **United States** introduced the School-to-Work Opportunities Act which served to prepare all students for work and further education, and increase their opportunities to enter first jobs in high skill and high wage careers (U.S. Department of Education as cited in Benz & Kochhar, 1996). Many school to work programmes resulted following the introduction of this legislation.

The transition planning process in **England** is similar to that of the United States with legislation mandating the planning. Transition planning for individuals with disabilities in **England** follows a step-by-step process that begins when the youth reaches 13 years or year nine in school (Department for Education and Skills, 2001). In **Canada**, provincial governments are responsible for the organisation of education and outline procedures for the transition process for young people with developmental disabilities. Each province provides transition support but this support varies across provinces with policies, legislation mandating the transition process and transition guides available (CLRP, 2006).
In South Africa the General and Further Education and Training Quality Assurance Amendment Act (Republic of South Africa, 2008) highlights the importance of transition from school to work for all learners and suggests that programmes aimed at facilitating this transition should form a priority for education provision for the learners. Moreover this Act provides an important directive for linking structured learning to a structured work environment and for providing access routes from learning to work for all learners, including learners with Down syndrome. In addition, occupationally directed programmes should be developed in accordance with the skills needs of industry (RSA, 2008).

2.3.2 Healthy school physical and psychosocial environments

The school environment is an important part of the preparation for transition from school to work. Creating healthy and supportive teaching/learning environments including the buildings, and playgrounds; and providing psychosocial support to the learners and addressing negative attitudes to disability such as stigma, discrimination and bullying in schools would help in the whole school development concept (World Health Organisation, 1991; Department of Health, 2000). In South Africa all decision makers for example government officials, legislators, employers, architects and property developers have a constitutionally mandated responsibility to remove barriers that prevent learners with intellectual disabilities from enjoying their rights (Republic of South Africa, 1996).

In almost all developed countries, laws now demand that all children receive an appropriate education in the least restrictive environment that is consistent with their
needs (Donald, Lazarus & Lolwana, 2002). Mitchell (1999) emphasises that it is important to understand the social relationship, attitudes and the physical environment that young people with intellectual disabilities face in their everyday lives as it guides their personal experience of dependence and independence. Negative attitudes can have an impact on the preparation for transition to work. Learners with Down syndrome are sometimes prevented from participating in the transition planning process because other people believe that they are unable to learn or to achieve academic standards that other learners without intellectual disabilities can achieve. In order for learners with Down syndrome to achieve real educational opportunities these attitudes must be changed (CLRP, 2006; Mirfin-Veitch, 2003).

Saloviita (2000) reported that it was a challenge to find institutions that would provide an accepting environment for students with disabilities and thus there was the need to facilitate the educational development and functioning of people with intellectual disabilities in a positive and supportive environment. This could be achieved by the development of inclusive schools that address barriers to learning and developed within the health promoting schools framework (Department of Health, 2000).

In South Africa, the Report by the National Commission on Special Needs in Education and Training (NCSNET) and the National Committee on Education Support Services (NCESS) highlighted the role of health promoting schools in addressing barriers to learning including developing an environment that is safe and supportive for learners with intellectual disabilities and other learners in the schools (Department of Education, 1997).
2.3.3 Healthy school to community network

Health promoting schools are attempting to break down the traditional isolation of the school from the community by finding ways to routinely bring about a collaborative interaction between schools, parents and the wider community (Weare, 1998). In a health promoting school, representatives from the community are regular visitors, bringing the contribution of the various social, cultural and religious groups, the public services, businesses, and the local media into school life (Weare, 1998). Schools are also networking points from which the web of ideas and best practices can spread to other schools. Community involvement and collaboration is a two way process, and schools have much to contribute as well as gain. The health promoting school takes its community responsibilities seriously ensuring that learners are engaged in community projects outside the school, contributing to and learning from the outside world (Weare, 1998).

By linking academic skills to the real world, schools narrow the gap between knowledge, action and between what students learn and what they can contribute in the community. The network created between the family, the school and the community would give the learners with Down syndrome new ideas that would encourage them to take their own initiative and take control of their own future. Integration and internship programmes result in a broader base of participation and a better understanding of the skills taught and foster partnerships across and among sectors of the community where the learners are placed for training (WHO, 1997; Department of Health, 2000; Department of Education, 2003a).
Parents need to be encouraged to feel at home in schools, to move in and out freely, and schools need to make special efforts to reach out to and welcome parents to the schools. Schools need to explain their approaches to parents and achieve their active support, consult with them about the running of the school, and link the goals and culture of the school with that of the range of home backgrounds from which their learners come (Weare, 1998; Department of Education, 2003a).

Transition planning involves the family-network with schools linking with the community and an awareness of community services and activities and the ability to connect students to those services/activities that relate to the students’ interests and strengths. Community based programmes/supports throughout Canada for young adults with Down syndrome in the transition process generally focus on building independence through participation in education and employment options while offering instruction in life skills (i.e. social skills, money management, personal care, etc.) and goal setting. Most of the programmes in Canada offer employment skills, life skills, consumer skills, and job specific training in classroom and community settings. Workshops and seminars are also available for parents to assist them in supporting their child through the transition process (CLRP, 2006).

Furthermore, in South Africa, the Department of Education (2003a) recommends that optimising the involvement of all role players within the community will help develop the provision of education and develop strong relationships between schools/sites and communities for the purpose of promoting community ownership. Strengthening community action and participation within the school context is vital as this ensures that
there are stronger links between the teachers, parents and the local community (WHO, 1997; Department of Health, 2000 & Department of Education, 2003a).

Several programmes operate in the community to assist young people with the transition to adult living (CLRP, 2006). These programmes may operate independently of the school system or they may link with the schools as a way to reach young adults. Examples of such community programmes/supports are Connexions (England), Futures for Young Adults (FFYA) Program (Victoria, Australia), Community Level Transition Teams (United States), CTran (United States) and the Personalized Lifestyle Assistance Project (Victoria, Australia) (CLRP, 2006). Most of these programmes offer employment skills training and job specific training with classroom and community settings. Other programmes and courses provide instruction in life and consumer skills such as budgeting, grocery shopping, and health and safety. However, these courses often have several eligibility requirements. Eligibility requirements often include the ability to complete standard coursework and to communicate verbally. Such criteria may lead to the exclusion of young adults with severe intellectual disabilities (CLRP, 2006).

2.3.4 Development of skills and the curriculum
The term “curriculum” may be seen as a blanket term that encompasses everything that influences learning, from the educators, learning programmes, the medium of instruction and materials, to the hidden curriculum that incorporates values on learning (Department of Education, 1997, p. 69 & Lazarus, Daniels & Engelbrecht, 1999, p. 51). The African National Congress (ANC) Policy Framework for Education and Training (ANC, 1994) describes the term curriculum as referring to all of the teaching and
learning opportunities that take place in learning institutions. These include: the aims and objectives of the education system; the content taught; the skills imparted; strategies of teaching and learning; forms of assessment and evaluation; how the curriculum is serviced and resourced; and how it reflects the needs and interests of those it serves. In other words, curriculum is concerned with what institutions teach, and with what, how and under what conditions learners learn (ANC, 1994).

Donald et al., (2002) point out that the curriculum has often been misunderstood as referring only to the syllabus or content of what is taught. They describe the curriculum as relating to the aims and purpose of the entire schooling programme and to how these are carried out and add that the curriculum also includes: the structure of the programme; the process, methods of teaching and learning; assessment and evaluation; the language or medium of instruction; pace of teaching; time available; learning materials/equipment; classroom organisation and management; and the process of what happens in school.

Education White Paper 6 (Department of Education, 2001), regarded as an important guideline for school re-organisation in South Africa, maintains that one of the most serious barriers to learning and development can be found within the curriculum itself. This relates primarily to the inflexible nature of the curriculum that prevents it from meeting needs among learners. It is highlighted in the White Paper 6 that a flexible curriculum and assessment policy is central to the inclusion of learners with disability. Furthermore, the policy document describes curricula as the most significant barrier to learning and inclusion of learners. The Department of Education seems committed to the provision of educational opportunities in particular for those learners who experience
or have experienced barriers to learning and development and recognises learners with disabilities and impairments as the most vulnerable (Department of Education, 2001).

Barriers to learning can arise from the following aspects of the curriculum (Department of Education, 1997, p. 19): the content (i.e. what is taught); the language or medium of instruction; how the classroom or lecture is organised and managed; the methods and processes used in teaching; the pace of teaching and the time available to complete the curriculum; the learning material and equipment that is used; and how learning is assessed. The introduction of a flexible learning and teaching curriculum that accommodates different learning needs and styles is a means to overcome the barriers created by the curriculum. Moreover, the district-based support teams (including curriculum advisors) have been tasked to assist educators in creating greater flexibility in their teaching methods and in the assessment of learning by providing illustrative learning programmes, learning support materials and assessment instruments.

The overview of Revised National Curriculum Statement (Department of Education, 2000, p. 10) identifies all learning programmes, work schedules and lesson plans as adaptable to cater for the individual needs of learners and defines curriculum adaptations as any adjustment or modification to: learning, teaching and assessment environment; learning, teaching and assessment techniques; learning, teaching and assessment support material that enhances a learner’s performance or allows at least partial participation in a learning activity; structure and number of learning programmes; and assessment. The Revised National Curriculum Statement (RNCS) has several components that are flexible enough to allow for adaptation, and emphasizes
participatory, learner-centered and activity-based education (Department of Education, 2005).

The Department of Education (2003b) recommends that all teachers and educators understand how to review their own understanding of teaching and learning in order to accommodate inclusive education. Officials involved in the management, development and monitoring of the curriculum need to understand that inclusion is a central curriculum issue and that curriculum delivery can constitute a significant barrier to learning, leading to the exclusion of many learners in “special” and “ordinary settings. The importance of the notion of inclusivity becoming a central part of the organisation, planning and teaching at each school can only happen if all teachers have a sound understanding of how to recognise and address barriers to learning (Department of Education, 2003a, 2003b).

The primary goal of the Individual Education Plan (IEP) is to ensure that learners with Down syndrome benefit from the same curriculum as their peers. The IEP specifically refers to a plan for the individual learning needs of learners, who are identified as needing support. It is a working document developed for each learner with a barrier to learning, and is reviewed and revised on an ongoing basis (Taylor & Harrington, 2003; Lorenz, 1998). The IEP goals for a learner with Down syndrome are a co-ordinated set of activities that are designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of the learner to facilitate his/her movement from school to post school activities, including post-secondary education, vocational education, integrated employment (including supported employment),
continuing and adult education, adult services, independent living or community participation. The IEP goals are based on the individual learner’s needs, taking into account the learner’s strengths, preferences and interests (CLRP, 2006; UN, 2006b; IDEA, 2004; Mirfin-Veitch, 2003).

In developing learners’ transition goals, the IEP team (including the learner) determines what instruction and educational experiences will help prepare him or her for a successful transition to life after school (IDEA, 2004). Once the goals are developed, the IEP team then develops a statement of the transition services, including courses of study needed to assist learners with Down syndrome in reaching those goals (CLRP, 2006; IDEA, 2004 & Mirfin-Veitch, 2003). The IEP team must develop appropriate and measurable goals based upon age-appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills. There are age-appropriate transition assessments such as personal interest inventories that could be given to a learner with Down syndrome to help identify his or her individual special talents and interests.

However, there is growing evidence that students with Down syndrome are failing to be included and accepted within society, and are leaving school with very limited skills (Chadsey-Rusch & Heal, 1995 and Andrews et al., 2000 as cited in Dowrick, 2004). In South Africa, the personal skills of adolescent learners with Down syndrome need to be promoted through health and life skills education as described by the Department of Health (Department of Health, 2000). This can be done within the context of Curriculum 2005 and be determined by local needs and demands. Curriculum 2005 is described as
a powerful tool in developing practices for inclusion with its outcomes-based approach (Department of Education, 2003a).

2.3.5 Education support services: Helping students get to where they want to go

There are many types of support services available to schools. All support services utilised should be based on the individual needs and goals of the student. Support may include making instructional accommodations in the classroom or making vocational curriculum modifications through modified occupational completion points. A few examples of support services recommended by the Down Syndrome Scotland for learners with Down syndrome include: assigning the learner a career mentor; arranging tutoring opportunities; accessing special equipment needed for skill acquisition; implementing curriculum modifications; and enrolling the learner in specialised programs (Down Syndrome Scotland, 2003).

Fox, Wandry, Pruitt and Anderson (1998) described a model designed to clarify the role of the school counselor in the transition process. According to Fox et al. (1998), the transition intervention model for school counselors includes four domains in which the counselor becomes actively involved in transition planning for young adults with developmental disabilities.

- Domain I includes working with students individually with the intent to aid students in the design and management of their own learning, personal development and career development.
- Domain II focuses on preventative approaches usually accomplished through specific curriculum in the areas of personal/social skills, learning skills, and work development skills.
• Domain III refers to the reactive measures used to respond to the immediate needs of the students.

• Domain IV involves participating in activities that enhance and support the counseling program; for example, professional development, staff and community relations, community outreach, and research and development (Fox et al., 1998).

Education support services have been identified internationally as essential for effective inclusion. These support services include a wide range of people from different disciplines, from areas within the school, school health, and from the community (Donald et al., 2002). People who give support include occupational therapists, physiotherapists, speech and language therapists, community-based rehabilitation workers, learning support teachers, psychologists, nurses, doctors, and social workers. There is a need to build capacity of all relevant sectors that interact with learners with Down syndrome in their course of schooling (WHO, 1997; Department of Health, 2000 & Department of Education, 2003a).

The move to an inclusive education system has led to a change in the way support is provided both internationally and locally. There has been acknowledgement that support is needed for the whole school system, not only for selected individual learners. Struthers (2005) argues that, support needs to focus on preventing the development of barriers to learning, focusing on whole-school development and should involve a change in the way support is provided from direct support for learners to indirect support for the education system.
This should encompass moving towards a more indirect, consultative approach to service delivery focusing on educator and parent training, institutional development strategies and community-based strategies (Department of Education, 1997). The Draft National Guidelines for the Development of Health Promoting Schools/Sites in South Africa emphasise the need for appropriate education support services. Support services have been identified to have a very important role to play in helping to build a positive teaching and learning environment and responsive curriculum, to minimise and possibly remove barriers to learning and development (Department of Health, 2000).

Moreover, the first National Health Promoting School Conference identified intersectoral action, between health and education, as crucial to building effective schools (Health Promoting Schools Conference, 1996). The conference highlighted the gross inadequacy and inequality of health and education support services and criticised the support generally available for schools in South Africa. The conference advocated for appropriate capacity development to enable people working in intersectoral teams to support education services and recommended that support services move away from a curative, problem-oriented approach to a preventative and health promotive framework using an integrated approach to curative, preventative and health promotive services (Health Promoting Schools Conference, 1996).

Support services in South African education for learners with Down syndrome are defined as including all human and other resources that provide support to individual learners and to all aspects of the system (Department of Education, 1997). The South African Schools Act makes the provision of support services mandatory. The Government where practicable, should provide education for learners with special
educational needs at ordinary public schools and provide relevant educational support services for such learners (Republic of South Africa, 1996).

The need for indirect support in South Africa, with a focus on the education system as a whole and not the individual learner has been described and advocated by the Department of Education (Department of Education, 1997). Exceptions may be in assessment and intervention for learners who require specialised intervention in order to overcome barriers to learning and development. New roles for education support personnel including support for the whole school system, teachers, and parents were recommended by the Department of Education (Department of Education, 1997). The NCSNET/NCESS Report (Department of Education, 1997) describes how education support service personnel will no longer work primarily with the learner but also with parents, teachers and the education system as a whole.

Implementing the policy of an inclusive education system involves the development of education support service teams. The 2003 Conceptual and Operational Guidelines for the Implementation of Inclusive Education: District-based support teams describe how the support services will be organized in each education district (Department of Education, 2003a). The core purpose of the district-based support team is to foster the development of effective teaching and learning in schools and other education institutions. This would involve building the capacity of the school, identifying learning needs and barriers to learning, identifying the support that is needed, and monitoring and evaluation of this support. Another focus is linking the schools to the community and local resources (Department of Education, 2003a). Engelbrecht and Green (2001)
point out that support services will be developed to address needs in a holistic way, instead of the fragmented way in which support is currently provided.

2.4 SUMMARY
This chapter reviewed the literature on Down syndrome, transition and transition planning, and the health promoting schools framework. The literature provided the theoretical and scientific basis for the study. The researcher linked all these concepts to the preparation of adolescent learners with Down syndrome for transition to work. On the basis of this foundation, Chapter Three shall discuss the methodology utilised in the study.
CHAPTER THREE

METHODOLOGY

3.0 INTRODUCTION
This chapter outlines the methodology used in the study, in which a descriptive qualitative approach utilising photovoice and individual interviews as methods of data collection were used. The research design, research setting, study population and sampling, the inclusion criteria, research procedure and the methods employed to analyse and verify the data are described. The chapter ends with an explanation of the ethical considerations.

