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**A coordinated response to bullying of and among children with mild
to moderate intellectual disabilities within the context of the Child
Protection System**

by

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degree of Doctor of Philosophy (Social Work)
in the Department of Social Work,
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November 2023

DECLARATION

I, Cheryl Marion Blankenberg, declare that this dissertation titled “**A coordinated response to bullying of and among children with mild to moderate intellectual disabilities within the context of the Child Protection System**” is my own work and all sources that were utilised have been acknowledged in-text and in the reference list.

This dissertation is being submitted for a Doctor of Philosophy (Social Work) degree in the Faculty of Community and Health Sciences, Department of Social Work at the University of the Western Cape. This work has never been submitted to any other institution for examination.

Signed: CM Blankenberg

Date: 21 November 2023

The logo of the University of the Western Cape, featuring a stylized classical building with columns and a pediment.

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ABSTRACT

This study responded to the identified need for research to develop a guideline for a coordinated Child Protection Service (CPS) response to protect children with mild to moderate Intellectual Disabilities (IDs) from bullying. Framed within the bio-ecological systems theory, three research questions guided the study, namely: 1) What is the nature of the bullying of and among children with mild to moderate IDs? 2) What formal and informal systems should be included in a coordinated response to address the bullying of and among children with mild to moderate IDs? 3) What components for both preventing and responding effectively to the bullying of and among children with mild to moderate IDs should be included within the CPS? Guided by these questions, the first aim of the research was to explore and describe the nature of the bullying of and among children with mild to moderate IDs. The second aim was to identify formal and informal systems to include in a coordinated response, and the third aim was to identify and operationalise the components for both preventing and responding effectively to the bullying of and among these children.

From an interpretive paradigm, a convergent parallel mixed methods approach was followed, using Rothman and Thomas' (1994) Intervention Design and Development research design. Non-probability purposive sampling was used to identify and include 12 children, 15 parents/guardians, 11 educators, and eight key stakeholders as participants in this study. Data were collected through a self-developed questionnaire with the child participants (aim 1), semi-structured interviews with the child and parent/guardian participants (aims 1 and 2), focus groups with educator participants (aim 2), and Delphi interviews with key stakeholder participants (aim 3).

The validity of the quantitative data was determined by the focus on key concepts related to the focus of the study in the questionnaires. As the questionnaires were aimed at describing the nature of bullying and not on exploring a cause-and-effect, external validity was supported by the fact that the sample was representative of the population of

children with mild to moderate IDs. Reliability was enhanced through the consistency of the measuring procedure. The qualitative data were verified through the criteria of credibility, dependability, transferability, and confirmability.

Avoidance of harm and debriefing opportunities, voluntary participation and informed consent/assent, anonymity, confidentiality and privacy, and the management and storage of data guided ethical practice.

Child participants provided detailed descriptions of bullying, delving into various aspects such as the frequency of occurrences, type of exposure to bullying, and different types of bullying such as emotional, social, verbal, and physical bullying. Additionally, the study explored the children's responses to being bullied, the profile of bullies, how bullying is reported, and the responses of the persons where bullying was reported. Children participating in bullying behaviour also shared insights into the motives behind their actions and elaborated on the specific nature of their bullying behaviour. The parent/guardian participants further elaborated on the nature of bullying, focusing on the impact on their children and on themselves. They gave descriptions of their awareness and experiences of informal and formal support systems to prevent and respond to bullying, highlighting a lack of access to and availability of formal support services.

Descriptions of what is needed to prevent and respond to bullying were provided in terms of spaces to disclose bullying, collaboration between formal and informal service providers, support to children and their parents/guardians when bullying occurs, and raising awareness and training to prevent or address bullying effectively. Educator participants expanded on the existing and necessary systems to ensure a coordinated response to bullying. They described how bullying of and among children with mild to moderate IDs is identified, discussed challenges faced in identifying bullying behaviour, and detailed both informal and formal systems and interventions currently in place, as well as those required to effectively address and prevent bullying.

Aspects to focus on in the prevention and response to bullying were identified as safe spaces for children, the inclusion of children's voices in the planning of services, training to increase awareness of how bullying takes place and how to prevent and respond to bullying, restorative practices, and clear referral pathways. The key stakeholders identified the following key areas that were included in the guideline for a coordinated response: Training on bullying, school-specific protocols and services, awareness-raising, individual and family services, and support to service providers.

Keywords: Child, disability, intellectual disability, bullying, coordinated response, child protection system.



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DEDICATION

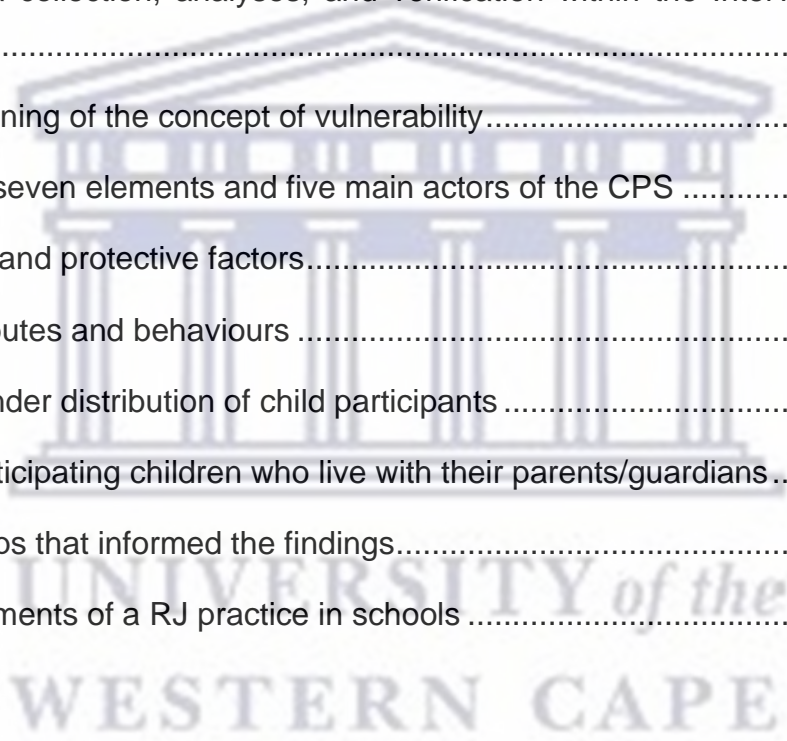
This research is dedicated to the children who actively participated in this study, generously sharing their time and valuable insights, allowing me access to their unique perspectives.



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LIST OF ABBREVIATIONS

ACPF	The African Child Policy Forum
ACRWC	African Charter on the Rights and Welfare of the Child
ACVV	Afrikaanse Christelike Vroue Vereniging
ASHA	American Speech-Language-Hearing Association
CBO	Community-Based Organisations
CBT	Cognitive Behaviour Therapy
CJCP	Centre for Justice and Crime Prevention
COVID-19	Coronavirus
CPS	Child Protection System
DBE	Department of Basic Education
DCPO	Designated Child Protection Organisation
DCSI	Department for Communities and Social Inclusion
DoE	Department of Education
DoH	Department of Health
DSD	Department of Social Development
ECD	Early Childhood Development
DSM-5	Diagnostic and Statistical Manual of Mental Disorders
HSRC	Human Sciences Research Council
DWCPD	Department of Women, Children and People with Disabilities
HSSREC	Humanities and Social Sciences Research Ethics Committee
ICF	International Classification of Functioning, Disability and Health
ID	Intellectual Disability
IOL	Independent Online
IQ	Intelligent Quotient
LSNS	Learners with Special Needs School
MID	Mild Intellectual Disability
NDP	National Development Plan

NGO	Non-Government Organisations
NICE	National Institute for Health and Care Excellence
NPC	National Planning Commission
OHCHR	The Office of the United Nations High Commissioner for Human Rights
PID	Profound Intellectual Disability
RJ	Restorative Justice
RSA	Republic of South Africa
SBST	School-Based Support Teams
SGB	School Governing Body
SID	Severe Intellectual Disability
SOP	Standard Operation Procedure
StatsSA	Statistics South Africa
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
UWC	University of the Western Cape
VOM	Victim Offender Mediation
WHO	World Health Organisation

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CHAPTER 1

INTRODUCTION TO THE STUDY

1.1 INTRODUCTION

The South African Child Protection System (CPS) is currently facing a crisis, marked by the inadequate protection of children, infringement upon their rights, and a fragmented and fractured state of the CPS (Philander, 2017). Children with intellectual disabilities (IDs) are particularly vulnerable and neglected as a priority group. In this regard, The African Child Policy Forum (ACPF) reports that children with disabilities in South Africa remain a neglected group when it comes to the implementation of policies (ACPF, 2011). On the one hand, the South African government developed a variety of policies to address disabilities, including IDs. These policies place the focus on the provision for social security through disability grants, social inclusion, and access to services. On the other hand, the implementation thereof is restricted by low prioritisation, budget limitations, and a lack of resources (Department of Social Development [DSD], 2016; ACPF, 2011; Adnams, 2010). This disregard is further acknowledged by several authors who argue that people with IDs are disempowered through their political and unequal social environments (Shakespeare, 2017; Young & Berry, 2016). Furthermore, the ACPF (2011) highlights that children with disabilities also face economic, political, and social barriers that affect their holistic well-being and development. In addition, children with disabilities, and particularly children with IDs, are susceptible to becoming victims of abuse and bullying (Menesini & Salmivalli, 2017; ACPF, 2011).

Based on the abovementioned vulnerabilities of children with IDs, it is advised that a coordinated approach is needed to provide them with effective services (ACPF, 2011). Vulnerability to bullying of and among children with IDs, and the need to provide them with evidence-based coordinated services, underscores the urgent need for further research on this topic (cf. Adnams, 2010). Such research findings could contribute to the inclusion of services within the South African CPS to provide these children with services

that effectively prevent and address bullying. Apart from the need for further research, the researcher's interest in the subject stemmed from her prolonged involvement in the CPS, as well as personal experience of working with children with IDs. This involvement resulted in an awareness of the limited acknowledgement of bullying as a form of child abuse that requires a coordinated response.

The structure of this chapter is as follows. Following the introduction, the key concepts of the study are defined, along with a preliminary literature review that informed the choice of theoretical framework and the formulation of the research problem. Thereafter, the research questions, and the aims and objectives are presented, and the significance of the study explained. The final section outlines the forthcoming chapters to give the reader a 'road map' of what is to come.

1.2 DEFINITION OF KEY CONCEPTS

This section defines the key concepts used throughout the study, namely: bullying; child; child protection system; coordinated response; disability; and intellectual disability. These are defined under their respective sub-headings below.

1.2.1 Bullying

Bullying of and among children refers to a systematic, unreasonable, and repeated abuse of power by one or more children or adults towards a child (Hemphill et al., 2014). The Department of Basic Education (DBE) describes bullying in a school context in terms of the following characteristics (DBE, 2012):

- Behaviour targeted at an individual or a group over a period of time.
- An imbalance of power based on, for example, age, physical strength, and status.
- The aim of the behaviour is to hurt the individual or group physically and/or mentally (cf. Hemphill et al., 2014).

•

Types of bullying are listed as –

- Physical,
- Verbal,

- Non-verbal,
- Social,
- Sexual, and
- Cyberbullying (DBE, 2012).

This study is based on the above description and focuses on bullying of and among children with mild to moderate IDs.

1.2.2 Child

In this study, a *child* is viewed as a person under the age of 18 years, as acknowledged by Article 28(3) of the Constitution of the Republic of South Africa (RSA) (RSA, 1996a) and section 1 of the Children's Act, Act 30 of 2005 (RSA, 2005). This description aligns with the United Nations Convention on the Rights of the Child (UNCRC), where a child is described in Article 1 as "... every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier" (United Nations Human Rights Office of the High Commissioner [OHCHR], 1989, p.2). The UNCRC (OHCHR, 1989), however, recommends that the scope of the convention be extended by all states to all persons younger than 18, despite the mentioned exception in this definition (OHCHR, 1989). It is emphasised that the rights and the protection that come with the status of being a child be ensured for all persons in this age group (Greijer & Doek, 2016). In the current study, a child was viewed as a minor, meaning a person under the age of 18 years, with a specific emphasis on the child's right to being protected.

1.2.3 Child Protection System

A *child protection system* is a system within which formal and informal types of services are coordinated to prevent and respond to all forms of violence against children (Forbes et al., 2011). Greijer and Doek (2016) refer to a variety of service providers in a CPS, emphasising the need for inter-agency cooperation and protocols for collaboration to ensure a concerted effort to protect children. In line with the above description, Delaney et al. (2014) and Wulczyn et al. (2010) refer to the CPS from a systems approach, and

identify the following principles that should be included in the development and operation of a CPS:

- All aspects of a CPS should be based on a common goal to ensure a strategic direction for the implementation of services within the system.
- The different focus areas and activities of the various service providers must clearly be linked to each other through the common goal, and should be coordinated to ensure a holistic service where accountability and good governance is practiced.
- Networks within the CPS are aimed at including a variety of role players, each bringing some unique service to the system, through both horizontal and vertical networks.
- The planning, implementation, and monitoring and evaluation of the CPS must be grounded in the context where the CPS functions to ensure that it addresses the real needs of service users in a manner that makes sense to them (Delaney et al., 2014; Wulczyn et al., 2010).

World Vision (2013) further supports a systems approach, emphasising the holistic nature of this approach. As such, this approach increases attention on prevention, and strengthens the roles of key stakeholders responsible for the protection of children. In this study, a CPS refers to a coordinated service by a variety of relevant role players to prevent and respond to bullying of and among children with low to moderate IDs. In order to include the above principles, a coordinated response should be ensured.

1.2.4 Coordinated Response

The World Health Organisation (WHO) describes a *coordinated response* as a variety of methods and models that guide the funding, administration, and organisation of services (WHO, 2016). These methods and models aim to connect and align services through collaborative partnerships between multiple service providers to ensure system efficiency, the quality of services, and the well-being of service users. This description aligns with the UNCRC (OHCHR, 1989), which outlines a specific process to be followed within such a system, namely:

- a) A participatory, multi-disciplinary assessment of the short- and long-term needs of the child, caregivers, and family, which invites and gives due weight to the child's views as well as those of the caregivers and family.
- b) Sharing of the assessment results with the child, caregivers, and family.
- c) Referral of the child and family to a range of services to meet those needs.
- d) Follow-up and evaluation of the adequateness of the intervention.

This aligns with the concept presented by World Vision (2013), which elucidates that a coordinated approach involves integrating various elements or sectors with capacities within a society to ensure the protection of children. This study explored components to be included in an effective coordinated response within the CPS to provide an integrated service to children with mild to moderate IDs who bully and who are bullied or at risk of being bullied.

1.2.5 Disability

Article 1 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) describes *persons with disabilities* in terms of long-term impairments that may interfere negatively with equal, full, and effective participation in society (United Nations [UN], 2006). These impairments could be physical, mental, intellectual, or sensory in nature.

The WHO (2011) further clarifies the term 'disability' according to the International Classification of Functioning, Disability and Health (ICF) in terms of

- Impairment in body functioning,
- Limitations encountered in executing activities, and
- Limitations placed on participation within the context of society.

Within this study, disability was viewed as challenges encountered when any one or more of the mentioned distinct areas of functioning are limited.

1.2.6 Intellectual Disability

The term '*intellectual disability*' is characterised in terms of three distinct areas of functioning, namely:

- a) Substantial limitations in intellectual functioning, which include reasoning, learning and problem solving.
- b) Significant limitations in adaptive behaviour, which include conceptual, social, and practical skills in everyday life.
- c) The onset of ID occurs before the age of 18 years (American Speech-Language-Hearing Association [ASHA], 2018).

In line with this description and for the purpose of this study, ID is viewed in terms of impairments in conceptual, social, and practical functioning among persons younger than 18 years of age (cf. Capri et al., 2018). In addition, the specific focus was on mild to moderate IDs. Boat and Wu (2015) describe persons with this type of ID as slower in all areas of conceptual development and social skills. These authors explain that such individuals can learn basic practical life skills that empower them to function within society with minimal levels of support.

1.3 PRELIMINARY LITERATURE REVIEW

The discussion below will be introduced by a presentation of disabilities in general, and a discussion of the prevalence thereof. The next section will focus on IDs and its prevalence, followed by a discussion on children with IDs, and bullying of and among them. Next, current literature on the topic under investigation will be explored further. Attention will then shift to services to children with IDs and related policies and legislation.

1.3.1 Disabilities

Huus et al. (2015) contend that, although South Africa ratified the UNCRPWD, the country has not fully incorporated this Convention into domestic legislation. Similarly, Kopel (2017), De Vries et al. (2013), and Drew et al. (2011) highlight the need for policy and lawmakers to develop an understanding of what the term 'disability' means before devising and implementing strategies related to the Convention. According to the South

African White Paper on the Rights of Persons with Disabilities (DSD, 2016), the term 'disability' is difficult to precisely define due to its complex nature. Similarly, the WHO's (2011) Report on Disabilities describes disability as multi-dimensional and complex.

Negative societal perceptions and attitudes that influence the person's well-being should also be considered when planning interventions for persons with disabilities (DSD, 2016). In this regard, research on disability points to this term as a societal construct, which emphasises the environmental context. Both the social and environmental contexts affect the experience and extent of disability (WHO, 2011). This perspective is also held and supported by the United Nations Children's Fund (UNICEF) which contends that disability is tied in with culture and that it is important to assess children's disabilities against their respective local circumstances and understanding (UNICEF, 2013).

Supporting the above discourse on disability, the South African White Paper on Persons with Disabilities (DSD, 2016) points out that our understanding of disabilities should include:

- The presence of impairment,
- Internal and external barriers that hinder access to and full and equal participation in society, and
- The abilities of a person with impairment.

Disability, for the purpose of the current study, is understood in terms of the three distinct areas of functioning mentioned previously, namely: physical impairment, limitations regarding the execution of activities, and/or limitations related to participation within the broader society (WHO, 2011).

1.3.1.1 Prevalence of disabilities

The WHO (in Strydom, 2015) indicates that about 40% of the population in Africa consists of people with disabilities. Focusing on children with disabilities, the ACPF (2014) reports that there are between 93 and 150 million children younger than 14 years living with disabilities worldwide. In Africa, moderate and severe disability in this age cohort is

approximately 6.5%. In South Africa, the 2011 census reports that approximately 7.5% of the national population, and more specifically 5% of the population in the Western Cape where this study was conducted, consists of people with disabilities (ACPF, 2014). With regards to children with disabilities, 11% of children between the ages of five to nine years have a disability (UN, 2016).

1.3.2 Intellectual Disabilities

The term '*intellectual disability*' was previously known as mental retardation. Because of the stigma attached to this term, it was changed to that of intellectual disability (Johns & Adnams, 2016; Tassé et al., 2016). Supporting the above change in perceptions of IDs, Capri et al., (2018) refer to a movement away from assessments of IDs based on quantified performances towards conceptual, social, and practical functioning that informs the diagnosis of *mild* (MID), *moderate, severe* (SID), or *profound* (PID) disability. Similarly, the ASHA (2018) notes that the definition of ID has evolved from a strictly intelligent quotient (IQ) to include strengths in adaptive behaviour. In addition, the clinical framework of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) uses the term 'intellectual disability' to describe a *developmental condition* where there are substantial deficits in both intellectual functioning and adaptive behaviour (cf. Johns & Adnams, 2016; Bourke et al., 2016; Wills & Gold, 2014; Silver, 2013; Tassé, 2013; Ke & Liu, 2012).

There are usually four distinct categories that can be identified with respect to ID, based on IQ score ranges *and* adaptive behaviours. These categories are:

- Mild – IQ score 50–55 to 70,
- Moderate – IQ score 35–40 to 50–55,
- Severe – IQ score 20–25 to 35–40, and
- Profound – IQ score below 20–25 (Bourke et al., 2016; Sue et al., 2016).

In support of the above description of an ID, Tassé et al. (2016) proclaim that intellectual functioning and adaptive behaviour are two separate and distinct constructs that complement each other. Therefore, one cannot focus specifically on individual constructs

to meet a criterion for a diagnosis of an ID. The above authors posit the view that ID must manifest significant deficits in intellectual functioning *and* adaptive behaviour. This includes a below average intellectual functioning that is often interpreted as an IQ score of 70 or less on an individually administered IQ test, *and* deficiencies in adaptive behaviour greater than would be expected in an age group, including self-care, understanding of health and safety issues, ability to live, work, plan leisure activities and use community resources, and the functional use of academic skills (Tassé et al., 2016).

Supporting the description of general disabilities that include the exclusion from participation in societal activities (DSD, 2016), the Western Cape Policy Framework for Persons with Intellectual Disabilities (DSD, 2015) also emphasises the absence of opportunities among people with IDs, which leads to them being excluded from participating in mainstream activities within society. This is in line with the WHO's (2011) description of disability as a social construct where the exclusion of persons from activities leads to discrimination and hence further disability.

1.3.2.1 Prevalence of intellectual disabilities

Capri et al. (2018) argue that ID is the most common disability globally. However, Foskett (2014) and Adnams (2010) concur that the prevalence of IDs in South Africa, specifically among South African children, are not known, as studies have mostly been small scale and localised. Acknowledging that IDs were not measured directly, Statistics South Africa (StatsSA) (2014) based the 2011 census on problems of functioning in the following areas: memory, concentration, communication, and self-care.

The rarity of accurate prevalence statistics in South Africa is also accentuated by Capri et al. (2018). With regard to the categories of IDs, Adnams (2010) reports that MIDs are more common than SIDs. The author notes that globally 85% of persons with IDs have MID, 10% have moderate ID, 4% have SID, and 2% have PID. In this study, the majority groups of mild and moderate IDs were the focus of investigation.

1.3.3 Children with Intellectual Disabilities

Johns and Adnams (2016), confirming the onset of ID before the age of 18 years (cf. ASHA, 2018), postulate that since ID can be observed during the developmental period, it is viewed as a developmental disability. The term '*developmental disability*' is descriptive in nature, referring to people who may have both cognitive and physical disabilities, and whose disability originates in childhood.

Due to the complex and lifelong nature of IDs, it has an impact on the individual, families, communities, and societies (Johns & Adnams, 2016). An example of the impact mentioned is provided by Morris (in Johns & Adnams, 2016) as well as Ali et al. (2014) who proclaim that children with IDs often display challenging behaviour. Agreeing with this viewpoint, Ke and Liu (2012) explain that challenging behaviour in children with IDs is often reinforced if they succeed in changing their context through their behaviour, for example, gaining attention or avoiding responsibilities/duties.

Furthermore, challenging behaviour among children with IDs includes behaviour that is not viewed as culturally appropriate, where the intensity, frequency, and/or duration of this behaviour may result in placing the child or others in jeopardy, and where behaviour may result in the child being denied access to community facilities (Koritsas & Iacono, 2012). Supporting this description, Morris (in Johns & Adnams, 2016) postulates that children with IDs who present with challenging behaviours are at greater risk of being socially excluded; they are also more inclined to receive inappropriate treatment and to experience systemic neglect and abuse. For this reason, notes Ke and Liu (2012), the management of the behaviour of all diagnosed cases of ID is vital. These authors describe the causes of challenging behaviour in terms of medical, dual diagnosis, and environmental factors. Causes of the latter may include problems in the environment where children with IDs are exposed to bullying, where they learn to bully, and/or where their behaviour is not managed effectively (Ke & Liu, 2012).

Based on the ID, together with challenging behaviour, the ACPF (2011) reports that these children are at increased risk of being beaten, bullied, or excluded in school, and are

perceived as being at greater risk of sexual abuse than children not disabled. The report illuminates the fact that the causes behind violence against children with disabilities should inform practices to protect these children and prevent victimisation. In support of this viewpoint, Ke and Liu (2012) concur that challenging behaviour could stem from being victimised or bullied. They therefore advise that services aimed at addressing this are vital to ensure the safety and protection of children with IDs. Moreover, Ali et al. (2014) maintain that challenging behaviour can be an indicator of unmet needs, and therefore proffer that interventions should be flexible and socially enabling.

1.3.4 Bullying of and Among Children with Intellectual Disabilities

The phenomenon of bullying is not new; it is a multifaceted, complex, and global phenomenon (Swearer & Hymel, 2015; Centre for Justice and Crime Prevention [CJCP], 2012; Srabstein & Leventhal, 2010; Yen, 2010). Over the centuries it has evolved into a very specific form of child abuse, which often takes place within the school environment (Laas, 2012). The definitions of bullying by Kyobe et al. (2016), Volk et al. (2014), Laas (2012), and Yen (2010) all include common elements, such as the intentional and harmful act that is repeated over time towards a person less powerful than the person executing the action. Hornby (2015), Postigo et al. (2013) and Volk et al. (2014) refer to the goal-directed act of bullying, arguing that it is based on power relations. The CJCP (2012), in support of this viewpoint, contends that the power imbalance is vested in the size of the person, age, physical strength, and status or popularity. The victims of acts of bullying are often not able to defend themselves and the impact thereof may leave the victim feeling emotionally and physically distressed and insecure (Horowitz et al., 2017).

Focusing on children with IDs, Howell and Flores (2014), Yen (2010), and Glumbić and Žunić-Pavlović (2010) report that these children are more likely to be victims of bullying than children from the general child population. Alarming, children with IDs in South Africa are three to eight times more at risk of being abused, which includes bullying, than other children (ACPF, 2014). Additionally, the ACPF (2014) found that children with IDs in institutional settings experience higher risks of a variety of forms of abuse, including bullying.

1.3.4.1 Recent research studies related to the bullying of children with intellectual disabilities

A plethora of research exists on bullying among learners in mainstream schools, which highlights the extent and prevalence of the phenomenon (Ngidi & Moletsane, 2018; The Optimus Study on Child Abuse, Violence and Neglect in South Africa, 2015; Sipal, 2013). In 2012, a study conducted by the University of South Africa found that 34.4% of the participating learners had been victims of bullying. In terms of exposure to different types of bullying, 55.3% of those participants affected by bullying reported exposure to emotional bullying; 38.4% to physical victimisation; 16.9% to being bullied via social media; and 2.8% to verbal bullying. The above-mentioned study also revealed that 29.3% of bullying incidents take place at school after class and 32.2% of bullying occurs during class (Laas & Boezaart, 2014). Moreover, several research studies draw attention to the increasing prevalence of bullying (Menesini & Salmivalli, 2017; Kyobe et al., 2016; Laas & Boezaart, 2014; Volk et al., 2014; Brennan et al., 2012). Recent media reports (Ngqakamba, 2019; Charles, 2017; Staff Reporter, 2017) have also highlighted the seriousness of bullying at schools and the recognition that a response to bullying requires a whole systems approach.

International research has also revealed that children with IDs are more prone to be victims of bullying than other children (Menesini & Salmivalli, 2017; Howell & Flores, 2014; Glumbić & Žunić-Pavlović, 2010; Yen, 2010). The ACPF (2014) analysed the findings of extensive research on children with disabilities in general in the Pan-African context and found that various forms of abuse of children with disabilities take place, including the stigmatisation and discrimination of children with disabilities and their families. It was established that there is a lack of legislation and policies to promote and protect the rights of children with disabilities, and that existing ones are poorly monitored or implemented. Studies focusing on bullying of and among children with IDs in South Africa are, however, limited (Brennan et al., 2012).

1.3.5 Services to Children with Intellectual Disabilities Within the Child Protection System

A CPS is a system comprised of a variety of components, including:

- Human resources,
- Financial resources,
- Policies and legislation,
- Governance that includes the evaluation and monitoring of protection and response services, and
- Care management (UNICEF, 2019; World Vision, 2013).

The WHO (2016) further emphasises that the purpose of a coordinated response within a CPS is to ensure the quality of services by multiple service providers. This is significant because the effects of disability cut across various sectors. Because of this, services can and should be coordinated to consider the full range of challenges children with disabilities and their families experience (UNICEF, 2013). An interview with an Acting Chief Magistrate who preferred to remain anonymous on 31 August 2018 in Cape Town further highlighted the need for a coordinated response to the management of children who bully and those who are being bullied. The interviewee explained that courts often do not know how to respond to cases of bullying and that there are high levels of secondary traumatising, which is not in the best interest of the child or children. Furthermore, it was noted that teachers and social workers should collaborate to prevent bullying between peers, and that it required the inclusion of families.

The UNCRC (OHCHR, 1989), the African Charter on the Rights and Welfare of the Child (ACRWC, 1990), and the UNCRPWD (UN, 2006) obligate the South African government to design and promulgate domestic legislation that is in line with these human rights treaties, and to guide services to children (Department of Women, Children and People with Disabilities [DWCPD], 2012). For example, the Integrated National Strategy on Support Services to Children with Disabilities (RSA, 2012a) was designed as a framework to guide all government agendas to develop and implement services to children with disabilities, align budgets between different service providers, identify and

address service access barriers, and improve service quality. The five strategic focus areas of this strategy are:

- a) Survival and well-being,
- b) Childhood development,
- c) Protection,
- d) Participation, and
- e) Resource mobilisation (DWCPD, 2012).

This study was interested in the well-being of children with IDs, their protection, as well as in the resources needed to prevent or to respond to bullying of and among these children within the CPS. A recent report by UNICEF (2019) provided additional guidelines to strengthen the social service workforce for child protection. The report emphasises the need to develop human resources in child protection, to coordinate services and resources, and to include all sectors that could work together to protect children and to respond to any form of abuse of children. Services within the CPS can include a variety of services aimed at holistic well-being, as indicated in Figure 1 below.



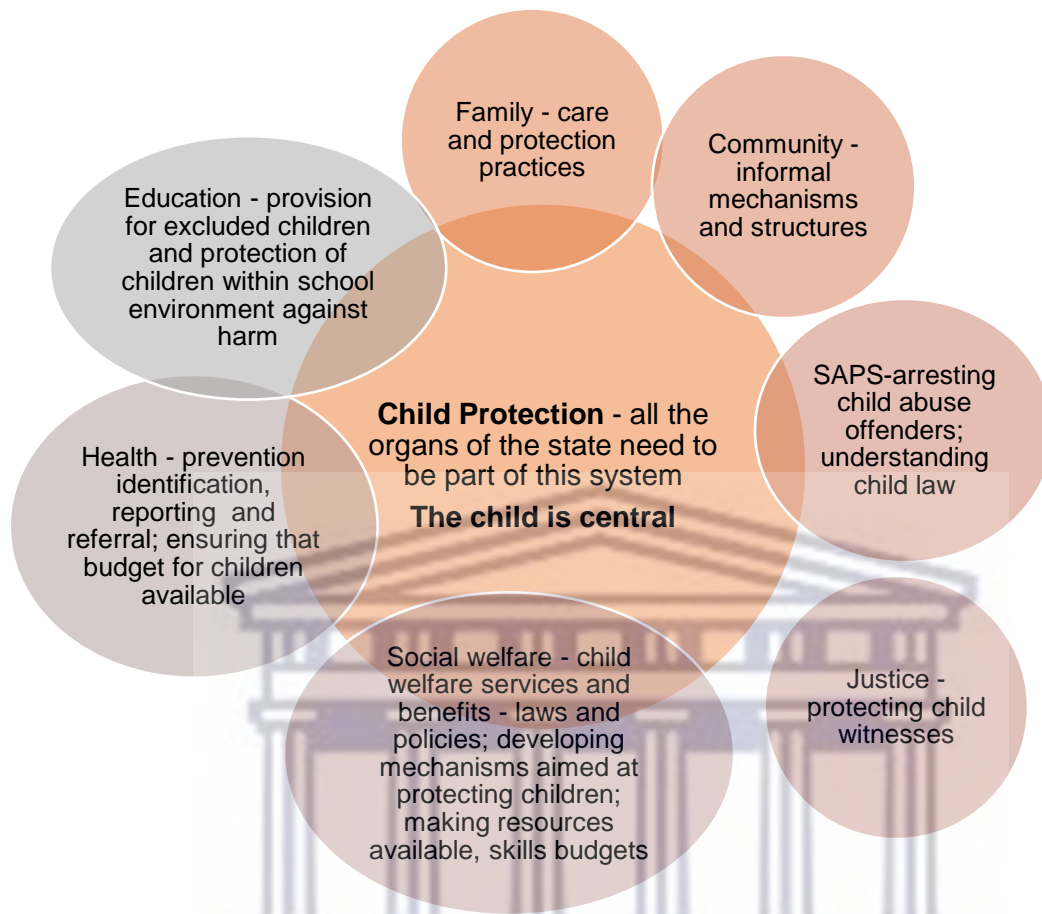


Figure 1: Holistic service provision within the CPS

(UNICEF, 2019)

Holistic services, according to Figure 1 above, places the child at the centre of all services that are planned and implemented. The family and community are included in services and empowered to provide a conducive environment for development to take place in a protective context. Systems include social welfare, health, justice, police, and education (UNICEF, 2019).

Based on the above-mentioned lack of contextual research findings related to the bullying of and among children with IDs and how the CPS responds to bullying, the researcher was interested in the investigation of a coordinated systems approach to successfully address bullying of and among children with mild to moderate IDs. For this

reason, the related policies and legislation that should guide such a response are acknowledged.

1.3.5.1 Related policies and legislation

When South Africa transformed to a government of national unity in 1994, it promised to place children first on the national agenda (Sloth-Nielsen, 1996). As the rights-based position of children evolved and broadened, children were given significance (cf. OHCHR, 1989; RSA, 1996a, 2005, 2017). In addition, South Africa's ratification of the UNCRC (OHCHR, 1989), ACRWC (1990) and UNCRPD (UN, 2006) subscribed to an integrated and coordinated response to ensure the recognition and protection of the rights of children with disabilities (RSA, 2012b, 2017). The South African Constitution (RSA, 1996a) relates to these Conventions as it was built on the values and principles thereof, in particular, sections 1, 7 (Bill of Rights), 9, 10, 12, 24, 28, and 29.

The Children's Act, Act 38 of 2005 (RSA, 2005) that is also informed by the Constitution (RSA, 1996a) and, in particular, sections 1, 2, 4, 5, 7, 10 and 11, mandate organs of the state to ensure that this Act is implemented with concomitant resources and mechanisms to guarantee adherence to the objectives of the Act, placing the emphasis on a variety of systems that will protect children. The Children's Act (RSA, 2005, p. 35) further mandated "a unified approach aimed at coordinating and integrating the services delivered to children". Similarly, the White Paper on the Rights of People with Disabilities (DSD, 2016), as well as the Western Cape's Integrated Provincial Disability Strategy (Office of the Premier, 2002) augment the importance of enforcing an integrated and coordinated response to ensure the recognition and promotion of the rights of people with disabilities.

As noted above, South Africa has a broad-based and strong legislative and policy framework designed to strengthen integration and coordination among stakeholders (DSD, 2019; Philpott & McLaren, 2011). While this framework has been part of government's commitment to ensure the rights of people with and without disabilities, and with the Constitution lauded the best globally (Taylor, 2016; Ginsburg, 2012), there

has been a protracted lack of a coordinated response to respond appropriately to children with IDs (DSD, 2016; Human Rights Watch, 2015). This lack of an integrated and coordinated approach was never made clearer than a High Court Order of Gauteng (RSA, 2018), which compelled the Minister of Social Development, the Minister of Health, and the Minister of Basic Education to coordinate their services to align with their constitutional and statutory obligations towards children with severe and profound disruptive behaviour disorders. Based on this, a theoretical framework was considered that focused on a whole systems approach.

1.4 THEORETICAL FRAMEWORK

Children's protection is interrelated and dependent on their relationship with others in their environment, as well as the socio-political, cultural, spiritual, and environmental contexts (World Vision, 2013). For this reason, this study was framed within a bio-ecological systems theory, as developed by Bronfenbrenner (1979). This theoretical framework refers to a system of reciprocity and interconnectedness between a child and a broad spectrum of contexts that are referred to as systems (Aman, 2017; Julien-Chinn, 2017). Within this theoretical framework, several systems converge and influence the development and well-being of children with IDs. Thus, a coordinated response within a CPS requires the identification and mobilisation of both formal and informal systems that could prevent and respond to the bullying of and among children with mild to moderate IDs (Forbes et al., 2011).

Bronfenbrenner (1994) described five different systems that influence a child's development, which will guide this study, as illustrated in Figure 2 below:

Bronfenbrenner's Ecological Systems Theory

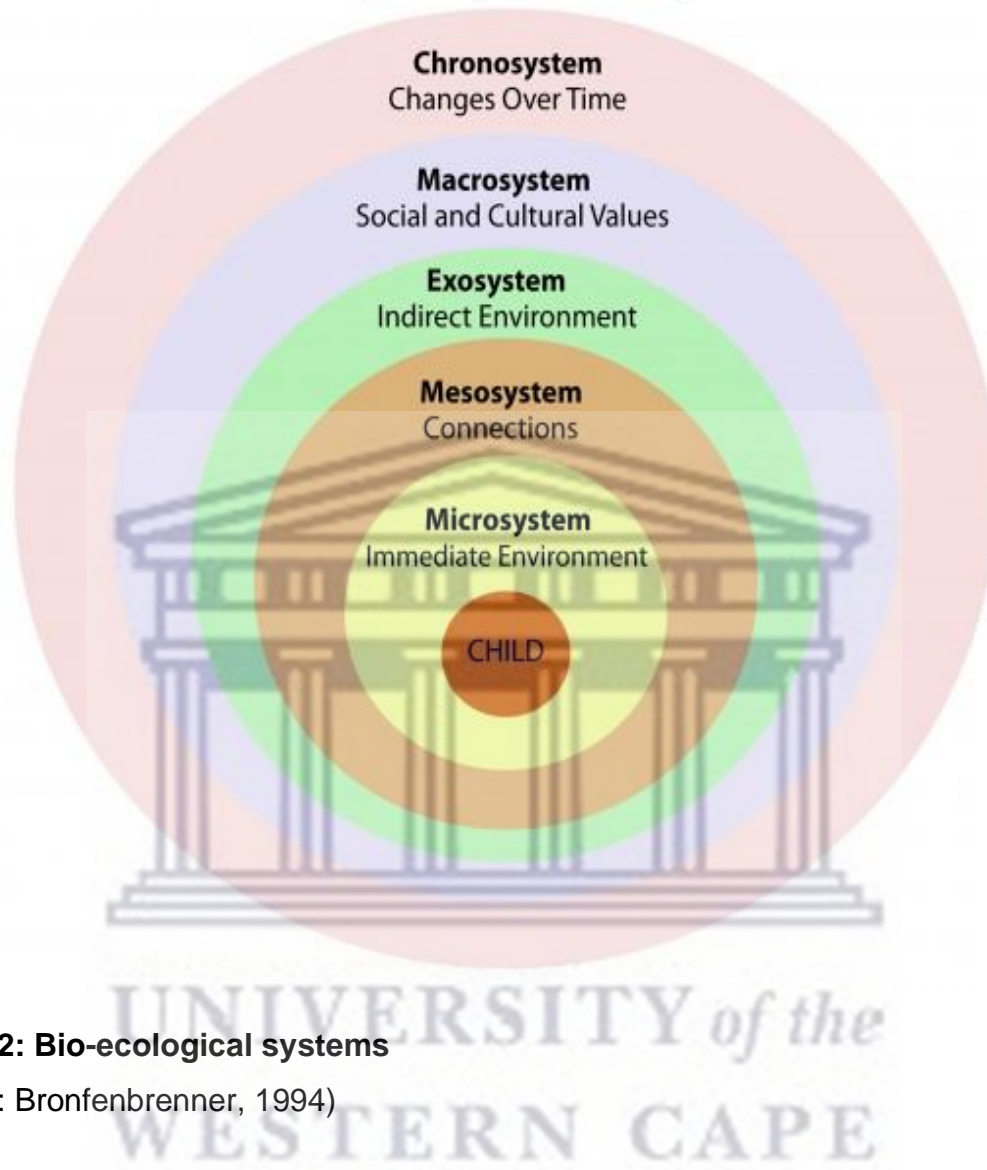


Figure 2: Bio-ecological systems

(source: Bronfenbrenner, 1994)

These systems entail the following:

- a) *Micro-system*: This is the most intimate and familiar system that the child has contact with (Bronfenbrenner, 1994). Within this study, the role of the family and significant others in protecting and responding to the bullying of and among children with mild to moderate IDs was explored. This relates to informal support systems.
- b) *Meso-system*: Within this system, the child's environment is expanded. It includes linkages and direct interactions that occurred within the micro-systems, for example, the home, classroom, and peers (Aman, 2017; Kamenopoulou, 2016; Langer & Lietz,

2015). In this study, the micro-systems included both informal and formal systems, and the relationships between them, to identify systems to incorporate in a coordinated response to bullying of and among children with mild to moderate IDs.

- c) *Exo-system*: This system describes the linkages and processes that occur between two or more informal and formal systems with one system not having a direct influence on the individual involved, but causing an indirect influence. In the case of this study, the interactions between different unrelated systems that affect the prevention and response to bullying of and among children with mild to moderate IDs were explored, for example, the interaction between the child's school and the parent's workplace.
- d) *Macro-system*: The macro-system represents the context that defines the culture, beliefs, norms, values, and customs that affect the child. It is assumed that the macro-system has a direct impact on the interactions and processes within the micro- and meso-systems. This study was interested in those informal and formal systems in the macro environment that either support bullying or could play a vital role in developing a coordinated response to prevent or respond to the bullying of and among children with mild to moderate IDs.
- e) *Chrono-system*: This system includes external factors that influence the culture and climate within the meso- and macro environments, and ultimately impact on children and their families. As such, the chrono-system evaluates change and/or consistency in the characteristics of both the individual and the environment over time (Oswalt, 2019; Bronfenbrenner, 1994). By including this system in the study, socio-economic and political influences were explored and included in order to develop an understanding of what external influences must be acknowledged when a coordinated response to the bullying of and among children with IDs is included in a CPS.

This theoretical framework was selected because it acknowledges the socio-cultural contexts, and therefore the social construct of disabilities. The preliminary literature review and the chosen theoretical framework informed the formulation of the problem statement of this study.

1.5 PROBLEM STATEMENT

A research problem stems from a review of literature related to the intended research focus, and the identification of a need for more information or knowledge and a better understanding of the topic (Cohen et al., 2018). The problem is formulated in such a way that a gap in existing knowledge is identified and an argument for the research study's potential contribution is made (Shuttleworth-Edwards, 2019). The above preliminary review of the literature as well as the theoretical framework informed the formulation of the research problem of this study.

In South Africa, the social welfare system has transformed since the start of democracy. The South African government pledged to protect children and to ensure the recognition and acknowledgement of their human rights through the promulgation of a myriad of child rights policies and legislation (Sloth-Nielsen, 1996). These policies and legislation should then guide the CPS to ensure a coordinated response to address the needs of the nation's children. However, the National Development Plan (NDP) (National Planning Commission [NPC], 2011) reports that the South African social welfare system needs further reformation, and that attention to people with disabilities requires greater effort for children to reach their full potential. While South Africa has made significant advances to its CPS, a recent research study conducted by Jamieson et al. (2017) revealed a system marred by fragmentation, poor quality inter-sectoral collaboration, and an inability to protect children and children with disabilities. The fragile position of children is echoed by Van Der Merwe (2017) who proclaims that South Africa's children are in trouble.

The findings of numerous studies have highlighted the plight of children with IDs, indicating that they are more prone to being victims of bullying, as a form of abuse, than other children (cf. Menesini & Salmivalli, 2017; Howell & Flores, 2014; Yen, 2010; Glumbić & Žunić-Pavlović, 2010). Yet a purview of the literature reveals a dearth of studies focusing on the bullying of and among children with IDs in South Africa, which, however, could inform services to these children (Brennan et al.,

2012). In addition, media reports (cf. Ngqakamba, 2019; Philander, 2017) and a variety of studies and documents have indicated that a coordinated response to children who are victims of violence and abuse, which includes bullying, is fragmented within the South African CPS (cf. Van der Merwe, 2017; DSD, 2016; Human Rights Watch, 2015; ACPF, 2011; Adnams, 2010). The reported fragmentation of the CPS (DSD, 2019; Philander, 2017) has resulted in the fact that children are not being protected, and that their rights are being infringed upon.

In addition to acknowledging the importance of the development and implementation of a coordinated response to child abuse, UNICEF (2019) also underscores the need for research to support the development of a coordinated CPS response to protect children from abuse, which includes the bullying of and among children with mild to moderate IDs. In order to develop and implement a coordinated response to the bullying of and among children with mild to moderate IDs, research findings are needed to illuminate the nature thereof, to discern relevant systems to be included in a coordinated response, and to identify components for both preventing and responding effectively through the coordination of a variety of formal and informal services (cf. Adnams, 2010). The research interest of this study was therefore twofold: firstly, the researcher was interested in bullying of and among children with mild to moderate IDs; and secondly, in what a coordinated response within the CPS would entail to ensure the prevention thereof or an effective response to address the influence thereof. Within the bio-ecological systems theory (Bronfenbrenner, 1979), the emphasis is placed on both formal and informal systems that should be included to ensure a whole systems approach within the CPS (cf. Forbes et al., 2011).

The research problem above informed the identification and formulation of the research questions and aims that provided a focus for this study.

1.6 RESEARCH QUESTIONS

A research problem identifies gaps in the existing body of knowledge as well as research areas to address these gaps. The formulation of a research problem, in turn, informs the research questions that need to be answered in order to add to the existing body of knowledge and understanding of the research topic (Lewis & Nicholls, 2014). D’Cruz and Jones (2014) characterise research questions in terms of:

- a) Providing a focus for the research, and
- b) Directing the choices of research methodology to effectively address the research problem.

In summary, the research problem provides a focus for the research, while the answers to the research questions are aimed at addressing the research problem. This study focused on the bullying of and among children with mild to moderate IDs and finding out what is needed to address this through a coordinated response within the CPS. Therefore, it is important to ensure that the findings provide insights that represent the viewpoints and experiences of the people related to the research topic. For this reason, the research questions for this study were open and non-directive in nature to ensure that the voices of the participants in this study would direct the outcomes (Doody & Bailey, 2016).

The research problem resulted in the formulation of the following three research questions:

- 1) What is the nature of bullying of and among children with mild to moderate IDs?
- 2) What formal and informal systems should be included in a coordinated response to address the bullying of and among children with mild to moderate IDs?
- 3) What components for both preventing and responding effectively to the bullying of and among children with mild to moderate IDs should be included within the CPS?

In order to answer the above questions, the research aims and objectives were aligned with the research problem and questions.

1.7 RESEARCH AIMS AND OBJECTIVES

As mentioned, the research problem provides a clear focus for a research study, while the questions look for answers that will address the research problem effectively. The aim of a research study, also referred to as a goal, can be viewed as the end result that the researcher hopes for. It formulates the outcome, which then addresses the research problem (Creswell, 2014). Kumar (2014) asserts that objectives of a study should emanate from the aim(s) so as to ensure that the study remains focused and in line with the search for answers to the research questions. These objectives describe what must be done to attain the aims.

In this study, the research questions directed the formulation of the research aims, while the objectives were aimed at attaining the research aims, as illustrated in Table 1 below.

Table 1: Research aims and objectives

Aims	Objectives
Aim 1: To explore and describe the nature of bullying of and among children with mild to moderate IDs.	Objective 1: To explore and describe the nature of the lived experiences of children with mild to moderate IDs who have experienced bullying, and that of their parents/guardians, through a self-developed questionnaire and individual semi-structured interviews.
Aim 2: To identify formal and informal systems that should be included in a coordinated response to address bullying of and among children with mild to moderate IDs.	Objective 2: To conduct focus groups with educators of children with mild to moderate IDs at learners with special needs schools (LSNSs) to identify the various systems that are involved in addressing bullying, and to explore and describe the nature of interventions by the various systems.

<p>Aim 3: To identify and operationalise the components for both preventing and responding effectively to the bullying of and among children with mild to moderate IDs to be included in a guideline for the CPS.</p>	<p>Objective 3: To conduct Delphi interviews with key stakeholders, as identified by the educators, to further identify formal and informal systems that are, or should be, included in a coordinated response to address the bullying of and among children with mild to moderate IDs, and to explore and describe the nature of interventions that should be implemented by the various systems.</p>
	<p>Objective 4: To develop a guideline for services within the CPS.</p>

1.8 SIGNIFICANCE OF THE STUDY

The lack of a coordinated response to the bullying of and among children with IDs, as well as the fragmentation of the CPS, have been highlighted extensively both in media reports and research studies. As such, the CPS has not had the needed effect to ensure the protection of children, and in particular children who have been bullied and who bully. In order to address the bullying of and among children with IDs to attend to the well-being of this vulnerable group, this study focused specifically on accessing the perceptions and experiences of children, their parents/guardians, and key stakeholders in the field of IDs and child protection, to understand the phenomenon from their perspective.

This study provides a new focus on bullying in that it was specifically interested in the bullying of and among children with IDs, as well as its alignment to the CPS. Hence, the researcher hopes that this study will contribute to practice through the guideline that were developed, based on existing literature and the viewpoints and experiences of insiders in the situation. Additionally, this study will add to the voices of children, particularly those with mild to moderate IDs.

The forthcoming chapters are outlined next to provide the reader with a 'road map' of what is to come.

1.9 OUTLINE OF CHAPTERS

This study consisted of the following 9 chapters.

Chapter 1 introduced the study under investigation. It provided a description of the key concepts and literature that informed the identification of the theoretical framework and research problem. The research questions, aims and objectives are linked to the research problem and were presented as such in this chapter. The penultimate section discussed the significance of this study and the hoped-for contribution it will make to the broader field of study. The forthcoming chapters were also outlined.

Chapter 2 describes the research methodology employed in the study. Justification for the choice of methodology is provided, along with a description of the approaches, methods, and techniques that were utilised. The ethical components of this study are presented in terms of descriptions of each component, supported by literature, and the implementation thereof. The chapter concludes with a description of the limitations of this study.

Chapter 3 presents the literature review of the study that informed the development of the questionnaire used to obtain data from children with mild to moderate IDs and their parents/guardians. In addition to explaining how the questionnaire was developed, it also discusses the bullying of and among children with disabilities. Attention is also given to the services within the CPS that are focused on the prevention of and response to bullying of and among children with mild to moderate IDs.

The fourth to seventh chapters present the findings of the study. **Chapter 4** focuses on the quantitative data obtained from children with mild to moderate IDs and their parents/guardians, representing their descriptions of the nature of bullying. This chapter also presents the qualitative data obtained from children with mild to moderate IDs and their parents/guardians, which focuses on their descriptions of how bullying takes place and the systems and services needed to address this.

Chapter 5 discusses the data obtained from the educators at LSNSs to present their perceptions of the various systems that are involved in addressing bullying, and the nature of interventions by the various systems. This chapter identifies the key elements to be included in a coordinated CPS response, based on the findings presented in Chapters 4 and 5, and compared with the literature review in Chapter 3.

Chapter 6 presents the data obtained from the key stakeholders, as identified by the educators. Additional information obtained during the interviews will focus on further identified formal and informal systems that are, or should be, included in a coordinated response to address the bullying of and among children with mild to moderate IDs, and a description of the nature of interventions that should be implemented by the various systems.

Chapter 7 presents the guideline for services within the CPS that are based on the findings of this study and literature review.

Chapter 8, the final chapter, concludes with a summary of the research methodology that was employed and the findings related to the different aims of this study. Based on these insights, recommendations are made for future research. A final conclusion brings the study to a close.

1.10 CONCLUSION

This introductory chapter introduced the topic under study which seeks to explore bullying of and among children with IDs, by investigating their experiences and perceptions, as well as that of their parents/guardians and major stakeholders. The chapter also presented and described the main elements of the research process.

Attention now shifts to the research methodology employed in this study.

CHAPTER 2

RESEARCH METHODOLOGY

2.1 INTRODUCTION

The previous chapter introduced this study that seeks to explore the phenomenon of bullying of and among children with IDs. Attention now shifts in the current chapter to the methodology employed to conduct the research. Research can be viewed as scientific investigations that produce and disseminate knowledge (Kramer et al., 2019). The methodology to be implemented during a specific investigation depends on the research problem, the questions/hypotheses, and aims. Within this understanding, research methodology is a scientific way of gaining knowledge and understanding to solve a research problem. The methodology not only guides the conduct of research but also influences the selection of appropriate procedures to address the research problem (Igwenagu, 2016). In line with the above description, Pandey and Pandey (2015) concur that research methodology is aimed at:

- Bringing to light new knowledge,
- Adding to what we already know,
- Addressing the lack of understanding of social phenomena, and/or
- Addressing existing misconceptions of social phenomena.

The research methodology that directed this study was informed by the research problem, which resulted in three research questions that assisted in the formulation of three research aims. Each aim resulted in objectives that guided the choices of research methods and techniques. The golden thread between the research questions, aims and objectives (cf. Fouché & De Vos, 2011) are illustrated in Table 2.

Table 2: Research questions, aims and objectives

Questions	Aims	Objectives
RQ1: What is the nature of bullying of and among children with mild to moderate IDs?	Aim 1: To explore and describe the nature of bullying of and among children with mild to moderate IDs.	Objective 1: To explore and describe the nature of the lived experiences of children with mild to moderate IDs who have experienced bullying, and that of their parents/guardians, through a self-developed questionnaire and individual semi-structured interviews.
RQ2: What formal and informal systems should be included in a coordinated response to address the bullying of and among children with mild to moderate IDs?	Aim 2: To identify formal and informal systems that should be included in a coordinated response to address bullying of and among children with mild to moderate IDs.	Objective 2: To conduct focus groups with educators of children with mild to moderate IDs at LSNSs to identify the various systems that are involved in addressing bullying, and to explore and describe the nature of interventions by the various systems.
RQ3: What components for both preventing and responding effectively to the bullying of and among children with mild to moderate IDs should be included within the CPS?	Aim 3: To identify and operationalise the components for both preventing and responding effectively to the bullying of and among children with mild to moderate IDs to be included in a guideline for the CPS.	Objective 3: To conduct Delphi interviews with key stakeholders, as identified by the educators, to further identify formal and informal systems that are, or should be, included in a coordinated response to address the bullying of and among children with mild to moderate IDs, and to explore and describe the nature of interventions that should be implemented by the various systems.
		Objective 4: To develop a guideline for services within the CPS.

