

**SPORTS FOR LEARNERS WITH PHYSICAL DISABILITIES IN ORDINARY
SCHOOLS IN THE WESTERN CAPE**

LIEZEL REIMAN



**A thesis submitted in fulfillment of the requirements for the degree of Master of
Science (Physiotherapy) in the Department of Physiotherapy, University of the
Western Cape**

May 2008

Supervisor: Dr P. Struthers

DECLARATION

I hereby declare that “**SPORTS FOR LEARNERS WITH PHYSICAL DISABILITIES IN ORDINARY SCHOOLS IN THE WESTERN CAPE**” is my own work, that it has not been submitted, or part of it, for any degree of examination at any other university, and that all sources I have used or quoted have been indicated and acknowledged by means of complete references.

Liezel Reiman

Signature.....

May 2008



Witness:

.....

DEDICATION

I would like to dedicate this thesis firstly to my husband Emile Wegner, who supported me every step of the way and secondly to my parents Hans and Alta Reiman who taught me that I can achieve anything that I set my mind to, and encouraged me to always do my best.



ACKNOWLEDGEMENTS

Firstly I would like to acknowledge that without my Heavenly Father, Jesus, there is no way that I would have been able to complete this thesis in my own strength. Secondly thank you to the best research assistant, friend and husband in the world, Emile Wegner, for the patience, hours of assistance, love and encouragement that carried me through the last six months. I would like to acknowledge the amazing support, guidance and assistance of my supervisor, Dr Trish Struthers whom went out of her way to assist me in completing this research study. I would like to thank the Western Cape Education Department (WCED) for allowing me to continue with this study and I acknowledge every teacher, principal, learner and parent who participated in this study for their vital and kind contributions. I would also like to thank Mrs E. Götze, Mr W. Cloete and Mr G. Niewoudt for assisting me in piloting the questionnaires. Thank you again to my parents and family who were interested in what I did and supported me throughout. Lastly I would like to say a huge “thank you” to the National Research Foundation who provided funding for this research study and Dr Struthers for organising the funding.

ABSTRACT

In the Western Cape, learners with physical disabilities are accepted into ordinary schools, but they might not been given the same opportunities to participate in sport as they would have in a special school. This was a quantitative, non-experimental, descriptive, cross sectional survey. The aim of this study was to determine the types of sport that are available for the learner with a physical disability in ordinary schools in the Western Cape and what prevents and facilitates participation in sport. The study sample included a) eight conveniently selected special schools, b) seven ordinary schools which were identified by the Western Cape Education Department as ordinary schools that had learners with disabilities attending and c) 31 learners with physical disabilities attending these seven schools. All the learners with physical disabilities that attended the seven ordinary schools were included in the study. The instrument of data collection used in this study was four questionnaires that were compiled based on the literature. Questionnaires were piloted before they were used. The main findings of the study were that not many sports are offered to learners with physical disabilities in ordinary schools in the Western Cape and that no competitive sports are offered specifically for these learners. Only 32% of learners that participated in the study participated in sports and the type of sport that most learners would like to participate in was swimming. Learners with disabilities were integrated into sports and expected to participate in the types of sport that was already offered at the school. Lack of training for teachers and specialised sports coaches, together with lack of financial support was only two of the many barriers to participation in sports that was identified in this study. More staff, financial and therapy support were the main facilitators identified in this study.

TABLE OF CONTENTS

DECLARATION	ii
DEDICATION	iii
ACKNOWLEDGEMENTS	iv
ABSTRACT	v
TABLE OF CONTENTS	vi
LIST OF FIGURES	xiii
LIST OF TABLES	xiv
ABBREVIATIONS	xv



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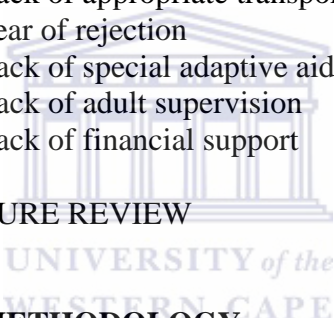
CHAPTER ONE


INTRODUCTION

1.1	INTRODUCTION	1
1.2	BACKGROUND	2
1.3	STATEMENT OF THE PROBLEM	3
1.4	RESEARCH PROBLEM	4
1.5	RESEARCH QUESTION	5
1.6	AIM	5
1.7	OBJECTIVES	5
1.8	DEFINITION OF TERMS	7
1.9	OUTLINE OF SUBSEQUENT CHAPTERS	12

CHAPTER TWO LITERATURE REVIEW

2.1	INTRODUCTION	14
2.2	PREVALENCE OF PERSONS WITH PHYSICAL DISABILITIES	16
2.3	THEORETICAL FRAMEWORK: INCLUSIVE EDUCATION AND HEALTH-PROMOTING SCHOOLS	17
2.3.1	Inclusive education	17
2.3.1.1	Introduction	17
2.3.1.2	Background	18
2.3.1.3	Integration, mainstreaming and inclusion	19
2.3.2	Health promoting schools	21
2.3.2.1	Background	21
2.3.2.2	Europe	22
2.3.2.3	Scotland	22
2.3.2.4	Australia	23
2.3.2.5	United States of America	23
2.3.2.6	South Africa	23
2.4	INCLUSIVE EDUCATION AND SPORT FOR PEOPLE WITH DISABILITIES IN SELECTED COUNTRIES	25
2.4.1	Botswana	25
2.4.2	Zimbabwe	27
2.4.3	Uganda	28
2.4.4	India	29
2.4.5	Israel	32
2.4.6	New Zealand	33
2.4.7	Australia	35
2.4.8	United States of America	37
2.4.9	United Kingdom	39
2.4.10	South Africa	42
2.5	SPORTS FOR PERSONS WITH A PHYSICAL DISABILITY	49
2.5.1	Benefits of participation in sports	49
2.5.1.1	Introduction	49
2.5.1.2	Rehabilitation	49
2.5.1.3	Social integration	49

2.5.1.4	Psychological benefits	50
2.5.1.5	Health benefits	52
2.5.2.	Facilitators to participation in sport	52
2.5.2.1	Organisations	52
2.5.2.2	Financial support	54
2.5.2.3	Attitudes	54
2.5.2.4	Therapy support	55
2.5.3	Perceived barriers to participation in sports	55
2.5.3.1	Inaccessibility of facilities	56
2.5.3.2	Inadequate training for teachers and coaches	56
2.5.3.3	Lack of information on disabled sports	58
2.5.3.4	Lack of opportunities for participation	58
2.5.3.5	Lack of specialised sports coaches	58
2.5.3.6	Lack of appropriate transport	59
2.5.3.7	Fear of rejection	59
2.5.3.8	Lack of special adaptive aids	59
2.5.3.9	Lack of adult supervision	59
2.5.3.10	Lack of financial support	60
2.6	SUMMARY OF LITERATURE REVIEW	60
		
CHAPTER THREE METHODOLOGY		
3.1	INTRODUCTION	62
3.2	STUDY DESIGN	62
3.3	SETTING	63
3.4	STUDY POPULATION	64
3.4.1	Special schools	64
3.4.2	Ordinary schools	64
3.4.3	Learners	66
3.5	INSTRUMENTS	66
3.5.1	Special schools	67
3.5.2	Ordinary schools	67
3.5.3	Learners	68

3.6	TRANSLATION	69
3.7	VALIDITY	69
3.8	RELIABILITY	70
3.9	GENERALISABILITY	71
3.10	PILOT STUDY	71
3.11	PROCEDURE FOR DATA COLLECTION	72
	3.11.1 Special schools	72
	3.11.2 Ordinary schools	72
3.12	ANALYSIS	75
3.13	ETHICAL CONSIDERATIONS	76
		
CHAPTER FOUR	RESULTS	
4.1	INTRODUCTION	77
4.2	QUESTIONNAIRE RETURN RATE	77
4.3	DEMOGRAPHICS OF THE STUDY POPULATIONS	79
4.4	LOCATION OF SCHOOLS	79
4.5	TYPES OF SPORT OFFERED TO LEARNERS WITH PHYSICAL DISABILITIES	80
	4.5.1 Sports offered at special schools	80
	4.5.2 Sports offered at ordinary schools	81
	4.5.3 Other sports offered	82
4.6	LEARNERS WHO ATTENDED A SPECIAL SCHOOL PRIOR TO AN ORDINARY SCHOOL	83
4.7	RESULTS OF PARTICIPATION OF LEARNERS WITH PHYSICAL DISABILITIES	83

4.8	TYPES OF SPORTS LEARNERS WITH PHYSICAL DISABILITIES WOULD LIKE TO PARTICIPATE IN	84
4.9	FACILITATORS TO PARTICIPATION IN SPORTS FOR LEARNERS WITH PHYSICAL DISABILITIES	85
4.9.1	Schools' views on potential facilitators to participation in sport	85
4.9.2	Learners' views on potential facilitators to participation in sport	86
4.10	BARRIERS TO PARTICIPATION IN SPORTS FOR LEARNERS WITH PHYSICAL DISABILITIES	87
4.10.1	Physical barriers to participation in sport	87
4.10.2	Psychological barriers to participation in sport	87
4.10.3	Social barriers to participation in sport	87
4.10.4	Relationship between gender and perceived barriers to participation in sport	88
4.10.5	Relationship between age and perceived barriers to participation in sport	89
4.11	TEACHERS' TRAINING	90
4.12	HEALTH-PROMOTING SCHOOLS IDENTIFICATION	91
4.13	POLICIES IN ORDINARY SCHOOLS	91
4.14	NETWORKING BETWEEN ORDINARY SCHOOLS AND RESOURCE CENTERS OR CLUBS	92
4.15	THERAPY SUPPORT	93
4.16	QUESTIONNAIRE 2 (APPENDIX D)	93

CHAPTER FIVE DISCUSSION

5.1	INTRODUCTION	94
5.2	GEOGRAPHICAL LOCATION OF ORDINARY SCHOOLS	94

5.3	TYPES OF SPORT OFFERED TO LEARNERS WITH PHYSICAL DISABILITIES	95
5.3.1	Special schools	95
5.3.2	Ordinary schools	95
5.4	LEARNERS WITH PHYSICAL DISABILITIES' CURRENT PARTICIPATION IN SPORTS	97
5.5	SPORTS LEARNERS WITH PHYSICAL DISABILITIES WANTED TO PARTICIPATE IN	99
5.6	LEARNERS WHO ATTENDED SPECIAL SCHOOLS PRIOR TO ATTENDING ORDINARY SCHOOLS	93
5.7	FACILITATORS TO PARTICIPATION IN SPORTS FOR LEARNERS WITH PHYSICAL DISABILITIES IN ORDINARY SCHOOLS	100
5.8	BARRIERS TO PARTICIPATION IN SPORTS (FOR LEARNERS WITH PHYSICAL DISABILITIES) IN ORDINARY SCHOOLS	103
5.8.1	Physical barriers	103
5.8.2	Psychological barriers	105
5.8.3	Social barriers	107
5.8.4	The relationship between age and the perceived barriers to participation in sports for learners with physical disabilities	108
5.8.5	The relationship between gender and the perceived barriers to participation in sports	109
5.8.6	Lack of adequately trained teachers	110
5.9	HEALTH-PROMOTING SCHOOLS AND INCLUSION POLICIES	110
 CHAPTER SIX CONCLUSION		
6.1	INTRODUCTION	112
6.2	SUMMARY OF THE MAIN FINDINGS OF THE STUDY	112

6.3	LIMITATIONS	114
6.4	RECOMMENDATIONS	116
6.5	SIGNIFICANCE OF THE STUDY	118
	REFERENCES	120

APPENDICES

Appendix A	QUESTIONNAIRE 1: PRINCIPAL'S QUESTIONNAIRE
Appendix B	TELEPHONIC INTERVIEW SCHEDULE FOR SPECIAL SCHOOLS
Appendix C	QUESTIONNAIRE 3: LEARNERS' QUESTIONNAIRES
Appendix D	QUESTIONNAIRE 2: TEACHERS' QUESTIONNAIRE
Appendix E	FEEDBACK FROM PILOT STUDY
Appendix F	PARTICIPANT INFORMATION SHEET
Appendix G	PARTICIPANT INFORMED CONSENT FORM – PRINCIPAL
Appendix H	PARTICIPANT INFORMED CONSENT AND ASSENT FORM – PARENTS & LEARNERS
Appendix I	HIGHER DEGREES COMMITTEE ETHICAL CLEARANCE
Appendix J	WCED PERMISSION TO CONDUCT STUDY
Appendix K	SUMMARY OF MAIN FINDINGS OF THE STUDY FOR SCHOOLS

LIST OF FIGURES

FIGURE 3.1	Layout of final number of ordinary schools included in study	65
FIGURE 4.1	Final population of learners with physical disabilities included in the study	78
FIGURE 4.2	Types of sport that learners with physical disabilities would like to participate in (N=31)	85
FIGURE 4.3	Schools' views on potential facilitators to participation in sport (N = 7)	86
FIGURE 4.4	Number of ordinary schools that have policies on health and inclusion (N=7)	91



LIST OF TABLES

TABLE 2.1	Summary of developing and developed countries: Policy on inclusion and sport for persons with disabilities	48
TABLE 4.1	Frequency distribution of the age of the learners with physical disabilities (N=31)	79
TABLE 4.2	Distribution of the number of learners with physical disabilities in urban, semi-urban and rural ordinary schools (N=31)	80
TABLE 4.3	Types of sport offered in urban and semi-urban special schools (N=8)	80
TABLE 4.4	Types of sport offered in urban and semi-urban and rural ordinary schools (N=7)	81
TABLE 4.5	The number of special (N=8) schools and ordinary (N=7) schools that offer each type of sport	82
TABLE 4.6	Age and gender distribution of learners (N= 10) with physical disabilities who participated in sports in ordinary schools	83
TABLE 4.7	Frequency distribution of perceived physical, psychological and social barriers to participation in sport for ordinary schools and learners. Schools (N=7), learners (N=31)	88
TABLE 4.8	Differences in girls' and boys' perceptions of barriers to participation in sport. (N=31)	89
TABLE 4.9	Age groups' perceptions with regards to barriers to participation in sport. (N=31)	90

ABBREVIATIONS

AHPSA	Australian Health Promoting Schools Association
APC	Australian Paralympic Committee
DISSA	Disability Sports South Africa
ENHPS	European Network of Health Promoting Schools
ICDS	Inter-Censal Disability Survey
ICF	International Classification of Function, Health and Disability
IEDC	Integrated Education for Disabled Children
IFAPA	International Federation for Adapted Physical Activity
INDS	Integrated National Disability Strategy
ISAD	Israel Sports Association for the Disabled
NCESS	National Committee for Education Support Services
NCSNET	National Commission on Special Needs in Education and Training
OFSTED	Office for Standards in Education
PASSOBO	Paralympics Association of Botswana
PNZ	Paralympics New Zealand
SASAPD	South African Sports Association for Physically Disabled
SEN	Special educational needs
SHPSU	Scottish Health Promoting Schools Unit
SPSS	Statistical Package for the Social Sciences
SRC	Sport and Recreation Commission
UK	United Kingdom
USSASA	United School Sport Association of South Africa

UN	United Nations
UNESCO	United Nations Education Sports and Cultural Organisation
USA	United States of America
VIP	Very Important Player
WCED	Western Cape Education Department
WHO	World Health Organisation

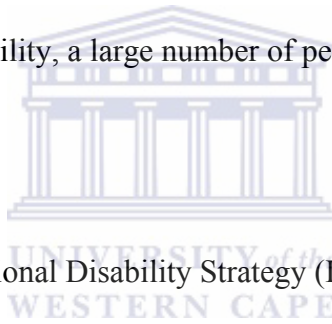


CHAPTER ONE

INTRODUCTION

1.1 INTRODUCTION

Out of a global population of nearly 6 billion people, roughly 300 million have disabilities (South African Statistic Service, 2001). In South Africa alone, 2.2 million people have some form of disability and while this means that 5% of the South African population suffers from some form of disability, a large number of people's lives are also indirectly affected by disability.




According to the Integrated National Disability Strategy (INDS), sport is one of the “vital components in the integration of people with disabilities into society” (Republic of South Africa, 1997, p. 57). Sport is often also an important element in the rehabilitation process of people with disabilities.

Sport at school is vital for the improvement of motor skills and coordination, as well as for the development of social skills, self-esteem and endurance. Therefore it is essential that sport at school level be encouraged (Republic of South Africa, 1997).

1.2 BACKGROUND

In an attempt to correct previous injustices and to start including people from all walks of life into ordinary society, the term inclusion was used extensively in South Africa shortly after the first democratic elections in 1994.

Countries worldwide, including South Africa, Botswana, Uganda, India, Israel, New Zealand, Australia, the United States of America and the United Kingdom, are following the trend towards inclusive education and including learners with special educational needs in the ordinary classroom setting.



In South Africa, leaders from different sectors, including the Department of Education and Department of Health, came together and started working together to bring about new policies. The *Education White Paper 6: Building an inclusive education and training system* (Department of Education, 2001) was introduced, emphasising the right of every learner to attend his or her neighbourhood school.

Children with a variety of disabilities are still being classified as ‘learners with special educational needs (SEN)’. Not only do these learners need special assistance for their educational needs, but also to address their sporting needs.

The benefits of participation in sports for the physical, social and psychological wellbeing of both able-bodied and disabled learners are well known (Chawla, 1994; Huang, 2006;

Kirsten, 2002, 2003; Taub, Blinde & Greer, 1998). Participation in sports improves self-image (Huang & Brittain, 2006; Sport England, 2001; Taub & Greer, 2000; Townsend & Hassall, 2007) and cardiovascular fitness, prevents chronic diseases of lifestyle, increases productivity, facilitates rehabilitation (Chawla, 1994), provides social support and is a vehicle for inclusion (Chawla, 1994; Fisher, Roach & Frey, 2002; Kristen, Patriksson & Fridlund, 2002; Sport England, 2001).

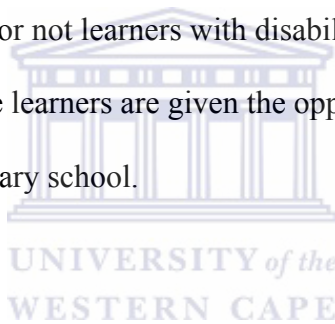
1.3 STATEMENT OF THE PROBLEM

From observation it is clear that learners with SEN are being included into ordinary schools, without the necessary human and other resources in place to provide quality education for these learners. The question is: Are the needs of these children being met in ordinary schools? Are they receiving the health-promoting, stimulating education that was envisioned when the idea of inclusive education first originated? Are these learners physically, mentally and socially included in an environment geared towards their wellbeing?

Organised sports, such as rugby and netball, and physical activity form a vital part in the Life Orientation component of the new curriculum for all schools in South Africa (Department of Education, 2005) and should thus be accessible also to learners with SEN. It is recognised that not all learners with disabilities can, for example, participate in a sport such as rugby, but it is also realistic to propose that learners with disabilities in ordinary schools should have a choice of alternative sports that would meet their specific needs.

Before inclusive education was initiated, nearly 70% of learners with disabilities did not attend school (Republic of South Africa, 1997). Learners with disabilities who did attend school were expected to attend a special school. Learners with disabilities now have the option to attend any ordinary school in their neighbourhood. Opportunities to participate in sport should be given to all learners irrespective of the type of school they attend or their physical disability, otherwise learners cannot be involved in the curriculum (Department of Education, 2001, 2005; Departments of Health, Education and Welfare, 2000).

This study is not about whether or not learners with disabilities should attend ordinary schools, but about whether these learners are given the opportunity to participate in sports if they choose to attend an ordinary school.



1.4 RESEARCH PROBLEM

In the Western Cape, learners with physical disabilities are being accepted into ordinary schools, but they might not have the same opportunities to participate in sports as they would have in a special school.

1.5 RESEARCH QUESTION

What types of sport are available at ordinary schools in the Western Cape, and what restricts or facilitates participation in sports for the learner with a physical disability in ordinary schools in the Western Cape?

1.6 AIM

- 1.6.1. To determine what types of sport are offered to learners with physical disabilities in special and ordinary schools in the Western Cape and what sport they would like to participate in.
- 1.6.2 To determine what restricts or facilitates participation in sport for the learner with a physical disability in ordinary schools in the Western Cape.
- 1.6.3 To determine if schools that identify themselves as health-promoting schools offer a greater variety of sports for learners with physical disabilities.

1.7 OBJECTIVES

- 1.7.1 To determine the types of sport that are available for the learner with a physical disability in special schools in the Western Cape.
- 1.7.2 To determine the types of sport that are available for the learner with a physical disability in ordinary schools in the Western Cape.

- 1.7.3. To compare the types of sport offered at special schools to the types of sport offered at ordinary schools in the Western Cape.
- 1.7.4. To describe, in ordinary schools in the Western Cape, what types of sport learners with physical disabilities:
- 1.7.4.1 participated in, if they were previously attending a special school, while they were attending the special school
 - 1.7.4.2 were participating in, in the ordinary school
 - 1.7.4.3 would like to participate in, taking their impairment into account.
- 1.7.5. To determine whether there is a difference in the participation in sport between the learners who attended a special school before going to an ordinary school and those who never attended a special school.
- 1.7.6. To identify the facilitators to learners with physical disabilities' involvement in sport from the schools' perspective including:
- 1.7.6.1 psychosocial factors,
 - 1.7.6.2 physical environmental factors, and
 - 1.7.6.3 economic factors.
- 1.7.7 To determine whether ordinary schools and/or learners with physical disabilities who participate in sport in ordinary schools receive any therapy support.
- 1.7.8. To identify from both the schools' and the learners' perspectives:
- 1.7.8.1 the physical barriers experienced by learners with physical disabilities to participation in sport,
 - 1.7.8.2 the psychological barriers experienced by learners with physical disabilities to participation in sport, and

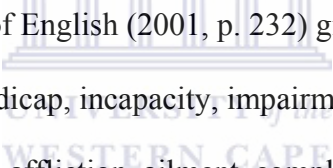
1.7.8.3 the social barriers experienced by learners with physical disabilities to participation in sport.

1.7.9 To determine whether ordinary schools that identify themselves as health-promoting schools offer more types of sport than schools who do not identify themselves as health-promoting schools, to learners with physical disabilities.

1.7.10 To determine whether ordinary schools that have a policy on inclusion offer more types of sport for learners with physical disabilities attending such schools.

1.8 DEFINITION OF TERMS

Disability



Waite in the Oxford Thesaurus of English (2001, p. 232) gives the following as synonyms for disability: “disablement, handicap, incapacity, impairment, infirmity, defect, abnormality, condition, disorder, affliction, ailment, complaint or illness”. Porter in the Dictionary of Physiotherapy (2005, p. 94) defines disability as follows:

“[Disability] can be defined from an individual model (including medical and tragedy models) or a social model. The individual model is dominant and assumes that the difficulties faced by disabled people are a direct result of their individual impairments and loss or lack of functioning. The social model of disability recognizes the social origins of disability in a society geared by and for non-disabled people. The disadvantages or restrictions, often referred to as barriers, permeates every aspect of the physical and social environment. Disability can, therefore, be defined as a form of social oppression.”

The International Classification of Function, Health and Disability (ICF) define disability in terms of impairments, activity limitations and participation restrictions. The ICF (World Health Organization (WHO), 2002) merges the medical and social models of disability and uses the biopsychosocial model. In this model the emphasis is on health and function rather

than disability. It suggests that persons with disabilities are not handicapped by their impairments, but that it is the environment in which they live that influences their level of participation.

“Impairments are problems in body function or structure such as a significant deviation or loss.

Activity Limitations are difficulties an individual may have in executing activities.

Participation Restrictions are problems an individual may experience in involvement in life situations (World Health Organization (WHO), 2002, p. 8).”

Taking the above definitions and synonyms of disability into account, in this study disability will be understood as follows: impairment or loss or lack of normal function, restricting active participation in sports and the social and physical environment.

Inclusion

Inclusion implies a change from an “individual change model” to a “system change model” that emphasises that society has to change to accommodate diversity, i.e. to accommodate all people. This involves a paradigm shift away from the “specialness” of people to the nature of society and its ability to respond to a wide range of individual differences (Republic of South Africa, 1997, p. 84).

Inclusion in sport

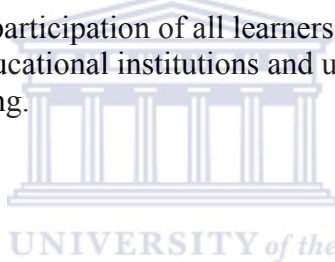
The INDS defines inclusion in terms of sport as:

“The process through which opportunities for people with disabilities are equalised enabling them to become full members of sports society with the same rights and obligations as other sports people (Disability Sport South Africa (DISSA), 2007, para. 12).”

Inclusive education

The *White Paper 6* (Department of Education, 2001, pp. 8, 9) defines inclusive education as:

- Acknowledging that all children and youth can learn and that all children and youth need support.
- Enabling education structures, systems and learning methodologies to meet the needs of all learners.
- Acknowledging and respecting differences in learners, whether due to age, gender, ethnicity, language, class, disability, HIV or other infectious diseases.
- Broader than formal schooling and acknowledging that learning also occurs in the home and community, and within formal and informal settings and structures.
- Changing attitudes, behaviour, teaching methods, curricula and environment to meet the needs of all learners.
- Maximising the participation of all learners in the culture and the curriculum of educational institutions and uncovering and minimising barriers to learning.



Learner

A learner in the context of this study is understood to be a pupil or student (Waite, 2004, p. 548) or any child attending a school.

The *South African Schools Act 84 of 1996* defines learner as:

“[A]ny person receiving education or obliged to receive education in terms of this Act; (Republic of South Africa, 1996a, p. 2).”

Ordinary school

In this study, ordinary schools refer to the usual, normal, standard, typical, common, expected, traditional centres of learning or educational institutes (Waite, 2004, pp. 685, 838). The term mainstream school is sometimes used in the United Kingdom (UK) and the

United States of America (USA) and for the purpose of this study will be used interchangeably with the term ordinary school.

Schools

The *South African Schools Act 84 of 1996* defines schools as:

“[S]chool means a public school or an independent school which enrolls learners in one or more grades between grade zero and grade twelve (Republic of South Africa, 1996a, p. 3).”

Schools in South Africa are being redefined as resource centres (previously special schools), full-service schools (which are given extra support services) and ordinary or mainstream schools (Department of Education, 2001).

Inclusive education will be centred in thirty full-service schools. Full-service schools will be supported by the resource centres, or previous special schools, which form part of the district-based support team (Department of Education, 2001).

Participation

Participation is synonymous to involvement, contribution or association, while to participate is to take part, engage, join or get involved, partake, or share (Waite, 2001, p. 935).

Physical disability

Physical, in the context of physical disability, refers specifically to bodily impairments (Waite, 2004, p. 720). The Oxford Concise Medical Dictionary (Martin, 2000, p. 508)

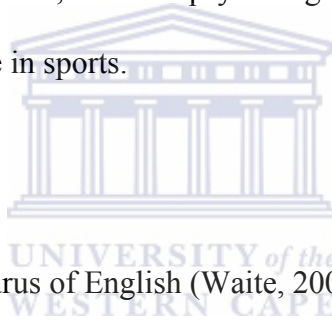
describes it as “(in medicine) relating to the body rather than to the mind”. In this study, visual and hearing impairments are not included in the category physical disability.