3.1 QUALITATIVE RESEARCH METHOD
This study utilised a qualitative methodology in an attempt to elicit rich data pertaining to how schools in the Cape Metropole, South Africa, are preparing adolescent learners with Down syndrome for the transition to work. According to Tuckman (1994) and Babbie and Mouton (2001), qualitative researchers attempt to study human action from the “insider’s perspective”. In this study, first-hand information was obtained from the real life situations of learners and role models with Down syndrome, teachers and parents who narrated their views, opinions and difficulties they faced in the transition process.

One of the major distinguishing characteristics of qualitative research is that the researcher attempts to understand people in terms of their own definition of their world.
(De Vos, 2002), as was the case in this study. According to Rubin and Rubin (1995, 2004), a qualitative approach allows the researcher to share and understand the world of others and to find out what is going on. Furthermore, Bratlinger, Jimenez, Klingner, Pugagh and Richardson (2004) argue that a qualitative research method can explore the nature and extent to which a practice has a constructive impact on individuals with disabilities, their families, or on settings where they tend to work, reside, or be educated.

3.2 RESEARCH DESIGN

The study was a descriptive one. Descriptive research design is a scientific method, which involves observing and describing the behavior of a subject without influencing it in any way (Rubin & Rubin, 1995). According to Bratlinger et al. (2004), descriptive information from qualitative studies leads to an understanding of individuals with disabilities, their families, and those who work with them.

3.3 RESEARCH SETTING

The setting was the Cape Metropole, Western Cape Province, South Africa and the study was conducted in the Down Syndrome Association offices, schools and homes of the learners, parents and teachers and places of training of the role models. All participants were residing within the Cape Metropole and the schools were located in Khayelitsha, Kuilsriver and Bellville.
Fig. 3.1: Map of the Cape Metropole, Western Cape, South Africa
3.4 STUDY POPULATION AND SAMPLING
The study population included adolescent learners with Down syndrome, their parents and teachers and young working adults with Down syndrome. The researcher approached the Down Syndrome Association of the Western Cape, South Africa who agreed to assist with purposive sampling to identify the participants. Participants were selected who would be able to communicate easily and provide rich information. The inclusion criteria were explained to the person doing the selection.

Fourteen participants were in the sample:

- Ten participants with Down syndrome, including eight adolescent learners in the final phase of school, and two young adults in post school training who are described in this study as “role models”.
- Two parents of the school learners.
- Two teachers of the school learners.

3.4.1 Inclusion criteria

- Learners with Down syndrome aged 14-21 years in their final phase of schooling who had a basic level of oral language including either English, Afrikaans or Xhosa
- Adults with Down syndrome who were training who have a basic level of oral language including either English, Afrikaans or Xhosa.
- Parents of the adolescent school-based learners.
- Teachers with at least two years experience of teaching adolescent learners with intellectual disabilities.
The learners and role models were included in the study as the researcher was particularly interested in hearing their contribution. As Ron says, quoted by Thousand, Diaz-Greenberg and Nevin (1999, p. 326),

Make sure your students understand that they have very important things to contribute regardless of their disabilities. It is so easy for people with disabilities, just like other people who are disadvantaged by the dominant culture, to believe that they don’t have anything to contribute.

MacAdams (1997, p. 11) too emphasises the inclusion of the learners in research by describing it in the following words,

If you want to know me, then you must know my story, for my story defines who I am.
Table 3.1- Demographic profiles of the participants (n=14)

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Age</th>
<th>Gender</th>
<th>Status/School</th>
<th>Language used for interview</th>
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<tr>
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<td>Male</td>
<td>Learner/Ordinary school</td>
<td>English</td>
</tr>
<tr>
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<td>Male</td>
<td>Learner/ Special school</td>
<td>Afrikaans</td>
</tr>
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<td>Female</td>
<td>Learner/ Special school</td>
<td>Xhosa</td>
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<td>Joseph</td>
<td>17 years</td>
<td>Male</td>
<td>Learner/ Ordinary school</td>
<td>English</td>
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<td>Xhosa</td>
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Pseudonyms are used for all participants
3.5 DATA GENERATION

3.5.1 Photovoice: breaking barriers through photographs and voices

According to Wang and Burris (1997), Harper (2002), Booth and Booth (2003), photovoice is a process by which people can identify, represent and enhance their community through a specific photographic technique. According to Booth and Booth (2003), photovoice as a technique has three main goals: to encourage people to reflect on and record aspects of their own identity and experience; to enable them to find personal strength and common cause with others through sharing and group discussion of their photographs; and to project a vision of their lives that might educate others, especially power brokers and policy makers, to better understand the realities of their condition.

Booth and Booth (2003), further add that, as a method, photovoice involves a number of stages: setting up the group, agreeing on the theme(s) of the project as a group; taking the pictures, selecting which photographs to use (either individually or as a group); contextualising the images/telling the stories contained in the pictures (where people explain what the photos they have taken mean to them); codifying the themes or messages linking the photographs (a group process of naming and acknowledging the collective experience to which the photos bear witness); and targeting an audience beyond the group. Photovoice presents features that make it particularly suited for use with sighted people who have learning difficulties. By combining visual images (the photo element) with individual and group discussion (the voice element), photovoice helps to include people who lack verbal fluency. Finally, it allows people the opportunity to exercise choice as competent participants in the research process.
Booth and Booth (2003), illustrate the use of photovoice for people with intellectual disability in a study (in the frame: photovoice and mothers with learning difficulties) in the **United Kingdom**. The photographs of the mothers showed what they considered to be important, like family, home and friends and also showed how these mothers often lacked support. Jurkowski (2008) also describes the use of photovoice in a study conducted in collaboration with a community agency serving youth and adults with intellectual disabilities, in a predominantly Latino neighbourhood in Chicago in the **United States**. The study by Jurkowski was done to understand the health beliefs of people with intellectual disabilities, their health needs and interests related to health promotion.

In this study, photovoice was used to enable the researcher to perceive the world from the viewpoint of the learners with Down syndrome but in the end, the view of the parents and teachers was also shown as they took some of the photographs. Photovoice in this study was used to promote critical dialogue with the learners with Down syndrome and gain knowledge about important issues around the preparation for the transition to work through discussions about the photographs with the learners. Photovoice was also intended to capture and convey the point of view of the learner holding the camera and invite us to look at the world through the same lens as the learner and to share the story that the picture evokes for the learner who clicked the shutter.
3.5.2 Interviews

Individual interviews were done with the participants. The aim of the individual interviews was to explore the respondent’s views, experiences and opinions and allow the participant to speak for him/herself (Babbie & Mouton, 2006). The interviews were adapted to suit the participants, while also allowing the interviewer a level of control of the data collection process by way of giving direction to the interview (Huysamen, 1998). The interviewer could seek clarification and elaboration on the answers given and was free to probe further (De Vos 2002). May (2001, p. 129) defines probing as “encouraging the respondent to give an answer, or to clarify or amplify an answer”. Participants responded to questions in terms of what they saw as significant and there was scope for them to decide what to say about the topic and how much (Arskey & Knight, 1999). The interviews helped the researcher to have purposeful conversations with a systematic flow of information. The interviews were scheduled at the participants’ convenience to avoid disruptions of their daily duties. As there was only one participant at a time, the interviewer had enough time to discuss a particular topic in detail whilst giving an interviewee full attention (Neuman, 1997).

The languages used to conduct the interviews included English, Xhosa and Afrikaans. Seven interviews were done in English, three in Xhosa and four in Afrikaans. One week prior to the interviews, the principal researcher met with the three research assistants (a physiotherapist working at a special school in Kyayelitsha, a teacher from a special school in Kuilsriver and a research assistant from the University of the Western Cape. The researcher explained what was required from them during the interviews. The interviews in Xhosa were done by the
physiotherapist and those in Afrikaans were done by the teacher assisted by the research assistant from the University of the Western Cape. The researcher did the interviews in English. A tape recorder was used during all interviews with the permission of the participants. The research assistant from the University of the Western Cape subsequently translated the interviews from Afrikaans to English. An independent translator translated the interviews from Xhosa to English.

3.5.3 Interview guides

Semi-structured interview guides for learners, role models, parents, and teachers (Appendix I), were used to direct the interviews for the different participants (Patton, 1987, 2000). The purpose was to elicit a significant amount of rich data and yield rich insights that could be particularly pertinent in obtaining detailed material that could be used in the data analysis (Jirasinghe & Lyons, 1996; May, 2001). The semi-structured interview guides in this study were designed by the researcher in English and translated into Afrikaans and Xhosa by two assistants the researcher identified from the University of the Western Cape. During the meetings prior to the interviews, the research assistants and the researcher discussed the respective interview guides to clarify the questions. The translated versions (Appendix X and XI) were for use with the learners and role models depending on the language that they were well conversant in.

Using the approach of Fitz and Halpin cited in Walford (1994), the researcher provided parents, teachers, role models and learners with a copy of the semi-structured interview guide in order to indicate the areas to be explored during the course of the interview. The interviewer started with questions that put the
interviewee at ease to alleviate tension and then progressed to the main research questions, which were open ended, neutral and clear to the interviewee. The translated semi-structured interview guides were adhered to more closely by the interviewers when the interviews were conducted in Afrikaans and Xhosa languages.

3.6 RESEARCH PROCEDURE

The eight school going learners were given disposable cameras. The researcher explained to the learners that they were to take photographs of things that have helped to prepare them to go to work (Appendix VII, information sheet for learners). The cameras were collected from the learners 3 weeks later and the photographs were processed.

Four weeks after the learners were given the disposable cameras, two learners were interviewed at their homes and the other six learners were interviewed at their respective schools. Each learner was shown the photographs he or she, the parents and/or teachers had taken. The learners were each given about 15 to 20 minutes to go through the photographs, then afterwards they were interviewed, and asked questions about the photographs they had taken individually and those taken by their parents and teachers.

Children interpret their own lives far differently from those of adults, through their own experience and logic (Lees & Ojha, 1999, p. 130).

Some parents of the learners were present during the interviews but were requested not to answer any questions. The interviews lasted 30-45 minutes.

Three weeks later, the two role models (adolescent youths in post school training) were visited at their respective places of training. The researcher and the research
assistant from the University of the Western Cape explained the purpose of the interview according to the role models information sheet (Appendix VII, information sheet for role models). The researcher did one interview in English and the research assistant did the other interview in Afrikaans. They wanted to hear the role models reflections about what they would say concerning their preparation for work as compared to the learners’ views on preparation in school for the transition to work. The interviews lasted about 45 minutes.

A week after interviewing the role models, the two parents were interviewed at the Down Syndrome Association offices by the researcher. The researcher informed them that he was interested in finding out their views, opinions and knowledge regarding their children’s preparation in school. During the same week, the two teachers were interviewed by the researcher at their respective schools. They were asked to describe what they were doing to prepare learners in school and to explain what challenges they faced in the preparation of adolescent learners with Down syndrome for the transition from school to work. The interviews lasted about 60 minutes.

3.7 DATA ANALYSIS

After interviews, all the data that was in Afrikaans and Xhosa was translated into English by two translators the researcher identified from the University of the Western Cape. The data was in the form of written notes that were taken during data collection and translated transcriptions of the recorded interviews. Data was analysed manually. The process of data analysis was an ongoing process throughout data collection, which began the moment we began to talk to the
participants. Bassey (1999) regards the process of data analysis as an intellectual struggle with the raw data collected.

The content of the transcribed notes was read and the English audiotapes listened to several times to familiarise the researcher with the content and to understand the data (Marshall & Rossman, 1995, 1999). Each transcript was carefully read through and scrutinised. This was done sentence-by-sentence, and phrase-by-phrase. The researcher jotted down comments regarding the data that he felt was in some way relevant to answering the research question (Merriam, 1998). In so doing, the researcher was using codes that Miles and Huberman (1994) explain are tags or labels which can be attached to words, phrases, sentences or whole paragraphs so as to assign units of meaning to the text.

Each page of transcriptions and field notes was coded in the upper right-hand corner to ensure a simple way of quickly identifying the various sources. Each paragraph of data was reviewed, one line at a time, with important chunks being highlighted with different coloured markers and codes being written alongside the relevant lines. As new chunks were identified, a tentative list of categories was developed simultaneously on a separate page. This level of coding summarised the data on a descriptive level (Miles & Huberman, 1994). Below each code, the researcher wrote the page number so that after the photocopies were cut up and pasted onto data cards, it would be easy to locate the original source (Maykut & Morehouse, 1994). At this stage the researcher cut the various units of meaning he had identified, apart. Some units were only single sentences, while others were paragraphs.
The next step in the process was placing the information into categories that came out during the interviews. Differences, similarities and linkages of these categories that came out of the different groups of participants were then explored and compared. By doing this, the researcher identified with what Miles and Huberman (1994, p. 69) refer to as “… repeatable regularities …” which, in relation to this study, required looking for commonalities, categorizing, and identifying themes to make sense of the information with regard to the preparation of adolescent learners with Down syndrome in the Cape Metropole schools for transition to work.

The researcher identified these themes after analysing what the learners said regarding the photographs that the learners had taken or photographs that had been taken by their parents, and/or teachers and also after the interviews of the role models, parents and teachers. The themes that emerged from the cyclic and reflective data analysis process are presented in the results chapter.

3.8 TRUSTWORTHINESS

Trustworthiness is based on the systematic collection of data and allowing the procedures and findings to be open to critical analysis from others. To establish trustworthiness, Babbie and Mouton, (2006), Denzin and Lincoln, (2005) and Lincoln and Guba (1985) suggest the concepts of credibility, transferability, dependability, and confirmability as essential decisive factors for quality in qualitative research.

3.8.1 Credibility

To ensure credibility, the methods and procedures for identifying participants were described. Approximately six weeks after the interviews were completed,
transcribed data was presented to the parents and teachers to validate emergent categories and themes and confirm the accuracy of the interview transcripts. Parents and teachers confirmed the accuracy of their transcripts and the interpretation of their comments. Member checking reflected the participant’s actual experience provided during the interview as it is the art of confidence in the truth of data (Smith, 2004). To maintain referential adequacy, a tape recorder was used during each participant’s interview (Mouton, 2001). Allowing participants to analyse what was shared between the interviewer and interviewee, is mentioned by Moustakas (1994) as one of the most important steps for establishing “truth”. According to Lincoln and Guba (1985), the credibility of an account is determined by the accuracy with which it reflects the lived experience of an individual. Additionally, sufficient time was spent with each participant during the individual interviews until the data was saturated.

3.8.2 Transferability

The results section provides verbatim quotations to permit the reader to assess transferability. According to Marshall and Rossman (1995, 1999), transferability is the extent to which results can be transferred to another context. This was done through detailed description of the research procedure. This study utilised multiple methods of data collection, this included photovoice and individual interviews which strengthens the study's usefulness for other settings.

3.8.3 Dependability

The enthusiasm from participants to participate in the study, the very vocal, emphatic and informative responses during the individual interviews, supports the honesty of
the responses. It provides evidence that if the inquiry were to be repeated with same participants in a similar context, the findings would be the same. The researcher examined the recorded interviews, the transcriptions, notes and interpretations.

3.8.4 Confirmability

The researcher provided raw data, analysis notes, process notes and personal notes that were audited by the supervisors. The researcher thus demonstrated the neutrality of the research interpretations through the audit (Patton, 1990; Lincoln & Guba, 1985). The process of data collection and analysis are also described in detail so that the reader can follow the research trail. Findings and conclusions can be justified in relation to the material.

3.9 ETHICAL CONSIDERATIONS

In order to undertake this study, permission was obtained from the Higher Degrees Committee and Research and Study Grant Committee of the University of the Western Cape (Appendix II), the Western Cape Education Department (Appendices III & IV), and the principals of the schools, the participants and their parents or guardians (Appendix V). Along with the consent form (Appendix VI), a participant information sheet explaining the purpose and importance of the study was presented to the participants (Appendix VII). All learners had their parents consent and all learners gave assent. The researcher’s contact details were provided. The participants were informed that they were allowed to withdraw without prejudice at any stage. Information gathered was kept confidential and used for research purposes only.
Permission for interviews, audio recording and photography was requested from the participants, parents and school principals. Permission to include photographs in this thesis was obtained from the parents, teachers and learners (Appendix V). Participants were informed that the photographs would only be used for academic research purposes. The identity of all participants was blocked out in the photographs and also kept confidential. Learners taking the photographs were informed that the photographs would be shown to the other people in the study with Down syndrome who were in post school training (Appendix VII, information sheet for learners, “We would like your permission to show the photographs to some adults with Down syndrome who are in post school training”). Copies of all photographs were given to the learners.