The previous chapter introduced the research topic, the research problem, and the research questions, aims, and objectives. This chapter presents the research

methodology that was used to answer the research questions, and to reach the aims through a scientific research process that was followed.

Following this brief introduction, the research paradigm, approach, and design are discussed below under their respective headings, along with the research methods and techniques employed to conduct the research. This includes the delineation of the research population and sample selected for this study. Attention thereafter is given to the ethics considerations adhered to during the data collection process. The penultimate section acknowledges the limitations of the study, followed by a brief conclusion to sum up the main points of the chapter.

2.2 RESEARCH PARADIGM

As far back as 1996, Capra (1996), working from a dynamic systems perspective, described a *paradigm* as:

- Shared perceptions,
- Understanding of concepts,
- Values, and
- Practices that
- Result in a specific understanding of reality.

More recently, Neuman (2014) defined a research paradigm as a whole system of thinking. A research paradigm, therefore, represents specific viewpoints of a group of researchers that inform their approach to research. These viewpoints are described by Huitt (2011) as a worldview, consisting of a set of perceptions and ideas about how the world works, how it is constructed, and how individuals see and understand the world from their position. Assalahi (2015) and Asghar (2013) also refer to a research paradigm as a worldview, emphasising that it constitutes a philosophical position regarding the nature of a research topic, what can be known about the topic, and how knowledge can be obtained. As such, the paradigmatic framework influences the researcher's approach to the study (Creswell, 2014). Similarly, Neuman (2014) notes that a paradigm provides a framework that represents a basic orientation to theory and research. This author

identifies the following components of a research paradigm: Basic assumptions about the research topic, the research problem that needs to be solved, the questions that need to be answered, and the methods and techniques that would be best suited to address the research problem and answer the research questions. These components are illustrated in terms of this study in Figure 3 below:



The assumption

Bullying of and among children with IDs need to be prevented and responded to through a coordinated CPS response

The problem

There is a lack of knowledge and understanding regarding:

- The nature of bullying of and among children with IDs.
- The informal and formal systems that affect the bullying of and among children with IDs.
- The systems and components to be included in a coordinated CPS response to prevent and respond to bullying of and among children with IDs.

The questions

- 1) What is the nature of bullying of and among children with mild to moderate IDs?
- 2) What formal and informal systems should be included in a coordinated response to address the bullying of and among children with mild to moderate IDs?
- 3) What components for both preventing and responding effectively to the bullying of and among children with mild to moderate IDs should be included within the CPS?

The methods

- Identification of the research population.
- Sampling methods and techniques.
- Methods and techniques to collect the data.
- Framework to analyse and interpret the data.
- Methods and techniques to verify the data.
- Ethical practice.

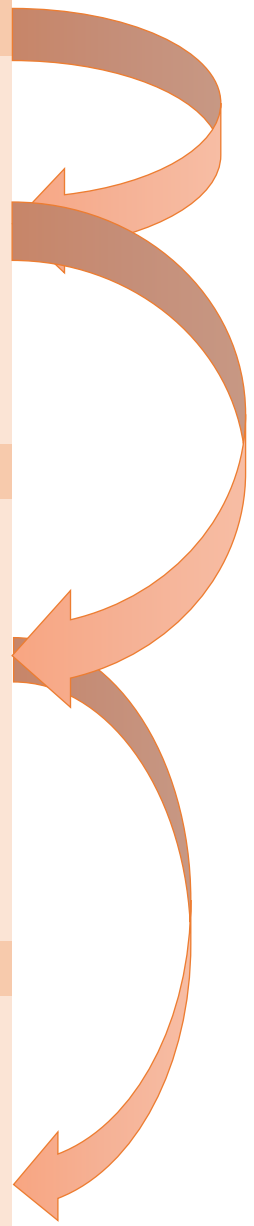


Figure 3: Components of the research paradigm

(cf. Neuman, 2014)

This study was conducted from an *interpretive paradigm* or worldview as it was interested in interpreting the research problem from the perspectives of people who are exposed to bullying of and among children with mild to moderate IDs and services to them. This paradigm is aimed at understanding what we know regarding social phenomena. It is rooted in the viewpoint that humans interpret social phenomena based on their experiences within specific contexts (Hammersley, 2013). Furthermore, Bachman and Schutt (2014) refer to the interpretive worldview as 'human driven'. It is interested in the perspectives of insiders in a situation, as well as the meanings they ascribe to social realities based on lived experiences. The choice of this paradigm was also informed by Cohen et al. (2018), Bryman (2016) and Hammersley (2013), who explain that an interpretive paradigm encourages the consideration of a variety of perspectives of people involved in the research topic to include the social reality within specific contexts.

In terms of the above description of an interpretive research paradigm, the first research question focused on the nature of bullying, as perceived by the child participants and their parents/guardians. This is significant as this study included a number of key role players, including children, with different perspectives and opinions. The interpretive paradigm also relates well to the second and third research questions, as well as to the bio-ecological systems theory that was used as the theoretical framework for this present study. Neuman (2014) explains that the interpretive paradigm considers the interactions between different systems to develop an understanding of the social worlds of the persons related to the focus of the study.

The choice of research approach and design was informed by the research problem, the research questions and aims from an interpretive paradigm.

2.3 RESEARCH APPROACH

This study was framed within a convergent parallel mixed methods approach to research, which is a procedure for collecting, analysing, and combining both quantitative and qualitative data (see Figure 4 below). This approach integrates qualitative and quantitative data collected at the same time in the research process, while all methods are valued equally.

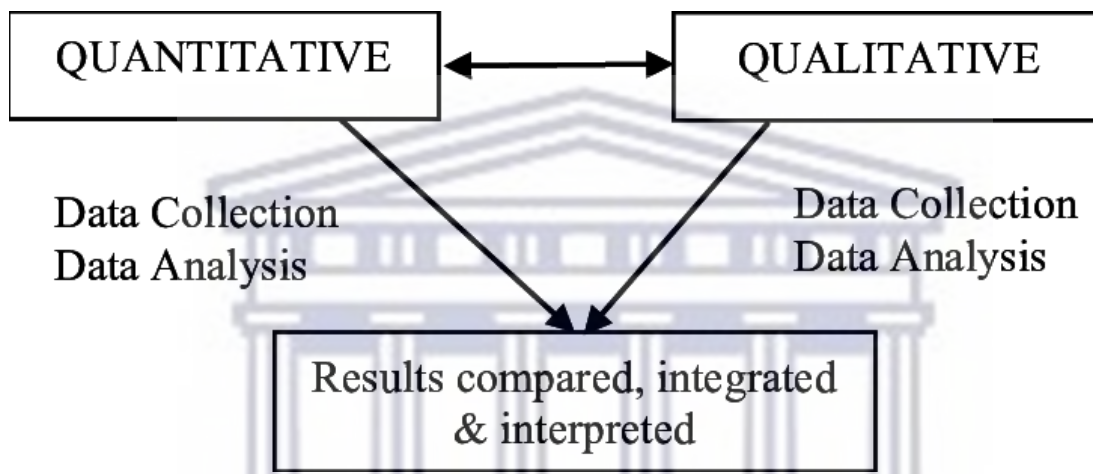


Figure 4: Convergent parallel mixed methods approach to research

(Atif et al., 2013)

Through this approach, the qualitative and quantitative data were collected simultaneously, while the data sets were analysed separately, and the results interpreted together to achieve a deeper understanding of the research topic (Cohen et al., 2018; Ngulube & Ngulube, 2015; Creswell, 2014). It entailed a self-developed questionnaire to obtain the quantitative data through predetermined questions, and individual and focus group interviews to collect qualitative data from different sources. The findings were then exposed to statistical and text analyses, and interpreted across the databases (Creswell, 2014).

This approach was chosen within the interpretive paradigm to ensure that the researcher was able to obtain a variety of viewpoints through more than one method of data

collection to be able to gain knowledge and understanding of what is needed to prevent and respond to bullying of and among children with mild to moderate IDs. The rationale for combining these approaches was that the data sets would complement each other to provide a more in-depth description of the research topic (Tashakkori & Teddlie, 2010). Through this approach, the researcher was able to investigate the nature of bullying, the formal and informal systems that affect the bullying of and among children with IDs, as well as the systems and components to be included in a coordinated CPS response to prevent and respond to bullying of and among children with IDs. This is summarised in Table 3 below.

Table 3: The implementation of the convergent parallel mixed methods approach to research

Quantitative data	Qualitative data	Integrated interpretation
The nature of bullying of and among children with mild to moderate IDs.	<ul style="list-style-type: none"> ▪ The nature of bullying of and among children with mild to moderate IDs. ▪ The formal and informal systems to be included in a coordinated response to address bullying of and among children with mild to moderate IDs. ▪ The components for both preventing and responding effectively to bullying of and among children with mild to moderate IDs to be included within the CPS. 	Resulting in a guideline for a coordinated CPS response to bullying of and among children with mild to moderate IDs.

As depicted in Table 3, it was envisaged that the integrated interpretation of the data would result in a guideline for a coordinated response to bullying of and among children with IDs. This, then, informed the choice of research design.

2.4 RESEARCH DESIGN

The third research aim of this study was *to identify and operationalise the components to be included within the CPS to prevent and respond to bullying of and among children with IDs*. In order to develop such a guideline, Rothman and Thomas' (1994) Intervention Design and Development research framework was chosen as the strategic six-phase framework to guide the research process (Bailey-Dempsey & Reid, 2016). Fraser and Galinsky (2010) describe intervention research as appropriate for the applied sciences as it is characterised by the design, development, and implementation of interventions. The first three phases have to do with the design of the intervention, while the last three phases focus on the development, testing, fine-tuning, and dissemination thereof. In this study, the first four phases were implemented to design and develop a guideline to be included within the CPS (cf. Moss, 2017). The implementation thereof will form part of a post-doctorate study.

From the convergent parallel mixed methods approach, the phases and steps focused on specific research objectives, which then directed the choice between quantitative or qualitative data collection methods. It should also be noted that the phases and steps were approached from the convergent parallel mixed methods approach, which meant that steps sometimes overlapped and/or were implemented simultaneously.

Table 4 below illustrates how the first four stages of Rothman and Thomas' (1994) framework was adapted within this study to align with the research objectives and the convergent parallel mixed methods approach.

Table 4: Research design

Phases	Steps included in this study	Research objectives	Research approach
Phase 1: Problem analysis and project planning	Using existing information sources	To explore and describe the nature of lived experiences of children with mild to moderate IDs who have experienced bullying and their parents/guardians through a self-developed questionnaire.	Quantitative data
	Identifying and involving clients		
	Gaining entry and co-operation from settings		
	Identifying concerns of the population		
	Analysing identifying concerns		
	Setting goals and objectives		
Phase 2: Information gathering and synthesis	Studying natural examples	To explore and describe the nature of lived experiences of children with mild to moderate IDs who have experienced bullying and their parents/guardians through individual semi-structured interviews. To conduct focus groups with educators at LSNSs of children with mild to moderate IDs to identify the various systems that are involved in addressing bullying, and to explore and describe the nature of	Qualitative data
	Identifying elements of successful models		

		interventions by the various systems.	
Phase 3: Information gathering and synthesis	Specifying procedural elements of the intervention	To conduct Delphi interviews with key stakeholders, as identified by the educators, to further identify formal and informal systems that are, or should be, included in a coordinated response to address bullying of among children with mild to moderate IDs, and to explore and describe the nature of interventions that should be implemented by the various systems.	Qualitative data
Phase 4: Early development	Developing a prototype of preliminary intervention	To develop a guideline for services within the CPS.	Integrated interpretation

The research methods and techniques within the above design will be described next.

2.5 RESEARCH METHODS AND TECHNIQUES

The identification of the study's population, together with the sampling method and techniques used are presented first. This is followed by a discussion of the methods and techniques related to the data collection, analyses, and verification. Based on the research approach and design of this study, this will be done in terms of the research objectives. The discussion will therefore follow the steps of the research process that were followed.

2.5.1 Population and Sampling

The method and techniques to identify the population and to obtain samples from the population were the same throughout this study. This will be discussed first to describe the context of this study.

Rahl (2017) and Rubin and Babbie (2010) refer to a *research population* as all the study elements, or unit of analysis, that are identified as relevant to a study. In this study, the unit of analysis included the entities who were able to provide answers to the research questions, namely:

- Children with mild to moderate IDs,
- Their parents/guardians,
- Educators within the LSNS environment, and
- Key stakeholders external to the school environment.

The term “*sampling*” can be understood as a process of selecting parts of the research population to be included in the research process. These parts must be representative of the whole population, while considering the costs and time constraints within a particular study (Cohen et al., 2018). In this study, and for all the entities included in the research population, the *non-probability sampling method* was chosen as the researcher acknowledged that some of the population have no chance of being selected, simply because they do not have the knowledge that is needed to fulfil the requirements of the study (Bless et al., 2013). In an effort to support this method of sampling, the *purposive sampling technique* was used to identify participants from all the entities included in the research population who were:

- Well-informed and knowledgeable about bullying of and among children with IDs,
- Willing to participate,
- Representative of a broad range of perspectives related to the research problem, and
- Able to articulate their views and perspectives (Etikan et al., 2016).

The inclusion and exclusion criteria for each entity in the population are listed in Table 5 below:

Table 5: Inclusion and exclusion criteria for participation

Entity in the population	Inclusion criteria	Exclusion criteria
Children with mild to moderate IDs	<ul style="list-style-type: none"> ▪ Children with mild to moderate ID, ▪ Between the ages of 12 and 18, ▪ Who are attending LSNSs, ▪ In the Western Cape, and ▪ Who are able to speak English. 	<ul style="list-style-type: none"> ▪ Children without mild to moderate ID, ▪ Younger than 12 years, ▪ Not attending LSNSs, and ▪ Living outside the Western Cape.
Parents/guardians of children with mild to moderate IDs	<ul style="list-style-type: none"> ▪ Parents/guardians of children with mild to moderate ID, ▪ Who are attending LSNSs, ▪ Who have been exposed to bullying, ▪ In the Western Cape, and ▪ Who are able to speak English. 	<ul style="list-style-type: none"> ▪ Parents/guardians of children without ID and not attending LSNSs, ▪ Who have not been exposed to bullying, and ▪ Living outside the Western Cape.
Educators within the LSNS environment	<ul style="list-style-type: none"> ▪ Educators, ▪ Working with children with mild to moderate IDs, ▪ Within LSNSs ▪ In the Western Cape, and ▪ Who are able to speak English. 	<ul style="list-style-type: none"> ▪ Educators who are not working with children with mild to moderate IDs, and ▪ Who are not working within LSNSs in the Western Cape.
Key stakeholders external to the school environment	<ul style="list-style-type: none"> ▪ Social workers, ▪ Nurses ▪ Medical doctors, ▪ Psychiatrists, ▪ Psychologists, ▪ Working with children with mild to moderate ID and their parents/guardians in the Western Cape, and ▪ Who are able to speak English. 	<ul style="list-style-type: none"> ▪ Stakeholders who are not working with children with mild to moderate ID and their parents in the Western Cape.

The first step was to obtain *approval and permission* from the Humanities and Social Sciences Research Ethics Committee (HSSREC) of the University of the Western Cape (UWC) (see Annexure A).

The second step was to *obtain permission* from the different stakeholder institutions to conduct this research. This included the Department of Health (DoH), the DBE, and the DSD. These organisations were invited to participate and were provided with the relevant information (see Annexure B).

The third step was to *apply the sampling method and technique*. For this study, the *sample size* was determined by completeness and saturation for the samples from all the population entities (Coetzee, 2016). Completeness was achieved when the data collected provided an overall sense of the meaning of the phenomenon being studied. Saturation was achieved when no new information came to the fore (Bachman & Schutt, 2014; Kumar, 2014). Data saturation was achieved after 12 questionnaires and interviews with children with mild to moderate ID, 15 interviews with their parents/guardians, and two focus groups with 11 educators within the LSNS environment. Furthermore, eight key stakeholders external to the school environment participated in the Delphi interviews, based on their availability and willingness to participate.

Once the sampling was done, the researcher moved on to prepare for the collection, analyses, and verification of the data.

2.5.2 Methods of Data Collection and Analyses and Data Verification

This section is introduced by a discussion on how entrée was gained to the participants in this study. The rest of the discussion is presented in terms of the four phases of the research design, and linked to the four objectives of this study that is illustrated below.

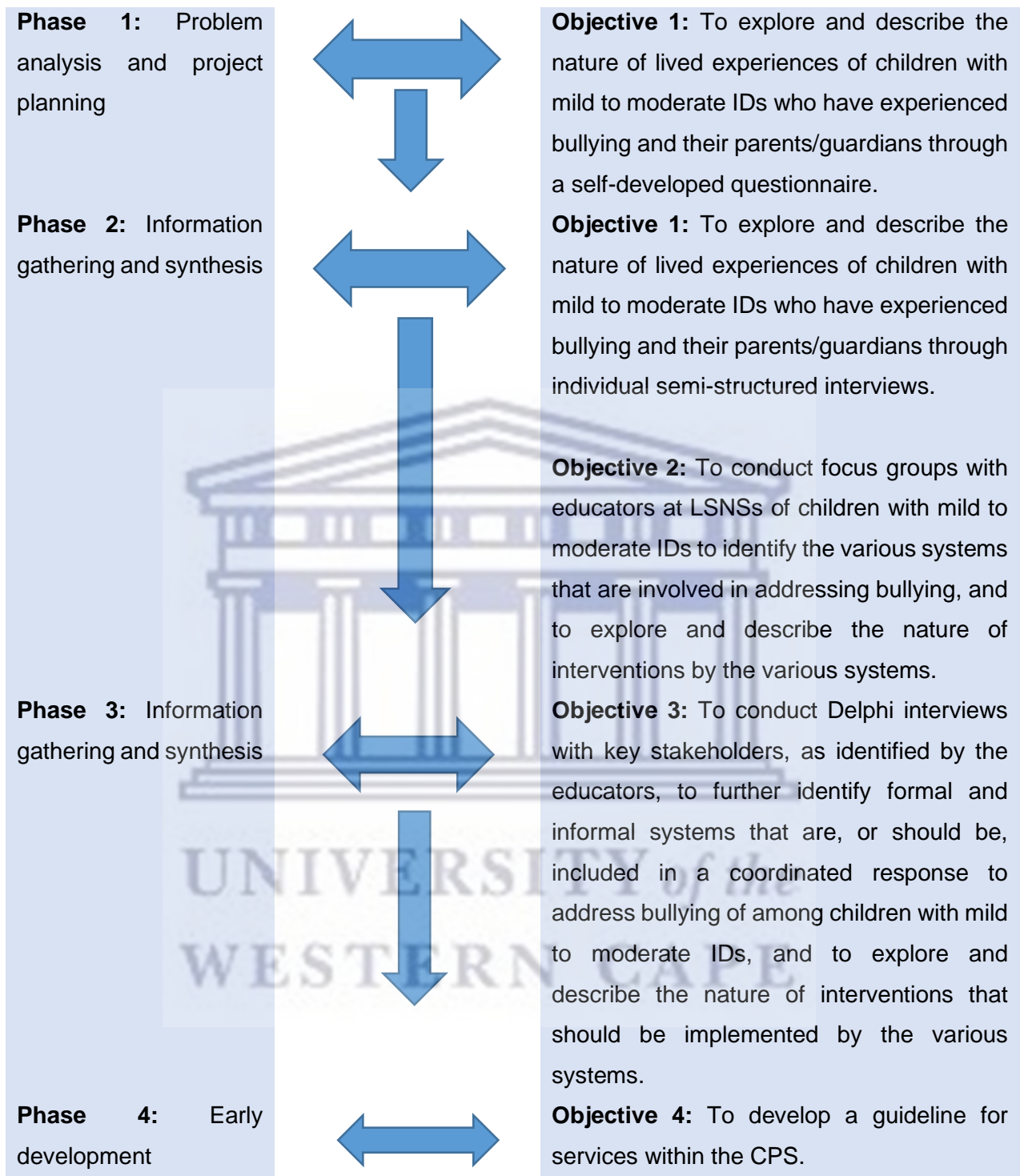


Figure 5: Data collection, analyses, and verification within the Intervention Research framework

2.5.2.1 Gaining access

In order to prepare for data collection and to gain access to possible participants, permission was requested, firstly, from the DSD, DoH, as well as the DBE, to conduct the research in settings where services are provided to children with mild to moderate IDs and their parents/guardians in the Western Cape. They were provided with the research proposal and approval of the HSSREC to make an informed decision.

Once permission was granted, the researcher contacted the service providers who met the inclusion criteria for participation. They were also informed about the nature of this study to ensure informed consent for participation. The researcher also made use of these service providers to act as gatekeepers to gain access to children with mild to moderate ID who have been exposed to bullying and their parents/guardians (Bless et al., 2013; Clark, 2010). The researcher was aware of the vulnerability of the service users and took special care to follow the necessary ethical protocols. Participation was completely voluntary and informed consent was obtained beforehand (see Annexures C, D and E).

Next, the methods of data collection, analyses, and verification are described in terms of the intervention research phase.

2.5.2.2 Objective 1 – Phase 1: Problem analysis and project planning

Objective 1 – *To explore and describe the nature of the lived experiences of children with mild to moderate IDs who have experienced bullying, and that of their parents/guardians, through a self-developed questionnaire.*

Quantitative data was obtained from the service user participants to describe the nature of bullying of and among children with mild to moderate IDs. The data was collected by means of a self-developed questionnaire (Annexure G). The researcher conducted a literature review which was guided by the research questions (Peters, et al., 2015). A

literature search on the UWC library database of the term 'bullying' was conducted, focusing on literature not older than 10 years.

The literature was used to identify closed questions that described the nature of bullying in terms of:

- Types of bullying,
- Where bullying occurs,
- Who is being bullied, and
- Who is doing the bullying (Munn et al., 2018).

Nominal levels of measurement were used to ensure that the questionnaires are not complicated (Bryman, 2016). Closed questions, also known as discrete questions, that require a simple yes or no answer were used to explore the nature of bullying among children with mild to moderate IDs. The development of the self-developed questionnaire is further described in Chapter 3 as an introduction to the literature review that informed the questionnaire.

The self-developed questionnaire was first exposed to a *pilot test* to determine the feasibility thereof, prior to conducting the main study. Through pilot testing, the researcher was able to determine whether the children are able to respond to the data collection tool, and whether the data led to a better understanding of the research topic (Bryman, 2016). In this study, the pilot test with the children participants involved a child who adhered to the inclusion criteria and who was asked to complete the questionnaire with the support of the researcher, and to participate in a semi-structured interview. This was necessary to 1) make sure that the child is able to answer the questions, and 2) to ensure that the child is not experiencing stress while doing so (Kumar, 2014). The data acquired from the pilot study underwent analysis, as outlined below, and were subsequently discussed with the study supervisor to determine whether adjustments to the questionnaire and data collection method were necessary. The outcome of the pilot study showed that the participants were able to complete the questionnaire to provide the researcher with answers to the first research question of this study.

The quantitative data were exposed to *statistical analysis*. The self-developed questionnaires were entered into an Excel spreadsheet, where after percentages were determined to describe the answers to the questions graphically (Kumar, 2014). The quantitative data in this study were used to supplement the qualitative data.

The *validity* of the findings was determined by the extent to which the data relates to the focus or key concepts of the research (Kumar, 2014). In this study, the questionnaires were based on the concept of bullying, as obtained from existing literature. Since the study did not look at a cause-and-effect aspect, but rather at a description of the nature of bullying of and among children with mild to moderate IDs, *external validity* was supported by the fact that the sample was representative of the population (Kumar, 2014). The *reliability* aspect was focused on the consistency of the measuring procedure through the use of literature to formulate the questions and a pilot study. Data was also collected in the same way from each participant (Bryman, 2016; Kumar, 2014).

2.5.2.3 Objectives 1 and 2 – Phase 2: Information gathering and synthesis

Objective 1: *To explore and describe the nature of the lived experiences of children with mild to moderate IDs who have experienced bullying, and that of their parents/guardians, through semi-structured interviews.*

The qualitative data that relates to Objective 1 was collected through individual semi-structured interviews with the children and their parents/guardians to further explore their experiences of bullying. This means that Phases 1 and 2 were interrelated. The interview guides that were used to obtain the qualitative data are presented in Annexure G.

Semi-structured interviews were found to be most suitable for this study, particularly with children with IDs. Adams (2015) explains that semi-structured interviews are conducted conversationally with one person at a time. The author further maintains that semi-structured interviews within a mixed method approach has the potential to advance the

depth of the information. Thus, the participants were encouraged to fully explore the topic and probed to give all the information they deem relevant to the focus questions (Greeff, 2011).

Questions to the children participants:

The term “bullying” was firstly described to the participating children. This was followed by the following requests:

- Tell me about what happened when you were bullied.
- Tell me about when you bullied someone else.

The researcher made use of probing and encouragement to support the participating children to elaborate on their descriptions (Greeff, 2011). Specific care was taken to ensure that the children participants did not feel judged, which is further described under ethics later in this chapter.

Questions to the participating parents/guardians:

- How would you describe your own experiences and perceptions regarding the bullying of and among children with mild to moderate IDs?
- What informal systems are you aware of that address bullying of and among these children?
 - What type of interventions does each of these systems provide?
- What formal systems are you aware of that address bullying of and among these children?
 - What type of interventions does each of these systems provide?
- What do you think is needed to prevent and address bullying effectively?

The children and parents were interviewed at different times on the same day in classrooms at the school the children attended. This enabled them to feel comfortable and relaxed in a familiar environment when engaging with the researcher (D’Eath, 2005). The duration of each interview was approximately 1 hour.

To be certain that the children participants were able to answer the research questions and that they were protected from harm, the researcher followed D'Eath's (2005) guidelines for researchers when interviewing people with IDs. This entailed the following aspects:

- Before the interview: Participants were prepared for the interview during the introduction session where they were informed of the purpose and nature of the research, as well as what their participation would mean. Specific emphasis was placed on the fact that they participated voluntarily, and that they could withdraw their participation at any time, without being penalised in any way. This will be discussed in more detail later in this chapter.
- During the interview: As mentioned above, the interviews took place at a venue known to the participants. The interviews were conducted at a time when the participants would be most relaxed and alert, which was mainly mornings.
 - Communication strategies: It was considered that the participants could have difficulty dealing with abstract concepts. For this reason:
 - Questions were phrased in short sentences and simple and clear language.
 - Words were used that were known to the participants.
 - In order to ensure that participants do not feel judged, special care was taken to not use negative wording.
 - Questions concerning numbers and time, such as 'how often' or 'since when', were avoided.
 - Questions were open-ended to not direct answers (D'Eath, 2005).

As mentioned, the researcher considered the fact that the participants may feel judged. She therefore made use of principles of non-judgement, empathy, and confidentiality (cf. D'Cruz & Jones, 2014). She also made use of minimal verbal responses, such as reflection, encouragement and probing to support the participants to fully explore their experiences and perceptions (Greeff, 2011).

Objective 2 – *To conduct focus groups with educators LSNSs of children with mild to moderate IDs to identify the various systems that are involved in addressing bullying, and to explore and describe the nature of interventions by the various systems.*

The researcher conducted semi-structured focus group interviews with educators of children with mild to moderate IDs at LSNSs who had knowledge of bullying and who have been exposed to bullying during the course of their interactions with the children to obtain data (Greeff, 2011). The semi-structured focus groups allowed for a series of open-ended questions that were discussed and explored by the group members.

Questions to the participating educators:

- How would you describe your own experiences and perceptions regarding the bullying of and among children with mild to moderate IDs?
- What informal systems are you aware of that address bullying of and among these children?
 - What type of interventions does each of these systems provide?
- What formal systems are you aware of that address bullying of and among these children?
 - What type of interventions does each of these systems provide?
- What do you think is needed to effectively prevent and address bullying?

Although the participants responded individually to the questions, they were encouraged to talk and interact with one another to explore, question, and clarify individual and shared perspectives (Kielmann et al., 2012).

The researcher conducted *pilot interviews* with one child and one parent, and with one focus group to ascertain if the method of data collection, as well as the interview guides were effective to collect relevant data. The data was analysed and discussed with the supervisor to determine if changes needed to be made (Bryman, 2016). The results of

the pilot interviews indicated that the methods of data collection and questions did indeed answer the research question related to Objectives 1 and 2.

The qualitative data was audio recorded, with the permission of the participants, and field notes were made to document the non-verbal data (Creswell, 2014). The audio recordings were transcribed after the interviews and the field notes were added to the transcripts (Greeff, 2011).

The qualitative data were **analysed** through the transcription of the data, followed by a scientific method during which themes, sub-themes and categories that portray the main ideas shared by the participants, were identified (Fouché & Delpont, 2011). To ensure consistency, the researcher and an independent coder made use of the framework for qualitative data analysis provided by Schurink et al. (2011), consisting of nine steps. The researcher and an independent coder used these steps to analyse the data separately.

The steps are:

- 1) *Planning for recording data*: The researcher made use of the method of data recording discussed above, and tested the effectiveness thereof during the pilot study.
- 2) *Data collection and preliminary analysis*: The researcher made use of the methods of data collection described above, followed by a personal reflection of her first impressions of the data that was obtained. Bulpitt and Martin (2010) refer to a reflexive approach that can assist the researcher to understand her own interpretation of the context of the study.
- 3) *Managing or organising data*: The researcher now shifted her focus to the stories of the participants. She transcribed the audio recordings and field notes into electronic transcripts. Back-ups were made to ensure that data did not get lost.
- 4) *Reading and writing memos*: The researcher read through all the transcripts, making notes of keywords that emerged from the data in a side column. She referred back to the field notes and her own reflection sheets to add relevant observations to the keywords.

- 5) *Generating categories, themes, and patterns*: The keywords were grouped together under topics, after which the researcher described the topics in terms of main themes.
- 6) *Coding the data*: The researcher went back to the transcripts and memos and placed the data and memo notes under the relevant main themes.
- 7) *Testing the emergent understanding*: The data under each main theme were evaluated in terms of relevance to the research questions. Irrelevant data were eliminated at this point.
- 8) *Interpreting and developing typologies*: The remaining data under each main theme were now listed under sub-themes and categories. The aim was to develop typologies to link the sub-themes and categories together under the relevant main themes.
- 9) *Presenting the data*: Once the researcher, the independent coder and the supervisor agreed on the themes, sub-themes and categories, the researcher proceeded to present the findings in separate chapters of the research report.

Throughout the research process, the method of data verification was utilised to ensure the scientific value of the findings. This will be discussed in the next section.

2..5.2.4 Objective 3 – Phase 3: Information gathering and synthesis

Objective 3 – *To conduct Delphi Interviews with key stakeholders, as identified by the educators, to further identify formal and informal systems that are, or should be, included in a coordinated response to address the bullying of and among children with mild to moderate IDs, and to explore and describe the nature of interventions that should be implemented by the various systems.*

Once the qualitative and quantitative findings were described, the researcher made use of the Delphi method of data collection to further identify systems, as well as the components to be included in a guideline for a coordinated CPS response. Key role players, selected through the sampling technique mentioned earlier, were invited to take part in discussions regarding the content of the guideline (Yıldırım & Büyüköztürk, 2018;

Grime & Wright, 2016). The selection was based on their expert knowledge and experience to include a heterogeneous group of between five and 20 participants with multiple viewpoints (Avella, 2016; Grime & Wright, 2016).

Grime and Wright (2016) and Fraser and Galinsky (2010) note that the Delphi method often makes use of qualitative and quantitative data collection methods, and it could be based on individual or group inputs. In this study, the researcher made use of a qualitative approach where the participants discussed the content of the findings obtained in Phases 1 and 2, and reached consensus regarding what to include in the guideline. Importantly, the researcher planned and facilitated the interviews, but did not participate. This was valuable, as it ensured the neutrality of the research (Avella, 2016). Of significance to this study is the notion that the Delphi method is considered inclusive, collaborative, and participatory (Brady, 2015).

In this study, the participating key role players took part in two group discussions that explored their knowledge, experience, and opinions about the key aspects to be included in a guideline for a coordinated response within the CPS to prevent and respond to the bullying of and among children with mild to moderate IDs. The discussions consisted of three actions (Massaroli et al., 2017), namely:

- a) The researcher presented the quantitative and qualitative findings related to preventing and addressing bullying of and among children with mild to moderate IDs, as identified in the first two phases of the intervention research process to the panel of key role players. They were provided with this information prior to a focus group discussion between all the key role players. They were encouraged to analyse and identify the key elements to be included in a guideline for a coordinated response. Their discussion was recorded and transcribed. The transcriptions were analysed according to the same procedure for qualitative data analysis followed in Phase 2 to contribute to consistency. The analysis was used to identify key elements to include in the guideline.
- b) The analysis of the first discussion was provided to the participants as part of a member check. The findings were e-mailed to the participants, and they were

requested to either confirm that it is a true reflection of the discussion, or to provide the researcher with amendments to the findings. The researcher then listed the key elements identified by the participants as a framework for the guideline. These elements were converted into goals within the guideline.

- c) The group of stakeholders were then provided with the list of goals prior to the second discussion. During the second discussion, they were requested to reach a consensus regarding the goals to be included in the guideline, and then to identify the actions, resources, role players and monitoring tools for each goal. This discussion informed the operational elements for the guideline.

2.5.2.5 Objective 4 – Phase 4: Early development

Objective 4 – To develop a guideline for services within the CPS.

The guideline was based on the final outcome of the findings obtained in Phase 3. The researcher identified the main goals related to the identified key elements. Each goal was described in terms of:

- The action needed,
- The role players needed for the action,
- Resources needed, and
- The desired outcome of each action.

Schurink et al. (2011) adapted Guba's framework for *qualitative data verification*. The authors identified credibility, transferability, dependability, and confirmability as criteria to support data verification. In this study it involved:

- *Credibility*: The credibility of the data is determined by the extent to which the findings reflect the true input of the participants. It is referred to as the truth-value of the findings.

The credibility of the qualitative findings in this study was supported by a triangulation of different sources of data and different methods of data collection,

member checks, the interview guides and techniques, and methods of data recording and analysis (cf. Schurink et al., 2011). The sampling method and technique was aimed at obtaining data from the participants who were able to answer the research question best. The interview guides and techniques furthermore guided the collection of data, while the transcripts represented the verbatim input of the participants. The transcripts were analysed by the researcher and an independent coder to ensure that the end result reflected the experiences and viewpoints of the participants. During the third phase, the data was analysed concurrently so that the participants could validate the credibility of the findings as part of member checking (Anney, 2014; Lietz & Zayas, 2010).

- *Transferability*: The scientific value of the study is enhanced when the findings can be transferred to other applicable contexts. Transferability in qualitative research can be tricky because of the contextual nature of the findings (Lietz & Zayas, 2010). Confirming this challenge, Schurink et al. (2011) propose that the methodology should be carefully described so that researchers can replicate the study in other contexts. In addition, Lietz and Zayas (2010) propose that the context in which the study took place must be clearly indicated to ensure that the findings are understood within the specific context.

In this study, the transferability of the research findings was enhanced through an in-depth description of the research methodology in this chapter, a theoretical framework to guide the interpretation of the findings, triangulation of sources of data and the purposive sampling technique (cf. Anney, 2014; Schurink et al., 2011).

- *Dependability*: The value of qualitative research findings is determined by the quality of how the methodology was documented. An audit trail is one way to achieve dependability (Anney, 2014; Lietz & Zayas, 2010).

The dependability of this study was addressed through an in-depth discussion of the implementation of the research process and methodology (cf. Schurink et al., 2011). In addition, a literature control was conducted to compare and contrast the findings with existing literature. The methods of data collection, recording, and storing further served as a protocol against which the dependability of the findings can be verified.

- *Confirmability*: The neutrality of the findings ensure confirmability. This means that the findings must be linked to the data (Lietz & Zayas, 2010).

The researcher made use of interview techniques to collect the data, transcripts, and field notes to document the data, a systematic framework for data analysis, and a literature control to be used by herself and an independent coder to support confirmability (cf. Schurink et al., 2011). The independent coder made use of the verbatim input of the participants by making use of the transcripts. The researcher's own interpretations were therefore not included in the analysis. The validation of the findings by the participants, as elaborated on under the discussion on credibility, also supported the confirmability of the findings (Anney, 2014). The literature control further enhanced the confirmability of the findings.

- *Reflexivity*: Reflexive practice by a researcher supports both the credibility and the confirmability of qualitative data (Roller & Lavrakas, 2015).

In this study, reflexivity firstly entailed a reflection on each step in the research process, and how the methods and techniques contributed, or not, to goal attainment. Secondly, it entailed a reflection that ensured that the researcher was aware of how her own experiences and perspectives could influence her interpretation of the findings. Reflexivity in this study thus supported the credibility and confirmability of the data to ensure that the findings were a true reflection of the data obtained from the participants (Roller & Lavrakas, 2015; Anney, 2014).

This research study was further guided by ethical principles aimed at protecting the participants, which will be presented next.

2.6 ETHICS

Social research involves a variety of types of engagements with humans, which requires ethical practice to protect the participants from any form of harm (Strydom, 2011). With this in mind, the following statement guided ethical practice in this study:

Children with physical, sensory, intellectual or mental health disabilities are among the most excluded of all the world's children and face serious barriers to the full

enjoyment of their human rights. They are less likely than other children to be in school, they often have trouble using the health services they need, and are particularly vulnerable to violence, abuse and exploitation (Philpott & McLaren, 2011, p. 1).

With the specific vulnerabilities of children with IDs in mind, the researcher paid attention to the avoidance of harm to all participants, debriefing opportunities, voluntary participation through informed consent, anonymity, confidentiality, privacy, and data storage and management.

2.6.1 Avoidance of Harm and Debriefing

Social research often has to do with sensitive topics, while qualitative studies have to do with direct engagements with the people closely related to these topics. The participation in qualitative studies could therefore cause participants emotional, social and/or physical harm (Strydom, 2011). For this reason, a key ethical component of qualitative research is to plan research in such a way that the participants are protected from harm (Sanjari et al., 2014).

In this study, data collection was planned according to times and venues that best suited the participants, and that protected their privacy. This was especially relevant to the children as participants in this research process. Based on D'Eath's (2005) guidelines for interviewing children with IDs, venues were chosen that were known to them.

The sensitive nature of the topic of bullying of and among children with mild to moderate IDs was acknowledged. It was therefore important to prepare the participants for their participation. In doing so, they were assured that they would not be judged in any way, and they reassured that the goal of this study was to explore their viewpoints and experiences.

Akaranga and Makau (2016) note that researchers should on the one hand plan to prevent harm from occurring, and on the other hand address the harm, should it occur

despite efforts to prevent it. In terms of possible emotional harm, the researcher arranged for a registered social worker to be available for debriefing if it appeared that the participants were emotionally affected by the interviews (Sanjari et al., 2014; Strydom, 2011). The researcher entered into a contract with the social worker and provided her supervisor with the contract prior to conducting the interviews. The social worker was available on the days the interviews took place for debriefing of participants when needed. In this study, none of the participants requested a debriefing opportunity.

2.6.2 Voluntary Participation and Informed Consent/Assent

Akaranga and Makau (2016) assert that participation in research should always be voluntary and based on informed consent. In order to decide whether to participate or not, the participants must receive all relevant information regarding the research (Neuman, 2014). Voluntary participation also involves voluntary consent, meaning that no pressure must be put on prospective participants to sign consent forms, to participate, or to complete participation. Participants must be aware that they can withdraw their participation at any time (Creswell, 2014).

In this study, the assurance of voluntary participation and the invitation letters (see Annexure H) that supported informed consent included the following aspects:

- The researcher's name and contact details
- The name of the university, the supervisor's name, her contact details, and an invitation to contact the supervisor or the university if questions arise
- The research topic and goal
- The nature of data collection
- Identification of the risks and benefits of participation
- Assurance of anonymity, confidentiality, and privacy
- Assurance of voluntary participation and the right to withdraw at any time, and
- Acknowledgement that the information in the invitation letters have been discussed with the participants, and that the participants were given the opportunity to ask questions for clarification (Creswell, 2014).

In terms of the parents/guardians of children with IDs, educators and key role players, letters of invitation to organisations, as well as the prospective participants provided them with the above information. Meetings with the organisations and participants who indicated that they were willing to participate were arranged to provide the opportunity for the prospective participants to raise concerns, ask questions, and identify possible risks and benefits of participation. Once they were satisfied with the information they received and agreed to participate, they were requested to sign a written consent form (see Annexures C and E).

Child participation is a right enshrined in the Bill of Rights (RSA, 1996a). Broström (2012) argues that one has to distinguish between adults' perceptions of how children perceive and experience a situation, and how children themselves describe their perceptions and experiences. The importance of the latter is, according to this author, emphasised by the UNCRC (OHCHR, 1989) that supports children's active participation in the planning of services to them. Similarly, Berman et al. (2016) accentuate the need to develop interventions aimed at protecting and supporting children, based on their unique contexts and their descriptions of what is needed to support them. Furthermore, the diversity of children should be acknowledged, meaning that aspects such as age, gender, and socioeconomic status might influence the way children perceive a research topic. In the case of this study, the IDs of the children participants would influence the way they perceive bullying of and among them. The guideline that emanated from this study therefore required the inclusion of children's descriptions of the research topic.

While children have the right to participate in processes affecting them, they have the right to be afforded the opportunity to decide whether to participate or not. Being a vulnerable group, special care should be taken to ensure that children's participation in research is voluntary and that they understand what their participation will entail (Akaranga & Makau, 2016). In following the necessary protocols, informed assent was obtained beforehand. In other words, the parents/guardians of the children gave informed consent that the children could participate (Waligora et al., 2014; Dockett & Perry, 2011). The parents/guardians of the children participants were provided with all of the

abovementioned information and asked to provide the researcher with consent. If the parents/guardians agreed, the children were informed about the research topic and the research goal, and the term 'bullying' was explained to them in an age and competence related manner (see Annexure H). They were then afforded the opportunity to ask questions and to decide if they wanted to participate or not (see Annexure D).

2.6.3 Anonymity, Confidentiality and Privacy

Anonymity, confidentiality, and privacy are interrelated terms.

- *Anonymity* refers to the protection of personal identification of participants (Cohen et al., 2018; Kumar 2014). Neuman (2014) refers to anonymity as keeping the identity of participants anonymous or nameless. This requires that the personal information about the participants must be stored in a safe place and that access to this information is restricted.
- *Confidentiality* refers the data, meaning that information can only be used for the purpose of the research. Similar to anonymity, transcripts, audio recordings, and all other sources of information that link a particular participant with specific data should be stored in a safe place with limited access (Cohen et al., 2018; Kumar 2014; Bless et al., 2013).
- *Privacy* relates to both anonymity and confidentiality as it requires that the personal information and the link between data and a particular participant are dealt with in a private way, which also includes the management and storage of data (Strydom, 2011). Privacy further ensures that the research questions are focused on the research topic, and that private information that does not contribute to the research is not included.

In line with the description above, anonymity, confidentiality and privacy were dealt with simultaneously in this study. The invitation letters and interviews stipulated that all personal details, the informed consent letters, the transcripts, and the audio recordings would be securely stored on a password protected computer accessible only to the researcher and her supervisor, while the independent coder only had access to the transcripts. To ensure anonymity and confidentiality, no personal information appeared

on the transcripts. Code-names were assigned to each participant, which were used on the transcripts. Furthermore, the findings were presented as a collective story to prevent identification of individual contributions (cf. Cohen et al., 2018; Kumar, 2014; Neuman, 2014; Bless et al., 2013; Strydom, 2011). Confidentiality forms (see Annexure F) were signed by the participants of the focus groups to ensure confidentiality of the discussions that took place within these sessions.

2.6.4 Data Storage and Management

Typical in qualitative research studies, the informed consent forms, the recordings of data, and the transcripts result in a lot of material that must be stored and managed. As mentioned above, this is an essential ethical consideration, because the anonymity, confidentiality and privacy of the participants and the data must be protected (Cohen et al., 2018).

As discussed in the previous section, the informed consent forms, transcripts, questionnaires, and audio recordings were stored in a secure locked space accessible only the researcher and her supervisor. These documents and recordings will be stored for a period of five years before being disposed of in an appropriate manner. All other documents were stored safely on a password protected computer (Strydom, 2011).

Cohen et al., (2018) also refer to the dissemination of research results as a central part of the management of data. Similarly, Akaranga and Makau (2016) note that ethics need to relate to the purpose of research, meaning that it should generate and share new knowledge and understanding related to the research study (cf. Pandey & Pandey, 2015). In this study, the transcripts were analysed, and the findings were presented as a collective story through a discussion of themes, sub-themes, and categories in the research report. Furthermore, the researcher will submit a discussion of the findings as a journal article to an accredited, peer reviewed journal.

2.7 LIMITATIONS OF THIS STUDY

The process of obtaining permission and support to conduct the research from various entities, including the Department of Education (DoE), DSD, DoH, Child Welfare Society, Badisa, Afrikaanse Christelike Vroue Vereniging (ACVV), and private professionals, was significantly impacted by the outbreak and prolonged duration of the COVID-19 pandemic. This necessitated an extended period and multiple efforts to secure permission and gain access to participants. The pandemic influenced the timeline for data collection and the method of data gathering. For instance, conducting face-to-face interviews and focus groups was contingent on national regulations permitting such interactions, and adherence to all safety protocols. Access to schools, in particular, proved challenging during the pandemic.

Another limitation arose from the difficulty experienced by key stakeholders in making themselves available for Delphi interviews, resulting in a smaller participant group than initially anticipated. To accommodate these participants, the researcher utilised an online platform for conducting these interviews.

2.8 CONCLUSION

This chapter described the methodology employed in this study. The discussion in the chapter was introduced by the paradigm from which this research was approached. The research approach and design were presented, followed by a description of the research methods and techniques. The method of data verification was discussed, followed by a description of the ethical considerations that were adhered to during the research process.

The research was based on three aims that will be presented in the chapters that follow. Chapters 3, 4 and 5 represent the first aim, namely, *to explore and describe the nature of bullying of and among children with mild to moderate IDs*. The objective that informed the methods employed to attain this aim was to explore and describe the nature of the lived experiences of children with mild to moderate IDs who have experienced bullying,

and that of their parents/guardians, through a self-developed questionnaire and individual semi-structured interviews.

The following chapter presents the literature review that informed the development of the self-developed questionnaire and explored the services to children with mild to moderate IDs who are bullied or who bully within the CPS. The latter focus will support the second and third aim of this study.



CHAPTER 3

LITERATURE REVIEW

3.1 INTRODUCTION

This study was guided by the following three aims:

- 1) To explore and describe the **nature of bullying** of and among children with mild to moderate IDs,
- 2) To identify **formal and informal systems** that should be included in a coordinated response to address bullying of and among children with mild to moderate IDs, and
- 3) To identify and operationalise the **components for both preventing and responding effectively to the bullying** of and among children with mild to moderate IDs to be included in a guideline for the CPS.

This chapter focuses on literature that will support the above aims. The review of the literature was directed at supporting the development of a self-developed questionnaire, to look at existing knowledge on the topic under investigation, and to compare these insights with the findings of this study.

In terms of the Intervention Design and Development research framework of Rothman and Thomas (1994) that guided this study, the literature review supported Step 1 of Phase 1, and Step 2 of Phase 2, as described below.

Phase 1, Step 1 – Using existing information sources: The definitions of key concepts and how they relate to this study, the preliminary literature review, and the theoretical framework presented in Chapter 1, assisted the researcher to develop an understanding of the current knowledge base related to the research topic, and to identify the research problem and questions. In this chapter, a more in-depth exploration of bullying was used to support the development of the self-developed questionnaire.

Phase 2, Step 2 – Identifying elements of successful models: An in-depth discussion of the CPS in the South African context, as well as preventative and responsive services aimed at addressing bullying provided the researcher with a clear framework of existing services and models, which was used to compare and contrast the findings of this present study.

The term “self-developed questionnaire” will be discussed first to describe how the information in this chapter was utilised to develop the questionnaire employed in this study. This will be followed by a description of the terms “bullying”, “bullying of children with IDs”, and “bullying among children with IDs”. The chapter concludes with a description of existing services, guidelines, and models focused on preventing and responding to bullying within the CPS.

3.2 SELF-DEVELOPED QUESTIONNAIRE

The purpose of the questionnaire was to enable the researcher to describe the nature of bullying as experienced by South African children with mild to moderate IDs and their parents/guardians as the first objective that relates to the first aim of this study. The relevance of a self-developed questionnaire was that it enabled the researcher to obtain context-relevant information, while also relating the findings to what is currently known and understood about the topic (Peters et al., 2015). The literature review presented in this chapter, therefore, provided the researcher with a framework of what is generally understood by the nature of bullying to identify key elements to serve as a foundation for the development and validation of the questionnaire (Metaxas et al., 2018; Leavy, 2017).

Specific care was taken to address those aspects that could influence the value of this method of data collection. Firstly, the researcher wanted to increase the validity of the findings, and therefore decided to use the same questionnaire for the children participants and their parents/guardians. She therefore had to carefully phrase the questions in such a way that they would be understood by the children participants. It was decided to only make use of closed questions to avoid confusion by providing too many options, or by the requests being too complicated (Bryman, 2016). All of the

questions focused on the nature of bullying to ensure that the research aim was attained. The parents/guardians were informed that they would be requested to complete the same questionnaire during the introduction interviews. A pilot study confirmed that the children participants could indeed successfully respond to the questions. It was also found that the parents could relate to the questions, and that they understood that they *and* their children would be answering the same questions.

Secondly, the wording of the questionnaires was another important factor to consider. Cohen et al. (2018) and Kumar's (2014) advice was followed, heeding the guidelines below:

- Not using more than one answer in one question, for example, using 'and, or, and therefore'.
- Not directing the answer, for example, using judgemental language that could influence responses.
- Keeping questions short.
- Avoiding technical jargon and language.

According to Etikan and Bala (2017), researchers should make sure that the questionnaires address what they need to know. The focus of the questions should thus be clear. In this study, the researcher was interested in the nature of bullying and therefore wanted to know how the literature describes bullying in terms of:

- Types of bullying,
- Where bullying occurs,
- Who is being bullied, and
- Who does the bullying (Griffin et al., 2019; Swearer Napolitano & Espelage, 2011).

This, then, informed the topics discussed in this chapter. To further contribute to the validity of the questionnaire, and therefore the findings, the steps followed during the development of the questionnaire are provided below.

3.2.1 Steps Followed to Develop the Questionnaire

The researcher was guided by Cohen et al. (2018) and Pandey and Pandey's (2015) description of important factors to consider when developing a questionnaire. The following steps were followed:

- 1) The researcher used the objective for this part of the study as a guide to inform all decisions related to the questionnaire.
- 2) The purpose of the questionnaire was provided as an introduction to inform the participants what the questions are about. Specific care was taken to ensure that the participants understood that their participation and contributions are in no way judgemental in nature.
- 3) The introduction also provided a clear description of what is expected of the participants to be able to answer the questions, and included an example.
- 4) The questions, as identified in this chapter, were then themed under main topics as indicated in the previous section, followed by the questions related to each topic.
- 5) The set of questions were then compared to the research aim and objective, followed by a discussion with the research supervisor of what to include and what to exclude to make sure that the research question is answered effectively.

The next section will present the key topics that were used to develop the questionnaire.

3.3 BULLYING

Bullying has not only persisted in the school environment for decades but has also become an integral part of the daily reality for many learners and teachers worldwide. Consequently, bullying has evolved into a significant public health concern (Tang et al., 2020; Ferrara et al., 2019; Reyneke & Jacobs, 2018; Hall, 2017; Marsh, 2018; Douvlos et al., 2018; Shetgiri, 2013). Public health has to do with prevention, recovery, and rehabilitation to promote holistic well-being. It encompasses the health of all members of society as a focus of government regulations and support (Binns & Low, 2015). In this study, the focus was on facilitating the development of a coordinated response to bullying

through the CPS, thereby contributing to the promotion of public health that targets a vulnerable group.

3.3.1 Defining Bullying

A variety of authors have sought to define the concept of "bullying" over the years. Olweus (1993) is credited with bringing clarity to the term and arguing that this phenomenon constitutes a violation of human rights (Olweus, 2013). However, the definition has evolved over the decades. Despite the substantial attention given to bullying over the last two decades and the abundance of current research, Volk et al. (2014) argue that an adequate and uniform definition is still lacking. However, the definitions included in this study share common features and elements.

Table 6: Common definitional features and elements of bullying

Author	Date	Features/Elements
Olweus	1993	Exposed repeatedly; negative actions on the part of one or more persons; power imbalance
Centre for Justice and Crime Prevention (CJCP)	2012	Repeatedly picking with the aim of hurting or harming the victim physically, emotionally, or socially
Chatzitheochari et al.	2014	Aggressive behaviour; repeated over time; intention to harm the victim; imbalance of power
Volk et al.	2014	Aggressive goal-directed behaviour that harms another person within the context of a power imbalance
Hemphill et al.	2014	Aggressive behaviour; repeated; harmful; power imbalance; intentional and deliberate
Hymel & Swearer	2015	Deliberate; cause harm; imbalance of power; repeated over time
Hornby	2016	Deliberate; cause harm; imbalance of power; repeated over time; vulnerable children
Pinquart	2017	Aggressive behaviour; repeated over time; intention to harm the victim; imbalance of power; vulnerable children

Scherman & Annunziato	2018	Aggressive behaviour; repeated over time; intention to harm the victim; imbalance of power; vulnerable children
Rajamanickam et al.	2019	Imbalance of power; physical power; social status and group size; vulnerable children
Nelson et al.	2019	Goal-directed; intentional aggressive behaviour; exploitation of imbalance of power to repeatedly dominate the victim

Table 6 above provides a synopsis of common elements present in the definition of bullying. These common elements inherent in the definition of bullying were identified as relevant for this study and will be unpacked further in the following sub-sections.

