

CHAPTER ONE

BACKGROUND AND ORIENTATION TO THE PROBLEM

1.1 INTRODUCTION

Parents are primary educators of children, but as the children proceed to educational institutions outside the family, parents continue to support and help them. The parent's responsibility is to accompany the child to responsible adulthood. This accompaniment is a task that requires the use of parenting skills. For parents of children with learning impairments, numerous educational problems may arise (Kapp 1991:454).

Having a child with learning impairments may in itself be a problem for parents, as they may still be struggling to accept the fact that they have a special child in their home. Their task may not only entail applying the right parenting skills, but to adapt to the caring for a special child. Children with learning impairments may need special care, assistance and guidance. Their parents' problems are varied, for an example, parents of children with ADHD experience emotional, financial, physical and social problems (Accardo, Blondis, Whitman & Stein 2000:446).

No matter what the problem may be, they are expected, as children's primary educators, to fulfill their role. Fulfilling this role successfully will be possible if the parents know what to do. With an array of problems the parents may be faced with, it becomes necessary that they themselves receive some kind of support as they become parents with special needs.

1.2 AWARENESS OF THE PROBLEM

The researcher became aware of the problem while doing her BEd (Honours) and MEd(Guidance and Counselling) practical assignments. Parents of children with learning impairments seemed to lack information about their children's problems, and were overwhelmed by the responsibility of assisting and supervising these children, particularly with homework. Some of the children had behavioural problems, which presented more challenges to their parents. On inquiring about what guidance they got when their children were diagnosed as having learning impairments and thereafter, the parents seemed to have received little information about the diagnosis, and nothing on how they can assist and handle their children.

Some children with learning impairments are registered in special schools while others are in mainstream. Parents are expected to assist and supervise them. According to Malherbe (1996: 186), effective communication between parents and the school equip parents to become partners in the process of rendering assistance to their own children, therefore, support by the education support services, especially the psychology department, is imperative, when there are challenges beyond parenting ordinary children.

1.3 PRELIMINARY LITERATURE STUDY

1.3.1 The impact of having a child with learning impairments in the family

Bruce and Schultz (2002:9) are of the opinion that parents of children with learning impairments experience non-finite loss after learning that their child has a learning impairment. Non-finite loss is explained as

enduring loss precipitated by a negative life event or episode that usually remains physically present. Unlike death, where mourning is finite, a child with an impairment is a constant reminder of loss, pain and disappointment. Roll-Petterson (2001:2) in her study of parents of children with cognitive disabilities, also cites that some parents do not go through the different emotional stages when they discover that their child is physically or intellectually challenged, that is, from the stage of shock, denial, to acceptance, as previously believed, but they experience chronic sorrow, especially if the impairment is severe. It is also stated that the current trend is for professionals to accompany parents on this difficult journey, based on how they adapt to the situation and not necessarily aiming at reaching the last stage of acceptance.

1.3.2 The need for psycho-educational support

Parents of children with learning impairments need support in order to help them understand and deal with their children's problems and to help them deal with the negative feelings they experience. Parents who understand their child's problem and have adapted to the situation will be in a better position mentally, physically and emotionally to handle and help the child. Family psychological factors are some of the factors that determine social and behavioural competence in children with learning impairments (Dyson 2003:3). It is recommended that a supportive home environment be created, especially the one that would reduce parental stress to the child's problem (Dyson 2003: 3).

Sorenson, Forbes, Bernstein, Weiler, Mitchell and Waber (2003:10) report that children respond positively when they sense that their parents have an understanding of their learning problem. These authors emphasise the importance of parental understanding, and that the assessment of the child be used as a tool to educate parents, and not only to evaluate

the child. Their knowledge, views and experience are vital in determining parent-child relationship and the type of accompaniment that will follow.

1.3.3 Support services for parents of children with learning impairments

In the South African context, school support services are still undergoing transformation. The National Committee for Education Support Services (NCESS) and The National Commission on Special Needs in Education and Training (NCSNET) have proposed that school psychological services, among its other functions, give support to educators and parents in assessment and development of appropriate intervention strategies for children with learning impairments (Mashile, *in* Mda & Mothata 2000:96). Not much is said about addressing parents' emotional needs. Much still has to be seen if the support teams, which will be stationed at the district offices and in schools for children with special educational needs (Department of Education 2001:21), will be able to meet the needs of these parents.

1.4 STATEMENT OF THE PROBLEM

From the assertions made above about the problems faced by parents of children with learning impairments, it appears to have become important to conduct a study to identify the needs of parents of children with learning impairments and the psycho-educational support they receive. This is in order to make recommendations regarding support by the school. The research aims to answer the following questions:

- What are the psycho-educational needs of parents of children with learning impairments?

- What kind of psycho-educational support is given to parents of children with learning impairments?
- What do parents of children with learning impairments expect from the school system?

1.5 AIMS OF RESEARCH

Primary aim

The primary aim of this research is to assess the existing strategies used to support parents of children with learning impairments and to come up with recommendations based on the needs of these parents. Parents of children with learning impairments are not only faced with the responsibility of parenting, but also with the responsibility of helping and handling their children with learning impairments, therefore parents need to be empowered with knowledge and skills to assist and handle their children.

Secondary aim

The secondary aim of this study is to assess how the psycho-educational needs of parents of children with learning impairments differ according to the child's age, the severity of their learning impairment, the number of years spent by a child in a special school and the educational level of the parent.

1.6 RESEARCH METHOD

1.6.1 Literature study

The primary method to be used is literature study. A preliminary study of literature involves identification and analysis of documents containing information related to the research problem. The documents include textbooks, research reports, journal articles, newspaper clippings and information from the Internet.

1.6.2 Empirical investigation

Descriptive study will be used in order to gain insight into the problem under investigation. The researcher will hand out questionnaires to collect data relating to the research problem. The aim of using a questionnaire is to obtain first hand information from the people involved, as questionnaires accumulate a lot of information in a short space of time (Best & Khan 1989:189). Subjects will be chosen by means of convenience and purposeful sampling from a school in the Pretoria area. Subjects will include parents of children already diagnosed as having learning impairments registered in a school for children with learning impairments.

1.7 DEMARCATION OF THE STUDY

This study attempts to investigate the needs of parents of children with learning impairments and the psycho-educational support they receive from the education system. It needs to be pointed out however that this study will focus on the emotional and educational needs of parents of children with learning impairments, and not on the physical, financial and social needs. The study will be limited to parents of children in the

junior, intermediate and senior phases of the General Education and Training band, that is, grade one to grade nine.

Support, as given by the school, will be the point of focus. As the sample will be drawn by non-probability sampling methods, generalization to the entire population of parents of children with learning impairments will be limited (Mc Millan & Schumacher 2001:175).

1.8 DEFINITION OF TERMS

A number of concepts are explained in depth for the purpose of this study. This is in order to preclude from any ambiguity and to enable the reader to have a clear understanding of the concepts.

1.8.1 Need

A need is a necessity or a situation where something is necessary (The South African Oxford School Dictionary 1996:292). Reader's Digest Oxford Complete Wordfinder (1991:1016) defines the term "need" as a requirement or want or circumstance requiring some courses of action.

For the purpose of this study the needs of parents of children with learning impairments will mean circumstances they find themselves in requiring some course of action.

1.8.2 Support

Support means help, backing or encouragement (Reader's Digest Oxford Complete Wordfinder 1991:1568). It is an act of giving help or countenance to someone. For the purpose of this study the term will mean help and encouragement to parents of children with learning impairments.

It is important to support parents of children with learning impairments for the benefit of both parents and children. Parents are supported to acquire knowledge and skills that make their educational duties easier because they will understand their children's problems better and will handle them better.