This study was conducted in close partnership with the Down Syndrome Association of the Western Cape. The results of the study will be made available to the Western Cape Education Department, Down Syndrome South Africa, schools, and participants. The results of the study have been presented at the 13th International Association for the Scientific Study of Intellectual Disabilities (IASSID) conference.

3.10 SUMMARY

In this chapter the researcher discussed the research methodology in which a descriptive research design utilising a qualitative approach was pursued. The research design, research setting, study population and sampling, the inclusion criteria, research procedure and the methods employed to analyse and verify the data were described. Finally ethical considerations were presented. The findings of this study are presented in the following chapter.
CHAPTER FOUR

RESULTS

4.0 INTRODUCTION
This study was done to explore the effects that school policies, physical and psychosocial environments and support services have on the preparation of adolescent learners with Down syndrome for transition to work. Additionally, an exploration of the link between schools and the community and the development of skills was done. The researcher wanted to explore if the learner’s preparation at home, school or in the community for transition to work aimed at helping young people with Down syndrome gain important academic and employability skills.

The synthesis of the findings from the interviews with the learners, the working adults (role models), the parents and teachers yielded the following themes that influenced the learners’ preparation in school for transition to work:

1. Education support services
2. Acquisition of skills
3. Supportive relationships
4. Home, community, classroom and school environments
5. Dreams of the participants

4.1 EDUCATION SUPPORT SERVICES
Support for the transition from school to work was offered at home, schools and in the community. This aimed at helping the learners listen, learn and connect with the outside world. Learners learnt through interaction and collaboration with others. This included activities such as learning in class together, playing games both in school...
and at home, going out for picnics and attending dance classes and training at the Down Syndrome Association. Learning was situated at home, schools and in the community and in the relationships they had with those around them.

Emily, a parent, described how the Down Syndrome Association of the Western Cape through provision of classes and social events, was raising awareness and giving support for the transition from school to work and to life outside school. She said:

> We are raising a lot of awareness now in the Western Cape with Down Syndrome Association. The Down Syndrome Association because he comes here they got art class every third Saturday and they got dance once a month but it is all social events…We have awareness programmes, we host teas and ask the people in the community to assist with teaching our learners.

She further added that, through the Association, she had started parent support groups.

> I started the parent support group. We have a support group in Mitchell’s Plain and we have different members in that support group, the other ones are from Eerste River and Delft and we also starting one in Worcester and in Ceres

Parents and teachers described the advice, treatment, knowledge and skills gained through interactions with health professionals, including doctors, physiotherapists, occupational therapists, social workers and speech therapist to be significant sources of direct or indirect support to the learners’ preparation for the transition to work. Annabel a teacher said:

> We also have our own occupational therapists that prepare these children for the certain things that they must do here.

Annabel a teacher explained how the Education Department had assigned two new physiotherapists and two new occupational therapists to their special school. She described how the occupational therapist in their school was preparing the learners for the transition to work. She said:
The occupational therapist together with the teacher prepares the learner individually. She is the one who prepares our learners for work, she knows all these things, where it is best to place the learner. The occupational therapist first of all gets the parents in and then speaks to the parents and then we all come together then we speak about the child. We see what we could assist the learner with.

Maricela, a teacher, concurred with Annabel about the importance of the occupational therapist in the preparation of learners leaving school. She said:

The occupational therapist is very important in this area of transition.

Similarly Tracy a parent had this to say about how her child received support from the physiotherapist earlier during her school time:

When he was at school when he was younger the therapist came to school on a weekly basis so he got his therapy then until when he was seven then he went to the ordinary school and we did not do anything further. Having physiotherapy is important because they help the children how to walk, they teach them to stand on one leg with balance and playing with a ball.

When asked if she knew about the services her child had received, Tracy explained how the school had arranged for special shoes and speech therapy for her son.

**Tracy:** He had special shoes made for him because of the way his feet were, through the therapist centre.

**Interviewer:** Did he receive speech therapy?

**Tracy:** He went for a little while, he had a problem with speaking and we thought he could never speak. He sees the way people talk around him and that influences his talking.

However, Maricela a teacher explained that there were not sufficient support people and that schools really needed job coaches.

**Maricela:** What we really need are job coaches

A parent explained that the school assisted in providing support to them. She said that they were invited by the School Governing Body to functions at school, during which parents gave support to one another. Tracy, a parent said:

The school supports the parents and the parents support the school also...Yes, they do support each other. We get together every once a term with the parents, we know one another very well and we ask parents to help
learners out in the community. At the end of the year, School Governing Body invites parents to a Christmas party.

4.2 ACQUISITION OF SKILLS

Annabel, a teacher, explained how she challenged the learners with Down syndrome to develop academic skills and functional skills, to assist with the transition from school. These included cooking, shopping, working with or managing money and knowing how to be safe at home and in the community in order to understand the activities they encountered in their everyday life. Kennedy a learner described his academic studies in school:

Kennedy: I do Maths and I do exams (toets)
Interviewer: What do you enjoy about school?
Kennedy: The exams, I must do my maths we do 1+1=2

Similarly another learner when asked about what she learnt in school said:

Patricia: Books, writing, maths
Interviewer: Oh, you are doing maths girl?
Patricia: Yes, I’m writing on a board using a pencil, counting, writing and crayoning.

Tracy, a parent, spoke about the academic skills including reading and arithmetic:

I’m very happy with Kennedy, what he has accomplished, he can read, he can write, he can do a little of arithmetic plus and minus low numbers, up to about twenty.

Emily, a parent, said that teachers encouraged learners to develop skills to promote self-sufficiency, with a focus on eliminating the future need for charity or welfare:
At the school they have these children now doing car washing, gardening like lawn mowing.

One of the learners, Nancy, spoke about how she had learnt practical skills at school. When asked about a photograph she was holding, Nancy said:

**Nancy:** I made it myself at home  
**Interviewer:** Tell me what it is  
**Nancy:** A necklace  
**Interviewer:** Where have you learnt to do beading?  
**Nancy:** I have learnt it at school

When asked about her current training and what she had learnt, Mercy a role model described how she had been taught by her mother to make coffee at home and was utilising this skill at the Down Syndrome Association coffee shop, where coffee and muffins are sold to the public at a small tea room.

**Mercy:** I make coffee and I make muffins  
**Interviewer:** How do you make the coffee?  
**Mercy:** With boiling water, coffee and milk and sugar  
**Interviewer:** Who is the one who taught you how to make coffee?  
**Mercy:** My mommy

Kennedy a learner mentioned the practical cooking skills that schools engaged students in:

**Kennedy:** I cook  
**Interviewer:** You cook in school, what kind of food do you make in school?  
**Kennedy:** Bread, we make bread order with cheese  
**Interviewer:** Who taught you how to make the cheese bread?  
**Kennedy:** The teachers show me how to make it
Mercy a role model explained that, the photograph below showed an activity she had participated in while at school.

**Mercy:** The students are making dough  
**Interviewer:** What is that?  
**Mercy:** That is bread  
**Interviewer:** Can you make bread?  
**Mercy:** Yes we make the bread in school

Since skills did not develop in isolation, the skills that the learners learnt were best taught through integrated activities. The home living skills, for example, developed the skills necessary for use in community activities and services. The career development skills prepared learners for meaningful remuneration employment that assisted them to become independent in life after school, Annabel, a teacher, explained about the school skills training facilities that were practical for everyday life:

We have a place where people can live, like a bed and breakfast. We teach them how to clean so they know how to work in the kitchen, how to clean the kitchen, how to clean a bathroom.

She went further to explain how schools exposed learners to the outside world by taking them out shopping so that as they moved from school they could be independent and they could learn how to work with money on their own.

We take the learners out, we go shopping with them because you can teach them how to work with money in school but it is not the same as with buying on their own. So that is what we do we take them out and they enjoy themselves.
In school, learners were taught how to manage time so they would balance time spent with friends and time for academic work. They attended class in the mornings and sometimes went out to the community for training for work. They had set hours and different places for work placement internship where they were required to put into practice what they had been taught in school aiming at building up the key skills, which employers look for. Annabel, a teacher, explained that schools only prepare learners with Down syndrome for half a day at work as the learners are not able to cope with a full day’s work as they get tired very quickly.

The main thing is that the learners can’t manage a full day working hours, we only prepare them till 14h00 then they must leave on the buses.

Parents and teachers said that learners were required to develop communication skills so that they would be understood by people in the community and work place. The ability to read easy words and comprehend them was emphasized for learners in school. Teachers provided coaching to ensure comprehension and promote dialogue. Both teachers and parents reported improvements for some of the learners in terms of their expressive language. Expressive language was the one that the learners spoke, wrote, and/or gestures they used, i.e. selecting words, formulating them into ideas, and producing them through speaking, writing or singing. Kennedy, a learner, described how he loved to have conversation with his friends:

Yes, we love to have conversation. We have conversation about what the people say.

Also Joseph, a learner, explained while looking at a photograph, how he loved singing and described how he sings at school.

This one I was singing with and I have a lot of tapes and I was singing with the karaoke. I just sing with the mic, I just sing in front of the school by my old teacher.
4.3 SUPPORTIVE RELATIONSHIPS
Support enhances learning. This is done through the different relationships with different people.

4.3.1 Interdependence and independence
Tracy, a parent, had mixed feelings about her child's independence. She felt that he would always be "dependent on others for some needs" although he was able to do much for himself. She explained about some things he could do at home:

The way Kennedy lives his daily life, he gets up in the morning makes his own sandwiches he dresses himself he is ready and waiting for me when we need to go at quarter past seven in the morning.

Additionally, Tracy said that home and schools had a lot to do with teaching the learners how to be independent as in the case of Kennedy her son:

In the afternoon when we get back home Kennedy makes his own lunch and makes his own bed, he has to take his own washing to the machine, otherwise it does not get washed, he is very independent. I've tried, schools also got to do with that because they teach them how to be independent and about independence.

However both Tracy and Emily, who are parents of two of the learners in the study, felt that their children would always be dependent.

Tracy said:

They'll need somebody to take care of them in the sense that they live independently buying the groceries because they can't drive anywhere and they need someone to take them to shop.

Emily had similar thoughts:

With children with Down syndrome it's a bit different. They will always need someone to assist them. I don't think that they will be independent enough to travel alone.

Learners with Down syndrome had relationships with other learners where they helped the other learners. In some instances in the special schools, the learners with
Down syndrome were always offering to help push the wheelchairs for the learners with physical disabilities as witnessed by Annabel a teacher who had this to say:

With the Down syndrome children usually they want to help these children in the wheelchairs and things like that, they are always the ones that will push them even though physically they can’t manage but they want to help.

Teachers helped learners gain new skills, confidence and motivation so that they could help themselves and become independent in the transition from school. Annabel a teacher said:

We have this one girl she was swimming, she collected I don’t know how many medals, but when she comes half way she wants someone telling her, motivating her that she must go, go finish the race. The learners just don’t have that drive, that self-motivating drive, they haven’t got that. There will always be the one that you have to take by the hand.

4.3.2 Friendships among learners

Kennedy, a learner, explained that his friends welcomed each other’s company and they shared enjoyable activities outside school and school tasks:

We go out with my friends… We go on picnics… We eat there and we saw cows, ducks… Next to my house is the park.

However, Keith a learner and Tracy a parent echoed different sentiments regarding friendship with their peers. Both described how friendship was lacking particularly at home with children in the neighbourhood as in Keith’s case, he had no friends to play with when at home.

Interviewer: What do you do at home after school?
Keith: Play a ball outside alone
Interviewer: Alone?
Keith: Yes
Interviewer: Don’t you have friends at home?
Keith: No

Tracy, the parent, described how when the learners reach 18 years, their peers without disabilities regard them as children as they see them at a much lower level socially.

Tracy: A very important thing to them is their friends because they come to that age when they are 17 or 18, and then other friends don’t take notice of them anymore.
Interviewer: Why would that happen?
Tracy: Because they are at that sensitive age and they are at a much lower level socially, they are children so their peers are not interested in what they have to say.

4.3.3 Relationship between teachers/class assistants and the learner
The findings indicate that the teachers and class assistants are a very an important group of people in the lives of adolescent learners with Down syndrome. The learners described feelings of being cared for by teachers and class assistants through encouragement and having someone teach and supervise the many skills that they learnt in school. Kennedy a learner had this to say:

This is Mrs … at my school she is my assistant in the class. She works in the class, helps with the homework, she tells us what we must do and she helps us with sums, and she helps when we go to another class and on the playground she looks over us by the park.

Similarly, Maricela, a teacher, said that in her school, each class had a teacher and a class assistant and the learners had four teachers supervising them when they were at the playing grounds.

In our school it’s very easy because we have a lot of staff, we have a class teacher and a class assistant in one class, and if the learners are on the playground there are at least four teachers on the playground with them.
When asked about another photograph he was holding, Kennedy said that his teacher was like a mother to them and he gave the following description:

    It is my teacher, our teachers sit and stand and she moves our class and the other class, and we push the tables she is like a mom. She is helping us when we sick and she helps us like a mom.

However, Annabel a teacher explained how it was difficult for one teacher and one assistant to assist all the learners in class. She further said that what schools needed were class assistants as the one in the school had had to go to four classes.

    We need more people to help within our classroom. This is because I am one teacher with 15 children in my class. I can not get to help every learner. The assistant that we have has to go to all four classes. I just need someone to help.

The support learners received was essential in creating the richer, more meaningful understanding that lead to lasting improvement in learners’ school work. Teachers said they taught in a unique way, with each learner having his/her individual tailored learning strategy.

    We have a plan for the children individually of how we are going to prepare them... We have the plan for each child individually...

4.3.4 *Relationship between parents/family and the learner*

Parents and other family members are called to come and meet the educators when there are “problems” to be solved or their child is causing “concern” in the class. In order to foster a fruitful co-operation with the learner, parents/family members need to feel that they are valued and their efforts are not being undermined. Family was there when the learner needed extra help and to share in cultural experiences. Parents, brothers and sisters had created emotional bonds with the learner that made him/her feel that an adult was really there and that his or her welfare and
progress socially, intellectually and emotionally really mattered to the family. Parents took on different roles, such as making sure that their children did not fall behind with schoolwork. Mothers played a key role in the raising and teaching of skills to help in the preparation of their children as Joseph a learner describes:

**Joseph:** This is the one where I was setting the table and the forks down onto the table 3 plates with 3 glasses

**Interviewer:** Why do you set for 3 people?

**Joseph:** It is just my daddy and mommy and me that sit by the table.

**Interviewer:** Who showed you how to arrange the table?

**Joseph:** My mother

**Joseph:** Here I did put the forks and the spoons in the table because we going to eat pudding

**Joseph:** In this picture I put the glass down, No I’m putting the plate down then I first put down the knife and forks and the spoons.

**Joseph:** I am just putting the tablecloth down then I put the knife and fork down spoons and then the glasses

**Joseph:** I am putting in sunlight liquid just a little bit because my mom said I must do the dishes

**Interviewer:** Who taught you to do the dishes?

**Joseph:** My mommy only tells me that because I was watching TV so much, I should do that.

**Joseph:** I am vacuuming, I was vacuuming the dirt, I just put the cushions down then I vacuum

**Interviewer:** So who taught you how to do this vacuuming?

**Joseph:** My mommy taught me.

**Interviewer:** So she taught you how to keep the house clean?

**Joseph:** Yes the house is always clean
When asked how she was helping to assist her child’s and other learners’ transition process, Emily, the mother of Joseph, explained that as an employee at the Down Syndrome Association, she had the opportunity to help children with Down syndrome there and also during the outreach programmes and this made it easier for her to care for her child.

You know since am working here at the Down Syndrome Association, and doing the outreach program at the Down Syndrome Association, teaching and stimulating other children with Down syndrome, I think it is easy to work with my own child.

This work with the Down Syndrome Association had given her confidence that her child could work. She said she would not sit back like some parents of children with Down syndrome. She described how she would go out and try to help in finding her child a job.

Some parents tend to sit back and just let their children sit back, I’m not going to stand in Josephs’ way, I would go out and find out if they have jobs available for him.

Fathers were also helping their children with their school work as described by Kennedy who said that his father used to check his homework and sign his workbook.

**Interviewer:** When you come from school, what do you do?
**Kennedy:** I draw, coloring and I do my homework
**Interviewer:** Who checks your homework when you are done with it?
**Kennedy:** My father, and then he signs on the homework

### 4.3.5 Government relations with schools

The government has a role to play in support for schools. Maricela, a teacher, said that collaboration between government departments was lacking and departments need to work together. She said:

There is a big fight between Health and Education. We feel that they should take hands.

Tracy, a parent, added that the government was not providing sufficient resources to schools.
Ordinary schools, in South Africa specifically, the resources are not there.