3.3.1.1 Power imbalance and vulnerability

In all the definitions mentioned earlier, the inclusion of an imbalance of power is a common feature. Cornell and Limber (2015) go so far as to posit that the issue of a power imbalance lies at the heart of bullying. To understand the imbalance of the power element, one needs to understand power relations, i.e., situations where one person or group has more power than another person or group (Marsh, 2018; Hymel & Swearer, 2015). One also needs to explore where the power imbalance comes from. In this sense, the entire issue of power imbalance may be either actual or perceived. This implies that power relations can render individuals and groups vulnerable to bullying based on an actual power imbalance, such as physical size, or a perceived power imbalance, for example, social status. Consequently, victims of bullying may find themselves unable to defend themselves against such power dynamics (Hymel & Swearer, 2015; Cornell & Limber, 2015; Hemphill et al., 2014).

Marsh (2018) claims that the imbalance of power lies in the need to achieve and maintain dominance and to elevate status within the group. Power imbalance can further be viewed as differences between individuals or groups that influence the way in which social relations take place. Rajamanickam et al. (2019), Hornby (2016), Volk et al. (2014), Waseem et al. (2013) and Thornberg et al. (2013) all agree that the power imbalance could come from a broad range of sources that all have to do with leaving an individual

or group vulnerable to being bullied. These could include differences, may be actual or perceived, and could be reflected in a range of characteristics, such as –

- Physical appearance,
- Popularity,
- Social status,
- Gender,
- Ability and/or skills differential factors,
- Religion,
- Sexual orientation, and
- Ethnic origin.

In summary, the bully is perceived as having power or actually possesses more power for a specific reason, while the victim experiences a lack of power that affects their ability to respond effectively to bullying, resulting in vulnerability. Assessing a power imbalance can be challenging, but according to Cornell and Limber (2015), even though bullying often revolves around verbal and social interactions, it is essential to assess power differences such as peer status, self-confidence, or cognitive capability.

3.3.1.2 Intentional aggressive and harmful acts

The definitions of bullying refer to harm that is caused to the victim through aggressive acts. These acts include the following:

- Physical,
- Verbal,
- Psychological, and
- Social aggressive, as well as
- Intimidating behaviour (Rivara & Le Menestrel, 2016; Darney et al., 2013).

As part of the imbalance of power that leaves individuals and groups vulnerable to being bullied, bullying further refers to a purposeful and deliberate intention to harm through words, actions, or behaviour. As such, bullying behaviour is deliberately intended to

cause social, physical, or psychological harm to the victim. Authors agree that the intention behind bullying is to cause:

- Fear,
- Intimidation,
- Humiliation, or
- Distress (Waseem & Nickerson, 2020; Maunder & Crafter, 2018; Thornberg & Wänström, 2018; Hornby, 2016; Hymel & Swearer, 2015; Volk et al., 2014; Howell & Flores, 2014).

3.3.1.3 Repetitiveness

Most of the definitions of bullying listed above describe bullying as repetitive in nature, which means that the victim is targeted over a period of time (cf. Scherman & Annunziato, 2018; Menesini & Salmivalli, 2017; Hornby, 2016; Cornell & Limber, 2015). Although repetition is a strong feature of bullying, some authors have postulated that bullying can involve a single action (Rajamanickam et al., 2019; Maunder & Crafter, 2018). However, while these authors view the single action of bullying as a feature of bullying, the majority of the research studies reviewed highlight repetition as a key characteristic of bullying (Maunder & Crafter, 2018; Marsh, 2018; Wolke & Skew, 2012), and concur that the repetition of the bullying behaviour is part of the bullying dynamic.

3.3.2 Types of Bullying

“Types of bullying” are closely related to the above definitions of the term. For the purpose of this study, the descriptions of types of bullying provided by Arnout et al. (2020), Connell et al. (2019), Darney et al. (2013), Dworkin (2018), the United Nations Educational, Scientific and Cultural Organisation (UNESCO) (UNESCO, 2017), Pinguart (2017), Shetgiri (2013), Malian (2012), and the CJCP (2012) were studied. The common elements to describe the types of bullying were identified and tabularised below:

Table 7: Types of bullying

Type of bullying	Description
Physical	<p>The bullying is physical in nature and includes:</p> <ul style="list-style-type: none"> ▪ Hitting, ▪ kicking, ▪ Pushing, ▪ Pulling of hair, ▪ Destruction of property, ▪ Choking, and ▪ Forcefully taking something from the victim.
Psychological/emotional	<p>The bullying is directed at causing emotional distress through, among others:</p> <ul style="list-style-type: none"> ▪ Exclusion from events or groups, ▪ Spreading rumours, and ▪ Ethnic bullying that may include name calling. <p>The latter form of bullying includes racist bullying which includes belittling, mocking, intimidation, shaming someone because of physical appearance, ethnic background, religious or cultural practices and/or the way they dress or talk.</p>
Verbal	<p>This has to do with verbal communication that is aimed at social and/or emotional harm. This can include:</p> <ul style="list-style-type: none"> ▪ Malicious teasing, ▪ Taunting, ▪ Spreading rumours, ▪ Threats, and <p>Name-calling.</p>
Relational/social	<p>Here bullying is aimed at a harmful social result that also affects relationships. This type of bullying focuses on:</p> <ul style="list-style-type: none"> ▪ Gossiping, ▪ Slandering, ▪ Sabotaging, and ▪ Convincing peers to exclude victims.

	This form of bullying is meant to damage a person's reputation or relationships and includes excluding the person from social groups.
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The descriptions obtained from the literature highlight the interrelatedness of bullying. For example, spreading rumours or name-calling has to do with verbal bullying on the one hand. On the other hand, it seeks to negatively influence the *person's relationships* or *social standing*, as well as impacts on their *emotional well-being*. Therefore, these two acts involve three types of bullying.

The type of bullying also indicates the type of impact on the victim. For example, physical bullying will result in either physical injuries or harm, or damage to the victim's property. Psychological bullying will lead to influences on the emotional well-being of the victim, such as feeling rejected and powerless, and a lack of self-worth. Importantly, psychological or emotional bullying often takes place through verbal bullying, which also affects the person's relations and social well-being.

To better understand the types of bullying and the influence of each, one must also consider where it takes place.

3.3.3 Where Bullying Occurs

In terms of "where bullying occurs", it often takes place in areas or locations where there is inadequate supervision, but where there are often bystanders who witness the bullying (Callaghan et al., 2019; Stives et al., 2018; Darney et al., 2013), such as:

- Toilets,
- Bathrooms,
- Classrooms,
- Lunchrooms, and
- Playgrounds (Hlophe et al., 2017; Darney et al., 2013; Douvlos, 2018; UNESCO, 2017; Johnson, 2013).

Looking at power imbalance, the fact that bullying takes place where there is inadequate supervision indicates that the bully will make use of a situation where they can exercise power, and where they can intentionally harm vulnerable persons and groups without fear of getting into trouble. They therefore exploit the situation, while their intention is to cause physical, emotional, or social harm to a person perceived as having less power. The fact that witnesses are often present relates to the intention to cause social or relational harm. For instance, the bully may decide to use verbal bullying to ensure that the victim is excluded from a group activity, causing emotional, social, and relational harm.

To further understand the impact of bullying and the context in which it occurs, it is important to also understand who is vulnerable to becoming a victim of bullying.

3.3.4 Victims of Bullying

Similar to the definitions of bullying and the description of the types of bullying above, Callaghan et al. (2019) state that there are a broad range of risk factors that make certain children more vulnerable to becoming “victims of bullying”. Authors such as Chatzitheochari et al. (2014), Faris and Felmlee (2014), Shetgiri (2013), and Wolke and Skew (2012) identify the following aspects that may increase vulnerability or the risk of becoming a target for bullies:

- Gender,
- Age,
- Appearance, for example, being small in stature,
- Characteristics of
 - Being less assertive,
 - Being more anxious,
 - Being insecure,
 - Being sensitive, and
 - Having a lower self-esteem,
- Having trouble in building relationships and/or rejection by peers,
- School achievement,
- Socioeconomic status,

- Family circumstances,
- Parenting style,
- Low social support and isolation, and
- Ethnicity.

In this present study, school achievement may be viewed as an aspect that makes children with low to moderate IDs vulnerable to bullying behaviour (Griffin et al., 2019). In support of this viewpoint, the findings of a study conducted by Pinquart (2017) reveal that children and adolescents with chronic physical illness or disability were more likely to be victims of bullying in general. The author explains that a child who is physically different may be an easy target for victimisation. Similarly, Wright (2020) contends that learners with a visible disability are more likely to be bullied. In the context of this study, Lung et al. (2019), Malian (2012), and Gil and da Costa (2010) maintain that children with learning disabilities, IDs, and autism spectrum disorder have shown to be at higher risk of being bullied compared to their peers. The author further posits that learners with IDs are also at risk of victimisation because they have less resources to cope with a hostile environment.

In line with the characteristics of children who may be vulnerable to being bullied, Birkmann et al.'s (2013) description of the concept of vulnerability in terms of levels was considered. These authors expand the concept in terms of five levels, as illustrated in Figure 6 below.

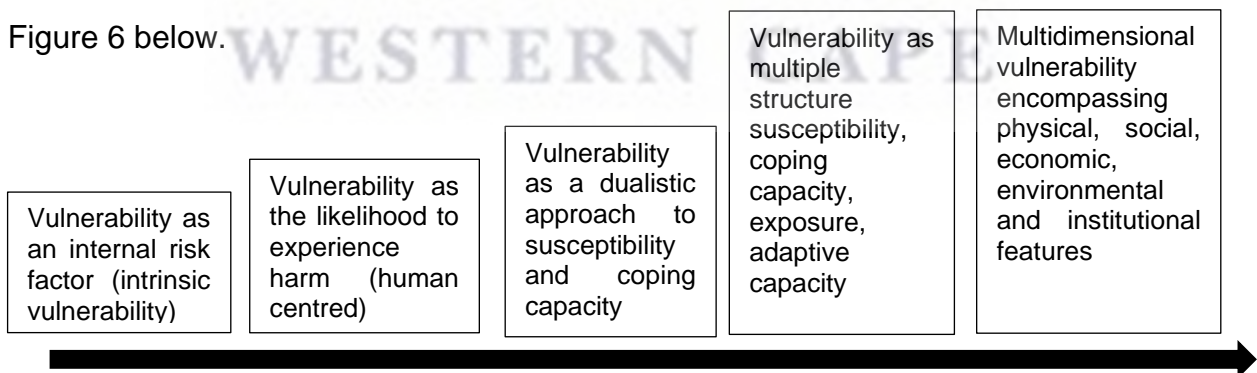


Figure 6: Widening of the concept of vulnerability

(Birkmann et al., 2013)

The above levels, for the purpose of this study, were adapted as follows:

- 1) Internal vulnerability based on a perceived imbalance of power,
- 2) Likelihood of becoming vulnerable due to possible exposure of bullying that may occur,
- 3) Dualistic approach that includes susceptibility and coping capacity, which combines the first two levels,
- 4) Multiple approach which refers to susceptibility, coping capacity, exposure, and adaptive capacity. It includes the response to the bullying and ability to deal with harm caused, and
- 5) Multidimensional vulnerability, which includes physical, emotional, social, environmental and institutional features, referring to services that prevent and respond to bullying.

The above levels present a trajectory of how vulnerability positions itself differently at various contextual levels. Maunder and Crafter (2018) concur with this viewpoint, describing vulnerability as layered and complex, nested within various contexts. Thus, vulnerability begins with an internal vulnerability as a risk factor, progressing to the likelihood of being harmed due to external factors. Next, vulnerability is linked to the ability to respond effectively to harmful situations and to cope with them. The subsequent level introduces the capacity to adapt, while the final level associates vulnerability with psycho-socioeconomic, environmental, and institutional systems, or their absence. To both prevent and respond to bullying while considering the above levels of vulnerability, Birkmann et al. (2013) argue that services should be focused on addressing exposure, susceptibility, and resilience.

Wisner et al. (2012) endorse the aforementioned perspective, further stating that the concept of vulnerability encompasses various social processes that, when combined, create susceptibility to loss, harm, and obstacles to recovery. Expanding on this, Birkmann et al. (2013) maintain that the term vulnerability is a social construct, which represents the potential harm experienced by a person, assets, activity, or collection of items that are at risk due to a particular occurrence, in the case of this study, bullying

behaviour. Focusing on the vulnerability of children, Waseem et al. (2013) link vulnerability with low self-esteem, and add that children raised in poor socioeconomic circumstances and where income inequality is high are vulnerable to becoming victims of bullying. Faris and Felmlee (2014) and others (cf. UNESCO, 2017; Piquart, 2017; Johnson, 2013), however, argue that while socioeconomic circumstances could present as a risk factor, this is not always the case.

The consequences of bullying are often long-term in nature. In adulthood, being a victim of bullying behaviour during childhood may lead to:

- Intimate partner violence,
- Inability to hold down a job,
- Criminality,
- Anxiety,
- Depression,
- Psychosomatic complaints that could lead to chronic absenteeism at work,
- Difficulty sleeping,
- Increased risk of suicide, and
- Feeling excluded (Tang et al., 2020; Dworkin, 2018; Hornby, 2016; Shetgiri, 2013; Waseem et al., 2013; Frederickson, 2010).

3.3.5 The Bully

The “bully” is a person who repeatedly, over time, and intentionally inflicts harm onto another person who is weaker and more vulnerable based on certain risk factors, as discussed in the previous section. The bully is also someone who bullies other children because of an imbalance of power. Morin (2020) and Kessler (2019) offered a range of behaviours shared by bullies. These include the following:

- Impulsiveness,
- Anger management problems,
- Controlling, rather than leading,
- Prone to frustration and feeling annoyed,
- Lacking empathy and not supportive of the needs or desires of others,

- Blames victims for causing the bullying behaviour,
- Difficulty following rules,
- Little respect for authority,
- Views violence in a positive way, such as a form of entertainment or a good way to get needs met,
- Strong sense of contempt,
- Physically stronger than other children, which is common among boys who bully, and
- Perceived as popular, which is common with girls who bully.

Focusing on children that bully, Thomas et al. (2017) found that the start and course of bullying are influenced by individuals, as well as systemic factors. While there is no single profile of a child bully, Goss (2014) identified various situations that contribute to children becoming bullies. The author emphasises bullying as a result of social modelling, where children replicate behaviours they witness at home and in their communities, manifesting these behaviours at school. Goss also asserts that children who feel powerless or are subjected to abuse at home may attempt to regain a sense of power by bullying other children. Nassem and Harris (2015) provide additional explanations of why children bully, including a lack of empathy and the desire to establish social dominance, as well as the need to be popular among their peers (Morin, 2020).

Morin (2020) and Thomas et al. (2017) further assert that some children bully because of underlying mental health issues. For example,

- Anxiety,
- Behaviour disorders,
- Being victims of abuse, or
- Having experienced a traumatic event.

The sections above examined what the term bullying entails. The present study was interested in the bullying of and among children with mild to moderate IDs. The next sections will focus on children with mild to moderate IDs as victims of bullying, as well as those who exhibit bullying behaviour.

3.4 BULLYING OF CHILDREN WITH INTELLECTUAL DISABILITIES

The whole notion of vulnerability is significant for this study. As discussed in Chapter 1, this study is framed within a bio-ecological systems theory framework. The utilisation of this theoretical framework is systems-driven and places children at the centre of the various systems along each level. Understanding the different levels of vulnerability within the context of the bio-ecological system elucidates the interconnectedness of these levels and how vulnerability expands or increases as they negotiate and navigate themselves through the various levels and through the various phases of life. Within the bio-ecological system, the complex nature of the term vulnerability operates on the same basis as risks and protective factors (Mauder & Crafter, 2018). Thus, it could be said that the vulnerability of children with mild to moderate IDs is consistent with the contextual nature of the bio-ecological system.

As also mentioned in Chapter 1, ID is characterised by below-average mental ability and a lack of skills needed for daily living. Children with IDs thus have limitations in two specific areas, namely, intellectual functioning and adaptive behaviours. Because of these limitations, they are more likely to be bullied than children without disabilities (Malecki et al., 2020; Lung et al., 2019; Rose & Gage, 2016; Chatzitheochari et al., 2014; Pampel, 2014; Malian, 2012; Gil & da Costa, 2010; Yen, 2010). In support of this viewpoint, Campbell and Missiuna (2020) claim that children with disabilities are particularly vulnerable to being the targets of repeated aggression from their peers. These authors go further and posit that children with 'hidden' disabilities, such as IDs, are more susceptible to being victims because their disability is not visible. They agree that these children are also less likely to be protected by their peers than those children whose disabilities are apparent. These children often report the highest levels of loneliness, distress, and anxiety; have fewer friends or no real best friend; are more likely to experience rejection and isolation by peers; and tend to be marginalised (Shetgiri, 2013).

Similar to Birkmann et al.'s (2013) description of the levels of vulnerability, Griffin et al., (2019) and Edwards and Greenspan (2010) postulate that the increased risk among children with IDs is likely the result of:

- Impairment in adaptive behaviour,
- Unawareness of risk, and
- Poor judgement, or
- Differences in physical appearance.

By definition, bullying involves an imbalance of power in which the victim lacks the resources to respond in a way that stops the harmful behaviour. It involves the assertion of power by those who are physically, socially, and verbally dominant, and serves as a source of social status for the bully. Similarly, children with IDs lack social and conversational skills that allow them resolve conflict situations and seek help. Additionally, they may not comprehend the intent behind the actions of others (Chatzitheochari et al., 2014; Pampel, 2014).

For children with IDs, bullying can devalue and undermine their self-confidence and could result in families uprooting and moving to other areas away from the bully (Malian, 2012; Brennan et al., 2012). Fundamentally, the impact of bullying on a child with low to moderate ID has a dual effect, negatively affecting both the child and family members. This could lead to parents preventing their child with an ID from playing outside with the children in the neighbourhood, leading to exclusion and social isolation (Brennan et al., 2012; Mepham, 2010).

Long-term consequences of bullying include:

- Poor adjustment to the school environment and academic performance that is already a challenge for children with IDs,
- Increase in alcohol and substance usage,
- Mental health problems,
- Antisocial development, and

- Violent behaviour/responses (Tang et al., 2020; Dworkin, 2018; Hornby, 2016; Shetgiri, 2013; Waseem et al., 2013; Frederickson, 2010).

3.5 BULLYING AMONG CHILDREN WITH INTELLECTUAL DISABILITIES

Although research studies on bullying among children with disabilities has expanded significantly over the past few years, research on bullying among children with IDs is still in its rudimentary stage (Limber et al., 2016). However, existing research studies suggest that children with IDs reported higher incidents of bullying among themselves than among children in mainstream schools (Hornby, 2016; Rose & Gage, 2016; Chatzitheochari et al., 2014; Malian, 2012; Gil & da Costa, 2010). In addition, children with IDs who also have communication difficulties, autism, sensory impairment, and physical or mental health problems may be more likely to develop challenging behaviour which results in bullying (Coetzee et al., 2019; Morris, 2016).

Previously, challenging behaviour that may result in bullying was described through characteristics such as inappropriate, abnormal, disordered, dysfunctional, problem, or maladaptive behaviour (National Institute for Health and Care Excellence [NICE], 2015). With these characteristics in mind, to understand bullying among children with moderate to low IDs, ID as a neurodevelopmental disorder must be understood. This disorder is associated with significant limitations in intellectual and adaptive functioning (Inoue, 2019). Some children with IDs will have high levels of certain problem behaviours, such as self-injurious and aggressive/destructive behaviours. These behaviours preclude them from adapting socially (Inoue, 2019; Ali et al., 2014; Department for Communities and Social Inclusion [DCSI], 2013). Expanding on this further, Morris (2016) explains that children diagnosed with IDs are often also diagnosed with behavioural challenges. The behavioural challenges, then, put these children at risk of becoming socially excluded and systemically neglected and abused (Morris, 2016). Coetzee et al. (2019), however, emphasise that behavioural challenges are not evidenced in all children with ID. These authors describe the characteristics of challenging behaviours in terms of a group of behaviours which include:

- Verbal abuse and threats,
- Physical aggression,
- Self-injurious behaviour such as head banging, scratching, and pinching oneself,
- Destructive behaviour such as breaking or destroying furniture and other objects, and setting fires,
- Over-activity or disruptive behaviour such as repetitive screaming,
- Sexualised behaviour, and
- Night-time disturbances.

Based on the characteristics listed above, bullying among children with IDs can be verbal and physical. This, then, again highlights the interrelatedness of the types of bullying mentioned earlier. Importantly, while bullying will be aimed at another child, the child with an ID who bullies may also be exposed to injuries and social exclusion (cf. Connell et al., 2019; Dworkin, 2018; Darney et al., 2013). In this sense, the child with an ID who bullies is also affected negatively by the bullying behaviour. One can therefore conclude that bullying behaviour among children with mild to moderate IDs can be perceived as behaviour that challenges both the child that bullies and the person who is being bullied (NICE, 2015).

The second and third aims of this study were interested in identifying formal and informal systems that should be included in a co-ordinated response within the CPS to address the bullying of and among children with mild to moderate IDs, with an emphasis on components for both preventing and responding effectively. The next section will address these two aims, and focus on the CPS, prevention of bullying, and responding to bullying.

3.6 CHILD PROTECTION SYSTEM (CPS)

Many countries have formalised CPSs designed to protect children, and these are aligned with the contexts of individual countries (UNICEF, 2019). As stated in Chapter 1, a CPS is described as a system. In the CPS, components are aimed at ensuring that a system provides effective services to protect children. These components can include:

- Human resources,

- Financial resources,
- Policies and legislation,
- Governance, which includes the evaluation and monitoring of protection and response services and care management (UNICEF, 2019; World Vision, 2013).

Expanding on this definition, a CPS also establishes an environment where *formal* and *informal* elements work together in a coordinated manner to prevent and respond to abuse, neglect, exploitation, and other forms of violence against children (WHO, 2016; Forbes et al., 2011; Wulczyn et al., 2010). Thus, a CPS is a holistic framework that consists of all the measures and steps, both formal and informal, consisting of a myriad of role players who come together to collaboratively prevent and respond to abuse, neglect, exploitation, and all other forms of violence against children (Forbes et al., 2011). This means that when abuse does occur, the CPS responds in a manner that provides protective services and offers support to both the child and the family (Fiorvanti & Brassard, 2019). In line with the description of bullying among children with mild to moderate IDs discussed above, this study supported the inclusion of the bully in such services.

Fundamentally, and within the purview of globalisation, government cannot provide protection to children on its own. This forces the need to focus on efforts and initiatives in which communities take ownership and are actively and meaningfully involved in reducing risks, while at the same time strengthening local protective mechanisms (Cook, 2020). Already in 2010, Wulczyn et al. (2010) stated that the family is important and plays a vital role in the child's early years. These authors maintain that children form part of a broader community where they develop relationships that deepen over time, and which become significant over time. It is for this very reason that the protection of children is both a "private and public responsibility" (Wulczyn et al., 2010, p. 5).

Forbes et al. (2011), in describing a CPS, outlines seven elements and five key actors of a CPS. The figure below depicts the elements and the key actors in a CPS.

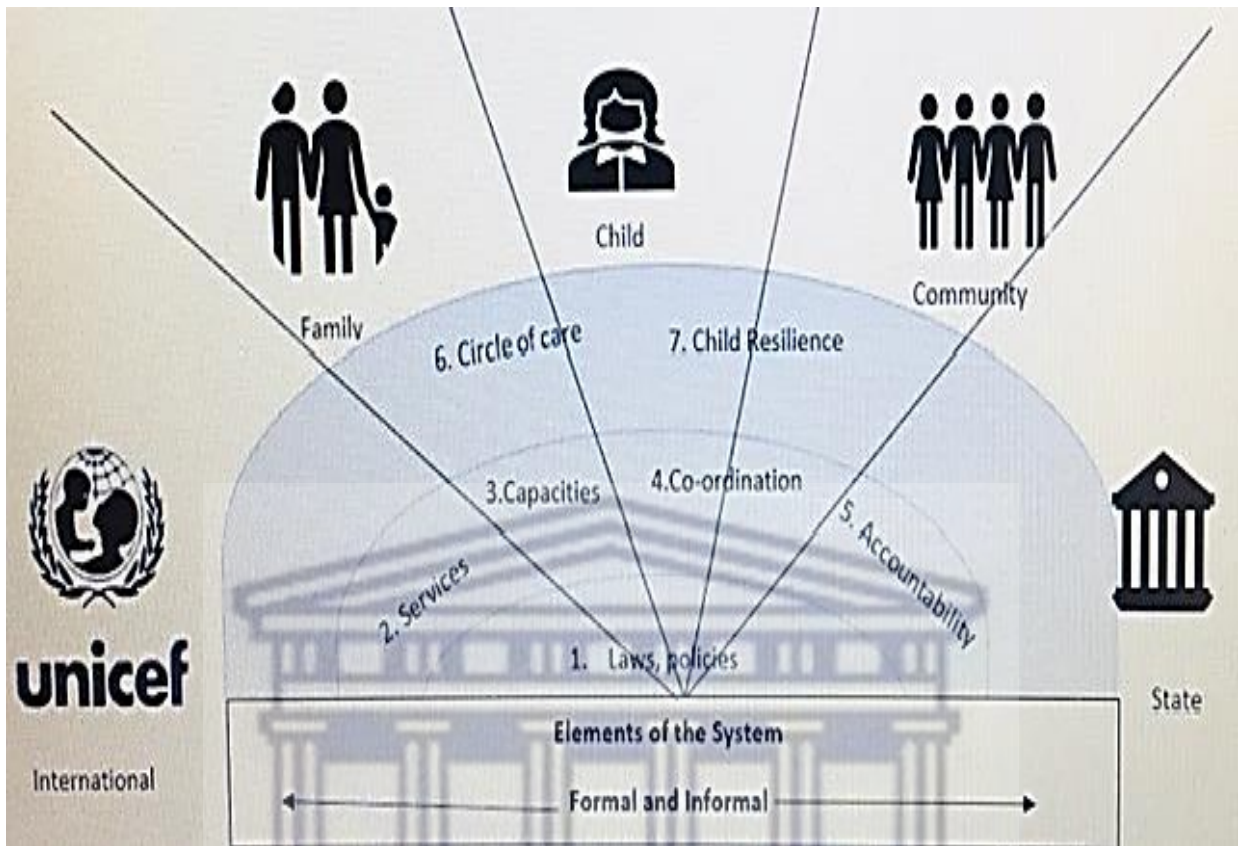


Figure 7: The seven elements and five main actors of the CPS
 (source: Forbes et al., 2011)

The elements and the stakeholders involved in the CPS as listed in Figure 7 above are derived from World Vision’s holistic approach to child protection (Forbes et al., 2011). Of significance is the fact that this approach combines key stakeholders, which together provide the formal and informal child protection mechanisms and services in the protection of children.

Table 8 below provides clarity on the seven elements and offers explanations for each element.

Table 8: Elements of a CPS

1. Laws, policies, norms and standards and regulations – these determine the system’s structures, orientation, mandates, and functions	
Formal	Informal
<ul style="list-style-type: none"> ▪ Human rights instruments/conventions – the United Nations Convention on the Rights of the Child ▪ International humanitarian laws (e.g., Geneva Conventions), ▪ International customary law, ▪ National laws and policies (e.g., Children’s Act, Child Justice Act) ▪ National plans of actions/strategies 	<p>Customary laws related to child protection</p>
2. Services and services delivery mechanism	
Formal	Informal
<ul style="list-style-type: none"> ▪ Justice ▪ State ▪ Non-governmental organisations (NGOs) registered to render child protection services, which includes identification, reporting, referral, investigation, risk assessment, treatment, restoration, reintegration into the family, and institutional care (e.g., hospital, psychosocial or rehabilitation care). 	<ul style="list-style-type: none"> ▪ Informal community-based referral and ▪ Reporting mechanisms ▪ Kinship care ▪ Family mediation and other alternative dispute resolution processes ▪ Support and mentoring services for children and families provided by faith-based groups
3. Capacities to provide and perform the child protection services, including capacity building, human and financial resources, and adequate infrastructure	
Formal	Informal
<ul style="list-style-type: none"> ▪ Adequate number, capacity, and skills of relevant professionals in child protection – e.g., social workers, auxiliary workers, teachers, healthcare workers, judiciary, legal and law enforcement workers, local authorities and community leaders, doctors, nurses. 	<ul style="list-style-type: none"> ▪ Ability of parents/caregivers to protect children in their care from violence and exploitation. ▪ Capacity of volunteer community-based child protection groups or child/youth clubs.

<ul style="list-style-type: none"> ▪ Capability of professionals working with or in contact with children to identify children at risk (violence, abuse, neglect, and exploitation) and to report it. ▪ Adequate national budget allocations for child protection institutions and services. ▪ Availability of adequate facilities and resources for protection services (e.g., building and equipment). 	<ul style="list-style-type: none"> ▪ Capacity of religious leaders or groups to engage in child protection. ▪ Donor understanding and resourcing of CPS approaches. ▪ Community funds for child protection functions. ▪ Capacity and attitude of civil society to ensure extended family, friends, and neighbours notice and respond to vulnerable children.
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4. Cooperation, coordination, and collaboration mechanisms ensuring that all elements of the system, formal and informal, across different sectors and levels (global, national, and local) work in a holistic and coordinated manner towards the protection of children

Formal	Informal
<ul style="list-style-type: none"> ▪ Vertical interaction within ministries with clear mandates and official reporting lines. ▪ Framework for horizontal interaction between government ministries and departments and international entities on related child protection work. ▪ Cooperation and collaboration structures or agreements regarding protective services, such as referral and response mechanisms. 	<ul style="list-style-type: none"> ▪ Networks ▪ Informal coordination mechanisms ▪ Agreements amongst civil society, NGOs, formal community-based organisations (CBOs), academic and human rights institutions, private sector, and relevant international entities with linkage to formal systems where appropriate, which connects local initiatives and actors to strengthen child protection.

5. Accountability mechanisms to ensure that the system is effectively responding to key child protection concerns and functioning according to the UNCRC, relevant laws, and in the best interest of the child	
Formal	Informal
<p>Child protection standards</p> <ul style="list-style-type: none"> ▪ Child protection standards of care and code of conduct for government ministries, institutions (schools, care facilities, juvenile detention centres), professionals, para-professionals, and those in direct contact with children. ▪ Quality assurance procedures and processes ▪ Mechanism for monitoring the standards. ▪ Child protection accreditation/registration schemes for continual professional education. <p>Reporting on child protection issues</p> <ul style="list-style-type: none"> ▪ Local complaints and response mechanisms, annual reports to Parliament and other high-level governance bodies. ▪ Country reports to UN treaty bodies (including the UN Human Rights Council) and Committee on the Rights of the Child. ▪ Independent reporting. ▪ Human rights institutions. ▪ Children's ombudsperson. ▪ Alternative NGO reports to the Committee on the Rights of the Child. ▪ Research in child protection. ▪ National surveys and studies. ▪ National databases on child protection to monitor trends, evaluate, etc., and to feed back into the system. 	<ul style="list-style-type: none"> ▪ Memorandum of association/rules of conduct, etc., of civil society associations, faith leaders working with children, youth clubs and other community organisations. ▪ Civil society or public monitoring of behaviours and services of duty-bearers in the child protection system. ▪ Children's agency and participation in protection issues ▪ Public awareness of children, families, stakeholders and general public of protective services so they can hold duty-bearers accountable. ▪ Efforts to make complaints mechanisms/hotlines accessible and well known to all children.

6. Circle of care includes positive and protective attitudes, values, behaviours, and traditional practices; and a caring, supportive, and protective immediate social environment	
Formal	Informal
<ul style="list-style-type: none"> ▪ Values of organisations and government departments. ▪ Visions and missions that embrace and value people. ▪ Attitudes and behaviours of service providers and authorities in direct interaction with children. ▪ Attitude towards education for all children, and development of life skills and resilience in children. 	<ul style="list-style-type: none"> ▪ Early childhood care and development ▪ Practices ▪ Discipline practices ▪ Traditional care or protection practices ▪ Inclusive and gender-equitable attitudes and behaviours in children's immediate ▪ Environment ▪ Open dialogue environment on child protection issues ▪ Sensitised public regarding child protection issues and practices ▪ Religious teachings on child protection and care
7. Children's resilience, life skills, and participation, which strengthens their ability and opportunity to contribute to their own protection and that of others	
Formal	Informal
<p>Safe inclusion of children in:</p> <ul style="list-style-type: none"> ▪ Local governance procedures related to child protection issues. ▪ Reporting processes to the Committee on the Rights of the Child on child protection matters. ▪ The design, monitoring, and evaluation of child protection services. ▪ All matters affecting their protection, according to their evolving capacity. 	<ul style="list-style-type: none"> ▪ Internal assets related to commitment to learning, positive values, social competencies, and positive identity. ▪ Community view of youth ▪ Youth engaging in acts of service for individual and community needs. ▪ Weight given to children's voice in family and community.

<p>Children have access to:</p> <ul style="list-style-type: none"> ▪ Complaint and redress mechanisms ▪ Free, inclusive and compulsory education, which includes life skills development. 	<ul style="list-style-type: none"> ▪ Ability of children to identify abuse and know whom they can approach for assistance.
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(adapted from Forbes et al., 2011)

Important to note is the fact that all CPSs are premised on the UNCRC (OHCHR, 1989), and as such forms the basis for any CPS (Falch-Eriksen & Backe-Hansen, 2018; RSA, 2005). In addition to the foundation laid by the UNCRC, the Constitution of the Republic of South Africa (RSA, 1996a) cements the centrality of children's best interest, which requires a child-centred approach and upholds all the rights which all children have (Laas, 2012; RSA, 1996a, 2005). As the supreme law of the country, the Constitution binds all state organs. This effectively means that if the CPS is inconsistent with the Constitution, it would be unconstitutional and therefore invalid. Having stated this, it is fundamental to note that children could be exposed to secondary traumatisation at any stage of the protective process.

The inclusion of a variety of systems and components in a CPS signifies that children cannot be protected properly if they do not have the resources needed for survival. This includes, among others, food, housing, care, health services and education, as well as the potential to participate in decision-making regarding their own lives (Falch-Eriksen & Backe-Hansen, 2018; DSD, 2019). Alarming, the bullying incidents that have been reported on recently do not mention the involvement of the DSD or social workers as measures to be used to prevent or respond to bullying (Sonjica, 2021; Richards, 2021; Juan et al., 2018). In addition, while children are right holders, children with disabilities, and in particular children with IDs, are often overlooked (DSD, 2015; UNICEF, 2013). While children with IDs have been overlooked and marginalised by the CPS, children with IDs who are bullied and who bully others do not fall within a category of children who would receive services from designated child protection organisations (DCPOs). Notwithstanding this omission, children with IDs who are bullied and who bully others are

also not responded to as a group of children that are abused. This present study is an attempt to address this omission.

In a post-apartheid South Africa, the CPS went through a fundamental shift in design and structure, which was driven by the fact that the previous CPS was not designed to protect all children, was not child-centred, and was fragmented, fragile, and based on racial lines (Philander, 2017; Schmid, 2012; RSA, 1997). Although there have been marked changes to the South African CPS, children with disabilities, and in particular children with IDs, have not been part of the protective environment that the revised CPS offers (Jamieson et al., 2017; DSD, 2015; UNICEF, 2013). This is evidenced by the fact that many children with IDs who are bullied and who bully other children find themselves discriminated against and marginalised (UNICEF, 2013).

This study draws on the premise that bullying is a form of child abuse and, as such, must be responded to in the same way reports of child abuse are managed (RSA, 2005). Being considered a form of child abuse, it must follow a process of identification, assessment of risks and protective factors, and intervention. For the purpose of this study, intervention refers to prevention of and responding to bullying.

3.6.1 Preventing Bullying of and Among Children with Mild to Moderate IDS

As highlighted in the above discussion, bullying causes harm to children, and in the case of this study, children with mild to moderate IDs. Once the harm is caused, interventions are needed to address the impact of the bullying on the child. This study was based on the premise that prevention would be the preferred outcome of a coordinated CPS response. This section looks at existing preventative plans, strategies, and activities.

There is no shortage of prevention strategies aimed at preventing bullying in schools both globally (Juraschka, 2019; Stives et al., 2018; Anderson, 2017; Combaz, 2016) and locally (DSD, 2019; Winnaar et al., 2018; Ndebele & Msiza, 2014; Laas & Boezaart, 2014; CJCP, 2012). While a significant number of prevention strategies exist, bullying within the school environment persists (Kahla, 2021; Maphanga, 2021; Juan et al., 2018).

The legal context for the prevention of child abuse and neglect and child protection is the Children's Act, Act No. 38 of 2005 (RSA, 2005). This Act stipulates that "prevention and early intervention programmes must involve and promote the participation of families, parents, care-givers and children in identifying and seeking solutions to their problems" (RSA, 2005, p. 139).

There are three levels of prevention:

- 1) *Primary prevention*, which is aimed at preventing abuse before it happens,
- 2) *Secondary prevention*, which is aimed at high-risk individuals or families, and
- 3) *Tertiary prevention*, which aims to prevent further abuse following statutory intervention (RSA, 2005).

The latter level also includes an element of rehabilitation following harm. Traditionally, prevention strategies were implemented following an incident in which the courts were involved. In other words, prevention measures were reactive to prevent repetition; the intervention happened when the negative response occurred. Currently, the emphasis is on ensuring that children are protected from abuse through the employment of prevention strategies (Knack et al., 2019; DSD, 2019). Being more proactive in nature, these interventions occur even before the incident begins to pose a threat to the child.

The purpose of prevention and early intervention programmes centres on the preservation of the family. The Children's Act (RSA, 2005) mandates that such programmes should be crafted to enhance the ability of parents and caregivers to ensure the well-being and best interests of their children, including the promotion of positive, non-violent forms of discipline. The Act also purports that these programmes should aim to divert children from the child and youth care system and the criminal justice system, thereby preventing the removal of the child from the family (RSA, 2005). For preventative and proactive interventions to be effective, it becomes incumbent on both formal and informal elements to ensure that the best interest of the child is upheld, and that this principle is paramount in every response to children's needs (RSA, 1996a, 2005). Within the bio-ecological framework, the assumption of this study was that any prevention

strategy developed must focus on multi-level interventions, encompassing the individual, the family, the community, and society. These interventions are then aimed at risk and protective factors. To understand a child within their environment, it is important to identify risks and protective factors at every level. As stated earlier, CPSs are developed within the context of the environment for which they are designed. It is critical that within such an environment, stakeholders find protective measures that will guide and offer protection for children. Figure 8 below illustrates the different risks and protective factors at various levels within the child's environment (Korkodilos, 2016).

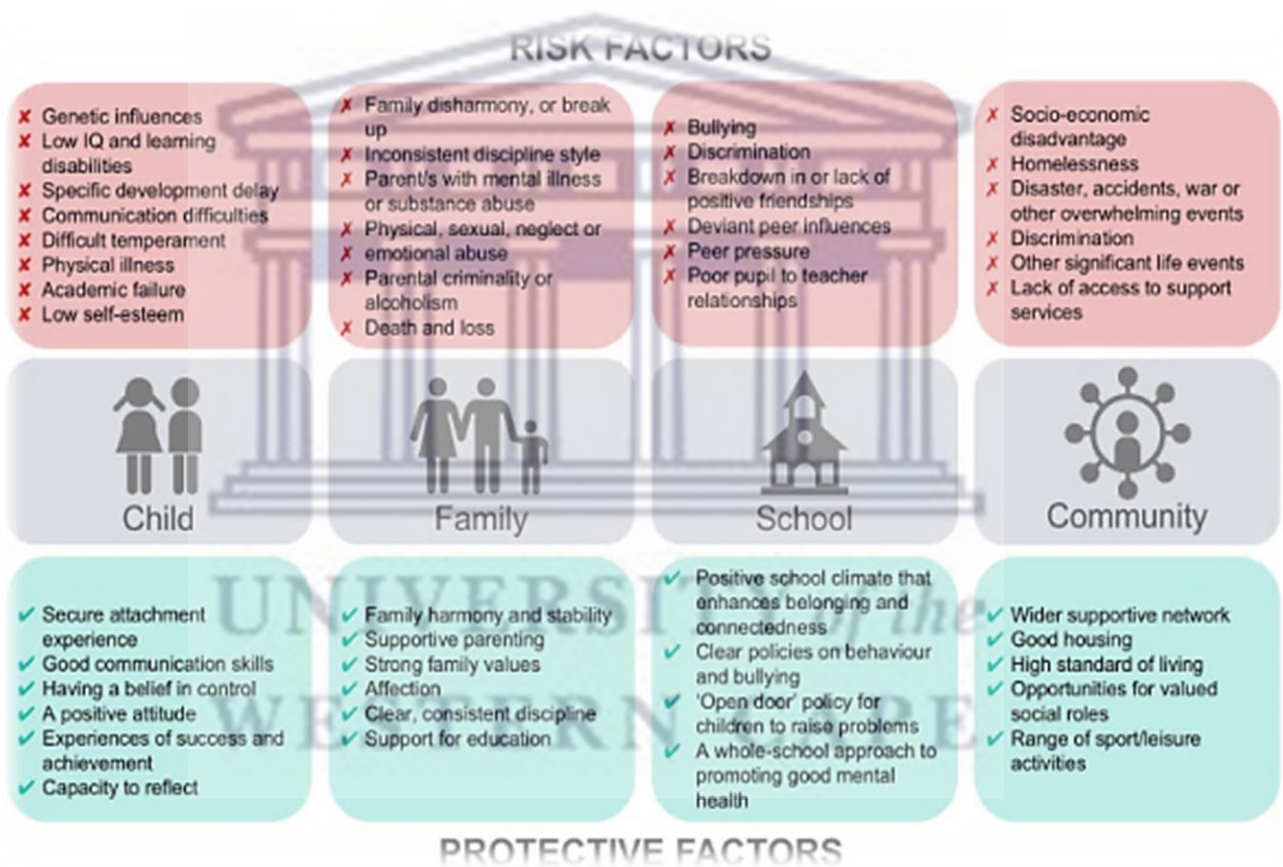


Figure 8: Risk and protective factors

(Source: Korkodilos, 2016)

Within the bio-ecological systems theory, both risk and protective factors are related to the micro-, meso- and macro-systems in the environment of the child. Prevention

therefore focuses on the unique aspects of the child, the family, peers, and the socioeconomic context in which the child functions. Thus, any prevention strategy designed needs to be multi-levelled and include the entire spectrum of actors who work towards protecting children. This means that all stakeholders who have a vested interest in the child, family, and the school must be part of the process of the development of a prevention strategy. This also means that the children must form a vital part of this development and be actively involved. Having said this, the community forms a key part of any prevention strategy designed to protect children. Of significance is the fact that the UNCRC (Article 12) safeguards the child's right to express their views freely in all matters affecting them, and that those views expressed be given due weight "in accordance with the age and maturity of the child" (Falch-Eriksen & Backe-Hansen, 2018, p. 134). This is also significant when it comes to the development of strategies for preventative services to children with IDs, who have the right to participate in any process in which they form the centre of discussions.

In 2016, the WHO met with nine global organisations to focus on interventions to prevent violence against children. Seven strategies emerged to assist countries and communities to focus on prevention with the purpose of reducing violence against children. The seven strategies are:

- 1) Implementation and enforcement of the law,
- 2) Norms and values,
- 3) Safe environments,
- 4) Parent and caregiver support,
- 5) Income and economic strengthening,
- 6) Response and good quality support services, and
- 7) Education and life skills (WHO, 2016; Combaz, 2016).

To implement these strategies requires:

- High level commitment,
- The assessment of needs and readiness to implement,
- Selection and adaptation of interventions to local contexts,

- Development of local and national plans,
- Costing,
- Funding that is sustainable,
- Strong staffing and staff capacities, and
- Effectiveness in implementations, monitoring, and evaluation (Combaz, 2016).

3.6.2 Responding to the Bullying of and Among Children with Mild to Moderate IDs

Various authors (Makou & Bourdin, 2017; Makota & Leoschut, 2016) comment on the fact that South Africa has responded markedly well to the call for safety within schools. Conventions, legislation, and key developmental protocols that call for the removal of all forms of violence against children have been ratified by South Africa. However, these authors report that despite major efforts to ensure learner safety, violence has continued to plague schools in South Africa. This also includes bullying of and among learners.

In response to the high levels of bullying at schools, the DBE (2012) commissioned research by the CJCP into a potential framework to respond to bullying in schools. The research concluded that there is no specific intervention strategy for addressing or responding to bullying. It is argued that what is key to the development of any intervention programme is a broad-based approach that includes the whole-school environment (CJCP, 2012). In this study, the school environment is viewed as one system nested within various other systems.

In line with the above conclusion by the CJCP (2012), Swearer Napolitano and Espelage (2011) concur that the phenomenon of bullying is complex with a broad range of causal factors and multiple outcomes. For this reason, this study framed bullying of and among children with mild to moderate IDs within a bio-ecological systems theoretical framework to include multiple levels of responses within and from the various systems, which incorporate a wide range of stakeholders directly and indirectly involved in the child's life.

Within the school system, the child is placed at the centre of any intervention to respond to bullying. Figure 9 below illustrates how the child is placed in the centre of interventions that take place in the school environment.



Figure 9: Attributes and behaviours

(adapted from Swearer Napolitano & Espelage, 2011)

The above figure highlights the child's centrality in a whole-school approach to respond to bullying. Within this approach, a broad-based strategy to respond to bullying requires specific leadership behaviours within all the systems that could affect the child's life. Leadership behaviours are aimed at ensuring that there is buy-in from all stakeholders including learners, parents, teachers, community leaders, social workers, religious leaders, traditional healers, and political leaders (Swearer Napolitano & Espelage, 2011). Menesini and Salmivalli (2017), Hornby (2016), and Bossenmeyer (2014) support a whole-school approach. Bossenmeyer (2014) comments further that there should be a commitment from all the staff and learners, and that there should be a clear message that bullying is wrong and that it violates fundamental human rights. As part of the intervention strategy, Swearer Napolitano and Espelage (2011) postulate that because there are individual factors that are linked to bullying, consideration should be targeted at individual interventions for both victims of bullying as well as bullies. This includes a broad spectrum of behaviours and attributes that are critical when developing strategies to both prevent and respond to bullying.

Focusing on bullying of and among children with disabilities, Howell and Flores (2014) advise that responses include that they are encouraged to engage in conversations on bullying in a manner which they can understand. In addition, the context within which the school or child is situated will differ from one school context to the next. Similarly, the context in which individual children are nurtured and socialised will also determine the content and nature of an intervention strategy. This, then, supports the inclusion of the bio-ecological systems theory as a framework from which a coordinated response can be developed. The authors identify the following aspects that should be included when responding to bullying:

- Increasing social skills,
- Assertiveness training,
- Coping strategies, and
- Teacher support and training (Howell & Flores, 2014).

Hornby (2016) conducted research on a wide range of intervention studies. The author concluded that what is needed is a comprehensive, whole-school approach that incorporates parents and community organisations. This author argues that anti-bullying intervention programmes are not enough to impact on bullying in schools, and that an ecological perspective is needed because bullying is influenced by several individuals, parents, peers, schools, community, and society.

In this chapter, the researcher reviewed literature to inform the self-developed questionnaire, and to compare and contrast the study’s findings with. The key features identified in the review are presented next.

3.7 KEY FEATURES OF TERMS

The key features that were identified centre around understanding the term “bullying”, types of bullying, the context in which bullying occurs, causes and consequences of bullying, features regarding preventions and response strategies, and components of a CPS. These features are summarised below to conclude the literature review.

Table 9: Key features related to bullying

Variable	Features
Bullying	<ul style="list-style-type: none"> ▪ Power balance ▪ Vulnerability as a cause and consequence ▪ Intent to cause harm ▪ Repetitive in nature
Types of bullying	<ul style="list-style-type: none"> ▪ Physical, ▪ Verbal, ▪ Psychological, ▪ Social aggressive, as well as ▪ Intimidating behaviour

Context in which bullying occurs	<ul style="list-style-type: none"> ▪ Lack of supervision, ▪ May include observers, ▪ Toilets, ▪ Bathrooms, ▪ Classrooms, ▪ Lunchrooms, and ▪ Playgrounds
Causes of bullying	<p>Features of the child who are being bullied:</p> <ul style="list-style-type: none"> ▪ Physical appearance, ▪ Popularity/social status, ▪ Gender, ▪ Ability and/or skills differential factors, ▪ Religion, ▪ Sexual orientation, ▪ Age, ▪ Socioeconomic status, ▪ Family circumstances, ▪ Parenting style, ▪ Low social support and isolation, and ▪ Ethnicity. <p>Levels of vulnerability:</p> <ol style="list-style-type: none"> 1. Internal vulnerability based on a perceived imbalance of power, 2. Likelihood of becoming vulnerable in terms of exposure to where bullying might be likely to occur, 3. Dualistic approach that includes susceptibility and coping capacity, which combines the first two levels, 4. Multiple approach, which refers to susceptibility, coping capacity, exposure, and adaptive capacity. It includes the response to the bullying and the ability to deal with the harm caused, and 5. Multidimensional vulnerability, which includes physical, emotional, social, environmental, and institutional features, referring to services that prevent and respond to bullying.

	<p>Features of the child who bullies:</p> <ul style="list-style-type: none"> ▪ Impulsiveness, ▪ Anger management problems, ▪ Controlling, rather than leading, ▪ Prone to frustration and feeling annoyed, ▪ Lacking empathy and not supportive to the needs or desires of others, ▪ Blames victims of causing the bullying behaviour, ▪ Difficulty following rules, ▪ Little respect for authority, ▪ Views violence in a positive way, such as a form of entertainment or a good way to get needs met, ▪ Strong sense of contempt, ▪ Physically stronger than other children, which is common among boys who bully, and ▪ Perceived as popular, which is common with girls who bully.
<p>Consequences of bullying</p>	<ul style="list-style-type: none"> ▪ Fear, ▪ Intimidation, ▪ Humiliation, and ▪ Distress
<p>Prevention strategies</p>	<p>Addressing risk and protective factors within the micro-, meso-, macro-, exo-, and chrono-systems</p> <p>Types of prevention:</p> <ol style="list-style-type: none"> 1) <i>Primary prevention</i>, which is aimed at preventing abuse before it happens, 2) <i>Secondary prevention</i>, which is aimed at high-risk individuals or families, and 3) <i>Tertiary prevention</i>, which aims to prevent further abuse following statutory intervention (RSA, 2005).

	<p>The seven strategies prescribed by the WHO (2016) are:</p> <ol style="list-style-type: none"> 1) Implementation and enforcement of the law, 2) Norms and values, 3) Safe environments, 4) Parent and caregiver support, 5) Income and economic strengthening, 6) Response and good quality support services, and 7) Education and life skills.
Response strategies	<p>Strategies focusing on:</p> <ul style="list-style-type: none"> ▪ Child – both the victim and the bully ▪ Family ▪ Peers ▪ Neighbourhood (community leaders) ▪ School ▪ Community systems ▪ Government systems
Components of CPS	<p>Requirements:</p> <ul style="list-style-type: none"> ▪ Human resources, ▪ Financial resources, ▪ Policies and legislation, ▪ Governance, which includes the evaluation and monitoring of protection and response services, and care management. <p>Focus to be included:</p> <ul style="list-style-type: none"> ▪ Laws and policies that guide planning, implementation and monitoring and evaluation. ▪ Services and services delivery mechanism. ▪ Capacities, including capacity building, human and financial resources, and adequate infrastructure. ▪ Cooperation, coordination, and collaboration mechanisms. ▪ Accountability mechanisms. ▪ Circle of care in immediate social environment. ▪ Children’s resilience, life skills, and participation.

From the above key features, the literature review resulted in an existing knowledge guide that informed this study. While it was used to develop the questionnaire, it was not used to influence the collection of the qualitative data. The findings obtained from the qualitative data were compared and contrasted with the existing knowledge, and used to build on what we know about a coordinated CPS response to bullying of and among children with low to moderate IDs.

3.8 CONCLUSION

Chapters 1 and 2 outlined the study's focus and the research methodology employed to build on existing knowledge of bullying of and among children with mild to moderate IDs, with the aim of developing a coordinated response within the CPS system. In addition to expanding the preliminary literature review, these chapters summarised key aspects of the research topic, laying the groundwork for presenting the research findings. The next chapter will focus on the findings pertaining to the first aim of this study, namely, the nature of bullying of and among children with mild to moderate IDs.