Physical disability will only refer to activity restrictions relating to movement.

Special educational needs (SEN)

Children with SEN all have learning difficulties or disabilities that make it harder for them to learn or access education than most children of the same age. These children may need extra or different help from that given to other children of the same age (Fitzgerald & Kay, 2004, p. 11).

The term special educational needs (SEN) is used in this study to refer to learners with disabilities who needs extra physical, social or psychological assistance in order to attend an ordinary school or participate in sports.



Sport

According to the Oxford Thesaurus of English (Waite, 2004, p. 899), sport can be defined as sports, physical recreation, physical activity or physical exercise. For the purpose of this study, sport refers to any form of organised school sport or physical activity which can be competed in at national and international level.

1.9 OUTLINE OF SUBSEQUENT CHAPTERS

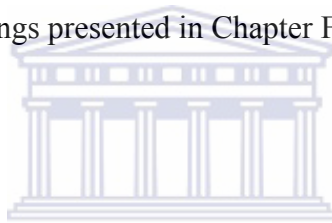
Chapter Two presents a review of literature, sources and methods used in the review of the literature and the ICF. The prevalence of persons with physical disabilities in South Africa is then discussed.

Under the heading “Theoretical framework: Inclusive education and health promoting schools (p.17)”, inclusive education, disability sport and health-promoting schools are presented on both an international and a national level. The current discourse around the terms ‘mainstreaming’, ‘integration’ and ‘inclusion’ is explored. Internationally, the history of inclusive education in Botswana, Zimbabwe, Uganda, India, Israel, New Zealand, USA and the UK is reviewed. The history of inclusive education in South Africa is outlined. The situation regarding sport and inclusion in South Africa is discussed. A discussion of sport for persons with disabilities follows. Finally the benefits of participation in sports, as well as the barriers and facilitators to participation, are discussed.

Chapter Three elaborates on the study design, setting, study population and sample. The instruments of data collection are described followed by a description of the translation of questionnaires. The validity and reliability of the instruments and generalisability of the findings from the study are then discussed. The pilot study and the procedure for data collection are described followed by the method of analysis of the results and the ethical considerations.

Chapter Four presents the results after the data were captured and analysed using the Statistical Package for the Social Sciences (SPSS) 15.0 for Windows. This includes the response rate of questionnaires, demographics of the study sample and types of sport offered to learners with physical disabilities in ordinary and special schools. Data on learners who attended a special school prior to attending an ordinary school, current participation in sports and facilitators and barriers to participation are then presented. Finally information on teachers' training, school policies and therapy support are presented.

Chapter Five discusses the findings presented in Chapter Four and compares these findings to the literature.



The final chapter provides a summary of the study and draws conclusions based on the findings. In addition, it presents the limitations and significance of the study and makes recommendations.

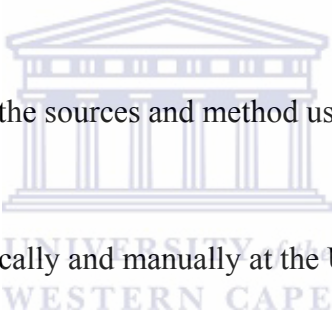
CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This literature review looks at, firstly, the prevalence of persons with disabilities in South Africa and, secondly, the theoretical framework which includes inclusive education, disability sport and health-promoting schools. Thirdly, the benefits, facilitators and barriers with regards to sports for persons with physical disabilities are discussed.

The following section describes the sources and method used in the literature review.



Journals were searched electronically and manually at the University of the Western Cape library. Keywords and phrases used for the search included sport, sports, adapted physical activity, participation, disabled sport, learners, pupils, students, physical disability, disabled, handicapped, impairments, benefits, barriers, facilitators, inclusion, inclusive, inclusive education, inclusion and learners, health-promoting schools, ordinary schools, mainstream schools, South Africa, Botswana, Uganda, Zimbabwe, Australia, New Zealand, India, Israel, UK, and USA. The following terms were combined for searches: sports and disability, sports and disabled, sports and handicapped, sports and impairments, physical activity and disability, physical activity and disabled, physical activity and handicapped, physical activity and impairments, sport and inclusion, and health-promoting schools and sport. Phrases that were used included sports and disability and learners, sports

and disability and pupils, sport and disability and students, adapted physical activity and learners, adapted physical activity and pupils, adapted physical activity and students, inclusion and sport and disability/handicapped/impairments, and barriers and sport and disability/handicapped/impairments. All these bullions were used in combination with the abovementioned countries.

The following databases were searched:

Academic Search Premier, Blackwell Publishing, Cinahl, EbscoHost, Eric, Infotrac, Ingenta, Masterfile, Medline, Pubmed, Sabinet, SA ePublications and Science Direct.

Books and dictionaries were also used for information and definitions.

Multiple Google, Google Scholar and Media24 searches were also done using the abovementioned keywords and phrases.

The following peer-reviewed educational journals were browsed electronically:

1. International Journal of Inclusive Education, 1999-2006.
2. Journal of Research in Special Educational Needs (JORSEN) March 2001-June 2007.
3. South African Journal for Research in Sport, Physical Education and Recreation, 2002-2005.
4. The British Journal of Special Education 2006-2007.

2.2 PREVALENCE OF PERSONS WITH PHYSICAL DISABILITIES

According to the INDS (Republic of South Africa, 1997), in 1990 the prevalence of disability worldwide was 5.2%. Global figures from the United Nations (UN) indicate that only one to two percent of children with disabilities attend school in developing countries (Mittler, 2003). Statistics on disabilities also vary between countries. Developing countries seem to have a much lower percentage of people that are disabled: Botswana, 2.2% (UN, 2007); Uganda, 1.2% (UN, 2007); Zimbabwe, 2% (Inter-Censal Disability Survey (ICDS), 1997); compared to developed countries: Australia, 19% (Beckman, 2006); USA 20% (Busciglio, 2005); New Zealand 20% (UN, 2007). These differences in statistics may be due to different definitions of disability being used in the surveys. Unfortunately these definitions are not usually available when the statistics are presented.

The INDS (Republic of South Africa, 1997) states that there is a serious lack of accurate statistics on the prevalence of disability in South Africa. The reasons given for this include the following (Republic of South Africa, 1997, pp. 5-6):

1. There are different definitions of disability.
2. Different survey technologies are used to collect information.
3. There are negative traditional attitudes towards people with disabilities.
4. There is a poor service infrastructure for people with disabilities in underdeveloped areas.
5. Violence levels (in particular areas at particular times) have impeded the collection of data, affecting the overall picture.

Census 2001 (South African Statistic Service, 2001), indicates that there is an increasing need for statistics on matters relating to disability to support effective policy formation and implementation. This is especially important when considering barriers in the social and

physical environment that lead to the exclusion of people with disabilities. The findings of Census 2001 were the same as the findings of the Central Statistical Service (Republic of South Africa, 1997) which reported that in 1997 approximately 5% of the South African population was disabled. The population described as disabled in the Census 2001 included persons with impairments of sight and hearing, and with physical and mental disability. Second to impairments of sight (32%), the largest percentage of the disabled population (29.6%) were people suffering from physical disabilities. Of the total, 8.2% of people with disabilities resided in the Western Cape. Census 2001 indicated that 22% of all people with disabilities (nationally) were aged 0 to 19. It indicated that 10.5% of children and youth with disabilities did not attend school, 5.2% attended primary school and 3.9% secondary school (South African Statistic Service, 2001).



2.3 THEORETICAL FRAMEWORK: INCLUSIVE EDUCATION AND HEALTH-PROMOTING SCHOOLS

2.3.1 Inclusive education

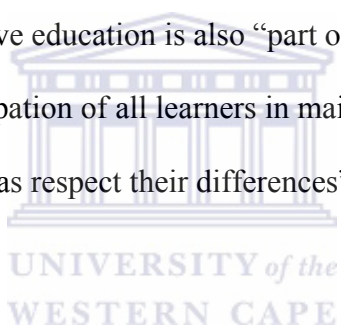
2.3.1.1 Introduction

In this section, there is a brief description of inclusive education and sport for persons with disabilities internationally and in South Africa. The countries where inclusive education and sport for persons with disabilities are described, include developing countries (Botswana, Zimbabwe, Uganda and India) and developed countries (Israel, New Zealand, Australia and the United States of America). Inclusive education and sport for persons with

disabilities in the United Kingdom is described in more detail since South Africa has opted to follow the British model of inclusion.

2.3.1.2 Background

Inclusive education policies have been accepted and adopted by governments internationally over the past two decades. The right to education is a fundamental human right of each child (Armstrong, Armstrong, Lynch & Severin, 2005; Kearney & Kane, 2006; Lomofsky & Lazarus, 2001; Peters, 2007; Republic of South Africa, 1997; Republic of South Africa, 1996a). Inclusive education is also “part of a human rights agenda that is advocating the increased participation of all learners in mainstream schools that will meet the needs of all learners as well as respect their differences” (Brandon & Ncube, 2006, p. 215).



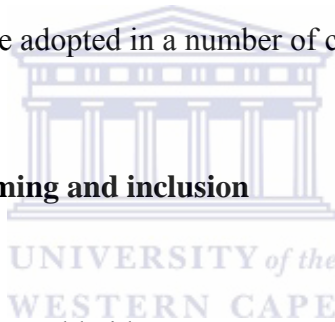
In June 1994, representatives of 92 governments and 25 international organisations came together in Salamanca, Spain where the World Conference on Special Needs Education was organised and held by the United Nations Education Sports and Cultural Organization (UNESCO). At this conference the UNESCO *Salamanca Statement* (UNESCO, 1994) was formulated. In this statement, UNESCO endorses the inclusive schools approach by implementing practical and strategic changes.

The statement called upon all governments to (UNESCO, 1994, p. 9):

- give the “highest policy and budgetary priority” to improving education services so that all children could be included, regardless of differences or difficulties.

- “adopt as a matter of law or policy the principle of inclusive education” and enrol all children in ordinary schools unless there were compelling reasons for doing otherwise.
- develop demonstration projects and encourage exchanges with countries with inclusive schools.
- ensure that organisations of disabled people, along with parents and community bodies, are involved in planning and decision-making.
- put greater effort into pre-school strategies as well as vocational aspects of inclusive education.
- ensure that both initial and in-service teacher training address the provision of inclusive education.

Therefore, all inclusive education schools must ensure that teachers are trained to educate learners with SEN and have policies and finances in place to allow the inclusion of learners with SEN. Following the adoption of the *Salamanca Statement* (UNESCO, 1994), inclusive education policies were adopted in a number of countries worldwide.



2.3.1.3 Integration, mainstreaming and inclusion

Since the 1980s there has been a worldwide movement towards the integration of “special education” into the mainstream education system. The terms inclusion, integration and mainstreaming are often used interchangeably, but do not necessarily have the same meaning. A variety of authors (Department of Education, 2001; Fisher, 2002; Lomofsky & Lazarus, 2001; Singal, 2005) state that integration is a process of preparing a learner for a placement in a mainstream school or adapting the learner to the new environment.

Inclusion on the other hand requires the environment to adapt to meet the learners’ special needs (Brandon & Ncube, 2006).

In the USA the term that was initially used when referring to accommodating children with special needs in an ordinary school, was integration, which changed to mainstreaming over

the years. The term integration was used to indicate the inclusion of learners with disabilities in ordinary schools in the USA, but suggesting that the learner had to adapt to the environment and that the focus was not on adapting the environment to the needs of the learner. The term inclusion, and its meaning of adapting the environment to meet the learner's needs, is now generally used in America (Farrel, 2000; Odom, Vitztum, Wolery, Lieber, Sandall, Hanson, Beckman, Schwartz & Horn, 2004). One problem with integration was that learners with disabilities could attend an ordinary school, but spent the whole time segregated from their peers or in a 'special' class. Farrel (2000) finds this practice of segregation to be inadequate. For learners with disabilities to be truly "included", they should actively and fully participate in all aspects of school life and sport in an ordinary school.



In South Africa, since sport and physical activity make up a part of the Life Orientation curriculum of the Revised National Curriculum Statement, Grades R to 9 (Department of Education, 2005), all learners in the inclusive educational system should have the opportunity to participate in sport. A central component of inclusive education is that the ordinary school should provide an environment where learners with disabilities can participate fully in school life. Sport is considered to be an important part of school life so the definition of inclusion should also include participation in sports (Department of Education, 2005). The term inclusion as opposed to the term integration also supports the argument that the school environment must adapt to the (sporting) needs of learners with disabilities, and not that the learner must adapt to the sports that are already available at the ordinary school. The *Salamanca Statement* emphasises that teachers should be trained to

“address the provision of inclusive education” (UNESCO, 1994, p. 9). The “provision of inclusive education” should therefore also include training teachers in the provision of sports for learners with disabilities.

2.3.2 Health-promoting schools

2.3.2.1. Background

The *Ottawa Charter* (WHO, 1986) is considered the key document worldwide relating to health promotion. This document emerged from the first international conference on health promotion held in Canada. The *Ottawa Charter* provides guidelines to facilitate a shift from a curative model of health services delivery to a preventative and health-promoting model. Internationally increased attention has been given to environmental settings that constrain or facilitate healthy lifestyles. School settings were identified at an international level as one of the key environments to focus on for health promotion (Departments of Health, Education and Welfare, 2000).

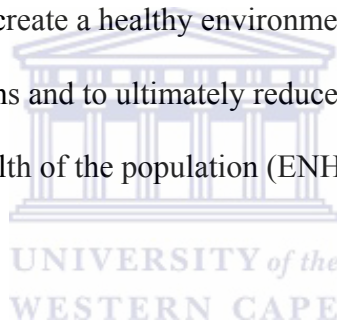
The *Jakarta Declaration* was the outcome of a conference organised by the WHO in 1997. This document evaluated the 11 years following the *Ottawa Charter*. The *Jakarta Declaration* argued that participation of the community in health promotion projects is essential to ensure sustainability and that people affected by interventions should be involved in decision making for health promotion projects to be effective.

The *Jakarta Declaration* promoted the use of a combination of methods, including developing healthy policy, developing healthy environments, developing community relations, developing personal skills and reorientating the health service. It recommended

that health-promoting settings such as schools be developed. Health-promoting schools or sites is a framework created by the WHO, that is implemented in a number of countries worldwide, including in the European Network, Scotland, Australia and the USA.

2.3.2.2 Europe

The European Network of Health Promoting Schools (ENHPS) is a network that promotes and supports health-promoting schools in more than 40 countries in the European Region. The ENHPS is supported by the Council of Europe, the European Commission and the WHO Regional Office for Europe (ENHPS, 2006). The emphasis of the health-promoting school concept in ENHPS is to create a healthy environment in the school for young people to make positive decisions and to ultimately reduce inequities in society and contribute to the health and wealth of the population (ENHPS, 2006).



2.3.2.3 Scotland

The Scottish Health Promoting Schools Unit (SHPSU) was established in 2002 following the Scottish Executive Documents Towards a Healthier Scotland in 2000 and it oversees the health-promoting schools initiative. This unit provides leadership and coordination for all schools in Scotland to reach the target set by the government that all schools in Scotland become health-promoting schools by December 2007. SHPSU also advocates that health-promoting schools policies be incorporated in education and health policy practice. The SHPSU is supported by the National Health Promoting Schools Network which has members all over Scotland (SHPSU, 2006).

2.3.2.4 Australia

The Australian Health Promoting Schools Association (AHPSA) was formed from the Australian Association for Healthy School Communities and the Network for Healthy School Communities in 1994 (AHPSA, 2005).

AHPSA aims to initiate and support health-promoting schools in Australia, consistent with the *Ottawa Charter* for Health Promotion, and advocates participation in school health activities and policy development at a national level. Other aims are to advocate for a comprehensive approach to health issues in schools and to work towards a sustainable health curriculum (AHPSA, 2005).



2.3.2.5 USA

In a School Health Policies and Programs Study done in the USA in 2006, the Center for Disease Control and Prevention found that 91.2% of schools in the USA had a coordinator for physical education, 67.8% of schools had a coordinator for health education, and 93.6% of schools had a person to advise on nutrition services in the school (Department of Health and Human Services (USA), 2007). This data suggest that the USA Education Department recognises the importance of physical education, health education and nutrition services.

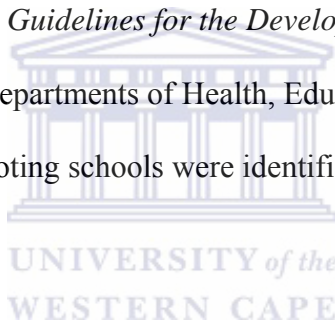
2.3.2.6 South Africa

In 1994, national leaders from the Departments of Health, Welfare and Education made a commitment to develop health-promoting schools in South Africa. The first national conference on health-promoting schools was held at the University of the Western Cape in

1996 (Departments of Health, Education and Welfare, 2000). Since 1996, workshops have been held by the National Department of Health's Health Promotion Directorate to share experiences. In 1999, most of these workshops were centred on the development of national guidelines for the development of health-promoting schools in South Africa.

The aims of the health-promoting school are to create a school environment of health and wellbeing for all, irrespective of race or disability and to progress from a curative medical model to a preventative strategy of providing health-promoting health care (Department of Health, 2000).

According to the *Draft National Guidelines for the Development of Health Promoting Schools/Sites in South Africa* (Departments of Health, Education and Welfare, 2000), five key components of health-promoting schools were identified within the context of the *Ottawa Charter* (WHO, 1986).



- Developing school policies which promote wellbeing
- Creating a safe and supportive teaching and learning environment
- Strengthening community action and participation by building school and community relations
- Promoting personal skills through health and life skills education
- Providing access to and re-orientating education support services: integrated, systematic, preventative, health promotive approach. (Departments of Health, Education and Welfare, 2000, p. 19)

Regarding the key point of developing school policies which promote wellbeing, some of the areas that need to be addressed through school policies include the “Facilitation of coordinated, integrated support services within the school/site in collaboration with district

and other support services” and “Encouragement of physical activities, sport and cultural recreation” (Departments of Health, Education and Welfare, 2000, p. 22).

The Draft National Guidelines for the Development of Health Promoting Schools/Sites in South Africa thus advocates that sport and physical activities be part of health promotion and recommends schools adopt policies which encourage participation in sports (Departments of Health, Education and Welfare, 2000).

The *Draft Guidelines* concludes that research is needed to establish baseline information on the needs and the current situation at learning sites. They continue to state that this baseline information will assist in establishing effective health-promoting schools (Departments of Health, Education and Welfare, 2000).

A study on sports for learners with physical disabilities in ordinary schools in the Western Cape would also assist in providing some baseline information on inclusion and sport policies in selected ordinary schools in the Western Cape.

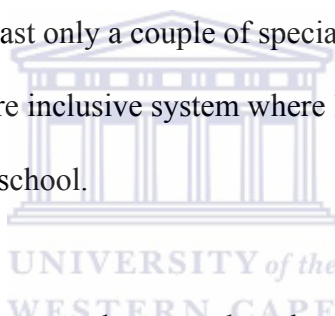
2.4 INCLUSIVE EDUCATION AND SPORT FOR PEOPLE WITH DISABILITIES IN SELECTED COUNTRIES

2.4.1 Botswana

Inclusive education

According to the United Nations statistics division, in the 1991 census in Botswana only 2.2% of the population in Botswana was considered disabled (UN, 2007). The definition used for disability was not stated. In Botswana, inclusive education was implemented by

the government for the first time in 1994. Even though a small number of non-governmental organisations had been providing education for persons with specific disabilities, special education was not endorsed by the government and there were no governmental special schools. In 1969, a centre for children with visual impairments was established by the Dutch Reformed Church, and in the 1970s two schools for learners with various disabilities were established (Brandon & Ncube, 2006). Since the Botswana Revised National Policy on Education was published in 1994, learners with SEN have been integrated into mainstream schools (Dart, 2006). According to Dart (2006), the shift in the education system that has taken place in Botswana over the past decade has been a very gradual one, where in the past only a couple of special schools existed and now there is, in theory at least, a much more inclusive system where learners with disabilities have the option to attend an ordinary school.

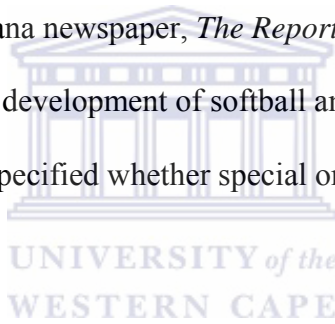


It has been acknowledged in Botswana that even though teachers are the greatest expense in the education system, they are definitely the most powerful resource to impact on the education system. The main focus in inclusive education in Botswana is therefore on training student teachers to accommodate learners with a diversity of SEN in the ordinary classroom (Dart, 2006). This approach is in line with the UNESCO *Salamanca Statement* (UNESCO, 1994), which calls upon all governments to initiate training of teachers to provide inclusive education.

Sport for people with disabilities

Sports for people with disabilities in Botswana are managed by the Paralympics Association of Botswana (PASSOBO). This body (initiated by the Department of Sports and Recreation, the Botswana Council of the Disabled and other stakeholders) came in to being in 2000. The creation of this body was the result of the realisation that there were few if any sports for persons with disabilities in Botswana (Botswana National Sports Council, 2005).

A lack of resources seems to hamper the development of sports in all schools in Botswana. An article published in a Botswana newspaper, *The Reporter*, in October 2007, reported that lack of equipment stalls the development of softball and other sports in schools (Mokganedi, 2007). It was not specified whether special or ordinary schools were being referred to.



2.4.2 Zimbabwe

Inclusive education

In 2000, Zimbabwe had an estimated population of 11.3 million people, of which 1.5 million (13%) was reported as disabled (Rutsate, 2006). However, in 1997 the ICDS found that the number of people with disabilities in Zimbabwe made up about 2% of the total population. The reason for this discrepancy is not clear, but there might either be a difference in the two surveys' definition of disability or there could be a destigmatisation of disability and more people are willing to report disabilities.

In 1999, Zimbabwe did not follow an inclusive approach to education and had 24 special schools and 154 resource units (Rutsate, 2006). According to Mpofu (2004), Zimbabwe has no legislation for inclusive education, but government policies demand access to basic education for all learners, regardless of race or disability. Learners with disabilities are included in ordinary schools but no special provision is made to educate learners with SEN or to facilitate their participation in sports (Mpofu, 2004).

Sport for people with disabilities

All types of sport in Zimbabwe are governed by the Ministry of Education, Sport and Culture and are coordinated by the Sport and Recreation Commission (SRC). The SRC links athletes, other sports associations in Zimbabwe as well as the Zimbabwe Olympic Committee. Zimbabwe participates in the Paralympics (Rutsate, 2006) and a team of 30 athletes will participate in the Paralympics in Beijing in 2008 (Matiza, 2007).

Other than athletes with disabilities participating on an international level, no information could be found on what sports are available to learners with disabilities in schools in Zimbabwe.

2.4.3 Uganda

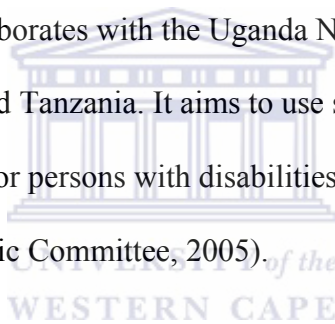
Inclusive education

Based on the 1991 census, the statistics on disability in Uganda indicate that 1.2% of the population is disabled (United Nations Statistics Division, 2007).

In Uganda the government regards education for all its citizens as a human right and promotes inclusive education for all (Kristensen et al., 2006). However, the need for special schools in Uganda to support learners with severe disabilities is recognised and special schools are utilised. But there are learners with disabilities in Uganda who are being included in ordinary schools (Kristensen et al., 2006).

Sport for people with disabilities

The Uganda National Paralympic Committee organises sports for the disabled in Uganda. Uganda also participates in the Paralympics. The Healthy Paralympians Project, which commenced in early 2005, collaborates with the Uganda National Paralympic Committee and runs in Uganda, Rwanda and Tanzania. It aims to use sport as a tool to raise awareness of the health benefits of sports for persons with disabilities, especially amongst female athletes (International Paralympic Committee, 2005).



In Uganda, 30% of the grants given to primary schools to facilitate inclusion are for sports and extra-curricular activities that would assist in inclusion of learners with disabilities (Omager-Loican, Atim, Okot, Kembabazi, & Eron, 2001).

2.4.4 India

Inclusive education

Approximately 2% (21.9 million people) of the population in India is disabled (Census India, 2001).

Special schools in India emerged in 1883 when the first school for persons with hearing impairments was set up in Bombay. A school for persons with visual impairments followed in 1887. In 2003 there were 3 200 special schools in India. The concept of integrated or inclusive education emerged in the mid-1950s. The first experiments with integrated education were started by the Royal Commonwealth Society for the Blind and the Christopher Blind Mission. In 1971, the Indian Government launched the Integrated Education for Disabled Children (IEDC) scheme. The aim of the IEDC scheme was to provide children with special needs with educational opportunities in ordinary schools, to retain these learners with disabilities in the school system and to place learners from special schools in ordinary schools (Chadha, 2003).

The notion of inclusive education in India started after the publication in the UK of the Warnock report in 1978 (Singal, 2005). In the period from the beginning of 1981 to the present, Mani was the first person who advocated for inclusive education or as he called it “dual-education” in India. He proposed a system where teachers should be rewarded for teaching learners with disabilities in an ordinary classroom.

Inclusion in India started following international trends. The literature that is available on this topic in India reflects that even though the term “inclusion” is accepted and popular, the child with a disability is still expected to change or prepare himself or herself to be included in an ordinary school, and therefore inclusion in India cannot be viewed as true inclusion (Singal, 2005).

The *Salamanca Statement* (UNESCO, 1994), together with *The Delhi Declaration on Education for All* in 1994, at the regional level, and the Persons with Disabilities Act, 1995 (Ministry of Law, Justice and Company Affairs, 1996), at the national level, are regarded as important documents, which led to the introduction of inclusive education in India (Singal, 2005). However, Singal (2005) concludes that research in the field of inclusive education in India is only emerging and that empirical research is difficult to obtain.

Sport for people with disabilities

In the Indian Draft Comprehensive Sports Policy, the Ministry of Youth Affairs and Sports (2007) recognises there are limited opportunities for persons with disabilities to participate in sports and that they have hardly any access to sporting facilities. It states that “most of the sports infrastructure is not disabled friendly” (Ministry of Youth Affairs and Sports: India, 2007, p. 21). Furthermore, in the Indian Draft Comprehensive Sports Policy (Ministry of Youth Affairs and Sports, 2007), the Indian government commits itself to making special efforts to promote sports among persons with disabilities, raise awareness and remove barriers to access to improve participation. Special attention is to be given to sports such as wheelchair tennis, curling, fencing, basketball, rugby, baseball, blind cricket and blind golf. The International Federation for Adapted Physical Activity (IFAPA), together with the National Resource Center for Inclusion and The Spastic Society of India, have tried to raise awareness of sport for persons with disabilities through a workshop. The workshop focused on the importance and application of adapted physical activities for the person with a disability (IFAPA, 2006).