1.8.3 Parent

The term parent will be used in this study as defined in the Reader's Digest Oxford Complete Wordfinder (1991:1104), which means a father or a mother, or a person who holds the position or exercises the functions of such parent. The South African Schools Act (Act 84 of 1996: B-4) shares this definition.

Children's caregivers are the ones who help them with schoolwork and supervise them on tasks given. These are the people who must be supported in helping these children with learning impairments, as lack of knowledge on what to do may lead to frustration.

1.8.4 Psycho-educational support

Educational psychology is an applied branch of psychology consisting of psychological principles and techniques for the development of educational strategies and principles (Van den Aardweg & Van den Aardweg 1993:77). For the sake of this study psycho-educational support will mean using psychological principles and techniques to help and encourage parents of children with learning impairments.

Educational psychologists, with their knowledge and skills in assessing, diagnosing and intervening in order to facilitate the development of children and adolescents within the context of the family, the school, peer group and community (Health Professions Council of South Africa

2002:Form 224), are in a better position to can support the children with learning impairments and their parents.

1.8.5 Child

According to The Constitution of the Republic of South Africa (1996:14), in the Bill of Rights, the term “child” means a person under the age of 18 years.

1.8.6 Children with learning impairments

Children with learning impairments are children “who exhibit a disorder in one or more of the basic psychological processes involved in using or in understanding spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling or arithmetic. They include conditions, which have been referred to as perceptual problems, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. They do not include learning problems that are primarily due to visual, hearing or motor handicaps, to mental retardation, emotional disturbance or to environmental deprivation” (Swanson, Harris & Graham 2003:23).

These children experience problems with schoolwork and develop secondary problems in response to their learning problems. They therefore need understanding and supportive parents. Parents can only support their children when they understand their problems and know how to assist them.

1.9 PROGRAMME OF INVESTIGATION

The investigation consists of the following chapters:

In Chapter One the background and orientation to the problem is given in terms of awareness of the problem, preliminary literature study, statement of the problem, aims and demarcation of the study, methods of research, definition of terms and programme of investigation.

In Chapter Two the focus will be on the development of learning impairments from a neuro-physiological perspective. Primary and secondary problems experienced by children with learning impairments will also be discussed.

Chapter Three will cover emotional and educational problems faced by parents of children with learning impairments. An overview of school support services will be done.

In Chapter Four the empirical design will be dealt with.

In Chapter Five the results of the empirical investigation will be discussed.

Chapter Six will deal with the summary, findings, conclusions and recommendations of the study.

1.10 CONCLUSION

The presence of a child with learning impairments in the family impacts negatively on the family, especially on the caregivers. Their parenting skills are stretched beyond the limits of parenting a “normal” child, and therefore these parents need support to help them deal with the challenges they are facing.

In order to understand the problems faced by parents of children with learning impairments, one needs to understand the child and his problems. Therefore in chapter two the focus will be on learning impairments, the point of departure being the development of learning impairments, the development of cognitive and information processing skills, proceeding to the discussion on primary and secondary problems experienced by children with learning impairments.

CHAPTER TWO

AN OVERVIEW OF THE DEVELOPMENT OF LEARNING IMPAIRMENTS: A NEUROPHYSIOLOGICAL PERSPECTIVE

2.1 INTRODUCTION

Through the years different researchers have approached the causes of learning impairments from different angles, but based on the definition of the term “learning impairments” as used in this research, focus will be on learning impairments of neurological origin, not those due to physical handicaps (visual, hearing or motor), mental retardation, emotional disturbance or environmental deprivation. Impairment is defined as a fault or error in the functioning of an organ or a body system (Russel 1997:16).

Kapp (1991:399) is of the opinion that for a child to be classified as learning impaired, he “must possess average or higher than average intelligence, there should be a clear indication of an impairment in one or more of the basic processes involved in spoken and/or written language, the impairment must be of neurological origin, and should not be attributed to environmental factors and deficits in sight, hearing or motor abilities”.

In this chapter the researcher’s point of departure will be a discussion of the development and functioning of the brain, as the nervous system plays a major role in all higher mental processes like thinking, perception, memory, decision-making and emotional experiences (Louw, Van Ede & Louw 1998:18). This will be followed by a discussion of cognitive development in late childhood years (7-10 years) and in

adolescence (13-16 years). The development of learning impairments will also be discussed. The chapter will be concluded with an overview of common learning impairments found in primary school children and secondary problems experienced by the learning impaired child.

The primary problems, which are academically inclined, and secondary problems, which are emotionally and socially inclined, will highlight the reasons why it is imperative for parents of the learning impaired children to receive psycho-educational support. The goal is to empower the parents in order for them to understand their children and be able to help them.

2.2 The human brain- its development, structure and functioning

2.2.1 Introduction

Learning impairments of neurological origin can best be understood when one understands the nervous system and its functioning, therefore, a brief overview of the development of the nervous system follows. The main focus will be on the brain, as perception and all cognitive and emotional processes take place there.

The nervous system is divided into two, the central nervous system and the peripheral nervous system. The central nervous system is made up of the brain and the spinal cord. The peripheral nervous system is made up of all other nerves (Eysenck 2000:36). The nervous system starts developing during the embryonic stage (Bukatko & Daehler 1998:108). Development of the brain will be explained according to an approach by Smith (2002:166), who maintains that brain development follows a fixed pattern. The stages of brain development are formation, migration, synapse formation and myelination.

Specific abnormalities in the brain which are considered to contribute to the development of learning impairments can be traced back to the period of brain development (Bee 1998:239).

A discussion of the development of learning impairments will follow in section 2.4. A brief overview of the phases of brain development follows.

2.2.2 Development of the brain

2.2.2.1 Formation

During this phase neurons are born. A neuron is a cell which accumulates and transmits electrical activity within the nervous system (Anderson 1995:18). Brain cells multiply by means of cell division. At first the nervous system is just a tube-like structure, which enlarges at the top where the brain will form, and the rest of the tube becomes the spinal cord (Eliot 1999:15). The enlarged end of the tube is closed. Different parts of the brain are formed during this phase, that is, the forebrain, the midbrain and the hindbrain (Smock 1999:360 and Eliot 1999:15). Structures in these brain parts are concerned with various functions, including reading, writing and mathematical skills (see section 2.3). The formation of neurons is said to take place between the period of three weeks and four months after conception, and never again, while glial cells (a type of tissue giving support to nerve cells) are formed throughout life (Eliot 1999:26).

Factors that influence the process of formation are chemical substances, antibodies from the mother, genetics and the external environment (Smock 1999:356). Sometimes there may be genetic mutations and teratogens that have an adverse effect on normal brain development, contributing to the development of learning impairments.

When the phase of cell division is complete, neuroblasts start to migrate to different parts of the brain.

2.2.2.2 Migration

Migration occurs in spurts, and the timing of each spurt is important for development to proceed normally. Chemical processes and DNA within the cells regulate migration (Smock 1999:360). If mutations occur and environmental influences are also not conducive, normal development may be derailed (Smith 2002:166). Irregularities in neural arrangement can contribute to the development of learning impairments (see section 2.4).

Immediately when neuroblasts reach their destinations, axons and dendrites start to emerge. These are very important because neurons without dendrites and axons cannot transmit electrical impulses. For electrical impulses to be transmitted from one nerve cell to the other, there ought to be a link between the nerve cells. The synapse, which will be discussed next, plays the most important role in that nerve-to-nerve communication.