CHAPTER 4

FINDINGS: THE LIVED EXPERIENCES OF CHILDREN AND THEIR PARENTS/GUARDIANS

4.1 INTRODUCTION

Children with IDs are known to be at increased risk of being victimised by those who bully (Rehman, 2020; Gil & da Costa, 2010). Of importance, and which complicates this phenomenon, is the fact that some children with IDs have challenging behaviour that may contribute to them bullying others. This challenging behaviour arises from a complex interplay of symptoms with multiple origins, triggered by communication difficulties, physical and mental illnesses, and various environmental influences, among others (WHO, 2010). Viewed from a bio-ecological systems perspective, this study recognises the significance of both the child and the systems within the child's environment in shaping individual development. In this perspective, the school context is considered a developmentally significant micro- and meso-system (Hoffman & Müller, 2022). Taking into account both individual and contextual systems, the fourth aim of this study, as outlined in Chapter 1, delineates the envisaged outcome or product of the study: *identify the components for both preventing and responding effectively to the bullying of and among children with mild to moderate IDs to be included in a guideline for the CPS*. As an initial stride toward this aim, this chapter aligns with the first objective of this study:

Objective 1 – *To explore and describe the nature of lived experiences of children with mild to moderate IDs who have experienced bullying and their parents/guardians through a self-developed questionnaire and individual semi-structured interviews*

The findings reported on in this chapter form part of Phases 1 and 2 of the Intervention Design and Development Research Design. Phase 1 focused on the quantitative data and Phase 2 on the qualitative data obtained from the children and parent/guardian

participants. Rothman and Thomas (1994) suggest that, within these two phases, gaining insight through the lived experiences of individuals who have experienced the problem, or those with knowledge, can provide insights into which interventions might or might not succeed, and the variables that might affect success.

The convergent parallel mixed-method research approach to data collection and analysis was employed. As such, the quantitative and qualitative data were collected at the same time, with both parts afforded equal priority. The data sets were analysed separately, and the findings presented together in this chapter to ensure a rich description (Roomaney & Coetzee, 2018). Kajamaa et al. (2020) and Maxwell (2016) note that an advantage of this approach is that it offers researchers a broad picture of the findings, and an in-depth understanding of the phenomenon under investigation through more than one way of exploring the research question. In this way, the validity of the findings is increased (Dawadi, et al., 2021).

In the next section, the biographical information pertaining to the participating children and their parents/guardians is presented and discussed. Next, the quantitative findings are described, followed by the qualitative findings.

4.2 BIOGRAPHICAL PROFILE OF THE PARTICIPATING CHILDEN AND PARENTS/GUARDIANS

Twelve children and 15 parents/guardians participated in this study. The reason behind the difference in sample size is that in some cases both parents/guardians of a child participated in the study.

4.2.1 Participating Children with Mild to Moderate Intellectual Disabilities

Twelve children with mild to moderate IDs were identified by their educators to participate in this study based on the inclusion criteria presented in Chapter 2. The educators contacted parents/guardians of children who have been exposed to bullying to inform them of the study, and to invite them and their children to participate. They then

introduced those parents/guardians who agreed to participate and gave consent for their children to participate to the researcher. The table below provides a summary of the profile of the participating children.

Table 10: Biographic profile of child participants

Participant	Age	Gender	Siblings	Location	With Whom Does the child live
1	15	M	4	Capricorn	Mother
2	13	F	2	Woodstock	Social Work Manager
3	14	F	1	Retreat	Mother and Father
4	17	M	1	Salt River	Mother
5	15	M	2	Plumstead	Mother and Father
6	13	M	1	Parkwood	Grandmother
7	15	M	3	Parkwood	Mother
8	18	M	1	Brooklyn	Mother and Father
9	17	F	4	Kensington	Mother and Father
10	16	M	1	Factreton	Mother
11	15	M	2	Diep river	Mother and Father
12	15	M	2	Langa	Father

The graph below shows the gender distribution representing nine boys (75%) and three girls (25%).

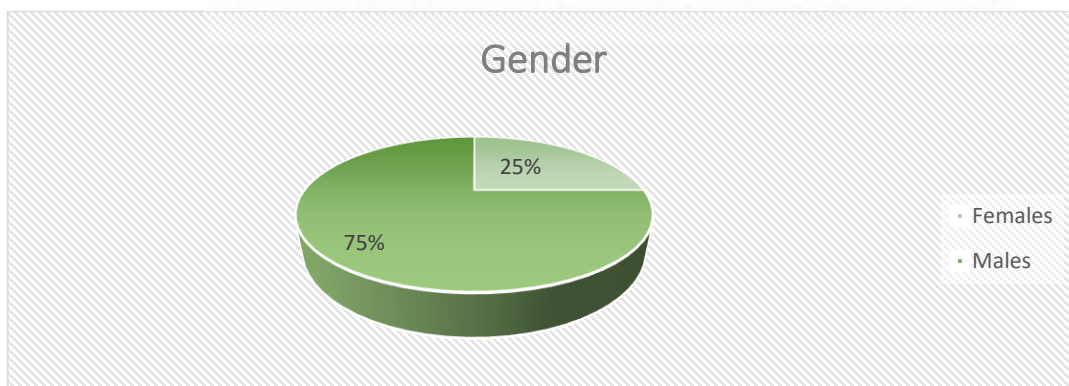


Figure 10: Gender distribution of child participants

Of the children who participated in this study, five (42%) lived with both parents/guardians, six (50%) lived with single parents/guardians, and one (8%) lived in a children's home.

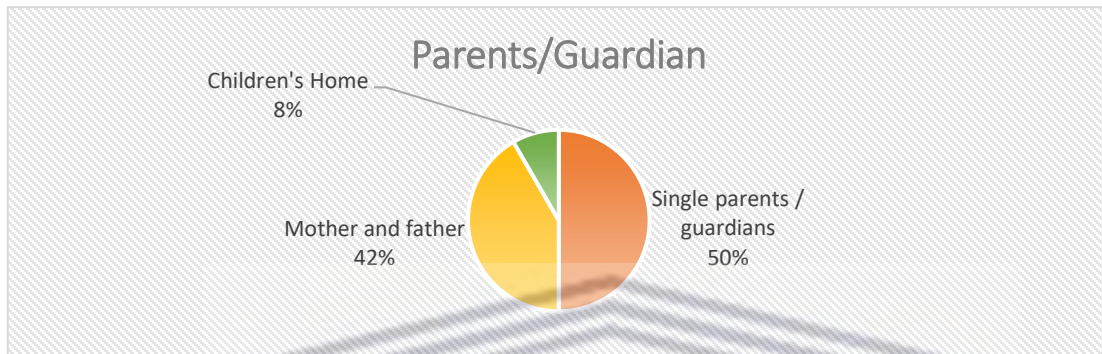


Figure 11: Participating children who live with their parents/guardians

The above information is slightly different from recent descriptions of families in South Africa. The Human Sciences Research Council (HSRC) (Supplied, 2021) reports that more than 40% of South African mothers are single parents, and Brits (2018) refers to studies indicating that only 25% of South African children live in nuclear families, 62% live in extended families, and 10% live with only one parent.

4.2.2 Participating Parents/Guardians of Children with Mild to Moderate Intellectual Disabilities

As depicted in Table 11 below, a total of 15 parents/guardians participated, of which six represented three children (i.e., those children who lived with both parents/guardians). These parents/guardians are indicated in the shaded columns.

Table 11: Biographic profile of parent/guardian participants

Participant	Relation to child	Employed? Y/N	Area
1	Grandmother	Y	Parkwood
2	Father	Y	Plumstead
3	Father	Y	Retreat
4	Father	Y	Diep river
5	Mother	N	Factreton
6	Mother	N	Salt River
7	Mother	N	Retreat
8	Father	Y	Retreat
9	Father	Y	Kensington
10	Mother	N	Kensington
11	Mother	N	Parkwood
12	Social Worker	Y	Woodstock
13	Father	Y	Langa
14	Father	Y	Brooklyn
15	Mother	Y	Brooklyn

In this study, five (33%) of the participating parents/guardians were unemployed, indicating additional poverty-related challenges faced by the families. This is almost in line with the unemployment rate of 35.3% in South Africa for the fourth quarter of 2021 when the data were collected (Statistics South Africa [StatsSA], 2021).

4.3 FINDINGS

The data collection process encountered challenges due to the COVID-19 pandemic, as detailed in Chapter 2. Once the researcher was able to access schools and received permission to conduct the research, arrangements were made to collect the data from participating children and their parents/guardians. This was conducted in comfortable and private spaces at the participating schools. The familiarity of this context, known to the children, facilitated a secure and comfortable environment for them to openly share their experiences (Hoffman & Müller, 2022; Barley & Bath, 2014).

The findings reported on in this chapter include the voices of the participating children. The sub-section below provides context in terms of a discussion on the idea of including children's voices in the study.

4.3.1 The Idea of Children's Voices

The obligations of the state to protect, respect, and promote the rights of children in South Africa are informed by the UNCRC (OHCHR, 1989), and the ACRWC (1990). These rights are also reflected in the Constitution of the Republic of South Africa (RSA, 1996a) and the Children's Act 38 of 2005 (RSA, 2005), and accentuated by the DWCPD (2012). Kilkelly and Liefwaard (2019) highlight the fact that the South African Constitution gives constitutional expression to children's rights. Children's right to participate is protected in this legal framework.

Shrestha and Dunn (2020) refer to the Declaration of Helsinki which states that even though a child is not legally competent to give consent, children should be afforded opportunities to participate in aspects that pertain to their lives. The South African National Framework for Child Participation (DSD, 2018, p. 4) describes 'child participation' as "the active involvement of children in the decisions, processes, programmes and policies that affect their lives". It is accentuated that children must have opportunities where they can share their views and experiences on topics that affect them. Supporting this viewpoint, Carnevale (2020) argues that researchers incorporating children's voices in the exploration of matters affecting them affirm the acknowledgment of children possessing the capacity to actively participate in discussions that affect them directly.

Focusing on the inclusion of children with IDs, Palikara et al. (2018) contend that the voices of these children should be acknowledged, emphasising that the notion of them being active participants in decisions that affect them is not a novel concept (Palikara et al., 2018). Samuels et al. (2020, p. 2) state in this regard:

The participation construct is especially important for children with ID since behavioural problems and social skills deficits tend to restrict their participation in most of their everyday environments such as home, school and community... Participation can contribute, amongst others, to children with ID's health, self-esteem, and psychological well-being.

Principles that guide the involvement of child participation include transparent information to children through child-friendly communication and environments so that they can decide themselves if they want to participate or not. The voluntary participation of children is informed by respectfulness and inclusiveness (DSD, 2018). Harris and Manatakis (2013) elaborate on fundamental principles that researchers must take into account when incorporating children's voices into their studies. These principles encompass:

- 1) *Children as valued citizens and social actors*. This principle centres on children as experts. They are the most important source of information regarding their lives.
- 2) *Appropriateness*. Children have the power to clearly express how they feel. Therefore, it is important to ensure a safe and secure age-appropriate context in which discussions and participation can take place.
- 3) *Shared understanding*. Inherent in this principle is the importance of developing a shared understanding about the processes needed to engage child participants in research. As such, children must have a say when planning for the collection of data.
- 4) *Handing the agenda to the child*. Working with the child requires that we ask questions that explicitly invite children's views. For example: Tell me, what do you think about...? How do you feel when...? What do you like about...? Questions should be clear and accompanied by concrete stimuli in which children can explore and express their ideas. Clarifying what children are expressing and prompting them to elaborate on their ideas can help to further support the child's expression.
- 5) *Being mindful of power*. It is important to be mindful of power differences between children and adults, and not to put words in the child's mouth.

- 6) *Ethical considerations.* It is essential to respect and honour the ethical rights of children and their parents or legal guardians. This includes those ethics that were discussed in Chapter 2.
- 7) *Value and importance:* Children have the right to be assured that their engagement in the research process is important, and that what they bring to the research process is invaluable (Harris & Manatakis, 2013, p. 15).

In line with the above principles, Faldet and Nes (2021) argue that when researchers include children in their studies, they increase the potential chance of changing the child participants' environment simply through their participation and listening to what they say. With this description in mind, the findings are presented next.

4.3.2 Quantitative Findings

The questionnaire was aimed at exploring the nature of bullying as experienced by children with mild to moderate IDs. The findings report on 1) the location of where bullying occurs, 2) the nature of bullying, and 3) response measures when bullying occurs.

4.3.2.1 The location where bullying occurs

When completing the questionnaires, the participating children identified either a specific location such as school corridors, or a combination of locations such as the playground and the classroom, as summarised below.

Table 12: Locations where bullying takes place

Category	Responses n (N = 12)
On the playground and in the classroom	6 (50%)
On the playground and public transport	2 (16.7%)
On the playground and at home	2 (16.7%)
School corridors	2 (16.7%)

The findings highlight that the playground is mentioned in all three categories where a combination of locations was indicated. This observation aligns with various authors

(Callaghan et al., 2019; Stives et al., 2018; Douvlos et al., 2018; Johnson, 2013; Waseem et al., 2013) who have identified playgrounds as locations where bullying behaviour commonly takes place. Waseem et al. (2013) delve deeper, elucidating that bullying and victimisation typically occur during peer interactions in areas characterised by low levels of adult supervision. Focusing on peer dynamics, Swearer and Hymel (2015) argue that bullying behaviour often takes place within contexts where such behaviour aligns with norms supporting bullying and where high peer conflict exists. Although bullying commonly occurs with low levels of supervision, these behaviours tend to thrive in settings with an audience that perpetuates the bullying behaviour (cf. Marsh, 2018; Dworkin, 2018; DBE, 2012).

None of the participants mentioned '*in the toilet*' or '*on the stairs*' as potential areas where bullying takes place, as included in the questionnaire. However, Johnson (2013) identified bathrooms as a common location for bullying to occur, and notes that this is often a space that is not supervised at schools. In this study, however, the most likely reason for this location not being indicated could be because the participating schools do not allow children to go to bathrooms in groups.

4.3.2.2 The nature of bullying

Olweus (1993) first defined bullying as intentional acts of aggression against victims who cannot easily defend themselves (cf. Chatzitheochari et al., 2014; Volk et al., 2014; Hemphill et al., 2014). Menesini and Salmivalli (2017) describe the motive behind bullying behaviour in terms of bullies valuing dominance, and they often achieve this dominance even if they are disliked by their peers.

All the participating children in this study indicated that they have been bullied, while five indicated that they have engaged in bullying behaviour, as summarised below:

Table 13: Description of exposure to bullying

Exposure	Male	Female	N = 12
Being bullied	9	3	n 12
Bullying	3	2	n 5

In this study, 12 (100%) of the participants indicated that they were bullied. In terms of the concept of bullying in general, all of the participants indicated that they dislike bullying taking place (cf. Cowie, 2014). Five (46%) participating children indicated that they also engage in bullying behaviour. Shetgiri (2013) confirms this by asserting that bully-victims may be at risk for serious behavioural problems, including engaging in bullying behaviour. Expanding on this, Howell and Flores (2014) report that children with IDs are susceptible to bullying due to factors such as low self-esteem, a lack of social awareness, and a tendency to seek guidance from others. The latter suggests that when a child with an ID experiences bullying, they may, in turn, replicate this behaviour.

In terms of the gender distribution among participants who indicated that they engage in bullying behaviour, three participants (25% of total participants) were male and two (16.7% of total participants) were female. Several previous studies confirm that boys are more likely to engage in bullying behaviour than girls (cf. Menesini & Salmivalli, 2017; WHO, 2016; Yen, 2010).

Similar to the description of locations where bullying occurs, the participants also described a combination of types of bullying that they are either engaged in or exposed to. This is summarised in the table below:

Table 14: Types of bullying

Categories	Responses n (N = 12)
Combination (name calling, they do not want to play with me, pull me, swear, hit, judge me)	7 (58%)
Combination (hit, push, and tell friends not to play with me, take food and pull hair)	5 (42%)

A small majority indicated a combination of name calling, not being included in games, being pulled, or hit, being sworn at, and being judged as the type of bullying that they have been exposed to. Others indicated a combination of being hit, being socially excluded, food being taken away, and hair-pulling. This description points to a combination of physical, verbal, social, and emotional bullying (cf. Arnout et al., 2020; Connell et al., 2019; Darney et al., 2013; Dworkin, 2018) as depicted in Table 7 in Chapter 3.

Emotional responses to being bullied were indicated by descriptions of being unhappy, sad, hurt, and scared.

Table 15: Emotional responses to bullying

Category	Responses of those experienced being bullied n (N = 12)
Unhappy	3 (25%)
Sad	3 (25%)
Hurt	5 (41.7%)
Scared	1 (8.3%)

The feelings expressed by the participating children are consistent with the emotions of being sad, unhappy, and hurt, as identified by Darney et al. (2013) and confirmed by Howell and Flores (2014), Swearer and Hymel (2015), and Griffin et al. (2019). Yen (2010) argues that the effects of bullying on emotional health can persist and extend into various challenges, including sustained feelings of sadness evolving into conditions like depression, anxiety, suicidal ideation, conduct problems, and physical health issues.

Alarmingly, five participants (41.7%) acknowledged being exposed to bullying daily, with four (34%) noting that bullying occurs more than once per day. Two participants (16.7%) reported exposure to bullying on a weekly basis, while one participant experienced less frequent exposure.

Table 16: Frequency of exposure to bullying

Category	Responses by those who experienced being bullied n (N = 12)
Everyday	5 (41.7%)
More than once a day	4 (33.3%)
Every week	2 (16.7%)
Every other week	1 (8.3%)

The findings above illuminate that bullying primarily happens on a regular basis. This frequent occurrence is affirmed by Johnson (2013), who refers to findings indicating that bullying on playgrounds takes place once every several minutes. In support of the findings in this study, Juan et al. (2018) mention that 17% of Grade 9 learners in South Africa are being exposed to some form of bullying on an almost weekly basis. In addition to detailing the frequency of bullying, the findings also delineate the times when bullying is most prevalent.

Table 17: Times when bullying occurs

Category	Responses n (N = 12)
In the morning before school starts	1 (8.3%)
In the morning after class (in between classes)	2 (16.7%)
During class	2 (16.7%)
During intervals and on the playground	5 (41.7%)
After school	2 (16.7%)

The majority of bullying, as reported by the participating children, takes place during intervals (41.7%). This observation is supported by Waseem et al. (2013), who identified break times as a primary period for bullying in schools. Additionally, 16.7% of participants mentioned occurrences between classes, in the classroom, and after school. Only one participant indicated that bullying occurs before school starts in the morning.

The participants described the person who bullies in terms of age groups, gender, and physical stature.

Table 18: Description of bullies

Category	Responses n (N = 12)
Grade	
Learner in same grade	5 (41.7%)
Learner in lower grade	2 (16.7 %)
Learner in a higher grade	5 (41.7%)
Gender	
Female	2 (16.7%)
Male	8 (66.7%)
Boy and girl	2 (16.7%)
Stature	
Short	3 (25%)
Big/Tall	9 (75%)

Regarding age groups, participants could specify whether bullies are in the same grade (indicating a similar age), in a higher grade (indicating being older), or in a lower grade (indicating being younger) than those being bullied. The findings reveal that 41.7% of bullies are reported to be either the same age or older than the participants. Bullies being indicated as younger than the victim was reported by 16.7% of the participating children. In line with the description in Table 13, 25% responses indicated bullies to be males, with 16.7% being females (cf. Menesini & Salmivalli, 2017; WHO, 2016). Similar to the assertion by Hemphill et al. (2014) that bullies are often those with more physical strength and being bigger in stature than their victims, 75% of the participating children described bullies as being big or tall, and 25% described them as short.

Menesini and Salmivalli (2017), Hemphill et al. (2014), and Johnson (2013) assert that bullying can be perpetrated by one or multiple individuals, while a study by Rigby (2020) suggests that, in most cases, one individual is primarily the main bully. Confirming the latter, the findings emphasise that in most cases (66.7%), bullying is perpetrated by a single individual, while 33.3% of the responses indicate bullying by more than one person.

Table 19: Bullying by one or more than one person

Category	Responses n (N = 12)
Same person	8 (67%)
Different persons	4 (33%)

Van der Ploeg et al. (2015) assert that children exposed to bullying perpetrated by different bullies frequently suffer more than bullying perpetrated by one person. The authors claim that these children have higher levels of psychosocial adjustment problems than victims of one bully.

The responses further indicate that bullying often occurs in the presence of educators.

Table 20: Presence of educators when bullying occurs

Category	Responses n (N = 12)
Yes	4 (33.3%)
No	4 (33.3%)
Sometimes	3 (25%)
No response	1 (8.3%)

Respectively, 33.3% of the responses reveal that educators are either present or not present when bullying occurs. A further 25% of the responses indicate that educators are sometimes present. This, then, points to educators being more present than not during incidences of bullying. This contrasts with finding reported by Johnson (2013) and Waseem et al. (2013) that bullying mostly takes place when there are low levels of supervision.

In addition to the presence of educators when bullying occurs, the presence of other children during bullying was confirmed by all of the participants. This correlates with the findings of a study that was conducted in Germany indicating a high incidence rate (71%) of bullying taking place in the presence of others (Rigby, 2020). In this regard, Swearer and Hymel (2015) describe bystanders as a factor that encourages bullying behaviour

rather than discouraging it. Several authors, including Callaghan et al. (2019), Stives et al. (2018), and Darney et al. (2013), posit that bullies often choose locations where supervision is limited, but where bystanders are present. Furthermore, the CJCP (2012) states that bullies often need witnesses as a part of the act of bullying.

The next section describes the findings in terms of the type of responses taken by adults when bullying occurs.

4.3.2.3 Response measures when bullying occurs

The responses portray firstly a description of the persons who respond to bullying, and secondly to the responses to the bullying by these persons. In terms of being bullied, the participants indicated persons who respond to bullying behaviour as guardians, the mother, friends, and the educator. Notably, none of the participants indicated responses by the father or siblings, while a participant indicated non-reporting.

Table 21: Persons responding to bullying

Category	Responses of those who bully (N = 12)
Guardian	2 (16.7%)
Mother	3 (25%)
Friend	1 (8.3%)
Educator	5 (41.7%)
Nobody, because not reporting	1 (8.3%)

The participants further noted that the person they told will inform the educator (41.2%), or speak to the bully themselves (25%). A minority response shows that the victim is blamed for the occurrence of bullying (16.7%), and no responses because they do not report it (8.3%). The latter may correspond with findings by Johnson (2013) revealing that male victims often do not report bullying. The questionnaire also explored the responses of those who were informed of the bullying.

Table 22: Response of person being informed of bullying

Category	Participants who experienced being bullied n (N = 12)
Speak to the educator	5 (41.7%)
Blame me	2 (16.7%)
Speak to the bully	3 (25%)
Do nothing because I did not tell anyone	1 (8.3%)

The findings show that many participants report incidents of bullying to educators. This is significant, considering Rivara and Le Menestrel's (2016) viewpoint that educators are in an ideal position to intervene in bullying incidents, and that their role in prevention is critical in creating a positive school climate. These authors assert further that educators are unlikely to intervene if they do not have proper training. They maintain that training creates a level of confidence that allows them to engage with both learners and parents in a more positive way in solving bullying incidents. In terms of the responses of educators when bullying is being reported to them, the participating children in this study responded that the parents/guardians of the bully are primarily contacted (50%), followed by the educator speaking to the bully about the behaviour (33.3%). A minority of responses indicated that the victim is also included in the response (16.7%).

Table 23: Educators' responses to being informed of bullying

Category	Participants n (N = 12)
Speak to bully and victim	2 (16.7%)
Contact parents/guardians	6 (50%)
Speak to the bully	4 (33.3%)

With a focus on the participants' bullying behaviour, the responses show that taking away toys or privileges are not used as a response to their bullying behaviour. The five participants who reported bullying behaviour, either identified a main response to their behaviour, or a combination of responses. A majority of four (33,3%) participants who reported bullying behaviour indicated that the adult who addresses the behaviour speaks

to them about this behaviour, followed by three (25%) referring to both scolding and implementing physical punishment. Receiving warnings when displaying bullying behaviour was reported by one (8.33%) participant. A combination of speaking and physical punishment, speaking and scolding, and scolding and physical punishment was noted by three (25%) responses.

Table 24: Responses to bullying behaviour

Category	Responses of those who bully (N = 5)
Speaking	4 (80%)
Scolding	3 (60%)
Physical punishment	3 (60%)
Warning	1 (20%)

The questionnaire also included an exploration of the participating children's own responses when they witness bullying among their peers. The majority reported that they inform the educator (75%), while 16.7% of the participants indicated that they do not respond, and a minority of 8.3% reported that they inform their parents/guardians.

Table 25: Child participants' responses when witnessing bullying

Category	Participants n (N = 12)
Tell the educator	9 (75%)
Tell my parents/guardians	1 (8.3%)
Do not respond	2 (16.7%)

The findings point to children with mild to moderate IDs who witness bullying primarily reporting this to others, and not intervening themselves. The latter is confirmed by Callaghan et al. (2019) who assert that those who witness the bullying behaviour rarely step in. In this study, while the children did not intervene directly, their actions involved informing the educator and parents/guardians of the act of bullying. However, a minority reported that they do not respond when they witness bullying. Callaghan et al. (2019) suggest that when children do not respond to bullying, the behaviour may be perceived

as somewhat tolerated, potentially serving as encouragement for the continuation of the bullying behaviour. These authors postulate that an effective mechanism to prevent bullying would be to encourage bystanders to stand up for victims.

The quantitative findings provided an overall description of the nature of bullying. The qualitative findings build on this description.

4.3.3 Qualitative Findings

The qualitative findings built on the quantitative findings as the participating children and their parents/guardians were provided the opportunity to share, through semi-structured interviews, their experiences and perceptions of bullying (cf. Busetto et al., 2020). The findings are presented in two sections that describe the contributions of the participating children and parents/guardians separately.

4.3.3.1 Experiences of children with mild to moderate IDs

The semi-structured interviews with the children focused on 1) experiences of being bullied, and 2) experiences of bullying someone else. This became the two main themes, while sub-themes were identified under each main theme. These are summarised in the table below.

Table 26: Children’s voices – qualitative themes and sub-themes

Themes	Sub-themes
Experiences of being bullied	Where bullying occurs
	Who is bullying them
	Social and verbal bullying
	Emotional bullying
	Physical bullying
	Reaction to being bullied
Experiences of bullying	Reasons for bullying
	Nature of bullying

Theme 1: Experiences of being bullied

The sub-themes in this theme capture the realities and lived experiences of participants who experience bullying. It describes 1) where bullying occurs, 2) who is bullying, 3) social and verbal bullying, 4) emotional bullying, 5) physical bullying, and 6) reactions to being bullied. The descriptions offered by the participants somewhat overlapped over the sub-themes, pointing to the integrated nature of the findings.

Sub-theme 1.1: Where bullying occurs

The participants described their experiences of being bullied at school, on the playground, and on public transport (cf. Hlophe et al., 2017; Darney et al., 2013; Douvlos, 2018; UNESCO, 2017; Johnson, 2013).

Participant 1 mentioned the school as the location where bullying takes place, confirming the findings of several previous studies (cf. Johnson, 2013; Srabstein & Leventhal, 2010; Gil & da Costa, 2010). Participant 6 also mentioned the school, and elaborated by explaining that bullying takes place while sitting in the classroom at the desk:

“When I sit by my desk the children come and push me, and sometimes they pull my hair. Sometimes I hit back but they don’t listen. Sometimes I cry but they don’t listen”.

The preceding description suggests that the participant is facing bullying from multiple individuals, and the nature of the bullying is physical. Furthermore, the participant elaborated on the emotional impact, specifically expressing feelings of sadness. In addition, hopelessness is indicated through the utterance that nobody pays attention, which could also point to an impact on self-worth (cf. Arnout et al., 2020; Connell et al., 2019; Darney et al., 2013; Dworkin 2018). Hall (2017) reports on immediate responses, as described by this participant, which includes humiliation, sadness, rejection, low self-esteem, suicidal ideation, and helplessness as some of the consequences that are experienced during bullying.

Participant 9 mentioned the playground as the location where bullying is experienced. This was also identified as the location by Participant 4, who similarly to Participant 6 above reported not only where bullying takes place but included the type of bullying. *“I was bullied in the bus and the playground. Children in my class interfere with me and call me names and sometimes they push me or walk past me and hit me”*. The literature consulted confirms the participants’ descriptions which include bathrooms/toilets and the lunchroom as school locations where bullying frequently takes place (cf. Hlophe et al., 2017; Darney et al., 2013; Douvlos, 2018; UNESCO, 2017; Johnson, 2013). It is argued that these locations are chosen by bullies because supervision is lacking or limited in these spaces (cf. Callaghan et al., 2019; Stives et al., 2018; Darney et al., 2013).

Sub-theme 1.2: Who is bullying them

As confirmed by the previously discussed quantitative data, the participants reported being bullied by peers at their schools. Participant 12, as noted in the following excerpt, reiterated being bullied by older children in the school environment.

“When the bell rings and I go to the other class then the big boys come, and they push me and run away. Sometimes they hit me, and I get sore and sometimes I tell my teacher and then she ‘skells’ [reprimands] them out then they do it again”.

The description also points to physical bullying by children who are bigger and stronger than the participant, with the purpose of inflicting physical harm (cf. Arnout et al., 2020; Connell et al., 2019; Dworkin, 2018; Pinguart, 2016). Volk et al. (2014) refer to a power imbalance when the bully is older and bigger than the victim, while Menesini and Salmvalli (2017) maintain that an imbalance of power can be derived from knowing a person’s weaknesses and then using that information to harm the person. The participant indicated repeated bullying, which involves a level of dominance exerted by the bullies (cf. Hornby, 2016; Hymel & Swearer, 2015; Volk et al., 2014; Hemphill et al., 2014).

Participant 2 mentioned experiencing bullying from multiple individuals, describing them as friends. *“My friends stress me out. They call me names. They sometimes say they don’t want to play with me”*. The description points to bullies being known to the participant, and also to verbal and social bullying in terms of name-calling (i.e., verbal), and exclusion from the peer group (i.e., social) (cf. Arnout et al., 2020; Connell et al., 2019; Darney et al., 2013; Dworkin, 2018). Focusing on the bully being viewed as a friend, Stives et al. (2018) assert that when friends perpetrate the bullying behaviour, it can evoke tremendous confusion in the victim.

Sub-theme 1.3: Social and verbal bullying

The participants explained social bullying in terms of verbal bullying as follows:

“They also tease me” (Participant 1).

“My friend tells my other friends not to play with me” (Participant 2).

“They judge me and call me names” (Participant 11).

“Children call me names and they don’t want to play with me” (Participant 7).

“When I play outside the children call me names and they swear at me. They call me fatty” (Participant 9).

These statements emphasise that social bullying frequently involves verbal components, such as name-calling, ultimately leading to relational or social harm (cf. Arnout et al., 2020; Connell et al., 2019; Darney et al., 2013; Dworkin, 2018). In line with the utterances of the participating children in this study, Hemphill et al. (2014), Johnson (2013), and the CJCP (2012) characterise social bullying as directed toward isolation and exclusion, affirming its alignment with relationship bullying.

Sub-theme 1.4: Emotional bullying

Emotional bullying is a form of psychological bullying that influences the emotional well-being of the victim. This would include feeling rejected and powerless, and a lack of self-worth. Since this form of bullying often takes place through verbal bullying, similar to social bullying, it also affects the person's relations, self-worth, and social well-being (cf. Connell, et al., 2019; Darney et al., 2013; Dworkin, 2018; Shetgiri, 2013). In this study, the participating children described emotional bullying as follows:

"The children call me names" (Participant 3).

"They call me names everyday...they call me fatty, fatty. I don't like it" (Participant 9).

"They are rude and swear at me and call me bad names" (Participant 10).

"The children judge and 'spot' [mock me] my" (Participant 3).

The participating children in this study expressed various forms of emotional bullying, including name-calling, belittling, mocking, and shaming the victims. These actions result in a feeling of being judged, impacting the victims' self-worth (cf. Arnout et al., 2020; Connell et al., 2019; Darney et al., 2013; Dworkin, 2018). Laas and Boezaart (2014) assert that when a child is bullied, several rights are violated. One such right is the right to dignity. These authors state that this right adds value to life and highlights an individual's uniqueness and self-worth. Bullying incidents therefore impact negatively on the victim's dignity.

Sub-theme 1.5: Physical bullying

Physical bullying constitutes a form of aggression defined by the harm caused to the victim through direct, aggressive acts. Johnson (2013) explains that physical bullying is what is called direct bullying, manifested through actions such as punching, hitting, kicking, and pulling hair (cf. Darney et al., 2013; Rivara & Le Menestrel, 2016). Consistent

with the descriptions in the literature, the participants in this study detailed instances of physical bullying, as illustrated in the following excerpts:

“Children pull me” (Participant 3).

“Sometimes they push me and walk past me and hit me” (Participant 4).

“Children come and push me and sometimes, they pull my hair” (Participant 6).

“My friend pushes me and hit me on my head” (Participant 2).

In the latter statement, Participant 2 refers to the bully as a friend. The literature examines bullying within established relationships as having the intention to inflict harm at the relational level (cf. Arnout et al., 2020; Connell et al., 2019; Darney et al., 2013). Other statements point to bullying by multiple peers, a factor identified by Menesini and Salmivalli (2017) as having a more negative impact on victims.

Participant 1 commented that *“... the children take my food and pull my hair and they hurt me a lot”*. In line with this description, studies have shown that the act of physical bullying can be used to acquire non-social resources, such as food, which hold contextual value for the bullies (Volk et al., 2014). Clark et al. (2020) explain this behaviour within the context of the resource control theory, which suggests that individuals may use coercive means to acquire resources. The latter part of the statement by Participant 1 points to continuous bullying that results in distress. Volk et al. (2014) further refer to physical bullying for resources that are not related to survival, which was confirmed by Participant 12:

“Another boy wanted my cell phone and I refused to give it to him. So, he smacked me and took my phone...he wanted to take my phone a long time ago”.

Sub-theme 1.6: Reaction to being bullied

In this study, all the participating children described the bullying behaviour as painful and fearful. The following statements refer to the impact of being bullied in terms of emotional reactions.

“I felt hurt” (Participant 1).

“Sad ... I don’t like it when they bully me” (Participant 2).

“I felt scared, unhappy and sad” (Participant 3).

“I feel hurt, I don’t like it” (Participant 4).

These emotional reactions to being bullied are included in the literature as a consequence of bullying (cf. Douvlos et al., 2018; Hlophe et al., 2017; Darney, et al., 2013). Waseem et al. (2013) elaborate that children who experience bullying are at an elevated risk of exhibiting symptoms of depression, as well as facing both immediate and long-term negative social and psychological consequences. The authors note that children who are bullied could develop feelings of helplessness, loneliness, and exclusion.

Other responses are described in terms of expressing their emotions through crying, and attempts to protect themselves, or to avoid being bullied.

“Sometimes I hit back and sometimes I cry” (Participant 10).

“I run away and hide” (Participant 8).

A minority of the children who participated in this study indicated that they have engaged in bullying behaviour. Their experiences will be presented next.

Theme 2: Experiences of bullying

Five of the participating children reported that they have engaged in bullying of other children. Their descriptions resulted in two sub-themes describing 1) their reasons for bullying, and 2) the way in which they bully other children.

Sub-theme 2.1: Reasons for bullying

This sub-theme focuses on participating children who bully. Participant 4, while admitting to bullying, asserted *“I don’t want to bully”*. The statement was made in the context of explaining how the participant responds to being bullied, pointing to an impulsive response (cf. Morin, 2020; Kessler, 2019).

Korkodilos (2016) mentions a broad range of risk factors at various levels within the bio-ecological systems theory framework. Within the micro-system, neighbourhood influences, as well as acts of bullying by parents, siblings, and peers, may contribute to bullying behaviour. Disharmony, criminality, and aggressive behaviour by family members, members of the neighbourhood, and peers can influence bullying behaviour within the meso-system. Factors contributing to bullying in the exo-system include lack of resources in the community, parents changing jobs, the lack of positive friendships, discrimination, and poverty. Within the macro-system, causative factors may include values, systems, the implementation of laws, and the level of tolerance regarding acts of bullying. In the chrono-system, changes that could contribute to children’s bullying could include changes in the family structure or in the environment.

The participants in this study explained their bullying behaviour in terms of responding to being bullied within the micro- and meso-systems:

“I bully other children because they bully me” (Participants 1).

“They bully me so I bully them back” (Participant 4).

“Children bully me, so I bully them” (Participant 3).

“I bully other children because they judged me” (Participant 11).

“They start first ...They hit me, and I get angry then I 'trap them” (Participant 11).

“Some children bully me all the time and they don't listen. So, I bully other children because I am angry” (Participant 9).

These explanations collectively suggest a response to being bullied themselves. In alignment with the participants' statements, Goss (2014) observes that being bullying can lead victims to resort to bullying as a response, often stemming from a sense of powerlessness. However, both Morin (2020) and Kessler (2019) agree that bullies tend to attribute their bullying behaviour to the victims, placing blame on them.

Sub-theme 2.2: Nature of bullying

This sub-theme focuses on the nature of the bully. The participating children who admitted to engaging in bullying behaviour reported that their primary forms of bullying included both physical and verbal actions. In terms of physical bullying, Participant 4 said: *“I don't want to bully them. I push them and hit them with my bag”*. Participant 1 described the bullying behaviour as *“I kick them and pull their hair”*. These participants referred to 'them' as those children that bullied them. Similarly, Participant 11 explained the nature of bullying behaviour in terms of a response to being bullied as follows:

“Every time children bully me, I hit back. When there are no teachers then I get them back every time. I don't want to bully them”.

This participant conveyed that bullying was, on one hand, a responsive behaviour, but on the other hand, described how the bullying actions are premeditated, especially when there is no supervision by educators (cf. Callaghan et al., 2019; Stives et al., 2018; Darney et al., 2013). Verbal bullying is concerned with verbal communication aimed at social and/or emotional harm (cf. Waseem et al., 2013). Participant 4 described verbal bullying behaviour as *“sometimes I threaten them”*.

The discussion up to this point illustrates the experiences of the participating children. The next section contributes to the understanding of these experiences through qualitative descriptions provided by the parents/guardians of the participating children.

4.3.3.2 Experiences of parents/guardians of children with mild to moderate intellectual disabilities

The key questions the parents/guardians were asked included the following:

- How would you describe your own experiences and perceptions regarding the bullying of and among children with mild to moderate IDs?
- What informal systems are you aware of that addresses bullying?
- What formal systems are you aware of that addresses bullying?
- What type of interventions does each of these systems provide?
- What do you think is needed to prevent and address bullying effectively?

Based on the analysis of the data, the questions above could be converted to main themes, as summarised in the table below.

Table 27: Parents/Guardians’ voices – qualitative themes and sub-themes

Themes	Sub-themes
Experiences and perceptions regarding the bullying of and among children with mild to moderate IDs	Nature of bullying
	Reactions to child being bullied
	Impact of bullying on the child
Awareness and experiences of informal systems that address bullying	
Awareness and experiences of formal systems that address bullying	
Descriptions of what is needed to prevent and address bullying effectively	Creating spaces to disclose bullying
	Collaborative responses through a variety of available services
	Parental support
	Support to children

	Raising awareness and training to prevent/address bullying
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Theme 1: Experiences and perceptions regarding the bullying of and among children with mild to moderate IDs

The participating parents/guardians referred to 1) the nature of bullying; 2) their reaction to their child being bullied; and 3) the impact of bullying on the child when asked to share their experiences.

Sub-theme 1.1: The nature of bullying

Reflecting on the nature of physical bullying, Participant 13 noted that bullying can be based on the perception that the behaviour is acceptable, and that it can be seen as unintentional or a response to being bullied:

“I want to say that bullying show two children will fight and think that it is cool, and they fight with each other, and they hurt one another, but the one doesn’t really want to fight”.

In contrast to the depiction of unintentional behaviour above, Participant 10 described bullying in line with the descriptions presented by Scherman and Annunziato (2018), Hymel and Swearer (2015), Chatzitheochari et al. (2014), and Volk et al. (2014), portraying it as ongoing verbal and physical bullying, the fact that the bully does not respond to reprimands, and the impact it has on the child who is bullied:

“Bullying is wrong when children hurt another child all the time. And when children swear at children and they don’t know to stop then that is bullying, and when children pull children’s hair and when they are asked to stop, they don’t. The children who get hurt suffer. And there are children who will not tell their family because they are scared, they will get a hiding or be scolded”.

Further substantiating descriptions in the literature (cf. Arnout et al., 2020; Connell et al., 2019; Dworkin 2018; Pinguart 2017), various forms of bullying were described in terms of physical, verbal, and emotional bullying, all aimed at inflicting harm on a regular basis:

“Bullying is about inflicting harm on children. It can take many forms; it could be children who kick other children and who do it on a regular basis, pull their hair, spit at them, swear at them and make them feel horrible about themselves. They also take their lunch and money and do not think anything about it. And each day this child being harmed has to return to school and face the same abusive situation” (Participant 1).

“Bullying is about hurting another child. That hurt can be physical or emotional. Like in my case, my daughter was bullied by another older learner who wanted to stab her. He was rude and said that he wants to put a baby in her” (Participant 2).

The latter description above points to not only physical aggression but also verbal abuse and threats as manifestations of bullying behaviour (cf. Coetzee et al., 2019). Similarly, Participant 3 described bullying as a form of intimidation:

“Someone threatens you. You must do something or give them something, and if you don't then they bully you”.

Intimidation has been identified in the literature as a form of bullying with intent (cf. Waseem & Nickerson, 2020; Maunder & Crafter, 2018; Thornberg & Wänström, 2018). Another description provided by Participant 5 referred to physical and emotional harm:

“I want to say that bullying is when two children hurt one another. They hit one another and say bad things to one another”.

This participant continued to describe bullying as aimed at resources, a phenomenon that occurs regularly, and referred to bullying in terms of a power imbalance aimed at obtaining resources (cf. Clark et al., 2020; Volk et al., 2014):

“Sometimes the children that bully grab the other children’s lunches or money. And you know it happens all the time. Or the children tear the other children’s clothing. Sometimes the children kick the other child who is perhaps not as strong”.

Participant 13 confirmed the reference to resources as a motivation behind bullying:

“They want something from the other child”.

Within the above understanding of how they perceive bullying, the participating parents/guardians described their reactions to their children being exposed to bullying.

Sub-theme 1.2: Reactions to child being bullied

To describe the reaction to finding out that their child was being bullied, Participant 13 explained how this was discovered: *“We were very sad. My son was tearful and then he told us that the boy at school smacked him in the face and took his cell phone”.* This description points to an emotional response to finding out about the bullying.

Participant 7 explained that violent acts are not a part of the home life, and that the bullying of the child was therefore particularly upsetting. This participant indicated that the impact on the child also affected the parent/guardian:

“It was sad for us because we don’t support any form of violence in the family. Our child cried. I felt very hurt for her. I can still ... as I am talking to you, I can see her face and the tears, and I would never want to see that again”.

In line with this description, Participant 4 remarked that when a child is bullied it is never an easy thing to accept for the parent, and that this is particularly true for parents/guardians of children with IDs: *“You feel sorry for your child and just want to defend him all the time because he is at a special school”*. Gil and da Costa (2010), in concurrence with this statement, assert that children, due to their position in society, are inherently vulnerable. When children have a disability in any form, this vulnerability is heightened, leading to increased negative health outcomes (cf. Menesini & Salmivalli, 2017; Rose & Espelage (2012). Elaborating on the topic of bullying of a child with an ID, Participant 5 said: *“They (the bullies) take your child for a plaything”*. Here, reference is made of the child’s right to dignity (Laas & Boezaart, 2014), which, in this instance, has been constrained by the bullying behaviour.

Participant 2, a guardian acting as the social worker and case manager for one of the child participants, further elucidated her own sentiments regarding the experiences of children who engage in bullying due to having been bullied themselves.

“It is sad because to me, I can see where it is coming from, and it is a sad thing, you know. It’s like this is a repetition of the victim becomes the bully”.

Participant 7 expressed a sense of hopelessness stemming from an experience of inadequate support in addressing the bullying of their child. Participant 5’s account affirms feelings of sadness and anger resulting from a lack of support and the consequential impact on the child.

“I don’t know what the teachers do. My wife says that teachers do nothing, so we feel hopeless” (Participant 7).

“I was very sad because you must see my son. He is small. He said to me that the boy always hurt him, and that educator sees what the child did but scolds the child and that is all. So, when my son came home with a broken shirt, I was very cross. I asked who did this? Because I can’t afford to buy

new shirts. So, I go to school, and I go to the educator, and I tell the educator and the educator says she will speak to the boy. You know, it felt as though nobody cared” (Participant 5).

This description aligns with the reported sense of hopelessness described by the child participants. Thornberg et al. (2013) assert that being bullied evokes a sense of resignation in the victim due to a lack of hope. The utterances by the parents/guardians indicate that they experience similar feelings.

As confirmed by the findings derived from the participating children above (see Theme 2 regarding the children’s voices), bullies tend to blame the victims of bullying for their behaviour (cf. Morin, 2020; Kessler, 2019). In this study, it was found that the parents/guardians of bullies also might blame the child who was bullied when confronted with their child’s bullying behaviour. Participant 9 explained that legal action was taken when the parent of the child who bullied blamed the child who was bullied:

“The parent of the bully used such bad language that I was not going to tolerate it. I went to court and took out an interdict. My son was bullied by her son; he called my son horrible names”.

This description indicates that while the bullying happened at school, parental reactions take the bullying into the neighbourhood too (cf. Menesini & Salmivalli, 2016). The participants continued to describe their experiences of how their children have been impacted by bullying.

Sub-theme 1.3: Impact of bullying on the child

As echoed by the child participants (see Table 15 and Theme 1 regarding the children’s voices), Participant 13 reported, *“my son was very sad”*. The sadness resulting from bullying is corroborated by Hall (2017). Providing additional insights into the consequences of being bullied, Participant 2 described how the affected child resisted

returning to school. Participant 1 further elaborated on this by explaining that the child did not want to go to school due to fear of the bully.

“Yes, it was very sad because she was very upset; she in fact refused to go to school” (Participant 2).

“I do remember when she first told us she was very sad and tearful, and she felt threatened and anxious. She did not want to go to school, she was afraid” (Participant 1).

Also referring to fear experienced by the child who is being bullied, Participant 7’s response points to a power imbalance caused by fear: *“Normally the child can do nothing because the child is too scared of the bully”*. The literature elucidates that the fear induced by bullying is often an intentional outcome sought by the bully (cf. Waseem & Nickerson, 2020; Maunder & Crafter, 2018; Thornberg & Wänström, 2018; Hornby, 2016; Hymel & Swearer, 2015; Volk et al., 2014; Howell & Flores, 2014). Authors such as Douvlos et al. (2018), Howell and Flores (2014), and Protogerou and Flisher (2012) further argue that bullying continues when the bullied child will not report the bullying out of fear of further bullying.

As discussed in sub-theme 1.2 above, Participant 4 linked his own feelings about bullying with the impact on the child:

“When a child is bullied, they tend to lose focus at school and end up dropping marks, their progress in school gets to be on a decline because they are always scared, and they always feel small. So, I really hate bullying. It’s totally unacceptable”.

The descriptions align with Shetgiri’s (2013) explanation that being bullied and victimised is associated with negative consequences for the victim such as anxiety and depression, which then impacts on the parent/guardian.

Participant 2 alluded to the impact on the child, specifically in terms of their responses to being bullied, which involved engaging in bullying themselves (as confirmed by the child participants):

“I feel that it’s almost like the victim becomes the perpetrator. And being a child with special needs and being so deprived of so many things. The way she lived on the streets is obviously a life where she has been bullied and she has been deprived and now she’s in a position where she’s repeating the behaviours that she has seen because this is actually the only thing she knows”.

Supporting the aforementioned perspective, Goss (2014) describes bullying as an outcome of social modelling, where children replicate the behaviours they observe at home and in their communities, subsequently enacting these behaviours at school.

This study is framed within a bio-ecological systems framework. This framework postulates that any solution to the problem of bullying needs to be holistic, which means that the family, children, community, and schools need to be involved in seeking solutions (cf. Menesini & Salmivalli, 2017; Hornby, 2016; Swearer & Hymel, 2015). Within this description, the following two themes will describe parents’/guardians’ awareness of either informal or formal systems that are available to them when confronted with bullying of and among their children with mild to moderate IDs.

Theme 2: Awareness and experiences of informal systems that address bullying

Informal support systems for parents are described by Martínez-Rico et al. (2022) as partners, immediate and extended family members, and family friends. These authors, however, found that parents rely more on formal than informal systems to provide them with parental support. For the purpose of this study, informal systems relate to measures used within the families and communities to provide support to children and families who are exposed to bullying behaviour.

Douvlos et al. (2018) emphasise the crucial role of family commitment in endeavours to prevent and/or address bullying. They assert that family support shapes interactions with other systems in the environment. Referring to being unaware of informal support in the community, Participant 9 highlighted the value of informal support within the family. Additionally, Participant 13 noted that all family members should provide support to the child.

“Look, I am not sure what we have out there, but in my household, siblings are very important and can help younger children in the family. In our case we were supported by our older children. And my wife and I supported our daughter, so we know how important we are in solving this problem” (Participant 9).

“I don’t really know what is in the community, but families must play a greater role. My children can confide in me, but it is very sad that my son cannot confide in his father” (Participant 13).

The statement that parents/guardians are important suggests that they are key to finding solutions to the problem, and that children who experience bullying must be able to talk to them. On the one hand, Johnson (2013) points out that victims of bullying are unlikely to disclose being bullied to their parents. On the other hand, Scherman and Annunziato (2018) and Eriksson et al. (2018) proffer the notion that bullying interventions require interventions from families to support children who are victimised. In this sense, the family members provide support to each other and the child. The Revised White Paper on Families in South Africa (DSD, 2021) highlights the value and importance of families in terms of positive outcomes for individuals facing hardships, such as bullying, by being a source of emotional, material, and instrumental support for such members.

The significance of support from the family for children who engage in bullying and their parents/guardians is elaborated upon in the following statements.

“I received support from my family, especially my daughters because they help discipline my son as well. So, when he bullied another child, they supported me” (Participant 11).

“My parents are not alive today, but they were my support system. I could go to them at any time and speak to them about my children or the problems I am having, but I don’t have anybody now” (Participant 3).

Similar to statements of being unaware of informal support in communities, described above through utterances by Participants 9 and 13, Participant 1 referred to a lack of informal support in the community, and a need for families and communities to work together to find effective solutions.

“I don’t think there is anything in the community for us about bullying. We also don’t have groups that provide information or support to children on bullying. Parents and the community must get involved in findings solutions”.

This participant drew a connection between parents/guardians and the community, aligning with Swearer and Hymel’s (2015) reference to human development as a two-way process between individuals and the many systems in which they operate, such as the family and community. In further support, Scherman and Annunziato (2018) point out that bullying not only negatively affects children but also has repercussions for families and communities, highlighting the need for integrated solutions. Eriksson et al. (2018) agree, stating that family support, combined with other resources, is crucial. As already highlighted, and focusing on informal support in the community to complement support in the family, the participating parents/guardians reported that there is a lack of such support, or a lack of awareness of available support in communities:

“There is nothing in our community or if there is, I don’t know of them” (Participant 14).

“We hear and see nothing here. No youth groups linked to the church or anything” (Participant 15).

“I am not aware of groups or programmes in the community that deals with bullying” (Participant 10).

“I really don’t know what we have in the community” (Participant 5).

“As far as I know, I don’t think there is anything in our community that talks about bullying. Even the churches and church youth groups in the area do not talk about bullying or have programmes around bullying” (Participant 11).

Confirming the lack of informal support in communities, Participant 12 explained that families can play a role in developing such support in communities.

“I am not aware of any programmes in the community that deals with bullying but as parents we need to get involved in dealing with bullying”.

Various authors highlight the importance of raising awareness about available support and providing training to effectively utilise such support (cf. De Luca et al., 2019; Eriksson et al., 2018; Shetgiri, 2013; Waseem et al., 2013). The statement above also illuminates the role families can play to create informal support to address bullying in communities.

In addition to descriptions of awareness and experiences of informal systems, the participants described their experiences of formal systems, as presented in the next theme.

Theme 3: Awareness and experiences of formal systems that address bullying

Formal support systems for parents are aimed at early intervention, according to Martínez-Rico et al. (2022), and include intervention programmes offered within the school system, and counselling by professionals such as social workers.

Participant 5 confirmed that support for parents/guardians of children with IDs are needed, but indicated that a lack of support was experienced:

“I want to say that we parents care for our children who go to special schools and when we feel that there is no support for our children or the parents, then we feel not nice”.

This statement identifies schools as a possible formal system to support victims of bullying and their parents/guardians. The school system as a form of support was described in terms of a mediating role between the parents/guardians of the victim and the bully. Participant 1 described this support as follows:

“As parents we contacted the school for a meeting. I wanted the boy’s parents to be at the meeting with the principal. So, we had the meeting. The boy’s parents came and listened. We spoke for a long time and came to an agreement that he will not speak to my daughter. We felt that we achieved something because the bullying stopped”.

This positive experience of formal support offered by the school was confirmed by other participants:

“I received very good support from the school. They even allowed the child to be placed in a different level at school” (Participant 6).

“When my son was bullied, I called the principal and told him what happened. The principal told me not to worry and I don’t have to come to school, he will sort it out. And he did, there were no more incidents of bullying. I was very happy” (Participant 12).

‘Yes, we received support from the school, good support. We were happy’ (Participant 14).

The above descriptions portray not only a response when the school was contacted, but also a satisfaction regarding the outcome. This experience is in line with UNESCO's (2017) proposition that reporting mechanisms be effective through accessibility, confidentiality, and child-sensitive communication. It is also highlighted that parents and children must have the knowledge and assurance that action will take place in a way that does not place those concerned further at risk.

The fact that parents/guardians feel that they can reach out to the school (cf. UNESCO, 2017) is also confirmed by Participant 2. However, this description does not confirm a positive outcome, but rather a sense of being supported.

"I have to accept the support I get from the school. They are nice. I don't get support at home. I am a single mother, so I have to rely on others, but he [educator] listens, which is good".