2.4.5 Israel

Inclusive education

In 2005, 10% of the population of 7 million people in Israel was considered as having a disability. Disability was classified into anatomical, physiological and mental disabilities (Shved, 2005).

For the past 30 to 40 years, inclusion of learners with disabilities in ordinary schools has been practiced on a voluntary basis in Israel. Legislation promoting special education, which was passed in 1988, proposed that learners with disabilities should be included in ordinary classrooms as far as possible. Subsequently a policy was introduced called the *Plan for Inclusion*. This plan to promote inclusion started in 1996 and was finally implemented in schools all over Israel in 2000 (Avisar, 2003).

The most important findings from the study by Avisar (2003) on inclusion in Israel were that most schools in Israel support inclusive practices, that a variety of models of inclusion are implemented, and that special schools still function. Some of the problem areas identified in this study were related to training and attitudes of teachers teaching learners with special educational needs. Teachers tended to support the idea of inclusion but felt that they were not adequately trained. They also found it tedious to teach learners with disabilities in an ordinary classroom setting (Avisar, 2003).

Sport for people with disabilities

Israel was one of the 23 countries who competed in the first Paralympics in Rome in 1960 and it hosted the Paralympic Games in 1968.

Sports for persons with disabilities are mainly organised by the Israel Sports Association for the Disabled (ISAD). This association offers a variety of opportunities to participate in disabled sports, including tennis, badminton, basketball, table tennis, volleyball, blind goalball, archery, sailing, swimming, riding and shooting (Shved, 2005).

In the ISAD's "Hothouse" project learners with disabilities are identified at a young age and receive sports training throughout their school career. Even though learners with disabilities are accepted in ordinary schools in Israel, adapted physical activity is not part of the curriculum and learners with disabilities are not included in sports in ordinary schools (Shved, 2005).

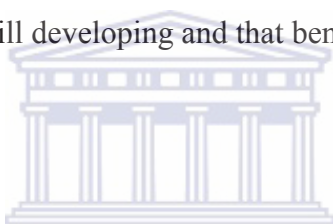
2.4.6 New Zealand

Inclusive education

Twenty percent of the population of New Zealand was considered as disabled in a survey done in 1996 (UN, 2007).

New Zealand has had legislation protecting the right of learners with disabilities to enrol in the school of their choice since 1990. However, it was only in 1996 that a policy, designed specifically to meet the needs of learners with special educational needs, was introduced.

While the aim of this policy was to create an inclusive education system, the term inclusion was never defined and it was not clear what the practical implications of inclusion were or what it entailed. The next policy that was designed to bring about inclusion in education in New Zealand was *The New Zealand Disability Strategy* in 2001. The Minister for Disability Issues described it as “a long-term plan for changing New Zealand from a disabling to an inclusive society” and continued to say that “New Zealand will be an inclusive society when people with impairments can say they live in a society that highly values our lives and continually enhances our full participation” (Minister for Disability Issues, 2001, p. 7). Kearney and Kane (2006, p. 213) conclude that *The New Zealand Disability Strategy* is still developing and that benefits of the *Strategy* have yet to be seen.



Sport for people with disabilities

A study done by Hanrahan (1991) found that 98% of the learners with disabilities attending ordinary schools in Dunedin in New Zealand participated in physical education activities.

Paralympics New Zealand (PNZ) is a national sports organisation that develops and organises sport for persons with disabilities in New Zealand. It aims to:

- “Facilitate the integration of people with disabilities into mainstream sport
- Implement an international classification system
- Provide opportunities for elite athletes to compete in international competition
- Develop sport from the ‘grass roots’ level” (PNZ, 2004, p. 3).

A wide variety of sports are offered to persons with disabilities in New Zealand. Sports include: archery, athletics (track), athletics (field), standing basketball, wheelchair

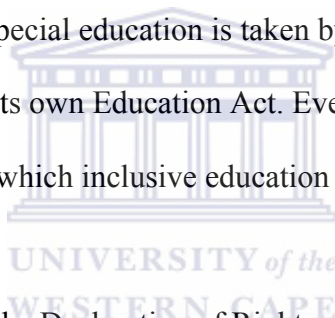
basketball, boccia, cycling, equestrian sport, wheelchair fencing, goalball, judo, lawn bowls, power lifting, wheelchair rugby, shooting, soccer, swimming, table tennis, wheelchair tennis and sailing (PNZ, 2004).

2.4.7 Australia

Inclusive education

Of the projected population of nearly 20.4 million people in Australia in August 2005, 19% are disabled (Beckman, 2006).

In Australia, responsibility for special education is taken by states and territories. Each state or territorial authority has its own Education Act. Even though legislation is similar a variation exists in the degree to which inclusive education is supported and promoted.



According to Beckman (2006), the Declaration of Rights of Disabled Persons by the United Nations in 1974 and celebration of the International Year of Disabled Persons in 1981 heralded the arrival of the social model of disability in Australia. The social model of disability advocates that disability is not a restriction in itself, but that it is the environment that restricts the person with a disability.

Over the last hundred years substantial changes have taken place in education for learners with disabilities. Initially learners with disabilities were either taught in segregated special schools or 'hospital' schools. In Australia, the notion of inclusive education originated in the 70s, but not many learners with disabilities were included in ordinary schools (Forlin,

2004). Segregated special schools, education support centres that are on the same campus as regular schools and special education classes within regular schools still exist in most states (Forlin, 2004). By the 1980s the integration of learners with disabilities in ordinary schools were encouraged in all states (Beckman, 2006). In recent times, the number of learners who are catered for in ordinary schools in Australia is on the increase (Forlin, 2004).

Sport for people with disabilities

Legislation regarding disabled sport in Australia is overseen by the federal government and the federal government also governs the Australian Sports Commission, under whose control the Disability Sport Unit operates (Beckman, 2006).

Australia was one of the countries who participated in the first Paralympics in 1960. The Australian Paralympic Committee (APC) has teams who compete in all paralympic sports and paralympic preparation programmes in all sports. These programmes divide elite athletes with disabilities into Level 1, 2 and 3. A Level 1 athlete is fully funded to attend any APC sanctioned event, while Level 2 athletes are 50% funded for any of these events. Level 3 athletes are invited to all events but do not receive any funding. Athletes are awarded levels according to performances. All athletes who stand a chance to win a medal and any athlete representing Australia in the starting line-up of a team sport in the Paralympics qualify for Level 1 funding (Beckman, 2006). Beckman (2006) also notes that although athletes with disabilities receive the same financial support as their able-bodied

peers in Australia, hardly any publicity or recognition is given to disabled athletes in the media.

2.4.8 United States of America (USA)

Inclusive education

Approximately 20% of all persons living in the USA have a disability (Busciglio, 2005).

Special education was started in the late 1970s in the USA, but learners with disabilities were taught in special schools, segregated from their peers. In the mid 1980s, advocates and organisations for persons with disabilities asked for the inclusion of learners with disabilities in regular classrooms, hoping this would improve the academic performance of these learners. In the early 1990s, the term inclusion was introduced and this not only initiated admitting learners with disabilities to ordinary schools, but also incorporating them as part of school-life in every aspect (Fisher, Roach & Frey, 2002).

In 1991 it became law in the USA that all public schools provide free preschool education to learners with disabilities aged three to five (Odom et al., 2004). Odom et al. (2004) note that inclusion in the preschool setting in the USA has led to positive behavioural and developmental outcomes for preschool children with and without disabilities.

Inclusion at a preschool level in the USA presents a different picture to that of middle- or secondary school level (Odom et al., 2004). Learners with disabilities are included much more in everyday activities in preschool compared to middle- or secondary school level.

As they grow older, learners without disabilities become less tolerant of learners with disabilities and they are included less often. Odom et al. (2004) attributes this to the American context where the pressures to achieve and achievement testing have not filtered through to the preschool level. It is therefore less likely that children with disabilities will feel that they are underachieving compared to their peers. In addition, younger children are also more open to diverse social relations than older children.

Sport for people with disabilities

Disability Sports USA is the main sports organisation in the USA and was founded by disabled Vietnam War Veterans in 1967. Persons living with disabilities have a very wide range of opportunities to participate in sports and recreational activities in the USA. Sports range from wheelchair tennis to dance, and ultimately there is also the opportunity to participate in the Paralympics (Busciglio, 2005).

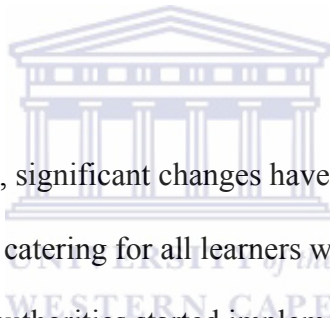
The American Youth Soccer Organization has a special programme called the Very Important Player (VIP) programme, where learners with a variety of disabilities can participate in soccer and play in a league of their own alongside their peers on sports days (Lavay & Semark, 2001). Learners with disabilities who have more potential are encouraged to play in ordinary or mainstream teams, but all learners with disabilities who would like to play soccer are included in the VIP programme. For example, learners are allowed peer “buddies” to assist them or, if they are less mobile, they are placed in a defensive position. The rules are less strictly enforced. Each state has a VIP soccer programme. There is also a similar baseball programme for learners with special needs

called the Little League Challenger programme. All sports coaches in these programmes are volunteers who receive training from professionals who specialise in adapted physical activities (Lavay & Semark, 2001).

2.4.9 United Kingdom (UK)

Inclusive education

It is important to take a closer look at what has transpired in the UK as South Africa has followed the British trends in inclusive education. It is therefore of value to monitor their progress and gain insight into the difficulties the UK has encountered and how it compares to the South African scenario.



Since the *Education Act* of 1993, significant changes have been made in the UK to move towards inclusive education and catering for all learners with SEN in ordinary schools. Under this Act, local education authorities started implementing the SEN code of practice. A revised SEN code of practice took effect in 2002. It retained much of the original code, but took account of the experiences of schools and local education authorities and reflected the new rights and duties introduced by the *Special Educational Needs and Disability Act* of 2001. The revised code sets out five principles:

- that children with SEN should have their needs met
- that their needs should normally be met in mainstream schools
- that the views of children should be sought and taken into account
- that parents have a vital role to play in supporting their children's education
- that children with SEN should be offered full access to a broad, balanced and relevant curriculum in the foundation stage and later years.

Within the code there is greater emphasis on outcomes for learners rather than on procedures and systems (Office for Standards in Education (Ofsted), UK, 2004).

The principles set out in the *Special Educational Needs and Disability Act* of 2001 are similar to those in South African legislation, *White Paper 6* (Department of Education, 2001), that states that quality education should be offered to all learners with special educational needs and that parents and learners should play an active part in decision making.

Almost twenty years after inclusive education was first implemented, there are negative reports regarding inclusion in the UK. In 2005, a report, *Education and Skills*, was presented at the 2005/6 session of the House of Commons, looking specifically at SEN. This report was commissioned as a result of more than 230 written submissions, oral evidence from more than 40 witnesses and visits to schools. The *Warnock Report* (2005) and the Ofsted and Audit Commission reports (2004) were also taken into account and the conclusion was that parents were dissatisfied with the meeting of SEN and that there were significant problems with the then current system, resulting in the learners being disappointed. The *Education and Skills report* also referred to the management of SEN as becoming more confusing and litigious than ever before (Education and Skills Committee: House of Commons, 2006).

The *Guardian Unlimited* newspaper (Curtis, 2004) reported that despite the fact that teachers think that more inclusive education is a good idea; the government's drive to teach more disabled pupils in mainstream schools was failing. In the same article (titled "School inclusion policies not working, says Report"), Baroness Mary Warnock, (author of the initial *Warnock Report*, 1978) was quoted saying that learners with special educational

needs were often taught separate from other learners in the ordinary schools and that, without appropriate support, they could become victims of bullying.

According to the report, *Special educational needs and disability: towards inclusive schools* (October 2004), some of the relevant main findings of the investigation were as followed: Firstly, that a growing awareness of the benefits of inclusion resulted only in some improvements on ground level. Secondly, that curricula and teaching methods are not being adapted by ordinary schools to suit learners with SEN and to improve key skills. Thirdly, that a poor partnership exists between special and ordinary schools on matters relating to teaching and curricula. Lastly, that access to school facilities and school residences were sufficient in only half of the schools visited, and the majority focused solely on school residences (Ofsted, 2004). One of the key recommendations was that links should be established between ordinary and special schools, especially with regards to teaching and curricula.

Sport for people with disabilities

Despite some negative reports, inclusion is working in some areas in the UK. Sports offered at inclusive schools in the UK include swimming, dancing, football, rounders, hockey, basketball, badminton, bowling, boccia, cricket, fitness, goalball, netball, rugby, tennis, table top games and volleyball (Fitzgerald & Kay, 2004). In addition to these sports, powerlifting, judo, rowing and skiing are offered specifically for learners with disabilities (Fitzgerald & Kay, 2004; Sport England, 2001). Next to swimming and

dancing, bowling, rounders, basketball and football were picked as favourite sports by learners with disabilities in the UK (Fitzgerald & Kay. 2004).

2.4.10 South Africa

Inclusive education

In South Africa, the change towards inclusive education was initiated by the Constitution that states that that “all learners have a right to basic education including adult basic education and further education” (Republic of South Africa, 1996b, p. 29). In 1996 the *South African Schools Act 84* of 1996 (Department of Education, 1996a) also made education compulsory for all learners from their seventh year until the age of 15 years or ninth grade.



As a result of South Africa’s past of segregation, historically many learners were not given the opportunity to develop in an environment that promoted health and wellbeing (Department of Health, 2000). According to Lomofsky (2001), the disadvantaged majority of learners were grossly neglected while the privileged minority of learners was well provided for.

In the early 1960s, South Africa followed the international trend and categorised disability into mainly physical, sensory or cognitive disability. This was based on the medical model of disability, focusing on the learner’s impairment and not on the barriers in the environment and consequent participation restriction (WHO, 2002).

In the early 1980s, after the publication of the *Warnock Report* (Warnock, 1978), South Africa started following the British trend to move away from labelling of disability to the broader SEN focus (Lomofsky & Lazarus, 2001).

Following the *South African Schools Act* (Department of Education, 1996a), the National Committee for Education Support Services (NCESS) and the National Commission on Special Needs in Education and Training (NCSNET) were appointed by the Department of Education in 1997. NCESS and NCSNET were commissioned to compile a report and make recommendations on every aspect of education and training regarding special needs and support services in South Africa (Department of Education, 1997). The purpose of the NCESS and NCSNET report was to provide guidelines on how to meet the diverse needs of the learner population. The report highlights the need to minimise or remove barriers to learning and development in order to promote an effective teaching and learning environment. This report also marked the first time that the term barriers was used in South African policy on education (Department of Education, 1997).

The key barriers to learning and development identified in the NCESS and NCSNET Report (Department of Education, 1997, pp. 11-16) were:

- lack of access to basic services
- poverty and underdevelopment
- abuse
- violence
- HIV
- negative attitudes

- inflexible curriculum
- language barriers and lack of communication
- inaccessible and unsafe built environment
- inappropriate and inadequate provision of support services
- lack of enabling and protective legislation and policy
- lack of parental recognition and involvement
- disability
- lack of human resource development strategies

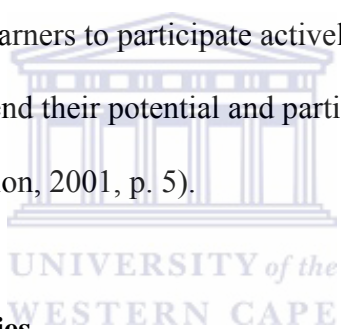
The report made recommendations and proposed strategies to address these barriers to learning and development in the future (Department of Education, 1997).

Key strategies proposed in the report were to develop an integrated education system and to include special needs and support services in the system, and in this manner to provide an accessible learning environment at all centres of learning. The authors also envisioned developing training programmes for all teachers and support staff, and a structure for intersectoral collaboration at a national, provincial, district and learning centre level (Department of Education, 1997).

The *Education White Paper 6, Special Needs Education, Building an Inclusive Education and Training System* (Department of Education, 2001), was based on the NCESS and NCSNET report (Department of Education, 1997). The *White Paper 6* outlines what an inclusive education and training system is and how to build it. The *White Paper 6* defines inclusive education and training as, among other things, “Maximising the participation of all learners in the culture and the curriculum of educational institutions and uncovering and

minimising barriers to learning” (Department of Education, 2001, p. 9). All learners in the inclusive education system should have the opportunity to participate in sports (Department of Education, 2005).

According to the *White Paper 6* (Department of Education, 2001), special schools in South Africa should not be abolished, but be strengthened to act as resource centres for ordinary schools in the area. Learners with severe disabilities could still be accommodated in special schools. The *White Paper* concluded that “the education and training system should promote education for all and foster the development of inclusive and supportive centres of learning that would enable all learners to participate actively in the education process so that they could develop and extend their potential and participate as equal members of society” (Department of Education, 2001, p. 5).



Sport for people with disabilities

Inclusion in sport in South Africa is viewed as the process through which people with disabilities are given an opportunity to be integrated into able-bodied clubs and federations at all levels (DISSA, 2007).

It is expected that more children with physical disabilities compared to other types of disabilities will be found included into ordinary schools, since learners will be given support at special schools according to learning needs rather than physical disability (Elkins, van Kraayenoord & Jobling, 2003; Republic of South Africa, 1997). If more and

more learners with physical disabilities are to be included in ordinary schools, schools will have to provide opportunities for them to participate in sports.

DISSA (2007) continues to advocate for sport and recreational programmes in ordinary schools to be adapted to allow inclusion of learners with physical disabilities where these learners have already been enrolled. According to DISSA, learners should also have access to support from the United School Sport Association of South Africa (USSASA) and/or the provincial DISSA if they are able to participate at a provincial level. At the moment sport in special schools still functions independently of USSASA (DISSA, 2007).

In South Africa, persons with physical disabilities can participate competitively at both national and international level. The highest level of competition is the Paralympics which takes place every four years and the annual world championships (DISSA, 2007).

Both summer and winter sports are competed in at the Paralympics. Summer sports include archery, athletics, boccia, lawn bowls, cycling, equestrian sport, football, goalball, judo, powerlifting, rowing, sailing, shooting, swimming, table tennis, volleyball, wheelchair basketball, wheelchair dance sports, wheelchair fencing, wheelchair rugby, wheelchair tennis, wheelchair archery, hokker and lawn bowls. Winter sports include alpine skiing, ice sledge hockey, nordic skiing and wheelchair curling (DISSA, 2007).

The following Paralympic sports are offered to persons with disabilities on a national level in South Africa: archery, athletics, badminton, basketball, wheelchair basketball, boccia, cricket, cycling, equestrian sport, football, goalball, golf, hokker, lawn bowls, netball,

powerlifting, rugby, wheelchair rugby, sailing, skiing, shooting, swimming, table tennis, tennis, volleyball and wheelchair dance (DISSA, 2007).



Table 2.1 Summary of developing and developed countries: Policy on inclusion and sport for persons with disabilities

Country	Policy on inclusive education	Involvement in sport for persons with disabilities	Sport for persons with disabilities in schools
Developing countries			
Botswana	√	PASSOBO Participation in Paralympics	Not reported
Zimbabwe	×	Participation in Paralympics	Not reported
Uganda	√	Participation in Paralympics	Receives financial support
India	√	Few opportunities	Not reported
South Africa	√	Participation in Paralympics	Not known
Developed countries			
Israel	√	ISAD Participation in Paralympics	Learners with disabilities not included in sports
New Zealand	√	Participation in Paralympics	Participation in physical education
Australia	√	Participation in Paralympics	Not reported
USA	√	Participation in Paralympics. Large range of opportunities	VIP (soccer)
UK	√	Participation in Paralympics	Wide variety of sports



2.5 SPORTS FOR PERSONS WITH PHYSICAL DISABILITIES

2.5.1 Benefits of participating in sport

2.5.1.1 Introduction

This section reviews the literature on the benefits of sports, including rehabilitation, social integration and psychological and health benefits.

2.5.1.2 Rehabilitation

In 1944 in the UK, Sir Ludwig Guttmann was one of the first people who introduced sport as a part of the rehabilitation of persons with spinal cord injuries. He saw sport as a way to overcome boredom in the hospital while being rehabilitated and as a means to improve cardiovascular fitness and endurance. Physiotherapists also encourage participation in sport as part of the treatment and rehabilitation of people with physical disabilities. Paraplegics are encouraged to participate in sport that will strengthen their arms (for example weightlifting), while wheelchair sports improve coordination and wheelchair manoeuvring (Chawla, 1994, p. 1500). The INDS also considers sport to make a valuable contribution towards the rehabilitation of persons with disabilities (Republic of South Africa, 1997).

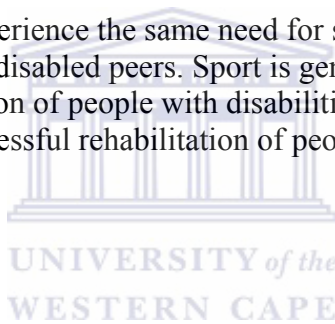
2.5.1.3 Social integration

From the review of available literature, it was clear that limited numbers of learners with disabilities participate in sport (Hale, 2004; Longmuir & Oded, 2000). Yet sport has been identified as an important factor for the person with a disability becoming integrated into society

(Chawla, 1994; Fisher, Roach & Frey, 2002; Kristen, Patriksson & Fridlund, 2002; Sport England, 2001; Wright & Sugden, 1999) and learners with physical disabilities enjoy physical activities (Fitzgerald & Kay, 2004; Hale, 2004). Inclusion in sports offers the opportunity for learners with disabilities to be part of a social group and receive social support (Allender, Cowburn & Foster, 2006; Kristen, Patriksson & Fridlund, 2003; MacPhail, Kirk & Eley, 2003). Participation in sport can therefore make a significant contribution to individuals as well as to society, including both learners with physical disabilities and their able-bodied peers.

According to the foreword of the *White Paper* on the INDS:

People with disabilities experience the same need for sport, including competitive sport, and recreation as their non-disabled peers. Sport is generally regarded as one of the vital components in the integration of people with disabilities into society. It is also often a vital component in the successful rehabilitation of people with disabilities. (Republic of South Africa, 1997, p. 57)



2.5.1.4 Psychological benefits

Along with recreational, therapeutic, competitive, social and physical benefits, participation in sport also has psychological benefits.

Sport instils self discipline, a competitive spirit, and comradeship. Its value in promoting health, physical strength, endurance, social integration, and psychological wellbeing is of little doubt. It is not difficult to understand why sport is so important for the wellbeing of people with disabilities (Chawla, 1994, p. 1500).

The South African government recognises the benefits of sports and has included physical development and movement as part of the Life Orientation curriculum of the *Revised National Curriculum Statement Grades R-9 (Schools)* Policy. The policy states that:

Physical and motor development is integral to the holistic development of learners. It makes a significant contribution to learners' social, personal and emotional development. Play, movement, games and sport contribute to developing positive attitudes and values.

This area focuses on perceptual motor development, games and sport, physical growth and development and recreation and play (Department of Education, 2005, p. 6).

It is a well known fact that for learners with physical disabilities, participation in sports leads to an improved self-image (Huang & Brittain, 2006; Sport England, 2001; Taub & Greer, 2000; Townsend & Hassall, 2007; Wright & Sugden, 1999). Huang and Brittain (2006) state that societal perceptions play a key role in the identity formation and sense of self-worth for the person with a physical disability. They found that participation in sport, and particularly success in sport for persons with disabilities, leads to feelings of “positive subjectivity, changed self-understanding and increased sense of personal empowerment” (Huang & Brittain, 2006, p. 372). Competitive sport also plays an important role in providing a sense of accomplishment and attainment for people with physical disabilities (Chawla, 1994).

There are some differences of opinion in the literature with regard to the effect of sport on self-image of learners who participate in sport in an inclusive setting. Taub, Blinde and Greer (1998) found that participation in sport and physical activity in an integrated setting with able-bodied people can contribute significantly to the de-stigmatisation of the disabled body image of learners with disabilities and lead to improved self-image. However, Ninot, Bilard and Delignières (2005) found that integrated sport participation had no positive effect on the self-image of learners with intellectual disabilities. In a study done by Fitzgerald and Kay (2004), some children experienced exclusion through physical activities, because they did not feel good enough to make a positive contribution to a team sport and other children often picked on them if they tried to compete. This could be because children can be very competitive and might feel that learners with disabilities will let the team down.

2.5.1.5 Health benefits

Extensive research shows that sport and regular physical activity have health benefits. Physical activity reduces blood pressure, the risk of getting diabetes, cancer, heart disease and strokes and an active lifestyle also helps to reduce stress and maintain a healthy body weight (Hui, 2001; Pillay, 2005). Parents of learners with physical disabilities agree that some of the main benefits of participation in sports for learners with disabilities are achieving good health (Chawla, 1994; Kristen, Patriksson & Fridlund, 2003; Sport England, 2001) and improved physical strength (Chawla, 1994; Kristen, Patriksson & Fridlund, 2002).

2.5.2 Facilitators to participation in sport

This section describes some facilitators to participation in sports for persons with disabilities. It is sub-divided into organisations, financial support, attitudes and therapy support sections.



2.5.2.1 Organisations

The two major umbrella bodies for disabled sport in South Africa are Disability Sport South Africa (DISSA) and Special Olympics. A big responsibility rests on DISSA to assist in the development and facilitation of an inclusive approach to sports and recreation in South Africa (DISSA, 2007). The South African Sports Association for Physically Disabled (SASAPD) organises sporting events for persons with physical disabilities, while the South African Sports Association for Intellectually Impaired caters for persons with intellectual impairments and the South African Deaf Sports Federation (SADSF) organises sports for persons with hearing impairments. All three of these organisations are administrated by the Department of Sport and

Recreation and the Department of Education (South African Sports Association for Physically Disabled, 2007a).

Other organisations that encourage and facilitate participation in disabled sports are the SA Disabled Golf Association (SADGA), the Cerebral Palsy International Sport and Recreation Association, Wheelchair Sports Worldwide, SA Wheelchair Rugby, the International Wheelchair and Amputee Sports Federation, and the Disabled Aviation Association (SASAPD, 2007b).

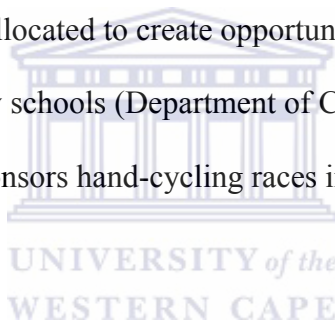
The Western Cape Provincial Minister of Cultural Affairs, Sport and Recreation, mentioned organisations such as Remix Theatre and Global for disabled people in his speech at the Western Cape cultural awards. Cape Town's Remix Theatre includes people with disabilities together with able-bodied people in their dance acts and plays. The minister encouraged these organisations to share their expertise with mainstream organisations in order to assist with the integration of sports for persons with disabilities (Jacobs, 2005).

A number of other organisations that support sport for people with disabilities are working in the Western Cape. St Giles Association for the Handicapped and St John's Sporting and Social Activities for the Disabled, are involved in the loan of wheelchairs and other mobility aids for sports (Directory of Local Services for Children with Special Needs, 1998).