2.2.2.3 Synapse formation

A synapse is a space between neurons, containing neurotransmitters (Hughes 2002:127). Neurotransmitters are important for the relay of impulses. An example of neurotransmitters is acetylcholine, which is said to play a role in learning and memory processes (Ashcraft 1998:319). Some neurotransmitters are said to play a role in attention (see section 2.4).

2.2.2.4 Myelination

Myelination is the formation of a fatty layer around the axon. It helps to speed up transmission of impulses and prevents axons from touching

one another (Eliot 1999:29). Myelination does not occur as the last stage in brain development because as soon as neurons develop axons and dendrites, myelination starts (Eliot 1999:29). Brain structures that control basic functions myelinate first so that basic functions can continue while other structures are still developing and maturing.

2.2.2.5 Maturation

When all structures are in place, the brain continues to mature, myelination continues and glial cells continue to be formed (Eliot 1999:26). According to Gredler (1997:204), maturation of the nervous system is important because it permits the child to realise maximum benefit from physical experience. Maturation also opens up possibilities for development, whereas the lack of maturation establishes broad limits on cognitive development.

To cast more light on the development of learning impairments of neurological origin, knowledge of brain structures and their functioning is important. Apart from having a normal brain structure, these structures have to function efficiently to enable a child to learn.

The brain structures and its functioning will be discussed next.

2.2.3 Brain structures and brain functioning

The brain is divided into different parts, which are believed to be responsible for various functions. Fryburg (1997:53) and Eysenck (2000:38-39) cite two theories to explain brain functioning. They are the localisation theory and the functional systems theory. In this section, different parts of the brain will be mentioned, and brain functioning will be discussed according to the above-mentioned theories.

2.2.3.1 *The localisation theory*

According to the localisation theory, specific functions are controlled by specific parts of the brain. As brain parts are mentioned, their functions will be discussed as outlined by Eysenck (2000:38-39).

a. *The forebrain*

The forebrain contains the cerebrum, the limbic system, the thalamus and the hypothalamus. The cerebrum contains 70% of neurons making up the nervous system and it is further divided into two hemispheres, the right and the left, which are connected by a set of nerve cells called the corpus callosum (Keenan 2002:78). Parts of the forebrain will be discussed separately hereafter.

i. The cerebrum

The cerebrum is concerned with the use of language and other cognitive skills. Furthermore, the right cerebral hemisphere is said to be responsible for spatial and perceptual processes (Anderson 1995:261) while the left hemisphere is concerned with language processing.

ii. The cerebral cortex

The cerebral cortex is the outer layer of the cerebrum. It can further be divided into the front, parietal, temporal and occipital lobes, named after the skull bones lying closest to them. It gives the brain its convoluted shape, and it is believed that it is convoluted in order to fit into the skull. The cerebral cortex is said to be responsible for thinking, perceptions, knowledge and voluntary movements. Different lobes are said to be responsible for different functions.

- The frontal lobe is believed to be responsible for decision-making and planning and control of movement.
- The parietal lobes are responsible for interpreting information received from the sense organs.
- The occipital lobe is concerned with vision.
- The temporal lobes are responsible for verbal memory.
- The Broca's area is believed to process speech production.
- The Weinicker's area is concerned with understanding spoken language.

iii. The *limbic system*

It is involved with anger, aggression, learning and memory.

iv. The *hypothalamus*

The hypothalamus is the part concerned with sleep, arousal, hunger, thirst, emotions and temperature control.

v. The *thalamus*

It is a relay between the sensory structures and the cerebral cortex.

b. The midbrain

The midbrain is concerned with vision, hearing and control of movement. It contains the Reticular Activating System, which controls consciousness.

c. The hindbrain

It is made up of medulla, pons and cerebellum.

i. Medulla

It is responsible for breathing, heartbeat, digestion and elimination.

Nerves cross over to the other side of the brain at this part.

ii. Pons

Pons contains part of the Reticular Activating System controlling consciousness. It serves as a relay station within the brain. It is also responsible for vision.

iii. The cerebellum

The cerebellum is responsible for physical coordination and refined motor movements. It is where information about over-learned skills like bicycle riding is stored.

d. Anterior and posterior association areas

Anterior and posterior association areas link up information from various parts of the brain (Keenan 2002:98).

Even though brain functioning can be explained according to the localization theory, Fryburg (1997:105) is of the opinion that performing more difficult tasks does not rely on specific parts, but on functional systems through connections within the nervous system. *For an example, in reading, the frontal lobe is involved with attention, the occipital lobe with seeing the written text, the temporal lobes with hearing and discriminating sound and lastly, the motor areas of the frontal lobe with smooth eye movements (Novick & Arnold 1995:179).*

An explanation of the functional systems theory follows.

2.2.3.2 *The functional systems theory*

Schacter & Tulving in (Louw, Van Ede & Louw 1998:90) are of the opinion that mental life is the result of organised activity of many different mental systems.

It is also maintained that each system processes information in its own way, but involves specific areas in the brain. For an example, there is a system for seeing words, a system for hearing words, another for speaking words as well as one for creating new words. If certain areas are injured, the functioning of some systems is affected (See section 2.4).

Luria in (Engelbrecht, Kriegler & Booyesen 1996:145) is of the opinion that there are three functional units in the brain, which are, the arousal unit, the sensory input unit and the programming/output unit. These will be briefly explained.

a. *The arousal unit*

The arousal zone is based in the Reticular Activating System, and is concerned with wakefulness, arousal and attention. Children with Attention Deficit Disorder are said to have reduced blood flow to the frontal inhibitory area of the arousal unit.

b. *The sensory input unit*

The sensory input system includes areas like the temporal, the occipital and parietal lobes, and is concerned with auditory, visual and body senses. This system in turn operates at primary, secondary and tertiary levels.

- The primary level receives information from the environment through the senses, and can operate fully at the end of the first year of life.
- Secondary areas organise incoming stimuli into a higher perceptual level. The secondary areas are functional by the age of five years, and it is believed that it is during this period that hemispheric specialisation begins.
- The tertiary areas interpret information into meaningful cognitive data. Tertiary regions start operating between the ages of five to eight years.

Maturation of neurons is required for progression from primary to tertiary levels (Hartlage & Telzrow in Engelbrecht et al. 1996:146).

Disturbances that derail or delay maturation of neurons result in problems with synthesis of information, which is an important skill required for reading, spelling and arithmetic (Morgan in Engelbrecht et al. 1996:146).

c. The programming/output unit

The programming/output unit also operates at primary, secondary and tertiary levels.

- The primary zone controls output for motor activity.
- The secondary zone is important for organising and sequencing the temporal pattern of movement.

- The tertiary zone integrates information. It is basically responsible for processing higher skills like decision-making, self- evaluation, focusing of attention and creativity. This area is said to mature at puberty and is said to coincide with Piaget’s stage of formal operations.

It becomes apparent from the above discussion that different parts of the brain function together, starting from simple awareness of stimuli, to perception, ending up in interpretation into meaningful cognitive data and output or feedback.

Learning not only requires an intact mature brain, but also cognition. Cognition is defined by Van den Aardweg and Van den Aardweg (1993:41) as “including more specific aspects such as perception, concept formation, reasoning, thinking, fantasy and imagination”. It is therefore necessary to include a discussion of cognitive development in this study, as the above-named processes are important for learning.

2.3 Cognitive development

Cognitive development is defined as development over time, of the ability to understand the world in which we live (Bornstein & Lamb 1999:275). As learning impairments first become apparent when children enter school and are not able to acquire academic skills (Lerner 1993:23), a discussion of cognitive development in this study will only focus on cognitive development between the ages of seven and sixteen years.