Douvlos et al. (2018) assert that establishing and maintaining a healthy and safe school environment is important, emphasising the need for collaboration among the school, the family, and society. Hornby (2016) asserts that a way for schools to provide support to parents in dealing with bullying behaviour is to offer guidance and education. In contrast to the above descriptions of feeling supported by the school, Participant 5 reported that, according to the child, the educator was aware of the bullying. However, there was dissatisfaction when attempting to obtain support from the school to address the bullying behaviour.

"He said to me that the boy always hurt him, and sometimes the teacher is there and sometimes not. He says the teacher sees what the child did, but 'skell' [scold] the child and that is all. So, I went to the school, and I went to the teacher and told the teacher. And the teacher says she will speak to the boy. You know, it felt as if nobody cares really".

Recognising the necessity for parents to receive support within the school system to address bullying, Johnson (2013) argues for school policies to be in place on how to manage bullying. The parents have a key role to play because both the staff and parents need to be active in their response to bullying behaviour. Having such a programme enhances communication between staff and parents. The idea of promoting parents' direct involvement when bullying incidents happen within specific protocols and/or policies is supported by Politi (2014). Hall (2017) further claims that the design and implementation of policies are aimed at addressing not only the behaviour of children, but also other role players such as educators, as well as school organisational practices.

Participant 3 emphasised that the parents/guardians of children who are bullied also need assistance and guidance, specifically requesting the inclusion of additional formal support.

"I also want to say that we as parents also need help. Many of the parents are very over-protective of their child and when their child is hurt then we feel hurt and then there is nobody to listen to us seriously. Yes, we can talk to the teachers, but they are not professional people who can offer counselling to us parents".

However, the statements below highlight a lack of focus on bullying by formal services in the community:

"In our community the NGO's and the police look at gangsterism and violence ... not at bullying" (Participant 7).

"There is nothing which focuses on bullying. The only thing that we get to have are programmes about crime" (Participant 4).

"I know there are organisations in the area. I have been to one, but they do not worry about bullying" (Participant 3).

“I know that the organisations offer support on child abuse but not on bullying” (Participant 5).

Participant 1 also mentioned a lack of focus on bullying by formal services and added that accessibility is a problem:

“There are formal systems in place, but these systems are far from where the people are, and I am not certain whether these systems offer support to bullying victims and families. ... I am aware that there are social workers in the area but they are not available every day”.

Participant 8 confirmed that social workers are not readily available to provide formal support:

“Bullying is very serious and many families in townships do not have the money to travel to go to social workers who work outside of our areas”.

Van der Westhuizen and Swart (2015) identified a continued lack of access and availability of resources in previously disadvantaged communities in South Africa. In line with this viewpoint, Strydom et al. (2020) and Jamieson et al. (2017) concur that few children and families in the country have access to therapeutic care and support to manage trauma. The lack of resources for formal support by social workers is highlighted by Reyneke and Jacobs (2018) who point out that social service organisations are highly understaffed and under pressure due to financial constraints in rendering the most basic services. While UNICEF (2019) points out that the social work profession has a leading role to provide direct services, Cloete (2022) postulates that the dearth of social workers cannot meet the demands for appropriate social welfare services.

Participant 10 referred to the need for social workers to be a part of the school system: *“At the school they try to support but I did not see a social worker but a teacher”.* School Social Work is a specialised field in social work that places the child at the centre, with

the social worker establishing connections between the child, the school, the community, and the family (Frey et al., 2012), aligning with the bio-ecological approach. In addition, Participant 6 highlighted a lack of awareness and insufficient access to social workers in the school system: *“I do not think parents are aware of formal systems that deal with bullying. I don’t know whether the school has a social worker or other professionals to assist”*.

The previous two themes pointed to some support received, and also a lack of support or awareness of support available. Theme 4 below presents the participants’ experiences and perceptions related to what is needed to prevent and address bullying effectively.

Theme 4: Descriptions of what is needed to prevent and address bullying effectively

This theme presents the following focus areas related to the participants’ descriptions of what is needed to respond effectively to bullying of and among children with mild to moderate IDs: 1) Creating spaces to disclose bullying; 2) collaborative responses through a variety of available services; 3) parental support; 4) support to children; and 5) raising awareness and training to prevent/address bullying.

Sub-theme 4.1: Creating spaces to disclose bullying

Participant 1 referred to the school as a primary place where bullying can be prevented or responded to, but also indicated that it requires collaboration with parents (also see sub-theme 5.2 below). Participant 2 supported this viewpoint, and argued that services must be responsive to the needs of the community:

“We need to take steps to prevent bullying in schools, and all must know what the steps are” (Participant 1).

“I am not sure what services other organisations offer but they are not offering what the community needs. Parents want to know that their children

are safe at school. This means that the school must make sure that the children are safe” (Participant 2).

The statements above illuminate that the school can be a space where bullying can be disclosed and dealt with. In this regard, Hornby (2016) suggests that the school system can support the development of a culture within schools that promotes safe disclosure when bullying occurs. This can be achieved through a confidential reporting system, ensuring that victims know that if they do speak up, they will be listened to. The author recommends the following steps that form part of a response to disclosure:

- 1) Acknowledging the incident,
- 2) Investigating and gathering information about the incident,
- 3) Providing recommendations to address the incident, and
- 4) Including all parties to a restorative (redress) meeting during which the incident is discussed with all (Hornby, 2016).

UNESCO (2017) recommends that school governing bodies need to communicate a stance against bullying. All stakeholders, including children, need to be aware of the procedures in place when bullying occurs to encourage disclosure, among other objectives. This is emphasised by Participant 15 who commented that *“we should also allow the children to have a closer relationship with their teachers, but the children are afraid, and they don’t talk”*. This statement illuminates the need for a culture where children feel safe to disclose acts of bullying. Similarly, Johnson (2013) states that child victims of bullying often do not disclose to educators and parents, while Gökçaya and Sütçü (2018) assert that this is due to a fear that disclosure might pose a possibility of further bullying. In further support, Darney et al. (2013) propose that the cultivation of a safe environment can contribute to disclosure that can result in effective responses. According to the participants, responses should be collaborative in nature.

Sub-theme 4.2: Collaborative responses through a variety of available services

The preceding sub-theme delineated the recognition by participating parents/guardians of the school as a primary space to effectively address bullying. De Luca et al. (2019)

support the notion of the important role that educators play in preventing and addressing bullying among children. Their role may involve providing individual assistance and ensuring the inclusion of all children in supporting the prevention of bullying. Participant 1 goes further and asks for collaboration between educators, parents/guardians, children, and the community: *“We will not win this battle if only children get involved. Teacher and parents must get involved, as well as the community”*. The theoretical framework upon which this study is based supports the inclusion of different systems that will require the participation of children, educators, parents/guardians, and the community. Menesini and Salmivalli (2017) and the WHO (2016) assert that anti-bullying policies at schools might not be enough, and that policies should be supported by other interventions by a variety of role players. In line with this viewpoint, other participants included community organisations as an important resource to support collaborative responses:

“We do not have an organisation in the community who can address bullying in the community” (Participant 5).

“There is nothing in our community that addressed bullying. We need more NGOs to address bullying” (participant 9).

The statements above identify organisations and NGOs as collaborators in the effort to prevent and respond to bullying, but also indicate that these collaborations were not in place during the time of data collection. Participant 10 added Early Childhood Development programmes that could contribute to the prevention of bullying:

“I believe that resources in various forms are needed to capacitate communities to manage bullying. Crèches should as part of their daily programme teach children not to hurt other children”.

Hornby (2016) also includes community resources, such as sport clubs, that can be included in efforts to prevent and address bullying among children by promoting positive behaviour and discouraging negative behaviour in sport activities (Hall, 2017). The

potential value of sport clubs as collaborators is supported by a statement made by participant 14: *“I belong to a soccer club and children from various communities are part of this club. However, we do not have enough education on bullying”*.

Participant 8 added that the whole community must be involved in initiatives to prevent or address bullying: *“Community meetings need to be held and that community members be encouraged to attend”*. This statement aligns with Scherman and Annunziato’s (2018) opinion that bullying not only affects children but also parents/guardians and the community. Maunder and Crafter (2018) support this perspective by stating that bullying does not take place between two people in isolation and that the behaviour and attitudes of community members contribute to its existence and perpetuation.

Participant 14 further additionally suggested that a form of prevention or response to bullying should involve engaging children in positive community activities. This participant rejected the idea of exposing children who bully to the criminal justice system, stating: *“Children should be given a chance, and that the criminal justice approach is not the way to go”*. The World Psychiatric Association (2016) asserts that children with IDs face double vulnerabilities, and that exposure to the criminal justice system will exacerbate these vulnerabilities. Court proceedings are daunting for children and even more so for children with increased vulnerabilities. Vulnerabilities are heightened because they have limited communication skills, struggle to express themselves clearly, exhibit high levels of suggestibility, and may lack the ability to comprehend the consequences of their actions. As an alternative, engaging children in community activities to counteract bullying behaviours is acknowledged by several authors (cf. Callaghan et al., 2019; Marsh, 2018; Hornby, 2016, WHO, 2016; Swearer & Hymel, 2015; Politi, 2014). In line with the viewpoint, Marsh (2018) and Laas and Boezaart (2014) concur that, while bullying behaviour does violate a broad range of rights (cf. Reyneke & Jacobs, 2018), the best interest of the child should always prevail (cf. Marsh, 2018; Laas & Boezaart, 2014).

Collaborative responses, according to the participants, must include support to parents and their children who are exposed to bullying.

Sub-theme 4.3: Parental support

In line with the discussion in Theme 3 above, Participant 1 advocates for interventions that include support for parents/guardians:

“I also want to say that we as parents also need help. Many of the parents are very overprotective of their child and when their child is hurt then we feel hurt and then there is nobody to listen to us seriously. Yes, we can talk to the teachers, but they are not professional people who can offer counselling to us parents”.

Hornby (2016) states that educators can assist parents by referring them for counselling to professionals in the community. However, as highlighted by the participants in Theme 3, the availability of support systems must also be ensured. Participant 4 described this aspect as follows:

“I wish we could have a place with social workers where whenever we get to encounter such challenges then we know we have professionals to consult and get professional advice of how to overcome some challenges and avoid bullying in schools”.

The inclusion of social workers to support parents of children exposed to bullying is crucial because they occupy a unique position to work holistically. Aligned with the bio-ecological systems framework, Staples (2016) highlights that social work interventions can include learners, educators, school administrators, families, and communities, fostering collaborative efforts to prevent bullying behaviour and respond effectively to instances of bullying.

Apart from counselling, Participant 5 asked that parents/guardians be informed and guided regarding the role they can play to prevent or address bullying: *“The teachers must communicate with the parents how we can help”*. Participant 2 elaborated on the necessity of supporting parents/guardians, suggesting the inclusion of siblings: *“Families are important, especially siblings. They can offer a lot; they can provide support when parents are busy or at work”*.

Parental support has been identified as a way to empower parents/guardians to prevent bullying behaviour from occurring. The following statements support this sentiment:

“We need to look at the perpetrator and the home in terms of how we raise our children and what is happening in the home. Who is in charge and who is the dominant person in the home? We need to develop our children and give them the tool to boost their self-esteem and self-confidence” (Participant 6).

“Children come from different families where they learn behaviour. Teachers need to be awake and know what is happening that causes the child to bully” (Participant 13).

Wolke and Skew (2012) propose the idea that services should be grounded in an understanding of family factors and their connection to bullying at home and at school. This understanding can provide insights for potential family-based interventions to prevent bullying in schools. The participant's perspective is corroborated by Darney et al. (2013), who emphasise that high self-esteem and a positive self-concept are crucial aspects of well-being that should be incorporated when devising responses to bullying behaviour in schools. The Revised White Paper on Families (DSD, 2021) mentions social networks as a means to support family well-being and advises that interventions to support families must consider the influence of the neighbourhood, as well as historical, cultural and socioeconomic contexts, when planned and implemented.

Sub-theme 4.4: Support to children

Wei et al. (2015) endorse the collaborative approach discussed under sub-theme 5.2 and assert that resources and strategies must be available to victims of bullying, bullies, and families. The literature further mentions a variety of role players to ensure support for children exposed to bullying:

- Social workers (Protogerou & Flisher, 2012),
- Psychologist and other mental healthcare professionals employed within the school system (WHO, 2016; Shetgiri, 2013), and
- Educators (Mncube & Chinyama, 2020).

Participant 1 reinforced the viewpoint of educators as a source of support for children who are bullied or who engage in bullying, further highlighting that educators need guidance on how to respond effectively: *“We need counselling services for children who are bullied and services that can offer advice on bullying to teachers”*. This is corroborated by Mncube and Chinyama (2020) and Rivara and Le Menestrel (2016), who underscore the importance of educator training, emphasising that it should focus on:

- Classroom management,
- Conflict management,
- Problem solving,
- Refusal skills for children to become assertive as well as techniques to respond to bullies,
- Skills to address learner misconduct, and
- Knowledge on effects of bullying, and how children’s rights are violated in the process.

Gökkaya (2016) mentions cognitive behaviour therapy (CBT) as a potential approach to prevent and respond to bullying. This is because CBT enables both bullies and victims to develop their self-esteem and self-confidence. The focus is on specific techniques to respond to bullying. Psycho-education is included, covering topics such as what constitutes bullying behaviours, distinguishing between joking and conflict, understanding the short- and long-term harms of bullying, and exploring the emotions

and thoughts associated with bullying behaviour. Self-awareness training is also integrated to identify and cease bullying behaviours, replacing them with alternative, more positive behaviours. Marsh (2018) also underscores the significance of clinical or therapeutic services in addressing bullying, emphasising that educational responses can enhance the effectiveness of both prevention and intervention services.

Psychologists and social workers were identified by Participant 3 as formal support systems for children. Participant 2 referred to social work services that support both the child who is bullied and the child who bullies, emphasising that services should empower children to voice their opinions on bullying.

“Social workers are needed to support children who are bullied as well as those who bully. Children need to be encouraged to participate in efforts aimed at addressing bullying and to speak their minds”.

The WHO (2016) emphasises that programmes designed to prevent bullying among children must involve the children in their development. This implies that children should be active participants in intervention strategies aimed at eliminating bullying in schools and communities. From this perspective, support for children includes child participation. Participant 9 explained that, *“I also think that children need to be involved in drafting policies, and they also need to be involved in participating in programmes”*. This was elaborated on by Participant 15 who said that *“we need to give children extra responsibilities. They must get involved”*.

Hall (2017) further comments that policies as interventions can include incident reporting procedures aiming to promote positive behaviour and discourage negative behaviour. The participant’s remark alludes to the idea that children must play a key role in developing strategies that will work for them to ensure disclosure and the management of bullying behaviour that resonates with children (cf. DSD, 2018; RSA, 1996a, 2005).

Theme 4.5: Raising awareness and training to prevent/address bullying

As noted in the accompanying excerpt, Participant 3 highlights the need to raise awareness in the community to prevent and/or address bullying: *“And we need campaigns to create awareness and such campaigns must be facilitated on a regular basis”*. This participant places emphasis on ongoing activities to create awareness. The use of campaigns is supported by UNESCO’s (2017) position that, if done correctly, awareness campaigns could reach a wide range of people. Postigo et al. (2013) further refer to the role of mass media to be considered in order to raise awareness of what bullying is about, and to empower people to respond effectively through self-knowledge. Awareness raising should, according to Participant 3, include training. The participant concurred that, *“resources are needed to invest in the community. Training is also needed for both community members and families on how to manage bullying behaviour. I think the school should offer parenting classes about bullying and how we can help”*.

In agreement with this viewpoint, Padgett and Notar (2013) argue that effective management of bullying behaviour is essential to ensure healthy development of children based on positive interpersonal relationships in the family, school, and community. Therefore, training should be made available to a variety of key role players, such as parents/guardians, educators, and mental health professionals (cf. Rigby, 2020; Menesini & Salmivalli, 2017; WHO, 2016; Gil & da Costa, 2010).

The impact of bullying on children with mild to moderate IDs necessitates the inclusion of mental health specialists in a coordinated response to prevent and address bullying. They should be recognised as crucial resources for educating and training parents and educators (Shetgiri, 2013). The following statement by Participant 4 serves as support: *“Based on my experience with bullying, we need to educate parents about mental illnesses and how to treat mental disabled children”*. Yen (2010) suggests that all mental health care workers, including family physicians, be involved in providing services to children with special needs exposed to bullying and their families. Menesini and Salmivalli (2017) and Shetgiri (2013) argue that training of parents to identify and respond to signs of bullying can form part of bullying prevention programmes.

The need for such a service is accentuated by Participant 10 who reported that *“I feel we need training in our community on bullying. Nobody offers this to us. Nobody provides us with what we need”*. This comment aligns with Hornby’s (2016) position that parental training can serve as both a preventative and intervention method by offering parents guidance on what they can do to prevent their children from getting involved in bullying incidents or teaching children how to react to bullying when it occurs. In order to focus on bullies and victims of bullying, the author advises that parents learn how to encourage their children to be empathic towards other children, and/or how to be assertive and use appropriate social skills to deal with bullies whether they are the target or a bystander.

4.4 CONCLUSION

This chapter presented the findings derived from both the quantitative and qualitative data provided by the children participants with mild to moderate IDs and their parents/guardians. The quantitative findings provide a description of the nature of bullying as experienced by children with mild to moderate IDs. The qualitative findings describe the experiences of the children with mild to moderate IDs and their parents/guardians. These descriptions of their experiences were compared and contrasted with the literature, resulting in themes and sub-themes that overlapped. The summary is presented in the table below:

Table 28: Comparison of findings obtained from children and parents/guardians

Descriptions of experiences	Indicated by children	Indicated by parents/guardians
Reasons for bullying	√	√
Where bullying occurs	√	
Who is bullying	√	
Social and verbal bullying	√	√
Emotional bullying	√	√
Physical bullying	√	√
Reaction to being bullied	√	√
Impact of bullying on the child	√	√

The participants also described their viewpoints of what is needed to prevent and address bullying through a collaborative response that requires the involvement of a variety of systems. In line with the bio-ecological systems theory (Bronfenbrenner, 1994), the qualitative findings from both the participating children and parent/guardians highlighted the following systems to be considered for inclusion in a coordinated response to bullying of and among children with mild to moderate IDs:

- In the micro-system, bullying affects the child, and requires input from family and siblings to prevent bullying, or to respond through support to the child and the parents/guardians.
- The meso-system was described in terms of connections between the family's interactions within the community and with the school.
- In the exo-system, a link was identified between working parents/guardians and their dependence on the school, family members, and the community to prevent or respond to bullying by providing children with safe environments.
- Formal and informal systems within the macro-system to be included were identified, emphasising that collaborations between the different systems, as well as the accessibility and availability of services, are essential.
- In the chrono-system, parents/guardians described the marginalisation of children with mild to moderate IDs, highlighting that they are often not valued. Additionally, the historical disadvantage of limited access and availability of resources in communities was noted, particularly in previously disadvantaged communities.

The following chapter will present the findings regarding the contribution of educators to the experiences of educators of children with mild to moderate IDs.

CHAPTER 5

FINDINGS: EDUCATORS' EXPERIENCES OF BULLYING OF AND AMONG CHILDREN WITH MILD TO MODERATE INTELLECTUAL DISABILITIES

5.1 INTRODUCTION

The envisaged outcome of this study was to develop a guideline for a coordinated response to prevent and respond to bullying of and among children with mild to moderate IDs. In Chapter 1, a rationale for this focus was provided, and Chapter 2 unpacked the research methodology that was employed in this study. Chapter 3 synthesised existing literature on the research topic. In order to develop an understanding of what is needed to prevent and respond to the bullying of these children, the previous chapter presented the findings related to the first objective of the study, namely *to explore and describe the nature of the lived experiences of children with mild to moderate IDs who have experienced bullying, and that of their parents/guardians, through a self-developed questionnaire and individual semi-structured interviews*. To further build on the findings of the previous chapter, the findings regarding the experiences and perceptions of educators at LSNSs, as obtained through focus group discussions, are presented in this chapter, focusing on the second objective of this study.

Objective 2: *To conduct focus groups with educators of children with mild to moderate IDs at LSNSs to identify the various systems that are involved in addressing bullying, and to explore and describe the nature of interventions by the various systems.*

The figure below illustrates the steps taken to collect and analyse the data in order to present the findings in this chapter.

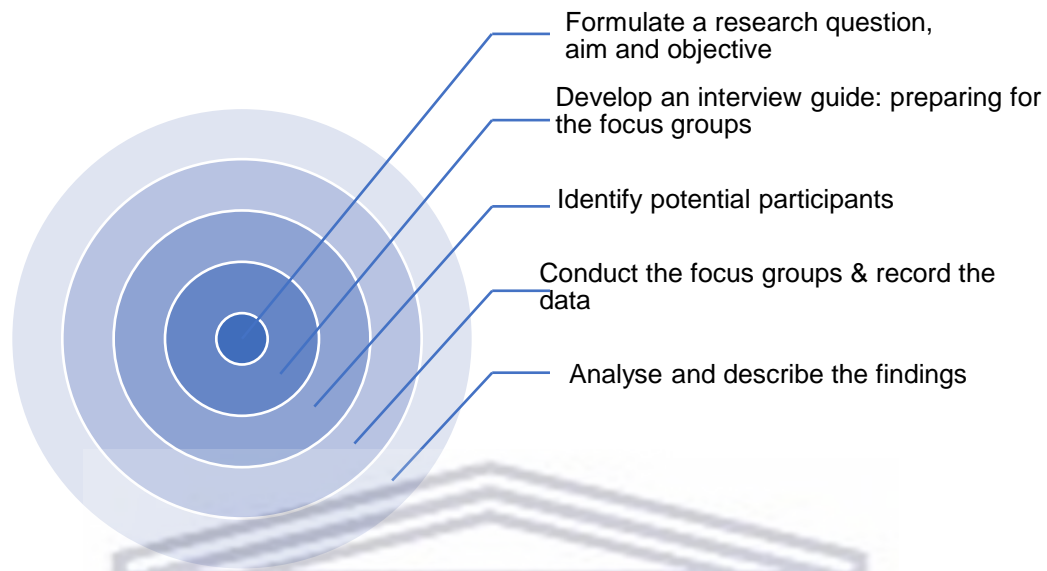


Figure 12: Steps that informed the findings

The steps outlined in Figure 12, as detailed in Chapter 2, have been implemented, and the findings are presented in this chapter. The next section provides the biographical information of the participating educators, after which the findings will be noted and discussed.

5.2 BIOGRAPHICAL PROFILE OF THE PARTICIPATING EDUCATORS

Two focus groups, consisting of 11 participants (three in group 1 and eight in group 2) took place. The sample size was determined by the number of educators who were willing and able to participate. Table 29 below provides a summary of the biographical information of the participants.

Table 29: Biographical information of educator participants

Participant	Gender	Years of education experience
1	Female	7
2	Female	32
3	Female	27
4	Female	1
5	Female	6
6	Female	23
7	Female	28
8	Male	38
9	Female	1
10	Female	5
11	Female	26

The participants were mainly female, with only one male participant. The years of experience ranged from one year to 38 years. Six participants had more than 20 years' experience in education.

Once the researcher obtained permission from the DBE to conduct the study within the LSNSs, she gained access to educators through the principals of the schools. The principals were asked to inform educators who met the inclusion criteria, as described in Chapter 2, about the study and to provide them with the researcher's contact details if they were interested in participating. Those who were interested were provided with information relevant to their participation and signed informed consent (Annexure E) and focus group confidentiality binding (Annexure F) forms.

The focus groups were held at different venues: the first took place at a hospital caring for mental health care users known to all the participants, and the second occurred at a LSNS. These locations were selected for their accessibility, sufficient space to accommodate all of the participants comfortably, and a quiet environment free from noise and traffic. The discussions were recorded and transcribed after each focus group, with

field notes including non-verbal data included in the transcriptions. The data underwent analysis, as described in Chapter 2, and the findings are presented next.

5.3 FINDINGS

Focus groups are interviews with a group of individuals who share specific characteristics related to the research topic (Dilshad & Latif, 2013). They are aimed at exploring and obtaining individual views on and experiences of the topic through a group discussion (Busetto et al., 2020; Carey & Asbury, 2016). Gundumogula and Gundumogula (2020) describe focus groups as a method of data collection well-suited for qualitative studies. In this study, focus groups were employed to collect data from educators due to their ability to generate meaningful and rich data through the participants' interactive discussions about their experiences and perspectives on the bullying of and among children with mild to moderate IDs. As such, the researcher hoped to develop an in-depth understanding of the research topic through this method of data collection.

It was also considered that the focus group discussions would lead to a power balance between the researcher and the educators who were viewed as experts in the field (Carey & Asbury, 2016). During the planning phase, the researcher considered the research question to be answered, namely: What formal and informal systems should be included in a coordinated response to address the bullying of and among children with mild to moderate IDs? She then formulated questions with the aim of addressing this question (Nyumba et al., 2018) and in an effort to achieve Objective 2 (Dilshad & Latif, 2013). The questions that were formulated include:

- How would you describe your own experiences and perceptions regarding the bullying of and among children with mild to moderate IDs?
- What informal systems are you aware of that address bullying of and among these children?
 - What type of interventions does each of these systems provide?
- What formal systems are you aware of that address bullying of and among these children?
 - What type of interventions does each of these systems provide?

- What do you think is needed to prevent and address bullying effectively?

The researcher conducted the focus group interviews through a moderator role to ensure that the participants' viewpoints were fully explored. Gundumogula and Gundumogula (2020) state that the moderator is responsible for facilitating group member interactions. Supporting the role of the moderator in collecting qualitative data through focus groups, Nyumba et al. (2018) suggest using communication techniques to build rapport and emphasise that the researcher should actively listen to the participants, identify nuances, and guide discussions to enable the emergence of solid and high-quality data on the topic. The findings of the focus group discussion emanated in four main themes, supplemented by sub-themes, as summarised in Table 30 below.

Table 30: Voices of educators – Qualitative themes and sub-themes

Themes	Sub-themes
Experiences and perceptions regarding bullying	Identifying bullying
	The nature of bullying
Informal systems to address bullying	The nature of interventions by informal systems
Formal systems to address bullying	The nature of interventions by formal systems
Expressions of what is needed to prevent and address bullying effectively	Safe spaces
	Including the voices of children
	Training and awareness raising
	Restorative practices
	Referral pathway

The themes, sub-themes, and categories are presented through the verbatim quotations of participating educators, and complemented or contrasted with existing literature on the topic.

Theme 1: Experiences and perceptions regarding bullying

In this theme, the participating educators described their experiences related to the identification of bullying and their perceptions of the nature of bullying.

Sub-theme 1.1: Identifying bullying

Various authors note that challenging behaviours are often observed among children with IDs (cf. Ali et al., 2014; Ke & Liu, 2012; WHO, 2010). The participating educators, in support of these viewpoints, referred to behavioural challenges among children with IDs, and explained that this aspect made it difficult to identify bullying.

“It is quite difficult ... it does not always seem very obvious, and you might just think that it is part of their diagnosis. You don’t always see the dynamics that is going on. But over time when you get to know the kids individually, then you start to see this is actually because of that [referring to bullying] and that it is not obvious ... For example, someone wanting to take the front seat and be like the boss of the class ... but it is bullying because it is making others feel upset” (Participant 1).

“I think with our children it is a little bit more difficult ...some of our children have autism ... they have sensory difficulties. So certain children would make certain sounds, some children cannot speak, and some have limited vocabulary. It is difficult to tell whether the behaviour is bully behaviour” (Participant 2).

Similar to the above descriptions, Rose and Espelage (2012) contend that the disability status falls on a continuum, and could include features such as stammering, stuttering, or vocal cadence due to speech or language impairment. These authors go further to state that this may place them at greater risk for involvement in bullying, such as name-calling. In further support of the statements by the participants above, the Faculty of Learning Disability Psychiatry (2016) of the Ireland College of Psychiatric asserts that

children with IDs may display challenging behaviour. This is not a diagnosis but rather an indicator that such behaviour poses a challenge to services or family members.

The participating educators, in line with the responses above, identified a need for support to enable educators to successfully identify bullying. One form of support in this regard was mentioned as regular discussions among educators. Participant 1 explained this form of support as follows: *“We don’t always get to see those small little things that happen. Talking to colleagues does help one to understand”*.

The importance of being able to identify bullying is supported in the Constitution (RSA, 1996a) through the rights of children, which includes the right to be protected from harm (Section 28(1) (d)) These rights are also addressed in the Children’s Act (RSA, 2005), and specifically regarding the right to protection in Section 110 of the Children’s Amendment Act (RSA, 2007). This provision means that certain professional sectors, including educators, are obligated to report any child abuse matters to a designated child protection organisation, the provincial DSD, or a police official. In this study, the aim was to create a framework for a coordinated response to and the prevention of bullying. The statements in this sub-theme highlighted the need to understand the nature of bullying to support the identification thereof, which is discussed next.

Sub-theme 1.2: The nature of bullying

Participant 6 referred to the intentional aspect as a form of being able to identify bullying.

“With bullying, you must ascertain whether the act was on purpose ...when they hurt with the intention of hurting. 95% of the time the learner says, ‘I am sorry’. When the recipient of the apology says, ‘it’s okay’, then they carry on. So, for me that is important as it can also determine if the act was on purpose”.

This statement indicates that there is a need to ensure greater understanding of the characteristics of bullying, in the case of this description, intentional harm being inflicted

(cf. Connell et al., 2019; Darney et al., 2013; Shetgiri, 2013). Adding to the intentional nature of bullying, the participants mentioned that it is repetitive in nature (cf. Hymel & Swearer, 2015; Volk et al., 2014; Chatzitheochari et al., 2014).

“It is intentional ... wanting to hurt someone and their emotions and their feelings and like continuous bullying. It is intentional so they know exactly what they are doing” (Participant 2).

“Bullying is about repetition. It is not about when someone hits you today and not ever again” (Participant 3).

On the one hand, Scherman and Annunziato (2018), Pinquart (2017), and Hornby (2016) emphasise the element of repetition as a key aspect in bullying dynamics and, therefore, a crucial characteristic. On the other hand, Politi (2014) argues that one incident of serious fear and humiliation can be defined as bullying under certain conditions. Other authors define bullying as a combination of the intention to harm, repeated acts, and an imbalance of power (cf. Rajamanickam et al., 2019; Scherman & Annunziato, 2018; Chatzitheochari et al., 2014; CJCP, 2012).

Participant 5 referred to bullying as a form of abuse. This comment supports Hall's (2017) assertion that bullying is a form of child abuse that threatens the well-being of children. Marsh (2018) goes further to describe bullying by peers as a serious violation of the fundamental rights of children. Similarly, bullying was described by Participant 1 as a negative form of interaction that results in a power imbalance where the victim is not able to defend themselves:

“The children do not always understand the term bullying, but it is happening. It is negative interaction and where one feels that they are not able to defend themselves. Some children have no means of defending themselves. With bullying, one does not have the shared responsibility in interactions... being

disadvantaged or being oppressed, and have got no means to defend themselves in that situation”.

The participant, in line with sub-theme 1.1, also accentuates that children with IDs do not understand this behaviour as bullying. This is supported by authors such as Pinquart (2017), Hornby (2016), and Hymel and Swearer (2015) who postulate that caregivers of children with IDs need to be able to identify when bullying behaviour is taking place, and that this requires an understanding of the child. In terms of the reference to a power imbalance when the victim of bullying cannot defend themselves, Olweus (1993) pointed out that bullying is characterised by the fact that the two persons involved in the bullying incident do not possess the same amount of power and stature.

With the power imbalance in mind, Participant 4 provided an example where a child refused to take necessary medication with a side effect of weight gain out of fear of being subjected to verbal bullying:

“I remember one of the boys in the senior class used to hide the fact that he needs to take meds because the one thing he said was he is going to pick up weight ... and he said that they are going to make fun of me”.

This description emphasises that bullying is a tangible experience for children with IDs (cf. Connell et al., 2019; Dworkin, 2018; Shetgiri, 2013; Malian, 2012), leading them to exhibit specific behaviours to avoid being bullied. This further suggests a fear of being bullied which requires a coordinated response within the school system (cf. Masilo, 2018).

Referring to the significant impact of bullying on children with IDs, Participant 6 explained that, on one hand, educators in inclusive classrooms are challenged to protect children with IDs, and on the other hand, educators' behaviours could inadvertently encourage bullying.

“In mainstream schooling, children are together in a class and often the educators do not want the children with IDs because the rest of the children are going to make fun of him. But also, in one incident, the educator placed the child right at the back of the class. She also did not want him in her class. The rest of the children bullied him”.

This participant further highlighted that, based on the above description, educators should be viewed as important role players when addressing bullying:

“Educators can make or break a child. We are the most important factor when it comes to children. Children learn through what they see. We need professional development to help the children” (Participant 6).

Corresponding with the latter sentence, Swearer Napolitano and Espelage (2011) assert that educators need training on bullying as part of a broader prevention programme. This viewpoint was reinforced by the parent/guardian participants discussed in sub-theme 5.4 in Chapter 4. The importance of training educators is further emphasised by Marsh (2018), who stresses that educators have the most consistent contact with learners and are well situated to address bullying. The author contends that educators can either deepen, encourage, or limit bullying depending on the approach they use. Mahabeer (2020) states that although educators play a vital role in identifying, preventing, and responding to bullying (cf. Rigby, 2020; Stives et al., 2018; Marsh, 2018; Veenstra et al., 2014), many require further training.

Apart from their own role in identifying, preventing, and responding to bullying, the participants also discussed those systems that they can collaborate with. In the next theme, the participating educators explored informal systems that could further be included to prevent or respond to bullying effectively.

Theme 2: Informal systems to address bullying

As mentioned in Chapter 4, informal systems can be viewed as those people involved in the child's life such as parents/guardians, caregivers, immediate and extended family members, and family friends (Martínez-Rico et al., 2022). For this study, informal systems included family and community members that play an important role in the lives of children with IDs. Scherman and Annunziato (2018) explain that the phenomenon of bullying not only affects the bully and the victim but also affects the family (i.e., parents/guardians and siblings) and the community. In terms of community systems, and in line with the findings obtained from the parent/guardian participants described in Chapter 4, Participant 1 noted that *“there is nothing in the communities”*. Participant 3 added that community systems should play a key role in addressing bullying, but that there is a need to mobilise community involvement:

“Communities are very important. I think about various communities in which we live and to hear the amount of ignorance. We need support to educate the communities. We need to have workshops for these communities. Communities need to be more involved in voluntary activities in the communities”.

Masilo (2018) also agrees that bullying affects all the people involved in the context in which the bullying takes place, and they should all be involved in actions to address bullying effectively. Several authors point out that there is a need to raise awareness of bullying among the different systems in the child's life (cf. WHO, 2016; Hornby, 2016; Johnson, 2013). Getting communities to participate in prevention and responses to bullying is supported by Swearer and Hymel (2015), who contend that communities also have an influence on bullying.

In terms of neighbourhoods, Participant 2 referred to *Ubuntu*, which is a term used in the African context as intra-community relations and interdependence. It is often described as “I am because we are” (Van Norren, 2022, p. 2). Van Norren (2022) explains that Ubuntu values compassion and human relations where mutual care and support guides

the sense of community. The participant, however, indicated that this aspect is challenged due to children being exposed to abuse:

“We also have the good neighbours who would say, ‘send your kids and I will look after them’. When I was young, I used to stay at my friend’s place. What was prevalent then was Ubuntu. Nowadays ... with abuse and child molestation it becomes a risk. Can I trust a person with my son?”

Other participants referred to parenting programmes in the communities, reporting that parents/guardians play a vital role in addressing bullying but that many do not have the capacity to assist, and for some parents/guardians, responding effectively is challenging. They added that this is often due to socioeconomic circumstances.

“There just is no money” (Participant 2).

“Parents are poor ... sometimes it is very difficult to assist because there is a lot of problems” (Participant 3).

“Parents are important, but many parents are too poor to participate in programmes and often the circumstances of these families are very bad. To parents, the important thing is survival” (Participant 5).

“Families do not have the tools ... they do not know where to go to for help. They are encountering serious hardships” (Participant 6).

“Some families do not have food in the house. So, the child coming from that home go to the streets and bully other children so that they can get that packet of chips” (Participant 8).

Another concern regarding the parental/guardian system was that parents/guardians of the bully sometimes do not respond well to efforts to include them in responses to the bullying behaviour.

“When a child is a bully and we inform the parents, the parent is not happy. It has happened several times. On one occasion the learner had a scissors in his sleeves ...” (Participant 4).

“It is very difficult at times to involve the parents. Some parents believe that this is a cultural issue and they do not accept the child [with ID] which makes their involvement very cumbersome” (Participant 6).

Gil and da Costa (2010) contend that the role of parental support is key in efforts to keep learners safe from bullying behaviour. However, the above statements indicate that the family circumstances could contribute to a lack of parental involvement. While the WHO (2016) points out that poor children are often victims of bullying, humiliation, and abuse, Masilo (2018) asserts that children who come from poverty-stricken families are likely to devise different means of fending for themselves. As a way of addressing the issue of poverty, the bully might rely on the victim, for example, taking their lunches, or instructing the victim to request or steal money from the home.

In addition, the participants explained that parents/guardians of children with IDs are challenged to deal with their children’s special needs and require skills in this regard.

“Parents have to take responsibility, but they are stressed because of their child” (Participant 1).

“Although parents are vital, many have a parenting skill deficit” (Participant 2).

Participant 4, however, stated that some parents/guardians do not make an effort to understand their child's specific needs: *"The parent does not make an effort to understand her own child...there is only so much we can do"*. Contrary to the latter statement, Participant 9 argued that parents/guardians do focus on the child's needs, but that it is a challenge to understand the child's behaviour:

"A parent has told me that she is struggling to understand her child... this is sad because it is a real struggle, and many parents focus on this struggle".

Several authors point out that caring for children with IDs is not easy (Hoyle et al., 2019; Sadiki & Mashegoane, 2019; Budak et al., 2018). Masulani-Mwale et al. (2016) explain that caring for children with IDs comes with a range of challenges, including stigma and discrimination, as well as limited access to services for their children and their own psychological issues. In line with the bio-ecological systems theoretical framework of this study, Rivara and Le Menestrel (2016) argue that responses to bullying of children with IDs depend on the characteristics, identities, and statuses that a particular society devalues, indicating who and what is the target of stigma. Hence, at the macro-system level, stigma is cultivated and strengthened through laws and policies that differentially target certain groups for social exclusion or that create conditions that disadvantage and marginalise some groups over others.

Referring to informal systems of parents/guardians and community structures such as churches, Participant 4 emphasised the necessity for collaborative actions and a specific focus on bullying when addressing community issues: *"There are parents active in the community, but they work in isolation. Some church groups are also active in the community, but they don't offer information on bullying"*. The lack of focus on bullying by community organisations was also indicated by the participating parents/guardians (see Chapter 4).

Collaborative actions within and between formal and informal systems in seeking solutions in addressing bullying are supported by several authors who assert that any

response to bullying requires all systems to come together (cf. Eriksson et al., 2018; Scherman & Annunziato, 2018; Hornby, 2016). This theme described parents/guardians, neighbours, and community organisations, such as church groups as informal systems, to be included in a coordinated response to bullying. The sub-theme that follows places the focus on the nature of interventions by informal systems.

Sub-theme 2.1: The nature of interventions by informal systems

The participants highlighted the need to address stigmatisation to foster positive engagement with children with IDs by informal structures. Participant 1's statement supports this viewpoint:

“We need support to educate the communities. For example, have workshops. I know that some people in the communities see our bus [the bus of the LSNS] and say, 'reject children' ... how do we change that perception?”

The excerpt emphasises that while awareness raising and education of informal structures should prioritise bullying (cf. Eriksson et al., 2018; Menesini & Salmivalli, 2017; Hornby, 2016), the issue of stigmatisation and discrimination that accompanies ID (cf. Masulani-Mwale et al., 2016) must also be addressed.

Participant 6 added that parents/guardians of children with IDs need training that include the identification of and responses to bullying behaviour: *“A parent has already told me that she struggles to understand her child”*. Shetgiri (2013) asserts that parent training and involvement are vital components for effective interventions. The above statement points to a need that training provided must be focused on developing understanding and skills related to IDs *and* the whole phenomenon of bullying (Menesini & Salmivalli, 2017).

Participant 7 offered the view that parents and educators should collaborate on aspects that do not necessary focus on the ID or bullying. They can build rapport by working

together to address the mentioned socioeconomic needs of some parents together (see Theme 2 above):

“Parents can get involved in volunteering which is a good way of getting connected and learning from others and a way of supporting children ... where you also have the parent and educator working together by dropping off food parcels”.

This is supported by the Revised White Paper on Families in South Africa (DSD, 2021) which is aimed at providing services to families that address aspects contributing to vulnerability among families and individuals within them.

Expanding on the above reference to collaboration and drawing a link between informal and formal systems that will be discussed in the next theme, Participant 1 raised the issue of the disconnection between the different role players: *“Informal and formal systems should work together but there is a disconnect”*. On the one hand, Avery et al. (2022) raise the concern that challenges in accessing formal support can be addressed through various informal support systems available and accessible to parents/guardians and their children, responding to diverse needs. On the other hand, literature emphasises that eradicating and preventing bullying involves a whole systems approach, which refers to the inclusion of both informal and formal systems in a coordinated response to bullying (cf. Hornby, 2016; Protogerou & Flisher, 2012).

Theme 3: Formal systems to address bullying

In Chapter 4, the participating parents/guardians described the formal support systems they believe could contribute to a coordinated response to the bullying of and among children with mild to moderate IDs. Similarly, in this theme the participating educators spoke of formal support systems aimed at prevention and early intervention programmes within the school system. They acknowledged the school’s role, and particularly the role of educators, as a formal system.

“The school as an important structure within the formal system and must provide children with a sense of being children” (Participant 2).

“The school system has a very important role to play in ensuring that the child understands respect [for other children]” (Participant 3).

“Educators are important ... they can make or break a child ... a lot depends on the educator” (Participant 4).

“There is a lot the school can do to support parents and educators and learners. The school is in a powerful position to put an end to bullying. We are one of the most important factors when it comes to children ... children learn through what they see. We need to develop ourselves so that we can give guidance” (Participant 5).

Fazel et al. (2014) postulate that children spend more time in school than in any other formal institutional structure. As such, schools play a fundamental role in child development, peer relationships, social interactions, academic attainment, emotional control, and physical and moral development. Therefore, the school has a critical role to play in providing a safe and positive school environment (Politi, 2014). In support of the view that schools serve as a formal support system, the WHO (2019) recommends that schools review and adapt school buildings and grounds to create a safe environment. This is viewed as critical because bullying often takes place in areas that are not supervised by teachers. Participant 5, however, mentioned that it is important that educators are aware of the structures in place to address bullying within the school system: *“Sometimes we do not know what to do, but the school does have a formal structure which is a support structure for learners and educators”.*

Masilo (2018) suggests that bullying is perceived as a precursor to violence in schools (DBE, 2014). Nthate (2017) opines that bullying is one of the causes of violent crimes within schools and poses a challenge for school safety. Bullying, therefore, can derail the

creation of an enabling school environment that supports personal growth and development. Davis (2021) asserts that educators can play a key role and exert a positive influence on the school climate by displaying appropriate attitudes and behaviours, such as caring, empathy, and appropriate interactions among and between educators and learners. How educators interact with learners is important because they influence the social dynamics in the classroom. Banzon-Librojo et al. (2017) note that poor educator-learner relations may affect victimisation. When an educator displays a high level of concern for learners, positive climates are created where a sense of belonging among learners can be fostered, and this may lead to a greater willingness among peers to defend targets of bullying.

Martínez-Rico et al. (2022) refer to formal systems aimed at supporting vulnerable children as schools and professionals, such as social workers. However, Avery et al. (2022) declare that parents/guardians encounter numerous challenges in accessing formal support services. Reyneke and Jacobs (2018) point out that the Children's Act (RSA, 2005) obligates social workers and other professionals, including educators, to report instances of abuse, such as bullying. Once professionals have investigated the matter, they have to take reasonable steps to assist the child. These measures include counselling, mediation, prevention and early intervention services, and referrals to suitably qualified person or organisation. These authors note that while this is the process to be followed, the challenge is that there is a dearth of social workers, and NGOs are understaffed and encounter serious financial constraints. The authors further claim that if social workers were to follow the strategies prescribed by acts and policies, it could result in a significant overload and a potential possibility that the system might collapse.

Furthermore, Reyneke (2018) advises that more social workers and psychologists be employed as key formal service providers in schools to address the psychosocial needs of children and to provide preventative and early interventions services. Focusing on social work services in schools, the author reports that in 2016, there were approximately 148 social workers working in South African schools, specifically at LSNSs, while there were 23,719 schools in the country. This points to a lack of formal systems available to

address bullying effectively. In this study, the participants confirmed the above description and referred to social workers as a critical formal service provider to be included in a coordinated response to bullying but highlighted that access to social workers is challenging (cf. Reyneke & Jacobs, 2018).

“Parents cannot afford to go to a Social Worker or a Psychologist in private practice because they do not have the money. Often the intervention is immediately needed. Sometimes the school has to do the work of a social worker, and this places a greater burden on the educators to do certain tasks” (Participant 2).

“It should be mandatory for every special school to have a social worker and a psychologist as many affluent schools have these professionals” (Participant 3).

“We need more social workers as there is only one social worker for the district” (Participant 4).

“There is not enough psycho-social support for our learners” (Participant 5).

The participants referred to organisations that offer services but reflected that there is a disconnect between parents/guardians and these organisations, and that limited focus is placed on bullying or on children with IDs, which was also reported by the participating parents/guardians in Chapter 4.

“There’s a lot of organisations that offer activities, but we really need to build that connection with parents and the organisations. We have many organisations in Lavender Hill, but they do not provide services focusing specifically on bullying or provide training on how to manage children with ID” (Participant 1).

“The organisations that we have must have programmes [focusing on bullying] and not work in isolation. There must also be mutual respect which needs to filter into the homes of families” (Participant 2).

“We have NGOs who provide meals and activities and there are formal systems in place that provide recreation centres for children, but not focusing specifically on bullying – I think this is the disconnect we see” (Participant 3).

While some services, albeit not focusing on children with IDs or bullying, exists, Participant 5 concurred that parents might not be aware of formal services: *“Sometimes parents do not know about these services and there is no connection with these services”* (Participant 5). Participant 7 added that she belongs to the local Police Forum and asserted that it *“offers victim empowerment services which include counselling and support services. Sometimes the community does not know that the police forum offers these services”*.

Participant 8 also referred to services to address bullying by the police, but went on to explain that this is not necessarily perceived as positive by service users through the following example:

“A charge was laid at the police station and when the investigating officer came, the children were very scared. The police told them not to be scared and then said that their testimony will not be considered valid because they are nervous, and the lawyers will ‘eat them up””.

This statement highlights the need for service providers to have understanding and skills to effectively and respectfully communicate with children with IDs. While Protogerou and Flisher (2012) and Reyneke and Jacobs (2018) refer to the police as a source to report abuse, and therefore also bullying, reporting should not be experienced as a further frightening experience for these children, as it could lead to secondary traumatisation.

The sub-theme below expands on this theme, focusing on the type of interventions needed to address bullying effectively.

Sub-theme 3.1: The nature of interventions by formal systems

The National School Safety Framework was developed specifically to prevent violence in schools and to create a safe space for children (DBE, 2012). However, the findings highlight a need for resources to implement this framework effectively. The participating educators indicated Government as a key role player to ensure that enough resources are available to address bullying effectively. Participant 6 described this aspect as follows: *“Government needs to do more. The poorer communities lack the resources to cope with bullying. There needs to be more safe spaces for children in the communities”*.

The participants specifically asked for NGOs that have a focus on bullying in their services as a resource available in the communities: *“We need NGO’s working specifically with families and children on how to cope with bullying”* (Participant 3). Matthews and Nqaba (2017) assert that NGOs in South Africa play a significant role in addressing community-specific needs, but voice a concern regarding the declining funding of NGOs. Similarly, Mlambo et al. (2021) proclaim that to ensure sustainable development, more robust plans by Government are needed to support the work NGOs do on grassroots level.

Apart for the concern about a lack of resources, the participants described what aspects should be included in a response to bullying. Discussing the nature of interventions by formal systems, the participants referred to ‘we’, indicating the role of educators as a part of the school system. They focused on providing security, and teaching children to engage with respectful behaviour.

“We need to teach our children what is right and what is wrong and create a sense of security for them” (Participant 1).

“Children need to be taught respect” (Participant 4).

Hornby (2016) emphasises that educators can teach children to develop assertive responses to bullying and implement classroom principles on respectful relationships, including rules that make bullying unacceptable. The significance of the children's rights position is highlighted by Kilkelly and Liefwaard (2019), who argue that to strengthen the rights of children, formal services have to ensure that training on children's rights and capacity building is ongoing and provided to those who work with children.

In line with the discussion in Theme 2 above, and addressing the socioeconomic challenges that impact families' responses to bullying, Participant 2 referred to financial difficulties experienced by grandparents who care for their grandchildren with IDs that need to be supported. "*We need to support our grannies to take care of their foster child. Sometimes the grannies don't have money and this lack of money increases problems in the home*". While this participant also referred to 'we' when describing her concern for the grandparent, the description points to social work as a formal system to be involved.

Children cared for by a grandparent who cannot fulfil the material needs of the child can be supported by social work services in terms of legal foster care to secure a grant, or through linking the grandmother with informal services where material support, such as food, can be provided. Hill et al. (2021) point to caregiver programmes that can be rendered to support vulnerable caregivers, such as grandparents, and add that apart from social workers, other formal systems can include community practitioners, social auxiliary workers, early childhood development practitioners, and child and youth care practitioners. These authors ask for a collaborative approach where different formal systems work together to address all the needs of caregivers to strengthen the care of vulnerable children.

Other participants referred to the need for psychosocial support, emphasising the inclusion of social work and psychological services in a coordinated response to bullying.

“Many children come from poor and broken families, and they need help. They need to be taught self-love and acceptance. Sometimes we teach them respect then they go home, and everything falls apart” (Participant 4).

“We don’t have enough psychosocial support for our children as well as counselling services” (Participant 5).

Masilo (2018) and Reyneke and Jacobs (2018) note that social workers provide a broad range of psychosocial services. Psychological support is described by Lohmann (2013) who asserts that CBT is perceived as an effective therapy in addressing the emotional distress associated with bullying, such as anxiety, depression, poor self-image, substance abuse, and suicide. This form of therapy is facilitated through emotional education, mindfulness education, cognitive restructuring, role-playing, and exposure techniques (Gökkaya & Sütcü, 2018).

The final theme that emerged from the data analysis presents descriptions of focus areas to include in a coordinated response to bullying.

Theme 4: Expressions of what is needed to prevent and address bullying effectively

This theme presents the following focus areas related to the educators’ descriptions of what is needed to effectively prevent and address the bullying of and among children with mild to moderate IDs: 1) Safe spaces; 2) including the voices of children; 3) training and awareness raising; 4) restorative practices; and 5) a referral pathway.

Sub-theme 4.1: Safe spaces

Also referring to resources that need to be made available in communities described in Theme 3 above, the participants mentioned limited resources when asking for safe spaces for children to participate in community activities where they are being valued.

“There needs to be more safe spaces for children in the communities”
(Participant 5).

“In poorer communities there are limited resources, but we need more implementation of centres in our communities ... a safe space for children”
(Participant 6).

“Children need to get together to allow them a space to talk without judgement ... with play” (Participant 7).

Flensner and Von der Lippe (2019) focus on ground rules that are needed to establish safe spaces. These authors assert that ground rules offer an environment where diversity is managed and respected. Douvlos et al. (2018) and Waseem et al. (2013) refer to schools as possible safe spaces, emphasising the importance of establishing safe schools that strive to foster respect, acceptance, and tolerance. These authors also draw attention to safe spaces outside of the school environment, highlighting that parents and other service providers should form partnerships with the school to expand on safe spaces in the community.

Falch-Eriksen and Backe-Hansen (2018) assert that the availability of safe spaces is integral to a children’s rights approach, where the family, the school, the community, institutions, and religious and cultural systems collaborate to ensure that children have spaces where they can develop and prosper. In such spaces, facilitators and those supervising activities may not only prevent bullying from occurring but also respond to signs of bullying and provide children with guidance on how to engage in respectful manners with each other, therefore ensuring early intervention. Part of creating safe spaces is for children to know that they can depend on the adults who are facilitating or supervising activities, including that they will be listened to.

Sub-theme 4.2: Including the voices of children

Participant 6 commented that *“the broader community does not listen to our children ... they don’t think that our children are worthy ... and this is not good”*. Highlighting safe spaces, Crump and Phipps (2013) assert that adults need to listen to children through trusting and respectful relationships where children feel free to share their thoughts and experiences. Hornby (2016), referring to the role of educators, advises that educators who are approachable, good listeners, and effective problem-solvers are creating safe spaces for children to report bullying. In line with this viewpoint, Participant 8 commented the following:

“We need to listen to the little things children say. I had an incident this morning where the child said that she does not like the way the boy spoke to her. I think we need to address the little things”.

Carnevale (2020) argues that simply listening to children's voices can foster respect for their experiences and concerns, promoting the importance of their role as active citizens in matters that affect them. Against this backdrop, Participant 6 made the following remark: *“They feel they don’t have a voice ... it is almost as though they are ashamed of being bullied”*. This statement alludes to the fact that children are afraid of disclosing that they are being bullied. Children who are bullied and who do not disclose are at risk of depression and anxiety (cf. Hornby, 2016). In this regard, Howell and Flores (2014) point out that attention should be given to empowering and encouraging children to talk about bullying (cf. WHO, 2016; Johnson, 2013). From a children’s rights perspective, they should be encouraged to raise their voices and form part of finding solutions to prevent and address bullying (cf. Carnevale, 2020).