2.5.2.2 Financial support

The Turke Club, which was established in 1989 by ex-sports men and women who wanted to support sport, also supports disabled sport in South Africa. The main aim of this club is to raise support for and awareness of disabled sport. The club does this by participating in disabled sports events as able-bodied guests. The Turke club has also raised over R500 000 during the past 14 years and this money is used to support disabled athletes (Turke Club, 2007).

The Western Cape Department of Cultural Affairs and Sport has also made finances available to assist sport organisations in sport development (Department of Cultural Affairs and Sport, 2006). Part of these funds is specifically allocated to create opportunities for learners with disabilities to be included in activities in ordinary schools (Department of Cultural Affairs and Sport, 2006). In addition, the retail group *Game* sponsors hand-cycling races in the Western Cape (DISSA, 2007).



2.5.2.3 Attitudes

In a study done by Elkins, van Kraayenoord and Jobling (2003), parents gave their opinions on what they believed would facilitate inclusion. One of their suggestions was that positive attitudes of teachers and staff would facilitate inclusion. Kuyini and Desai's (2007) most significant finding in a study on the effect of teachers' attitudes on inclusion, was that teachers' positive attitude towards inclusion augured well for effective teaching in inclusive classrooms and the encouragement of participation in sports.

2.5.2.4 Therapy support

Therapists play an important role in assisting learners with disabilities with special aids, doing assessments for participation in special sports and advising teachers on what sport would best suit learners with different types of disabilities. Therapists also give general advice on positioning and stretching for learners with disabilities to assist them with their sports.

Caswell (1996) found that it is important that physiotherapists who support teachers and learners in an inclusive school adapt to the educational model of service delivery, work as a member of a team and translate physiotherapy goals into an educational framework. Therapists supporting teachers and learners with disabilities in ordinary schools also constitute a factor that facilitates participation in sports for learners with disabilities (Elkins et al., 2003). Teachers are often not trained to assist learners with disabilities to participate in sports and feel more comfortable if a professional assists or advises on what types of sport learners with disabilities can participate in (Dart, 2006; Forlin, 2004). Physiotherapists are trained to assess if learners with disabilities need an orthotic and prosthetic devices for participation in sports and can also perform medical supervision during sporting events. Since lack of informed medical supervision and the lack of a professional to do assessments for orthotic and prosthetic devices is considered a barrier to participation in sports, therapy support can be considered a facilitator to participation in sports.

2.5.3 Perceived barriers to participation in sport

Learners with physical disabilities have special needs that must be met to be able to actively participate in sports. Some of these are specialist coaching, informed medical supervision,

accessible facilities, information services, special precautions and assessment for orthotic and prosthetic devices by a specialist (Chawla, 1994).

The following section describes barriers to participation identified in the literature, including inaccessibility of facilities, lack of adequate training of teachers or coaches, lack of information on disabled sports, lack of opportunities to participate, lack of specialised sports coaches, lack of appropriate transport, fear of rejection, lack of special adaptive aids, lack of adult supervision and lack of support and finance.

2.5.3.1 Inaccessibility of facilities

One of the barriers identified in a study done in Hertfordshire in the UK on physical activity amongst persons with disabilities was physical access to buildings (English Federation of Disability Sport, 2004; Forlin, 2004; Mihaylov et al., 2004). In a similar Swedish study on barriers to participation, the inaccessibility of the environment was found to be the greatest barrier to inclusion in sporting activities (Hemmingson, 2002). In addition to these sources, the UK Disability Survey (Sport England, 2001) also identified the lack of local and inaccessible sports facilities as a factor preventing persons with disabilities from participating in sports.

2.5.3.2 Inadequate training for teachers and coaches

Many studies have been done on teachers' attitudes towards inclusive education and teachers' perceived competence to teach learners with special educational needs. The most common findings are that teachers in general have a positive attitude towards including learners with disabilities in ordinary schools, but teachers' perceived competence to teach learners with special

educational needs competence drops greatly with an increase in severity of disability (Avramidis, Bayliss & Burden, 1999; Hale, 2004).

Teachers in ordinary schools are expected to teach learners with disabilities without receiving specialised training to do so (Kearney & Kane, 2006). This leaves teachers feeling incompetent to assist learners, especially on the sports field (Avisar, 2003; Brandon & Ncube, 2006; Dart 2006; English Federation of Disability Sport, 2004; Forlin, 2004; Morley, Bailey, Tan & Cooke, 2005). A lack of specially trained teachers can thus be seen as a barrier to participation in sports for learners with disabilities. In a study done by Armstrong et al. (2005) as many as 80% of teachers did not feel adequately trained to teach learners with SEN.

In a study conducted in the UK (English Federation of Disability Sport, 2004) it was found that primary school teachers only received two days of training in physical education throughout their entire course before qualifying. This physical education training did not include course material on assisting learners with SEN participating in sports. Teachers in the UK noted that the lack of finances and time prevented them from obtaining further training (English Federation of Disability Sport, 2004).

In South Africa, teachers receive 24 hours of training on inclusive education before they qualify, however this does not include any training on sports for learners with disabilities (W. Cloete, sports coach and teacher in an ordinary school with learners with disabilities in Stellenbosch, personal communication, June 14, 2007).

2.5.3.3 Lack of information on disabled sports

The English Federation of Disability Sport (2004) stated that the lack of information on disabled sports was one of the main reasons for poor participation amongst learners with physical disabilities. Learners do not know what types of sport are available for them to participate in and do not know how to find out more about what sport would best suit them, bearing in mind their impairment.

2.5.3.4 Lack of opportunities for participation

Regardless of the large number of persons with disabilities in South Africa, according to the INDS (Republic of South Africa, 1997), people with disabilities are often regarded as ill or in need of constant care, and are not provided with equal opportunities to participate in society. According to (Mihaylov et al. (2004), decisions are often made for learners with disabilities and they are not given the opportunity to participate in sports. Therefore, taking all the possible barriers into account, children with disabilities simply do not have the same opportunities to participate in sport as their able-bodied peers (Sport England, 2001).

2.5.3.5 Lack of specialised sports coaches

Lack of specialised sports coaches for sports for persons with disabilities remains a significant barrier to participation in sports for learners with disabilities (Kristen et al., 2002, MacPhail, Kirk & Eley, 2003; Fitzgerald & Kay, 2004; Sport England, 2005). Without sports coaches, learners with disabilities cannot participate in sports. The INDS (Republic of South Africa, 1997) considers the lack of coaches and trainers who specialise in sports for persons with disabilities to be an issue that needs to be addressed urgently.

2.5.3.6 Lack of appropriate transport

Public transport is often not wheelchair-friendly and learners struggle to access normal busses. Often both parents of learners with disabilities are working and, if sports are offered after school hours, learners miss their regular transport home if they participate in sports. The lack of transport or of appropriate public transport has been identified as a barrier to participation in sports for learners with disabilities in a variety of studies (Fitzgerald & Kay, 2004; Kristen, Patriksson & Fridlund, 2003; Mihaylov et al., 2004; Sport England, 2000).

2.5.3.7 Fear of rejection

Learners with disabilities often do not participate in sports because of fear of rejection by their peers (Fitzgerald & Kay, 2004; Goodwin & Watkinson, 2001). In a competitive world, learners with disabilities often feel less competent when competing with able-bodied learners (Fitzgerald & Kay, 2004; Ninot, Bilard & Delignières, 2005; Odom et al., 2004).

2.5.3.8 Lack of special adaptive aids

The huge lack of and high cost of special adaptive aids such as specialised wheelchairs, hand-cycles and specialised three-wheeled cycles, in South Africa and internationally (Department of Education, 2001; Forlin, 2004, Odom et al., 2004), prevent learners with disabilities from participating in sports (Mihaylov et al., 2004).

2.5.3.9 Lack of adult supervision

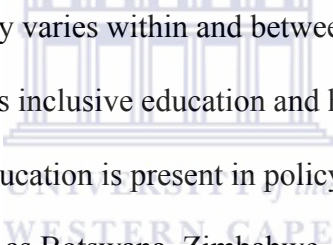
Learners with disabilities often need extra support to be able to participate in sports and cannot get to sport practices and back home without adult supervision. Lack of such supervision is a

barrier to participation in sports and a reality for many learners with disabilities due to the fact that often both parents work (Mihaylov et al., 2004).

2.5.3.10 Lack of financial support

Lack of finance has been identified as one of the main barriers to participation in sports in the UK (Sport England, 2001). Attending sports clubs and buying special aids are costly and not all parents of learners with a disability can afford these, especially in the South African context.

2.6 SUMMARY OF LITERATURE REVIEW



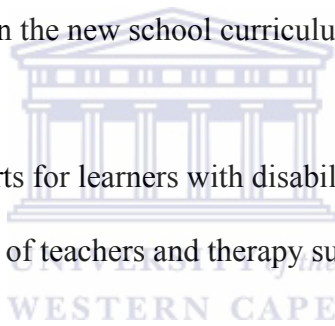
In summary, prevalence of disability varies within and between countries in part because of how disability is defined. This study uses inclusive education and health-promoting schools as a theoretical framework. Inclusive education is present in policy and being practiced to varying extent in developing countries such as Botswana, Zimbabwe, Uganda, India and South Africa, as well as in developed countries such as Israel, New Zealand, Australia, the USA and the UK. Even though disability sports still have a long way to go to be on the same level as able-bodied sport internationally, awareness of sports for persons with disabilities is increasing worldwide and most of the countries mentioned, do have some opportunities for persons with disabilities to participate in sports. All the countries described are developing sports for persons with disabilities to enable the athletes to participate in the Paralympics. However, better progress was made with the adaptation of sport for learners with disabilities in ordinary schools in developed countries. In many developing countries it was not reported on. Developing countries have limited resources and socioeconomic difficulties in developing countries hamper participation in

sports for learners with disabilities. Developed countries have greater resources to provide accessible facilities at schools and sports clubs which create opportunities for learners with disabilities to participate in sports.

The health-promoting school initiative has been implemented in a number of countries including South Africa, Europe, Scotland, Australia and the USA. The initiative encourages the development of healthy policies, a healthy environment, links with the community and healthy personal skills. This includes physical activity and participation in sport as part of a healthy lifestyle. Sport has rehabilitative, social, psychological and health benefits for persons with disabilities. Sport is also included in the new school curriculum in South Africa.

Facilitators for participation in sports for learners with disabilities include specific organisations, financial support, positive attitudes of teachers and therapy support for teachers and learners with disabilities.

Some of the barriers to participation in sports for learners with disabilities include a lack of information on disabled sports, a lack of opportunities for learner with disabilities to participate in sport and a lack of specialised sports coaches.

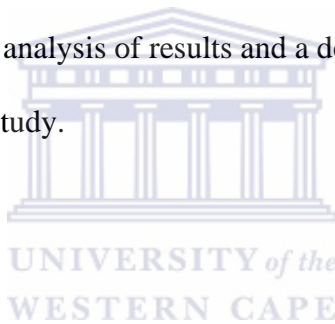


CHAPTER THREE

METHODOLOGY

3.1 INTRODUCTION

This chapter discusses the study design, the setting in which the study was conducted, the study population and the instruments that were used to gather data. The method of translation of questionnaires follows and the validity and reliability of the instruments of data collection are discussed. The generalisability of the study and the pilot study are described, followed by an explanation of the method used for analysis of results and a description of the ethical considerations with regards to the study.

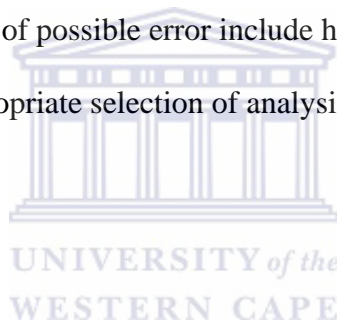


3.2 STUDY DESIGN

This was a quantitative, non-experimental, descriptive, cross-sectional survey (Mouton, 2001). A quantitative study design was chosen because the aims of the study were, firstly, to determine what types of sport are available for learners with disabilities to participate at schools and, secondly, to determine what restricts or facilitates participation in sport and, thirdly, whether schools identified themselves as health-promoting schools. All these variables could be measured. The design of the study can be classified as primary, since new information was gathered.

The study can be classified as a cross-sectional study, since the results provide insight into a situation only at one point in time and not over a long period such as in a longitudinal study. It was an empirical study, since the results of this study are new findings in the South African context.

The strengths of quantitative research design are that it has the potential to be generalised for large populations if sampling was done correctly, and is considered to be valid if the instrument of data collection (questionnaire) was of good quality and piloted. A limitation of this type of study is that it often lacks depth and the data are very specific to the study sample and framework (Mouton, 2001). Predicted sources of possible error include high refusal rates, respondent bias and data capturing errors or inappropriate selection of analysis techniques (Mouton, 2001; Creswell, 2003).



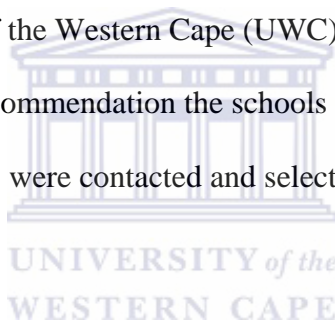
3.3 SETTING

The study was conducted in urban, semi-urban and rural special and ordinary public schools in the Western Cape. All the ordinary schools that were approached by the researcher were selected to become full-service schools, but they were not yet full-service schools at the time of data collection.

3.4 STUDY POPULATION

3.4.1 Special schools

A list of all the special schools in the Western Cape was retrieved from the Western Cape Education Department (WCED) website (WCED, 2007). A convenience sample of eight out of the total of 67 special schools in the Western Cape was selected. From the list of special schools in the Western Cape, schools that had the words 'blind' and 'deaf' in their names, were excluded (since only learners with physical disabilities, excluding blindness and deafness were included in the study); 63 schools remained. The list of remaining schools was discussed with a physiotherapist at the University of the Western Cape (UWC) with a special interest in school-based physiotherapy and on her recommendation the schools that were known to have learners with physical disabilities attending, were contacted and selected.



3.4.2 Ordinary schools

A list of urban, semi-urban and rural, ordinary public schools with learners with SEN was requested from the WCED (see Figure 3.1). In an email communication on 5 April 2007, the WCED identified eleven out of the 1 452 ordinary schools in the Western Cape as having learners with SEN attending (R Cornelissen, WCED, personal communication, 05/04/07). The list of schools included all schools that had learners with any type of special educational need attending.

From this list of eleven schools, ten schools had learners with physical disabilities enrolled. The school was the first unit of analysis. This was only determined once the researcher contacted the

various schools telephonically to make appointments with the principals. All ten these schools were approached to participate in the study, but only nine schools returned the questionnaire (Appendix A) that had to be answered by the school's principal. However, further schools indicated that they did not have learners with physical disabilities attending. Inclusion criteria for the schools were any school in the WCED's list of schools with learners with SEN that had learners with physical disabilities attending. In total, seven ordinary schools were finally included in the study population. All seven of these schools were visited personally by the researcher.

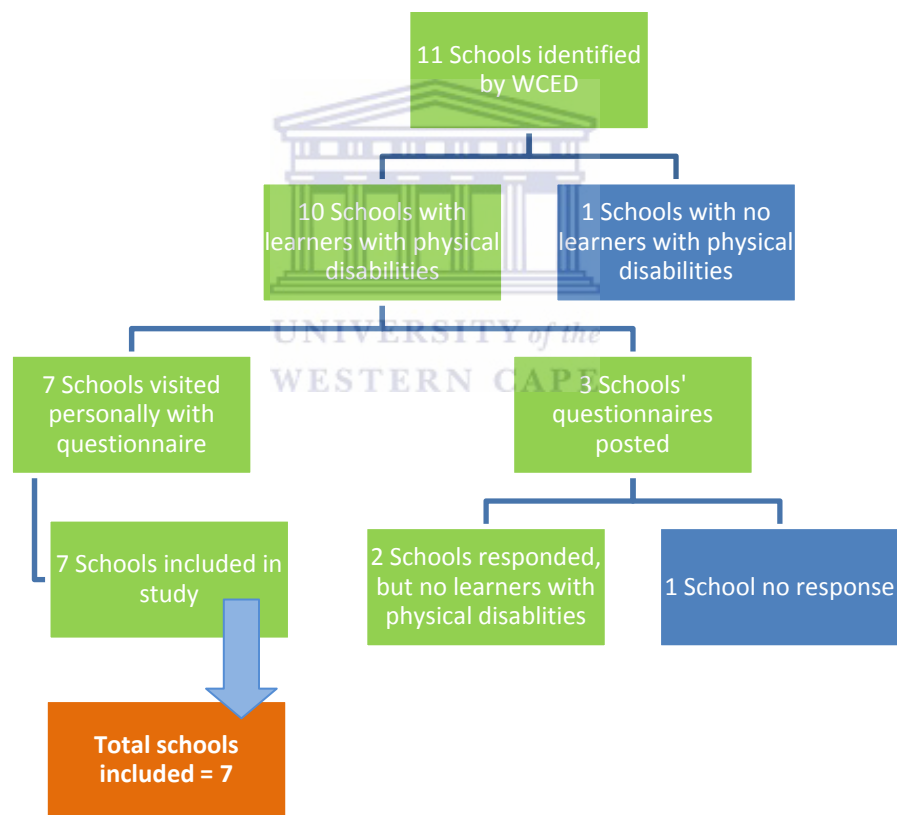
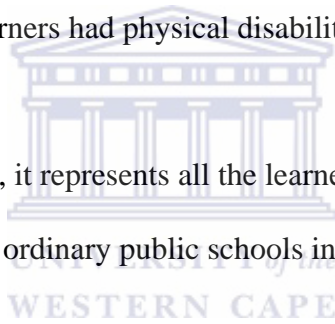


Figure 3.1 Layout of final number of ordinary schools included in study

3.4.3 Learners

The learners with physical disabilities were the second unit of analysis. After the principals had confirmed the number of learners with physical disabilities attending their school with their staff, it was established that only seven of the nine schools that responded had learners with physical disabilities attending. Only the learners with physical disabilities attending these seven schools were approached to participate in the study. The total number of learners with physical disabilities who were identified in the seven schools included in the study was 43. According to the information provided by the WCED, a total of 180 learners with SEN were enrolled in the eleven ordinary schools in the Western Cape initially identified. At the time of the study, of these 180 learners with SEN, only 43 learners had physical disabilities.

Even though this sample was small, it represents all the learners with physical disabilities, as identified by the WCED, attending ordinary public schools in the Western Cape.



3.5 INSTRUMENTS

3.5.1 Special schools

The instrument used to collect data on the types of sport offered at selected special schools in the Western Cape (Objective 1.7.1) was a telephonic interview schedule (Appendix B), which consisted of the same list of types of sport included in Questionnaire 1 (Appendix A) and Questionnaire 3 (Appendix C). The list of sports included in Questionnaire 1 (Appendix A) and Questionnaire 3 (Appendix C) was retrieved from the DISSA website (DISSA, 2007), and are a list of sports that are offered on a national and international level as well as at the Paralympics.

Jukskei is the only sport that is not offered at the Paralympics, because it is indigenous to South Africa.

3.5.2 Ordinary schools

Three different questionnaires (Appendices A, C and D) were used for data collection at the ordinary schools. These questionnaires were developed by the researcher based on information gathered on the relevant topics from the literature review. The questions on inclusion and health policies which were included in Questionnaire 1 (Appendix A), were based on the National Guidelines for the Development of Health Promoting Schools/Sites in South Africa (Departments of Health, Education and Welfare, 2000).

Questionnaire 1 (Appendix A) was used to determine (from the ordinary schools' point of view), firstly, what types of sporting opportunities ordinary schools offer to learners with physical disabilities (Objective 1.7.2), and, secondly, what perceived facilitators and barriers to participation in sports learners with physical disabilities experience (Objective 1.7.6, 1.7.8 & 1.7.9). Thirdly, a few questions were included to determine if the schools had any health-promotion and inclusion policies, since participation in sports is part of the health promotion strategy of the health-promoting schools initiative (Objective 1.7.9 & 1.7.10) (Departments of Health, Education and Welfare, 2000).

Questionnaire 2 (Appendix D) was used to determine the number of learners with physical disabilities in each register class in the school. On the questionnaire the two questions, which were used to determine if there were any learners with physical disabilities in the class, were:

“How many learners in your class have difficulty with: Moving his/her arms, hands, legs or feet?” and, secondly, “How many learners use a wheelchair or crutches to move around in the school?”. The researcher made it clear to the schools’ principals that the use of crutches or wheelchairs in Questionnaire 2 (Appendix D) referred to learners with disabilities and not short-term problems such as a fractured ankle, but the word “permanent” was not included in the questionnaire, because even learners with disabilities can use crutches or a wheelchair on a temporary basis.

3.5.3 Learners

Questionnaire 3 (Appendix C) was used, firstly, to determine the learner’s history of special school attendance (Objective 1.7.5), and, secondly, what types of sport the learner with a physical disability participated in at the time of the study (Objective 1.7.4). Questionnaire 3 (Appendix C) was also used to determine what types of sport learners with physical disabilities participated in previously if it was different to the types of sport that they participated in at the time of data collection, and what types of sport they would have liked to participate in (Objective 1.7.4). Lastly, questions were included on perceived barriers and facilitators to participation in sports from the learner with a physical disability’s perspective (Objective 1.7.7 & 1.7.8).

Other information that did not form part of the questionnaire was also obtained from informal, unstructured conversations with either the principals or the teachers at the seven schools that were visited personally.

3.6 TRANSLATION

Translation of the questionnaires and participant information sheet into Xhosa was done by a Xhosa first-language nurse and edited by a Xhosa-speaking student. According to the teachers who distributed Questionnaire 3 (Appendix C) to the learner with physical disabilities, none of the learners or their parents preferred to use a Xhosa questionnaire.

The translation into Afrikaans was done by the researcher who has Afrikaans as a first language and edited by an Afrikaans teacher who translates books from English to Afrikaans. The majority of questionnaires that were completed were done in Afrikaans.



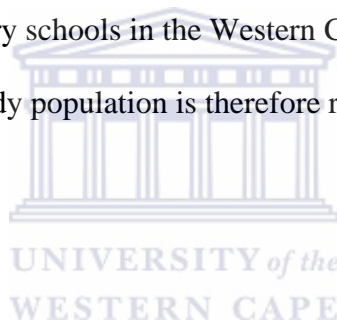
3.7 VALIDITY

Questionnaire 1 (Appendix A), Questionnaire 2 (Appendix D) and Questionnaire 3 (Appendix C) were assessed for face validity by the thesis supervisor who has a PhD related to children with physical disabilities.

For Questionnaire 1 (Appendix A), Questionnaire 2 (Appendix D) would confirm the number of learners with physical disabilities attending the school. In the facilitator section of Questionnaire 1, there was an option to choose that “more therapy involvement and support” would facilitate participation. Later in the questionnaire there it was asked if therapists were involved or supported learners and teachers at the (ordinary) school. With regards to health-promoting schools, the question was asked if schools have heard of the health-promoting schools initiative

and if they identified themselves as health-promoting schools. A couple of questions on health-promoting schools framework followed to determine the validity of the above answers (Mouton, 2001). Questionnaire 3 (Appendix C) asked if the learners currently participate in sports. Later in the questionnaire the learners had to identify which types of sport they participated in, by ticking the “now” column if they were currently participating. This question was used to verify if they currently participated or not. No statistical techniques were used to confirm the validity of the instrument.

The study has good external validity, since it included the whole study population of learners with physical disabilities in ordinary schools in the Western Cape according to the statistics obtained from the WCED. The study population is therefore representative of the whole Western Cape.



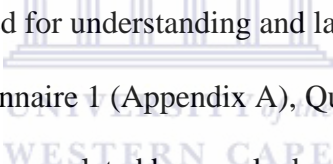
3.8 RELIABILITY

The test-retest method was initially to be used to determine reliability of the answered questionnaires. Unfortunately, due to the late return of most of the questionnaires and the school holidays, the test-retest method could not be used, because no research is allowed in the fourth term in public schools in the Western Cape. Thus the reliability of the questions' answers could not be determined.

3.9 GENERALISABILITY

The study is only generalisable to the study population, since the list of schools that had been identified by the WCED as having learners with physical disabilities could not be verified by an outside source as all the schools with learners with disabilities in the Western Cape. It is not generalisable to any private schools and public secondary schools, because all the ordinary schools identified by the WCED as having learners with special educational needs enrolled were public primary schools.

3.10 PILOT STUDY



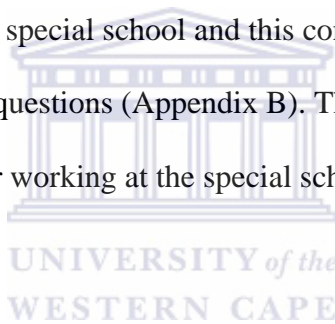
All three questionnaires were piloted for understanding and language by independent people before it was administered. Questionnaire 1 (Appendix A), Questionnaire 2 (Appendix D) and Questionnaire 3 (Appendix C) were completed by a male deputy principal of a primary school, who has experience working with learners with disabilities, but who was not in the final study. Secondly, these questionnaires (Appendices A, C and D) were also piloted with a female remedial teacher at an ordinary secondary school, who has experience with younger learners, and, thirdly, with a male teacher and sports coach at an ordinary secondary school. All three these teachers gave valuable feedback (Appendix E) and insight on how to change the questionnaires to make it more understandable for the target audience. Two teachers commented on the fact that in Questionnaire 2 (Appendix D) initially, a learner with a disability was described as someone using crutches or a wheelchair on a permanent basis. They argued that not all persons with physical disabilities use these assistive devices on a permanent basis. One of the

teachers also advised that the language used in Questionnaire 3 (Appendix C) be simplified to make it more understandable for younger learners. Accordingly, these changes were then made to the questionnaires.

3.11 PROCEDURE FOR DATA COLLECTION

3.11.1 Special schools

The eight selected special schools in the Western Cape were contacted telephonically. Verbal informed consent was obtained from the principals or persons in charge of these special schools. The appropriate contact person to conduct the telephonic interview with was determined by the principal or person in charge of the special school and this contact person then decided on a time convenient for them to answer the questions (Appendix B). The contact persons were mostly the physiotherapists or sports organiser working at the special school.



3.11.2 Ordinary schools

Each school was first contacted telephonically, the purpose of the study was explained to the secretary and an appointment was arranged with the principal or representative of the principal at a time convenient for them. Ten of the 11 schools were thought to have learners with physical disabilities attending (information from WCED) when first contacted. Seven out of these ten schools were visited in person by the researcher. The remaining three schools were contacted telephonically as they were far from Cape Town and the questionnaires were posted to them. A total of nine of these ten schools responded and completed Questionnaire 1 (Appendix A). This included all seven of the schools that were visited personally and two of the schools to whom questionnaires were posted.

Procedure of data collection for ordinary schools that were visited personally

At each meeting with each school's principal, the purpose of the study was discussed. The principal then read the participant information sheet (Appendix F) and signed the principals' consent form (Appendix G), thus voluntary informed consent was gained to continue with the study in their school. The principal then either referred the researcher to the teacher who taught learners with SEN, or completed Questionnaire 1 (Appendix A) and gave it back to the researcher. In cases where the principal referred the researcher to the teacher who taught the class for learners with SEN, the purpose of the study was explained to the teacher, again using the participant information sheet (Appendix F). Voluntary informed consent was obtained from the teacher. He/she was then requested to complete Questionnaire 1 (Appendix A), and it was handed back to the researcher after completion.