Emily, a parent, felt that teachers need more training in handling and teaching learners with Down syndrome. She felt that it was the government’s responsibility to ensure that teachers teaching learners with Down syndrome were adequately trained so as to be able to prepare the learners for the transition to work.

I feel teachers should be well educated where Down syndrome is concerned as I don’t think that they know enough about Down syndrome.

4.3.6 Schools and community relations

Tracy, a parent, explained the importance of social integration in preparing a child for leaving school by saying that for a parent with a child with Down syndrome, involving the child in social activities in school, at home and in the community is very important.

She said:

Socially you must be flexible to fit in different environments and that I definitely think they get that at school but also a lot of it they get at home. I think a lot of it has to do with the way we brought him up we never excluded him from anything we did, we go to the shop, and he goes with. Socially he is well adapted, the involvement with the rest of the school taking part in the carnival, taking part in the school play. For me that is the most important thing as a parent with a child with Down syndrome.

Community organisations relations with the schools were intended to build community and schools networks and cultivate partnerships, fostering a learning environment that extended far beyond the classroom walls. Annabel, a teacher, described how individuals in the community had taken the active role of teaching learners skills including house skills, office skills and welding skills.

We are going to send our children out, we have people who are prepared to assist. E.g. a day care for children, some of them will be going there and some of the girls will be going to offices we have some offices that they go clean. We got people outside that are prepared to teach our children how to sort screws and those things. This man has a place where they weld, and there is another man who services the cars and all these things.
The curriculum at the school was tailored to the learner’s work–based needs, removing the artificial separation between the classroom and the real world. Annabel, the teacher, explained that the schools had workshops where they assembled things depending on the contract work that the school had managed to secure.

We have workshops where they assemble things. The schools have contract work, which they get from factories. They do bead work and they assemble belts. We start with our children in the internal workshop and then when they are ready we send them out to go work.

This involvement of learners in more real-world learning experiences resulted to some of them getting opportunities to experience placements in open market jobs as in the case of Nancy, a learner.

Nancy: I am packing, I am putting chips on the racks. 
Interviewer: Tell us at what shop was it?  
Nancy: Pick n Pay.

Tracy, a parent, said two of the learners had managed to secure jobs at a supermarket and explained how the presence of the two had influenced the other workers as they always had smiling faces.

We have two working at Pick N Pay, the manager at the store said that they made a huge difference in everybody’s life, they go to work with a smile on their face and it has an influence to all the workers around them.

Similarly, Annabel, a teacher, said:

One boy is working at Pick N Pay for almost 15 years already and this boy on weekends goes to cut people’s lawn. He has a whole list of people to go and cut their lawn because he can work with the mower. This is the way we would like our children to work out there.
Maricela, a teacher, lamented that despite the link between her school and the community, there is need for business people to come to the school and see what the learners with Down syndrome are capable of achieving. She felt that it is only through this that the stakeholders in the community could recognise the capabilities of learners with Down syndrome and eventually accept them. She said:

I would like the corporate people to come in the school from time to time and see for themselves what our learners are capable of doing.

4.4 HOME, COMMUNITY, CLASSROOM AND SCHOOL ENVIRONMENTS
The learners were exposed to different environments in school, at home and in the community which helped in knowledge construction. Not only do learners need multiple contexts in which to learn new information, but they also learn new information in different ways. The environment includes the physical environment of the school, the classroom environment and the psychosocial environment both at home and in school. Tracy, a parent, said that her son Kennedy has been exposed to an ordinary school and classroom environment which is different from the one at home. She described this and said:

He attends primary school, which is in Bellville, It is an ordinary school with a special class. Everything else they do in school is integrated with the other learners, with the mainstream kids, but academically they work in a class at their own pace, so for me as the parent I find it best of both worlds, socially he is with the other children but academically works on his own pace. The skills they need would not be difficult to learn but socially you must be flexible to fit in different environments and that I definitely think that they get that at schools but also a lot of it they get at home.

Emily, a parent, explained how her son had to go through different phases in school. She further explained how this exposure had made change in her son by making him
more eager to do work and preparing him for leaving school. This included doing what she would not have thought of asking him to do at home. She said:

They go through phases at school, junior, senior and then the vocational phase preparing them for work. There at the school they have these children now doing car washing, gardening like lawn mowing. You can see the difference, he is very eager to do things within him, and he just wants to do things, things that I haven’t thought of giving him too he does, I think it is a good thing that the school is helping them out.

Emily further explained the other different environments that her son had also been exposed to including, going to church, where he mixes with other children from different cultures and the other social activities at the Down Syndrome Association. She said:

He has been taking speech and drama for the past year and a half and that is about it besides going to church and he mixes with other children at home and he loves wrestling even if it is an hour then he watches it in front of the television and then he attends the dance every month, and the dance is at the Down Syndrome Association, they call it the “sokkie” and there is also the arts class which is also done at the Down Syndrome.

Annabel, a teacher, explained how schools placed learners in surrounding communities to learn and prepare them for after school as this exposed them to a different environment to the one in school or at home.

Some of the girls will be going to offices. We have some offices that they go clean. We got people outside that are prepared to teach our children. We start with our children in the internal workshop in school and then when they are ready we send them out to go work.

The learners reported being in classes where the teachers and class assistants were very supportive. Kennedy explained about her class assistant and had this to say:

This is Mrs … at my school she is my assistant in the class. She works in the class, helps with the homework, she tells us what we must do and she helps us with sums, and she helps when we go to another class and on the playground she looks over us by the park.
As a result of these interactions, the learners problem solved in the context of their lives and communities and knowledge was shaped as the learners increased their understanding of the world. This assisted to prepare the transition to work.

4.5 DREAMS OF THE PARTICIPANTS
The learners with Down syndrome had dreams and goals of their own for their future too just like everyone else. Their parents and teachers also had future ambitions and desires for them. These included the dreams of learners of future work such as being a singer, waiter, a fireman or a future of having a family and running a home. This was illustrated clearly by the photographs and the interpretation they gave of the photographs they took during the individual interviews. Joseph, a learner, had this to say:

**Joseph:** I want to become a singer.
**Interviewer:** Where did you learn to sing?
**Joseph:** I was watching T.V so much I was listening to the radio and watching the TV. I just want to be the singer and the wrestler and the driver.

Similarly Kennedy, a learner, said:

**Kennedy:** I want to work by Spur
**Interviewer:** Why would you want to work at Spur?
**Kennedy:** Because I want to work there
**Interviewer:** What do you want to do there at Spur?
**Kennedy:** Work, people sit and I serve their food…the waiter, serve them drinks and serve their food.
When asked about what he wanted to do after completing school, Keith, a learner, brought out the photograph he took and said he wanted to work as a fireman.

Keith: “Fire brigade”, I will work as a fireman, discontinuing fire and I will use this (points to the photo which he took of a fire extinguisher).

Mercy, a role model, said she wanted to run a home after her training.

Mercy: I would want to work at home, I would like to become a housewife
Interviewer: Why would you want to become a housewife?
Mercy: Because it is nice to clean the house and to make food and look after the family.

Parents had dreams for the independence of their children and for opportunities to work.

Tracy, a parent, had this to say:

I would like Kennedy to work one day. I would love for him to live on his own as independently as it is possible, to get him a car and go visit him and have a cup of coffee with him where he stays, be it either in a group home or in an aftercare where they stay and work as well.

Emily, a parent, said:

Whatever Joseph chooses to do, I would want him to sit in at a work place where everyone understands him.

Teachers acknowledge that the learners had dreams such as wanting to fly an aeroplane. Maricela, a teacher, had this to say about one of her students:

This one guy wanted to fly an aeroplane but he couldn’t so they gave him the opportunity to rather clean the aeroplane and he was very happy because he was in an aeroplane.

Maricela, when asked about her most important dream for her learners said:

One day, I would like to see all our students getting jobs.
4.6 SUMMARY

Chapter Four presented the results and findings of the study. The photographs conveyed the view of the person holding the camera and invited us to look at the world through the same lens as the photographer. The participants shared their stories, responses, contributions and views, opinions and knowledge regarding the preparation in school for the transition to work. The discussion on the findings is presented in Chapter Five.
CHAPTER FIVE

DISCUSSION

5.0 INTRODUCTION

This chapter answers the research question, “How are schools in the Cape Metropole, South Africa, preparing adolescent learners with Down syndrome for the transition to work? This is done by the different colored arrows in (Fig 5.1 p, 74) by linking and relating the themes that have been identified in the findings: education support services; acquisition of skills; supportive relationships; and home, community, classroom and school environments to the research objectives to answer the research question. The researcher relates the research objectives to the themes and links these to the health promoting schools framework because the framework which is based on the five principles of the health promoting school (healthy policy, healthy school environments, healthy school-community links, healthy skills development, and appropriate support services) is similar to the research objectives.

Additionally, the researcher does the linkage because the framework is broad and holistic and stresses the importance of involving the whole school community and partnerships beyond the school. The framework is also a multifactorial approach that includes teaching, knowledge and skills in the classroom, changing the social and physical environment of the school, and creating links with the wider community (WHO, 1986). The fifth theme “Dreams of the participants”, which together with the first four themes influences the transition process, shall be discussed later in this chapter.
Figure 5.1 The link and relationship between the themes and the health promoting school framework.

Key
- **Red**: Objectives linking to the theme, education support services.
- **Green**: Objectives linking to the theme, acquisition of skills.
- **Yellow**: Objectives linking to the theme, home, community, school environments.
- **Brown**: Objectives linking to the theme, supportive relationships.
The role of the school in the preparation for transition from school to work is discussed in relation to this health promoting schools framework. The development of health promoting schools in South Africa highlights the importance of a close relationship between the health and education sectors and the need for multisectoral cooperation to promote health and education. The Draft National Guidelines for the Development of Health promoting schools (Department of Health, 2000) describe the governing bodies of education institutions as having responsibility, together with the school, for developing and implementing education policies at site level. Furthermore, the development of health promoting schools has been identified as an appropriate framework within which inclusive schools could develop, given appropriate, holistic support as described in the Draft National Guidelines for the Development of Health promoting schools in South Africa (Department of Health, 2000).

5.1 SCHOOL POLICIES RELATED TO TRANSITION FOR LEARNERS WITH DOWN SYNDROME.

The first objective was to explore school policies related to the transition from school to work for adolescent learners with Down syndrome. This objective links to the theme acquisition of skills as illustrated in (Fig 5.1, p, 74) Developing school policy that supports and promotes well-being is the first component of the health promoting schools framework. The findings indicate that the national policy of developing an inclusive education system is beginning to be implemented by the three schools in the Cape Metropole, South Africa, which the researcher identified for this study.
There is evidence of young adolescent learners with Down syndrome attending ordinary schools while other learners with Down syndrome are attending special schools. A parent (p, 68) said that her son Kennedy attends an ordinary primary school with a special class. Everything her son does in school is integrated with the other learners, but academically her son works in his class at his own pace. This is in line with policy in South Africa that recommends that learners can go to ordinary schools, full-service schools or special schools. This is different from the United States, where the Individuals with Disabilities Education Act was introduced federally and mandated that learners including those with intellectual disabilities (ages 3-21 years) have access to free and appropriate public education in ordinary schools and those services relevant for preparation for employment and independent living according to the distinctive needs of the individual (ARC, 1999). There are no full service schools in the USA which has far greater resources to enable support to be provided to all ordinary schools.

By attending ordinary schools, learners with Down syndrome (like Kennedy) are prepared for the transition to work as they are exposed to the curriculum in school that has been tailored for each learner individually. However, policy does not include the concept of special separate classes in ordinary schools as Kennedy attends. The full implementation of an inclusive system in South Africa has a long way to go.

The findings indicate that teachers worked co-operatively to develop and promote an adapted curriculum and a supportive and caring ethos in the school which ensured the inclusion of all children. The teachers worked collaboratively with colleagues and
parents to meet the needs of learners, developing and managing strategies to deliver an effective education for all learners with each learner having his/her individual tailored learning strategy (p, 63). In Scotland and United States school teachers are responsible for the implementation of policy by devising (IEPs) for pupils with additional support needs (Down Syndrome Scotland, 2003; IDEA, 2004). However, in South Africa there is no policy related to developing IEP’s but there is evidence in the findings of this study that the teachers in the schools the learners with Down syndrome attended do plan for each learner individually both in the special schools and ordinary schools (p, 63). Developing IEP’s in the South African education context would broaden the scope of special education as transition planning could be incorporated in the individualised education plan (IEP) as is happening in the United States (Furney, Hasazi & Stefano, 1997).

The findings indicate that learning was tailored to the learner’s work–based needs, resulting in some of them getting opportunities for placements in open market jobs (p, 67). This is similar to what happened in the United States in 1994, when the federal government introduced the School-to-Work Opportunities Act which served to prepare all students for work and further education, and increase their opportunities to enter first jobs in high skill, high wage careers. (U.S. Department of Education as cited in Benz & Kochhar, 1996). As a result of this Act, many school to work programmes resulted following the introduction of this legislation in the United States (CLRP, 2006).
As indicated above, the development of an inclusive education system (in line with Education White Paper 6) has begun. South African legislation is supportive of adaptations being made to the curriculum. Development of individualised teaching programmes has started in line with the new curriculum approach in some respects similar to the development of IEPs. The introduction in South Africa of a flexible learning and teaching curriculum that accommodates different learning needs and styles is a means to overcome the barriers created by the curriculum (Department of Education, 1997). Moreover, the district-based support teams (including curriculum advisors) have been tasked to assist educators in creating greater flexibility in their teaching methods and in the assessment of learning by providing illustrative learning programmes, learning support materials and assessment instruments (Department of Education, 1997).

However, in South Africa, there was no evidence at any of the schools or in policy of a “transition plan” which is now becoming a part of the IEP in countries like Scotland, United Kingdom and the United States. Perhaps teachers and families in South Africa would find it easier if there was a formal IEP that includes a transition plan. The primary goal of the Individual Education Plan (IEP) could be to ensure that learners with Down syndrome benefit from the same curriculum as their peers. It could be a working document developed for each learner experiencing a barrier to learning, which is reviewed and revised on an ongoing basis (Taylor & Harrington, 2003; Lorenz, 1998). This could be considered by schools in South Africa where there are learners who might find the transition from school to work particularly challenging such as learners...
with intellectual disabilities, including learners with Down syndrome. The development of this IEP with a transition plan would need to involve the learners, their family and the school staff.

In summary, in the exploration of the policies schools have that support the transition from school to work, as indicated in the first objective, the Cape Metropole schools that the researcher identified for this study have begun to implement the national policy of developing an inclusive education system. There was evidence in the findings of learners with Down syndrome being placed in ordinary schools and special schools and thus according them access to educational institutions. This facilitated the transition from school to work as learners were exposed to a curriculum suitable for their learning needs.

5.2 SUPPORTIVE TEACHING/LEARNING ENVIRONMENTS

The second objective was to explore the effects of schools’ physical and psychosocial environments on the preparation of adolescent learners with Down syndrome for the transition to work. This objective links to the theme home, community, classroom and school environments. The school environment is important in the preparation for learners with Down syndrome for the transition from school to work as the process of learning will be enhanced: where there is an appropriate learning environment; where there is a commitment to developing the potential of each individual learner; where learners are actively engaged in the learning process; where there is consistency of
practice across the staff working with individual pupils; and where there are agreed programmes of work. As Maricela, a teacher at a special school said:

In our school it is very easy because we have a lot of staff, we have a class teacher and a class assistant in one class, and if the learners are on the play ground there are at least four teachers on the play ground with them (p, 62).

The statement above indicates that Maricela’s school had a safe playground during their breaktime as the learners have teachers and assistants around them at all times. This is possible in this school as the school is well resourced. The researcher observed and noted (during his visits prior to the time of interviews and during the time of interviews) that the learners from the other special school identified for the study in Khayelitsha did not have enough teachers or assistants to supervise learners at breaktime or lunchtime. In South Africa, the Report by the National Commission on Special Needs in Education and Training (NCSNET) and the National Committee on Education Support Services (NCESS) highlighted the need for schools to develop an environment that is safe and supportive for learners with intellectual disabilities and other learners in the schools (Department of Education, 1997). Grantley, Brown and Thornley (2001) and ACED (2006) support the facilitation of educational development and functioning of people with developmental or intellectual disabilities in a positive and supportive environment appropriate to their needs in a setting in which they feel valued and safe.

The findings indicate that a parent had mixed feelings about her child’s independence despite being an adolescent. She felt that her child with Down syndrome would always be "dependent on others for some needs" although he was able to do much for himself
Kennedy (2001) and Carnaby (1998) have argued that a more productive route for youth with severe disabilities would be to emphasise interdependence, as an emphasis on independence may be limiting the outcomes achieved by social interaction. Similarly, Covey (2004) argues that life is, by nature, highly interdependent. Dependent people need others to get what they want. Independent people can get what they want through their own effort. Interdependent people combine their own efforts with the efforts of others to achieve their greatest success.