There are a number of theories explaining cognitive development, but only Jean Piaget’s and the Information Processing theories will be discussed. The reason for discussing the two theories is that children

with learning impairments are said to encounter problems with information processing (see section 2.3.2.2). Jean Piaget's theory is important for this study because progression from one developmental stage to the other is said to be governed by, among other things, neurological development (Fryburg 1997:105).

2.3.1 *The theory of Jean Piaget*

2.3.1.1 *Introduction*

Jean Piaget identified four major developmental stages. It is the sensori-motor stage of infancy, the pre-operational stage of early childhood, the concrete-operations stage of middle childhood and the formal-operations stage of adolescence. Progression through these stages is said to be governed by heredity, maturation, social contact and experience (Gredler 1997:227). It is also maintained that the child will not be able to perform certain tasks if the brain is not yet mature to can do that.

For a young child to cope with schoolwork, he must, according to Piaget's stages of cognitive development, be at the concrete operations stage. Neurologically, the cortical areas are said to be non-operational before the age of seven years, and the age of seven years is considered to be the beginning of the concrete operations stage (Fryburg 1997:105).

As explained in section 2.2.2.5 above, the brain matures in cycles, or what Zaidel calls "traveling waves" (Zaidel 1994:234). Growth spurts occur in each frontal lobe throughout childhood and adolescence, and it is said that EEG analysis has shown that these appear to correspond with Piaget's stages of cognitive development.

2.3.1.2 Processes of development

According to Driscoll (2000:194), Piaget identified three processes of development, according to which human beings understand the world around them. These processes are assimilation, accommodation and equilibrium.

a. Assimilation

Assimilation means perceiving new information in terms of existing schemes or operations. Van den Aardweg and Van den Aardweg (1993:26) define the term assimilation as “a mental process whereby new experiences and information are perceived because of their similarity to previous experiences and information that is already in the cognitive structure.” When one is confronted with new information, one links it with information already existing in the brain to understand it quickly and easily.

b. Accommodation

Accommodation is the process of modifying existing schema to account for new experiences. “When a new concept, image or other mental construct is incorporated into the cognitive structure, a change must occur for the new concept to fit into the existing cognitive structure. The cognitive structure must be changed to accommodate or make way for and fit in the new” (Van den Aardweg & Van den Aardweg 1993:8).

c. Equilibrium

Equilibrium is said to occur when children reach the end of a developmental stage (Driscoll 2000:195). It is maintained that at this stage the child becomes aware of his shortcomings, then applies more adaptive thoughts. Equilibrium or equilibration is said to balance assimilation and accommodation as they interact (Van den Aardweg &

Van den Aardweg 1993:86). When a child encounters a situation of which he cannot make sense, he gets into a state of dissonance. If he succeeds in making changes in his cognitive structure to accommodate new information, then he brings the situation into equilibration.

Assimilation, accommodation and equilibration are important processes in learning, and without the use of these, learning would be problematic. As these processes are applied throughout life, more specific developmental characteristics of the concrete operations stage and the formal operations stages will be discussed.

2.3.1.3 Concrete-operations stage (7-11 years)

This stage is called concrete operations because the child's thinking is based on objects or on concrete evidence, not on hypotheses. The two most important concepts understood at this stage are, "conservation" and "classification". The two concepts will be briefly explained.

a. Conservation

The term conservation is defined as the ability to realise that an object remains the same even though its appearance may be different (Van den Aardweg & Van den Aardweg 1993:45). Conservation includes conservation of quantity, length, area, number, weight and substance. The following logical skills are used to understand this concept:

- Identity

This is said to be an understanding that unless some amount is added or taken away, the existing amount stays the same despite perceptual changes (Mwamwenda 1995:95).

- Reversibility

It is an understanding that physical actions and mental operations can be reversed. Explaining it in terms of Piaget's experiments, it means that if the amount in two containers was originally the same and a perceptual change is then introduced in one substance, returning the substance to its original form will result in the two amounts being equal again.

- Compensation

This entails an understanding that an amount in the containers will appear to be different in level because of the difference in the size of the containers (Mwamwenda 1995:95). An understanding of the concept "conservation" is essential for rational behaviour (Mwamwenda 1995:95), and is used widely in arithmetic calculations.

b. Classification

The ability to classify things enables the child to understand his environment easier. By grouping objects order is brought into his environment (Van den Aardweg & Van den Aardweg 1993:44). Learning is easier when information is put into categories. Understanding and being able to use this concept is essential in learning.

c. Other characteristics of the concrete operations stage

Reasoning becomes more flexible and organised. The child is able to develop a set of rules and strategies to deal with the world. Abstract operations like addition, subtraction, multiplication, division and serial ordering can be understood (Bee 1998:220). The child also develops inductive reasoning, which is the ability to move from one's experiences to the general rule. The child is less egocentric, understands time and place and differentiates between reality and fantasy (Bee 1998:220;

Eysenck 1999:115; Borstein & Lamb 1999:282 and Louw et al. 1998:79).

2.3.1.4 The stage of formal operations (12 years +)

This stage is said to be Jean Piaget's last stage of cognitive development. The stage starts at the age of eleven or twelve (Berk 1998:369). It is said that not every individual reaches this stage, but those who reach it are able to apply hypothetical-deductive reasoning and propositional thought (Berk 1998:369, Beckett 2002:83 and Schaffer 2004:168).

a. Hypothetical-Deductive Reasoning

Deductive reasoning is said to be the ability to reason from the general to the specific (Schaffer 2004:181). When faced with a problem the person in the formal operations stage is able to apply a general rule to the situation and deduce from it specific hypotheses or predictions. Unlike children in the concrete operations stage who operate from reality to possibility, at the formal operations stage one operates from possibility to reality, as one has surpassed the stage of basing reasoning on concrete evidence (Berk 1998:369).

Oates and Grayson (2004:15) are of the opinion that as children grow they are freed from the constraints of seeing things from their own perspective and from concrete evidence only as mental operations become more abstract.

b. Propositional thought and Logical Reasoning

Adolescents and adults who have reached the stage of formal operations can evaluate the logic of propositions without referring to the real world circumstances (Berk 1998:369). In that way they can engage in advanced problem solving because they can reason about things they have never experienced (Schaffer 2004:181). People in the formal operations stage

are able to reflect on rules and their own thought processes (Beckett 2002:83).

During the stage of formal operations language plays an important role as abstract thought requires language-based systems. Language is also required for verbal reasoning (Berk 1998:370).

In conclusion, different researchers cite various factors that influence performance on Piagetian tasks. Some regard maturation and experience as important, others consider schooling as important while others consider cultural practices and familiarity with materials used to test subjects on Piagetian tasks as important (Mwamwenda 1995:115).

The second theory of cognitive development that will be discussed is the information processing theory, which explains how information is processed (Louw et al. 1998:83).

2.3.2 Cognitive information processing theory

2.3.2.1 Introduction

Louw et al. (1998:83) consider the information processing theory as one of the cognitive developmental theories. The process starts when stimuli is received and attended to at the sensory register. This information is then perceived and further processed in the working memory. Information processed further is then transferred from working memory to long-term memory or a response is made. The three memory processes will now be explained.

2.3.2.2 Memory processes

a. Sensory memory

First there is sensation, when receptor muscles are activated. The sensory memory is bombarded with floods of information all the time when we are awake, but it selects what to pay attention to and sustain it (Hohn 1995:196). Children with ADHD have a problem maintaining attention, which is a big obstacle in learning (Hohn 1995:197). Information in the sensory memory is kept just long enough to be processed further, otherwise it is lost (Driscoll 2000:77). Perception also takes place at this stage. Information processed further is transferred to short-term or working memory.

b. Working memory

The working memory helps in the reasoning and understanding of new information. The information processed at working memory is transferred to long-term memory or a response is made (Driscoll 2000:77). The working memory has a limited capacity, and therefore must process information while still active if learning is to take place (Hohn 1995:2000). Strategies used to process information is repetition, forming of an image and relating the information to some known material.