After informed consent (Appendix G) had been obtained from each school's principal, copies of Questionnaire 2 (Appendix D) were given to the principal to give to each teacher with a register class to verify the number of learners with physical disabilities in each class. In some cases the principal did consider doing this, but mostly principals did not see the need to verify the number of learners with physical disabilities in the ordinary classrooms by completing Questionnaire 2 (Appendix D) and refused to even accept it, since they insisted that learners with special educational needs were in a separate class or classes. Only two of the nine schools, which returned their questionnaires, completed Questionnaire 2 (Appendix D).

When meeting with the teachers who taught learners with SEN, a request was made that Questionnaire 3 (Appendix C) would be handed to each learner with a physical disability to take

home. This included a participant information sheet (Appendix F) and a consent and assent form (Appendix H) for parents and learners, where both the parent and the learner had to sign to give consent and assent respectively. In the consent form, the parents were requested by the researcher to assist their child if they had difficulty in completing the questionnaire and to also specify the type of disability that their child had. This was done because parents were considered to be best informed about the type of disability that their child had. A self-addressed envelope with postage paid was given to the principal or teacher, where applicable, to return the completed questionnaires (Appendix C) to the researcher as soon as they were returned by the parents.

Procedure of data collection for schools not visited personally

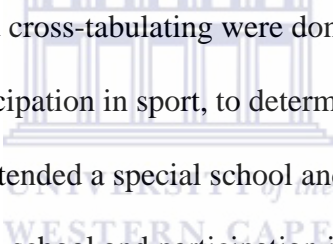
Three schools were too far away for the researcher to visit personally. In each of these cases a phone call was made, the purpose of the study discussed and consent gained from the principal to continue with the research. The questionnaires (Appendices A, C and D) were then posted using registered post and a self-addressed envelope with postage paid was again included.

The arrival of the package was confirmed by a phone call from the researcher, and progress was monitored by another follow-up call. Two out of the three schools that were not visited personally responded, while all seven schools that were visited personally responded. The two schools that were not visited indicated that they did not have learners with physical disabilities and were not included in the study (see Figure 3.1).

3.12 ANALYSIS

Once the data was collected it was captured and analysed using SPSS Version 15 for Windows.

Frequencies were done for all the questions in the questionnaires (Appendices A, B, C and D) and checked for missing data or mistakes in entering the data into SPSS Version 15 for Windows. Since there were many questions that were left blank, the percentage of missing data was too high to use for any statistical correlations (for example if a child did not play tennis, he or she did not tick the “no” option, but only ticked the “yes” option if he or she did play).



Descriptive statistics were used and cross-tabulating were done to compare previous special school attendance and current participation in sport, to determine if there was any association between learners who previously attended a special school and increased participation in sports. Identification as a health-promoting school and participation in sport, the presence of an inclusion policy and the accessibility of buildings and playgrounds, age and barriers, gender and barriers, age and participation, and gender and participation were all cross-tabulated. The relationship between the location (rural, semi-urban or urban) of the school and number of learners with physical disabilities attending was also investigated using cross-tabulations. Perceived barriers were identified and the perceived barriers identified by the schools were compared to the perceived barriers identified by the learners, also using cross-tabulations.

Sports offered at the sample of special schools were compared to types of sport offered at the population of ordinary schools that were included in the study. The different types of sport

offered were compared with participation to determine what the most common type of sport was for learners with physical disabilities.

3.13 ETHICAL CONSIDERATIONS

Permission and ethical clearance to conduct this study was obtained from the UWC Research and Ethics Committee (Appendix I). A copy of the proposal was sent to the WCED, and a participant information sheet (Appendix F) was included. Permission was then granted by the WCED (Appendix J) to conduct the study in schools, but not in the fourth term of school. All the participating schools' representatives (principals or teachers) who were involved in the study and the parents of learners with physical disabilities received a participant information sheet (Appendix F) and were requested to sign an informed consent (principals) (Appendix G) or consent and assent (parents) (Appendix H) form. The consent and assent forms explained the purpose of the research and assured confidentiality. The participants were assured that they could withdraw from the study at any stage and did not have to leave their data behind. No adverse effects were anticipated. No remuneration was given to any participants in this study.

Once the thesis has been completed, a summary of the main findings (Appendix K) will be sent to each school that participated in the study, as well as to the WCED.

In the following chapter the results of the study are presented.

CHAPTER FOUR

RESULTS

4.1 INTRODUCTION

This chapter commences with an overview of the questionnaire return rate and how the researcher determined the final study population. The demographics of the two study populations are presented followed by the geographical location of the schools that were included in the study. The types of sport offered at special and ordinary schools respectively are presented. The effect of attending a special school prior to attending an ordinary school is compared in terms of participation in sports. Then the most popular types of sport amongst learners with physical disabilities are presented, followed by the facilitators and barriers to participation in sports for learners with physical disabilities. Lastly, information pertaining to teachers' training, health-promoting schools and therapy support are presented.

4.2 QUESTIONNAIRE RETURN RATE

Of the eleven schools identified by the WCED, one school did not have learners with physical disabilities attending and was thus excluded. Of the ten remaining schools, seven schools were visited personally by the researcher and three schools' questionnaires were posted to them. All seven the schools that were visited personally returned Questionnaire 1 (Appendix A) and a total of 43 Questionnaires 3 (Appendix C). One school only completed half of Questionnaire 1 (Appendix A). This was followed up with the school and the questionnaire was faxed back to the

school. The questionnaire was faxed back to the researcher, but was still incomplete. The researcher contacted the school again and completed the questionnaire telephonically. Of the three schools that received their questionnaires (Appendices A, C and D) by post, only two schools responded, and according to the principals, neither of these two schools had any learners with physical disabilities attending. The fact that none of the schools not visited personally were included in the final sample of schools could serve as an indication that posting of questionnaires could impact negatively on the response rate.

Of the 43 learners with physical disabilities attending these seven ordinary schools, 12 learners' parents refused permission for their children to participate in this study and did not complete the questionnaire. These blank questionnaires were returned to the school, and parents made a note stating that they do not give consent to participate in the study. The reasons for this are not known. All 12 these learners attended an urban school. Thus, a total of 31 learners were included in the study in the end.

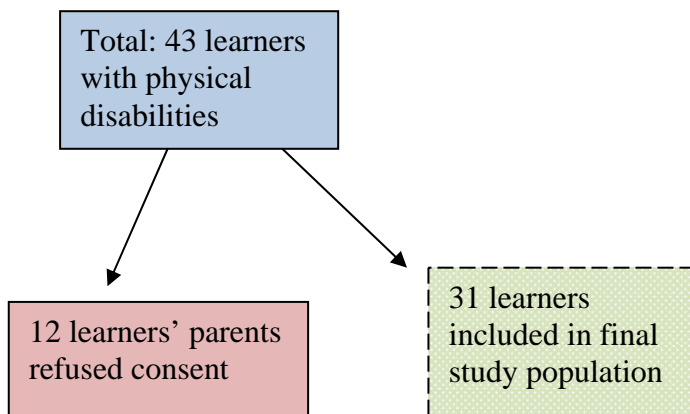


Figure 4.1 Final population of learners with physical disabilities included in the study

4.3 DEMOGRAPHICS OF THE STUDY POPULATION

The age of the learners in the study population ranged from seven to 15 years of age, the mean age being 11 years and the standard deviation 5.4 years. Eight learners did not specify their age.

The learners who participated in the study were all relatively young; all of them were still attending primary school. In the study population, 18 learners were males and 11 were females and two learners did not specify their gender.

Table 4.1 Frequency distribution of the age of the learners with physical disabilities (N=31)

<i>Age</i>	<i>Female learners (n=11)</i>	<i>Male learners (n= 18)</i>	<i>Gender missing (n=2)</i>
7 years	2	2	0
8 years	1	1	0
9 years	0	2	0
10 years	0	3	1
11 years	0	0	0
12 years	1	2	1
13 years	1	1	0
14 years	0	1	0
15 years	3	1	0
Age missing	3	5	0

4.4 LOCATION OF SCHOOLS

All seven schools that were included in the study are ordinary primary schools. Four schools were situated in an urban setting, two schools were in a semi-urban environment and one school was situated in a rural area. The total number of learners with physical disabilities attending these schools, according to location, was: urban schools 22, semi-urban schools eight, and rural school one.

Table 4.2 Distribution of the number of learners with physical disabilities in urban, semi-urban and rural ordinary schools (N=31)

<i>Location of schools</i>	<i>Number of learners (n=31)</i>
Urban schools	22
Semi-urban schools	8
Rural schools	1

4.5 TYPES OF SPORT OFFERED TO LEARNERS WITH PHYSICAL DISABILITIES

4.5.1 Sports offered at special schools

The special schools in the study included six urban and two semi-urban schools. At these special schools the number of different types of sport offered ranged between six and 12. The mean number of sports offered at the six urban schools interviewed was 9.7, the median was 9.7 sports and the standard deviation was two sports. The mean number of sports offered at the two semi-urban schools interviewed was 6.5 and the standard deviation was 0.7. No rural special schools were included.

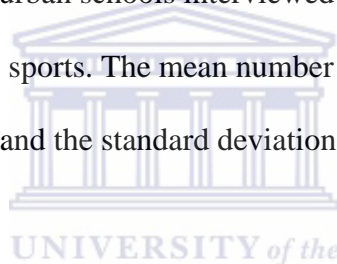


Table 4.3 Types of sport offered in urban and semi-urban special schools (N=8)

Sport	Urban schools (n=6)	Semi-urban schools (n=2)	Total
Archery	2	0	2
Athletics	6	2	8
Badminton	0	0	0
Basketball	3	1	4
Boccia	5	0	5
Cricket	3	2	5
Cycling	3	0	3
Goalball	0	0	0
Golf	2	0	2
Hokker	4	2	6
Jukskei	1	0	1
Lawn bowls	0	0	0
Netball	5	2	7
Powerlifting	0	0	0
Rugby	0	0	0
Sailing	0	0	0
Shooting	0	0	0
Swimming	5	1	6

Sport	Urban schools (n=6)	Semi-urban schools (n=2)	Total
Table tennis	6	1	7
Tennis	2	0	2
Horse riding	6	0	6
Volleyball	1	0	1

4.5.2 Sports offered at ordinary schools

At ordinary schools, the number of different sports offered at each school ranged between 2 and 7 with the median being 4.5 sports. The standard deviation was 1.6.

Table 4.4 Types of sport offered in urban and semi-urban and rural ordinary schools (N=7)

Types of sport	Urban schools (n=4)	Semi-urban schools (n=2)	Rural schools (n=1)	Total
Archery	0	0	0	0
Athletics	4	2	1	7
Badminton	0	0	0	0
Basketball	0	0	0	0
Boccia	0	0	0	0
Cricket	4	2	1	7
Cycling	0	0	0	0
Goalball	0	0	0	0
Golf	0	0	0	0
Jukskei	0	0	0	0
Hokker	0	0	0	0
Horse riding	1	1	1	3
Lawn bowls	0	0	0	0
Netball	3	1	1	5
Powerlifting	0	0	0	0
Rugby	3	1	0	4
Sailing	0	0	0	0
Shooting	0	0	0	0
Soccer	0	1	1	2
Swimming	2	0	0	2
Table tennis	0	0	0	0
Tennis	1	0	0	1
Volleyball	0	0	0	0

Table 4.5 The number of special (N=8) schools and ordinary (N=7) schools that offer each type of sport

Types of sport	Special schools (N=8)	Ordinary schools (N=7)
Archery	2	0
Athletics	8	7
Badminton	0	0
Basketball	4	0
Boccia	5	0
Cricket	5	7
Cycling	3	0
Goalball	0	0
Golf	2	0
Jukskei	1	0
Hokker	6	0
Horse riding	6	3
Lawn bowls	0	0
Netball	7	5
Powerlifting	0	0
Rugby	0	4
Swimming	6	2
Sailing	0	0
Shooting	0	0
Soccer	6	2
Table tennis	7	0
Tennis	2	1
Volleyball	1	0



Horse riding was the only type of sport that was offered specifically for learners with physical disabilities.

4.5.3 Other sports offered

Some special schools offered wheelchair ballroom dancing and gymnastics to learners with physical disabilities on a regular basis.

4.6 LEARNERS WHO ATTENDED A SPECIAL SCHOOL PRIOR TO AN ORDINARY SCHOOL

Of the learners with physical disabilities who were attending an ordinary school, eight out of the 31 learners previously attended a special school. Only one (12.5%) of the eight learners who previously attended a special school participated in sport in an ordinary school while eight (35%) out of 23 learners who never attended a special school participated in a sport at the time of the study.

4.7 RESULTS OF PARTICIPATION OF LEARNERS WITH PHYSICAL DISABILITIES

In total, ten (32%) out of the 31 learners in the study population were participating in some form of sport at the time of data collection. Regarding gender differences, five out of the ten learners who participated were boys, four learners were girls and one learner who participated did not specify his or her gender.

Table 4.6 Age and gender distribution of learners (N= 10) with physical disabilities who participated in sports in ordinary schools

Age (n = 31)	Male learners (n = 18)	Female learners (n=11)	No gender specified (n = 2)
7 years (n = 4)	0	1	0
8 years (n = 2)	0	0	0
9 years (n = 2)	1	0	0
10 years (n = 4)	0	0	1
11 years (n = 0)	0	0	0
12 years (n = 4)	1	1	0
13 years (n = 2)	1	0	0
14 years (n = 1)	0	0	0
15 years (n = 4)	0	0	0
Age missing (n = 8)	2	2	0

All the learners (n = 10) with physical disabilities attending ordinary schools in the Western Cape participated in athletics. A small percentage of learners with physical disabilities also participated in swimming (two learners), horse riding (one learner), soccer (one learner), netball (one learner) and rugby (three learners).

4.8 TYPES OF SPORTS LEARNERS WITH PHYSICAL DISABILITIES WOULD LIKE TO PARTICIPATE IN

Of the list of the various types of sport in the questionnaire, swimming was the sport that most of the learners with physical disabilities would have liked to participate in with nine (29%) out of the 31 learners selecting it. Only two of the ordinary schools offered swimming as a sport at school and only two learners with physical disabilities attending these schools stated that they are participating in swimming as a sport. Even though eight learners with physical disabilities attended these two schools, only two of these learners were making use of this opportunity. Reasons why more learners were not participating in swimming were not specified. Second to swimming, six (20%) out of the 31 learners would have liked to do athletics, five (16%) learners would have liked to do netball, four (13%) cycling, table tennis, tennis and lawn bowls, three (1%) learners rugby, horse riding, cricket and basketball, two learners shooting and soccer, and one learner golf, archery and volleyball.

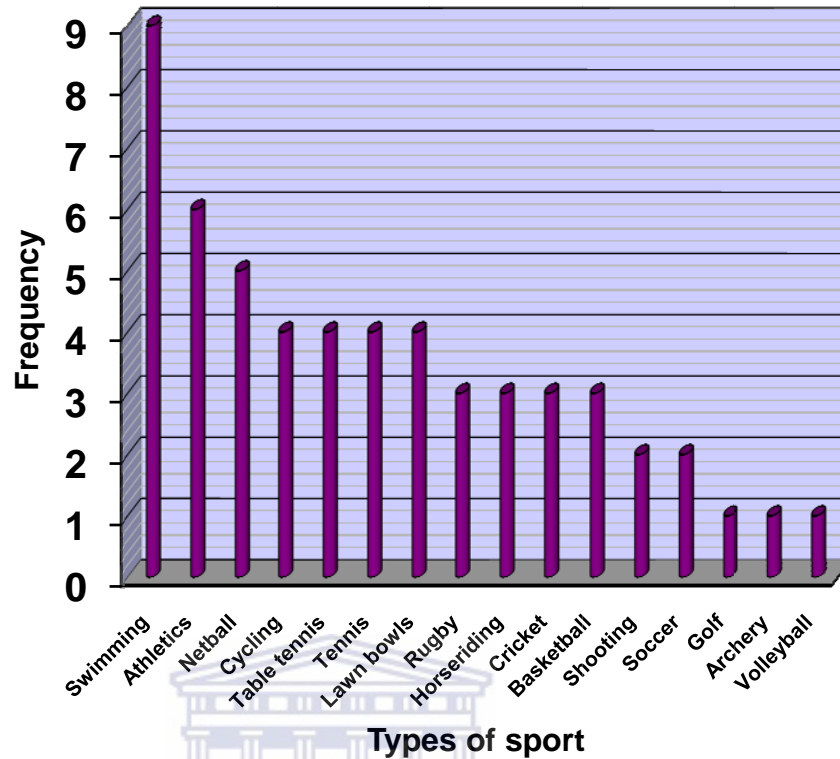


Figure 4.2 Types of sport that learners with physical disabilities would like to participate in (N=31)

4.9 FACILITATORS TO PARTICIPATION IN SPORTS FOR LEARNERS WITH PHYSICAL DISABILITIES

4.9.1 Schools' views on potential facilitators to participation in sport

In informal conversations with the principals and teachers at the seven ordinary schools that were visited personally, everyone mentioned that much needed to be done to facilitate increased participation in sports for their learners with physical disabilities.

In Questionnaire 1 (Appendix A) each school was asked to complete a section on possible facilitators to participation in sport for learners with physical disabilities. When given the option to choose as many possible facilitators as they felt were relevant, six out of seven schools agreed

that more funds and more staff would facilitate participation. The need for more information on disabled sports, training for teachers and coaches who work with learners with disabilities and more sports fields and therapy support were selected from the list by five of the seven schools. Lastly, four of the seven schools agreed that better networking with sports clubs in the local community and organisations for sport for persons with disabilities would increase participation amongst these learners.

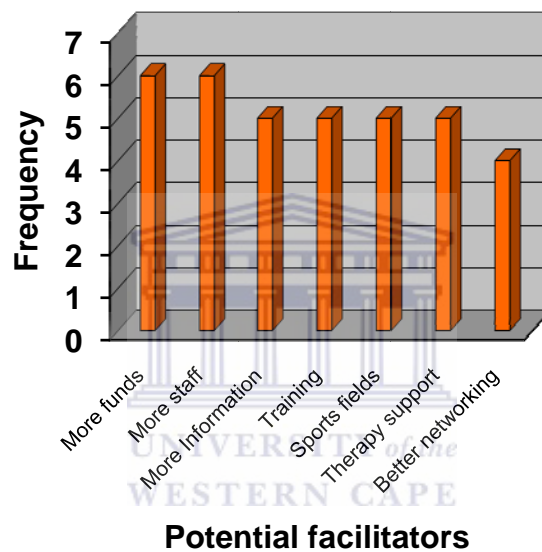


Figure 4.3 Schools' views on potential facilitators to participation in sport (N = 7)

4.9.2 Learners' views on potential facilitators to participation in sport

Questionnaire 3 (Appendix C) did not include a section on potential facilitators to participation in sport since primary school learners are often not aware of what would facilitate participation in sport.

4.10 BARRIERS TO PARTICIPATION IN SPORTS FOR LEARNERS WITH PHYSICAL DISABILITIES

4.10.1 Physical barriers to participation in sport

Of the physical barriers, a lack of special adapted aids for learners with physical disabilities was found to be the biggest problem for ordinary schools at five of the seven schools, while a lack of sports fields for 17 (55%) out of the 31 learners was the biggest physical barrier learners identified.

4.10.2 Psychological barriers to participation in sport

Five out of seven ordinary schools thought that their learners with physical disabilities were “unable” to participate in sport, while only 14 (45%) out of the 31 learners indicated there was an “inability to participate”.



4.10.3 Social barriers to participation in sport

A lack of therapy support for schools was identified by five out of seven ordinary schools as a major social barrier. Four out of seven of the ordinary schools indicated lack of money and sports coaches as the second social barrier. Of the learners, 21 (68%) rated lack of coaches and a lack of therapists to assist them as equally important barriers to participation in sports in ordinary schools in the Western Cape.

Table 4.7 Frequency distribution of perceived physical, psychological and social barriers to participation in sport for ordinary schools and learners. Schools (N=7), learners (N=31)

Barriers	School (n=7)		Learners (n=31)		Learners: Missing data
	Yes	No	Yes	No	
Physical					
Opportunity	2	5	4	22	5
Special Aids	5	2	5	21	5
Sports fields	2	5	17	9	5
Transport	3	4	12	14	5
Fitness	2	5	9	17	5
Psychological					
Mockery	4	3	7	19	5
“Unable”	5	2	14	12	5
Health	1	6	4	22	5
Social					
Time	0	7	0	26	5
Money	4	3	10	16	5
Parents	3	4	7	19	5
Coaches	4	3	21	5	5
Therapists	5	2	21	5	5

4.10.4 Relationship between gender and perceived barriers to participation in sport

Of the physical barriers, eight out of 18 boys and six out of 11 girls indicated that the lack of sports fields were the most important barrier.

Perceived “inability” to participate in sport was indicated by a bigger proportion of girls (seven out of 11 girls), than boys (seven out of 18 boys). Mockery was also more of a concern to girls (three out of 11), than to boys (four out of 18).

No participant indicated that a lack of time prevented them from participating. Eight out of 11 girls and 12 out of 18 boys mentioned that a lack of sports coaches was an important social barrier.

Table 4.8 Differences in girls' and boys' perceptions of barriers to participation in sport. (N=31)

Barriers	Male (n=18)		Female (n=11)	
	Yes	No	Yes	No
Physical				
Opportunity	2	14	2	7
Special Aids	3	13	2	7
Sports fields	8	8	6	3
Transport	7	9	5	4
Fitness	5	11	4	5
Psychological				
Mockery	4	12	3	6
Unable	7	9	7	2
Health	3	13	1	8
Social				
Time	0	18	0	11
Money	6	10	3	6
Parents	4	12	3	6
Coaches	12	4	8	1
Therapists	13	3	7	2

An open-ended comments section was included in Questionnaire 3 (Appendix C). This question was mostly completed by the parents of learners with physical disabilities. The parents mentioned socio-economic factors such as lack of funds or transport to attend sport as a barrier to participation. They also indicated that there was difficulty with adult supervision (for accompanying the child to sport), a lack of special equipment such as specialised wheelchairs and a lack of coaches who were knowledgeable about sports for learners with physical disabilities.

4.10.5 Relationship between age and perceived barriers to participation in sport

For convenience, the participants were grouped into those of 10 years of age and below (n = 12), and those of 12 years of age and above (n = 11). There were no 11-year old participants. Eight (26%) of the participants did not fill in their age. Five learners did not complete the section on

barriers to participation in sports. Four of these learners were in the 12 years of age and above.

One learner did not specify his or her age.

Table 4.9 Perceptions with regards to barriers to participation in sport by age groups. (N=31)

Barriers	<= 10yrs (n=12)		>=12yrs (n=11)	
	Yes	No	Yes	No
Physical				
Opportunity	2 (17%)	10 (83%)	1 (1%)	6 (55%)
Special Aids	1 (8%)	11 (92%)	4 (36%)	3 (27%)
Sports fields	5 (42%)	7 (58%)	5 (45%)	2 (18%)
Transport	3 (25%)	9 (75%)	6 (55%)	1 (1%)
Fitness	3 (25%)	9 (75%)	3 (27%)	4 (36%)
Psychological				
Mockery	3 (25%)	9 (75%)	1 (1%)	6 (55%)
Unable	5 (42%)	7 (58%)	4 (36%)	3 (27%)
Health	2 (17%)	10 (83%)	2 (18%)	5 (45%)
Social				
Time	0	12 (100%)	0	7 (64%)
Money	3 (25%)	9 (75%)	1 (1%)	6 (55%)
Parents	3 (25%)	9 (75%)	3 (27%)	4 (36%)
Coaches	8 (67%)	4 (33%)	7 (64%)	0
Therapists	7 (58%)	5 (42%)	7 (64%)	0

4.11 TEACHERS' TRAINING

Only three of the seven ordinary schools had sent a teacher on a course to teach learners with SEN. In informal conversations with the teachers, some of the teachers at these schools mentioned that they had taken own initiative and went for training.

4.12 HEALTH-PROMOTING SCHOOLS IDENTIFICATION

Three out of the seven ordinary schools that completed the questionnaire have never heard of the health-promoting schools initiative and two of the schools identified themselves as health-promoting schools. One school did not complete the section on health-promoting schools.

4.13 POLICIES IN ORDINARY SCHOOLS

Five out of the seven schools stated that they have a policy on health-related issues and four out of the seven schools had a policy on inclusion. Three out of the four schools, which had a policy on inclusion, had accessible buildings and playground for learners with physical disabilities.

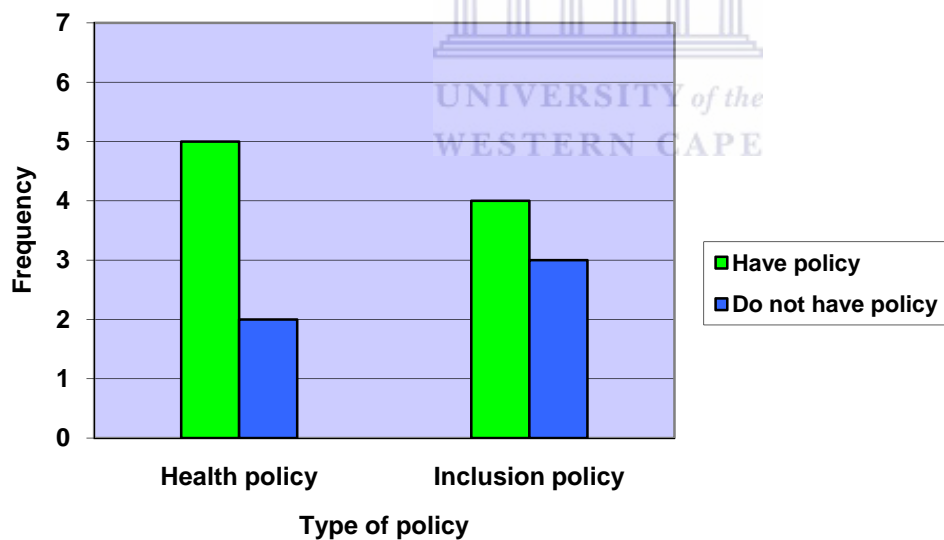


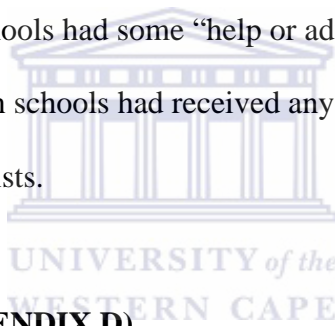
Figure 4.4 Number of ordinary schools that have policies on health and inclusion (N=7)

4.14 NETWORKING BETWEEN ORDINARY SCHOOLS AND RESOURCE CENTERS OR CLUBS

Only one out of the seven ordinary schools in the study population had any contact with clubs or organisations for the disabled. None of the other schools had any contact with or support from outside organisations.

4.15 THERAPY SUPPORT

Three out of the seven ordinary schools had some “help or advice from” an occupational therapist, and only two out of seven schools had received any form of “help or advise (sic) from” physiotherapists and speech therapists.