Covey gives an example that if a person is physically dependent - paralysed or disabled or limited in some physical way - he/she would need other people to help. If a person is emotionally dependent, his/her sense of worth and security would come from other peoples' opinion of him/her. If a person is intellectually dependent, he/she would count on other people to do his/her thinking, to think through the issues and problems of life. There is a maturity continuum from dependence to independence to interdependence. On the maturity continuum, dependence is the paradigm of you – you take care of me, independence is the paradigm of I – I can do it; I am responsible; I am self-reliant; I can choose, while interdependence is the paradigm of we - we can do it: we can cooperate; we can combine our talents and abilities and create something better together (Carnaby 1998; Kennedy 2001; Covey 2004).

Learners with Down syndrome in this study were directed, nurtured, and sustained by family members, class assistants, teachers and stakeholders in the community until gradually they (the learners) became more and more independent. Carnaby (1998) and
Kennedy (2001) say that as one becomes truly independent, one has the foundation for effective interdependence. Interdependence opens up worlds of possibilities for deep, rich, meaningful associations for increased productivity, for serving, for contributing, for learning and for growing (Carnaby, 1998; Kennedy, 2001). Additionally, O’Connor and Brown (1984) and Mitchell (1999) emphasise that it is important to understand the social relationships that young people with intellectual disabilities face in their everyday lives as they guide their personal experience of dependence and independence.

The findings indicate that at one special school, learners with Down syndrome were willing to help push wheelchairs of other learners with physical disabilities (p, 61). Friends in school offered affectionate relationships, provided both enjoyment and also welcomed each other’s company as the learners reported sharing enjoyable activities and school tasks with their friends with disabilities and those without disabilities (p, 61). Cooney (2002) and Department of Education (2003a) describe support from fellow learners as important and argue for this form of support to be recognised by educators and family members as it helps in the preparation for the transition to work.

However, one learner and a parent (pp, 61-62) described how friendship was lacking at home with children in the neighbourhood. The learner described how he had no friends to play with after school. The parent described how peers without disabilities in the neighborhood regarded her son with Down syndrome as a child and socially at a much lower level and therefore did not want to associate with him. Carter, Sisco, Brown, Brickham, Al-Khabbaz (2008) examined the peer interactions and academic
engagement of middle and high school students in America and found that the extent to which students with and without disabilities interacted socially was highly variable and influenced by instructional format, the proximity of general and special educators, and curricular area. Carter et al. (2008) described how peer interactions occurred more often within small group instructional formats, when learners were not receiving direct support from a paraprofessional or special educator, and in elective courses. Academic engagement also varied, with higher levels evidenced during one-to-one or small group instruction and when in proximity of general or special educators.

In summary, in exploring the effects of schools’ physical and psychosocial environments on the preparation of adolescent learners with Down syndrome for the transition to work, one of the special school identified for this study was preparing adolescent learners for the transition to work in environments that fostered a positive school atmosphere as the learners were exposed to a school setting in which they felt valued and safe. The other special school did not have enough teachers and class assistants to oversee learners' activities especially during break and lunch times.

5.3 THE LINK BETWEEN SCHOOLS AND THE COMMUNITY

The third objective was to explore the link between schools and the community on the preparation of adolescent learners with Down syndrome for the transition to work. This objective links to the themes: acquisition of skills and supportive relationships. The network created between the family, the school and the community would give the learners with Down syndrome new opportunities. The third component of the health
promoting schools framework involves strengthening community action and building the network between the school and the community (WHO, 1986).

The findings indicate that the ordinary school Annabel was teaching in had formed partnerships with the community, as individuals in the community had offered to mentor and teach learners with Down syndrome skills including welding, sorting screws and servicing cars, and office work thus fostering a learning environment (p, 67). This is similar to United Kingdom, where community support is offered for young adults with intellectual disabilities attending school to assist them in developing the skills necessary to transition effectively from school to work (CLRP, 2006). The same applies to Canada where a programme (Community Living Research Project) is offered in the community for students with developmental disabilities. In both countries, students focus on learning the personal, social, community and home living skills, as well as practical skills necessary for independent adult life (CLRP, 2006).

Annabel’s school, with the help of the Down Syndrome Association of the Western Cape, had approached stakeholders in the community who had shown interest in assisting to mentor the learners with Down syndrome. This had happened during the awareness campaigns that the Down Syndrome Association held (p, 54) and in the meetings between the School Governing Body and the parents (p, 55). These partnerships with the community helped in the preparation for transition to work as the learners learnt skills necessary for job placements and employment. Baroff and Olley (1999) argue that placement in actual work settings for a learner with Down syndrome
while still at school is bound to be more useful than performing simulated work. This is because the learner learns something about the work-day world, its rhythms, disciplines and expectations. The community becomes the laboratory in which the classroom experience is given reality (Baroff & Olley, 1999). By providing community partners with a voice in developing policies and practices that promote the transition process, a sense of school and community connectedness can be achieved (CLRP, 2006).

Knight and Aucoin (1999) say that for participating employers to embrace the concept of on-the-job training and welcome learners to their work sites, they must feel they have a vested interest in these learners, and school personnel should seek and value their input regarding the learners’ placement, assigned responsibilities, and progress. Knight and Aucoin (1999) further say that, collaboration between the school, the family and the community is imperative as it prepares young people for the next phase of their lives - the adult world. The South African Departments of Health and Education support this strategy of linking the special and ordinary schools to the community. This strategy optimises the involvement of all role players within the community and assists in the preparation of learners for the transition to work. Additionally, the linkages develop strong relationships between schools and communities for the purpose of promoting community ownership of the school (WHO, 1997; Department of Health, 2000 & Department of Education, 2003a).

The findings indicate that there was a link between schools and the Down Syndrome Association. The Association was helping schools to raise awareness in the Western
Cape Province about Down syndrome and assisted in training the learners to learn skills in art every third Saturday. Additionally, the Association also organised a social event in the form of a dance for the learners with Down syndrome and other learners with intellectual disabilities once a month (p, 54). Similarly, the education policy in South Africa encourages schools to link with Non Governmental Organisations, Community-Based Organisations, Disabled Persons’ Organisations and various service providers to support teaching and learning (Department of Education, 2003a). In Canada, many regions within each province have community living associations or societies that offer programmes to assist schools meet the needs of individuals with intellectual disabilities and their families (CLRP, 2006).

In the findings, a teacher explained that despite the link between her school and the community, there is need for sustained community involvement and supported participation by stakeholders and business people. She urged business people to come to the school and see what the learners with Down syndrome are capable of achieving. She felt that it is only through this that the stakeholders in the community could recognise the capabilities of learners with Down syndrome and eventually accept them (pg, 68). Li-Rong Lilly (2009) says that learners learn from their family, school, and community through observing, talking, and interacting with these environments.

Additionally, the Coalition for Community Schools (2000) in the United States describes strategies and policy approaches that go beyond most existing initiatives to bring together many different streams of work that are part of the movement towards
community and school linkages including: Community education, which promotes parent and community involvement in public education and the formation of community partnerships to address community needs; community organising and community building strategies, which give parents and neighborhoods a stronger role in the education of the children with Down syndrome.

In the findings, a parent who was a member of the Down Syndrome Association, had started parent support groups and facilitated the involvement of other parents in the activities of the Association (p, 54). These parents formed a valuable form of support to the schools and assisted in the transition to work. Li-Rong Lilly (2009) says that parents play a pivotal role in the education of their children and creating a school-parent educational relationship is crucial to the needs of the child with an intellectual disability. Angus Council Education Department, (2006) adds that this is of particular importance and parents should be actively encouraged to contribute to their child’s learning as it prepares them for work. The Education White Paper 6 (Department of Education, 2001, p. 18) states that “the non-recognition and non-involvement of parents” is a barrier to learning and development.

Additionally, Blank and Berg (2006) have shown that there is strong evidence that family involvement in children’s education at home or in school has a significant impact on student performance and facilitates learning. The Department of Education in South Africa supports these partnerships and says that the parents, professionals and the
Association personnel have skills, and can develop new skills, which could be utilised to provide support to over-burdened teachers (Department of Education, 2003a, 2003b).

In the Cape Metropole, the Down Syndrome Association of the Western Cape is the active partner going into schools and encouraging the connection between the schools and the community. The people who lead this connection are parent activists and those employed by the Association. More participation of stakeholders is required in the Cape Metropole as far as integration and internship programmes in the communities are concerned. Having these connections would result in a broader base of participation and a better understanding of the skills taught and foster partnerships across and among sectors of the community where the learners with Down syndrome are placed for training as this would help in the learners’ preparation for the transition to work (WHO, 1997; Department of Health, 2000; Department of Education, 2003a; CLRP, 2006).

In summary in exploring the link between schools and the community on the preparation of adolescent learners with Down syndrome for the transition to work the study has found that the ordinary school and both special schools identified in this study had formed networks and links with the community and particularly with the Down Syndrome Association of the Western Cape. These links assisted in the transition to work for learners with Down syndrome as some of the learners got opportunities to experience placements in open market jobs and were taught useful skills for preparation to work.
5.4 SCHOOLS DEVELOPMENT OF PERSONAL SKILLS OF ADOLESCENT LEARNERS.

The fourth objective was to explore schools development of personal skills of adolescent learners with Down syndrome for the transition to work. This objective links to the themes: acquisition of skills and supportive relationships.

The findings in the study indicate that learners with Down syndrome had acquired skills including, academic skills, communication skills, skills for daily living (including feeding, oral hygiene, bathing, using the toilet and dressing), socialisation skills, skills to maintain health, and skills for at home including taking care of clothing, cleaning, meal preparation, shopping and money management, skills to participate in sports activities, leisure activities, and play activities (pp, 56-59). This is similar to what happened in the United States in the mid-nineties as educators made significant efforts to change the American public education system. Reformers in the United States urged schools to graduate learners with intellectual disabilities with skills and criticised those schools that did not change, for graduating unskilled learners (Guterman, 1995).

In this study, as a result of the high level of practical and hands-on learning the learners with Down syndrome gained a range of skills as Joseph, a learner (pp, 64-65) and Mercy, a role model (p, 57) described. Participation and success in schoolwork helped the learners to develop greater “can-do” attitude, self-confidence and self-esteem (pp, 56-59). Shogren and Turnbull (2006) emphasise the importance of promoting and enhancing the self-determination of children and youth with disabilities including youth
with intellectual disabilities as this helps them develop a positive ethos towards their transition process.

In the findings, a teacher explained how at her school the curriculum was tailored to each learner’s work–based needs. Another teacher explained how at her school, learners were placed to surrounding communities to learn skills including office skills and welding skills. Similarly, a parent said that teachers encouraged learners to develop skills to promote self-sufficiency, with a focus on eliminating the future need for charity or welfare (pp, 56-57). Slee (2000) argues that there is need to address the school culture, which needs to enable and empower the learner as the culture of the school is reflected in the curriculum. Furthermore, according to the Community Living Research Project in Canada, school curriculum should include self-advocacy and self-determination skills building and interpersonal skills, on-the-job skills, and on-the-job training should be practiced while in school (CLRP, 2006). All these programmes are aiming at preparing the learner in his/her transition to work.

In the study, a parent said that through the school two of the learners with Down syndrome had managed to secure jobs at a supermarket and explained how the presence of the two had had a positive influence on the other workers (p, 67). Betsy, Glenda, Barbara and Joan (2000), Cook, Swain and French (2001), Campbell, Gilmore and Cuskelly (2003) and Melaville, Berg and Blank (2006) argue that participation in work-based learning contributes positively to general youth development including youth with intellectual disabilities by increasing the learners’ confidence as skill levels improve.
Their argument is consistent with results in a study by Farris and Stancliffe (2001), who found that skills training and support afforded persons with intellectual disabilities a higher value in their workplace.

In the findings, a parent spoke about the academic skills including reading and arithmetic that her son had accomplished (p, 56). This parent felt that the school her son was attending had started his education in a positive way and she hoped that he would acquire skills to be able to manage his day-to-day activities. She was optimistic that eventually, her son’s school would help him acquire skills to prepare him for work. Additionally, a role model also described the practical skills she had learnt in her previous ordinary school (p, 57). She explained how she was utilising these skills in her current placement and training at the Down Syndrome Association. Miller, Leddy and Leavitt (1999), argue that literacy is also critical to improving the communication of people with Down syndrome by saying that, if children with Down syndrome participate in early reading and writing that continues throughout their school years, they achieve better communication and academic skills than their peers with less literacy experience.

The findings in this study (pp, 56-59) are similar to an Australian study of functional literacy skills in young adults with Down syndrome, where Bochner, Outhred and Pieterse (2001) explored the development of language and literacy skills in a group of young adults with Down syndrome. Results of the study showed that all but one of the 30 young adults with Down syndrome who participated in this study had learnt to read. Additionally, these findings (pp, 56-59) are similar to outcomes from Finland where
learners with intellectual disabilities made progress in functional self-help skills, self-regulation, and social skills and made progress in academic reading and writing skills as a result of their participation in the Kampus Program (CLRP, 2006). The above suggests that if learners with intellectual disabilities are exposed to literacy, academic and communication skills in school, they are able to learn skills and this could prepare the learners for transition to work. The learners’ expressive language in this study is demonstrated (in the learners’ transcripts) all through Chapter Four.

The findings indicate that teachers, class assistants and family members were involved in developing the skills of the learners through their very broad involvement in life skills development (pp, 62-64). The development of many of these skills involved direct support. One father was also helping with his son’s school work as described by the learner who said that his father used to check his homework and sign his workbook (p, 65). According to Down Syndrome Scotland, the provision of a home-school communication book or diary (which could be in this case the learner’s school workbook) is essential to forming good partnerships between home and school. However, they suggest that it needs more than a message book and should not be used for the relaying of bad news. They suggest that it could be useful for giving advance warning of any changes in school routine, inviting parents to termly reviews, providing lists of equipment for different days, informing parents about particular topics, giving short explanations linking with specific lessons, adding key words, symbols or diagrams to help the learner and parents, and explaining how they can help prepare the student
by finding back up material and reinforcing teaching points (Down Syndrome Scotland, 2003).

This is consistent with the South African Revised National Curriculum Statement of 2001 which says that there are many opportunities for parents to work in partnership with teachers to integrate life skills development into the curriculum. Additionally, Mitchell (1999) and Education White Paper 6 (Department of Education, 2001) argue for learners with intellectual disabilities to have skills training. By so doing, the learners’ individual strengths will be developed fostering a more positive preparation towards the learners’ transition process.

In the findings, both teachers said that there is a single curriculum for all learners but it was modified or adapted to meet the specific need of the individual learner. The teachers said that their schools have a plan for each individual learner (p, 63). Individuals with Disabilities Education Act (2004) describes the importance to ascertain on what level the learners with Down syndrome are functioning as this will facilitate the process of adapting the curriculum into an (IEP) for them. In the United Kingdom, the IEP has been successful for identifying what adaptations are needed in the curriculum so that learners with Down syndrome can benefit from the same curriculum as other learners. IDEA (2004) describes the primary goal of the (IEP) as to ensure learners with Down syndrome benefit from the same curriculum as their peers.
The findings indicate that a parent wanted the teachers to have further training so as to further develop their knowledge and skills in teaching learners with Down syndrome (p, 66). Department of Education (2001) describes capacity development of teachers as being a priority and sees the limited capacity of many teachers teaching learners with intellectual disabilities as a major barrier to learning and development. The Department of Education recognises that as a result of this limited capacity of teachers, the ability to implement the changes needed with the curriculum and inclusive education may be affected (Department of Education, 2001). McClanahan (2009) points out that in today's inclusive classrooms both general and special education teachers do not feel confident that they know of, or are using methods and strategies that researchers have shown to be effective in the education setting for students identified as having intellectual disabilities. This has led to countries like the United States, placing renewed emphasis on training teachers and emphasising the importance of the regular classroom, the regular classroom teacher and the general curriculum as the primary focus of special education (IDEA, 2004).

To summarise the fourth objective, which was exploring the schools’ development of personal skills of adolescent learners with Down syndrome for the transition to work, the findings indicate that learners with Down syndrome acquired a broad range of skills. The schools placed the learners to surrounding communities to learn the practical work related skills. Additionally, teachers, class assistants and family members were involved in developing the skills of the learners through their very broad involvement in life skills development.
5.5 EDUCATION SUPPORT SERVICES

The fifth objective was to explore support services offered to adolescent learners with Down syndrome for their preparation for the transition to work. This objective links to the themes: education support services and supportive relationships. The reorientation of education support services is the fifth component of the health promoting schools framework. According to the Department of Education, the key to reducing barriers to learning within all education and training lies in strengthened education support services (Department of Education, 2001) and the importance of education support services is acknowledged by the Department of Education (Republic of South Africa, 1996; Department of Education, 1997, 2001).