Sub-theme 4.3: Training and awareness raising

The participants identified the training of parents/guardians, community members, and educators as a means to effectively address bullying.

“We need to have parenting classes because we have a lot of young parents who do not have proper guidance on how to raise children and there is no manual on how to raise our children and it gets more difficult when you are raising a child with an ID” (Participant 3).

“Training for parents is needed in bullying and how to manage children who are bullied and who bully others. It is also important that educators get training” (Participant 8).

“We live in communities and hear the amount of ignorance that is expressed. We need to support communities and educate them” (Participant 4).

“A lot depends on the educator. Educators need to be sensitised. As educators we must support the learners” (Participant 5).

Internationally, the National Institute for Health and Care Excellence (NICE) in the United Kingdom has developed guidelines for the training of staff members working with families that experiences vulnerabilities. These guidelines are based on the notion that persons involved in the care and support of children with IDs, including family members, should understand the risks associated with challenging behaviour that often develops gradually (NICE, 2015). Within the South African context, the DSD (2021) accentuates the strengthening of families through, among other measures, parental training to ensure the well-being of children. The need for parental training is also identified by Stives et al. (2018) and Waseem et al. (2013) who note that parents who understand their children can respond effectively. Stives et al. (2018) and Menesini and Salmivalli (2017) refer to parental training as a form of intervention. Important is the fact that parents/guardians need training on how to manage their child who has ID in terms of behavioural challenges (cf. Wolkorte et al., 2018; Masulani-Mwale et al., 2016; McConnell & Savage, 2015).

In line with the inclusion of the voices of children discussed in sub-theme 4.2 above, Participant 9 concurred that children should be educated on bullying, and in this way become active participants in the quest to prevent or address bullying: *“We need to educate the child on bullying and get the child involved in activities”*.

Training was also linked to awareness raising. Participant 1 explained this through the following utterance: *“We need to have campaigns on bullying and include all sectors and we need to establish the root cause of the problem”*. This statement alludes to the bio-ecological systems framework that focuses on the interconnectedness between and among people and systems (Masilo, 2018). Similarly, Hornby (2016) refers to the inclusion of and collaboration between the child, the family, the school, and the community, and society. Other support for campaigns that raise awareness in the literature include Mncube and Chinyama (2020) who point out that campaigns are needed to promote human dignity and children’s rights. UNESCO (2017) supports this view, highlighting that raising awareness is an important step in building partnerships and coalitions to manage school violence and bullying. Campaigns contribute towards changes in legislation, the creation of safer schools and communities, and increased awareness.

Sub-theme 4.4: Restorative practice

In Theme 3, the participants referred to reporting bullying to the police, adding that this requires a respectful response where the child with an ID is being considered. In this sub-theme, the participants elaborated that responses should be restorative in nature.

“We also need restorative measures and not correctional measures”
(Participant 2).

“We do not need our children to go the criminal route ... we need to look at ways to get children to respect one another, where they can talk about bullying and what it does to them” (Participant 3).

“We need to allow children to engage with one another ... without judgement and look at ways to restore the balance” (Participant 5).

Restorative practices are related to justice, as described by Ferlazzo (2016, p. 20): “Restorative justice (RJ) is a powerful approach to discipline that focuses on repairing harm through inclusive processes that engage all stakeholders. Implemented well, RJ shifts the focus of discipline from punishment to learning and from the individual to the community”. Duncan (2011) argues that RJ practices offer a better long-term solution than criminal charges or civil actions for effectively addressing bullying, and therefore, they should be a key component of initiatives aimed at addressing bullying. According to this author, involving the victim, offender, and the community in a healing process rather than in a punitive procedure, increases the chances that harm can be repaired, risks can be reduced, and community can be built. Rigby (2020) agrees with this author regarding the relevance and the insertion of this practice in the whole systems anti-bullying programme.

Participant 5 stated: *“I support restorative justice initiatives ... there must be restoration – both parties need to move on. The Department of Justice wants to get solutions too quickly ... we are not helping our children in this way”*. The Department of Justice and Constitutional Development (2011) provides RJ programmes such as the Victim Offender Mediation (VOM). These programmes are part of the criminal justice system. Similar to the statement by Participant 5 above, they could support restorative initiatives by providing the victim and bully with the opportunity to voluntarily meet in a safe and structured environment to engage in a discussion about the impact of the behaviour on the victim, facilitated by a trained mediator.

The principles of RJ practices within schools are supported by Thorsborne and Vinegrad (2022). These authors posit that practices of RJ teach young people about their responsibilities and accountabilities. This approach also allows for the active participation of both the victim and the bully, ensuring equal justice and fairness. Referring to the school system, Marsh (2018) postulates that restorative practices are useful for

effectively responding to bullying by focusing on building relationships, often used within a school environment, as an alternative to disciplinary approaches. The author explains that this approach is designed to repair harm and to reintegrate the bullying back into the school environment through a process that encourages communication and accountability. This practice as an intervention includes a whole school approach aimed at decreasing bullying behaviour, increasing empathy, and building self-esteem among learners. As depicted in Figure 13 below, Marsh (2018) refers to RJ practice as a culture change within the school environment, focusing on sustainable change through leadership, community building, relationships, whole school buy-in, community agencies, and training that require time.

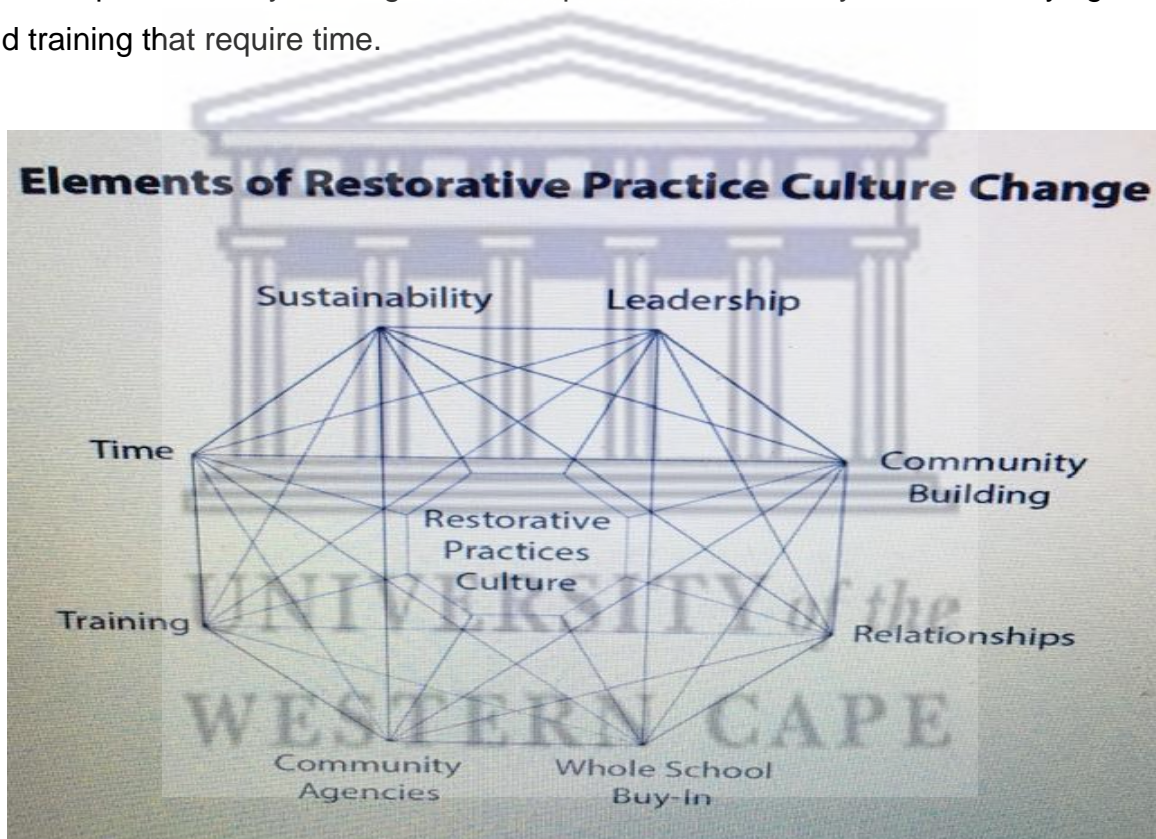


Figure 13: Elements of a RJ practice in schools
(Marsh, 2018)

The final sub-theme presented next focuses on a referral pathway to ensure a whole systems approach.

Sub-theme 4.5: Referral pathway

In order to respond legally and effectively to bullying, Participant 8 asked that educators need to know what to do when referrals have to be made: *“We need various support structures and a referral pathway so that we know whom to refer the child or family to”*.

Referrals are an important component of responding to bullying because various human rights are violated (Marsh, 2018), some bullying behaviour is linked to suicidal ideation and attempts (Shetgiri, 2013), and bullying has negative health consequences for both bullies and victims, impacting bystanders as well (cf. Menesini & Salmivalli, 2017). The definition of the National Referral Policy for South Africa (DoH, 2020, p. 5) may serve as a guide:

“Referral refers to the processes by which professionals and institutions communicate and work together to protect, promote and restore the health of an individual ...”

Participant 7, however, indicated that she knows how to do the referral, but noted that it is difficult to do, and voiced the concern that services are not available, as also discussed in Theme 3:

“When something happens there is a Form 22 which we have to complete. It does happen that when we complete this form, it might take the social worker a month before she visits. It is not easy to complete this form and sometimes it is very difficult to get hold of a social worker”.

A key feature of the bullying behaviour phenomenon is the fact that it is a form of abuse, and therefore it is a legal requirement to report such incidents through the completion of a Form 22 (RSA, 2005). The above comment indicates that the form is not user-friendly. As such, Participant 6 asserted that *“...the Form 22 must be revisited”*.

Referrals can also be made within the school system, as described by Participant 5.

“We also have the SBST [school-based support teams] which should be located in all the schools. These are committees which operates in schools, and which is a constant ... only the educator changes. This committee comprises the principle, the educators, and the therapists [psychologists and social workers working in the school]”.

In line with the inclusion of children’s voices discussed in sub-theme 4.2, Participant 10 recommended that children should be included in structures. *“We also need to draft policies which include the children... have a bullying committee. We now have an opportunity to engage with children”.*

Several participants expressed that this committee is valuable and stable, as it is a structure embedded in the school system.

“Each school has such a structure, and this is good ... it consists of an educator, the educator of the child concerned and the therapist” (Participant 1).

“This is a school-based support team, and it does work ... and when a case is not reported in time, then we have a problem” (Participant 3).

“This structure is useful in that it is consistent. Not much change ... even when educators leave ... but it is only the educator that leaves” (Participant 10).

“We had a social worker who was excellent but since her departure things have become difficult ... but this structure has continued and ensures that all cases of abuse are reported” (Participant 11).

Crawford (2020) asserts that the school social work is embedded in the bio-ecological systems theory framework and that interventions are based on collaborations with other

formal and informal systems. UNICEF (2022) supports the view that social service practitioners are well placed to identify and work with children and families who need support, and to facilitate referrals to resources that are available to children and families outside of the school environment.

In line with sub-theme 4.4 above, Participant 7 referred to the Police Forum as a system that can be used as a referral system: *“I think the Police Forum plays a vital role, especially in terms of victim empowerment. You can contact them as they offer counselling and support services”*. The idea of providing VOM support in cases of bullying was emphasised by Participant 5 who noted that referrals should not only be made with regards to the victims of bullying and their parents/caregivers, but also to the bully. *“We often forget about the bully ... no self-love ... when there is an absence of this, then there is a tendency to bully. Sometimes we fail our children”*. Swearer and Hymel (2015) point out that bullies are also at risk of many of the same problems as victims. They cite studies addressing issues of causality that found that the act of bullying often results in anxiety and depression, social withdrawal, delinquent behaviour, poor academic achievement, and adult diagnosis of antisocial personality disorder. Similarly, Rivara and Le Menestrel (2016) claim that the bully needs to be involved in programming.

The participants observed that educators are also impacted by bullying behaviour and emphasised the importance of providing them with appropriate referral options.

“The Code of Conduct needs to be reviewed as it does not allow for any kind of support ... there is no counselling and no debriefing for educators” (Participant 10).

“We have a Code of Conduct. The minute you break the rule, we have to react ... red flags. But the system does not give you counselling, there is no debriefing for us” (Participant 9).

The South African Council for Educators Act (RSA, 2000) outlines the Code of Ethics for Educators, which primarily addresses the conduct of educators rather than mechanisms for their protection and support. While the code serves to guide professional and ethical behaviour, it is essential for educators to have access to counselling and support services (cf. UNESCO, 2017). Malian (2012) suggests that education to comprehend bullying and the acquisition of skills to respond effectively can mitigate the trauma experienced by educators on a daily basis.

5.4 CONCLUSION

This chapter presented the findings derived from the focus group discussions with educators of children with mild to moderate IDs. The findings first illuminate the participants' perceptions of bullying. Secondly, in alignment with the bio-ecological theoretical framework, their perspectives on the informal and formal systems required to prevent and address bullying are described, along with the nature of services provided by these systems. Thirdly, and in conclusion of the themes, the participating educators' suggestions of what is needed to prevent or respond to bullying is presented.

The next chapter is dedicated to outlining the key elements identified by the participating children, parents/guardians, and educators for inclusion in a guideline for a coordinated response to bullying. This will be complemented by a presentation of the feedback received from Delphi interviews with stakeholders to ensure that the guideline accurately captures the viewpoints and address the needs of those associated with the research topic.

CHAPTER 6

FINDINGS: KEY STAKEHOLDERS

6.1 INTRODUCTION

To develop a guideline for a coordinated response to the bullying of and among children with mild to moderate IDs, the researcher was interested in including the experiences and perceptions of these children and their parents/guardians as the first objective. Chapter 4 outlines the findings, while the second objective focused on the experiences and perceptions of educators within the LSNS system, with Chapter 5 providing a detailed account of these findings. A comparison and contrast of the findings in Chapters 4 and 5 with existing literature were guided by a comprehensive review of key concepts in this study, as detailed in Chapter 3. The purpose of this review was to ensure that current knowledge on the research topic is considered when interpreting the findings (Yin, 2016). Kumar (2014) suggests integrating a literature review into the description of the research findings to place the research in perspective in terms of what has already been reported on the topic. In this study, the literature review served as a method for ongoing reflection on the ideas and practices to be included in the guideline (Mudavanhu, 2017).

This chapter is situated in the third phase of Rothman and Thomas' (1994) Intervention Design and Development research framework. The focus is on the design that includes the specification of procedural elements of the guideline. This phase supported the third objective of the study.

Objective 3 – *To conduct Delphi interviews with key stakeholders, as identified by the researcher to further identify formal and informal systems that are, or should be, included in a coordinated response to address bullying of and among children with mild to moderate IDs, and to explore and describe the nature of interventions that should be implemented by the various systems.*

The biographical information of the Phase 3 participants is presented next, followed by a description of the process undertaken to prepare for data collection. The findings are then described in terms of the nature of interventions on the different levels within the bio-ecological systems theory and the structure of the guideline, as proposed by key stakeholders in the CPS system (Bronfenbrenner, 1994).

6.2 BIOGRAPHICAL INFORMATION OF THE PARTICIPANTS

The researcher obtained permission from the DSD, DoH, Badisa, Ons Plek, and the Metropolitan to access key stakeholders external to the school environment. The inclusion criteria were social workers, psychiatrists, psychiatric nurses, and psychologists working with children with mild to moderate IDs and their parents/guardians in the Western Cape, and possessing proficiency in English. Upon obtaining permission, the managers of the organisations were requested to disseminate information about this study to eligible individuals who met the inclusion criteria (refer to Annexure H). They were also instructed to encourage those willing to participate to contact the researcher directly. The researcher then provided the potential participants with the interview guide for the Delphi Interviews (Annexure G). After signing the informed consent (Annexure E) and focus group confidentiality binding (Annexure F) forms, the researcher proceeded with the data collection process.

Eight key stakeholders voluntarily participated in the Delphi interviews. The table below summarises the biographical information of the participating key stakeholders.

Table 31: Biographical information of participating key stakeholders

Participant	Age	Gender	Profession	Years' experience (IDs, Child Protection)
1	58	female	Psychiatric nurse (Area nursing manager)	10 (IDs)
2	63	female	Psychiatric nurse (Deputy nursing manager)	19 (IDs)
3	48	Female	Psychiatric nurse (Deputy nursing manager)	20 (IDs)
4	35	Female	Social worker	10 (IDs, Child protection))
5	64	Female	Social worker	43 (Child Protection, IDs)
6	64	Male	Psychiatrist	23 (Child protection, IDs)
7	43	Female	Social worker	20 (IDs, Child Protection)
8	72	Female	Social worker	45 (Child protection, Legislation and policy, IDs)

Among the key stakeholders who participated, one was male, and seven were female. These stakeholders represented the following professions: three were psychiatric nurses, four were social workers, and one was a psychiatrist. Their ages varied from 35 to 72 years old, and their years of experience ranged from 10 to 45 years. All of the participants had experience working with children with IDs, five had expertise in the field of child protection, and one participant had experience in legislation and policy development.

6.3 PREPARATION

The findings presented in Chapters 4 and 5 were interpreted through the lens of the theoretical framework of this study. The bio-ecological systems theory described by Bronfenbrenner (1994) then guided the development of the initial aspects to be included in the guideline. The researcher made use of Arden et al.'s (2021) steps for the development of interventions to guide this process:

- 1) *Planning*: Using the theoretical framework, the researcher summarised those aspects highlighted by the children, parent/guardian, and educator participants to be included in the different systems.
- 2) *Designing*: The information was tabulated to indicate the responses of the three populations separately to accentuate similarities and differences in the responses.
- 3) *Refining*: The information in each system was further divided into a) preventative and b) responsive actions. This was presented to the participants during the first stage of the Delphi method.
- 4) *Documenting*: Based on the input of the participating key stakeholders, the researcher developed an initial guideline to indicate the goals and objectives (actions) for each system, which was shared with the participants as the second stage of the Delphi method.
- 5) *Further refinement*: In the third stage of the Delphi method, the researcher, together with the participants, refined the objectives (actions) related to each goal, and included resources, role players, and monitoring tools for each objective.

The sub-headings below present the information that was collated through the first three steps described above, which guided the Delphi interviews.

6.3.1 Planning and Designing

In the planning phase, the researcher meticulously reviewed the findings and categorised all relevant elements to be incorporated into a guideline under four headings: 1) elements identified by children participants; 2) elements identified by parent/guardian participants; 3) elements identified by the educator participants; and 4) literature that confirms, contrasts, or expands on the identified elements.

She then proceeded to the designing phase, utilising the different systems of the theoretical framework as main themes. She analysed the findings (see Chapter 2) to identify the various elements and literature associated with each system. The table below summarises the participants' comments related to each of the systems in

Bronfenbrenner's (1994) bio-ecological systems theory, along with the literature that was integrated in the findings.

Table 32: Findings linked to the bio-ecological systems theory

Systems	Elements identified by the children participants	Elements identified by the parent/guardian participants	Elements identified by educator the participants	Literature references
Micro: Informal systems to protect or respond to bullying	<ul style="list-style-type: none"> ▪ Parents / guardians ▪ Peers / friends ▪ Educators 	<ul style="list-style-type: none"> ▪ Parents / guardians / co-parents ▪ Siblings ▪ Extended family members ▪ Neighbours who are in regular contact with the child 	<ul style="list-style-type: none"> ▪ Educators ▪ Parents ▪ Neighbours ▪ Youth and church groups in the community 	Van Norren (2022), DSD (2021), Masilo, (2018), Hornby (2016), Shetgiri (2013)
Meso: Linkages and direct interactions within the micro-systems, e.g., the home, classroom, and peers	<ul style="list-style-type: none"> ▪ School setting: Educators' contact with parents / guardians ▪ Playground supervision outside of the school ▪ Peers 	Informal support <ul style="list-style-type: none"> ▪ Collaboration in the family ▪ Collaboration between families and community members 	<ul style="list-style-type: none"> ▪ Community attitudes to children IDs ▪ Parents / guardians and school working together to identify and respond to bullying through spaces for disclosure 	De Luca et al. (2019), Douvlos (2018); Marsh (2018), UNESCO (2017), Hornby (2016), Politi (2014)

		<p>Formal support</p> <ul style="list-style-type: none"> ▪ Safe school spaces ▪ Church activities focusing on identifying, reporting and responding to bullying 	<ul style="list-style-type: none"> ▪ School social workers linking the child, school, community and parents / guardians ▪ Youth and church groups addressing community attitudes and creating spaces for parents and children to report bullying 	
<p>Exo: Interactions between different unrelated systems that affect the prevention and response to bullying</p>	<p>A link between the home, members of the neighbourhood, and the school to prevent and respond to risks of bullying</p>	<p>Social workers, psychologists, and organisations that provide training/raise awareness to work together to prevent and respond to bullying</p>	<p>Social workers, psychologists, NGOs, and police forum to respond to bullying</p>	<p>UNICEF (2022), Rigby (2020), Reyneke and Jacobs (2018), Ferlazzo (2016); WHO (2016), Wei et al. (2015), and NICE guidelines (2015)</p>

<p>Macro: Formal systems to protect or respond to bullying</p>	<p>Educators in the school system</p>	<ul style="list-style-type: none"> ▪ NGOs focusing on prevention and responses to bullying ▪ Access to social workers ▪ School processes and protocols to support a safe space for reporting 	<ul style="list-style-type: none"> ▪ School protocols for reporting and referrals ▪ Access to school social workers and NGOs to support psychosocial services to families and children ▪ Police forum to support restorative process 	<p>Masilo (2018), Reyneke and Jacobs (2018), UNESCO (2017), Swearer and Hymel (2015), Fazel et al. (2014)</p>
<p>Chrono: Socioeconomic and political influences on bullying</p>		<p>Lack of formal services available to families in vulnerable areas</p>	<ul style="list-style-type: none"> ▪ Socioeconomic support to vulnerable families ▪ Access to formal services 	<p>Reyneke and Jacobs (2018), Van der Westhuizen and Swart (2015)</p>

6.3.2 Refining

The table above was then carefully examined to identify what aspects could be included in preventative interventions, and what could be included in interventions aimed at responses to bullying. A second table was then developed to distinguish between preventative and responsive interventions.

Table 33: Elements for prevention and responses to bullying

Systems	Elements to be included for prevention of bullying	Elements to be included for responses to bullying
<p>Micro: Informal systems to protect or respond to bullying</p>	<p>Parental training on recognising bullying, understanding how bullying behaviour manifests, and responding appropriately to bullying risks.</p> <p>Family support focusing on collaboration between parents, co-parents, siblings, and extended family members to support the care of children with mild to moderate IDs.</p> <p>Informal programmes for children with IDs aimed at teaching them respectful behaviours among peers and providing guidance on responding when faced with disrespectful behaviours.</p> <p>Training for educators and social workers to distinguish between challenging behaviour and bullying, enabling them to identify bullying risks and prevent escalations.</p>	<p>Training of parents/guardians to respond to bullying behaviour and support their children who are targets of bullying, including the management of such behaviour.</p> <p>Training children to respond effectively when experiencing bullying or witnessing it.</p> <p>Family strengthening services by community structures, such as churches, to empower all family members in identifying and responding to bullying.</p> <p>Training for educators to identify bullying in the school system and respond appropriately, including making relevant referrals.</p>

Systems	Elements to be included for prevention of bullying	Elements to be included for responses to bullying
<p>Meso: Linkages and direct interactions within the micro-systems, e.g., the home, classroom, and peers</p>	<p>Communication structures between parents/guardians and informal structures to encourage pro-social behaviour among children with mild to moderate IDs, including opportunities for positive peer interactions.</p> <p>Collaboration between schools, parents/guardians, and informal support systems, such as church and youth groups to develop bullying prevention/anti-bullying programmes.</p> <p>Including church and youth group facilitators in communities to enable the identification of bullying risks and implementation of pro-social behaviour activities in these groups as a preventative strategy.</p> <p>Encouraging community supervision in open playgrounds where children interact with peers.</p>	<p>School social workers to coordinate services to victims, bullies, parents/guardians, and bystanders through appropriate referrals, necessitating effective networking between informal and formal community systems.</p> <p>Mediation between the bully and the child being bullied, involving their parents/guardians, with a focus on restorative practices.</p> <p>Training to educators and social workers to engage in restorative practices with the various persons affected.</p> <p>Training to educators and parents/guardians on how to identify and respond to challenging behaviour that involve bullying of and among children with mild to moderate IDs.</p>

Systems	Elements to be included for prevention of bullying	Elements to be included for responses to bullying
<p>Exo: Interactions between different unrelated systems that affect the prevention and response to bullying</p>	<p>Networking between neighbourhood resources (e.g., youth groups, church youth activity, sports clubs) to engage in awareness raising and support of children with mild to moderate IDs to be integrated in the community.</p> <p>Parents/guardians to be included in the networks.</p> <p>Collaboration between social workers, psychologists, and organisations to create awareness programmes in communities to work together to prevent bullying. These programmes should focus on bullying, discrimination, stereotyping and how to respond to challenging behaviour.</p>	<p>Referral pathways to ensure accessibility to individual counselling sessions and restorative practices (e.g., by including the police forum) to respond effectively to bullying.</p> <p>Networking between formal support structures, such as social and mental health service providers, educators, and parents/guardians to ensure an immediate response to bullying incidents.</p>
<p>Macro: Formal systems to protect or respond to bullying</p>	<p>Inclusion and involvement of children and their parents/guardians in the development and design of programmes to aid in the creation of positive school climates.</p>	<p>Therapeutic interventions within the school or by social service organisations, such as CBT, for both the victim and the bully.</p>

Systems	Elements to be included for prevention of bullying	Elements to be included for responses to bullying
	<p>Additional training to educators to include prevention of bullying activities in the classroom.</p> <p>Schools to develop clear statements emphasising zero tolerance of bullying. These statements should include explicit definitions of bullying and outline the consequences that will be imposed when incidents of bullying occur.</p> <p>Accessibility of informal and formal community support services in the community for support of parents/guardians and their children with mild to moderate IDs.</p> <p>Encouraging both informal structures, such as youth and church groups, and formal structures, such as NGOs, to develop and implement anti-bullying and pro-social initiatives aimed at the prevention of bullying.</p>	<p>SBSTs to include access to networks on the exco level of intervention to ensure smooth referrals.</p> <p>A review of forms and protocols to use for reporting and referrals, and training to educators to use such forms effectively.</p> <p>Development of processes and protocols within the school system for disclosure of bullying, and the referral of the children involved and their parents/guardians.</p>
Chrono:	Create intersectoral and interdisciplinary forums to	Create intersectoral and interdisciplinary forums to

Systems	Elements to be included for prevention of bullying	Elements to be included for responses to bullying
Socioeconomic and political influences on bullying	<p>strengthen the prevention of bullying, guided by the Bill of Rights (RSA, 1996a).</p> <p>Include the consideration of socioeconomic challenges of parents/guardians to ensure that they have access to necessary support and resources. This inclusion is essential for addressing issues of inequality and historical disadvantages.</p> <p>Advocacy and campaigns to promote the rights of children with IDs and how they are treated within communities.</p> <p>Report cases of violations of the rights of children with IDs and advocate for policy changes within the education, health, and social service professions to ensure that these children and their families receive appropriate support.</p>	<p>strengthen responses to bullying, guided by the Bill of Rights (RSA, 1996a).</p> <p>Promote the accessibility and availability of formal educational, health, and social services resources to effectively address the bullying of and among children with IDs.</p>

The descriptions above highlight target groups, stakeholders, and those aspects to be included in a coordinated response to bullying, and the type of interventions needed on

the different levels of intervention. Notably, there is an overlap between activities on the different levels, such as the development of collaborative actions and networks.

6.4 FINDINGS

The Delphi method was used to gather data related to the third objective of this study. The aim was to convert the findings into a guideline by documenting the input of the participants on the presented information. This involved further refinement of the final aspects to be incorporated into the guideline (cf. Arden et al., 2021). Massaroli et al.'s (2017) suggestion for three steps or actions within this method guided the process.

- **Action 1:** The information summarised in section 6.3 above was shared with the participants via email before the scheduled initial focus group discussion. They were requested to carefully review the information and identify key elements to be included in a guideline for a coordinated response to the bullying of and among children with mild to moderate IDs. The discussion during the focus group was recorded, transcribed, and analysed, as discussed in Chapter 2. Subsequently, the analysis guided the identification of goals and key elements to be included in the guideline.
- **Action 2:** The researcher e-mailed the findings obtained during Action 1 to the participants, serving as a member check. The participants were requested to either confirm the findings or provide suggestions for further amendments. Subsequently, the researcher converted the findings into preventative and responsive interventions related to each system in the bio-ecological system framework.
- **Action 3:** The researcher emailed the intervention list to the participating stakeholders as preparation for their final input. This resulted in the identification of resources, role players, and coordinating institutions for each intervention to develop the final guideline.

The tables below present the final outcome for preventative and responsive actions as an outcome of the Delphi method.

Table 34: Preventative interventions

Systems	Interventions	Resources	Role players	Coordinating institution
Micro: Informal systems to protect or respond to bullying	<p>Parental training to identify bullying, how bullying behaviour manifests, and to respond appropriately to bullying risks.</p> <ul style="list-style-type: none"> ▪ Include all caregivers, including community resources such as neighbours, grandparents, day carers. ▪ Include Children’s Act. 	<p>Trainer and training manuals for each target group: Parents/guardians, community resources (e.g., day care).</p>	<ul style="list-style-type: none"> ▪ Social workers ▪ Educators ▪ Parents/guardians ▪ Grandparents ▪ ECD programmes 	<p>School system: School social worker. NGOs & DSD: Child and family care.</p>
	<p>Identify and assess areas where bullying takes place</p> <ul style="list-style-type: none"> ▪ Involve children in identifying areas that have the potential to encourage bullying behaviour. ▪ Increase surveillance and ensure visibility thereof (security officers). 	<p>Supervision; Monitoring equipment</p>	<ul style="list-style-type: none"> ▪ Parents/guardians ▪ Community members ▪ Security officers ▪ Children 	<p>Police Forum</p>

Systems	Interventions	Resources	Role players	Coordinating institution
	<ul style="list-style-type: none"> ▪ Involve parents and community members in ensuring that the school/playground environment is safe. 			
	Family support focusing on collaboration between parents, co-parents, siblings, and extended family members to support the care of children with mild to moderate IDs.	<ul style="list-style-type: none"> ▪ Venue ▪ Facilitator ▪ Flyers to advertise programme 	<ul style="list-style-type: none"> ▪ Facilitation: Social workers, child and youth care practitioners, and educators ▪ Parents/guardians ▪ Family members 	NGOs & DSD: Child and family care
	Informal programmes with children with IDs to educate them on respectful behaviours among peers and provide guidance on how to respond when faced with behaviours that are not respectful.	<ul style="list-style-type: none"> ▪ Activity manual to train community members/organisations, e.g., youth groups and day care providers, to include in 	<ul style="list-style-type: none"> ▪ Social workers ▪ Child and youth care practitioners ▪ Community Development Practitioners ▪ CBOs involved with child and family care 	NGOs & DSD: Child and family care

Systems	Interventions	Resources	Role players	Coordinating institution
		existing programmes		
	Specialised training to educators and social workers to distinguish between challenging behaviour and bullying, and to identify the risk of bullying to prevent escalations, including a focus on the implementation of the Children's Act.	<ul style="list-style-type: none"> ▪ Training manuals ▪ Dedicated positions for educators as specialists in ID in the different grades 	<ul style="list-style-type: none"> ▪ Educators ▪ Specialists in ID ▪ Social workers ▪ Psychologists ▪ Community health care professionals 	School system: School social worker (statutory obligation)
	Therapeutic/clinical intervention when risks and vulnerabilities are identified. <ul style="list-style-type: none"> ▪ Assist parents to attend sessions through providing transport and offering counselling and therapeutic services at times convenient for parents. 	<ul style="list-style-type: none"> ▪ Flyers to indicate where services can be accessed ▪ Provision of transport 	<ul style="list-style-type: none"> ▪ Social workers ▪ Psychologists ▪ Healthcare practitioners at local clinics ▪ Parents/guardians/caregivers ▪ Children 	NGOs & DSD: Child and family care

Systems	Interventions	Resources	Role players	Coordinating institution
Meso: Linkages and direct interactions within the micro-systems, e.g., the home, classroom, and peers	Communication structures between parents/guardians and informal structures to encourage pro-social behaviour among children with mild to moderate IDs, including opportunities for positive peer interactions. <ul style="list-style-type: none"> ▪ Involve informal structures such as churches and neighbourhood organisations to have regular (after hour) contact with parents, and to create spaces for children to engage in prosocial activities. 	CBOs	<ul style="list-style-type: none"> ▪ Social workers ▪ Child and youth care practitioners ▪ Community development practitioners ▪ CBOs ▪ Educators ▪ Parents/guardians/caregivers 	NGOs & DSD: Child and family care
	Collaboration between schools, parents/guardians, and informal support systems such as church and youth groups to design prevention of	CBOs	<ul style="list-style-type: none"> ▪ Social workers ▪ Child and youth care workers 	NGOs & DSD: Child and family care

Systems	Interventions	Resources	Role players	Coordinating institution
	bullying/anti-bullying programmes.		<ul style="list-style-type: none"> ▪ Community development practitioners ▪ Community organisations ▪ Educators ▪ Parents/guardians/caregivers 	
	Including church and youth group facilitators in communities to be able to identify bullying risks, and to present pro-social behaviour activities in such groups as a preventative strategy.	Training manuals for community organisations	<ul style="list-style-type: none"> ▪ Social workers ▪ Child and youth care practitioners ▪ Community development practitioners ▪ Educators ▪ CBOs 	School system: School social worker NGOs & DSD: Child and family care
	Encouraging community supervision in open playgrounds where children engage with peers.	CBOs	<ul style="list-style-type: none"> ▪ Social workers ▪ Child and youth care practitioners ▪ Community development practitioners 	NGOs & DSD: Child and family care

Systems	Interventions	Resources	Role players	Coordinating institution
			<ul style="list-style-type: none"> ▪ CBOs ▪ Parents/guardians/ caregivers 	
<p>Exo: Interactions between different unrelated systems that affect the prevention and response to bullying</p>	<p>Networking between neighbourhood resources (e.g., youth groups, church youth activity, sports clubs) to engage in awareness raising and support of children with mild to moderate IDs to be integrated in the community.</p>	<p>CBO network</p>	<ul style="list-style-type: none"> ▪ Social workers ▪ Child and youth care practitioners ▪ Community development practitioners ▪ CBOs ▪ Parents/guardians/ caregivers 	<p>NGOs & DSD: Child and family care</p>
	<p>Collaboration between social workers, psychologists, and organisations to develop awareness programmes in communities to work together to prevent bullying. Such programmes should focus on:</p> <ul style="list-style-type: none"> ▪ Bullying, ▪ Discrimination, ▪ Stereotyping, 	<p>Posters & flyers local radio stations, newspapers, and community events.</p>	<ul style="list-style-type: none"> ▪ Social workers ▪ Child and youth care practitioners ▪ Educators ▪ Psychologists ▪ Healthcare practitioners ▪ CBOs 	<p>NGOs & DSD: Child and family care</p>

Systems	Interventions	Resources	Role players	Coordinating institution
	<ul style="list-style-type: none"> ▪ Violence and crime in the community that support the tolerance of bullying, and ▪ How to respond to challenging behaviour. 			
	<p>Involvement of local government to assess risks in the environment and to offer support to service providers.</p> <ul style="list-style-type: none"> ▪ Network must document high-risk incidents to provide information to local government. 	Document portraying risks for bullying in the community	<ul style="list-style-type: none"> ▪ Community-based network members 	NGOs & DSD: Child and family care
Macro: Formal systems to protect or respond to bullying	Inclusion and involvement of children and their parents/guardians in the development and design of programmes, contributing to the creation of positive school climates.	School programme dedicated to the prevention of bullying	<ul style="list-style-type: none"> ▪ Social workers ▪ Child and youth care practitioners ▪ Educators ▪ Parents/guardians 	School system: School social worker

Systems	Interventions	Resources	Role players	Coordinating institution
	<p>Additional training to educators to include prevention of bullying activities in the classroom and how to manage children with complex needs including challenging behaviour.</p> <ul style="list-style-type: none"> ▪ Use the School Safety framework to strengthen the whole school programme and monitor the implementation thereof. 	<ul style="list-style-type: none"> ▪ Training manuals ▪ Anti-bullying programme within the curriculum 	<ul style="list-style-type: none"> ▪ Educators ▪ Specialists in ID ▪ Social workers ▪ Psychologists ▪ Community health care professionals 	<p>School system: School social worker</p>
	<p>Schools to develop clear statements expressing zero tolerance for bullying. These statements should include explicit definitions of bullying and outline the consequences that will be imposed when incidents of bullying take place.</p>	<p>Anti-bullying protocol</p>	<ul style="list-style-type: none"> ▪ School Governing Body (SGB) ▪ Principle ▪ Educators ▪ School social workers and psychologists 	<p>School system: School social worker</p>

Systems	Interventions	Resources	Role players	Coordinating institution
	Accessibility of informal and formal community support services in the community for support of parents/guardians and their children with mild to moderate IDs.	Community-based network list	<ul style="list-style-type: none"> ▪ Social workers ▪ Educators ▪ Psychologists ▪ Healthcare practitioners ▪ CBOs 	School system: School social worker NGOs & DSD: Child and family care
	Encouraging informal structures such as youth and church groups, and formal structures such as NGOs to develop and implement anti-bullying and pro-social initiatives aimed at the prevention of bullying.	Posters & flyers, local radio stations, newspapers, social media, and community events	<ul style="list-style-type: none"> ▪ Social workers ▪ Educators ▪ Psychologists ▪ Healthcare practitioners ▪ CBOs 	NGOs & DSD: Child and family care
Chrono: Socioeconomic and political influences on bullying	Create intersectoral and interdisciplinary forums to strengthen the prevention of bullying, guided by the Bill of Rights (RSA, 1996a).	Anti-bullying forum	<ul style="list-style-type: none"> ▪ Social workers ▪ Child and youth care practitioners ▪ Community development practitioners ▪ Educators ▪ Psychologists 	NGOs & DSD: Child and family care, and the Commissioner for Children

Systems	Interventions	Resources	Role players	Coordinating institution
			<ul style="list-style-type: none"> ▪ Healthcare practitioners ▪ Local government ▪ SAPS ▪ CBOs 	
	<p>Include the consideration of socioeconomic challenges of parents/guardians to ensure that they have access to necessary support and resources. This inclusion is essential for addressing issues of inequality and historical disadvantages.</p>	Community resource list	<ul style="list-style-type: none"> ▪ Social workers ▪ Psychologists ▪ Healthcare practitioners ▪ Local government ▪ CBOs 	NGOs & DSD: Child and family care
	<p>Advocacy and campaigns for the rights of children with IDs and how they are treated within communities.</p>	Anti-bullying forum	<ul style="list-style-type: none"> ▪ Social workers ▪ Child and youth care practitioners ▪ Educators ▪ Local government ▪ SAPS ▪ CBOs 	<p>School system: School social worker NGOs & DSD: Child and family care, Commissioner for Children</p>

Systems	Interventions	Resources	Role players	Coordinating institution
	Report cases of violation of the rights of children with IDs, and to advocate for changes in policies within the education, health, and social service professions to ensure that these children and their families receive appropriate support.	Flyers and posters to indicate reporting procedures and social media	Anti-bullying forum	School system: School social worker NGOs & DSD: Child and family care



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Table 35: Response interventions

Systems	Interventions	Resources	Role players	Coordinating institution
Micro: Informal systems to protect or respond to bullying	Training of parents/guardians to respond to bullying behaviour, and to support their children who are being bullied. This includes managing bullying behaviour.	<ul style="list-style-type: none"> ▪ Training manuals for each target group: Parents/ guardians, community resources (e.g., day care) ▪ Transport for parents to attend training sessions 	<ul style="list-style-type: none"> ▪ Social workers ▪ Educators ▪ Parents/guardians ▪ ECD programmes 	School system: School social worker NGOs & DSD: Child and family care
	Training to children on how to respond effectively when they are being bullied or when they witness bullying. This includes protocols for reporting incidents of bullying. <ul style="list-style-type: none"> ▪ Motivate and encourage children to identify areas in the school building and grounds that support the bullying behaviour. 	<ul style="list-style-type: none"> ▪ Training manuals ▪ Reporting protocols ▪ Ensure a safe space at school where such incidents can be addressed, and that is comfortable, and accessible for individuals involved 	<ul style="list-style-type: none"> ▪ Social workers ▪ Child and youth care practitioners ▪ Educators ▪ ECD programmes 	School system: School social worker NGOs & DSD: Child and family care

Systems	Interventions	Resources	Role players	Coordinating institution
	<p>Individualised support to children who are victims of bullying and children who bully – humane interventions. This can include:</p> <ul style="list-style-type: none"> ▪ Individual and family sessions ▪ Developmental group work ▪ Mediation between victim and the bully, including parents/guardians 	<ul style="list-style-type: none"> ▪ Dedicated school social worker to develop individualised plan ▪ List of therapeutic services available in the community 	<ul style="list-style-type: none"> ▪ School social workers ▪ Children ▪ Parents/guardians ▪ Justice system where needed 	<p>School system: School social worker</p>
	<p>Family strengthening services provided by community structures such as churches, aiming to ensure that all the members of the family can identify and respond to instances of bullying.</p>	<p>Programmes focusing on IDs and bullying/behavioural challenges</p>	<ul style="list-style-type: none"> ▪ Social workers ▪ Child and youth care practitioners 	<p>NGOs & DSD: Child and family care</p>
	<p>Training to educators to identify bullying in the school system and to equip them to respond appropriately, including making relevant referrals.</p>	<ul style="list-style-type: none"> ▪ Training manuals ▪ Reporting protocols 	<ul style="list-style-type: none"> ▪ Educators ▪ Specialists in ID ▪ Social workers ▪ Psychologists ▪ Community health care professionals 	<p>School system: School social worker (statutory obligation)</p>

Systems	Interventions	Resources	Role players	Coordinating institution
	Ensuring supervision and methods to identify bullying incidents within the school system.	<ul style="list-style-type: none"> ▪ Dedicated staff to supervise children on the playground ▪ CCTV cameras ▪ Reporting protocols 	<ul style="list-style-type: none"> ▪ Educators: Functions in terms of supervision and providing support ▪ SGB 	School system
Meso: Linkages and direct interactions within the micro-systems, e.g., the home, classroom, and peers	School social workers to coordinate services to victims, bullies, parents/guardians, and bystanders through relevant referrals. This requires networking between informal and formal systems in the community.	Referral protocols; Community-based network list	<ul style="list-style-type: none"> ▪ School social worker 	School system: School social worker (statutory obligation)
	Mediation within a safe space between the bully and the child being bullied and their parents/guardians with a focus on restorative practices.	Anti-bullying forum	<ul style="list-style-type: none"> ▪ Social workers ▪ Child and youth care practitioners ▪ SAPS ▪ Police Forum 	School system: School social worker NGOs & DSD: Child and family care
	Training of educators and social workers to engage in restorative practices with the various persons affected.	Anti-bullying forum	<ul style="list-style-type: none"> ▪ Social workers ▪ Child and youth care practitioners ▪ SAPS 	School system: School social worker

Systems	Interventions	Resources	Role players	Coordinating institution
			<ul style="list-style-type: none"> ▪ Police Forum 	NGOs & DSD: Child and family care
	Including a focus on human rights and pro-social behaviour in the curriculum focusing on an ethos of respect, consideration, care, and mutual support.	Learning material and activities	<ul style="list-style-type: none"> ▪ Social workers ▪ Police Forum 	School system – DBE
	Training of educators and parents/guardians on how to identify and respond to challenging behaviour that involve bullying of and among children with mild to moderate IDs.	Training manuals for each target group: Parents/ guardians, educators	<ul style="list-style-type: none"> ▪ Social workers ▪ Child and youth care practitioners ▪ Educators ▪ Parents/guardians ▪ ECD programmes 	School system: School social worker NGOs & DSD: Child and family care
	Training of dedicated members of the SAPS regarding restorative practices to effectively respond to bullying of and among children with mild to moderate IDs. This includes training on IDs.	Training manuals	<ul style="list-style-type: none"> ▪ Social workers ▪ Psychologist ▪ Educators ▪ SAPS ▪ Police Forum 	School system: School social worker NGOs & DSD: Child and family care

Systems	Interventions	Resources	Role players	Coordinating institution
Exo: Interactions between different unrelated systems that affect the prevention and response to bullying	Identify referral pathways to ensure accessibility to individual counselling sessions and restorative practices (e.g., by including the Police Forum) to respond effectively to bullying.	Referral protocols; Community-based network list	School social worker	School system: School social worker (statutory obligation)
	Networking between formal support structures, such as social and mental health service providers, educators, and parents/guardians to ensure an immediate response to bullying incidents.	Community-based network list	<ul style="list-style-type: none"> ▪ Social workers ▪ Child and youth care practitioners ▪ Community development practitioners ▪ Educators ▪ Psychologists ▪ Healthcare practitioners ▪ CBOs 	School system: School social worker NGOs & DSD: Child and family care

Systems	Interventions	Resources	Role players	Coordinating institution
Macro: Formal systems to protect or respond to bullying	Awareness campaigns focusing on politicians, local government, and service providers to children, youth, and families regarding legal frameworks for identification, referral, and responses to bullying.	Regular stakeholder meetings to look at: i) protocols, and ii) standard operating procedures and process for the identification, referral, and responses to bullying	<ul style="list-style-type: none"> ▪ Social workers ▪ Child and youth care practitioners ▪ Dedicated educators specialising in ID ▪ Educators 	School system: DBE, DSD, and the Commissioner for Children
	SBSTs to include access to networks on the exco level of intervention to ensure smooth referrals.	Community-based network list	<ul style="list-style-type: none"> ▪ Social workers ▪ Child and youth care practitioners ▪ Community development practitioners ▪ Educators ▪ Psychologists ▪ Healthcare practitioners ▪ CBOs 	School system: School social worker NGOs & DSD: Child and family care

Systems	Interventions	Resources	Role players	Coordinating institution
	A review of forms and protocols to use for reporting and referrals, and training to educators to use such forms effectively.	Protocols; Referral forms	<ul style="list-style-type: none"> ▪ School social workers ▪ Educators assigned as ID specialists ▪ SGB ▪ Police Forum 	<ul style="list-style-type: none"> ▪ DBE ▪ DSD ▪ DoH
	Development of processes and protocols within the school system for disclosure of bullying, and the referral of the children involved and their parents/guardians.	Disclosure and referral protocols Information flyers	<ul style="list-style-type: none"> ▪ School social workers ▪ Educators assigned as ID specialists ▪ SGB 	School system: School social worker
Chrono: Socio-economic and political influences on bullying	Create intersectoral and Interdisciplinary forums to strengthen responses to bullying, guided by the Bill of Rights (RSA, 1996a).	Anti-bullying forum	<ul style="list-style-type: none"> ▪ Social workers ▪ Child and youth care practitioners ▪ Educators ▪ Local government ▪ SAPS ▪ CBOs 	School system: School social worker NGOs & DSD: Child and family care and the Commissioner for Children

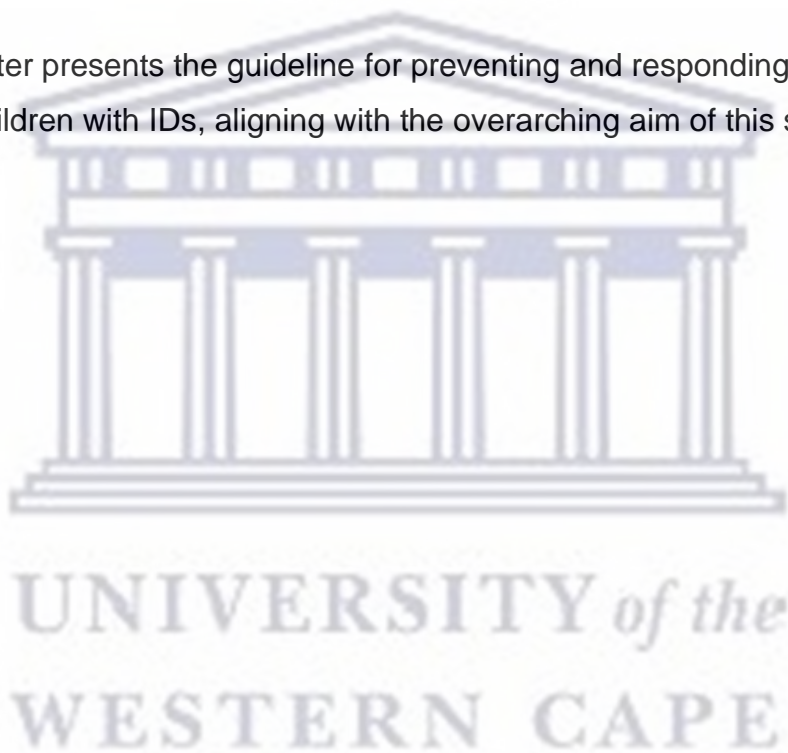
Systems	Interventions	Resources	Role players	Coordinating institution
	<p>Advocate for accessibility and availability of formal educational, health, and social services resources to address bullying of and among children with IDs effectively.</p> <ul style="list-style-type: none"> ▪ Advocate for the rights of children with complex needs. ▪ Advocate for the removal of the gap between the legal framework and the lived reality. <ul style="list-style-type: none"> ▪ Encourage the monitoring and evaluation of bullying behaviour and use the data collected to understand what kind of intervention is needed. 	Anti-bullying forum	<ul style="list-style-type: none"> ▪ Social workers ▪ Child and youth care practitioners ▪ Educators ▪ Local government ▪ SAPS ▪ CBOs 	<p>School system: School social worker NGOs & DSD: Child and family care; DoH; and the Commissioner for Children</p>

The tables above served as the framework for the guideline for services within the CPS.

6.5 CONCLUSION

This chapter built on the findings obtained from the children, parents/guardians, and educators regarding the factors to consider when formulating a guideline for preventing and responding to the bullying of and among children with IDs. Key stakeholders were requested to review the findings and assist the researcher in identifying interventions, resources, role players, and coordinating institutions to be included in the guideline.

The next chapter presents the guideline for preventing and responding to the bullying of and among children with IDs, aligning with the overarching aim of this study.



CHAPTER 7

A GUIDELINE FOR A COORDINATED RESPONSE TO BULLYING OF AND AMONG CHILDREN WITH MILD TO MODERATE INTELLECTUAL DISABILITIES

7.1 INTRODUCTION

Objective 4 – To develop a guideline for services within the CPS.

Concerning the first objective of this study, the researcher explored the nature of the lived experiences of children with mild to moderate IDs who have experienced bullying, as well as that of their parents/guardians. This investigation took place through a self-developed questionnaire and individual semi-structured interviews. The findings emanating from this objective are detailed in Chapter 4. The second objective was to conduct focus groups with educators of children with mild to moderate IDs at LSNSs to identify the various systems that are, or should be, involved in addressing bullying, and to explore and describe the nature of interventions by the various systems. The findings are presented in Chapter 5. The third objective was to conduct Delphi interviews with key stakeholders to further identify interventions by various systems, resources, and role players to be included in a coordinated response to address the bullying of and among children with mild to moderate IDs. The findings outlined in Chapters 4 and 5 were collated to guide the discussions with the key stakeholders. Their contributions, presented in Chapter 6, aided the researcher in developing the guideline for the fourth objective of this study, which is presented in this chapter.

7.2 A GUIDELINE FOR A COORDINATED SERVICE TO PREVENT AND RESPOND TO THE BULLYING OF AND AMONG CHILDREN WITH MILD TO MODERATE IDS

This chapter, dedicated to fulfilling the final aim and objective of the study, is presented as a guideline for a coordinated response. The layout of the guideline includes:

- 1) Introductory remarks for the use of the guideline
- 2) Coordination of services
- 3) Requirements for a coordinated response
- 4) Services within a coordinated response

7.2.1 Introductory Remarks for the Use of the Guideline

The guideline for developing and implementing a coordinated service to both prevent and respond to bullying is specifically aimed at children with mild to moderate IDs. It is based on information obtained from children, their parents/guardians, their educators, and key stakeholders. Tables 33 and 34, presented in Chapter 6, will be provided as addenda to this guideline to ensure that their contributions guide the development of context-related protocols for a coordinated response to bullying.

The purpose of this guideline is to offer service practitioners within the CPS and those involved with children with IDs and their families with a framework for planning and developing services to prevent and respond to the bullying of and among children with IDs. Moreover, the guideline can be used to improve networking and collaboration among practitioners, aiming to enhance the overall protection of children. It is further envisaged that this guideline could serve as a model for exploring services for other target groups through further research on the topic of bullying.

The guideline is underpinned by the following legislation and policies:

- UNCRC (OHCHR, 1989),
- The African Charter on the Rights and Welfare of the Child (ACRWC, 1990),
- The UNCRPD (UN, 2006)
- The Constitution of the Republic of South Africa (RSA, 1996a),

- The Children's Act (RSA, 2005),
- The Children's Amendment Act (RSA, 2007),
- The South African Schools Act 84 of 1996 (RSA, 1996b),
- The White Paper for Integrated National Disability Strategy (RSA, 2012a), and
- The National Plan of Action for Children in South Africa (RSA, 2012b).