Children with reading problems are said to have a problem placing items into working memory and clearing out old items, because, reading requires continually taking in new information, relating it to what has been read, trying to recall it, reading on or rereading (Hohn 1995:200). It is further maintained that these children have a problem understanding, as it takes poor readers a long time to recognize words, to an extent that decay occurs. Comprehension is

possible when there is smooth flow of information into and out of working memory (Hohn 1995:201).

Working memory increases with age (Hohn 1995:201). Information processed in working memory is transferred to long term memory for permanent storage.

c. Long-term memory

Long-term memory stores information until it is retrieved. It has an unlimited capacity. Long-term memory works with working memory, as it is activated by information processed. It may be when information is linked with what is already in long term memory or during problem solving or thinking, when stored information is used to help the person deal with the present situation (Hohn 1995:201). The depth of processing information has a bearing on storage and retrieval of information. Information processing abilities are said to change for the better as people grow older (Louw et al. 1998:83).

Papalia and Olds (1993:407) emphasise the role of memory in information processing. Their view is that when the child reaches middle childhood, the amount of information increases as short-term memory increases. Children start to use a variety of strategies to help them remember, and they start to understand how their own memory processes work (meta-memory).

It is believed that learning impaired children may have problems with cognitive processing, as they are less organised and do not use memory strategies.

Schacter and Tulving in (Louw et al. 1998:89), view information processing from a cognitive neuro-psychological approach. They are of the opinion that during middle childhood the memory span increases, the speed at which information is processed increases, processing space increases by a schema every two years, enabling the child to activate and coordinate a number of schemata simultaneously. Knowledge of concepts, rules, facts and meaning of words improves and memory for personally experienced events improve. All these help children to understand and remember information taught at school (Louw et al. 1998:89).

In general, memory improves because when information is received it is organised better, rehearsal and retrieval strategies are used, for an example, cues. New information is linked to existing knowledge for better understanding and retrieval (Louw et al. 1998:89).

From the information obtained from cognitive developmental theories, it can be concluded that among other factors, mental processes function according to the maturity of the brain and the smooth functioning of brain structures. Even though the environmental factors are conducive to learning, optimal development is reached when the neurological makeup is normal. Deviations from normal development result in deficiencies, which impact on learning.

Next follows a discussion of the development of learning impairments, which will be viewed from a neuro-physiological perspective.

2.4 Development of learning impairments from a neuro-physiological approach

2.4.1 Introduction

Even though it was rare to find abnormalities in neurological investigations done on children with learning impairments, it was assumed to be due to neurological dysfunction (Gupta 1999:83). As early as 1890, an association was made between neurological deficiencies and learning impairments in children (Kapp 1991:383). Neurological evidence to the cause of reading problems was supported by postmortem, electrophysiological, family, genetic and brain imaging studies (Swanson et al. 2003:243).

Lessing (1996:9) maintains that there are inherent and external causes of learning impairments. Inherent causes are all those that cause dysfunction of the nervous system, while external causes are found in the child's environment. Some definitions of learning impairments emphasise that the causes are intrinsic, while extrinsic factors are not seen as causal factors (Kapp:1991:382).

Novick and Arnold (1995:27) are of the opinion that learning impairments are associated with a disturbance or inefficiency in brain development. They also maintain that brain deficiency can either be acquired or developmental. Developmental brain inefficiency occurs before birth, while acquired brain inefficiency occurs after birth. The severity and type of learning impairment depends on the severity, the site of damage and the stage of brain development during which damage occurs (Novick & Arnold 1995:26).

Specific abnormalities in the brain, which are considered to contribute to

the development of learning impairments, as cited in Kolb and Whishaw (1996:529) are, structural damage, abnormal cerebral lateralisation, maturational lag and environmental deprivation. These factors will be discussed briefly.

2.4.2 Factors contributing to the development of learning impairments

2.4.2.1 Structural damage

Structural damage may be caused by birth trauma, brain infections, and lack of oxygen or accidents. Even though the cause is applicable to a minority of the learning impaired children (Kolb & Whishaw 1996:529), there ought not to be direct damage to have neurological deficits. This statement is supported by Fryburg (1997:100) who cites that several researchers have concluded that learning impaired children may not have brain damage, but may have a number of neurological abnormalities. It is suggested that a number of small abnormalities may develop during prenatal life, for an example, *irregularities in neuron arrangements, clumps of immature brain cells, scars or congenital tumours* (Bee 1998:239).

The developing brain compensates for these problems by rewiring around the problem area. This rewiring may scramble normal information processing procedures enough to make reading, calculation and other tasks difficult (Harris & Butterworth 2002:265).

2,4.2.2 Malfunctioning of some brain parts

Learning impairments may be a result of the malfunctioning of some parts of the cerebral cortex. This may be due to defective arousal mechanism (see section 2.2.3.6), abnormal cerebral lateralisation, in

which cerebral hemispheres do not operate as expected, but where spatial processing is found in both hemispheres, interfering with language processing in the left hemisphere (Bee 1998:239).

Eye-hand coordination problems are said to be due to inefficiency in the occipital region (Novick & Arnold 1995:44), which may be manifested in problems in writing. When inefficiency is in the left temporal lobe, language problems are experienced (Kolb & Whishaw 1996:530).

2.4.2.3 Delayed maturation

Delayed maturation of neurons is also thought to be the cause, while altered brain development may be a factor caused by malnutrition in pregnancy. As explained in section 2.2.2.5, lack of maturation of the nervous system put limits to cognitive development.

2.4.2.4 Chromosomal abnormalities

Some of the learning impairments attributed to chromosomal abnormalities are poor letter recognition, poor phonological analysis and whole word reading problems. Poor letter recognition is attributed to problems with chromosome 6, while poor phonological analysis is attributed to chromosome 1 abnormalities. Whole word reading problems are said to be due to chromosome 15 abnormalities (Gupta 1999:81).

Abnormalities found in the nervous system are associated with various factors, a few of them will be discussed hereafter.

2.5 Factors contributing to nervous system abnormalities

Prenatally, learning impairments have been linked to the use of alcohol (Bukatko & Daehler 1998:116), cigarette smoking (Bukatko & Daehler 1998:117), and cocaine use, in which children display slower

learning, attention deficit and problems with information processing (Allesandri et al. in Bukatko & Daehler 1998:120).

The use of heavy drugs during labour is said to lead to increased incidents of learning problems, due to the effect of the drugs on the fetal brain (Blackbill, Mac Manus & Woodward in Bukatko & Daehler1998:133).

Mothers who used alcohol moderately during pregnancy can also give birth to babies with Fetal Alcohol Effects (Bukatko & Daehler 1998:116). According to research, these children later develop language and learning problems because a lot of oxygen taken in by the fetus is used to metabolise alcohol, and little is left for functioning and growth of the neural and other cells.

Children with Attention Deficit Hyperactivity Disorder (ADHD) are said to show neurological abnormalities (Smith 2002:426). These abnormalities may be due to Fetal Alcohol Syndrome, birth trauma or chromosomal abnormalities. ADHD may also be transmitted in families (Hughes 2002:80). A lack of blood supply to the Reticular Activating System is said to bring about attention problems in children with Attention Deficit or ADHD (Luria in Engelbrecht et al. 1996:145).