In the findings, parents and teachers described the parents, teachers, the Down Syndrome Association, the community and other stakeholders to be significant sources of support to the learners’ preparation for the transition to work (pp, 54-56). This is consistent with a programme review by the Community Living Research Project (CLRP) in Canada, which explored the community living supports and services available locally, provincially, nationally, and internationally for adults with developmental disabilities. CLRP describes support as about an enhanced facilitation to learning through interaction with various support providers (CLRP, 2006). Community Living Research Project also acknowledges the importance of contributions by all stakeholders in the provision of educational services and highlights that the stakeholders also have skills and knowledge that are useful to the learners and could assist in their transition to work.
The findings indicate that learners learnt through interaction and collaboration with people around them, through the relationships they had and the support they received from those around them. Tracy, a parent, explained the importance of social integration and support. She said that involving the child with Down syndrome in social activities in school, at home and in the community is a form of support that is very important (p, 66). This underlines the suggestions of Melaville et al. (2006) who say that young people also need access to social interaction, the network of social supports connecting them to shared values, information, guidance, and contacts. Melaville et al. (2006) further add that support and social interactions provide assistance and feedback in terms of setting goals, planning for the future, and making wise decisions. Additionally, Azmitia, Cooper and Brown (2009) also argue for support and educational guidance from parents, siblings, friends, and teachers.

The findings indicate that class assistants were an important group of individuals who have a big impact on the preparation of adolescent learners with Down syndrome for the transition to work. A learner described feelings of being cared for by class assistants through encouragement and having someone supervise the many skills that he learnt in school (p, 62). Down Syndrome Scotland concurs with this idea of learners with intellectual disabilities having class assistants and describes the class assistant as an additional pair of hands in the classroom (Down Syndrome Scotland, 2003). However, on the issue of schools having class assistants, Annabel, a teacher, felt that her school needed more class assistants to help in the classroom as the one the school had, had to work in four classes (p, 63).
The findings indicate that collaboration between government departments was lacking (p, 65). Maricela, a teacher, said that government departments needed to work together. She described this in the following words:

    There is a big fight between health and education. We feel that they should take hands.

The Department of Education has identified the greatest challenge to those providing support as “the fragmented way in which support is currently provided” (Department of Education, 2003a, p. 11). Additionally, Armstrong and Davies (1995) suggested that, although the quality of advice and support offered to young people at school is good, there appears to be a subsequent lack of coherence which can make these learners highly vulnerable. This process of providing education support services can be supported within institutions through inter-learning and open communication and in order to utilise the expertise to the fullest, support needs to be interactive.

Tracy, a parent, added that in South Africa, the resources are not there in the ordinary school that her son attends (p, 66). This is contrary to the task of the government departments (Departments of Health, Education and Social Development), which is to support capacity building in schools, to identify and prioritise learning needs and barriers to learning and to identify the support needed to address the challenges arising in education institutions and to facilitate in strategic planning and management so that the challenges can be addressed. Resources need to follow the development of policy to ensure it is implemented.
Findings indicate that the Down Syndrome Association of the Western Cape and School Governing Bodies in collaboration with parents was providing support to learners and parents in the schools (pp, 53-56). The South African Schools Act (1996) assigns several tasks for School Governing Bodies of which probably the most important one is ensuring that quality education is provided for all learners at the school by the School Governing Bodies support to the principal, educators and other staff to strive towards this goal. Similarly, according to Angus Council Education Department (2006) in the United Kingdom, one of the underpinning principles in educational support for learners’ policy is building partnerships and networks between the schools, the community and the parents.

The findings indicate that support was offered at home, in school and in the community. The support the learners were receiving was essential in creating the richer, more meaningful understanding that leads to lasting improvement in the learners’ school work and transition process. Similarly, the support Mercy, a role model had received had helped in acquisition of skills (p, 57). Acquisition of skills aimed at helping the learners with Down syndrome and the role models learn skills that they would require after school to connect with the outside world. The learners were currently utilising these skills at school, at home and in the community. Similarly, the two learners who had managed to secure jobs at a supermarket and the role models were utilising the skills learnt earlier in school in their work places and training. Community Living Research Project (2006) in Canada describes the home, the school and the community as
valuable settings as long as they contribute towards the transition process (CLRP, 2006).

The settings the learners in this study were exposed to provided the learners with both the content of thought and the tools for thinking about what they were engaged in. Struthers (2005) says that support needs to be an empowering experience for the recipient. The learners’ cognitive development occurred as they acquired information from the surrounding environment, typically processing it, directly or indirectly, through interactions and relationships with teachers, class assistants, parents or friends and other support providers in the community. These interactions and supportive relationships contributed towards the learners’ preparation for the transition to work.

The findings indicate that parents and teachers acknowledged the advice, treatment, knowledge and skills gained through interactions with health professionals including physiotherapists, occupational therapists and speech and language therapist to be significant sources of direct or indirect support to the learners (pp, 54-55). The teachers (Maricela and Annabel), explained how occupational therapists are important in the preparation of learners for the transition to work (p, 55). Annabel went further to describe how the occupational therapists together with the teachers prepare each learner individually.

Struthers (2005) argues that providing education support requires some competencies that are specific to occupational therapy, physiotherapy or speech and language
therapy. Despite the work done by occupational therapist and teachers, Maricela felt that what schools really need are job coaches (p, 55). This is consistent with the Standard Rules on the Equalisation of Opportunities for Persons with Disabilities (United Nations, 1993) and the Salamanca Statement (UNESCO, 1994) which recognise and acknowledge the importance of appropriate support services to ensure equal opportunities for people with disabilities.

However, the Department of Education (1997, 2003a) emphasise the main focus of support needs to be indirect support, with direct support only provided if the institution-level team cannot give support. In indirect support the therapists will act as consultant-mentors with the focus on support for the education system and not individual learner (Struthers, 2005). According to the Department of Education (1997) direct support will continue for learners needing specialised intervention to overcome permanent or temporary barriers to learning. This is similar to the American education context where special education services were provided to some children directly within the general education classrooms (Guterman, 1995).

In the words of one educator in South Africa who has worked in a school which had been involved in an inclusive pilot project:

Working in collaboration with other professionals… has been very useful. It has allowed me the benefit of other points of view, of sharing difficulties, of seeking solutions in a group and to receive feedback. We have been able to work as a team, which has helped everybody, but specially has proven to be a benefit to the children (Department of Education, 2003a).
The researcher singles out the support by the Down Syndrome South Africa to have a big impact in facilitating the preparation for transition to work for learners with Down syndrome. Down Syndrome South Africa has support groups in most of the major centers of the country (Down Syndrome South Africa, 2004). These are non-profit organizations of families and interested persons working to improve the quality of life for those with Down syndrome. In the Western Cape, the groups include the Down Syndrome Association and the Down Syndrome Support Group (Down Syndrome Association, 2007).

In summary, in exploring the support services offered to adolescent learners with Down syndrome for their preparation for the transition to work, parents and teachers acknowledged the support from health professionals including physiotherapists, occupational therapists and speech and language therapist, the Down Syndrome Association, the community and other stakeholders to be significant sources of direct or indirect support to the learners. Support was offered at home, in school and in the community. The support the learners were receiving was essential in creating the richer, more meaningful understanding that leads to lasting improvement in the learners’ school work and transition process. The parents and teachers singled out occupational therapists as having played a big role in the preparation of learners with Down syndrome for the transition to work.
5.6 DREAMS OF THE PARTICIPANTS

A final theme that emerged in the findings is that the learners had dreams and goals for their future work. This theme of dreams of the participants links with the other four themes discussed earlier to answer the research question: “How are schools in the Cape Metropole, South Africa, preparing adolescent learners with Down syndrome for the transition to work”

Brooks (undated) describes dreams and says that dreams are the stuff of which life and hope are made, dreams are the fuel of life. The learners had ideas and dreams of what they wanted to do after school. These included dreams of learners of having future work such as, as a singer, a waiter, a fireman or a future of having a family and running a home (P, 70). Edward (2007) stresses the importance that every child with a disability must have dreams and goals to enable the child to be involved in and make progress in the general education curriculum. Similarly, Geary (2008) says that learners’ dreams have no ceiling and can be huge. Edward (2007) says that it is inspiring to listen to the learners’ goals and ideas as they start dreaming at an early age as they think about their education and future career.

Additionally, Alston (2006) says that all learners (including those with intellectual disabilities) must have a dream, they must dream and hunger and thirst for knowledge, to be good people and to make a difference on this planet. She urges teachers to believe that learners are brilliant, help the learners to believe in themselves and reach their dreams. Learners must be able to see themselves contributing to society and
getting a taste of how good it feels as this will make education real for them (Alston, 2006)

The findings indicate that both parents and a teacher of the learners with Down syndrome also had dreams for the learners. Parents had dreams for the independence of their children and for opportunities to work (pp, 71-72). Maricela, a teacher acknowledged the dreams of the learners. Her most important dream for her learners was seeing all her students getting jobs one day (pg, 72). Mapp (as cited by Ohio Department of Education, 2008) says that dreams can be the focus of a discussion between parents and teachers at an open house or other event at school as parents can offer to work with the schools’ principals and parent or teacher organizations. Mapp suggests that parents should ask teachers how dreams can be connected to the curriculum and how families can support their children to gain the skills they need.

Mapp further advises parents to share their dreams with their children. Parents should also brainstorm with the teachers on ideas about: the steps needed to achieve the learners’ dreams; what is required in and out of school; what support is needed from families; and what resources are needed. Additionally, Neal (2008) and Ohio Department of Education (2008) say that parents and teachers should help learners realise their expectations by using strategies that increase learners’ attention to their achievement and responsibilities for learning.

To summarise, the researcher interprets and describes the themes as follows: the learners with Down syndrome needed **support** and to **learn skills**. They were in
supportive relationships and were exposed to different environments. The interactions of these four themes influenced their preparation in school for transition to work and enabled the learners have dreams of working after school.

5.7 SUMMARY
In this Chapter, the major findings were discussed with a comparison to research in the area of transition. The schools identified in this study were preparing adolescent learners with Down syndrome for the transition to work as they (schools) had: policies put in place; healthy environments; created networks and links with the community; assisted learners to acquire skills; and had education support services. All these strategies aimed at supporting the transition process. The following chapter presents the conclusion and recommendations of the study.
6.0 INTRODUCTION

In this chapter a brief summary of the study, together with a conclusion, the limitations of the study, the significance of the study to the physiotherapy profession and the recommendations arising from the study are presented.

6.1 CONCLUSION

This study aimed to determine how effectively schools in the Cape Metropole, South Africa, are preparing adolescent learners with Down syndrome for the transition to work. Transition from school to work entails the preparation, education and training of learners, leading to their placement in desired work situations. The study explored: the school policies related to transition; the supportive physical and psychosocial environments; the link between schools and the community; the education support services; and schools’ development of personal skills of learners with Down syndrome.

Literature indicates that persons with an intellectual disability in South Africa and internationally find it difficult to find employment after school. This could, in part, be due to the ineffectiveness of transition planning process for the learners as seen both in this study and the literature reviewed. A descriptive qualitative approach utilising photovoice and individual interviews as methods of data collection were used in this study. The major findings of this study indicate key issues which can be used to understand the transition planning process of adolescent learners with Down syndrome for the transition to work. The synthesis of the findings yielded the following themes that
influenced the learners’ preparation in school for transition to work: education support services; acquisition of skills; supportive relationships; home, community, classroom and school environments; and dreams of the participants.

The South African national policy of developing an inclusive education system is beginning to be implemented by the three schools identified in this study. Relationships between the schools and community including the Down Syndrome Association and the stakeholders in the community helped in exposing the learners to the outside world. Schools reached out to community partners for resources, services and support. Learners were placed in the surrounding communities to learn skills. Supportive relationships at home, school, classroom and the community and care from the teachers, class assistants, family members, and friends helped facilitate learning as the learners with Down syndrome had opportunities for preparation for the transition process. As a result of these, learners with Down syndrome had dreams and goals to work and participate in meaningful contributions to the society.

6.2 LIMITATIONS OF THE STUDY

The inability of the researcher to speak/understand Afrikaans and Xhosa languages made it difficult for the researcher to follow what the assistants asked during the time of the interviews done in Afrikaans and Xhosa.

The researcher notes some bias in some of the interviews done in Afrikaans and Xhosa languages as the assistants tended to ask leading questions.
Photovoice was planned to enable the researcher to perceive the world from the viewpoint of the learners with Down syndrome but in the end, the view of the parents and teachers was also shown as some of the photographs were taken by them. Further research is needed to use photovoice in its pure form as there were some difficulties with the use of photovoice in the study. Although learners were informed that they were to take pictures of things or people who had played a role in preparing them for leaving school, some learners did not take pictures or took very few pictures and had pictures taken of them in different situations. What is not clear is why this happened. It is not known if it was because the learners lacked confidence in taking the pictures or wanted to be in the pictures. It is not known if it was because the person who took the photos lacked confidence in the learner's ability to take the photos.

This has lead to the difficulty around the question of whose dream is it? Whose vision is it of what has assisted in the development? Whose view is it of what is important? This necessitates further investigation.

Despite these few limitations, the study revealed some interesting insights about how effectively schools in the Western Cape, South Africa are preparing adolescent learners with Down syndrome for transition to work.
6.3 SIGNIFICANCE OF THE STUDY TO THE PHYSIOTHERAPY PROFESSION

The research has provided the researcher with an insight into the world of people with intellectual disability that is of value to him as a physiotherapist. It has given him the opportunity to do research very closely with an organisation that is supporting people with intellectual disabilities and he has realised that it is important for physiotherapists to learn more about intellectual disability. The researcher being a physiotherapist and having worked in Kenya and Botswana did identify the lack of occupational therapists in schools in these two countries.

The researcher therefore singles out the need for institutions training physiotherapists, to also equip the physiotherapists with the necessary therapeutic interventions that may be required in training school-related skills and strategies to help children compensate for specific deficits in order to improve function and participation. This would be beneficial to the learners as the services that would be provided by physiotherapists and occupational therapists overlap, for example, a physiotherapists or occupational therapists can address motor delay or dysfunction in a learner with an intellectual disability. Physiotherapists in countries where there a few number occupational therapists are therefore called to go beyond their scope of work to assist in the transition process. The researcher has found the situation in South Africa to be different as there are more occupational therapists who are involved in the process of transition. However, the researcher notes that, physiotherapists in South Africa might not play a big role in the transition process as schools have occupational therapists who play a more significant role.
Physiotherapists would also complement the team assisting the learners with the transition process. Physiotherapists together with the other professionals would form a multidisciplinary team as the concept of teamwork is extremely important to the success of the preparation of learners for the transition to work. Physiotherapists would be part of a team: they would need to be able to discuss with others in the district-based support team; and to understand how jointly they would provide support to learners with Down syndrome for the transition to work.

6.4 RECOMMENDATIONS

Based on the findings of this study, a number of recommendations are made:

1. There is need for a formal IEP that includes a transition plan in South Africa.

2. There is a need for increased government support especially as far as training of educators is concerned to enable them to learn more about supporting learners with intellectual disabilities for the transition from school to work.

3. There is a need for job coaches and class assistants in the schools to assist with the preparation of adolescent learners with Down syndrome for the transition to work.

4. Teachers need to work closely with the parents of learners with intellectual disabilities when planning the transition from school to work.

5. Teachers who are preparing learners with an intellectual disability for the transition to work need to work closely with Non-Governmental Organisations, Disabled Peoples Organisations and the Down Syndrome Association.

6. Learners are a source of support to one another that is often overlooked. Schools need to recognise the importance of this resource and create mechanisms for
peer-support as this would facilitate learning and complement the transition process.