4.16 QUESTIONNAIRE 2 (APPENDIX D)

Only two schools returned Questionnaire 2 (Appendix D). One school had not been visited personally by the researcher and did not have any learners with disabilities attending. The results of Questionnaire 2 (Appendix D) for the other school who returned this questionnaire confirmed the number of learners with disabilities that the principal indicated in Questionnaire 1 (Appendix A). None of the other schools completed or returned Questionnaire 2 (Appendix D).

The following chapter discusses and interprets the findings of the study.

CHAPTER FIVE

DISCUSSION

5.1 INTRODUCTION

This chapter discusses the findings in relation to each research aim and objective. Firstly, the effect of the geographical location of the study population on the results of the study is considered. Secondly, the findings for each of the objectives of the study are discussed, including the types of sport offered in ordinary schools and in special schools in South Africa. The types of sport learners with physical disabilities would like to participate in are compared to the types of sport learners with disabilities would like to participate in internationally. A discussion of the number of learners who participate in sports follows and the influence of previous special school attendance is considered. The barriers and facilitators to participation in sports for learners with physical disabilities attending ordinary schools from the learners and schools' perspective is discussed and the effect of the health-promoting schools initiative, inclusion and health policies participation are discussed.

5.2 GEOGRAPHICAL LOCATION OF ORDINARY SCHOOLS

It is difficult to accurately discuss and compare the relationship of the location of schools in the study sample to the results, since only one of the seven schools is situated in a rural area.

Of the 31 learners with physical disabilities in the study population, 22 learners attended urban schools, eight out of the 31 learners attended semi-urban schools and only one learner attended the one rural school.

More learners with disabilities would be expected to attend ordinary schools in rural areas, because the special schools in the Western Cape are situated in the cities and towns. In addition, many learners with disabilities do not have the option of attending a special school, as these schools cannot accommodate all the learners with physical disabilities. However, there may be learners with physical disabilities in rural areas who are not attending any school.

5.3 TYPES OF SPORT OFFERED TO LEARNERS WITH PHYSICAL DISABILITIES

5.3.1 Special schools

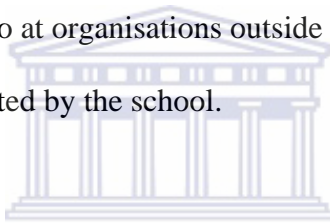
The special schools in this study offered a variety of sporting opportunities to learners with disabilities. Sixteen different types of sport were identified and the average number of sports each school offered was eight. The types of sport offered at special schools and ordinary schools included: athletics, cricket, netball, therapeutic horse riding, swimming, soccer, rugby and tennis. Apart from these types of sport, special schools also offered archery, basketball, boccia, cycling, golf, hokker, table tennis, volleyball and jukskei. Currently, the learner with a physical disability in the Western Cape has more choice and opportunity to participate in a variety of sports in a special school setting than in an ordinary school, while in the UK the same types of sport are offered in special and mainstream schools (Fitzgerald & Kay, 2004; Sport England, 2000).

5.2.2 Ordinary schools

All of the ordinary schools in the study in the Western Cape offered athletics and cricket. Athletics is also promoted for people with disabilities in the UK (Scottish Disability Sport, 2007). However, athletics was not the learners' first choice for sport; swimming was the sport

most learners would have liked to participate in. Netball was the type of sport offered second most frequently; at five out of seven ordinary schools and rugby was offered at four out of seven schools. Only two schools had the facilities to offer swimming.

Apart from therapeutic horse riding, which was offered at three of the seven ordinary schools in the Western Cape, no other sports were specifically offered for learners with physical disabilities. This is contrary to the spirit of inclusion where the environment is expected to be adapted for the learners' needs (Department of Education, 2001). Currently learners are expected to "integrate" into what is available. Learners with physical disabilities in ordinary schools that attend therapeutic horse riding do so at organisations outside of the schools, even though the link or opportunity to participate is created by the school.



The tendency in South Africa that sports for learners with disabilities are mainly organised by associations external to ordinary schools is similar to the situation in other developing countries such as Uganda, Rwanda, Tanzania, Zimbabwe and Botswana, where sports for learners with disabilities are organised by national organisations (Botswana National Sports Council, 2005; International Paralympic Committee, 2005; Rutsate, 2006).

The number of sports offered at the ordinary schools in the study in the Western Cape, compared to the number of sports offered at ordinary schools in the UK, is low. In Derbyshire in the UK, 28 sports and physical education games are offered in ordinary schools. The list of sports offered to all learners attending the school in Derbyshire includes the following: goalball, gymnastics, hockey, horse riding, hydro (water sports), netball, orienteering, rebound, rugby, softball, sailing,

swimming, tennis, table top games, volleyball, walking, athletics, badminton, basketball, bowling, boccia, cricket, canoeing, climbing, cycling, dance, football and girls football (Fitzgerald & Kay, 2004). In ordinary schools in the Western Cape the following eight types of sport are offered to all learners attending the school: Athletics, cricket, therapeutic horse riding, netball, rugby, swimming, soccer and tennis.

One reason so few sports, comparably, are offered at the ordinary schools in the Western Cape, is because all the schools were primary schools. Many of the abovementioned sports offered in Derbyshire, such as canoeing, climbing, orienteering and sailing, are technical sports, which would be difficult for primary school aged learners to master.

5.4 LEARNERS WITH PHYSICAL DISABILITIES' CURRENT PARTICIPATION IN SPORTS



The findings of this study are in line with the literature, which suggests that limited numbers of learners with disabilities participate in sport (Hale, 2004; Longmuir & Oded, 2000). In ordinary schools in the Western Cape, only 32% (n=10) of learners with physical disabilities participate in sport at schools.

The average number of sports that the learners in this study population participated in was one to two sports. In 2000 in the UK, learners with disabilities participated in at least six types of sport (Sport England, 2001). This could be because more types of sport are offered in the UK or because learners in the UK may have better support for participation or better equipment.

In this study, age was not found to be a factor that predicted involvement in sport. However, higher numbers of older learners with disabilities are reported to participate in sports in the UK, compared to their younger peers (Sport England, 2001). No relationship could be found between participation in sports and age in the Western Cape. Four out of the ten learners who participated in sport did not indicate their age. The remaining six were spread across all ages.

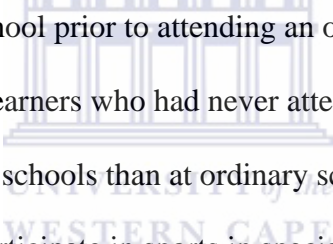
The difference between the participation in sport by boys and girls was very small. Of the learners included in the population of 11 girls and 18 boys, a slightly higher percentage of the total number of girls (four (36%) out of 11) participated in sport compared to five (28%) out of 18 boys. The mean age of the boys included in the study was 10.5 years and the mean age of the girls was 10.2 years. The fact that more girls participated in sports cannot therefore be attributed to an age difference between the gender groups. These findings are different to those found in New Zealand, where more boys participated in sports than girls (Townsend & Hassall, 2006).

5.5 SPORTS LEARNERS WITH PHYSICAL DISABILITIES WANTED TO PARTICIPATE IN

Learners do not necessarily have the opportunity to participate in their preferred sport. The learners in the study were interested in participating in a wide variety of sports, as follows: nine (29%) out of the 31 learners preferred swimming, six (19%) out of the 31 learners preferred athletics, five (16%) out of the 31 learners preferred netball, four (13%) out of the 31 learners preferred cycling, table tennis, tennis and lawn bowls, three (10%) out of the 31 learners

preferred rugby, horse riding, cricket and basketball, two (6.5%) out of the 31 learners preferred shooting and soccer, one (3%) out of the 31 learners preferred golf, archery and volleyball. In other words, the most popular sport was swimming with the largest number of learners in the study population indicating that they would like to have the opportunity to swim. Fitzgerald & Kay (2004), Hale (2004) and Sport England (2000) also found that swimming is the type of sport that most learners with disabilities in the UK wanted to participate in.

5.6 LEARNERS WHO ATTENDED SPECIAL SCHOOLS PRIOR TO ATTENDING ORDINARY SCHOOLS



Learners who attended a special school prior to attending an ordinary school were not more likely to participate in sports than learners who had never attended a special school. As more types of sport are offered at special schools than at ordinary schools it might be assumed that learners would be more likely to participate in sports in special schools than in ordinary schools. Yet only one of the eight learners who attended special schools prior to attending ordinary schools was participating in sport in an ordinary school. This learner was also the only one of the eight learners who participated in sport while attending a special school. This finding suggests that a larger number of opportunities to participate does not necessarily lead to higher numbers of learners participating in sports. The questions that arise then are: What factors will predict or facilitate participation in sports and what barriers prevented these learners from participating in sports? In order to encourage more learners with disabilities to participate in sports it is necessary to determine the facilitators and barriers to participation in sports.

Nine (39%) out of the 23 learners who never attended a special school participated in sport in ordinary schools. From this finding one could infer that learners who never attended a special school prior to attending ordinary schools are more likely to participate in sports than learners who attended a special school prior to attending an ordinary school. It is also possible that learners with SEN are more motivated to participate in sports in ordinary schools if they see all their friends participating. It may also be that learners who previously attended special schools were more physically disabled and so found it difficult to participate in sports.

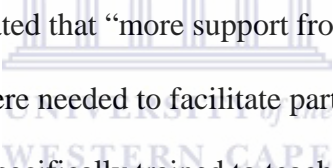
5.7 FACILITATORS TO PARTICIPATION IN SPORTS FOR LEARNERS WITH PHYSICAL DISABILITIES IN ORDINARY SCHOOLS

Teachers from six out of the seven ordinary schools indicated that more staff and more funds would facilitate participation in sport for learners with disabilities attending ordinary schools. Ordinary schools that accommodate learners with SEN do not receive any additional financial support to assist these learners in spite of expenses they may need to incur adapting the environment. Teaching learners with SEN also requires more human resources, or adult supervision, for example teaching assistants (Mihaylov et al., 2004). Financial support is needed for this.

Five out of the seven ordinary schools stated that more information on sport for persons with disabilities and more training for teachers working with learners with physical disabilities would facilitate sports participation. This finding is supported by the finding that only three of the seven

ordinary schools in the study population sent the teachers who teach learners with SEN on courses for teaching learners with SEN.

When considering environmental factors, five out of seven schools indicated that more sports fields would facilitate increased participation in sports amongst learners with physical disabilities. This finding must be considered critically since all seven the ordinary schools offered athletics and cricket and should therefore have at least one or two sports fields. Learners with disabilities, who wanted to play soccer for instance, could possibly have been accommodated on these fields at different times or on different days if the human resources or sports coaches and equipment were available.



Five out of the seven schools indicated that “more support from physiotherapists, occupational therapists and speech therapists” were needed to facilitate participation in sports for learners with disabilities. Teachers who are not specifically trained to teach learners with physical disabilities are often not sure if certain types of sport would be beneficial to the learner or if the learner would be capable of participating and as a result do not encourage participation in sports. Three of the seven ordinary schools received some support from occupational therapists and two schools received support from physiotherapists and speech therapists. If more of the schools had some support from therapists it is possible that it would be easier for teachers to encourage learners to participate in sport as it would give teachers the opportunity to consult with a health professional.

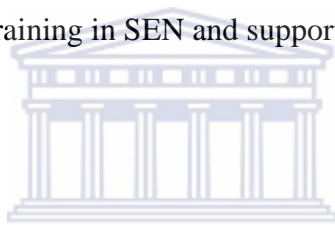
The lack of knowledge about physical disabilities as a result of insufficient training for teachers who teach learners with physical disabilities could also lead to a lack of confidence and a negative attitude towards teaching learners with disabilities. According to Kuyini and Desai (2007) positive teachers' attitudes predicted effective teaching and promoted inclusion of learners with disabilities. This could also mean that positive teachers' attitude would facilitate increased participation in sports amongst learners with physical disabilities.

Only one out of the seven ordinary schools established sources of support or facilitation for participation in sport for learners with disabilities outside of the school system. None of the ordinary schools received any support from special schools or resource centres in the area.

Four of the seven (57%) schools indicated that better networking and more contact with sports clubs for persons with disabilities or special schools would improve participation amongst learners with physical disabilities in ordinary schools. Only one of the schools interviewed was in contact with sport clubs in the area. This may be because schools are not be aware of special schools acting as resource centres in the area or realise the potential value for the learners in networking with external sports organisations. The special schools or resource centres might also not have contacted ordinary schools in their area to indicate what support they can provide. On the other hand, teachers at ordinary schools also might not want or have the time for the added responsibility of networking with special schools and organising special sports events in collaboration with sports clubs in addition to their everyday work.

In the *White Paper 6: Special Needs Education; Building an inclusive education and training system*, under the subheading “Strategic areas of change” most of these concerns were anticipated. A number of strategies were proposed to address issues relating to funding, further training in special educational needs for teachers and district support teams (including therapy support), and support for ordinary schools from resource centres (Department of Education, 2001).

Although six years have passed since this *White Paper* was published, very little has changed on ground level. Schools are still in need of funding to facilitate inclusion and participation in sports. Teachers still need further training in SEN and support for ordinary schools from resource centres is not yet a reality.



5.8 BARRIERS TO PARTICIPATION IN SPORTS (FOR LEARNERS WITH PHYSICAL DISABILITIES) IN ORDINARY SCHOOLS

5.8.1 Physical barriers

Despite policy, the reality is that the learners experience barriers. Only three out of the four schools that had a policy that advocated inclusion were wheelchair accessible. In total, only three out of the seven schools that had learners with physical disabilities enrolled were wheelchair accessible.

Five (71%) out of the seven schools and 22 (71%) out of the 31 learners felt that there were enough opportunities to participate in sports in ordinary schools. This is contrary to the findings

of a survey done by Sport England (2000) and the English Federation of Disability Sport (2004), which found that a lack of opportunities to participate in sport was an important barrier. Learners at school in the Western Cape and teachers working in ordinary schools might not be aware of all the types of sport that are available for learners with physical disabilities. On the other hand, the UK schools might be more aware of the different opportunities that are available and may have the resources to provide these opportunities.

Five out of seven of the ordinary schools indicated that a lack of special aids prevented participation in sports. However, six (19%) out of the 31 learners strongly disagreed with this. Two learners indicated that a specialised wheelchair would help them, even though these two learners did not tick special aids as a barrier to participation. This could be due to a misunderstanding or misinterpretation by learners of what special aids are. They possibly did not realise that a specialised wheelchair is a special aid.

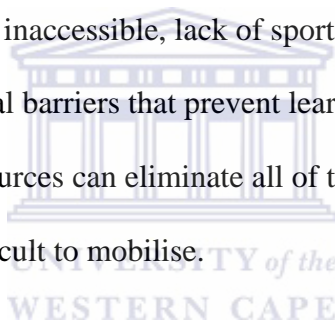
Only two of the seven schools considered a lack of sports fields to be a barrier, while 15 (48%) of the 31 learners identified lack of sports fields as a barrier to participation. This discrepancy could be due to the age of the learners in the study population. It was a young group with all the learners in primary school. They may have thought that only one type of sport could be played on a particular field and that their school did not have many fields to play on, while the teachers knew that more than one type of sport could be played on one field.

Fewer than half the schools (three out of seven schools) and learners (12 out of 31 learners) indicated that the lack of transport was an important barrier to participation in sport. This may be

because sport is offered at school and transport was not necessary. Contrary to the findings of this study, lack of accessible public transport for learners with disabilities was noted as a significant barrier to sports participation in a variety of international studies (Fitzgerald & Kay, 2004; Kristen, Patriksson & Fridlund, 2003; Mihaylov et al., 2004).

Poor fitness was not considered to be an important factor preventing participation. Two out of nine schools and nine out of the 31 learners indicated poor fitness prevented participation in sports.

Buildings and playgrounds that are inaccessible, lack of sports fields and lack of special aids are some of the most important physical barriers that prevent learners with physical disabilities to participate in sports. Financial resources can eliminate all of these barriers, but the problem is that finances are also the most difficult to mobilise.



5.8.2 Psychological barriers

Four out of the seven schools indicated that fear of mockery was a barrier to participation, but only seven (22%) out of the 31 learners agreed with this. This is different from the findings of Fitzgerald & Kay (2004) and Goodwin & Watkinson (2001) who found that mockery definitely influenced levels of participation negatively. The primary school aged learners in the study population may not have been as aware of mockery or as self-conscious as older learners would be.

Five out of the seven schools indicated that learners with physical disabilities were “unable” to participate in sport. This negative attitude of the teachers could be due to their lack of knowledge

about disability since less than half of all the schools have sent their teachers for formal training in SEN. Teachers' attitudes towards inclusion play a significant role in the success of inclusion. Various studies were done on the effect of teachers' attitudes on inclusion. Negative attitudes of teachers were identified as a barrier to participation in school activities. Most often the teachers' negative attitudes were directly linked to a lack of training regarding SEN (Brandon & Ncube, 2006). Kuyini and Desai (2007), Elkins, van Kraayenoord and Jobling (2003) and Avramidis, Bayliss and Burden (2000) found that teachers' positive attitudes were a predictor for better education in the inclusive classroom.

Fourteen (45%) out of the 31 learners also indicated that they were not able to participate. This negative perception by the learners may be due to feelings of low self-worth. They might not know their own capabilities if they have not been encouraged to try something new before.

If teachers' attitudes play such an important role in the success of inclusion, then every effort should be made to ensure that teachers have positive attitudes towards inclusion. Various studies have identified a lack of adequate training for teachers to educate learners with disabilities as the most significant predisposing factor for negative attitudes (Avramidis, Bayliss & Burden, 2000; Elkins, van Kraayenoord & Jobling, 2003; Kuyini & Desai, 2007). These negative feelings and attitudes from teachers can definitely impact negatively on the quality of education that learners in the inclusive education system receive (Armstrong et al., 2005; Brandon & Ncube, 2006; Dart, 2006; Forlin, 2004; Kuyini & Desai, 2007; Morley et. al., 2005). In order for attitudes to change, teachers must be given opportunities to attend specific training, to be able to teach learners with disabilities with confidence.

Contrary to the findings of Kristen, Patriksson and Fridlund (2002), the health of the learner with a disability was not considered a barrier to participation in sports by either the schools or the learners.

5.8.3 Social barriers

A lack of time was not identified as a barrier to participation in sports. It is possible that learners with disabilities often do not participate in as many extra-curricular activities and might thus have enough time to participate in sports if they wanted to. The schools may also make sufficient time in the day for learners with physical disabilities to participate in sports.

Four out of the seven schools indicated that a lack of finance was preventing participation in sport, ten (32%) out of the 31 of learners with physical disabilities also indicated finance was a barrier. Specialised sport equipment for learners with disabilities and new sports fields are very costly, and, without financial support, ordinary schools cannot provide a large number of sporting opportunities for learners with disabilities.

Schools (three out of seven) and learners (seven out of 31) indicated that parents not allowing their children with disabilities to participate in sport were not a major barrier to participation.

A lack of sports coaches to train learners with physical disabilities was identified by four of the seven schools and 21 (68%) out of 31 of the learners with disabilities as a barrier. These findings are supported by Fitzgerald & Kay (2004), Kristen et al. (2002) MacPhail, Kirk & Eley (2003), Republic of South Africa (1997) and the South West Strategy for Equality and Inclusion in Sport

(2005). The lack of specialised sports coaches can be due to a lack of finance, human resources or lack of specialised training.

Another major social barrier identified by four of the seven schools and 21 (68%) out of the 31 learners was the shortage of therapists to support teachers and learners. Parents, in the study done by Elkins, van Kraayenoord & Jobling (2003), also indicated that there was a lack of therapy support for SEN in the UK.

Only three schools received support from occupational therapists and only two out of the seven schools received support from physiotherapists and speech therapists. Schools and learners can also not afford to acquire these expert services privately. At one school occupational therapists volunteered their services, but this was not sufficient.

Physiotherapists can play an important role in educating teachers and learners on the types of sport that are available for learners with physical disabilities and on what type of sport would be best suited to an individual learner, taking his or her impairment into account. Lack of therapy support services could definitely be a barrier to participation in sports for learners with physical disabilities.

5.8.4 The relationship between age and the perceived barriers to participation in sports for learners with physical disabilities

In examining the perceived barriers to participation in sport for learners with physical disabilities in ordinary schools, the age of the learners in the study population could have influenced the findings. On average, learners aged 12 years and above identified more barriers than learners 11

years of age and below. The reason for this may be that a child under ten years of age does not necessarily understand how the environment can impact on or prevent him or her from doing something. Older learners have a better understanding of how their interaction with the environment can be limited by external factors. In this study, age influenced the number of barriers that were identified by the learners, but age also impacts on the way able-bodied learners interact with learners with disabilities on the sports fields. The findings of Townsend and Hassall (2007) were that younger able-bodied children were more accepting or open to participate in sports alongside learners with disabilities. If able-bodied learners can be exposed to learners with a disability at a young age, they may learn to be tolerant and they might be more accepting of learners with disabilities when they are older and more competitive (Odom et al., 2004).

5.8.5 The relationship between gender and the perceived barriers to participation in sports

Of the thirteen possible options that could be identified as barriers to participation in sports for learners with physical disabilities in ordinary schools, girls identified more barriers to participation, even though more girls (according to percentages) than boys actually participated in sports. This finding can be related to gender since the mean age for boys and girls were approximately the same at 10.5 years and 10.2 years respectively. This finding is not the same as the findings by Townsend and Hassall (2007) in New Zealand who found that age but not gender influenced the comments made by children on participation. The reasons for this contradictory finding is not clear, but it is possible that girls in general are more inclined to focus on what could go wrong, or perhaps were more perceptive when compared to boys, especially at primary school age. It could be that the mean age of the learners that participated in the study by Townsend and Hassall (2007) were higher.

5.8.6 Lack of adequately trained teachers

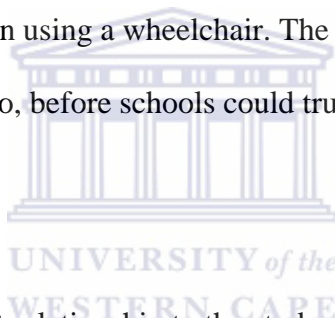
Another barrier or problem that was identified in this study was the lack of training related to learners with SEN for teachers and staff working with learners with disabilities. This finding correlates with a study done by Armstrong et al. (2005), which indicated that 80% of teachers did not feel adequately trained to teach learners with SEN. The perceived competence of teachers also dropped as the severity of disability increased (Armstrong et al., 2005; Avramidis, Bayliss & Burden, 1999; Hale, 2004). Four out of the seven schools agreed that training for staff would be helpful to facilitate participation in sports for learners with disabilities.

5.9 HEALTH-PROMOTING SCHOOLS AND INCLUSION POLICIES



Only four of the seven ordinary schools in the study population had ever heard of the “Health-promoting schools initiative”, even though this is a national initiative originating from the Department of Health and backed by the Department of Education. Only two of the six schools (one school only completed half the questionnaire), which answered the question if they “identify themselves as health-promoting schools”, agreed with the statement. Only one of these two schools was wheelchair accessible and had policies on health and on inclusion of learners with disabilities. There was no correlation between schools that identified themselves as health-promoting schools and greater numbers of learners with physical disabilities participating in sports.

If schools identify themselves as health-promoting schools they should adhere to the five key principles of health-promoting schools (Departments of Health, Education and Welfare, 2000). One of these include policies which promote well-being, and more specifically policies that encourage participation in sport and facilitate integrated support services, thus forming networks with resources in the area. The *National Guidelines for the Development of Health Promoting Schools/Sites in South Africa* (Departments of Health, Education and Welfare, 2000) also support the development of skills and aims to involve the community in sustainable health promotion projects. One of the key principles of a health-promoting school is a safe and supportive teaching environment. A building that is not wheelchair accessible cannot be considered a safe and supporting environment for a person using a wheelchair. The health-promoting schools/sites initiative still has a lot of work to do, before schools could truly be considered as health-promoting schools.



The sample size always has a direct relationship to the study results. Since the sample size was very small, inferential statistics were not possible. However, the results obtained in this study provide insight into the number and types of sport offered and perceived barriers and facilitators to participation for learners with physical disabilities in ordinary schools in the Western Cape. The opportunity to obtain information from the learners' perspective must not be underrated (Fitzgerald & Kay, 2004).

Chapter six will follow with the conclusion of the study.

CHAPTER SIX

CONCLUSION

6.1 INTRODUCTION

This chapter includes a summary of the main findings of the study. The limitations of the study and recommendations made based on the results of the study are discussed. Finally the significance of the study and the significance for the physiotherapy profession are stated.

6.2 SUMMARY OF THE MAIN FINDINGS OF THIS STUDY

The main findings of the study were that the ordinary schools in the study population are claiming to integrate learners with SEN in school, yet they are not including them fully in sports, which is not in line with the vision of inclusion. Therefore, true inclusion is not taking place in the study population of ordinary schools in the Western Cape.

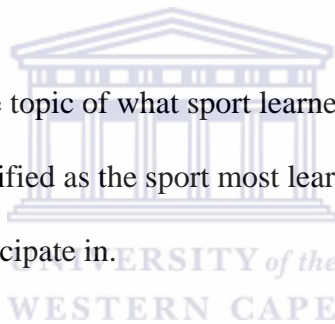
With regards to the types of sport offered for learners with physical disabilities in ordinary schools, only therapeutic horse riding is offered specifically for learners with physical disabilities. No competitive sport is offered specifically for learners with disabilities. Learners are expected to join in what sports are provided. A variety of sports is offered in ordinary schools, but a bigger variety of sports are still offered at the special schools included in the study.

Not many learners with disabilities participated in sports in ordinary schools. Only 10 (32%) out of 31 learners with physical disabilities were participating in sports. It was also established in

this study that relatively more girls (four out of 11) participated in sports compared to (five out of 18) boys.

Learners who attended a special school before enrolling at an ordinary school were not more likely to participate in sports in the special school that they attended or the ordinary school that they moved to. Therefore learners with physical disabilities are not necessarily more likely to participate in sport if they attend a special school compared to an ordinary school. More opportunities to participate in sport were also not a determining factor for higher numbers of learners participating in sport.

As with international studies on the topic of what sport learners with disabilities would like to participate in, swimming was identified as the sport most learners with physical disabilities in this study would have liked to participate in.



When considering the factors that would facilitate participation in sports, more financial support and human resources were identified by ordinary schools as the two main factors that would facilitate increased participation in sports for learners with physical disabilities in ordinary schools. These factors were closely followed by more information on disabled sports, training for teachers and sports coaches, more sports fields and better therapy support as facilitators for participation.

When identifying the perceived barriers to participation in sports for learners with physical disabilities; of the physical barriers mentioned, a lack of special adaptive aids and a lack of

sports fields were considered the most significant barriers preventing participation in sports. For schools and learners, learners' perceived inability to participate in sports was found to be the most commonly identified psychological barrier, and a lack of trained sports coaches and therapists to assist learners was the most commonly identified social barrier. Gender influenced the likelihood of identifying barriers to participation in sports, but age did not. Girls were more likely to identify barriers than boys.

From the study it emerged that teachers who teach learners with physical disabilities are not necessarily trained to teach learners with SEN and to provide sports training for these learners.