It can be concluded that learning impairments of neuro-physiological origin may not be remedied, but understanding the child and his problems will help parents to handle their children better and give them the necessary support.

Next follows a discussion of some of the common learning impairments, which include language problems, attention problems, reading problems, writing problems, spelling problems and arithmetic problems.

2.6 Types of learning impairments

2.6.1 Language problems

Language problems include inefficiency in the reception, interpretation, processing and expression of language.

- *Receptive language problems*

Receptive language problems are manifested by difficulties in discriminating among the words heard, resulting in difficulty in attaching meaning to words. When spoken to, the child seems not to be listening nor understanding what is said. He expresses himself using one-word sentences, augmenting with the use of gestures (Novick & Arnold 1995:161). He may also give inappropriate answers to questions. Problems in discrimination may be seen when the child confuses letters like b/d or s/f or words like pat/tap (Kapp 1991:85).

- *Interpretive language impairments*

The child experiences problems in understanding and/or processing language, which goes beyond discriminating individual letters or words. He may experience problems attaching meaning to words or understanding grammatical structure of words. There may also be problems with verb tenses or and/or noun plurals. The child may understand simple sentences, but as soon as sentences become complex he may find it difficult to understand (Novick & Arnold 1995:102).

- *Expressive language impairments*

The child will be able to use simple sentences, but as soon as he is faced with complex sentences or more complex grammatical structures, he may omit words, distort speech sounds or substitute one word for the

other (Novick & Arnold 1995:102). In omissions he may sound the word 'play' as 'pay', and in substitutions he may use the word 'thing' for any word that he does not know (Kapp 1991:86).

2.6.2 *Attention problems*

Children with attention problems find it difficult to keep their minds on what they are expected to do. They are often restless. In class they cannot sit still for the entire 30 minutes lesson. If they keep to their chairs they fidget and wriggle. Others may sit still but may not be able to tell what the teacher had said as the mind wanders. Some talk non-stop. Children with Attention deficit are easily distracted. Attention deficit may go alone, but in some cases it is coupled with hyperactivity and impulsivity (Novick & Arnold 1995:172).

2.6.3 *Reading problems*

"Reading involves decoding the written word and comprehending the message" (Novick & Arnold 1995:182). If a child has difficulty in reading due to brain dysfunction, this is referred to as dyslexia (Novick & Arnold 1995:182). Some common manifestations of reading impairment are the following:

- *Letter confusion*

The child may confuse letters, for an example, b/d, n/h, e/c (Novick & Arnold 1995:184 and Kapp 1991:89).

- *Insertions*

The child may add letters or words that do not appear on the written text (Kapp 1991:89 and Novick & Arnold 1995:182).

- *Substitutions*

The child may substitute words used in the written text (Kapp 1991:89 and Novick & Arnold 1995:182).

- *Self-corrections*

As the child reads he pronounces words wrongly and corrects himself or tries to correct himself (Kapp 1991:89).

- *Partially sounding out words*

As he struggles to pronounce words he uses a strategy of sounding words out in trying to get the correct pronunciation (Kapp 1991:89).

- The child may also have a problem understanding the written text. The reason for lack of comprehension was explained in section 2.3.2
- Problems reading aloud, especially in class, may also be a manifestation of a learning impairment (Novick & Arnold 1995:182)

Children who have a reading problem point to words when reading, they may hold the book too close or too far away from the face. They also avoid reading tasks and they tense up when they are supposed to read. They fidget a lot when they have to read, and when they read they turn their heads noticeably (Kapp 1991:91). When they read aloud they read slowly word for word, ignore punctuation marks and struggle with pronunciation of words (Kapp 1991:91).

2.6.4 Writing problems

A problem with writing resulting from brain inefficiency is called dysgraphia or developmental writing impairment (Novick & Arnold 1995:198). Common errors made by children with writing problems are the following:

- *Letter formation problems*

This problem may be noticed when in handwriting lines do not meet or join up where they should or when the child exerts a lot of pressure on the page when writing. Handwriting may also be illegible. The child may also not be able to write in a straight line (Kapp 1991:92 & Novick & Arnold 1995:200)

- *Rotations*

The child may rotate letters like b/d or p/q.

- *Mirror writing*

Letters may be correctly formed and the spelling right, but the writing will be backwards (Novick & Arnold 1995:200).

- *Omissions*

The most commonly omitted are punctuation marks (Novick & Arnold 1995:201). The child may also omit capital letters at the beginning of sentences or use upper case and lower case letters inappropriately.

2.6.5 *Spelling problems*

The following errors may be observed in spelling, which may accompany reading problems.

- *Phonetically correct spelling*

When a child experiences this problem, he spells words as they sound, which is phonetical spelling. For an example, 'caught' spelt as 'court' (Novick & Arnold 1995:201)

- *Phonetically incorrect spelling*

The child's spelling in this case is totally wrong, the reader cannot make out the word the child intended to write (Novick & Arnold 1995:201).

- *Incorrect sequence of letters*

The child may use the correct letters to spell a word, but put the letters in a wrong sequence (Novick & Arnold 1995:202).

- *Additions*

The child may add letters to words spelt correctly (Kapp 1991:94).

- *Omissions*

Some letters may be omitted from words (Kapp 1991:94).

- *Reversal of words*

A word may be written from back to front, for an example 'one' written as 'eno' (Kapp 1991:94).

- *Reversal of vowels or consonants*

The child may be confused with vowels and write a word like 'bread' as 'braed'. When he reverses consonants a word like 'birthday' may be written as 'brithday' (Kapp 1991:94).

2.6.6 *Arithmetic/Mathematics problems*

Dyscalculia is a term given to problems with arithmetic due to inefficiency of the brain functions (Novick & Arnold 1995:215). The following errors may be noticed:

- *Counting problems*

The child may lag behind with counting skills (Novick & Arnold 1995:215).

- *Errors in carrying over*

The child may have problems carrying over from units to tens and so forth, especially in addition and multiplication (Kapp 1991:101).

- *Errors relating to zero*

Children with dyscalculia have a problem using a zero in addition, subtraction, multiplication and division (Kapp 1991:101).

- *Confusing addition and subtraction*

Some children confuse the multiplication sign and the addition sign. When confronted with such sums they do them wrongly (Kapp 1991:102).

There are many more errors made by children with learning impairments, but the above-mentioned are a few of the most common.

In conclusion, it is said that children do not outgrow learning impairments, instead they may become apparent as the demands of school increase (Novick & Arnold 1995:46). Some may go unnoticed until at the stage of adolescence. According to Fryburg (1997:19), if there are problems in the foundation phase in mastering initial reading and writing skills, more general learning disabilities emerge as the child fails to apply these skills to acquire new information in various learning areas.

For parents of children with learning impairments it may paint a gloomy picture of the future, and it is therefore important for professionals in the education system to support the parents in whichever way possible. It becomes even more necessary to give these parents support because learning impaired children sometimes develop secondary problems (Novick & Arnold 1995:12) and become difficult to handle. These secondary problems will be discussed in section 2.7.

2.7 Secondary problems experienced by children with learning impairments

Children with learning impairments do not only struggle at school and experience academic failure, but other secondary problems may develop. They may develop emotional problems in reaction to their learning impairments (Novick & Arnold 1995:12). Emotional problems emerge after several failures. A brief discussion of some of their problems follows, which includes both behavioural and emotional problems.

2.7.1 *Negative self-concept*

Repeated failure to master some skills and poor academic achievement makes the learning impaired feel inadequate and ultimately to have a negative self- concept (Gallico, Burns & Grob 1991:50 and Kapp 1991:395).