7. The teachers and the parents also need to listen to the dreams of the learners to help plan the transition to work.
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Appendix I

INTERVIEW GUIDES
Interview guide for learners

a. What is your name?

b. What is the name of your school?

c. Tell me about what you learn at school.

d. Please tell me about the photographs you took.

e. **Probe:** What is in the photos, why did you take the photos?

f. What games do you play in school, who do you play with, are they your friends.

g. What do you do at home after school?

h. Do you work in the garden, at home or church and do you like what you do. Tell me more.
Interview guide for role models

a. What is your name?

b. What is the name of the school you attended?

c. What did you learn at school?

d. Where do you work and what do you do at work?

e. Do you like what you do?

f. **Probe:** what do you like about your work and work place?

g. As you have gone through school, what do you think about what the learners say?
Interview guide for parents

a. What are your opinions about what your child is learning at schools?
   Probe: Do you think the school is preparing him/her for work. Please explain.

b. Probe: What are your wishes for your child’s future?

c. Probe: How are you as a parent/family involved in the transition?

d. Probe: What resources are available in the community that helps your child’s development?

e. Probe: In what ways does the community help support your child’s preparation to work?

f. Probe: Does your child receive any form of Physiotherapy, Occupational therapy or Speech therapy? What in particular and how is it helping?

g. What changes would you like to see in schools, which you think could help to improve the preparation of your child’s transition to work?
Interview guide for teachers

a. Please tell me what you do to prepare adolescent learners with Down syndrome for work, what activities do the learners engage with?

b. **Probe**: The curriculum and integration with learners without disabilities (issues on inclusion), the link between the school and parents/the family in this preparation.

c. What jobs are you preparing the learners for? ** Probe**: Sheltered/Workshops or open market, Residential or non-residential?

d. What kind of “techniques” are you as transition planners using?

e. **Probe**: Is there an individual plan for the learners?

f. **Probe**: Is there any practice moments organized for the learners?

g. **Probe**: Is there a system that works with the talents and interests of the learners to make sure that they will go for the job of their life?

h. **Probe**: Is there a systematic training to make sure that the learners are learning to “speak for themselves?”

i. Does the community help in the process? **Probe**: how? Are there any internship programmes for the learners in the community?

j. Is there a School Governing Body? **Probe**: Activities of the School Governing Body, What support services do you get and from which other departments or institutions? E.g. Churches, Down Syndrome Association and business people. **Probe**: Availability of Physiotherapists, Occupational therapist and Speech therapists

k. What has the school done to ensure that the school’s environment helps towards the learner’s transition to work? **Probe**: Bullying and harassment,
teachers, the classroom environment and issues of development of self esteem.

I. What challenges does the school face?

m. **Probe:** What measures are in place to deal with these challenges?

n. What changes would you like to see in schools, which you think could help to improve the preparation of adolescent learners with Down syndrome for transition to work?
Appendix II

PERMISSION TO CONDUCT RESEARCH FROM
THE HIGHER DEGREES COMMITTEE,
UNIVERSITY OF THE WESTERN CAPE
To whom it may concern

Re: Research project of Ancient Muli Muvua: Student Number: 2701906

This letter confirms that Mr. Muvua (student number: 2701906) is a postgraduate student in the Community and Health Sciences Faculty at UWC. His proposed research entitled, "Preparation of adolescent learners with Down syndrome in Cape Town schools, South Africa" submitted in fulfillment of the requirements for Masters in Physiotherapy has been examined by the Higher Degrees Committee and found to be of high scientific value, methodologically sound and ethical. We fully support the research and urge you to allow him access to your organisation.

Yours sincerely

[Signature]

Dr G. Reagon
Chairperson Higher Degrees Committee
Appendix III

APPLICATION TO CONDUCT RESEARCH IN THE WESTERN CAPE
APPLICATION TO CONDUCT RESEARCH IN PUBLIC SCHOOLS WITHIN THE WESTERN CAPE

<table>
<thead>
<tr>
<th>Applicant Detail</th>
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<tbody>
<tr>
<td><strong>Title:</strong> Preparation of adolescent learners with Down syndrome in Western Cape schools for transition to work.</td>
</tr>
<tr>
<td><strong>Research Question:</strong> How effectively are schools in the Western Cape preparing adolescent learners with Down syndrome for transition to work?</td>
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**Respondents:** Learners and teachers and parents

**Name(s) of Education Institution(s):** Alta du Toit School - Kuilsrivier
Bellpark Primary School - Bellville
Khayelitsha Special School - Khayelitsha

**Research Period in Education Institutions:** Feb and March 2008

**Start Date:** 4-Feb-08 **End Date:** 31-Mar-08

**Signature:** Patricia Struthers

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FOR OFFICIAL USE ONLY

**Date Approved:** **Approved By:**

**Reference number:**
Appendix IV

PERMISSION TO CONDUCT RESEARCH IN
THE WESTERN CAPE
PERMISSION TO CONDUCT RESEARCH IN THE WESTERN CAPE

Mr Ancent Muli
Department of Physiotherapy
University of the Western Cape
Private Bag X17
BELLEVILLE
7535

Dear Mr A. Muli

RESEARCH PROPOSAL: PREPARATION OF ADOLESCENT LEARNERS WITH DOWN SYNDROME IN WESTERN CAPE SCHOOLS FOR TRANSITION TO WORK.

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators’ programmes are not to be interrupted.
5. The Study is to be conducted from 11th March 2008 to 30th May 2008.
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
7. Should you wish to extend the period of your survey, please contact Dr R. Cornelissen at the contact numbers above quoting the reference number.
8. A photocopy of this letter is submitted to the Principal where the intended research is to be conducted.
9. Your research will be limited to the following schools: Alta du Toit, Bellpark Primary, Khayelitsha Special School.
10. A brief summary of the content, findings and recommendations is provided to the Director: Research Services.
11. The Department receives a copy of the completed report/dissertation/thesis addressed to:

   The Director: Research Services
   Western Cape Education Department
   Private Bag X9114
   CAPE TOWN
   8000

We wish you success in your research.

Kind regards,

HEAD: EDUCATION
DATE: 11th March 2008

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Appendix V

PARENTAL PERMISSION FORM
Principal/parental permission form

Project Title: Preparation of adolescent learners with Down syndrome in Cape Metropole schools for the transition to work.

We are inviting your child to participate in this study. This research project involves interviewing and making audiotapes of your child. Photographs will be taken by your child. These will help gather information that could improve the support and services that schools are giving learners with Down syndrome and help to prepare them adequately for work placement. It will also inform therapists who work with learners with Down syndrome about what facilitates transition from school to work and what their therapy support role needs to include. All information gathered will be locked in filing cabinets and will be destroyed thereafter. Only the researcher will have access to the filing cabinets.

I,.........................................................................................

...... agree for my child to be audio taped during participation in this study.

...... do not agree for my child to be audio taped during participation in this study.

...... agree that my child can take photographs of things/experiences that have helped prepare him/her for work.

...... agree for my child’s photographs to be shown to other participants in this study.
Appendix VI

CONSENT FORM
Consent form

Project Title: Preparation of adolescent learners with Down syndrome in Cape Metropole schools for the transition to work.

The study has been described to me in a language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

Participant’s name………………………………………………

Participant’s signature………………………………………..

Date…………………………

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the following;

Researcher: Muvua Ancent Muli
University of the Western Cape
Physiotherapy Department
Private Bag X17, Bellville 7535
South Africa
Cell: 0768596234
Fax: (021) 959-1217
Email: 2701906@uwc.ac.za

Or

Study Coordinator: Patricia Struthers
University of the Western Cape
Physiotherapy Department
Private Bag X17, Bellville 7535
South Africa
Telephone: (021) 959-2542
Fax: (021) 959-1217
Email: pstruthers@uwc.ac.za
Information sheet for parents

Project title: Preparation of adolescent learners with Down syndrome in Cape Metropole schools for the transition to work.

This is a research project being conducted by Muvua Ancent Muli at the University of the Western Cape. We are inviting you to participate in this research project because you are a parent of a child with Down syndrome and have important information. The purpose of this research project is to provide information that could improve the support and services that schools are giving learners with Down syndrome and help to prepare them adequately for work placement. The study will also inform therapists who work with learners with Down syndrome about what facilitates transition from school to work and what their therapy support role needs to include.

You will be asked to answer some questions. This will be done at home and will take 60 minutes. We will do our best to keep your information confidential. All the information, audio and videotapes will be locked in filing cabinets. Your name will not be included and codes will be used on all collected data. Only the researcher will have access to the filing cabinets. There are no known risks associated with participating in this research project. Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

The University of the Western Cape Senate Research Committee and Ethics Committee has approved this research. Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact;

Researcher: Muvua Ancent Muli
University of the Western Cape
Physiotherapy Department
Private Bag X17, Bellville 7535
South Africa
Cell: 0768596234
Fax: (021) 959-1217
Email: 2701906@uwc.ac.za

Or
Study Coordinator: Patricia Struthers
University of the Western Cape
Physiotherapy Department
Private Bag X17, Bellville 7535
South Africa
Telephone: (021) 959-2542
Fax: (021) 959-1217
Email: pstruthers@uwc.ac.za
Information sheet for teachers

Project title: Preparation of adolescent learners with Down syndrome in Cape Metropole schools for the transition to work.

This is a research project being conducted by Muvua Ancent Muli at the University of the Western Cape. We are inviting you to participate in this research project because you are a teacher of a child with Down syndrome and have important information. The purpose of this research project is to provide information that could improve the support and services that schools are giving learners with Down syndrome and help to prepare them adequately for work placement. The study will also inform therapists who work with learners with Down syndrome about what facilitates transition from school to work and what their therapy support role needs to include.

You will be asked to answer some questions. This will be done at school and will take 60 minutes. We will do our best to keep your information confidential. All the information, audio and videotapes will be locked in filing cabinets. Your name will not be included and codes will be used on all collected data. Only the researcher will have access to the filing cabinets. There are no known risks associated with participating in this research project. Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

The University of the Western Cape Senate Research Committee and Ethics Committee has approved this research. Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact;

Researcher: Muvua Ancent Muli
University of the Western Cape
Physiotherapy Department
Private Bag X17, Bellville 7535
South Africa
Cell: 0768596234
Fax: (021) 959-1217
Email: 2701906@uwc.ac.za

Or
Study Coordinator: Patricia Struthers
University of the Western Cape
Physiotherapy Department
Information sheet for learners

Project title: Preparation of adolescent learners with Down syndrome in Cape Metropole schools for the transition to work.

I am going to talk to you about a study to be conducted by Mr. Muvua Ancent Muli at the University of the Western Cape. We would like you to participate in this study because you have Down syndrome and have important information that can help people like you. We will use the information from you, and others that we will talk to, to help schools that teach learners with Down syndrome, so that they are able to find work when they finish school. The information will also help the therapists who work with learners with Down syndrome about the things that are useful to prepare people with Down syndrome for work and how they can continue to receive support when they get jobs.

We want you to take photographs of things that have helped to prepare you to go to work. We would then like you to tell us the stories of these photographs and answer some questions. This will take about 45-60 minutes. We will keep the information you give us to ourselves at the university and will not share it with anyone else. All the information and the tapes will be locked in filing cabinets. Your name will not be included. Only the researcher, Mr. Muli, will have access to the filing cabinet. We will give you copies of all the photographs you take.

We would like your permission to show the photographs and the stories to some adults with Down syndrome who are working, parents and teachers. This will help us understand how school prepares learners for work.

You will not be harmed in any way by participating in this research project. Your help in the project is completely up to you, so you don’t have to answer any questions, although your answers will really help us. If you decide to help, you may stop answering the questions at any time when you feel you have had enough. If you decide not to help in this study or if you stop answering the questions at any time, nothing will be done to you and nothing will be taken away from you.

The people that are in charge at the University of the Western Cape, that is the Senate Research Committee and Ethics Committee, know about this study and have approved it. If you have any questions regarding this study and your rights as someone who is helping to provide information, or if you wish to report any problems you have experienced related to the study, please contact;

Researcher: Muvua Ancent Muli University of the Western Physiotherapy Department Private Bag X17, Bellville 7535 South Africa Cell: 0768596234 Fax: (021) 959-1217

Study Coordinator: Patricia Struthers University of the Western Cape Physiotherapy Department Private bag X17 Bellville 7535 South Africa Telephone: (021) 959-2542 Fax: (021) 959-1217
Information sheet for role models

Project title: Preparation of adolescent learners with Down syndrome in Cape Metropole schools for the transition to work.

I am going to talk to you about a study to be conducted by Mr. Muvua Ancent Muli at the University of the Western Cape. We would like you to participate in this study because you have Down syndrome and have gone through school and have important information that can help people like you. We will use the information from you, and others that we will talk to, to help schools that teach learners with Down syndrome, so that they are able to find work when they finish school. The information will also help the therapists who work with learners with Down syndrome about the things that are useful to prepare people with Down syndrome for work and how they can continue to receive support when they get jobs.

We would like to show you photographs taken by learners with Down syndrome and also ask you some questions. This will take about 45-60 minutes. We will keep the information you give us to ourselves at the university and will not share it with anyone else. All the information and the tapes will be locked in filing cabinets. Your name will not be included. Only the researcher, Mr. Muli, will have access to the filing cabinet. We will give you copies of all the photographs you take.

You will not be harmed in any way by participating in this research project. Your help in the project is completely up to you, so you don’t have to answer any questions, although your answers will really help us. If you decide to help, you may stop answering the questions at any time when you feel you have had enough. If you decide not to help in this study or if you stop answering the questions at any time, nothing will be done to you and nothing will be taken away from you.

The people that are in charge at the University of the Western Cape, that is the Senate Research Committee and Ethics Committee, know about this study and have approved it. If you have any questions regarding this study and your rights as someone who is helping to provide information, or if you wish to report any problems you have experienced related to the study, please contact;

Researcher: Muvua Ancent Muli or, Study Coordinator: Patricia Struthers
University of the Western University of the Western Cape
Physiotherapy Department Physiotherapy Department
Private Bag X17, Bellville 7535 Private bag X17 Bellville 7535
South Africa South Africa
Cell: 0768596234 Telephone: (021) 959-2542
Fax: (021) 959-1217 Fax: (021) 959-1217
Appendix VIII

TRANSLATIONS: AFRIKAANS

UNIVERSITY of the
WESTERN CAPE
Toestemmingsvorm

Titel van Navorsingsprojek: Om adolesente leerders met Downsindroom in Kaapstad skole voor te berei vir oorskakeling van skool na werk.

Die studie is in ‘n verstaanbare taal aan my verduidelik en my deelname is vrywillig. Vrae aangaande die studie is aan my verduidelik en ek verstaan dat my identiteit beskerm sal word. Ek verstaan ook dat ek, sonder enige rede van die studie mag ontrek en dat dit nie n negatiewe invloed op my sal he nie.

Naam van deelnemer..................................

Handtekening van deelnemer......................

Indien u enige vrae aangaande die studie het of enige probleme wat gedurende die studie ondervind is, wil rapporteer, kan u die volgende persone kontak:

Navorser: Ancent Muli Muvua
Universiteit van Wes-Kaapland
Fisioterapie Departement
Privaatsak X17
Bellville, 7535
Kaapstad, Suid Afrika
Sel: 0768596234
Faks: (021) 959-1217
Epos: 2701906@uwc.ac.za

Of

Studie Koordineerder: Patricia Struthers
Universiteit van Wes-Kaap
Fisioterapie Departement
Privaatsak X17
Bellville, 7535
Kaapstad
Suid Afrika
Telefoon: (021) 959-2542
Faks (021) 959-1217
Epos: pstruthers@uwc.ac.za
Toestemmingsvorm: Ouer

U kind word uitgenooi om deel te neem aan die navorsingstudie. Die navorsing projek behels: onderhoude met die kind, bandopname van die kind en afneem van foto’s. Inligting wat versamel word sal die ondersteuning en diens wat die skole aan leerders met Downsindroom bied, bevorder en sodoende die leerders goed voorberei vir werkplasings. Terapeute wat betrokke is by Downsindroom leerders sal ook goed ingelig word wat die oorskakeling van skool na werk behels en wat hul terapeutiese ondersteuningsrol moet insluit. Alle inligting wat versamel word, sal in ’n geslote kabinet gehou word en sal na voltooiing van die projek vernietig word. Slegs navorsers sal toegang tot die kabinet het.

Ek………………………………………………………………

............................ verleen toestemming dat my kind op band opgeneem word tydens deelname aan die studie.

............................ verleen nie toestemming dat my kind op band opgeneem word tydens deelname aan die studie nie.

............................ verleen toestemming aan my kind om foto’s te neem van items wat hom/haar van hulp was, met die oorskakeling van skool na werk.
Inligtingstuk vir Opvoeders

Titel van Navorsingsprojek: Om adolesentte leerders met Downsindroom in Kaapstad Skole voor te berei vir oorskakeling van skool na werk

Hierdie is ‘n navorsingsprojek van Ancient Muli Muvua deur die Universiteit van Wes-Kaapland. U word vriendelik uitgenooi om deel te neem aan die navorsingsprojek omdat u ‘n opvoeder van Downsindroom leerders is en u ons van belangrike inligting kan voorsien. Die doel van die navorsingsprojek, is on inligting te versamel en voorsien wat die ondersteuning en diens wat skole aan Downsindroom leerders bied, te bevorder en ook om hul goed voor te berei vir oorskakeling van skool na werk. Terpeute betrokke by Downsindroom leerders sal met hulp van die studie ingelig word wat die oorskakeling van skool na werk behels en wat hul terapeutiese ondersteuningsrol moet insluit.