The development of the guideline was framed within developmental and child rights approaches. The children's rights approach underscores the right of children to participate in decision-making, planning, and implementing of services that affect them. Therefore, based on the South African National Framework for Child Participation (DSD, 2018), the guideline is informed by the perspectives of children with mild to moderate IDs, with a particular emphasis on including these children in the planning of the implementation of the guideline.

In line with the children's rights approach, the developmental approach encompasses a diverse set of knowledge and skills directing services aimed at social change. This approach focused on the individuals involved in a specific phenomenon and their social context (Patel, 2015). Through this approach, the guideline also places a strong emphasis on collaboration and coordination among various professions and organisations to ensure a whole-system intervention strategy. Furthermore, in a post-apartheid era, Gxubane (2021) advocates for a multi-model response, where services are tailored to the specific needs of a given context. For this reason, the presented guideline is framed in such a way that it includes preventative and responsive strategies within the context of the bio-ecological systems of children with mild to moderate IDs. The primary audience for this guideline includes different disciplines and sectors engaged in services to protect and support children with IDs and their families, as well as services aimed at preventing or responding to bullying.

To operationalise this guideline, it is advised that it be implemented within the school system in specific school districts and in collaboration with the DSD in the areas where the schools in the district are situated. Additionally, it is advised to identify and involve key role players and stakeholders. Firstly, there should be clarification on how and by

whom the services aimed at preventing the bullying of and among children with IDs will be coordinated. Secondly, the requirements of a coordinated response must be clarified. Thirdly, efforts should be made to ensure the delivery of services within the coordinated response. The following sections further elaborate on these three aspects.

7.2.2 Coordination of Services

Inherent to this guideline is the imperative to work together and provide a comprehensive service to both children who are bullied and those who engage in bullying behaviour. The coordination of services outlined in this guideline followed a staged approach, ensuring a collaborative and well-coordinated response.

- **Phase 1: Collaboration between the DBE and the DSD**

As a start, school social workers form a link between social service professions and the school system. These social workers are employed by the school system and are in the position to facilitate the process of establishing a coordinated response. Therefore, it is important to engage with school social workers to initiate the implementation of the guideline. Where there are no school social workers, the DBE must be requested to employ school social workers within this context, or alternatively identify a person who will be responsible for the coordination. As such, the school social worker facilitates a process where the responsible persons to address the bullying of and among children within the DBE and the DSD are brought together as a first step to ensure the inclusion of all the relevant stakeholders. Importantly, key stakeholders within these two systems to be included in the coordinated response team should include:

- DBE: Educators and school social workers and psychologists at the schools within the district.
- DSD: Managers and social workers within the CPS.

The persons identified must be provided with this guideline and its addenda, the above-mentioned legislative and policy frameworks (also see Table 35 below), and

existing protocols within the DBE and DSD to address bullying. These aspects need to be documented as a first draft of a protocol for a coordinated response.

During this phase, the key stakeholders identify a person within the team to coordinate the next phase.

- Phase 2: Identifying and including other departments and government structures
The coordinator identified during Phase 1 proceeds to contact key stakeholders, which may include, but is not limited to:

- DoH: Doctors, psychiatrists, and nurses involved in health services for children who can identify vulnerable children and those who have been bullied.
- SAP: Officers involved with cases concerning children/youth and who participate in local Police Forums.

These departments and structures are requested to identify persons to present them and their services within the coordinated response team. They are then provided with the first draft protocol and introduced to the existing coordinated response team.

The next step explores the i) legislative frameworks, ii) policies, iii) protocols, and iv) procedures and processes within these departments and structures to prevent and respond to bullying. This is included in the second draft protocol.

- Phase 3: Developing an anti-bullying network that includes all context-related service providers

The same process as in Phase 2 is followed where all relevant and potential service providers are invited to participate in the coordinated response team. Possible members of the extended response team include:

- Social service professions employed at NGOs who are involved in child and youth care initiatives and family strengthening services, including social workers, social auxiliary workers, child and youth care practitioners, and community development practitioners. A list of potential services by these practitioners serve as the first draft of a network list.

- Members of the local Police Forum involved with children and youth who are in conflict with the law.
- Local youth clubs, churches working with youth, and sport clubs, including youth as potential safe spaces for children to be included in pro-social and supportive activities and engagements.

The representative from the above organisations is provided with the second draft protocol and introduced to the coordinated response team. A list of potential services by these practitioners serve as the first draft of a network list. Representatives of the above groups are elected to serve on the coordinated response team.

The next step would be for the coordinated response team to finalise the context-related protocol for a coordinated response to bullying, and to identify the requirements for such a response.

7.2.3 Requirements for a Coordinated Response

The requirements for a coordinated response should serve as a protocol to guide the coordinated response team, and include:

1. A preamble,
2. Principles,
3. A purpose statement,
4. Stakeholders, and roles and responsibilities,
5. Guiding legislation, policies, and conventions,
6. Bullying prevention measures,
7. Bullying indicators,
8. Bullying response processes and measures,
9. Monitoring and evaluation, and
10. Review.

Table 36 below provides an example of such a protocol, based on the findings of this study.

Table 36: A protocol for a coordinated response to bullying

Protocol for the requirements of the management of bullying of and among children with IDs	
Preamble	<p>Any service provided to children should prioritise their best interests and address their specific vulnerabilities. Child participation is integral to this protocol, ensuring that the voices of children guide strategies and interventions.</p> <p>This protocol is based on the principle that the protection and well-being of children is paramount. Like all other children, children with IDs are more vulnerable, requiring additional care to ensure their rights respected, acknowledged, and protected.</p>
Principles	<ul style="list-style-type: none"> ▪ <i>The best interest of the child</i>: Including the right to be heard and to participate in activities that affect them. ▪ <i>High quality of services</i>: Child protection is a specialised and intensive service designed to protect children while preserving families through access to support networks. <ul style="list-style-type: none"> ○ Be responsive to the needs of the community by identifying gaps in service delivery. ○ Ensure ongoing and continuous quality improvement concerning the nature of available and offered services. ▪ Availability and accessibility: <ul style="list-style-type: none"> ○ Coordination of multi-discipline and multi-sectoral services. ○ Increase in access to a broad range of services. ○ Case management to ensure that services are provided. ○ Ensure compliance with legislation that addresses the rights and needs of people with IDs. ○ All services to be age and culturally appropriate. ○ Identify infrastructural gaps that serve as a barrier to accessibility. ▪ Child-centredness: <ul style="list-style-type: none"> ○ Interventions should be all-inclusive to respond to the needs of the child and the family/caregivers. ○ Services to be based on a child rights approach.

	<ul style="list-style-type: none"> ○ The duration of services must be based on the needs of the children and their families. ○ Ensuring cultural and age sensitive and appropriate services. ○ Ensuring that language usage is appropriate for the child's age. ○ Ensuring that members of the community are aware of what constitutes ID, what the barriers are that hinder inclusivity for people with ID, and how these barriers can be reduced. ▪ <i>The right to information:</i> Information sharing through – <ul style="list-style-type: none"> ○ Education/training and awareness raising. ○ Information that is age and culturally appropriate. ○ Information shared in a way for people with ID to understand it. ▪ <i>Commitment:</i> The roles and responsibilities of each member of the response team are to be clearly articulated, and establish a monitoring and evaluation system to ensure effective and timely service delivery in compliance with legislation.
Purpose Statement	<ul style="list-style-type: none"> ▪ To establish a common understanding of what bullying is and its impact on victims. ▪ To guarantee safe environments for all children, with effective prevention and response measures to address bullying. ▪ To provide clear guidelines for reporting bullying incidents. ▪ To outline services within the context and establish a network for effective referrals. ▪ To develop preventative programmes fostering an anti-bullying and pro-social culture in spaces where children function. ▪ To provide a standardised set of procedures for responding to bullying behaviour. ▪ To consistently monitor and evaluate services to ensure children's needs are met and their rights are respected. ▪ To establish a system of accountability among role players. ▪ To identify regular meeting times, with specific actions related to the team's goals outlined in an annual plan.

<p>Stakeholders and Roles and Responsibilities</p>	<p>The members of the coordinated response team serve as representatives for the stakeholders listed below. Each representative should receive a clear description of roles and responsibilities, which should be reflected in their individual performance agreements. This ensures that members remain aware and committed to their responsibilities. The description includes roles and responsibilities:</p> <ul style="list-style-type: none"> ▪ Within the team. ▪ Towards the stakeholders they represent. ▪ Within the coordinated response plan (i.e., tasks related to the prevention or response to bullying). <p>Stakeholders</p> <ul style="list-style-type: none"> ▪ School social workers ▪ Community-based social workers ▪ Social auxiliary workers ▪ ECD practitioners ▪ Child and youth care practitioners ▪ Community development practitioners ▪ Educators ▪ Parents ▪ Children ▪ Health care practitioners ▪ Law enforcement, including members of the local Police Forum ▪ Justice officials ▪ NGOs ▪ Youth groups ▪ Religious groups
<p>Legislation, Policies and Conventions Underpinning our Prevention and Response to Bullying</p>	<ul style="list-style-type: none"> ▪ United Nations Convention on the Rights of the Child (1989) ▪ United Nations Convention on the Rights of Persons with Disabilities (2006) ▪ African Charter on the Rights and Welfare of the Child (1990) ▪ The Constitution of the Republic of South Africa (1996) ▪ The Children’s Act (2005) ▪ The Children’s Amendment Act (2007) ▪ The White Paper for Integrated National Disability Strategy (2012)

	<ul style="list-style-type: none"> ▪ The National Plan of Action for Children in South Africa (2012) ▪ Mental Health Care Act (2002) ▪ The Domestic Violence Act (1998) ▪ Prevention from Harassment Act (2011) ▪ South African Schools Act (1996) ▪ Criminal Procedure Act (1977) ▪ Child Justice Act (2008)
<p>Bullying Prevention Measures</p>	<ul style="list-style-type: none"> ▪ Micro-systems <ul style="list-style-type: none"> ○ Parental training. ○ Training for all children (the bully, the victim, and the bystanders). ○ Identification of areas where bullying takes place. ○ Family support. ○ Informal programmes for children. ○ Specialised training to educators and social workers. ○ Therapeutic/clinical intervention when risks and vulnerabilities are identified. ▪ Meso-systems <ul style="list-style-type: none"> ○ Communication structures between parents/guardians and informal structures. ○ Collaboration between peers, schools, parents/guardians, and informal support systems. ○ Including church and youth group facilitators in communities in preventative services. ○ Encouraging community supervision in open playgrounds where children engage with peers. ▪ Exo-systems <ul style="list-style-type: none"> ○ Networking between neighbourhood resources. ○ Social workers, psychologists, and organisations collaborate to develop awareness programmes. ○ Local government involvement to assess environmental risks and to offer support to service providers.

	<ul style="list-style-type: none"> ○ Supervision of unsafe environments. ▪ Macro-systems <ul style="list-style-type: none"> ○ Inclusion and involvement of children and their parents/guardians in the development and design of programmes. ○ Establish a culture of tolerance and respect. ○ Additional training to educators to include prevention of bullying activities in the classroom. ○ Schools to develop clear statements on the zero tolerance of bullying. ○ Accessibility of informal and formal community support. ○ Encouraging informal structures to develop and implement anti-bullying and pro-social initiatives aimed at the prevention of bullying. ▪ Chrono-systems <ul style="list-style-type: none"> ○ Create intersectoral and interdisciplinary forums to strengthen the prevention of bullying. ○ Include the consideration of socioeconomic challenges and systemic deprivation of parents/guardians. ○ Advocacy, awareness-raising, and campaigns for the rights of children with IDs ○ Report cases of violation of the rights of children with IDs, and advocate for changes in policies within the education, health, and social service professions. 	
<p>Bullying Indicators</p>	<p>Victim</p> <ul style="list-style-type: none"> ▪ Absenteeism ▪ Suicide ideation ▪ Depression ▪ Decline in academic work ▪ Nightmares 	<p>Bully</p> <ul style="list-style-type: none"> ▪ Impulsiveness ▪ Anger management problems ▪ Controlling ▪ Prone to frustration ▪ Lacking empathy ▪ Difficulty following rules

		<ul style="list-style-type: none"> ▪ Little respect and contempt for authority ▪ Views violence in a positive way ▪ Physically stronger ▪ Perceived as popular
<p>Bullying Response Processes and Measures</p>	<p>Response process</p> <ol style="list-style-type: none"> a) Identification of signs of bullying b) Risk assessment c) Investigation d) Reporting and referral e) Registration of incidents f) Monitoring and evaluation of outcomes of interventions g) Compliance with legislation <p>Response measures</p> <p>Micro-systems</p> <ul style="list-style-type: none"> ▪ Training of parents/guardians to respond to bullying behaviour. ▪ Training of service providers to create awareness and increase knowledge on bullying behaviour. ▪ Training for children to respond effectively when they are being bullied or when they witness bullying. ▪ Individualised support for children who are victims of bullying and children who bully, including bystanders. ▪ Family strengthening services by community structures. ▪ Psycho-social services to families by community structures. ▪ Training of educators to identify bullying in the school system and to respond appropriately. ▪ Ensuring supervision and methods to identify bullying incidents within the school system. <p>Meso-systems</p> <ul style="list-style-type: none"> ▪ School social workers to coordinate services for victims, bullies, parents/guardians, and bystanders through relevant referrals. 	

	<ul style="list-style-type: none"> ▪ Mediation within a safe space between the bully and the child being bullied and their parents/guardians with a focus on restorative practices. ▪ Training of educators and social workers to engage in restorative practices. ▪ Training of educators and parents/guardians on how to identify and respond to challenging behaviour. ▪ Training for dedicated members of the SAPS regarding restorative practices to effectively respond to bullying. ▪ Including a focus on human rights and pro-social behaviour in the curriculum <p>Exo-systems</p> <ul style="list-style-type: none"> ▪ Identify referral pathways to ensure accessibility to individual counselling sessions and restorative practices, ensuring immediate responses to bullying. <p>Macro-systems</p> <ul style="list-style-type: none"> ▪ Awareness campaign focusing on politicians, local government, and service providers to children, youth, and families regarding the legal framework, identification, referral, and response requirements. ▪ A review of forms and protocols to use for reporting and referrals, and training for educators to use such forms effectively. <p>Chrono-systems</p> <ul style="list-style-type: none"> ▪ Create intersectoral and interdisciplinary forums to strengthen responses to bullying. ▪ Advocate for accessibility and availability of formal educational, health, and social services resources to address bullying. ▪ Advocate for the rights of children with complex needs. ▪ Use the data collected to strengthen the importance of our response.
Monitoring and Evaluation	Specific goals must set the tasks for each team member in terms of what must happen and when it must happen.

	<p>Monitoring: Specific timeframes (e.g., monthly or quarterly reports at team meetings) for reporting on actions that took place by each member of the team must be agreed upon. Reporting may include:</p> <ul style="list-style-type: none"> ▪ The types of services/actions that took place, ▪ The outcomes of services, ▪ The number of children/families involved in the services, and ▪ Challenges experienced to be included in the planning for the next reporting phase. <p>Evaluation: Indicators must be identified for each goal to inform the evaluation of the coordinated response within specific timeframes (e.g., annual evaluations that are used for annual reporting).</p>
Review	<p>Based on the evaluation of the coordinated response plan, challenges and areas marked by under-performance must be identified. These aspects need to be included in the response plan for the following period in terms of additional goals and activities, with indicators for further evaluation.</p>

The requirements for the coordinated response services as a framework from which services are planned and implemented.

7.2.4 Services Within a Coordinated Response

A coordinated response requires five specific focus areas, namely:

- a) Training for educators, parents/guardians, social workers, and other social service professions, children, SAPS, and local government officials.
- b) School-specific protocols, and the identification of a person in the school dedicated to preventing and responding to bullying.
- c) Awareness-raising within communities to ensure that children, parents/guardians, and members of the community can identify bullying behaviour, know how to respond to bullying behaviour, and can access supportive services to respond to bullying. Awareness raising should also encourage pro-social behaviour, highlighting the advantages of a safe and supportive environment.
- d) Individual services to address vulnerabilities and to respond to bullying.

- e) Support to service providers.

AREA 1: TRAINING SERVICES

Goal 1: To identify training needs as it relates to the bullying of and among children with IDs

Action

- School social workers within the coordinated response team to pinpoint locations and methods for assessing needs in various school settings.
- Formulate questions for focus groups and develop questionnaires/surveys.
- Establish a timeframe for assessing needs.
- School social workers to identify training needs among children, parents, and members of the coordinated response team through focus groups, surveys, and/or questionnaires.
- Analyse datasets and present findings to the coordinated response team for subsequent actions.

Responsible Person

- The school social workers at the respective schools.
- The coordinator of the coordinated response team to arrange discussions and workshops to plan training based on the findings presented to the team.

Indicators

- Questions for focus groups and surveys/questionnaires.
- List of participants in the assessments.
- Documents presenting the findings from the respective schools.
- Minutes of the discussion workshop to identify training needs.

Monitoring

- School social workers meet with the coordinator of the response team as indicated in the timeframe to discuss progress and to identify and manage challenges.

Evaluation

- The outcome of the discussion workshop includes the evaluation of the actions.

Goal 2: To develop the training manual and material

Action

- The coordinated response team to ensure funding within the DSD/DBE or external donors to cover the cost of an expert for the drafting of the training manual.
- Provide the findings from Goal 1 to the expert to guide the development of the training material.
- Negotiate a timeframe for the development of the different sections of the training manual and material with the expert.
- Divide the training manual and material into sections to accommodate the target audiences and their indicated training needs.
- For children,
 - Develop child-friendly content using simple and expressive language.
 - Present information through various training and communication formats.
 - Create child-appropriate training material.
- For service providers, parents/guardians, and other stakeholders,
 - Tailor content according to their roles and responsibilities.
 - Accommodate diverse educational backgrounds.
 - Ensure cultural sensitivity.
 - Provide information through various training and communication formats.
 - Training format should consider the option of train-the-trainer.
 - Include guidelines for facilitators in the training manual.
- The training manual to include the identified training needs and the following, depending on the target audience:
 - A legislative framework that highlights child protection and the basic human rights of children, including what rights are being violated during a bullying incident.
 - How to interview and/or communicate with children with IDs.
 - How to enforce compliance with legislation.
 - A clear definition of what bullying is.
 - How to identify bullying behaviour.
 - Define challenging behaviour.
 - Stipulate indicators of bullying behaviour and of being a victim.
 - What to do if a child is being bullied.

- Interventions to use for the bully.
- Reporting and referral pathways: a list of names and contact details of persons who can be contacted for reporting and referrals.
- Evaluation of current Form 22, consent forms, and assent forms.
- Identification of bystanders.
- Steps bystanders can follow to prevent bullying behaviour.
- Types of interventions available to both the bully and the victim as well as the bystander.
- Monitoring and evaluation tools to be included in the training manual.

Responsible Person

- The coordinator, with the support of selected members of the coordinated response team.

Indicator

- Completed training manual and material.

Monitoring

- The training manual and material to be provided at certain times within the agreed upon timeframe.
- Feedback to the expert after sections have been reviewed.

Evaluation

- The training manual and material to be evaluated by those who receive the training to guide amendments. Evaluation forms will be analysed by selected members of the coordinated response team to recommend amendments where needed.

Goal 3: Facilitators of training employed/contracted

Action

- The coordinating response team to clarify the requirements for facilitators of the training, including experience in communication with children with mild to moderate IDs.
- Source funding for training (activities, venues, trainers) from different stakeholders and external donors. Members of the coordinated response team can be tasked with the training, and venues can be provided by stakeholders who form part of the coordinated response team.

Clarify facilitators' tasks, including the planning and evaluation of training sessions.

- Arrange with the different stakeholder organisations that form part of the coordinated response team, protocols for training to be promoted to ensure that persons involved with services to children and their families are required to receive training, to be included in staff's performance agreements.

Responsible Person

- The coordinator, with the support of selected members of the coordinated response team.

Indicators

- Facilitator requirement list.
- Facilitator tasks list.
- Facilitator employed/contracted.

Monitoring

- Not applicable.

Evaluation

- The facilitation of the training to be evaluated by those who receive the training. Evaluation forms will be analysed by selected members of the coordinated response team to recommend facilitator development where needed.

Goal 4: Training

Action

- An annual training schedule is to be compiled by the coordinated response team.
- Implement a train-the-trainer option. For example, members from religious organisations and sport clubs can conduct training among their members. Plan, monitor, and evaluate such training within the established schedule.
- Develop and implement a marketing strategy for training opportunities.
- Training to be planned by the facilitators, as per agreements – venues, refreshments, transport, and material secured.
- Facilitate training sessions.
- Evaluate training sessions.

Responsible Person

- The coordinator, with the support of selected members of the coordinated response team.

Indicators

- Training schedule.
- A marketing strategy.
- Attendance register.

Monitoring

- Feedback reports from facilitators in specific timeframes.

Evaluation

- The training manual and material, facilitation, and practical arrangement to be evaluated by those who receive the training to guide amendments.

AREA 2: SCHOOL-SPECIFIC PROTOCOLS AND APPOINTMENT OF A DEDICATED PERSON TO COORDINATE THE IMPLEMENTATION OF THE PROTOCOL

Goal 1: Identify a coordinator to develop and manage the anti-bullying school specific protocol within the school

Action

- Identify a coordinator to develop and manage the school-specific protocol within each school setting. School social workers could be well-suited but are not viewed as the exclusive persons for this role.
- Utilise the coordinated response protocol as a guide to develop an agreement delineating the coordinator's roles and responsibilities.
 - Specify a defined period for the coordinator's service as the central figure in managing protocol implementation.
 - Include a performance agreement.
 - Outline reporting lines within the school.
 - Designate the coordinator as the school representative on the coordinated response team.

- Clarify and establish logistical (e.g., venue, transport, etc.) and human resources (e.g., staff to support the central person) components for effective implementation.

Responsible Person

- The principal and SGBs at the respective schools develop the agreement and are responsible for the recruitment and appointment of the person.

Indicators

- Job description and agreement completed.
- Person appointed.
- Performance agreement confirmed.
- Logistical and human resources support list.

Monitoring

- Reports of tasks completed.
- Performance evaluation forms.

Evaluation

- Evaluate tasks against the protocol for a coordinated response, and the school-specific protocol.

Goal 2: Develop a school specific anti-bullying protocol

Action

- Utilise the coordinated response protocol as a guide to develop the school-specific anti-bullying protocol.
- Arrange workshops, conducted by the school-appointed coordinator with the SGB, staff, children, and parents/guardians. Present the coordinated response guideline and identify amendments for a school-specific protocol aligned with the coordinated response protocol.
- Identify key stakeholders within the school context to serve on the school's anti-bullying committee, led by the school's coordinator.
- Development of annual strategic plan focusing on:
 - Training provided by the coordinated support team, specifying who should attend.
 - Implementation of preventative strategies (e.g. supervision and safe spaces)
 - Activation of a reporting system, strategies to respond, and referral procedures.

Responsible Person

- School's coordinator and anti-bullying committee.

Indicator

- Completed protocol.
- Annual strategic plan.
- Establishment of an anti-bullying committee.

Monitoring

- Not applicable.

Evaluation

- Annual review of the tasks and activities by the committee in relation to the protocol.

Goal 3: Implement the anti-bullying protocol

Action

- Inform all stakeholders within the school setting about the strategic plan, activities, and processes to be followed.
- Assign specific tasks with pre-determined timeframes to members of the anti-bullying committee for the implementation of the strategic plan.
- Schedule regular meetings for the anti-bullying committee to monitor progress.
- Market the components outlined in the school-specific protocol, such as using posters to illustrate actions to take when bullying occurs.
- Promote marketing events, such as training sessions and pro-social activities.
- Monitor and evaluate activities, utilising stakeholder experiences to inform amendments to the protocol and strategic plan.

Responsible Person

- School's coordinator and anti-bullying committee.

Indicators

- Annual strategic plan.
- Marketing of events and protocol.
- Minutes of the anti-bullying committee meetings.
- Evaluation forms from the participants of the events.

Monitoring

- Reporting of progress and challenges to manage at anti-bullying committee meetings.

Evaluation

- Evaluation of events by the participants (e.g., children, parents/guardians).

AREA 3: AWARENESS-RAISING

Goal 1: To create awareness of bullying of and among children with IDs

Action

- The coordinated response team to identify target groups that could benefit from awareness programmes.
- Conduct assessments of current awareness and attitudes towards bullying among the target groups to determine the focus areas to be included in awareness programmes.
- Develop strategies for raising awareness – include children in the development and creation thereof and throughout every stage of this process.
- Focus areas for awareness-raising activities:
 - What bullying behaviour is.
 - Examples of pro-social behaviours and the advantages of such behaviour.
 - Support available to address bullying.
 - Reporting processes to follow when bullying occurs.
 - Information about IDs, and addressing stereotyping and discrimination practices.
 - Linking violence and crime in the community with bullying behaviours.
 - Tips on assertive behaviours when exposed to bullying.
- Examples of awareness-raising activities:
 - Develop posters with relevant information and zero tolerance messages to distribute at strategic points in the community.
 - Competitions where community members can submit ideas/examples of how they prevent/respond to bullying with successful outcomes, and where the submissions are showcased (celebration of pro-social behaviours).
 - Flyers with information regarding what bullying is, how to respond, and where to find support circulated in communities.

- Promoting pro-bullying behaviour through the radio, local newspapers, and social media platforms.
- Community talks to raise awareness about the needs of children with IDs.
- Create awareness through promoting the inclusion and participation of children with IDs and their families in community structures (e.g., the Police Forum).

Responsible Person

- The coordinator, with the support of selected members of the coordinated response team.
- Children with mild to moderate IDs.

Indicators

- Outcome of assessments of awareness.
- List of awareness-raising activities.
- Awareness activities documents.

Monitoring

- Minutes of meetings where progress and challenges are reported.

Evaluation

- Community survey to determine whether the activities were observed, and how it impacted on awareness and behaviour.

Goal 2: Plan an annual conference on bullying

Action

- The coordinated response team to identify:
 - A topic for the annual conference.
 - Time and venue.
 - Speakers to invite.
 - Persons to invite (including all stakeholders, government officials, the Commissioner for Children, and children and parents/guardians).
 - Marketing of the conference.
- Funding to be sourced from potential donors and fund-raising events that could also serve as awareness-raising and marketing of the conference.

Responsible Person

- The coordinator, with the support of selected members of the coordinated response team.

Indicators

- Conference plan, with assigned roles and responsibilities within a timeframe.
- Marketing material.
- Conference programme.
- Attendance register.

Monitoring

- Minutes of pre-determined meetings where progress and challenges are reported.

Evaluation

- Evaluation forms completed by attendees of the conference.

Goal 3: Plan and implement anti-bullying campaigns

Action

- Implement anti-bullying campaigns in schools and community child and youth programmes.
- Form a sub-committee consisting of school coordinators and representatives from child and youth programs within the coordinated response team to plan and execute anti-bullying campaigns.
- Develop a comprehensive strategy for the campaigns, encompassing awareness-raising, pro-social activities, and competitions aimed at rewarding pro-social behaviours among children.
- Market the campaign through various channels, including social media, radio, and community forums.

Responsible Person

- Coordinators at various schools and members representing child and youth programmes on the coordinated response team, with the leader to be elected by the members.

Indicators

- Campaign strategy.

- Events.
- Attendance and participation lists.

Monitoring

- Regular meetings to report on progress and to manage challenges experienced.

Evaluation

- Conduct a community survey to determine whether the campaign was observed, as well as its impact on behaviour and attitudes.

AREA 4: INDIVIDUAL AND FAMILY SERVICES

Goal 1: Provide individual services to the children

Action

- Utilise the network list to ensure diverse and accessible services for children who have experienced or engaged in bullying, as well as those affected as bystanders.
- School social workers to serve as case managers. Their tasks include:
 - Conducting assessments.
 - Planning interventions, including referrals.
 - Providing counselling.
 - Facilitating group work for at-risk children.
 - Mediation and RJ.
 - Monitoring and evaluation.
 - Terminating services upon achieving desired outcomes.

Responsible Person

- School social workers

Indicators

- Number of children who are victims who received services.
- Number of children who are bullies who received services.
- Number of children who are bystanders who received services.
- Number of children referred.
- Number of services concluded.

Monitoring

- School social workers submit reports to the coordinated response team.

Evaluation

- Annual reports are submitted to the coordinated response team detailing the indicators that describe the services provided.

Goal 2: Provide family services

Action

- Upon the report of an incident, the school social worker is to initiate contact with the parents/guardians of the victim, the bully, and the affected bystanders.
- Family services include:
 - Provide informative sessions, guiding parents on supporting their child, including procedures for lodging official complaints.
 - Parental guidance, which includes offering advice on supporting the child and dealing with challenging behaviours.
 - Facilitate counselling services for the affected families.
 - Conduct group sessions for families affected by bullying.
 - Facilitate mediation between the victim, bully, and, if applicable, bystanders.
 - Implement RJ practices to ensure that the victim feels secure, the bully has options to change behaviours, and a no-tolerance stance is taken.
 - Refer families to counselling and/or mediation/restorative sessions at organisations on the network list.
 - Regularly monitor the progress of the case.
 - Conclude services upon achieving desired outcomes.

Responsible Person

- School social workers

Indicators

- Number of interventions to families.
- Number of referrals facilitated.
- Number of termination of services.

Monitoring

- School social workers submit reports to the coordinated response team.

Evaluation

- Annual reports are submitted to the coordinated response team detailing indicators that describe the services provided.

AREA 5: SUPPORT TO SERVICE PROVIDERS

Goal 1: Supporting service providers

Action

- Conduct continuous in-service training for school-based service providers, emphasising skills in working with IDs and their families, as well as strategies for preventing and addressing bullying.
- Encourage service providers to join programmes designed to enhance their well-being.
- Facilitate team-building activities for service providers to enhance collaboration and strengthen professional networks.
- Implement a debriefing system for service providers.
- Ensure that the principal is visible and available to listen to their concerns.
- Establish peer groups and mentors for service providers.

Responsible Person

- School principals and SGBs.

Indicators

- Number of support services provided.
- List of nature of services available to social workers, psychologists, and educators working with children with IDs and children exposed to bullying.

Monitoring

- Minutes of quarterly meetings with service providers, indicating needs and experiences of support provided.

Evaluation

- Conduct an annual survey among service providers to assess their support needs, identify areas of assistance received, and pinpointing additional requirements.

The coordinator of the coordinated response teams monitors and evaluates all the areas, goals, and actions for inclusion in the annual review of the strategic plan, providing guidance for further planning.

7.3 CONCLUSION

The guideline provided in this chapter serve as an evidence-based directive for service providers in the CPS to make informed decisions within a comprehensive framework about appropriate interventions to prevent and respond to the bullying of and among children with IDs. This guideline can be considered advisory statements, based on the findings of this study (WHO, 2003). While specific examples are given, protocols derived from the guideline should further explore context-specific considerations such as 'what', 'when', 'how' and 'by whom' to establish a standardised approach within the CPS (Myburgh, 2008). Importantly, the development of such protocols should continuously incorporate the viewpoints of persons affected by bullying.

The concluding chapter offers a summary, conclusions, and recommendations derived from the insights of this study.



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CHAPTER 8

SUMMARY, CONCLUSIONS & RECOMMENDATIONS

“Ours is a constitutional democracy that is designed to ensure that the voiceless are heard and that even those of us who would, given the choice, have preferred not to entertain the views of the marginalised or the powerless minorities, listen”.

– Chief Justice Mogoeng Mogoeng (Tolsi, 2014, p. 1).

8.1 INTRODUCTION

This study responded to the identified need for research to develop a guideline for a coordinated CPS response to protect children from bullying (cf. UNICEF, 2019). As presented in Chapter 1, three research questions were identified from the research problem:

- 1) What is the nature of bullying of and among children with mild to moderate IDs?
- 2) What formal and informal systems should be included in a coordinated response to address the bullying of and among children with mild to moderate IDs?
- 3) What components for both preventing and responding effectively to the bullying of and among children with mild to moderate IDs should be included within the CPS?

The above questions guided the formulation of three research aims. The first aim sought to explore and describe the nature of bullying of and among children with mild to moderate IDs. The second aim endeavoured to identify formal and informal systems to be included in a coordinated response to address bullying of and among children with IDs. The third and final aim was to identify and operationalise the components for both preventing and responding effectively to the bullying of and among children with mild to moderate IDs to be included in a guideline for the CPS.

The first chapter introduced the research topic, theoretical framework, and preliminary literature review, as well as the research problem, questions, aims and objectives. It concluded with a description of the significance of the study. Chapter 2 provided an in-

depth description of the selected research methodology to achieve the research aims, including a discussion of its application in the study and the ethical considerations guiding the research. Chapter 3 synthesised existing literature on the topic of bullying, focusing on children with mild to moderate IDs. The ensuing chapters – Chapters 4, 5 and 6 – presented the findings. Chapter 4 documented the voices of children with mild to moderate IDs and their parents/guardians; Chapter 5 delved into the perceptions and experiences of their educators; and Chapter 6 captured the final input from key stakeholders. The guideline for a coordinated response to bullying was presented in Chapter 7 as the final outcome of the study.

The current chapter concludes this study by reflecting on the outcomes documented in this dissertation. First, the researcher summarises and draws conclusions focusing on the research methodology and the findings of this study. Second, she makes recommendations for practice, policy development, social work education and training, and further research. The concluding section summarises the researcher's own experiences during the course of this study.

8.2 SUMMARY & CONCLUSIONS

This study was framed within the bio-ecological systems theory (Bronfenbrenner, 1994). This framework refers to a system of reciprocity and interconnectedness between a child and a broad spectrum of contexts that are referred to as “systems”. In this study, it proved to be an effective framework to support the attainment of the research aims, and the researcher's effort to identify and describe those systems to be included in a coordinated CPS response to the bullying of and among children with mild to moderate IDs. Using this theory as a framework for creating the questionnaire and shaping the research questions emphasised the voices of children, their parents/guardians, and educators. This approach guided the formulation of a guideline incorporating various systems aimed at preventing and/or responding to bullying.

To further explore the scope of this study, the researcher reviewed and synthesised existing literature, focusing on 1) bullying in terms of definitions and descriptions of types

of bullying, where bullying occurs, victims of bullying and the bully; 2) bullying of children with mild to moderate IDs; 3) bullying among children with mild to moderate IDs; and 4) the role of the CPS to prevent and respond to bullying. This was used to develop the questionnaire and facilitate a comparison and contrast of the findings from this study with the existing knowledge base.

In the sub-sections that follow, the methodology and findings are summarised, and conclusions are drawn from the summaries.

8.2.1 Summary and Conclusions of the Research Methodology

The research methodology used in this study, which was presented in Chapter 2, was informed by the research problem, which resulted in three research questions that guided the formulation of three research aims. Each aim resulted in objectives that guided the choices of research methods and techniques.

8.2.1.1 Summary

The **interpretive paradigm** provided the researcher with an overall view from which she approached the study (cf. Huitt, 2011). This paradigm supported the researcher to interpret the findings regarding the bullying of and among children with mild to moderate IDs, the systems that could prevent or respond to bullying, and those aspects to be included in a coordinated response within the CPS. Importantly, the paradigm was used to interpret the research findings based on the understanding and lived experiences of persons closely related to the research focus (cf. Bachman & Schutt, 2014; Hammersley, 2013). This paradigm further influenced the research questions and aims to include the social realities of different populations: children with mild to moderate IDs, their parents/guardians, educators within the LSNS, and stakeholders external to the school system (cf. Cohen et al., 2018; Bryman, 2016; Hammersley, 2013).

The **convergent parallel mixed methods approach** to research was followed to guide the collection of qualitative and quantitative data, the analyses of the different sets of data, and the combination of the quantitative and qualitative findings to reach the aims of the study. This approach was chosen within the interpretive paradigm to ensure that

the researcher was able to obtain a variety of viewpoints through more than one method of data collection and sources of data to be able to gain knowledge and understanding of what is needed to prevent and respond to the bullying of and among children with mild to moderate IDs. Through this approach, the qualitative and quantitative data were collected simultaneously to answer the first research question and to address the first research aim. The data sets were analysed separately, and the results were interpreted together to achieve a deeper understanding of the research topic (Cohen et al., 2018; Ngulube & Ngulube, 2015; Creswell, 2014). The second and third research questions and aims made use of qualitative data that built on the findings obtained from the first research aim.

The third research aim was to identify and operationalise the components to be included within the CPS to prevent and respond to the bullying of and among children with IDs. To develop a guideline for a coordinated response, **Rothman and Thomas' (1994) Intervention Design and Development research framework** was chosen as the strategic six-phase framework to guide the research process (Bailey-Dempsey & Reid, 2016). From the convergent parallel mixed methods approach, the phases focused on specific research objectives, which then directed the choice between quantitative or qualitative data collection methods. This framework aided the researcher in designing and developing a guideline, with the piloting and implementation thereof envisaged as components of a subsequent post-doctoral study (cf. Fraser & Galinsky, 2010). Therefore, this study included the first four phases of the Intervention Design and Development research framework to develop a guideline to be included within the CPS (cf. Moss, 2017).

- Phase 1 concentrated on elucidating the study's key concepts, delineating their relevance to the research, conducting a preliminary literature review, and pinpointing the theoretical framework outlined in Chapter 1. During this phase, the researcher cultivated an understanding of the existing knowledge base pertaining to the research topic and identified the research problem and questions.
- Phase 2 entailed an in-depth literature review, as presented in Chapter 3, and a synthesis aimed at identifying elements of successful models within the CPS in the South African context, along with preventative and responsive services targeting

bullying. In this phase, the researcher identified and described a framework of existing services and models, facilitating a comparison and contrast of the findings from the current study.

- Phase 3 was devoted to the initial design of the guideline. Utilising the insights gathered from children, parents/guardians, and educators, as discussed in Chapters 4 and 5 and framed within the bio-ecological systems theory, the researcher fashioned a framework that guided the development of the guideline.
- Phase 4 marked the conclusive stage of this study. During this phase, the researcher created an initial draft of the guideline and subsequently refined it through the input of key stakeholders external to the school system, as detailed in Chapter 6. The ultimate version of the guideline is presented in Chapter 7.

In line with the interpretive paradigm, the researcher included a variety of sources of data. Therefore, four entities who were able to provide answers to the research questions were included in the research **population**, namely: 1) children with mild to moderate IDs; 2) their parents/guardians; 3) educators within the LSNS environment; and 4) key stakeholders external to the school environment. In this study, the **non-probability sampling method** was employed for all entities within the research population. The rationale behind this choice lies in the acknowledgment that certain individuals in the population may not have the opportunity to be selected due to a lack of necessary knowledge or may not be accessible to the researcher (Bless et al., 2013).

To support this method of sampling, the **purposive sampling technique** was used to identify participants from all the entities included in the research population who were (a) well-informed and knowledgeable about bullying, especially the bullying of and among children with IDs; (b) willing and able to participate; (c) representative of a broad range of perspectives related to the research problem; and (d) able to articulate their views and perspectives (Etikan et al., 2016).

The inclusion criteria were: 1) **Children** with mild to moderate ID between the ages of 12 and 18 who were attending LSNSs in the Western Cape who were able to speak English; 2) **Parents/guardians** of children with mild to moderate ID who were attending LSNSs

and have been exposed to bullying in the Western Cape who were able to speak English; 3) **Educators** working with children with mild to moderate IDs within LSNSs in the Western Cape who were able to speak English; 4) Social workers, nurses, psychiatrists, and psychologists working with children with mild to moderate ID and their parents/guardians in the Western Cape who were able to speak English.

The researcher contacted managers at the DoE, DoH, DSD, and four NGOs, providing them with the research proposal, an ethics clearance letter, letters of invitation to participate, information sheets, and the interview guides. Once permission was obtained, she proceeded to contact 10 schools to ask them to provide support to access children, parents/guardians, and educators to participate in the study. It should be noted that only two schools agreed to participate in this study. The researcher furnished the potential participants with information sheets and interview guides, facilitating introductory interviews where they could ask question before signing consent/assent forms. Similarly, key stakeholders external to the school system were contacted individually through the same procedure. Access during this study posed challenges, primarily attributable to the pandemic and the difficulty of coordinating suitable times for all key stakeholders to engage in Delphi interviews within focus groups. Consequently, this extended the duration of the data collection significantly.

From the convergent parallel mixed methods approach, various methods and techniques were used for **data collection** for this study. To answer the first research question and in line with the first aim of the study, a self-developed questionnaire was used to obtain a quantitative description of the nature of bullying from the children participants. To increase the validity of the quantitative findings, the researcher used the same questionnaire for the children participants, and followed the same procedure to introduce the questionnaire at the schools the children attended. The wording of the questionnaires was carefully considered to make sure that the children would be able to understand and answer the closed questions. A pilot study confirmed that the children participants could indeed successfully respond to the questions. Twelve children completed the questionnaires and participated in a semi-structured interview to further describe their experiences of bullying.

Also aimed at the first research question and aim, fifteen parents/guardians of the participating children took part in semi-structured interviews to explore and describe their perceptions and experiences regarding the bullying of and among their children. These interviews also provided insights into what systems and actions, according to the participating parents/guardians, could prevent and respond to bullying.

Focus group interviews with 11 educators focused on the second research question and aim. A semi-structured interview guide, framed within the bio-ecological systems, supported the researcher to explore and describe formal and informal systems to be included in a coordinated response to address the bullying of and among children with mild to moderate IDs.

For the **quantitative data analysis**, the researcher transcribed the information gathered from the questionnaire into an Excel spreadsheet, after which the nominal levels of measurement were converted into statistical and graphical descriptions.

The qualitative data were audio recorded, and field notes were made to document the non-verbal data (Creswell, 2014). The audio recordings were transcribed after the interviews, and the field notes were added to the transcripts (Greeff, 2011). Adhering to the nine steps for **qualitative data analysis** outlined by Schurink et al. (2011), the first three steps involved combining the audio recordings of the interviews and field notes containing non-verbal data into transcriptions. The remaining six steps were undertaken collaboratively by both the researcher and an independent coder to identify themes, sub-themes, and categories. These steps entailed the reading of the transcripts and making notes of main ideas, generating primary themes and patterns, and assigning codes to these. This was followed by the identification of the main themes, sub-themes, and categories. The verbatim data were subsequently organised under the relevant themes, sub-themes, and categories, and compared and contrasted with existing literature. The final step was the presentation of the findings in Chapters 4, 5 and 6.

To answer the third research question, and to attain the final research aim, Delphi focus group interviews with eight stakeholders external to the school system focused on the

identification and operationalising of components to be included in a guideline for the CPS for both preventing and responding effectively to the bullying of and among children with mild to moderate IDs. Three steps were followed: Firstly, the findings obtained during the first two phases of the intervention research process were presented to the stakeholder participants prior to a focus group discussion. In the course of this discussion, crucial components earmarked for inclusion in a coordinated response guideline were identified. Secondly, the researcher applied the same qualitative data analysis framework mentioned earlier to scrutinise the focus group discussion. The findings were then emailed to participants for member checking. Upon their confirmation of the accuracy of the findings, the researcher proceeded to organise the key elements, actions, and goals into a framework for the guideline. Thirdly, the stakeholders were provided with the framework to reach consensus regarding the goals to be included in the guideline. They were also requested to identify the actions, resources, role players, and monitoring tools for each goal.

The **validity and reliability of the quantitative findings** focused on external validity. This was ascertained by ensuring that the questionnaires were grounded in the key concepts of the research. Furthermore, the sample's representativeness of the broader population of children with mild to moderate IDs contributed to the overall evaluation of external validity (cf. Kumar, 2014). *Reliability* was strengthened by employing consistent data collection procedures, formulating questions based on existing literature, and conducting a pilot study to confirm that the participating children could comprehend and respond to the questions effectively (cf. Bryman, 2016; Kumar, 2014).

Data verification of the qualitative findings included the following criteria:

- The *credibility* of the data was determined by non-probability purposive sampling, triangulation of different sources of data and different methods of data collection, member checks, the interview guides and techniques, and methods of data recording and analysis (cf. Schurink et al., 2011).
- *Transferability* was enhanced through an in-depth description of the research methodology in Chapter 2, a theoretical framework to guide the interpretation of the

findings, triangulation of sources of data, and the non-probability purposive sampling technique (cf. Anney, 2014; Schurink et al., 2011).

- *Dependability* was also addressed through an in-depth discussion of the implementation of the research process and methodology (cf. Schurink et al., 2011). The literature control that was conducted to compare and contrast findings with existing literature, along with the systematic methods employed for data collection, recording, and storage, further bolstered the dependability of the data.
- *Confirmability* focused on the neutrality of the findings (cf. Lietz & Zayas, 2010). The interview techniques, transcripts, and field notes to document the data, the systematic framework for data analysis, and literature control (cf. Schurink et al., 2011) ensured that the researcher's own interpretations did not influence the analysis. Member checks provided additional support for confirmability (Anney, 2014).
- *Reflexive practice* played a pivotal role in addressing the credibility and confirmability of the qualitative data (cf. Roller & Lavrakas, 2015). The researcher continuously reflected on the implementation of the research methods and techniques, as well as her own experiences and perceptions that could potentially impact the interpretation of the findings.

The researcher consistently prioritised the rights of the participating children, emphasising a focus on ethical considerations. Ethical practices centred on the prevention and/or limitation of harm, providing debriefing opportunities when necessary, ensuring voluntary participation based on informed consent/assent, safeguarding the anonymity, confidentiality, and privacy of participants, and implementing secure storage and management of data.

8.2.1.2 Conclusions

The choices and execution of the research methodology were detailed in Chapter 2 and summarised above. The researcher drew the following conclusions in this regard:

- The interpretive research paradigm proves suitable when researchers aim to interpret findings gleaned from diverse sources and through multiple methods of data collection, thereby contributing to the knowledge and understanding of a given topic. This paradigm supports the inclusion of the voices of people related to the research

problem, contributing to a range of perspectives and descriptions of lived experiences that inform the findings and conclusions. This paradigm was also suitable to optimally use the theoretical framework of the bio-ecological systems theory. Neuman (2014) explains that the interpretive paradigm considers the interactions between different systems to develop an understanding of the social worlds of the persons related to the focus of the study.

- The convergent parallel mixed methods approach proved to be an effective approach when working within an interpretive paradigm. The researcher was able to choose between methods and techniques for collecting, analysing, and combining both quantitative and qualitative data. Within this approach, both quantitative and qualitative data can be collected simultaneously, analysed independently, and subsequently integrated to generate comprehensive and enriched insights. Notably, this approach assigns equal value to both quantitative and qualitative data.
- The Intervention Design and Development research framework proposed by Rothman and Thomas (1994) is considered a robust framework when the aim of a study is to develop interventions that are based on both existing knowledge and empirical data obtained from the people who will benefit from the interventions. In this study, the full implementation of the six phases was not feasible due to time constraints. However, by focusing on the first four phases, the guideline could be developed, and conclusions and recommendations could be made that may inform the last two phases within a post-doctoral study. This design assisted the researcher to answer the research questions, to attain the research aims, and to address the objectives through a systematic process.
- Non-probability purposive sampling supported both the external validity and credibility of the data. The inclusion criteria carefully considered who in the research population would be best suited to answer the research questions of this particular study.
- The use of both quantitative and qualitative methods of data collection from the children participants proved to support the researcher's efforts to obtain rich data from this group of participants. The completion of the questionnaires prepared the children participants for the qualitative individual interviews and provided them with a safe environment to openly share their experiences and perceptions.

- On the one hand, the individual interviews with the parent/guardian participants proved effective by providing a private and comfortable environment for discussing personal experiences and perceptions without concerns about confidentiality or judgement. On the other hand, the focus group interviews with the educators and the Delphi focus group interviews with stakeholders were also considered effective as they stimulated discussions among peers, yielding rich data.
- The Delphi method provided a structure for the stakeholders to review the findings and actively contribute to the formulation of the guideline. The three phases provided the stakeholders with the necessary time to contemplate the key focus areas of the guideline and how it should be structured.
- The researcher found the qualitative data to be overwhelming, but the structured framework for qualitative data analysis guided her to make sense of the data, finding the main themes, and identifying sub-themes and categories.

The next section presents the summary and conclusion of the research findings.

8.2.2 Summary and Conclusions of the Research Findings

The findings of this study are presented in Chapters 4, 5 and 6 by means of a presentation of the biographical profile of the participants, the verbatim quotations of the participants, and literature to compare and contrast the findings of this study.

8.2.2.1 Summary

Chapter 4 presented the findings related to Objective 1, which sought *to explore and describe the nature of lived experiences of children with mild to moderate IDs who have experienced bullying, and that of their parents/guardians, through a self-developed questionnaire and individual semi-structured interviews*. A total of 12 children and 15 parents participated in this research study. The child participants were able to identify reasons for bullying, where bullying occurs, who bullies, types of bullying, reactions to bullying, and how bullying impacts them. The quantitative findings pointed to the following descriptions of the nature of bullying:

- The locations where bullying occurs include classrooms, school corridors, playgrounds at schools, within the home, public playgrounds, and on public transport outside of the school.
- All of the participants indicated that they have been victims of bullying, while five of the 12 participants reported to have engaged in bullying behaviour.
- The nature of bullying was described by behaviours such as name-calling, social exclusion, physical abuse, and the taking of resources such as food.
- Emotional responses were characterised by feelings of sadness, unhappiness, hurt, and being scared.
- Alarmingly, most of the participants indicated daily incidents of exposure to bullying, including multiple occurrences per day.
- The majority of reported bullying incidents occurred during school breaks on playgrounds, while other instances were noted between classes in corridors, within classrooms, and after school. A minority mentioned bullying incidents occurring before the start of the school day.
- Based on the findings, bullies are predominantly male, fall within the same or older age groups, and are physically larger than the victim.
- The participants indicated that the bully is primarily a single individual. However, 33% of the participants reported experiencing bullying from more than one person.
- The participants identified educators as the primary persons who respond to bullying incidents, followed by parents and friends. Significantly, 8.3% mentioned that instances of bullying go unreported, resulting in no response.
- It should be noted that 16.7% of the participating children reported that they are blamed for being bullied.

The qualitative findings obtained from the participating children supported and elaborated on the above. Additionally, the children participants reported that they engage in bullying behaviour as a response to being bullied and judged based on their ID.

The parents/guardians also shared their experiences and perceptions regarding the types of bullying, their own responses to bullying (i.e., the bullying of and among children with mild to moderate IDs), and their experiences of how their children have been

affected by bullying. Furthermore, they articulated their perspectives on the collaborative efforts needed from formal and informal systems to prevent and address bullying. In summary, they highlighted the following:

- Bullying has been experienced as verbal, emotional, and physical.
- Some participants viewed bullying as normative, suggesting it can be unintentional, while others characterised it as intentional behaviour meant to cause harm.
- Their own responses were characterised by feelings of sadness and a sense of powerlessness, with mention of encountering inadequate support when seeking assistance. Notably, one participant mentioned resorting to filing criminal charges.
- The participating parents/guardians reported witnessing their children experiencing fear, anxiety, and a sense of powerlessness in the face of bullying, which resulted in them not wanting to go to school or reverting to bullying behaviour themselves.
- Informal systems were recognised as valuable, with participating parents/guardians particularly valuing the assistance provided by family members. However, they consistently reported a deficiency of informal systems within the community to complement support for the child, parents/guardians, and the family as a whole.
- They mentioned their children with IDs experiencing stigmatisation and highlighted how it impacts both the children and their families.
- Formal support systems were identified as lacking. The participants pointed out challenges related to the accessibility and availability of resources in previously disadvantaged communities. They particularly mentioned a lack of access to social workers in their communities and within the school system.
- The participating parents/guardians referred to the following aspects that could contribute to the prevention of bullying:
 - Creating spaces to disclose bullying.
 - Collaborative responses through a variety of available services.
 - Support to parents/guardians.
 - Support to children.
 - Raising awareness and training to prevent/address bullying.

Chapter 5 presented the findings related to Objective 2, which sought *to conduct focus groups with educators of children with mild to moderate IDs at LSNSs to identify the*

various systems that are involved in addressing bullying, and to explore and describe the nature of interventions by the various systems. A total of 11 educators participated in this research study.

The participating educators provided descriptions of their experiences and perceptions of bullying in terms of the identification and nature of bullying, and of informal and formal systems that address or could address bullying, including the nature of interventions for both systems. Lastly, they described their viewpoints of what is needed to prevent and address bullying through a collective effort by formal and informal systems. In summary, they highlighted the following:

- The participating educators identified a need to define bullying behaviour, particularly among children with mild to moderate IDs, in order to understand, identify, prevent and respond to bullying effectively. For this to happen, according to the participants, training of different role players is needed.
 - The importance of training for educators, parents/guardians, children, and community members was noted. They pointed out that training is linked to awareness raising, and suggested that, apart from training, campaigns are needed to promote human dignity and the rights of children with IDs.
 - The participants emphasised the importance of including points of referral and clear processes in training.
 - They mentioned that current referral practices, such as completing Form 22, are time-consuming, leading to delays in the referral process.
 - Additionally, concerns were raised about the lack of immediate responses to referrals due to the shortage of social workers.
- The participants described bullying as repetitive behaviour, emphasising that bullying is a form of abuse of children with IDs.
 - They further explained that their position as educators is important as children learn through them, highlighting the need for training on addressing bullying as part of a broader prevention programme.
- The participants observed that bullying affects the entire family as well as the community. They continued to suggest that workshops are needed to educate communities and parents/guardians on bullying.