Only four out of the seven ordinary schools that were included in this study had heard of the health-promoting schools initiative and only two schools identified themselves as health-promoting schools. Having policies on health and inclusion did not influence the number of learners with physical disabilities participating in sports.

Finally there is a lack of therapy support for ordinary schools and networking between ordinary schools and resource centres does not exist.

6.3 LIMITATIONS

A significant limitation in this study was that the population of learners with disabilities in ordinary schools was based on statistics received from the WCED. These statistics could be questioned as the list could not be confirmed by an independent source. This may not be the total

population of learners with physical disabilities in all ordinary schools in the Western Cape. Since not all learners with physical disabilities attending ordinary schools in the Western Cape were approached, the findings of the study cannot be generalised to the Western Cape, but only to the study population.

The quality of the instruments used and method of data collection had limitations. Questionnaire 3 (Appendix C), which was completed by learners with physical disabilities and assisted by their parents, was completed poorly. Often questions with a “yes/no” answer were simply left unanswered, or, for example, learners did not tick the “no” column if they did not participate in a certain type of sport, but left it blank, and only ticked the sports that they participated in as “yes”. This can be attributed to the fact that the learners’ questionnaire (Appendix C) was not completed by any learners with a physical disability during the pilot study, but was only completed by a primary school teacher. Poor completion of Questionnaire 3 (Appendix C) can also be ascribed to the fact that learners did not understand the questions or parents were in a hurry to complete the questionnaire and send it back to school. Unanswered questions can prejudice the results derived from the data.

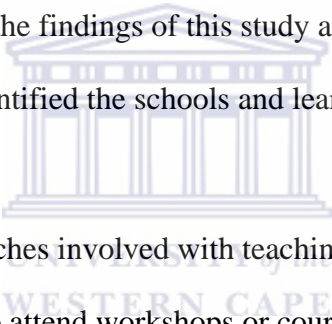
Since the study population was very small, with only seven schools and 31 learners included in the study, and because of the high prevalence of missing answers, none of the results could be statistically investigated. However the findings of the study are still clinically relevant and valuable since it is the first study to be conducted on sports for learners with physical disabilities in ordinary schools in the Western Cape. Furthermore, it provides some information on the types

of sports that are offered for learners with disabilities in ordinary schools, and what barriers and facilitators these learners encounter to participate in sports.

Another possible limitation in this study was that since the majority of learners with physical disabilities included in the study sample were between seven and ten years of age, the young age of the participants could have slanted the findings of the study.

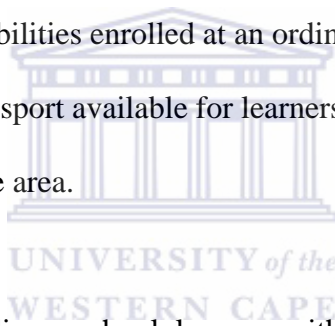
6.4 RECOMMENDATIONS

Recommendations following from the findings of this study are mainly based on the barriers to participation in sports that were identified the schools and learners. These recommendations are:

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- The teachers and sports coaches involved with teaching and training learners with disabilities should be sent to attend workshops or courses on teaching learners with disabilities by their schools.
 - A networking system between all parties involved with learners with disabilities should be initiated. For example, each teacher teaching learners with disabilities could receive a list of contact details of therapists and expert SEN teachers employed by the Department of Education in their area or a list of contact details of the district-based support team. These therapists and teachers can meet at workshops and it can also be arranged that therapists and SEN expert teachers visit these schools on a monthly basis. For example, a

different therapist could visit each Friday, so teachers receive regular support and input from medical professionals and experts in the field.

- Ordinary schools that have learners with physical disabilities attending should be given the financial support to update their buildings, playground and resources before learners with disabilities are being enrolled. These schools should also receive continued funding from the government to ensure quality education and sporting opportunities for learners with disabilities.
- Learners with physical disabilities enrolled at an ordinary school should receive information on the types of sport available for learners with disabilities at the school or at clubs or organisations in the area.
- On first enrolment in an ordinary school, learners with disabilities should be assessed by the therapy support team at the beginning of each year, to determine therapy and sports needs and goals for the learner. These goals should then be discussed with the learner's teacher. This procedure should be followed up yearly.
- Swimming pools could be built at all ordinary schools and maintained with the funding from the government for SEN. Swimming is the sport that most learners with physical disabilities would like to participate in and able-bodied learners will also benefit from the use of swimming pools.



- Additional disability-friendly transport should be provided by the school for learners with disabilities wanting to participate in sport after school hours or buses should run more frequently to accommodate learners.
- Existing cricket or athletics sports fields could be used at different times or on different days to accommodate other types of sport for learners with physical disabilities if there is a lack of sports fields at ordinary schools.
- Lastly, this study, provided that the limitations are addressed, should be used as a pilot study for further research on this topic in the other provinces in South Africa.

6.5 SIGNIFICANCE OF THE STUDY



The findings of this study add to a small body of knowledge about sport in the inclusive education system in South Africa, since this topic, as far as can be determined, has not been researched in South Africa before. This study, provided that limitations are addressed, can be used as a pilot study, and it can be repeated in all the other provinces of South Africa.

The information that was gathered in this study may be very valuable to the schools and education districts involved, as well as to the WCED.

The recommendations and identification of barriers to participation in sports will be of value to the schools and teachers who teach learners with SEN and sports coaches in ordinary schools

working with learners with physical disabilities. The WCED and all seven of the ordinary schools that were included in the study will receive feedback (Appendix K) on the main findings of the study.

The findings of this study could be used by the district-based support teams to use as a baseline to plan appropriate interventions, re-evaluations and support for ordinary schools with learners with physical disabilities.

The findings of this study are of significance for the physiotherapy profession, because physiotherapists should be involved with the general support for teachers and learners with physical disabilities in ordinary schools. In order to adequately assist and support teachers in ordinary schools, physiotherapists need to know what the needs of both teachers and learners are, and what barriers they experience. Health promotion is also an integral part of the physiotherapy profession, thus physiotherapists can provide education and promotion of physical activity for the prevention of chronic diseases of lifestyle.

In closing, this study provides a brief description of the types of sport offered, barriers and facilitators to sport for learners with physical disabilities in the study population of ordinary schools in the Western Cape.

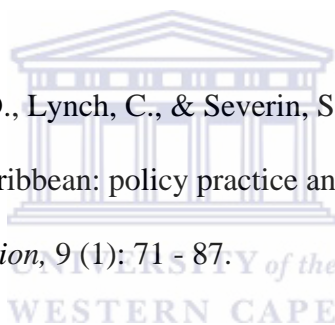
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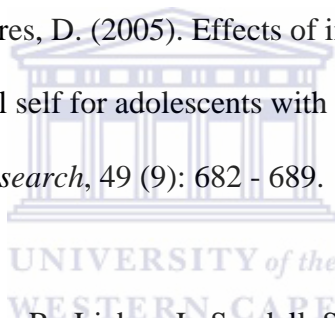
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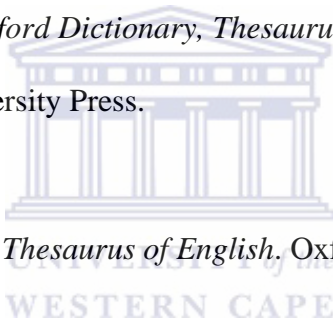
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APPENDIX A:

Sports for learners with physical disabilities in ordinary schools in the Western Cape: Questionnaire 1: Ordinary Schools

Principal/ representative questionnaire:

1. Type of school:

- Primary Intermediate Secondary

2. Number of learners with physical disabilities attending your school: _____

3. Please tick which of the following types of sports (which are included at the paralympic games) are offered at your school, and specify **how many learners with physical disabilities participate in each sport:**

Types of sport offered:	YES	NO	Number participating
1. Archery (P)			
2. Athletics (P)			
3. Badminton			
4. Basketball (P)			
5. Boccia (P)			
6. Cricket			
7. Cycling (P)			
8. Equestrian (horseriding) (P)			
9. Football (P)			
10. Goalball (P)			
11. Golf			
12. Hokker(special sport, NOT hockey)			
13. Lawn Bowls			
14. Netball			
15. Powerlifting (P)			
16. Rugby (P)			
17. Sailing (P)			
18. Shooting (P)			
19. Swimming (P)			
20. Table Tennis (P)			
21. Tennis (P)			
22. Volleyball (P)			
23. Jukskei			

4. Please list any other sports that are offered at your school, but is not listed in the table above: _____

5. Were any of the sports listed above started at the school to cater specifically for learners with physical disabilities?

If yes, please specify.

- Yes _____ No

6. Have any of the teachers on your staff gone on courses for teaching or coaching learners with physical disabilities?

Yes, how many? _____

No

7. If yes, where did they receive this training?

8. In your opinion, what prevents learners with physical disabilities in ordinary schools from participating in sport?

Tick as many as you want to:

8.1.Physical:

- No opportunity to participate
- No special aids or adapted sports equipment available
- Lack of sporting fields
- No Transport
- Poor fitness

8.2.Psychological:

- Fear of mockery/rejection
- Learners don't think they can do it
- Their (learners') own health



8.3.Social:

- No time for sport
- Money
- Parents don't want their children to participate
- Lack of coaches
- Lack of therapists willing to assist the school and learners

8.4 Other reasons:

.....

9. In your opinion, what would be helpful to increase the number of learners with physical disabilities in your school participate in sport?

Tick as many as you feel is appropriate.

- More information on disabled sports
- More training for teachers on how to coach learners with physical disabilities
- More staff
- More sports-fields (better resources)
- An organized network where learners with physical disabilities can participate in sports outside of school, eg at a club.
- A special fund to help learners with special needs acquire special aids (eg. special wheelchair) to participate in sport
- Better support from staff and therapists at special schools in the area

10. Have you heard of the “Health-Promoting schools” initiative?

Yes No

11. Does your school identify itself as a health-promoting school?

Yes No

12. These are some of the health promoting schools’ approaches:

12.1 Healthy policy:

Do you have a policy on including learners with physical disabilities in your school?

Yes No

12.2 Do you have a policy on assisting learners with physical disability to participate in sport?

Yes No

12.3 Environment:

Is your school environment accessible to learners who need crutches or a wheelchair to move?

Building: Yes No

Playground: Yes No

12.4 Do you have any contact/ links with organizations / clubs for people with physical disabilities?

Yes No

12.5 Do you get any advice or help from therapists in the area?

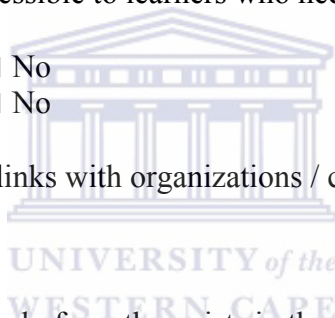
12.5.1 Occupational therapists Yes No

12.5.2 Physiotherapists Yes No

12.5.3 Speech therapists Yes No

Comments:

.....
.....



Sport vir leerders met fisiese gestremdhede in gewone skole in die Wes-Kaap.
Vraelys 1: Gewone skole, Skoolhoof/ sportorganiseerder vraelys:

1. Tipe skool:

- Laerskool Intermediere Hoerskool

2. Getal leerders met fisiese gestremdhede wat tans by u skoolgaan: _____

3. Merk asseblief watter van die volgende sportsoorte (wat by die paralimpiese spele aangebied word) tans by u skool aangebied word, en **hoeveel leerders met fisiese gestremdhede aan elke sportsoort deelneem:**

Sportsoorte:	JA	NEE	Hoeveelheid deelnemers:
1. Boogskiet (P)			
2. Atletiek(P)			
3. Pluimbal			
4. Basketbal (P)			
5. Boccia (P) al 4 ledemate betrokke			
6. Krieket			
7. Fietsry (P)			
8. Perdry (P)			
9. Sokker (P)			
10. Goalball (P)			
11. Gholf			
12. Hokker (nie Hokkie nie)			
13. Mat Rolbal			
14. Netbal			
15. Powerlifting (P)			
16. Rugby (P)			
17. Seilvaart (P)			
18. Skyfskiet (P)			
19. Swem (P)			
20. Tafel tennis (P)			
21. Tennis (P)			
22. Volleyball (P)			
23. Jukskei			

4. Noem asseblief enige ander sportsoorte wat by u skool aangebied word wat nie in die tabel gelys word nie; _____

5. Word enige van die bogenoemde sportsoorte spesifiek vir leerders met fisiese gestremdhede aangebied?

Indien ja, lys asseblief:

- Ja _____ Nee

6. Het enige van die onderwysers op u personeel op kursusse gegaan oor hoe om leerders met fisiese gestremdhede te onderrig of af te rig?

- Ja, hoeveel? _____ Nee

7. Indien ja, waar het hulle die kursus geloop?

8. In u eie mening, wat verhoed leerders met fisiese gestremdhede in hoofroom skole om aan sport deel te neem ?

Merk soveel as wat u wil:

8.1. Fisiese faktore:

- Geen geleenthede om deel te neem nie
- Geen spesiale of aangepaste toerusting beskikbaar vir leerders om deel te neem nie
- Tekort aan sportvelde
- Geen vervoer
- Lae fiksheid

8.2. Sielkundige faktore:

- Vrees vir spottery of verwerping
- Leerders dink nie hulle kan dit doen nie
- Leerders se gesondheid laat dit nie toe nie

8.3. Sosiale faktore:

- Te min tyd
- Geld
- Ouers wil nie he hulle kinders moet deelneem nie
- Te min afrigters
- Te min terapeute wat gewillig is om die leerders en skole by te staan

8.4 Ander redes:

-

9. In u eie mening, wat sal die deelname aan sport onder leerders met fisiese gestremdhede in gewone skole bevorder?

Kies soveel as wat u voel reg is:

- Meer inligting oor sport vir leerders met fisiese gestremdhede
- Meer opleiding vir onderwysers oor hoe om gestremde leerders af te rig
- Meer personeel
- Meer sport velde
- 'n Stelsel waar leerders met fisiese gestremdhede by buite klubs aan sport kan deelneem
- Fondse om leerders met spesiale behoeftes te help om bv. 'n spesiale rolstoel aan te skaf om aan sport te kan deelneem
- Beter ondersteuning van terapeute wat in spesiale skole in die omgewing werk

10. Het u al van die “Health-Promoting schools” inisiatief gehoor?

Ja Nee

11. Identifiseer u skool uself as ‘n “Health-Promoting” skool?

Ja Nee

12. Hier volg ‘n paar van die “health promoting” skole se beginsels:

12.1 Gesondheids beleid

Het u skool ‘n beleid oor die insluiting van leerders met fisiese gestremdhede?

Ja Nee

12.2 Het u skool ‘n beleid oor die insluiting van leerders met fisiese gestremdhede in sport?

Ja Nee

12.3 Omgewing:

Is u skool toeganklik vir leerders wat met krukke of ‘n rolstoel oor die weg kom om te beweeg?

Geboue: Ja Nee

Speelgronde: Ja Nee

12.4 Het u enige kontak met klubs of organisasies vir mense met fisiese gestremdhede?

Ja Nee

12.5 Ontvang u enige hulp of advies van terapeute in die omgewing?

12.5.1 Arbeidsterapeute Ja Nee

12.5.2 Fisioterapeute Ja Nee

12.5.3 Spraakterapeute Ja Nee

Kommentaar:

.....

.....

.....

QUESTIONNAIRE 1: XHOSA TRANSLATION (PRINCIPAL)

IMIDLALO YABAFUNDI ABAKHUBAZEKILEYO KWIZIKOLO ZESIQHELO ENTSHONA KOLONI

Ingununu / umeli wesikolo mibuzo:

Umbuzo 2: Izikolo zesiqhelo

- Uhlobo lesikolo
 Esabaqalayo Abaphakathi Abadala/ Abakhulu
- Inani labafundi abakhubazekileyo abasikolo sakho: _____
- Bonakalisa ngokuthi utikishe/ ukrwele , kulemidlalo elandelayo (yeyiphi ebandakanyekayo kwimidlalo yabakhubazekileyo) efumanekayo kwiskolo sakho; kwakhona cacisa bangaphi abafundi abakhubazekileyo abathatha inxaxheba kumdlalo ngamnye.

UHLOBO LWEMIDLALO EKHOYO/EFUMANEKAYO	EWE	HAYI	INANI LABATHATHI- NXAXHEBI
1.Archery			
2.Ezembaleki			
3.Badminton			
4.Ibhola yomnyazi (BasketBall)			
5. Boccia			
6. Ikhilikithi			
7. Abakweli zibhayisekile			
8. Abakweli Mahashe			
9. Ibhola Ekhatywayo			
10. Ibhola yezinti			
11.Igalufa			
12. Hoki			
13. Lawn Bowl			
14. Ibhola yomnyazi (Netball)			
15. Sozigalo			
16. Umbhoxo			
17. Abahambi ngezikhithshane			
18. Abadubuli			
19. Indadi			
20. Itenesi yetafile			

21. Itenesi			
22. Volleyball			

4. dwelisa eminye imidlalo ekhona esikolweni sakho engabhalwanga kule tafile ingentla: _____

5. Ingaba ukhona umdlalo kule edweliswe ngentla elungeselelwe abafundi abakhubazekileyo ukuba kunjalo yicacise.

Ewe _____ Hayi

6. ukhona omnye wabafundisintsapho kwisigqeba sakho onathumele kwizifundo zobutitshala ukuze ancende abafundi abakhubazekileyo ngokomzimba?

Ewe, bangaphi? _____ Hayi

7. Ukuba kunjalo, bebenzelela phi ezizifundo? _____

8. **Ngoko lwakho ulwazi, vintoni ekhusela abafundi abakhubazekileyo kwizikolo zesiqhelo ukuba bathatha inxaxheba kwezemidlalo?**

Tikisha kangangoko ufuna:

Izigalo (Physical)

- Babanalo ilungelo lokubayinxalenye
- Akukho mancedo okanye ukuzilungeselela kwizinto zemidlalo eziqhelekileyo
- Ukungabikho kwamabala okudlalela
- Ukangabikho kwezithuthi
- Ukungabinasakhono

Ngokwengqondo (Psychological)

- Uloyiko lokuhlekwa/ukangafunwa
- Ukuzidelela kwabafundi
- Ukukokosa impilo kwabafundi

Intlalo (Social)

- Ukungabikho kwexesha elaneleyo lezemidlalo
- Imali
- Ukungavumi kwabazali ukuba abantwana babeyinxalenye
- Ukungabikho kwabaqeqeshi
- Ukungabikho kwabancedi abanomdla wokuncedisa izikolo nabafundi

Nezinye Izizathu: _____

9. **Kuluvo lwakho, yintoni engabaluncedo ukwandisa/ ukukhulisa inani labafundi abakhubazekileyo ngokomzimba kwisikolo sakho ukuze babeyinxalenye kwezemidlalo.**

Tikisha kangangoko ufuna:

- Incukacha ezithechatha ngemodlalo yabakhubazekileyo
- Uqeqesho oluthechatha kubafundisintsapho malunga noqeqesha abafundi ngokukhubazeka
- Ukongezelelwa kwesigqeba sabafundisintsapho
- Amabala okudlala maninzi
- Uqhakamshelwano olululo apho umfundi okhubazakileyo ongathatha inxaxheba kwimidlalo yangaphandle kwesikolo, umzekelo kwimidlalo esecaleni (club)
- Imali esecaleni/yabucala yokunceda abafundi ngabakudingayo (umzekelo abasebenzisa izitulo ezinamavile) babeyinxalenye kwezemidlalo

Inxaso engcono esuka kwisigqeba nabancedisi abasuka kwizikolo zengingqi

10. Wawukhe weva ngesikolo eziphakamisa impilo ekuqaleni?

Ewe Hayi

11. Ngaba isikolo sakho sabonwa nje ngesikolo esiphakamisela phezulu impilo

Ewe Hayi

12. **Ezizinto ziphakamisa impilo ezikolweni**

Umthetho amalunga nezempilo;

Unawo umthetho obandakanya abafundi abakhubazekeliyo kwisikolo sakho?

Ewe Hayi

Unawo umthetho onceda abafundi abakhubazekileyo ukuba bathathe inxaxheba kwezemidlalo?

Ewe Hayi

Isimo (Environment)

Ngaba kwisikolo sakho balungiselelwe abafundi abasebenzisa imilenze yokuncedisa ukuhamaba okanye izitulo ezinavili ukuba bakwazi ukuhamba hamba?

Izakhiwo Ewe Hayi

Indawo zokudlalela Ewe Hayi

Unalo unxibelelwano nemibutho emikhulu elimalunga nabantu abakhubazekileyo?

Ewe Hayi

Wawukhe walufumana uncedo kuba ncedisi beningqi?

12.5.1 Aboncedo kwizifo zengqondo namalungu omzimaba Ewe Hayi

12.5.2 Ugqirha wamalungu omzimba Ewe Hayi

12.5.3 Ugqirha welwemi Ewe Hayi



APPENDIX B:

Telephonic survey for special schools:

Can you please answer yes or no when asked if the following types of sports are offered for learners with physical disabilities at your school.

Thank you very much.

Type of sport:	YES	NO
Archery		
Athletics		
Badminton		
Basketball		
Boccia		
Cricket		
Cycling		
Goalball		
Golf		
Hokker		
Horse riding		
Lawn bowls		
Netball		
Powerlifting		
Rugby		
Swimming		
Sailing		
Shooting		
Soccer		
Table tennis		
Tennis		
Volleyball		
Jukskei		

APPENDIX C:

Sports for learners with physical disabilities in ordinary schools in the Western Cape: Questionnaire 3: Learners

1. Did you go to a special school before you came to this school?

Yes , how many years? _____ No

2. Did you play any sports when you were in a special school?

Yes No

3. Are you playing any sports at the moment?

Yes No

4. Please tick:

1. Which of the following sports did you play before?

2. Are you playing at the moment?

3. And which of the following would you like to take part in?

Types of sport offered:	Before:	Now:	Would like to:
1. Archery (P)			
2. Athletics (P)			
3. Badminton			
4. Basketball (P)			
5. Boccia (P)			
6. Cricket			
7. Cycling (P)			
8. Equestrian (P)			
9. Football (P)			
10. Goalball (P)			
11. Golf			
12. Hokker			
13. Lawn Bowls			
14. Netball			
15. Powerlifting (P)			
16. Rugby (P)			
17. Sailing (P)			
18. Shooting (P)			
19. Swimming (P)			
20. Table Tennis (P)			
21. Tennis (P)			
22. Volleyball (P)			
23. Jukskei			

5. What are the reasons for NOT playing any sport at the moment, or what makes it more difficult for you to play sports? Tick as many as you want to:

5.1 Physical:

- I do not get the chance to take part in sport
- I do not have a special wheelchair or aid to help me take part in sport
- My school does not have enough fields to play sport on
- My parents do not have a car to take me to clubs to play sports and taking a taxi is difficult
- I am not fit enough to play sports

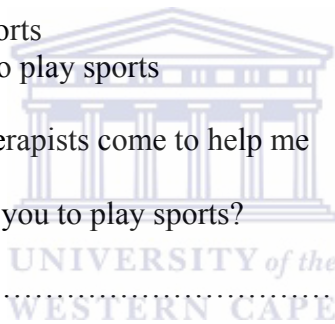
5.2 Psychological:

- I am scared the other kids will make fun of me when I try to play sports
- I do not think I can play sport
- I think I am too sick to take part in sports

5.3 Social:

- I do not have time for sport
- It is too expensive to play sports
- My parents do not want me to play sports
- No coach
- No occupational or physiotherapists come to help me

6. What would you like to help you to play sports?



Sport vir leerders met fisiese gestremdhede in gewone skole in die Wes-Kaap.

Vraelys 3: Leerders

1. Was jy al voorheen in 'n spesiale skool?

Ja, hoeveel jaar? _____ Nee

2. Het jy aan enige sport deelgeneem terwyl jy in die spesiale skool was ?

Ja Nee

3. Neem jy op die oomblik aan enige sport by die skool deel?

Ja Nee

4. Merk asseblief op die tabel:

4.1. Watter van die sportsoorte het jy al vantevore aan deelgeneem?

4.2. Wat neem jy op die oomblik aan deel?

4.3. Aan watter van die sportsoorte sal jy graag wil deelneem?

Sportsoorte:	Voorheen	Nou	Sal van hou om deel te neem:
1. Boogskiet (P)			
2. Atletiek(P)			
3. Pluimbal			
4. Basketbal (P)			
5. Boccia (P) al 4 ledemate betrokke			
6. Krieket			
7. Fietsry (P)			
8. Perdry (P)			
9. Sokker (P)			
10. Goalball (P)			
11. Gholf			
12. Hokker			
13. Mat Rolbal			
14. Netbal			
15. Powerlifting (P)			
16. Rugby (P)			
17. Seilvaart (P)			
18. Skyfskiet (P)			
19. Swem (P)			
20. Tafel tennis (P)			
21. Tennis (P)			
22. Volleyball (P)			
23. Jukskei			

5. Wat is die redes hoekom jy NIE op die oomblik aan sport deelneem nie, en wat maak dit vir jou moeilik om te kan deelneem?

Merk soveel as wat jy dink reg is:

5.1 Fisiese faktore:

- Ek kry nie die kans om aan sport deel te neem nie
- Ek het nie 'n spesiale rolstoel of die nodige toerusting om my te help deelneem nie
- My skool het nie genoeg sportvelde om op te speel nie
- My ma en pa het nie 'n kar nie en daar is ook nie taxis wat my sport toe kan vat nie
- Ek is nie fiks genoeg om aan sport te kan deelneem nie

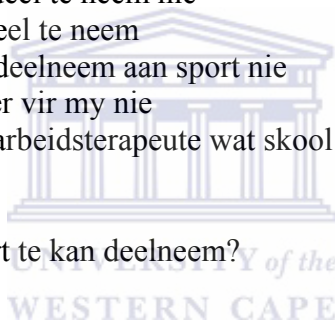
5.2 Sielkundige faktore:

- Ek is bang die ander kinders spot my as ek probeer om sport te doen
- Ek dink net nie ek is goed genoeg om te kan sport doen nie
- Ek dink ek is te siek om sport te kan doen

5.3 Sosiale faktore:

- Ek het nie tyd om aan sport deel te neem nie
- Dit is te duur om aan sport deel te neem
- My ouers wil nie he ek mag deelneem aan sport nie
- Daar is nie 'n spesiale afrigter vir my nie
- Daar is nie fisioterapeute of arbeidsterapeute wat skool toe kom om my te kom help nie

6. Wat sal jou help om aan sport te kan deelneem?



.....

**QUESTIONNAIRE 3: LEARNERS' QUESTIONNAIRES: XHOSA
TRANSLATION**

Imidlalo yabafundi abakhubazekileyo kwiziko zesiqhelo entshona koloni.

Imibuzo Yabafundi

Umbuzo 4: Abafundi

1. Wawukhe ngaphambili wafunda kwisiko sabacala
 Ewe, iminyaka mingaphi? _____ Hayi
2. Wawukhe wathatha inxoxheba nakweyiphi imidlelo kwisikolo sakho sabucela?
 Ewe Hayi
3. Nqokwolo mzuzwana awakabikho umdlalo ozibandakanye nawo?
 Ewe Hayi
4. Uyacehwa ukuba utikishe / ukwele:
 1. Kule midlalo elandelayo yeyiphi obufudula uyidlala ngaphombili?
 2. Useyinxalenye nangoku?
 3. Kule elandelayo yeyiphi onomdla wokuyidlale?