Daar sal ‘n vraelys wees wat beantwoord moet word. Die onderhoud sal by die skool plaasvind en sal ongeveer 60 minute duur. Inligting aan ons verskaf sal sover moontlik vertroulik gehou word. Alle inligting versamel, bandopnames en foto’s sal in ‘n geslote kabinet gehou word. Kodes sal gebruik word om u identiteit te beskerm. Slegs navorsers sal toegang tot die kabinet het. Geen risiko’s van enige aard, geassosieer met deelname aan die projek is aan ons bekend nie. U deelname aan die projek is vrywillig, u mag ook weier om deel te neem. Indien u wel deelneem, kan u enige tyd van die projek onttrek. Dit sal nie ‘n negatiewe invloed op u het nie of enige voordele wat u tans het, verloor nie.

Die Navorsingsprojek is deur die Universiteit van Wes-Kaapland Senaat Navorsingskomitee en Etiesekomitee goedgekeur.

Indien u enige vrae het aangaande die studie, wil uitvind wat u regte is as navorsingsdeelnemer of enige probleme wil rapporteer, kan u die volgende persone kontak.

Navorser: Ancient Muli Muvua   Of   Studie Koordineerder: Patricia Struthers
Universiteit van Wes-Kaapland   Universiteit van Wes-Kaapland
Fisioterapie Departement   Fisioterapie Departement
Privaatsak X17                Privaatsak X17
Bellville, 7535               Bellville, 7535
Kaapstad, Suid Afrika        Kaapstad, Suid Afrika
Sel: 0768596234              Telefoon (021) 959-2542
Faks: (021) 959-1217          Faks: (021) 959-1217
Epos: 2701906@uwc.ac.za       Epos: pstruthers@uwc.ac.za
Inligtingstuk vir Ouers

Titel van Navorsingsprojek: Om adolessentte leerders met Downsindroom in Kaapstad Skole voor te berei vir oorskakeling van skool na werk

Hierdie is ‘n navorsingsprojek van Ancient Muli Muvua deur die Universiteit van Wes-Kaapland. U word vriendelik uitgenooi om deel te neem aan die navorsingsprojek omdat u ‘n ouer van ‘n kind met Downsindroom is en u ons van belangrike inligting kan voorsien. Die doel van die navorsingsprojek, is om inligting te versamel en voorsien wat die ondersteuning en dienis wat skole aan Downsindroom leerders bied, te bevorder en ook om hul goed voor te berei vir oorskakeling van skool na werk. Terpeute betrokke by Downsindroom leerders sal met hulp van die studie ingelig word wat die oorskakeling van skool na werk behels en wat hul terpeutiese ondersteuningsrol moet insluit.

Daar sal ‘n vraelys wees wat beantwoord moet word. Die onderhoud sal by die skool plaasvind en sal ongeveer 60 minute duur. Inligting aan ons verskaf sal sover moontlik vertroulik gehou word. Alle inligting versamel, bandopnames en foto’s sal in ‘n geslote kabinet gehou word. Kodes sal gebruik word om u identiteit te beskerm. Slegs navorsers sal toegang tot die kabinet het. Geen risiko’s van enige aard, geassosieer met deelname aan die projek is aan ons bekend nie. U deelname aan die projek is vrywillig, u mag ook weier om deel te neem. Indien u wel deelneem, kan u enige tyd van die projek onttrek. Dit sal nie ‘n negatiewe invloed op u het nie of enige voordele wat u tans het, verloor nie.

Die Navorsingsprojek is deur die Universiteit van Wes-Kaapland Senaat Navorsingskomitee en Etiesekomitee goedgekeur.

Indien u enige vrae het aangaande die studie, wil uitvind wat u regte is as navorsingsdeelnemer of enige probleme wil rapporteer, kan u die volgende persone kontak.

Navorser: Ancient Muli Muvua       Of       Studie Koordineerder: Patricia Struthers
Universiteit van Wes-Kaapland       Universiteit van Wes-Kaapland
Fisioterapie Departement           Fisioterapie Departement
Privaatsak X17                    Privaatsak X17
Bellville, 7535                   Bellville, 7535
Kaapstad, Suid Afrika             Kaapstad, Suid Afrika
Sel: 0768596234                   Telefoon (021) 959-2542
Faks: (021) 959-1217               Faks: (021) 959-1217
Epos: 2701906@uwc.ac.za            Epos: pstruthers@uwc.ac.za
Inligtingstuk vir Leerders

Titel van Navorsingsprojek: Om adolesentte leerders met Downsindroom in Kaapstad skole voor te berei vir oorskakeling van skool na werk.

Ek wil met jou praat oor ‘n studie wat gedoen word deur Mnr. Ancent Muli by die Universiteit van Wes-Kaapland. Jy is ‘n leerder met Downsindroom, daarom sal ons graag wil he dat jy moet deel neem aan die studie omdat jy belangrike inligting het wat persone soos jy kan help. Die inligting wat ons by jou en andere, met wie ons ook gaan praat, gaan verkry, sal die skole help wat leerders met Downsindroom leer sodat hulle instaat is om werk te vind wanneer hulle klaar is met skool. Die inligting sal terapeut wat werk met Downsindroom leerders help omtrent die dinge wat handig is om hulle voor te berei vir werk en ook hoe om voort te gaan om ondersteuning aan die leerders in die werksplek te bied.

Ons wil graag he dat jy foto’s moet neem van items wat jou gehelp het met voorbereiding vir werk. Jy moet ons dan stories vertel van die foto’s wat jy geneem het en sommige vrae beantwoord. Dit sal ongeveer 45-60 minute duur. Inligting wat ons by jou verkry het, sal by die universiteit veilig bewaar word en sal met niemand gedeel word nie. Alle inligting, foto’s en bandopnames sal veilig in ‘n kabinet toegesluit word. Jou naam sal nie gebruik word nie. Slegs die navorser Mnr. Muli sal toegang tot die kabinet het. Ons sal jou afdrukke van alle foto’s gee.

Ons wil jou toestemming vra om die foto’s en stories vir volwassenes met Downsindroom wat alreeds werk, ouers en leerkrags te wys. Die foto’s en stories sal ons help om te verstaan hoe die skole Downsindroom leerders help voorberei vir werk. Jy sal nie benadeel word tydens jou deelname aan die studie nie. Jou help in die studie is heeltemal jou besluit, so jou help nie vir vrae te beantwoord nie, maar jou antwoorde sal ons regtig baie help. Indien jy besluit om te help met die studie mag jy enige tyd gedurende die studie stop om vrae te beantwoord, wanneer jy voel jy genoeg gedad het. Indien jy besluit om nie in die studie te help nie of indien jy stop om vrae te beantwoord, sal niks met jou gebeur of weggeneem word nie.

Die persone wat in beheer is by die Universiteit van Wes-Kaapland, die Senaat Navorsingskomitee en Etiesekomitee dra kennis van die studie en het dit goedgekeur. Indien jy enige vrae het oor die studie en wil weet wat jou regte is as deelnemer aan die studie of indien jy enige probleme wil aanmeld, kan jy dié volgende persone kontak:

Navorser: Ancent Muli Muvua Of Studie Koordineerder: Patricia Struthers
Universiteit van Wes-Kaapland Universiteit van Wes-Kaapland
Fisioterapie Departement Fisioterapie Departement
Privaatsak X17 Privaatsak X17
Bellville, 7535 Bellville, 7535
Kaapstad, Suid Afrika Kaapstad, Suid Afrika
Sel: 0768596234 Telefoon (021) 959-2542
Faks: (021) 959-1217 Faks: (021) 959-1217
Epos: 2701906@uwc.ac.za Epos: pstruthers@uwc.ac.za
Appendix IX

TRANSLATIONS: XHOSA
IFOMU YESIVUMELWANO

Isihloko sophando lweprojekthi: Ulungiselelo lwabafundi abatsha abanokhubazeko iDown Syndrome kwizikolo zaseKapa ukubalungiselela ukuba baphangele.

Esi sifundo siye sacaci swa kum ngolwimi endiluqondayo yaye ndizinikele ngokupheleleleyo ndavumelana ukuba ndithathe inxaxheba kwesi sifundo. Imibuzo ebendinayo malunga nesi sifundo iye yaphendulwa. Ndiyayiqonda into yokokuba inkcukhaca zam azizokwaziswa yaye ndingarhoxa ukuthatha inxaxheba ndinganikezanaga sizathu nangaliphithi na ixesha yaye ayizokuba nabuzaza kum into yokurhoxa kwam.

Igama lam

Umsayino wam

Ukuba unemibuzo onayo malunga nesi sifundo okanye unomqweno wokwenza ingxelo malunga neengxaki othe wahlangana nazo malunga nesi sifundo, nceda qhagamishelana naba balandelayo:

Umphandi: Muvua Ancent Muli
University of the Western Cape
Physiotherapy Department
Private Bag x 17, Bellville, 7735
South Africa
Umnxeba wabucala: 0768596234
Fekisi: 021-9591217
Imbalelwano yekhomplyutha: 2701906@uwc.ac.za

OKANYE

Umlawuli wesi sifundo: Patricia Struthers
University of the Western Cape
Physiotherapy Department
Private Bag x 17, Bellville, 7735
South Africa
Umnxeba: 021-9592542
Fekisi: 021-9591217
Imbalelwano yekhomplyutha: pstruters@uwc.ac.za
Isihloko sophando lweprojekthi: Ulungiselelo lwabafundi abatsha abanokhubazeko iDown Syndrome kwizikolo zaseKapa ukubalungiselele ukuba baphangele.


Ikomiti yeDyunivesithi yephondo leNtshona Koloni ejongene nokuphunyeleliswa nokukhusela amalungu ayakuthi athabathe inxaxheba kwizifundo zophando iye yaluphumelelisa oluphando ukuba luqhubekke. Ukuba unemibuzo onayo malunga nesi sifundo okanye unomqweno wokwenza ingxelo malunga neengxaki othe wahlangana nazo malunga nesi sifundo, nceda qhagamishelana naba balandelayo:

Umphandi: Muvua Ancent Muli
University of the Western Cape
Physiotherapy Department
Private Bag x 17, Bellville, 7735
South Africa
Umnxeba wabucala: 0768596234
Fekisi: 021-9591217
Imbalelwano yekhompyutha: 2701906@uwc.ac.za

OKANYE
Umlawuli wesi sifundo: Patricia Struthers
University of the Western Cape
Physiotherapy Department
Private Bag x 17, Bellville, 7735
South Africa
Umnxeba: 021-9592542
Fekisi: 021-9591217
Imbalelwano yekhompyutha: pstruters@uwc.ac.za
IPHEPHA ELUQLATHE ULWAZI (OOTITSHALA)

Isihloko sophando lweprojkethi: Ulungiselelo lwabafundi abatsha abanokhubazeko iDown Syndrome kwizikolo zaseKapa ukubalungiselele ukuba baphangele.

Olu phando lwesiqalela ngu Muvua Ancent Muli okwiDyunivesithi yephondo leNtshona Koloni. Siyakumema ukuba uthabathe inxaxhebakololo phando njengokuda ungutitshala/titshalakazi womntwana onokhubazeko iDown Syndrome, yaye sikumema kuba unolwazi olubalulekileyo noluphangaleleyo malunga nokhubazeko lomntwana. Isizathu soluphando kukuzisa ulwazi olunokuthi luphuhlise iinkonsolo, nenxaso izikhomo ezilunikezelayo kubafundi abanokhubazeko iDown Syndrome yaye luzakunceda abafundi ukuba balungiselelwe ngokufaneleleyo ukuba baye kwindawo zemisebenzi. Esi sifundo siyakuthi sazise abanye abasebenza nabafundi abanokhubazeko iDown Syndrome malunga nezinto ezincedisana nokulungiselele abantwana xa basuka esikolweni besiya kwindawo zemisebenzi kwakunye nolwazi lwabanyangi ekufuneka belufakile xa bexhasa abafundi ngokonyango.


Ikomiti yeDyunivesithi yephondo leNtshona Koloni ejongene nokuphunyelelisa nokuqhusela amalungu ayakuthi athabathe inxaxheba kwizifundo zophando iye yaluphumeleleza oluphando ukuba luqhubekkeke. Ukuba unemibuzo onayo malunga nesi sifundo okanye unomqweno wokwenza ingxelo malunga neengxaki othe wahlangana nazo malunga nesi sifundo, nceda qhagamishelana naba balandelayo:

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IFOMU ENIKA ILUNGELO ELIVELA KUMZALI

Isihloko sophando lweprojekthi: Ulungiselele lwabafundi abatsha abanokhubazeko iDown Syndrome kwizikolo zaseKap a ukubalungiselela ukuba baphangele.


Ziyakuthi kwananjalo zazise abanyangi abasebenza nabafundi abanakhubazeko iDown Syndrome malunga notshintsho oluncedesana nabafundi xa besuka esikolweni besiya kwiindawo zemisebenzi, yaye iqononondise indlela emabayisebenzise xa benyanga abafundi efanele ukubalungiselela ukuya kwiindawo zemisebenzi. Lonke ulwazi olyakuthi luqokelelewe luyakutixelwa ekhabantini efihlakeleyo yaye ololwazi uleyakuthi lutshatyalaliswe emveni kokugqitywa kophando. Iya kuba ngumphandikuphela oyakuthi afikelele kule khabhathi.

Mna………………………………………………… ndiyavuma ukuba umntwana wam (ashicilelwe kumabonakude nakunomathotholo) ngethuba athabatha inxaxheba kwesi sifundo

Mna……………………………………………………andivumelani ukuba umntwana wam (ashicilelwe kumabona-kude nakunomathotholo) ngethuba athabatha inxaxheba kwesi sifundo.

Mna ………………………………………………..ndiyavumelena ukuba umntwana wam angafota izinto / namava ezinto azenzileyo eziyakuthi zincede ukulungiselela umfana/intombazana emsebenzini.
Ndizakuthetha naye malunga nesifundo esenziwa nguMnumzana Muvua Ancient Muli okwiDyunivesithi yephondo leNtshona-Koloni. Sine sicelo sokokuba uthathathe inxaxheba kwesi sifundo ngoba unokhubazekyo iDown Syndrome yaye unolwazi olubalulekileyo olunokuncedya abanye abantu abafana naye. Sizakusebenzisa olu lwazi lwakho, nabanye abafundi esizakuthu sithethe nabho ukuncedisana nezikolo ezifundisa abantwana abanokhubazekyo iDown Syndrome ukuze bakwazi ukufumana imisebenzi xa beziqgibile izifundo zabo. Olu lwazi luyakuthi luncede nabanyangi abasebenza nabafundi abanokhubazekyo iDown Syndrome malunga nezinto eziyakuthi zibeluncedo ukulungiselela abantu abanokhubazekyo iDown Syndrome ukuze basebenze yaye bangaqhubekelwa njeni ukufumana inxaxaso xa befumene imisebenzi.


Sinesicelo sokuba sibonise lamafoto yaye sikhaze namabali akho kubanye abantu abadala abanokhubazekyo iDown Syndrome abasebenzayo, abazali nootitshala. Oku kuya kuncedya ukuba siqonde ukuba izikolozibalungiselela njani abafundi ukuya emisebenzini.


Ikomiti yeDyunivesithi yephondo leNtshona Koloni eiqongene nokuphunyeleliswa nokukhusela amalungu ayakuthi athabathe inxaxheba kwisifundo zophando iye yaluphumelelisela oluphando ukuba luqhubekelwe. Ukuba unemibuzo onayo malunga nesi sifundo okanye umomqwenzo wokwenza ingxelo malunga neengxaki othe wahlwangana nazo malunga nesi sifundo, nceda qhagamishelana naba balandelayo:

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Appendix X

XHOSA TRANSLATION: INTERVIEW GUIDES FOR LEARNERS

WESTERN CAPE
**Indlela yokubuza abafundi**

a. Ngubani igama lakho?

b. Ngubani igama lesikolo sakho?

c. Khawusixelele ngezinto ozifunde esikolweni/

D. Khawusixelele ngemifanekiso oyifotileyo?

e. Yintoni ekulo mfanekiso?

f. Kutheni ukuze uwufote?

g. Yeyiphi imidlalo oyidlalayo esikolweni?

h. Uyidlala nabani?

i. Ngabahlobo bakho na?

j. Wenza ntoni xa ufike ekhaya, ukuphuma kwakho esikolweni?

k. Uyasebenza na egadini, ekhaya okanye ecaweni?

l. Uyakuthanda na ukusebenza egadini?
Appendix XI

AFRIKAANS TRANSLATION: INTERVIEW GUIDE FOR ROLE MODELS
Onderhoudsgids vir Rolmodelle

a. Wat is jou naam

b. Watter skool het jy bygewoon?

c. Wat het jy in die skool geleer?

d. Waar werk jy en watter tipe werk doen jy?

e. Hou jy van die werk wat jy doen?

f. Waarvan hou jy by jou algehele werk en werksplek?

g. Terwyl jy op skool was wat was jou mening oor wat jou medel leerders gesé het?