2.7.2 *Impulsivity, distractibility, over- or under-activity*

Apart from children who suffer from Attention Deficit Hyperactivity Disorder, learning impaired children may exhibit signs of impulsivity, distractibility, hypo-activity or hyperactivity. If the brain is not functioning efficiently, children may have difficulties from a young age, which may be manifested by lethargy, unresponsiveness, over-activity, distractibility and over-stimulation (Novick & Arnold 1995:52).

2.7.3 *Deficient social skills*

Learning impaired children have problems learning social skills, like conversing, listening to others, etc. (Kapp 1991:398, Gallico et al. 1991:50 and Wong 1998:239). These children do not learn the social skills as easily as the non-impaired because of their cognitive deficiency. This results in relationship problems with peers, educators and family.

Neurological weaknesses that interfere with learning in the classroom also interfere with the ability to function outside the classroom (Greenspan, Wieder & Simons 1998:109). The problems they have with information processing do not only affect academic work, but also social interactions (Wong 1998:239). Social dysfunction is identified among children with learning impairments at all age groups (Wong 1998:237).

2.7.4 *Withdrawal or aggressive acting-out behaviour*

As social-cognitive skills are poorly developed, learning impaired children tend to withdraw from people or act out aggressively in order to cope with

the rejection they feel (Gallico et al. 1991:51 and Kapp 1991:397). They also withdraw because of previous failure at interacting with others and feelings of inadequacy due to academic failure (Kapp 1991:395).

2.7.5 Negativity, competitiveness, rejecting and inconsideration

Learning impaired children can be negative, rejecting, and competitive and not consider the feelings of others. They are said to misinterpret communication, especially non-verbal communication, leading to negative thoughts and frequent disagreements with others (Kapp 1991:398 and Gallico et al. 1991:50).

2.7.6 Failure to meet the demands of growing up

Adolescents with learning impairments are said to have difficulty meeting the demands of growing up. They face academic, social, cognitive and motivational demands (Wong 1998:562-570). Cognitively they have to use information processing skills and learning strategies to meet the demands of school in higher grades, they have to master reading, listening, note taking and writing in order to master different learning areas. Socially they have to learn to respect others, accept criticism, socialize and resist peer pressure. Motivationally they have to learn to work independently and be driven by intrinsic motivation. As explained section 2.6, children with learning impairments lack these important skills to can meet the above-named demands. In turn they react to failure through the negative behaviours mentioned above.

The above-named negative behaviour patterns are challenges to educators, peers and family, and may strain relationships if people do not understand these children.

2.8 Conclusion

In conclusion, it suffices to mention that understanding the learning impaired child and his family will help the educational psychologists, educators and therapists to plan support strategies for both. The effect on parents of having a learning impaired child will be dealt with in depth in chapter three, which will highlight the need for supporting the families of the learning impaired child.

CHAPTER THREE

FOCUS ON PARENTS OF CHILDREN WITH LEARNING IMPAIRMENTS

3.1 INTRODUCTION

Children with learning impairments have problems with schoolwork, and to add to that, they develop secondary problems in reaction to their learning problems (Novick & Arnold 1995:12). From the time they are diagnosed the family starts a very difficult journey. Parents start their journey from the initial shock of receiving the news, and they have to deal with their own issues in adjusting to the situation (Wolfendale 1997:477). Parents of children with learning impairments, for an example dyslexia, continue to have more responsibility for their child over a long period of time, compared to parents of non-dyslexics (Levinson in Birsh 1999:477). Parents also have to deal with the issue of whether the child will be enrolled in mainstream school or in a special school.

The South African Government is presently working towards an Inclusive Education System. According to Education White Paper 6 (Department of Education 2001:21), learners are to be assessed at institutional level, and depending on the severity of the impairment, the learner can be supported in mainstream (with the help of district support teams), or be registered at a special school if he requires intense levels of support. Parents also have to learn to handle homework issues and later learn to handle behavioural problems if and when they develop.

The point of departure in this chapter will be a brief overview of the role of parents in the education of their children. This will be followed by a

focus on the feelings experienced by parents of children with learning impairments and their behaviours based on their feelings. The need for supporting parents of children with learning impairments will also be highlighted in this chapter. The chapter will be concluded with a discussion of the role of the school support services in supporting parents of children with learning impairments and problems encountered when communicating with parents.

3.2 The role of parents in the education of children

The term parent is defined in the South African Schools Act (Act 84 of 1996:B-4) as:

- (i) the parent or a guardian
- (ii) the person legally entitled to custody of a learner, or
- (iii) the person who undertakes to fulfill the obligation of a person referred to in paragraph (i) and (ii) towards the learner's education at school.

From conception parents have a crucial role to play in the development of the child. According to the South African Schools Act (Act 84 of 1998:B-38), it is the responsibility of parents to take an active interest in their children's schoolwork. They have to make it possible for children to complete homework given (clause 6.1).

Parental involvement is considered essential and in some countries, more attention has been given to home-school linkages, (Hishinuma & Nishimura 2000:241). One of the National Education goals in such countries, for an example Hawaii, involves parent participation, and each school is encouraged to promote partnerships that will increase parental involvement to promote social, emotional and academic growth in children.

Wolfendale (1997:28) is of the opinion that parents of children with learning impairments are unprepared to raise a child with learning impairments, and therefore have to adapt. Children with learning impairments are different from other children, including those with other disabilities, because their impairment is said to be “invisible” (Levinson in Birsh 1999:466).

Social interaction in the family is important as learning starts in the family. If a warm and safe atmosphere is created the child is encouraged to explore and to communicate freely with family members. The child’s experiences with family members in turn may discourage or encourage development of sensory-perceptual, motor, language and thinking skills (Novick & Arnold 1995:42). A pleasant interaction is said to be associated with advanced language, literacy, numeracy, problem-solving and socio-emotional development during the preschool and primary school years (Meadows 1996:111). Because of secondary problems as mentioned in section 2.7, social interaction within the family of the learning impaired child is often difficult and relationships are strained.

The family is an important influence on the child’s performance as it provides an environment that is actively supportive of the educational goals of the school (Maharaj 1998:62). It is also of importance to note that children with learning impairments do not need the support of the family only when they are still young, but also on transition from school to adulthood. Morningstar, Turnbull and Turnbull (1996:249), in their research, found out that children in grade nine look up to their families to help them with career choices. Family members are said to serve as role models and the family is needed for ongoing support even after graduation.

Research into reactions of family members of the learning impaired child is extensive, but the focus of this chapter will be to highlight the need to support parents through this difficult journey. This discussion will start with a discussion of the effects of having a child with learning impairments in the family. This includes feelings experienced by the family of the child with learning impairments and the behaviours emanating from these feelings.

An overview of the feelings experienced by the family of children with learning impairments will be presented next.

3.3 Feelings experienced by the family of the child with learning impairments

The presence of a learning impaired child affects parents' feelings about themselves and the relationships with partners, children and friends. The following list of feelings were identified by Greenspan, Wieder and Simons (1998:107-109), though other researchers have also identified these feelings as they occur during different stages of adjustment.

3.3.1 Sadness and pain

Parents feel sad because their child is not "perfect". They feel the loss, they have lost the child that they thought was perfect. Grief and loss is felt because the child is the image of the parents, their hopes and aspirations. For parents it is painful to see the child struggling with his schoolwork.

3.3.2 Frustration

As parents realise that the child has a problem, they take the child to specialists to get help. They receive advice from specialists, educators and other parents, but sometimes nothing seems to work. Nothing helps

the child to learn better, feel better or behave better. When the child starts therapy or is enrolled in a special school their hopes are high, only to find that progress is not as satisfactory as they expected, if any. Children with ADHD are difficult to manage, are overtly oppositional and non-compliant, which causes tension in the family and frustration on the part of the parents (Accardo et al. 2000:444).