- An important aspect to consider was identified as the socioeconomic circumstances of parents/guardians that impact on their capacity to assist children exposed to bullying.
 - The participants added that such families are further challenged by a lack of access and availability of formal systems, which confirms the findings obtained from the parents/guardians.
- The importance of community involvement to prevent and respond to bullying was highlighted by the participating educators.
- In terms of community involvement, they asked that stigma and discrimination associated with IDs be addressed by formal systems, confirming the findings obtained from the parents/guardians.
- The participants stressed the need for collaborative action between and within formal and informal systems in seeking solutions.
 - They emphasised that children and their parents/guardians need to be included in processes seeking solutions.
 - They reported that parents/guardians, as well as informal and formal support systems, do engage with the topic of bullying but often work in silos. This accentuated the need for collaboration among these entities.
- The importance of the role of schools was highlighted as a formal system aimed at supporting vulnerable children, with school social workers playing a vital role.
 - The participants mentioned both external social workers and psychologists as points of referral, emphasising school social workers as essential resources to address bullying. However, they also noted a concern about a shortage of such resources, impacting the effectiveness of efforts to prevent and respond to bullying.
 - In terms of school social workers being a resource within the school system, they asked that government provide such resources.
- To prevent bullying, participants suggested creating safe spaces for children to socialise while promoting respect, acceptance, and tolerance.
- As a response to bullying, the participants supported the need for restorative practices to be implemented as it allows for both the bully and the victim to be attended to.

- The participants supported the SBST to ensure a structured form of response.
- They mentioned local police forums as a system to include, especially in terms of victim empowerment.
- Finally, the participating educators acknowledged that they are also affected by bullying and expressed a need for support. They referred to the Code of Conduct for educators, noting that it does not specifically provide them the option of seeking interventions for themselves, and articulated the need for such support.

Chapter 6 was dedicated to Objective 3, which sought *to conduct Delphi interviews with key stakeholders, as identified by the educators, to further identify formal and informal systems that are, or should be, included in a coordinated response to address bullying of among children with mild to moderate IDs, and to explore and describe the nature of interventions that should be implemented by the various systems.* Three psychiatric nurses, a psychiatrist, and four social workers participated in the Delphi interviews. Within the bio-ecological systems theory, the following preventative aspects were highlighted to be included in the guideline:

- *Services in the micro-system:* Within the micro-system, the stakeholders identified 1) parental training to intervene when signs of bullying are observed; 2) the identification of areas where bullying occurs; 3) family support, including parents/guardians, co-parents, siblings, and extended family members; 3) informal programmes for children, focusing on pro-social behaviour; 4) training for educators and social workers to distinguish between challenging behaviour and bullying, and to identify the risk of bullying to prevent escalations; and 5) therapeutic and clinical interventions when risks and vulnerabilities are identified.
- *Services in the meso-system:* The stakeholders included 1) communication structures between the parents/guardians and informal structures to encourage pro-social behaviour; 2) collaboration between schools, parents/guardians, and informal support systems; 3) supporting and including informal structures to identify risks of bullying behaviour and to provide pro-social activities; and 4) community supervision in public spaces.
- *Services in the exo-system:* Emphasis was placed on 1) networking between neighbourhood resources to collaborate in awareness raising activities and to

encourage social inclusion of children with mild to moderate IDs; 2) collaboration among social workers, psychologists, and organisations to develop awareness programmes in communities to work together to prevent bullying; and 2) local government involvement to assess risks in the environment, and to offer support to service providers.

- *Services in the macro-system:* The stakeholders suggested the following: 1) inclusion and involvement of children and their parents/guardians in the development and design of programmes to aide in the creation of positive school climates; 2) additional training for educators to include the prevention of bullying activities in the classroom; 3) schools to develop clear statements on zero tolerance of bullying; 4) accessibility of informal and formal community support services to parents/guardians and their children with mild to moderate IDs; and 5) encouragement of informal and formal structures to develop and implement anti-bullying and pro-social initiatives aimed at the prevention of bullying within communities.
- *Services in the chrono-system:* Aspects to include in this system were described as follows: 1) intersectoral and interdisciplinary forums to strengthen the prevention of bullying; 2) consideration of the socioeconomic challenges of parents/guardians and access to needed support and resources to address these challenges; 3) advocacy and campaigns for the rights of children with IDs and how they are treated within communities; and 4) advocacy for changes in policies within the education, health, and social service professions to ensure these children and their families receive appropriate support.

In terms of response services in the different systems, the participants identified the following:

- *Services in the micro-system:* 1) Train parents/guardians to respond to bullying behaviour, and to support their children who are being bullied; 2) provide training to children to respond effectively when they are being bullied, or when they witness bullying; 3) offer individualised support to children who are victims of bullying and children who bully; 4) provide family strengthening services by community structures; 5) train educators to identify bullying in the school system and to respond

appropriately; and 6) ensure supervision and methods to identify bullying incidents with the school system.

- *Services in the meso-system:* 1) School social workers to coordinate services to victims, bullies, parents/guardians, and bystanders through relevant referrals; 2) networking between informal and formal systems; 3) mediation between the bully and the child being bullied and their parents/guardians with a focus on restorative practices; 4) training for educators and social workers to identify and respond to challenging and bullying behaviour, engaging in restorative practices with the various persons affected; 5) include a focus on human rights and prosocial behaviour in the curriculum; and 6) provide training to dedicated members of the SAPS regarding restorative practices to effectively respond to the bullying of and among children with mild to moderate IDs.
- *Services in the exo-system:* 1) Identify referral pathways to ensure accessibility to individual counselling sessions and restorative practices; and 2) facilitate networking between formal support structures, such as social and mental health service providers, educators, and parents/guardians, to ensure an immediate response to bullying incidents.
- *Services in the macro-system:* 1) Awareness campaigns focusing on politicians, local government, and service providers for children, youth, and families regarding legal frameworks for identifying, referring, and responding to bullying; 2) enhance SBSTs by providing access to networks at the exo level of intervention to ensure seamless referrals; 3) review forms and protocols for reporting and referrals, providing training to educators on the effective use of such forms; and 4) develop processes and protocols within the school system for disclosure incidents of bullying, and the referral of the children involved and their parents/guardians.
- *Services in the chrono-system:* 1) Establish intersectoral and interdisciplinary forums to strengthen responses to bullying; and 2) advocacy for accessibility and availability of formal educational, health, and social services resources to effectively address the bullying of and among children with IDs.

8.2.2.2 Conclusions

The findings were framed in the bio-ecological systems theory. The conclusions, derived from the third aim, identified interventions within various systems that could both prevent and respond to bullying.

- *Micro-system:* In this system, informal systems to protect or respond to bullying should be empowered through the following focus areas:
 - Parental training to identify bullying, understand how bullying behaviour manifests, and respond appropriately to risks of bullying.
 - Training of parents/guardians to respond to bullying behaviour and support their children who are being bullied.
 - This includes managing bullying behaviour.
 - Family support to care for children with mild to moderate IDs, focusing on collaboration between parents, co-parents, siblings, and extended family members.
 - Family strengthening services by community structures to ensure that all the members of the family can identify and respond to bullying.
 - Informal programmes with children with IDs to train them in pro-social engagements with peers.
 - This includes training to children to respond effectively when they are being bullied, or when they witness bullying.
 - Therapeutic/clinical intervention by formal systems when risks and vulnerabilities are identified.
 - This requires that all role players must be aware of referral processes and the accessibility and availability of such systems.
 - Human interventions to provide support to children who are victims of bullying and children who bully.
 - Specialised training to educators and social workers to distinguish between challenging behaviour and bullying. The aim is to identify the risk of bullying and to prevent escalations, including a focus on the implementation of the Children's Act.
 - Training to educators to focus on appropriate responses in the school context and how to make relevant referrals.

- Ensuring supervision and methods to identify bullying incidents with the school system.
 - This requires that areas where bullying takes place are identified and assessed.
- *Meso-system:* Within this system, linkages and direct interactions within the micro-system should be encouraged. This entails the following:
 - Communication structures between parents/guardians and informal structures such as local churches, neighbourhood organisations, and youth groups/programmes to encourage pro-social behaviour among children with mild to moderate IDs, including opportunities for positive peer interactions.
 - Involve these informal structures to have regular (after hour) contact with parents, and to create spaces for children to engage in pro-social activities.
 - Including and empowering facilitators within the systems to identify risks of bullying, and to respond/refer appropriately.
 - Collaboration with informal systems could aim to organise and manage community supervision in open playgrounds where children engage with peers.
 - Collaboration between schools, parents/guardians, and informal support systems to design prevention of bullying/anti-bullying programmes.
 - Within the school system, school social workers to coordinate services to victims, bullies, parents/guardians, and bystanders through relevant referrals.
 - This requires networking between informal and formal systems in the community.
 - Also, within the school system:
 - To include a focus on human rights and pro-social behaviour in the curriculum, including an ethos of respect, consideration, care, and mutual support.
 - To motivate and encourage children to identify areas in the school building and grounds that support the bullying behaviour.
 - To create a culture of zero tolerance for bullying behaviour with a well-defined reporting protocol in place.

- Mediation between the bully and the child being bullied and their parents/guardians with a focus on restorative practices.
 - Training for formal systems (such as social workers, educators, and psychologists) to engage in restorative interventions.
 - Training of dedicated members of the SAPS regarding restorative practices, including training on working with persons with IDs.
 - Mediation to take place in a safe space.
- *Exo-system*: Focusing on interactions between different unrelated systems that affect the prevention and response to bullying includes:
 - Determining the root causes of bullying and identifying locations where bullying occurs.
 - This guides the development of referral pathways to ensure the availability and accessibility of responsive services, as well as the development of preventative strategies.
 - Networking between formal support structures, such as social and mental health service providers and educators, to ensure an immediate response to bullying incidents.
 - Collaborating among social workers, psychologists, and organisations to develop awareness programmes in communities to work together to prevent bullying. Such programmes should focus on
 - bullying,
 - discrimination,
 - stereotyping,
 - violence and crime in the community that support the tolerance of bullying, and
 - how to respond to challenging behaviour among children with IDs.
 - Advocating for local government involvement to assess risks in the environment and provide support to service providers.
 - The abovementioned network to document high-risk incidents to provide information to local government.
- *Macro-system*: Interventions by formal systems to protect or respond to bullying identified in this study include:

- Within the macro-system, schools should:
- Include and involve children and their parents/guardians in the development and design of programmes to contribute to the creation of positive school climates.
- Provide additional training of educators, emphasising knowledge and skills to prevent bullying activities in the classroom and effectively manage children with IDs and their complex needs.
- Align the school safety framework with identified needs and risks contributing to bullying, incorporating these aspects into training programmes.
- Strengthen the overall school programme and monitor its implementation.
- Develop clear statements expressing zero tolerance for bullying, including detailed descriptions of what bullying entails and specifying the consequences for the bully, victim, and bystanders.
- Encourage collaboration between informal structures, such as youth and church groups, and formal structures, such as NGOs, in the development and implementation of anti-bullying and pro-social initiatives aimed at preventing bullying within the community.
- Ensure accessibility of informal and formal community support services in the community for support to parents/guardians and their children with mild to moderate IDs.
- Raise awareness among politicians, local government, and service providers to children, youth, and families regarding legal frameworks that guide their responsibilities and roles in preventing and responding to bullying, and to implement the rights of children with IDs.
 - *Chrono-system*: Understanding the socioeconomic and political factors influencing bullying requires a contextual examination of the historical marginalisation experienced by specific populations in the South African context. It is imperative to consider the following elements within the chrono-system to foster a just and equitable society:
- To contribute to a just and fair society, a coordinated response to bullying should include initiatives that advocate for:

- Accessibility and availability: Ensuring the accessibility and availability of formal educational, health, and social services resources is vital for effectively addressing the bullying of and among children with IDs.
- Protection of Rights: Special attention must be given to safeguarding the rights of children with complex needs.
- Bridging the gap: The removal of the gap between the legal framework and the lived reality through the inclusion of research findings in both policy documents and practice.
- Recognition of the socioeconomic challenges in marginalised communities experienced by parents/guardians should enhance access to needed support and resources to address these challenges, which is integral for tackling issues of inequality and historical disadvantages.
- Attention needs to be given to systemic deprivation, lack of availability and accessibility to services, and inequitable life prospects which contribute to an atmosphere where social challenges such as crime and bullying persist.
- Create intersectoral and interdisciplinary forums to strengthen responses to bullying, guided by the Bill of Rights (RSA, 1996a).
- A framework for implementation and monitoring and evaluation needs to be in place within such forums.
- Collaboration on provincial and national level among those formal systems addressing bullying.

In conclusion, this study underscores that the inclusion of children with IDs who experience bullying, or engage in bullying behaviour, extends beyond their role as research participants. It emphasises the necessity for their active involvement in decisions and interventions that affect them. In essence, they should play an active role in shaping and participating in their own lives.

The conclusions above directed the recommendations that are made in the next section.

8.3 RECOMMENDATIONS

The research problem and the findings of this study accentuated the need for a whole-systems approach to prevent and respond to bullying incidents. The conclusions guided the researcher to identify the recommendations presented in the sub-headings that follow.

8.3.1 Recommendations for Practice

- The researcher recommends that she, with the support of her supervisor, disseminating the findings of this study, along with the developed guideline, to all role players, particularly among the participants in this study.
- It is further recommended that formal networks and collaborations are established to ensure a whole-systems and coordinated response to bullying. Based on the findings of this study, school social workers are best situated to drive this establishment of networks and collaborations. It is therefore also recommended that to develop and implement a coordinated response to bullying of and among children with mild to moderate IDs school, social workers should be employed at all schools.
- The researcher suggests piloting and refining the guideline developed in this study, followed by its dissemination in the broader South African context as an integral part of Phases 5 and 6 within the Intervention Design and Development research framework.

8.3.2 Recommendations for Policy Development

Recommendations for policymakers in the development, implementation, and evaluation of policies include:

- Policymakers should ensure that they have a robust understanding of IDs and bullying, prioritising policies based on the topic of IDs and bullying.
- Children should be included in the development, implementation, and evaluation of policies. This necessitates a political commitment to include children as key role players in any activity that affects them. Given the high significance of children's rights

in the country's legal system, it is imperative to include children with IDs in the policymaking process, ensuring their perspectives are considered and valued.

- The elements proposed in the guidelines should be considered as integral components of policies that guide interventions to address bullying.

8.3.3 Recommendations for Social Work Education and Training

Recommendations for social work education and training include:

- Social work education and training in South Africa should adopt a developmental approach, highlighting the significance of involving client systems in the entire service process—planning, implementation, and evaluation. The focus should be on empowering client systems to actively participate, fostering sustainable change.
- In addressing bullying among children with IDs, the curriculum should integrate learning about policies and legislation related to children, IDs, and bullying. This can be facilitated through various means, such as guest lectures by experts, inviting children with IDs to speak to students about their lived experiences and needs, and research.
- Social work students should be encouraged to critically compare what they have learned from experts, children, and research with existing policies and legislation. This analytical approach can enhance their understanding and application of theoretical concepts in real-world contexts, promoting a more nuanced and informed practice.

8.3.4 Recommendations for Further Research

- To further explore and expand on this research topic, it is recommended that the final two phases of the Intervention Design and Development research framework be conducted as a part of a post-doctoral study, and that the findings be included in the guideline that emanated from this study. In this way, the guideline can be piloted and evaluated to further refine a coordinated response to the bullying of and among children with mild to moderate IDs.
- It is further recommended that the research methodology implemented in this study be replicated to explore the bullying of and among children without IDs. The obtained findings should be compared to enhance comprehension of how children with IDs

could be included in coordinated responses addressing bullying among children overall. Additionally, this approach can help identify specific areas where targeted attention to the needs of children with IDs is essential. Crucially, it is recommended to involve children in research that directly affects them.

- As a final recommendation, there is a need for additional research focused on legal, educational, health, and social services designed to prevent and respond to bullying. This research should delve into the following aspects:
 - Service Provision: Explore the nature of services offered, examining their scope and effectiveness.
 - Monitoring and Evaluation of Services: Investigate the mechanisms employed to monitor and evaluate these services, along with the resulting outcomes.
 - Inclusion of Children: Scrutinise the extent to which children are involved in the planning, implementation, and evaluation of these services.
 - Collaboration among Service Providers: Examine the collaborative efforts among service providers to deliver a comprehensive, whole-systems service.

The findings could provide valuable insights into what works and what does not work to further contribute to addressing the plight of children with mild to moderate IDs who are exposed to bullying.

8.4 CONCLUDING REMARKS

The theoretical framework of this study created a framework for the comprehensive exploration of the research topic, considering all relevant systems influencing children. The employed research methodology played a crucial role in addressing the research questions and achieving the study's aims. Additionally, the effectiveness of incorporating and centralising the voices of children was evident. Consequently, this study made a meaningful contribution to empowering children, ensuring their voices are acknowledged and heard (cf. Tolsi, 2014). The findings not only acknowledged their contributions but also integrated them fully into the guideline that emerged from the study.

It is envisaged that the guideline, as the product of this study, will bring about improvement in the way bullying is approached and ultimately contribute towards the eradication of bullying behaviour. However, this can only be the case when the findings of the study are shared with all role players and stakeholders.

The conclusion of this dissertation is accompanied by a personal reflection. On an individual level, the researcher encountered challenges during the research process, primarily due to the impact of the COVID-19 pandemic. Firstly, she tested positive for the virus on two separate occasions. Secondly, the toll on her health induced fear and anxiety, significantly diminishing her confidence. Thirdly, the isolation brought about by the pandemic cannot be overlooked, as it had a discernible impact on her experiences throughout the course of this study.

Reflecting on the research journey, the researcher recalls the initial lack of confidence and recognises that this unease persisted during the data collection and analysis phases. While this was the reality, nothing quite prepared the researcher for the sheer broadening of her worldview and personal growth. The research process brought about significant changes on various levels in both her personal and professional life. It impacted her perspective on the research topic, reshaped her understanding of research in general, and altered her view of herself as a professional. This heightened insight is deeply appreciated. A heart-warming experience was the profound self-discovery through interviews with the participating children, for whom she will always harbour immense gratitude.

Nothing prepared her for the ongoing lessons she would learn throughout the research process. A key highlight, imbued with a sense of purpose, was the continuous support from her supervisor. The invaluable conversations, guidance, laughter, and genuine interest shown in both her studies and herself as a person played a pivotal role in reaching this point in the study. The researcher recognised and acknowledged that a study of this magnitude demands from a supervisor not only an interest in the topic being studied but, more importantly, an interest in the researcher as a person. Through this

genuine interest, the researcher was able to embrace her experiences and cultivate new insights and knowledge. It was within this collaborative process that the researcher learned the profound value of having someone who genuinely cares about one's work and believes in what one does.

A final thought:

South Africa boasts a robust human rights legislative framework that governs the rights of all children. However, the effectiveness of this legislation hinges on its implementation in a manner that not only recognises but also strengthens children's rights. Without such implementation, the legislative foundation established to safeguard children may risk appearing futile.

“Laws, national and international, are after all, words on paper. They may codify attitudes, but the real results depend on how they are implemented, what is done to follow-up and to reach the ideals”
(Malfrid Grude Flekkøy, quoted in Himes, 1993, p. 7).

The logo of the University of the Western Cape, featuring a stylized classical building with columns and a pediment, positioned above the text "UNIVERSITY of the WESTERN CAPE".

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ANNEXURES

ANNEXURE A: ETHICAL CONSENT



UNIVERSITY of the
WESTERN CAPE



11 June 2020

Mrs CM Blankenberg
Social Work
Faculty of Community and Health Sciences

Ethics Reference Number: HS 20/4/22

Project Title: Guidelines for a coordinated response to bullying of and among children with intellectual disabilities

Approval Period: 10 June 2020 – 10 June 2023

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report by 30 November each year for the duration of the project.

The Committee must be informed of any serious adverse event and/or termination of the study.

A handwritten signature in black ink, appearing to read "Patricia Josias".

*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

**Director: Research Development
University of the Western Cape
Private Bag X 17
Bellville 7535
Republic of South Africa
Tel: +27 21 959 4111
Email: research-ethics@uwc.ac.za**

NHREC Registration Number: HSSREC-130416-049

FROM HOPE TO ACTION THROUGH KNOWLEDGE.

ANNEXURE B: RESEARCH SUMMARY FOR MANAGERS



UNIVERSITY of the
WESTERN CAPE



FACULTY of
COMMUNITY AND
HEALTH SCIENCES
UNIVERSITY of the WESTERN CAPE

DEPARTMENT OF SOCIAL WORK

Facility where you will conduct the research: Alexandra hospital for the Delphi discussion group but will be visiting the special schools where interview will be conducted with children and their parents and teachers; the focus groups with teachers will be conducted.

Research Title: Guidelines for a coordinated response to bullying of and among children with mild to moderate intellectual disabilities

NHRD Number: HS 20/4/22

Supervisor name and contact number: Professor M Van Der Westhuizen Tel: 021 9592851
mvanderwesthuizen@uwc.ac.za

Have you obtained full ethics approval – Yes X

Summary of Research (please make this section easy to read - maximum 250 words)

This proposed study aims to explore and describe the nature of bullying of and among children with mild to moderate intellectual disabilities, and to identify formal and informal systems and components to be included in a coordinated response to develop guidelines for the Child Protection System. Working from an interpretive paradigm, a mixed methods approach will be followed. The intervention research design will be employed, consisting of four integrated phases. Firstly, the nature of bullying will be described through quantitative data obtained from questionnaires and qualitative data obtained from individual interviews with children with mild to moderate intellectual disabilities who have been exposed to bullying and their parents/guardians. Working from the bio-ecological systems theoretical framework, the formal and informal systems that influence the nature of bullying will then be identified through focus groups with educators at Learners with Special Needs Schools (LSNSs) of these children. This will be followed by a

literature control and an analysis of existing guidelines to identify key components to be included in a coordinated response to bullying of and among children with intellectual disabilities. Lastly, key stakeholders will be involved in Delphi Interviews to operationalise these key components. The quantitative data will be presented by a statistical description, while the qualitative data will be exposed to a thematic analysis to identify main themes and sub-themes to be included in the guidelines to be developed in this study. In order to enhance the scientific value of the findings, the external validity and reliability of the quantitative data will receive attention. Ethical considerations will include the avoidance of harm and debriefing, voluntary participation and informed consent/assent, confidentiality, anonymity, privacy and the management of data.

1. *Benefits of the study:*

The benefit(s) of this research is to contribute to the knowledge gap and to deepen understanding of bullying of and among children with intellectual disability. Fundamentally, through this research, to begin to address the gaps and limitations of systems designed to protect children from bullying. I hope that the research will shed light on appropriate interventions for children who are bullied and to help people understand the extent and nature of bullying as experienced by children with ID including how children and those in authority should manage bullying.

2. *Staff involvement:* (Will this add to staff workload? Please be detailed, and include categories of staff)

I will be using the Delphi method for this research study. This involves using professionals in the field of intellectual disability to provide their views, opinions, and perspectives on intellectual disability and bullying. So, permission is needed to have Dr's, Social Workers, Psychiatrists and Nurses from Psychiatric facilities to support this study. Views of healthcare providers will be invaluable and important as they have insight and knowledge on intellectual disability and will assist in drafting future guidelines and potential interventions to address the challenges faced by children who are bullied and who bully others'. Interviews will not be conducted.

3. *Effect on Service Provision-* (will this slow down services?)

This research will not slow down services. Although I plan to conduct all focus groups and Delphi discussions with service providers at Alexandra Hospital, this will be done on a Saturday and not during the week.

4. *Impact on patients.*

No, no patients will be involved.

5. *Requirements: space, equipment, consumables, Lab test, x-rays, etc.*

I am employed at Alexandra hospital and would like to use the recreational hall to conduct the Delphi discussions and focus groups.

6. What date will you be at the facility?

I plan to conduct the focus groups between March 2021 and July 2021 and only once I have approval from the department of Health, Social Development and child protection NGO's. I will not be at the facility during this whole period, but at different times depending on the specific phases of the study.

7. What date can we expect a feedback report on your research?

I expect to have the first round of findings (phase I) by December 2021 and second round (phase II) in March 2022.



ANNEXURE C: PARENTAL/GUARDIAN CONSENT FORM



**UNIVERSITY of the
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COMMUNITY AND
HEALTH SCIENCES**
UNIVERSITY of the WESTERN CAPE

DEPARTMENT OF SOCIAL WORK

Title of Research Project: A coordinated response to bullying of and among children with mild to moderate intellectual disabilities.

The study has been described to me and my child so that he/she understands what he/she has to do, and I consent for my child to participate in the above research. I am happy that any questions myself and my child have asked have been answered. We understand that my child's name will not be used on any form and that he/she may stop participating in the study anytime he/she chooses without giving a reason and that he/she will not be punished in any way for stopping.

I agree that my child may be interviewed

I do not agree for my child to be interviewed.....

I agree that the interview with my child may be audio-recorded

I do not agree for the interview with my child to be audio-recorded.....

Parent's name.....

Parent's signature.....

Date.....

ANNEXURE D: ASSENT FORM



UNIVERSITY of the
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FACULTY of
COMMUNITY AND
HEALTH SCIENCES
UNIVERSITY of the WESTERN CAPE

DEPARTMENT OF SOCIAL WORK

Title of Research Project: A coordinated response to bullying of and among children with mild to moderate intellectual disabilities.

Cheryl described the study to me and also why she asked me to participate. I know I can ask her questions if I am not sure about something. Cheryl has explained to me that I take part because I want to, and that I can stop taking part at any time. I also know that she will make a tape recording so that she can remember what I told her. She will not share this tape recording with other people and she will destroy it when she finished her study. I agree to take part in the research and to talk to Cheryl.

I want to talk to Cheryl about my experience.....

I do not want to talk to Cheryl about my experience.....

I agree to be audio-recorded.....

I do not agree to be audio-recorded.....

Child's signature.....

Witness's signature

Date:.....

ANNEXURE E: CONSENT FORM (EDUCATORS AND STAKEHOLDERS)



UNIVERSITY of the
WESTERN CAPE



FACULTY of
COMMUNITY AND
HEALTH SCIENCES
UNIVERSITY of the WESTERN CAPE

DEPARTMENT OF SOCIAL WORK

Title of Research Project: A coordinated response to bullying of and among children with mild to moderate intellectual disabilities.

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits. I also understand that the interview will be audio-recorded. I have been informed that the audio-recordings will be stored in a safe place and that it will be destroyed five years after the research was completed.

I agree to participate in the interview.....

I do not agree to be interviewed.....

I agree to be audio-recorded.....

I do not agree to be audio-recorded.....

Participant's name.....

Participant's signature.....

Date.....

ANNEXURE F: CONFIDENTIALITY FORM



UNIVERSITY *of the*
WESTERN CAPE



FACULTY *of*
COMMUNITY AND
HEALTH SCIENCES
UNIVERSITY *of the* WESTERN CAPE

DEPARTMENT OF SOCIAL WORK

Title of Research Project: A coordinated response to bullying of and among children with mild to moderate intellectual disabilities.

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits. I understand that confidentiality is dependent on participants' in the Focus Group maintaining confidentiality. I hereby agree to the following: I agree to uphold the confidentiality of the discussions in the focus group by not disclosing the identity of other participants or any aspects of their contributions to members outside of the group. Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study supervisor at the contact e-mail/number above.

I agree to maintain confidentiality of what is being discussed in the focus group.....

Participant's name.....

Participant's signature.....

Date.....

ANNEXURE G: INTERVIEW GUIDE

Children and Parents/guardians: Questionnaire and Interview Guide



Bullying is when someone hurts another person, by kicking that person, saying bad things about that person, pushing that person, and when the person who is hurt then does not know how to protect themselves. It is also important to know why someone hurts someone else so that social workers and teachers can help that person to find other ways to solve problems, rather than hurting someone else.

You will be helping me to understand how you and your parents/guardians think about bullying so that I can learn how to help children who bully or who are being bullied.

The first part is you, and I will not share with other people. The second part is about what you think about bullying. At the end, I will ask you to tell me about when you were bullied or when you bullied another child.

You can write your answers in the blocks next to the questions, or make an X with the answer you want to give. If you are not sure, please ask me and I will then explain to you what to do.

PART A

1. In what grade are you?
2. How old are you?
3. Where do you live?
4. With whom do you live at home?

Mom	Dad
-----	-----
5. Who else lives with you?

Brother/s	Sister/s	Grandparents	Uncle/s	Aunts
-----------	----------	--------------	---------	-------






6. How many brothers and sisters do you have?

1	2	3	4
---	---	---	---
7. Are they older or younger than you?

Older	Younger
-------	---------
8. Do your mom and dad work?

Yes	No
-----	----

9. When you are naughty, what does your mom/dad do to you?

Speak to me	Scold me	Hit me	Take away my toys	Shout at me
				

10. How do you get to school?

Taxi/train	Walk	School bus	Mother/father

11. Do you have many friends at school?

Yes	No
-----	----

12. Have you ever been bullied or bullied another child?

Yes	No
-----	----

PART B

1. Tell me what happened when you were bullied






Types of Bullying:

2. What does the bully do to you?

Pinch	Pull hair	Swear	Kick	Hit	Tell my friends not to	Choke me	Gossip about me	Say bad things to others about me	Call me names	What Else?
-------	-----------	-------	------	-----	------------------------	----------	-----------------	-----------------------------------	---------------	------------

					play with me					

3. How do you feel when you are bullied?

Sad 	Hurt 	Unhappy 	Scared 	Angry 

Where Does the Bullying Take Place?

4. Where are you bullied?

In the classroom	In the toilet	In the play ground	On the stairs	Other

5. When you are bullied, are there teachers present?

Yes	No
-----	----

6. Are there other children present when you are bullied?

• Yes	• No
-------	------

• If yes, what do they do when you are bullied?

Try and stop the bully	Do they watch you being bullied	Do they go and tell the teacher?	Do they spur the bully on to hurt you?

Who are the Bullies

7. Who bullies you?

Friend in same grade	Learner in lower grade	Learner in a higher grade	Girl/boy	Short/tall

8. How often are you bullied?

Every day	More than once a day	Every week

9. Is it the same person who bullies you all the time or a different person?

Same person	Different persons

10. When does the bullying occur?

In the mornings before/after class	During class	During interval	After school

11. Whom do you tell when you are bullied at school?

Parents/mother/father/sibling	friend	teacher	Nobody

12. What do they do when you tell them that you are being bullied?

Speak to the teacher	Blame me	Speak to the bully	Do Nothing

13. Have you ever seen other children being bullied?

Yes	No
-----	----

If yes, what do bullies do to other children?

Pinch	Pull hair	swear	kick	Hit them	Call them names	Push the children	Other

14. What do you do when you see children being bullied?

Tell your teacher	Tell your class- mate	Tell your parents	other

15. Where does the bullying take place?

In the classroom	In the toilet	In the play-ground	On the stairs	Lunch-rooms	Other

16. How often does bullying happen at your school?

Everyday	never	Once a week	More than once a week

17. Do you bully other children?






Yes	No
-----	----

Tell me about when you bullied someone else.

18. Why do you bully other children?

Because they bully me	Because they take my things	Because I want to	I don't know	Because they make me angry	Other

19. How do you feel when you bully other children?

Happy 	Sad 	Annoyed 	Angry 	Popular 

20. Do you think that other children like being bullied?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

Thank you

Semi-structured interviews – parents/guardians

- How would you describe your own experiences and perceptions regarding the bullying of and among children with mild to moderate IDs?
- What informal systems are you aware of that address bullying of and among these children?
 - What type of interventions does each of these systems provide?
- What formal systems are you aware of that address bullying of and among these children?
 - What type of interventions does each of these systems provide?
- What do you think is needed to prevent and address bullying effectively?

Interview Guide for Focus Groups with Educators

- How would you describe your own experiences and perceptions regarding the bullying of and among children with mild to moderate IDs?
- What informal systems are you aware of that address bullying of and among these children?
 - What type of interventions does each of these systems provide?
- What formal systems are you aware of that address bullying of and among these children?
 - What type of interventions does each of these systems provide?
- What do you think is needed to prevent and address bullying effectively?

Interview Guide for Delphi Interviews with Key Stakeholders

1. The researcher will present the identified key elements for preventing and addressing bullying of and among children with mild to moderate IDs as identified in the first three phases of the intervention research to the panel of specialists. The experts will be encouraged to analyse and discuss the key elements. Their discussions will be recorded and analysed.
2. The analysis of the first discussion will be provided to the participants, while they will also be requested to firstly comment on the analysis and secondly to identify operational elements to be included in the guideline. This will be done individually as a preparation for the second group discussion.
3. The group of experts change, add and confirm the analysis of the first group discussion. The participants will then be asked to compile a list of the key elements that have been identified, and to identify the operational elements for each to be included in the guideline.

ANNEXURE H: INFORMATION LETTERS



UNIVERSITY of the
WESTERN CAPE



FACULTY of
COMMUNITY AND
HEALTH SCIENCES
UNIVERSITY of the WESTERN CAPE

DEPARTMENT OF SOCIAL WORK

Title of Research Project: A coordinated response to bullying of and among children with mild to moderate intellectual disabilities.



Project Title: Guidelines for a coordinated response to bullying of and among children with intellectual disabilities



What is this study about?

Hello, my name is Cheryl Blankenberg and I am a social worker. Do you know what a social worker is? Well, a social worker is someone who tries to help people and who wants to make sure that children are protected. This study is about finding out how bullying works so that social workers can help children better. I would like to ask you if you would like to be part of this study, because you know a lot about bullying and you can help me to understand it better.

What will I be asked to do if I agree to participate?

You will be asked to speak to me about bullying. We will meet at your school at a place where you feel most comfortable. When we meet, we will talk for about 30 and 45 minutes. I will firstly

¹ Adapted from Coetzee, O. PhD Thesis. 2016. Caregiving Experiences of South African Mothers of Adults with Intellectual Disability Who Displays Aggression: Clinical Case Studies. PhD Thesis. University of Cape Town: Cape Town.

explain what bullying means, and then I will ask you to tell me what happened when you were bullied or when you bullied other children. Do not worry! You cannot come into trouble. I only want to learn from you.

Would my participation in this study be kept confidential?



I will make sure that no one can identify you. Your name will not be used and what you say will not be shared with anyone else. I will give you a secret name that only my supervisor and I will know. My supervisor helps me and supports me to do this study.

If I write a report or article about this research project, your name will be protected. For example, if I write something down, I will make sure that I destroy the information when I am done with this study

I would like to tape record our conversation so that I cannot forget what you told me. The only people that will have access to these tapes are my supervisor and myself. These tapes will be kept in a locked cupboard and when the research is done, it will be destroyed. You can give me permission to tape our conversation, or you can tell me that I must not use a tape recorder. Then I will write down what you tell me. That decision is your decision to make.

However, we have laws in this country. It is important that you know that if you tell me something that could hurt you or anybody, I must tell somebody so that you or the other person can be protected. I will tell you when this happens and who I will tell.

What are the risks of this research?

Risks are things or situations that could harm or hurt you. When we talk to someone, it can happen that we become sad or upset. I will try my best to that you will not feel sad or upset. But if it happens, I will help you to find someone that can support you.

What are the benefits of this research?



What you tell me may help me and other people who work with children to learn more about bullying. I hope that, in the future, other children might benefit, because I will try to tell the people who protect children how children can be protected from bullying.



Do I have to be in this research and may I stop participating at any time?

The decision to be part of this study is completely your decision. So you can decide at any time to stop. So let us say you agree to speak to me and then, after a while, you decide not to speak to me. That will be fine. Should you feel afraid or uncomfortable, you can tell me at any time that you no longer want to speak to me. I will ask no questions and will not be angry or upset with you. It is your right to decide whether you want to speak to me or not.



What if I have questions?

Before we start talking, you can ask me any question that you might have. You can also ask me questions while we are talking. I am doing this study at the Social Work Department at the University of the Western Cape. You may ask your mom or dad or even your teacher to contact my supervisor if you want her to answer your questions. Her name is Marichen Van der Westhuizen. She can be contacted at mvanderwesthuizen@uwc.ac.za. You can also ask your parents/guardians to talk to her about anything else you want to know about the interview.



Cheryl Blankenberg

INFORMATION SHEET: PARENTAL CONSENT

Project Title: Guidelines for a coordinated response to bullying of and among children with intellectual disabilities

What is this study about?

This is a research project conducted by Cheryl Blankenberg for a Doctor in Social Work degree, under the auspices of the University of the Western Cape. I am requesting you to provide me with permission to invite your child to participate in this research project to develop a better understanding of the problem of bullying. The research goals are:

- To explore and describe the nature of bullying of and among children with mild to moderate intellectual disabilities
- To identify formal and informal systems that should be included in a coordinated response to address bullying of and among children with mild to moderate intellectual disabilities
- To identify and operationalise the components for both preventing and responding effectively to bullying of and among children with mild to moderate intellectual disabilities to be included in a guideline for the Child Protection System

What will my child be asked to do if I agree that he/she may participate?

Your child will be asked to complete a questionnaire that will be in easy language. The questions will focus on your child's experiences regarding what bully is, what types of bullying is known to him/her, his/her understanding of who the bully is, and what the effect of bullying is.

In addition, I will conduct an interview of about 30 minutes with your child where I will ask him/her to tell me about what he/she knows about bullying. I will first give the child a definition of bullying, so that he/she can know what the topic is. I will also assure your child that he/she will not be judged by his/her answers.

Would my child's participation in this study be kept confidential?

The researcher undertakes to protect your child's identity and the nature of his/her contribution. To ensure anonymity, all questionnaires and interviews will be anonymous and will not contain information that may personally identify your child. For coded identifiable information, (1) his/her name will not be included on the transcripts; (2) a code will be placed on the transcript; (3) through

the use of an identification key, the researcher will be able to link his/her transcript to his/her identity; and (4) only the researcher will have access to the identification key.

To ensure your confidentiality, your child's name will not be used and all data collected will be processed by the researcher and kept in a locked filing cabinet. Only identification codes will be used on data forms and password protected computer files will be used. Once the study is completed, the data collected will be destroyed. I will ask you and your child if I can tape record the interviews. The tape recordings will either be cleaned or destroyed after the research is completed. The tape recordings will also be stored in a safe place to which only my supervisor and I will have access.

If I write a report or article about this research project, your child's identity will be protected.

In accordance with legal requirements and/or professional standards, any disclosure of abuse or harm made during the research process by you or any other participant, has to be reported. In this event, I will inform you and your child that I have to break confidentiality to fulfil my legal responsibility to report to the designated authorities.

What are the risks of this research?

All human interactions and talking about self or others carry some amount of risks. I will nevertheless minimise such risks and act promptly to assist your child if he/she s any discomfort, psychological or otherwise during the process of participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help your child personally, but the results may help me learn more about the phenomenon of bullying. I hope that, in the future, other people might benefit from this study through improved understanding of bullying, and that the planning of services will benefit from the guidelines that I plan to develop. The anticipated benefits expected to society from this research includes helping people understand the extent and nature of bullying as experienced by you, your child and others and how bullying should be managed by yourselves and other people in authority.

Do I have to be in this research and may I stop participating at any time?

Your child’s participation in this research is completely voluntary. You may choose not to provide permission, and your child may decide not to take part at all. If you give permission and your child decides to participate in this research, your child may stop participating at any time. If he/she decides not to participate in this study or to stop participating at any time, he/she will not be penalised or lose any benefits to which he/she otherwise qualify. Should he/she feels, at any stage during the research process uncomfortable or afraid to continue, his/her participation will be stopped even though he/she consented. Even though his/her experience and insight are valuable to this research process, I will respect the decision to terminate. Should he/she wishes to terminate participation because he/she feels uncomfortable due to any form of disclosure, I will refer him/her for counselling. If you gave permission for your child to participate in this study and the child refuses or wishes to terminate participation, the child may do so without any repercussions. His or her decision will be respected.

What if I have questions?

This research is being conducted by Cheryl Blankenberg under the auspices of the Social Work Department at the University of the Western Cape. If you have any questions about the research itself, please contact Cheryl Blankenberg at: 0828889221 or at cherylblankenberg@icloud.com.

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 my supervisor: Professor M Van Der Westhuizen at: mvanderwesthuizen@uwc.ac.za

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:

Prof M.A. Van der Westhuizen Department of Social Work: Head of Department Faculty of Community and Health Sciences University of the Western Cape Tel: 021 9593710 Email: mvanderwesthuizen@uwc.ac.za	Prof Anthea Rhoda Dean: Faculty of Community and Health Sciences University of the Western Cape Private Bag X17 Bellville 7535 chs-deansoffice@uwc.ac.za
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This research has been approved by the University of the Western Cape's Humanities and Social Sciences Research Ethics Committee.

Humanities and Social Sciences Research Ethics Committee

University of the Western Cape

Private Bag X17

Bellville 7535

Tel: 021 959 4111

E-mail: research-ethics@uwc.ac.za

REFERENCE NUMBER: HS 20/4/22

Thank you.

Cheryl Blankenberg



INFORMATION SHEET: PARENTS/GUARDIANS

Project Title: Guidelines for a coordinated response to bullying of and among children with intellectual disabilities

What is this study about?

This is a research project conducted by Cheryl Blankenberg for a Doctor in Social Work degree, under the auspices of the University of the Western Cape. I am inviting you to participate in this research project, because you have the knowledge and insight based on your child's exposure to bullying to provide me with the needed information to develop a better understanding of the problem of bullying. The research goals are:

- To explore and describe the nature of bullying of and among children with mild to moderate intellectual disabilities
- To identify formal and informal systems that should be included in a coordinated response to address bullying of and among children with mild to moderate intellectual disabilities
- To identify and operationalise the components for both preventing and responding effectively to bullying of and among children with mild to moderate intellectual disabilities to be included in a guideline for the Child Protection System

What will I be asked to do if I agree to participate?

You will be asked to participate in an individual interview with me. The interviews will take place at your child's school. Each interview will be between 30 and 45 minutes. The questions that we will focus on are:

1. How would you describe the term bullying?
2. What experiences do you have regarding your child being bullied?
3. Have your child engaged in bullying behaviour?
 - a. If so, can you please describe it?
4. How does bullying affect your child's wellbeing?
5. Have you received support regarding addressing bullying?
 - a. If so, please describe this support.
6. What support do you think is needed to prevent and address bullying of and among children with mild to moderate IDs?

Would my participation in this study be kept confidential?

The researcher undertakes to protect your identity and the nature of your contribution. To ensure your anonymity, all interviews will be anonymous and will not contain information that may personally identify you. For coded identifiable information, (1) your name will not be included on the transcripts; (2) a code will be placed on the transcript; (3) through the use of an identification key, the researcher will be able to link your transcript to your identity; and (4) only the researcher will have access to the identification key.

To ensure your confidentiality, your name will not be used and all data collected will be processed by the researcher and kept in a locked filing cabinet. Only identification codes will be used on data forms and password protected computer files will be used. Once the study is completed, the data collected will be destroyed. I will ask you if I can tape record the interviews. The tape recordings will either be cleaned or destroyed after the research is completed. The tape recordings will also be stored in a safe place to which only supervisor and I will have access.

If I write a report or article about this research project, your identity will be protected.

In accordance with legal requirements and/or professional standards, any disclosure of abuse or harm made during the research process by you or any other participant, has to be reported. In this event, I will inform you that I have to break confidentiality to fulfil my legal responsibility to report to the designated authorities.

What are the risks of this research?

All human interactions and talking about self or others carry some amount of risks. I will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help me learn more about the phenomenon of bullying. I hope that, in the future, other people might benefit from this study through improved understanding of bullying, and that the planning of services will benefit from the guidelines that I plan to develop. The anticipated benefits expected to society from this

research includes helping people understand the extent and nature of bullying as experienced by you and others and how bullying should be managed by yourselves and other people in authority.

Do I have to be in this research and may I stop participating at any time?

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 penalised or lose any benefits to which you otherwise qualify. Should you feel, at any stage during the research process uncomfortable or afraid to continue, your participation will be stopped even though you consented. Even though your experience and insight are valuable to this research process, I will respect your decision to terminate. Should you wish to terminate your participation because you feel uncomfortable due to any form of disclosure, I will refer you for counselling. If you gave permission for your child to participate in this study and the child refuses or wishes to terminate participation, the child may do so without any repercussions. His or her decision will be respected.

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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:

Prof M.A. Van der Westhuizen Department of Social Work: Head of Department Faculty of Community and Health Sciences University of the Western Cape Tel: 021 9593710 Email: mvanderwesthuizen@uwc.ac.za	Prof Anthea Rhoda Dean: Faculty of Community and Health Sciences University of the Western Cape Private Bag X17 Bellville 7535 chs-deansoffice@uwc.ac.za
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Humanities and Social Sciences Research Ethics Committee

University of the Western Cape

Private Bag X17

Bellville 7535

Tel: 021 959 4111

e-mail: research-ethics@uwc.ac.za

REFERENCE NUMBER: HS 20/4/22

Thank you.

Cheryl Blankenberg



INFORMATION SHEET: EDUCATORS

Project Title: Guidelines for a coordinated response to bullying of and among children with intellectual disabilities

What is this study about?

This is a research project conducted by Cheryl Blankenberg for a Doctor in Social Work degree, under the auspices of the University of the Western Cape. I am inviting you to participate in this research project, because you have the knowledge, insight and experience to provide me with the needed information to develop a better understanding of the problem of bullying. The research goals are:

- To explore and describe the nature of bullying of and among children with mild to moderate intellectual disabilities
- To identify formal and informal systems that should be included in a coordinated response to address bullying of and among children with mild to moderate intellectual disabilities
- To identify and operationalise the components for both preventing and responding effectively to bullying of and among children with mild to moderate intellectual disabilities to be included in a guideline for the Child Protection System

What will I be asked to do if I agree to participate?

You will be asked to participate in a focus group with me and other educators. The focus group will take place at the Alexandra Hospital. The focus group will approximately 2 hours. The questions that we will focus on are:

- How would you describe your own experiences and perceptions regarding the bullying of and among children with mild to moderate IDs?
- What informal systems are you aware of that address bullying of and among these children?
 - What type of interventions does each of these systems provide?
- What formal systems are you aware of that address bullying of and among these children?
 - What type of interventions does each of these systems provide?
- What do you think is needed to prevent and address bullying effectively?

Would my participation in this study be kept confidential?

The researcher undertakes to protect your identity and the nature of your contribution. To ensure your anonymity, the transcripts from the focus groups will be anonymous and will not contain information that may personally identify you. For coded identifiable information, (1) your name will not be included on the transcripts; (2) a code will be placed on the transcript; (3) through the use of an identification key, the researcher will be able to link your transcript to your identity; and (4) only the researcher will have access to the identification key.

To ensure your confidentiality, your name will not be used and all data collected will be processed by the researcher and kept in a locked filing cabinet. Only identification codes will be used on data forms and password protected computer files will be used. Once the study is completed, the data collected will be destroyed. I will ask you if I can tape record the focus groups. The tape recordings will either be cleaned or destroyed after the research is completed. The tape recordings will also be stored in a safe place to which only my supervisor and I will have access. Confidentiality will further be ensured through signed confidentiality forms by the participants of the focus groups.

If I write a report or article about this research project, your identity will be protected.

In accordance with legal requirements and/or professional standards, any disclosure of abuse or harm made during the research process by you or any other participant, has to be reported. In this event, I will inform you that I have to break confidentiality to fulfil my legal responsibility to report to the designated authorities.

What are the risks of this research?

All human interactions and talking about self or others carry some amount of risks. I will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help me learn more about the phenomenon of bullying. I hope that, in the future, other people might benefit from this study through improved understanding of bullying, and that the planning of services will benefit from the guidelines that I plan to develop. The anticipated benefits expected to society from this research includes helping people understand the extent and nature of bullying as experienced by you and others and how bullying should be managed by yourselves and other people in authority.

Do I have to be in this research and may I stop participating at any time?

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 penalised or lose any benefits to which you otherwise qualify. Should you feel, at any stage during the research process uncomfortable or afraid to continue, your participation will be stopped even though you consented. Even though your experience and insight are valuable to this research process, I will respect your decision to terminate. Should you wish to terminate your participation because you feel uncomfortable due to any form of disclosure, I will refer you for counselling.

What if I have questions?

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<p>Prof M.A. Van der Westhuizen Department of Social Work: Head of Department Faculty of Community and Health Sciences University of the Western Cape Tel: 021 9593710 Email: mvanderwesthuizen@uwc.ac.za</p>	<p>Prof Anthea Rhoda Dean: Faculty of Community and Health Sciences University of the Western Cape Private Bag X17 Bellville 7535 chs-deansoffice@uwc.ac.za</p>
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Humanities and Social Sciences Research Ethics Committee
University of the Western Cape
Private Bag X17
Bellville 7535
Tel: 021 959 4111
e-mail: research-ethics@uwc.ac.za

REFERENCE NUMBER: HS 20/4/22

Thank you.
Cheryl Blankenberg



INFORMATION SHEET: STAKEHOLDERS

Project Title: Guidelines for a coordinated response to bullying of and among children with intellectual disabilities

What is this study about?

This is a research project conducted by Cheryl Blankenberg for a Doctor in Social Work degree, under the auspices of the University of the Western Cape. I am inviting you to participate in this research project, because you have the knowledge and insight to provide me with the needed information to develop a better understanding of the problem of bullying. The research goals are:

- To explore and describe the nature of bullying of and among children with mild to moderate intellectual disabilities
- To identify formal and informal systems that should be included in a coordinated response to address bullying of and among children with mild to moderate intellectual disabilities
- To identify and operationalise the components for both preventing and responding effectively to bullying of and among children with mild to moderate intellectual disabilities to be included in a guideline for the Child Protection System

What will I be asked to do if I agree to participate?

You will be asked to participate in Delphi Interviews through focus group interviews with me. This will entail three separate activities, namely:

- The researcher will present the identified key elements for preventing and addressing bullying of and among children with mild to moderate IDs as identified in the first three phases of the intervention research to the panel of specialists. The specialists will be encouraged to analyse and discuss the key elements. Their discussions will be recorded and analysed.
- The analysis of the first discussion will be provided to the participants, while they will also be requested to firstly comment on the analysis and secondly to identify operational elements to be included in the guideline. This will be done individually as a preparation for the second group discussion.
- The group of specialists change, add and confirm the analysis of the first group discussion. The participants will then be asked to compile a list of the key elements that have been identified, and to identify the operational elements for each to be included in the guideline.

Would my participation in this study be kept confidential?

The researcher undertakes to protect your identity and the nature of your contribution. To ensure your anonymity, the transcripts from the focus groups will be anonymous and will not contain information that may personally identify you. For coded identifiable information, (1) your name will not be included on the transcripts; (2) a code will be placed on the transcript; (3) through the use of an identification key, the researcher will be able to link your transcript to your identity; and (4) only the researcher will have access to the identification key.

To ensure your confidentiality, your name will not be used and all data collected will be processed by the researcher and kept in a locked filing cabinet. Only identification codes will be used on data forms and password protected computer files will be used. Once the study is completed, the data collected will be destroyed. I will ask you if I can tape record the focus groups. The tape recordings will either be cleaned or destroyed after the research is completed. The tape recordings will also be stored in a safe place to which only my supervisor and I will have access. Confidentiality will further be ensured through signed confidentiality forms by the participants of the focus groups.

If I write a report or article about this research project, your identity will be protected.

In accordance with legal requirements and/or professional standards, any disclosure of abuse or harm made during the research process by you or any other participant, has to be reported. In this event, I will inform you that I have to break confidentiality to fulfil my legal responsibility to report to the designated authorities.

What are the risks of this research?

All human interactions and talking about self or others carry some amount of risks. I will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help me learn more about the phenomenon of bullying. I hope that, in the future, other people might benefit from this study through improved understanding of bullying, and that the planning of services will benefit from the guidelines that I plan to develop. The anticipated benefits expected to society from this research includes helping people understand the extent and nature of bullying as experienced by you and others and how bullying should be managed by yourselves and other people in authority.

Do I have to be in this research and may I stop participating at any time?

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 penalised or lose any benefits to which you otherwise qualify. Should you feel, at any stage during the research process uncomfortable or afraid to continue, your participation will be stopped even though you consented. Even though your experience and insight are valuable to this research process, I will respect your decision to terminate. Should you wish to terminate your participation because you feel uncomfortable due to any form of disclosure, I will refer you for counselling. If you gave permission for your child to participate in this study and the child refuses or wishes to terminate participation, the child may do so without any repercussions. His or her decision will be respected.

What if I have questions?

This research is being conducted by Cheryl Blankenberg under the auspices of the Social Work Department at the University of the Western Cape. If you have any questions about the research itself, please contact Cheryl Blankenberg at: 0828889221 or at cherylblankenberg@icloud.com.

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 my supervisor: Professor M Van Der Westhuizen at: mvanderwesthuizen@uwc.ac.za

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:

Prof M.A. Van der Westhuizen Department of Social Work: Head of Department Faculty of Community and Health Sciences University of the Western Cape Tel: 021 9593710 Email: mvanderwesthuizen@uwc.ac.za	Prof Anthea Rhoda Dean: Faculty of Community and Health Sciences University of the Western Cape Private Bag X17 Bellville 7535 chs-deansoffice@uwc.ac.za
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This research has been approved by the University of the Western Cape's Humanities and Social Sciences Research Ethics Committee.

Humanities and Social Sciences Research Ethics Committee
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 Tel: 021 959 4111
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REFERENCE NUMBER: HS 20/4/22

Thank you.
 Cheryl Blankenberg



ANNEXURE I: EDITOR'S LETTER



DR LEE-ANNE ROUX

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19 November 2023

TO WHOM IT MAY CONCERN

RE: LANGUAGE EDITING

This letter serves to confirm that I have edited the thesis titled:

A coordinated response to bullying of and among children with mild to moderate intellectual disabilities within the context of the Child Protection System

By

Cheryl Marion Blankenberg

This certificate does not cover any alterations made subsequent to the editing process.

Please feel free to contact me if you need any further information.

Yours sincerely,

Dr Lee-Anne Roux