Types of sport offered: Uhlobolomdlalo funanekayo:	Before: Ngaphambili:	Now: Mgoker:	Would like to: Owewu nqwena:
1. Archery			
2. Ezembaleki Athletics			
3. Badminton			
4. Ibola yomnyzi Basketball			
5. Boccia			
6. Ikhilikithi			
7. Abakhwelizibhayisekile			
8. Abakhweli mahoshe			
9. Ibhla ekhatywayo			
10. Ibhola yezinti			
11. Igalufa			
12. Hokker			
13. Lawn Bowls			
14. Ibhola yamantonbazana Netball			
15. Isoziigalo Powerlifting (P)			
16. Umbhoxo Rugby (P)			
17. Abahambi ngezikhithane Sailing			
18. Abadubuli Shooting (P)			
19. Indadi Swimming (P)			
20. Itenesi yetatile Table Tennis (P)			
21. Itenesi Tennis (P)			
22. Volleyball (P)			
23. Jukskei			

5. Yinto umongela wokuba ube awuyo nxalenye kwezemidcalo kungenjalo; kwnziwa yinto ukuba ungabi yintalenye kwizinto ovumelana nazo kwela umgca/tikisha:

5.1 Izigalo:

- Andifumani thuba lokuzibandakanya kwezemidlalo
- Indiniso isitulo esinamavili kungelyalo enye into engandinceda ukuba ndibe yincalenye kwezemidlelo
- Misikolo sam asinawo amabola okudlela
- Abazali bam abanayo imoto yokundithata bandies kumequmshu ezemidlelo ndiyodlala khoma kwakhona netaxi/ isithuthi sikawonke-wonke sindinikeza ubunzima
- Andizilo longanga ngokupheleleyo ukuze ndikwazi ukudlala.

5.2 Ngokwase mgqondweni:

- Ndiyoyia abanye abantwana bazakuhlekisa ngom xa ndidlela
- Andiqondi ukuba ndinga kwazi ukudela
- Ndingcinga ukuba ndiyagule ngeke ndikwazi ukudlela

5.3 Intlitho:

- Andinalo ixesha lokudlela
- Kubiza phezulu ukudlela
- Abazali bam abafuni ndidlale
- Akukho mqeqeshi
- Ogqitha abasincedayo abakho



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WESTERN CAPE

6. Unicedwe yinto emidlalweni?

To provide your name
the next group of students your feedback is invaluable so you don't need
recommendations on how the section of the module could be improved for
members of this section in terms of your own learning. Feel free to make
module during the past term. Please give feedback on the strengths and
I am interested in your experience of learning during this section of the

3008

APPLIED PHYSIOTHERAPY 1 PRACTICES: STUDENTS' FEEDBACK

DEPARTMENT OF PHYSIOTHERAPY
UNIVERSITY OF THE WESTERN CAPE

APPENDIX D:

Sports for learners with physical disabilities in ordinary schools in the Western Cape:

Questionnaire 2: Teachers' questionnaire:

The aim of this questionnaire is to determine the number of learners with physical disabilities or difficulty with movement in each class.

Name of school: Grade.....

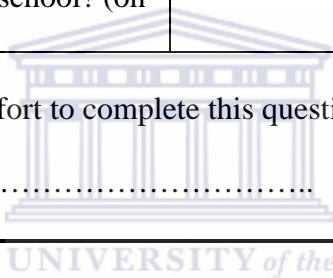
Please count each learner with a physical disability in your register class only once.

Number of learners:

	Boys:	Girls:
1. How many learners in your class have difficulty with: Moving his/her arms, hands, legs or feet:		
2. How many learners use a wheelchair or crutches to move around in the school? (on a permanent basis)		

Thank you for your time and effort to complete this questionnaire.

Teacher's signature:



Sports for learners with physical disabilities in ordinary schools in the Western Cape:

Questionnaire 2: Teachers' questionnaire:

The aim of this questionnaire is to determine the number of learners with physical disabilities or difficulty with movement in each class.

Name of school: Grade.....

Please count each learner with a physical disability in your register class only once.

Number of learners:

	Boys:	Girls:
1. How many learners in your class have difficulty with: Moving his/her arms, hands, legs or feet:		
2. How many learners use a wheelchair or crutches to move around in the school? (on a permanent basis)		

Thank you for your time and effort to complete this questionnaire.

Teacher's signature:

Sport vir leerders met fisiese gestremdhede in gewone skole in die Wes-Kaap.
Vraelys 2: Onderwysers

Die doel van hierdie vraelys is om vas te stel hoeveel leerders met fisiese gestremdhede daar in elke klas is.

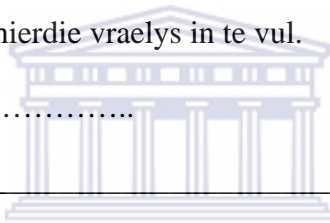
Naam van skool: Graad.....

Tel elke leerder met 'n fisiese gestremdheid in jou register klas slegs een keer.

<u>Hoeveelheid leerders:</u>	<u>Seuns:</u>	<u>Dogters:</u>
1.Hoeveel leerders in u klas ondervind moeite om hulle hande, arms, bene of voete te beweeg?		
2. Hoeveel leerders in u klas gebruik normaalweg krukke of 'n rolstoel om te beweeg.		

Dankie vir u tyd en moeite om hierdie vraelys in te vul.

Handtekening:



Sport vir leerders met fisiese gestremdhede in gewone skole in die Wes-Kaap.
Vraelys 2: Onderwysers

WESTERN CAPE

Die doel van hierdie vraelys is om vas te stel hoeveel leerders met fisiese gestremdhede daar in elke klas is.

Naam van skool: Graad.....

Tel elke leerder met 'n fisiese gestremdheid in jou register klas slegs een keer.

<u>Hoeveelheid leerders:</u>	<u>Seuns:</u>	<u>Dogters:</u>
1.Hoeveel leerders in u klas ondervind moeite om hulle hande, arms, bene of voete te beweeg?		
2. Hoeveel leerders in u klas gebruik normaalweg krukke of 'n rolstoel om te beweeg.		

Dankie vir u tyd en moeite om hierdie vraelys in te vul.

Handtekening:

QUESTIONNAIRE 2: XHOSA TRANSLATION (TEACHERS)

IMIDLALO YABAFUNDI ABAKHUBAZEKILEYO KWIZIKOLO ZESIQHELO ENTSHONA KOLONI (WESTERN CAPE):

Umbuzo wabafundisintsapho

Umbuzo wokuqala:

Injongo yalemibuzo kukwahlula inani labafundi abakhubazekileyo okanye abanobunzima ukusuka ulendlu yokufundela ukuya kwenye.

Igama Lesikolo:.....

Ibanga:.....

Nceda ubala mfundi ngamnye okhubazekileyo kanye .

Inani labafundi:

	Boys:	Girls:
1. Bangaphi abafundi kwidlu yakho yokufundela abafumana ubunzima: Ukushumisa ingalo; izandla, nemilenze, nenyawo.		
2. Bangaphi abafundi abasebenza nzisa izitulo zokuhamba ezinamavili okanye imilenze ukwenzela bakwazi ukuhamba-hamba esikolweni?		

Enkosi ngothatha ixesha lakho negalelo lakho lokugqibezela le mibuzo.

Isignature yomfundisi ntsapho:

.....

APPENDIX E:

Feedback from pilot study

A recollection of feedback received from teachers who were involved in the pilot study.

Teacher 1:

The first teacher asked me to clarify the definition of a learner with a physical disability in questionnaire 2 (to determine number of learners with disabilities in classrooms) into a simpler definition of a learner with a physical disability.

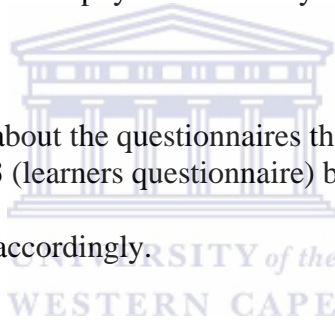
Teacher 2:

The second teacher asked that I change questionnaire 2 from all teachers to only teachers with register classes, since not all teachers have register classes. This teacher also said that not all learners with physical disabilities use crutches or a wheelchair on a permanent basis. So it would not make much sense to ask that only learners who use crutches or a wheelchair on a permanent basis must be counted as someone with a physical disability.

Teacher 3:

This teacher did not find anything about the questionnaires that was unclear, but she did advise that the language in questionnaire 3 (learners questionnaire) be as simple as possible.

All the questionnaires were edited accordingly.



APPENDIX F:
Participant information Sheet:

To whom it may concern:

Re: Research about ‘Sports for learners with physical disabilities in ordinary schools in the Western Cape’.

Thank you for taking the time to read this information sheet. My name is Liezel Reiman, and I am currently doing my postgraduate degree (M.Sc) in Physiotherapy at the University of the Western Cape. My research topic is: Sports for learners with physical disabilities in ordinary schools in the Western Cape.

Sport has so many health and other benefits and as a physiotherapist I am interested in promoting sport and health for all, but also for people with physical disabilities.

The aim of this study is to have a look at what opportunities are offered to learners with physical disabilities to participate in sports in ordinary mainstream schools. I will also look at possible factors preventing them from and helping them to participate in sport.

I will make use of questionnaires (both schools and learners with physical disabilities will only be required to fill out a simple questionnaire) to gather information with regards to opportunities and participation in sports.

The idea is to gather information about what is happening at the moment, to be able to motivate for better support and positive change if the need is recognized.

No school or learner has to agree to participate in this study, and everyone is free to refuse or withdraw from it at any stage, without any consequences. No names will be used and all schools’ and learners’ identity will be kept confidential.

Thank you for considering to participate in this study. If you have any queries, please feel free to contact me at any time.

Kind regards

Liezel Reiman
liezelreiman@yahoo.com
084-387-8628

Deelnemer inligting:

Wie dit mag aangaan:

Met betrekking tot navorsing oor: “Sport vir leerders met fisiese gestremdhede in gewone skole in die Wes-Kaap”.

My naam is Liezel Reiman en ek is tans besig om my nagraadse studies (M.Sc) in fisioterapie by die Universiteit van Wes-Kaapland te voltooi. Die onderwerp wat ek navors, is: “Sport vir leerders met fisiese gestremdhede in gewone skole in die Wes-Kaap”.

As fisioterapeut lê die bewusmaking van sport as ‘n voorkomende maatreël vir chroniese leefstyl-verwante siektes my na aan die hart. Sport het vir almal enorme gesondheidsvoordele en spesifiek ook vir mense met fisiese gestremdhede.

Die hoofdoel van hierdie studie is om vas te stel watter geleenthede daar vir leerders met fisiese gestremdhede is om in gewone of hoofstroom skole aan sport te kan deelneem. Verder wil ek ook graag die struikelblokke en die faktore wat deelname bevorder, ondersoek.

‘n Vraelys oor die geleenthede en deelname in sport sal aan leerders en die skool gegee word om die nodige inligting te versamel.

Indien dit blyk dat daar wel ‘n behoefte is om die huidige situasie te verander, kan die navorsing gebruik word om te motiveer vir positiewe verandering in die opset.

Deelname aan die projek is totaal willekeurig en enige iemand kan enige tyd onttrek uit die navorsing, sonder om enigsins benadeel te word. Geen name sal gebruik word nie en die identiteit van alle deelnemers sal beskerm word.

Voorlopig dankie vir u tyd en deelname aan hierdie projek. Indien u enige navrae het, is u welkom om my enige tyd te kontak.

Vriendelike groete

Liezel Reiman
liezelreiman@yahoo.com
084-387-8628

XHOSA TRANSLATION: PARTICIPANT INFORMATION SHEET

IPHEPHA ELINECUKACHA ZABATHABATHA INXAXHEBA

Iya nakubani onelungelo:

Uphando malunga 'nemidlalo yabafundi abakhubazekileyo ngo kwamalungu omzimba kwizikolo zesiqhelo eNtshona Koloni

Siyabulela ngokuthatha ixesha ufunde lencazelo. Mna igama ndingu-Liezel Reiman, ndenza izifundo zam ezinomsila kwisidanga (M.Sc)uakhwekhwethe kwezenzulu lwazi kwisidanga sobugqirha malunga namalung'omzimba kwiDyunivesithi yaseNtshona Koloni. Isihloko sophando lwam sithi: Imidlalo yabafundi abakhubezileyo ngokwamalung'omzimba kwizikolo zesiqhelo eNtshona Koloni.

Umdlalo unikeza impilo namalungelo ongaxhamla kuwo kwakhona nje ngoko ndinguGqirha wamalung'omzimba ndinomdla wokuphakamisa ezemidlalo nezempilo kulo lonke ; kwakhona nokubantu abakhubazekileyo ngokumzimba.

Isizathu sokufunda ngezizifundo kukunjonga amathuba ofumanekayo kubafundi abakhubazekileyo abathatha inxaxheba kwezemidlalo kwizikolo zesiqhelo. Ndiza kunjonga imiyele engabavelela nengaba ncenda ukuba bazimanya nezemidlalo.

Ndizakuzama ukubuza ngenjongo zokuqokelela incukacha kumacala omabini kwisikolo nakubafundi abakhubazekileyo malunga namathuba nokuba yinxalenye kwimidlalo. Ubuchule kukuqokelela incuchaka malunga nekwenzekayo ngalomzuzu, ukwenza umdla kubaxhasi, nenguqu ezizizo ezingathi ziqapheleke.

Akukho sikolo okanye mfundi ongavuma ukuba yinxalenye kwezizifundo, wonke umntu unalo ilungelo lokuyeka okany'arhoxa angabi sayenza nokuba seyinxayiphina ngaphandle kwesizathu. Akukho magama azakusetyenziswa nokuba ngawezikolo okanye abafundi konke kuzakuginwa kufihlakele.

Siyabulela ngokuba yinxalenye yezizifundo. Ukuba unezikhalazo, khululeka ukudibana nam naxeshani.

Ozithobileyo

Liezel Reiman

liezelreiman@yahoo.com

084 387 8628

APPENDIX G:

Informed Consent form: The Principal

Every school which participates in some form of research need to formally agree that they do so voluntarily and that they know what the research is about.

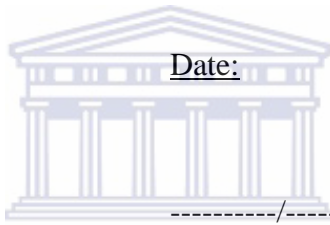
Permission to conduct this study has already been obtained from the Western Cape Education Department prior to the schools being approached.

Please sign this form if you have read the Participant Information Sheet, and voluntarily agree to participate in this research study.

I..... hereby consent that the school that I am principal of, agrees to participate in the research study about Sports for learners with physical disabilities in ordinary schools in the Western Cape.

Signature:

Date:



-----/-----/2007

UNIVERSITY of the
WESTERN CAPE

Vrywillige ingeligte instemming tot deelname aan navorsing: Die Skoolhoof

Elke persoon of instansie wat aan navorsing deelneem moet 'n vrywaringsvorm teken dat hulle dit vrywillig en ingelig doen.

Toestemming om hierdie studie by u skool uit te voer is reeds van die Wes Kaapse Onderwys department verkry voor enige skool genader is, maar u is steeds welkom om toestemming te weier.

Teken asseblief hierdie vorm as bewys dat u reeds die Deelnemers Inligtingstuk gelees het en vrywilliglik aan die studie deelneem.

Ek..... verklaar hierdeur dat die skool waarvan ek skoolhoof is instem om aan die studie oor "Sport vir leerders met fisiese gestremdhede in gewone skole in die Wes Kaap" deel te neem.

Handtekening:

Datum:

-----/-----

XHOSA TRANSLATION: PRINCIPAL CONSENT FORM

Izikolo:

Ukwazisa nge formu yesivumelwano

Iya- KwiNqununu

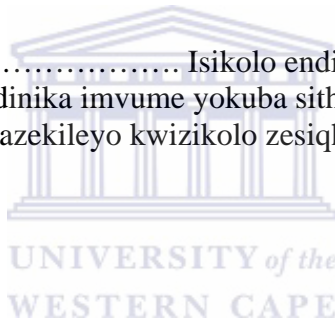
Kwisikolo ngasinye esithatha inxaxheba ngohlobo lokuphendanzulu kufuneka bavume ngokusesikweni ukuba akayi kuvuzwa, okulandelayo mabayazi ukuba oluphando lungantoni na.

Ilungelo lokufunda lizakufumaneka eNtshona Koloni kwicandelo lezemfundo, aphambile lonto yayikwizikolo ezithe zaqanjwa.

Uyacelwa ukuba usayina (sign) le form ukuba sele uyifundile ixwebu elithwelw incazalo engathath'inxaxheba, ngo kuzithandela ungajonganga ndzuzo ukuba ubayinxalenye kwezizifundo zophando.

Ndingu..... Isikolo endiyinqununu
kuso....., ndinika invume yokuba sithath'inxaxheba kwezophando
ngemodlalo yabafundi abakhubazekileyo kwizikolo zesiqhelo eNtshona Koloni.

Signature:



Ngomhla:

.....

...../...../2007

APPENDIX H:
Participant Informed Consent form:
Parents of learners with a physical disability:

To whom it may concern:

Everyone who participates in some form of research need to formally agree that they do so voluntarily and that they know what the research is about.

In the case of learners, parents have to consent that they know what the research is about, and that they agree that their child may participate in the study.

Please sign this form if you have read the Participant Information Sheet, and voluntarily agree that your child may participate in this research study.

I..... hereby consent that my child may participate in the research study about Sports for learners with physical disabilities in ordinary schools in the Western Cape.

What type of disability does your child have?

Signature:

Date:



-----/2007

Please explain to your child in simple terms what the study is about and that they do not have to participate or answer anything that they do not want to.

Learners' consent form:

I agree that someone has explained to me in a language that I understand what this research is about, and that I do not have to answer any questions that I do not want to.

Signature: (or name)

Date:

-----/2007

Kind regards.

Liezel Reiman
B.Sc Physiotherapy

ERRATUM:
It should be "Learners' assent form".

Sport vir leerlinge met fisiese gestremdhede in gewone skole in die Wes-Kaap.

Ouers se vrywillige toestemming dat hulle kind mag deelneem aan die studie:

Wie dit mag aangaan:

Hierby verklaar ek dat ek die inligtingstuk aangaande die genoemde navorsingstudie gelees het en dat ek vrywillig instem dat my kind daaraan mag deelneem. Ek is daarvan bewus dat my kind enige tyd mag onttrek, sonder enige nagevolge.

Handtekening:

Datum:

-----/-----/2007

Verduidelik asseblief aan u kind wat die studie behels en dat hy/sy geen vrae hoef te antwoord wat hy of sy nie wil nie.

Watter tipe fisiese gestremdheid het u kind?

Leerling vrywillige instemming:

Iemand het aan my verduidelik hoekom ek al die vrae moet antwoord, en ek verstaan waaroor dit gaan. Ek weet ook dat ek niks hoef te antwoord as ek nie wil nie.

Handtekening:

Datum:

-----/-----/2007

Vriendelike groete.

Liesel Reiman
B.Sc Fisioterapie

XHOSA TRANSLATION: PARTICIPANT CONSENT AND ASSENT FORM

ABANTU ABATHATHA INXAXHEBA BAXELELWA NGE FORM

YESIVUMELWANO:

ABAZALI BABAFUNDI ABAKHUBAZEKILEYO NGOKWAMALUNGU

OMZIMBA:

Iya nakubani onelungelo:

Wonke ubani obandakanyekayo kuphando makazi ukuba ulenzamahala/ akukho mbuyekezo, makazi ukuba uphando lungantoni na.

Malunga nabafundi, abazali mabayazi into emalunga noluphando kwakho mabavume ukuba abantwana/ umntwana abeyinxalenye yoluphando.

Sizakucela uzibophelele kuleformu ukuba ulifundile iphepha elinencukatha malunga nokubandakanyeka, kwakunye nesivumelwano samahala eithi umntwana wakho angabandakanyeka kwezizifundo zophando.

Mna.....ndiyavuma ukuba umntwana wam angabayinxalenye kwizifundo zophando malunga nezemidlalo zabafundi abakhubazekileyo ngokozimba kwizikolo zesiqhelo zaseNtshona Koloni (Western Cape).

Owakho umntwana ukhubazeke njani?

Signature:
.....

UNIVERSITY of the
WESTERN CAPE

Umhla:
...../...../2007

Uyacelwa ukuba ucacisele umntwana wakho ngokuqulathwe zezizifundo kwakhona bachazele ukuba akunyanzele kanga ukuba bazibandakanye okanye baphendule imibuzo ukuba abafuni.

Ozithobileyo.

Liezel Reiman
B.SC Physiotherapy

Ifomu yesivumelwano yabafundi:

Mna ndiyavuma ukuba ukhona umntu oye wandicacisela ngolwimi lwam ndacacelwa ukuba oluphando lungantoni, kwakhona andizukuphendula manye umbuzo endingawufuniyo ukuphendula.

Signature (okanye igama) :
.....

Umhla:
...../...../2007

FACULTY OF COMMUNITY
AND HEALTH SCIENCES

Private Bag X17, Belville, 7535
South Africa
Tel: +27 (0) 21 959 2163
Fax: +27 (0) 21 959 2755
E-mail: csjohnson@uwc.ac.za

HIGHER DEGREES COMMITTEE

14th November 2007

TO WHOM IT MAY CONCERN

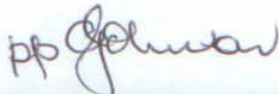
Dear Sir/Madam

Research Project of Ms. Liezel Reiman (Student Number: 2114112)

This letter confirms that Ms. Reiman is a registered student in the Faculty of Community and Health Sciences at the University of the Western Cape. Her research proposal entitled **"Sports for learners with physical disabilities in ordinary schools in the Western Cape"** submitted in fulfillment of the requirements for Masters in Physiotherapy has been examined by the Higher Degrees Committee and found to be of high scientific value, methodologically sound and ethical.

We fully support the research and kindly request that you allow her access to your organization.

Sincerely



DR GAVIN REAGON
Chairperson: Higher Degrees Committee



UNIVERSITY of the
WESTERN CAPE

Navrae
Enquiries **Dr RS Cornelissen**
IMibuzo
Telefoon
Telephone **(021) 467-2286**
IFoni
Faks
Fax **(021) 425-7445**
IFeksi



Wes-Kaap Onderwysdepartement

Western Cape Education Department

ISebe leMfundo leNtshona Koloni

Verwysing
Reference **20070726-0001**
ISalathiso

Ms Liezel Reiman
Department of Physiotherapy
University of the Western Cape
Private Bag X17
BELLVILLE
7535

Dear Ms L. Reiman

RESEARCH PROPOSAL: SPORTS FOR LEARNERS WITH PHYSICAL DISABILITIES IN PUBLIC ORDINARY SCHOOLS IN THE WESTERN CAPE.

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

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators' programmes are not to be interrupted.
5. The Study is to be conducted from **26th July 2007 to 21st September 2007.**
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December 2007).
7. Should you wish to extend the period of your survey, please contact Dr R. Cornelissen at the contact numbers above quoting the reference number.
8. A photocopy of this letter is submitted to the Principal where the intended research is to be conducted.
9. Your research will be limited to the following Primary schools: **Bellpark, Tygerpark, Parow Prep, Agter Witzenberg VGK, Mooi-Uitsig, De Heide, A.H. Barnard, Mbekweni, Newton, Swartland and Vredendal North.**
10. A brief summary of the content, findings and recommendations is provided to the Director: Education Research.
11. The Department receives a copy of the completed report/dissertation/thesis addressed to:

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

We wish you success in your research.

Kind regards.

Signed: Ronald S. Cornelissen
for: **HEAD: EDUCATION**
DATE: 26th July 2007

MELD ASSEBLIEF VERWYSINGSNOMMERS IN ALLE KORRESPONDENSIE / PLEASE QUOTE REFERENCE NUMBERS IN ALL CORRESPONDENCE / NCEDA
UBHALE IINOMBOLO ZESALATHISO KUYO YONKE IMBALELWANO

GRAND CENTRAL TOWERS, LAER-PARLEMENTSTRAAT, PRIVAATSAK X9114, KAAPSTAD 8000
GRAND CENTRAL TOWERS, LOWER PARLIAMENT STREET, PRIVATE BAG X9114, CAPE TOWN 8000

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APPENDIX K:

Dear Principal,

Thank you very much once again for granting me the opportunity to gather information for the research study on *Sports for learners with physical disabilities in ordinary schools in the Western Cape* at your school in 2007.

I would like to give you some feedback on the main findings of this study.

When looking at the types of sports offered for learners with physical disabilities in ordinary schools, only therapeutic horse riding and no competitive sports are offered specifically for learners with physical disabilities. Learners are expected to join in what sports are provided. A variety of sports are offered in ordinary schools, but a bigger variety of sports are still offered at the special schools included in the study.

In line with what was expected not many learners with disabilities participated in sports in ordinary schools. Only 10 (32%) out of 31 learners with physical disabilities included in this study were participating in sports at the time of data collection. It was also established that in this study relatively more girls (four out of 11) participated in sports compared to (five out of 18) boys.

Contrary to what was expected by the researcher, learners who attended a special school before enrolling at an ordinary school were not more likely to participate in sports in the special school that they attended or the ordinary school that they moved to. Therefore learners with physical disabilities are not necessarily more likely to participate in sport if they attend a special school compared to an ordinary school. More opportunities to participate in sport are also not a predicting factor for higher numbers of learners participating in sport.

Similar to international studies on the topic of what sport learners with disabilities would like to participate in, swimming was identified as the sport most learners with physical disabilities in this study would have liked to participate in.

When considering the factors that would facilitate participation in sports, more financial support and human resources were identified by ordinary schools as the two main factors that would facilitate increased participation in sports for learners with physical disabilities in ordinary schools. These suggestions were closely followed by more information on disabled sports, training for teachers and sports coaches, more sports fields and better therapy support.

When assessing the perceived barriers to participation in sports for learners with physical disabilities, of the physical barriers mentioned, lack of special adaptive aids, and lack of sports fields was considered the most prevalent barriers preventing participation in sports. Schools' and learners' perceived inability to participate in sports was found to be the most common barrier chosen in the psychological barriers section, and lack of trained sports coaches and therapists to assist learners was the highest rated social barriers. Gender influenced the likelihood of identifying barriers to participation in sports, but age did not.

From the study it has emerged that teachers who teach learners with physical disabilities are not necessarily always trained specifically to teach learners with special educational needs and provide sports training for these learners.

Only four out of the seven ordinary schools that were included in this study had ever heard of the health promoting schools initiative and only two schools identified themselves as health promoting schools. Having policies on health and inclusion did not influence the number of learners with physical disabilities participating in sports.

Lastly it was found that there is a lack of therapy support for ordinary schools, and networking between ordinary schools and resource centers does not exist.

If you have any queries regarding the above summary of findings, please feel free to contact me.

Kind regards.

Liesel Reiman
084 387 8628
University of the Western Cape