3.3.3 Shame and feelings of inadequacy

As parents watch their child among other children who are considered normal, his performance and behaviour brings shame. Some people view the parents as unable to parent their child properly, especially the hyperactive child, leading to feelings of inadequacy.

3.3.4 Feelings of disappointment and deprivation

When parents get a baby, they have plans for his future. When they discover that the child has a learning impairment and may not fit into the plans they have for him, they become shattered. They feel God has taken away the best thing they would ever have, a “perfect” child. They feel they have been robbed of the opportunity to make the child the best person they wanted him to be, and **at that time they do not think of making him the best person he can be (own opinion).**

3.3.5 Envy

Parents start envying those parents of children without impairments. In some cases they develop resentment.

3.3.6 Fear

There is fear of the unknown. The parents have fear of what is going to happen to the child in future, what will become of him, they wonder if the impairment will ever improve. They ask themselves the question; does the child really have a future?

3.3.7 Denial and anger

At first parents cannot believe that it is true that their child has a learning impairment. They feel that the educators are incompetent, the evaluator is incompetent or has made a mistake. Parents can be angry with the educators, the evaluator or at each other. Parents can also be angry with the child for causing them heartache, or angry at their partners for not doing enough to discipline the child, especially with ADHD children (Accardo et al 2000:446).

3.3.8 Self-blame

Parents sometimes blame themselves for having a child with learning impairment. They think of the wrong things that they may have done during pregnancy and throughout the child's developmental years. Parents also blame themselves for being angry with the child, especially when they realize that the child's problem is neurological (Accardo et al 2000:446).

3.3.9 Confusion

Parents may be confused by the explanations given by professionals. They may also be confused as to how to help and support the child. They wonder how people perceive the way they treat the child, maybe it is perceived as overprotection (Walsh and Giblin 1988:106).

3.3.10 Feeling of contentment

According to the stage theory, this feeling is experienced in the stage of acceptance, which is the last stage in the adjustment process (according to the psychodynamic approach). Parents now feel content and accept the fact that their child has a learning impairment. At this stage they jointly plan ahead as to how best they can help the child.

3.3.11 *Jealousy*

The child with learning impairments will take up most of the time of parents when they take him to specialists and when they help him with homework. Parents or one parent may devote most of his/their time, energy and finances trying to meet the child's needs. Some house rules may be bent to accommodate the child, or the child's inappropriate behaviour may always be attributed to his impairment, causing siblings and the other partner to feel jealous and neglected.

Feelings experienced by parents fluctuate. Feelings are no more categorized into compartments according to the stage theory, but parents experience what is called non-finite loss. Parents experience chronic sorrow, especially if the impairment is very serious (Roll-Peterson 2001:2). It is therefore essential to take each family as unique, and to plan support according to the needs of each family.

3.4 Parents' behaviours emanating from their feelings

3.4.1 Introduction

Due to various circumstances, one should acknowledge a variety of family types existent in our society. Parents may be biological, it may be non-custodial parents in broken homes, single parents, parents living away because of migrant labour, grandparents, other relatives or siblings (Lemmer & Van Wyk 2004:184). Grandparents who play a primary role of raising grandchildren experience their own parenting issues to deal with (Okun 1996:320), and the presence of a child with learning impairments puts an extra burden on them.

The information given below is based on the nuclear family, as literature on the role played by the extended family, especially in the South African context, is scarce.

3.4.2 Fathers

Fathers are said to be in perpetual denial of the problem, and will be more involved in their work to escape the feelings and the tension that may be there at home (Greenspan et al. 1998:357). Fathers were found to be uninvolved and disengaged in the care of the child (Bruce & Schultz 2002:9-13). Some researchers have found that fathers are becoming more involved in taking care of children (Levinson *in* Birsh 1999:482).

3.4.3 Mothers

In their research, Fish & Jain, *in* (Gallico, Burns & Grob 1991:53), came to a conclusion that mothers become over-engaged and direct all their resources to the assistance of their learning impaired child. This statement is supported by Levinson *in* (Birsh 1999:482), whose view is that the heavier burden of parenting rests with mothers, and more mother-child conflicts are experienced as they supervise children doing tasks.

When there are behavioural problems, in their frustration, mothers are said to become impatient and authoritarian. When they feel they are loosing control over the child they become over-controlling. Pleasant moments with the child are less, which in turn deprive the mother and child moments of play, conversation and working together on tasks. This deprivation leads to lack of stimulation, which further results in poor academic achievement, lower general intelligence and low self-esteem (Meadows 1996:111).

3.4.4 Parents as a couple

Parents may continue to have unresolved conflicts (Gallico et al. 1991:52), which they may both avoid by being too involved in helping the child. Parents may also compete with each other for the child's love and attention. Conflict may lead to arguments, and the mother may take side

with the child against the father. In the meantime the child will be caught in between, which will contribute to the development of poor self-image, self-doubt, hostile dependency and anger.

The problems of the learning impaired child increase as anxiety and tension between parents increase (Gallico et al. 1991:53). Homework time is usually a battleground for the learning impaired child, as they find it problematic (Harniss, Epstein, Bursuck, Nelson & Jayanthi 2001:206 and Polloway, Bursuck & Epstein 2001:182), and this is exacerbated by tension in the house. Some parents react by being emotionally withdrawn, by being over controlling, by over-stimulating the child or by overprotecting the child because of guilt feelings, or because of the pain they feel when they see the child struggling with school work (Greenspan et al. 1998: 366).

Parents who adjust quickly both become involved in helping the child. They do not only focus on the child's impairment, but also identify and focus on other capabilities that the child has (Gallico et al. 1991:53). When parents are able to confront their own feelings honestly, they emerge from the trying period of diagnosis stronger as a family than before (Greenspan et al. 1998:358).

As the behaviour of parents and the child's problems may not create an atmosphere conducive to learning, support by professionals will help to empower parents to handle their own problems and the child's problems. The role of the educational psychologist in supporting parents of children with learning impairments will be discussed next.

3.5 The role of the school psychological services in supporting parents of children with learning impairments

Levinson in (Birsh1999:465) is of the opinion that even though there have been tremendous progress in diagnosing and handling learning impairments, there has not been a parallel gain in counseling for families of these children.

The South African education system is undergoing transformation, including transformation in the provision for special educational needs and education support services. School psychological services are seen as distinct from guidance services (Mashile in Mda & Mothata 2000:95). Counselling is reserved for qualified school counsellors or school psychologists, with a Masters degree in Educational Psychology, and registered with the Health Professions Council of South Africa. Counsellors or educational psychologists are usually not employed in mainstream schools, but in special schools and district offices.

According to recommendations made by the National Committee for Education Support Services (NCESS) and National Commission on Special Needs in Education and Training (NCSNET), counselors or educational psychologists will be employed at district level to be deployed to schools to provide support to educators, learners and parents (Mashile in Mda & Mothata 2000:96). Those at special schools will be retained and special schools will be converted to resource centers, which will provide expertise support to neighbouring schools. A help line will also be set for educators or parents to telephone with queries (Department of Education 2001:21).

At institutional level there will be a support team, which will be strengthened by expertise from the local community, and the district

support team. The aim of the education department is to establish partnerships with parents so that they can, armed with information, counseling and skills, participate more effectively in the learning and teaching of their own children, despite limitations due to impairments (Department of Education 2001:50).

NCESS and NCSNET propose that one of the functions of psychological services be to support educators and parents in assessment and development of appropriate intervention strategies (Mashile *in* Mda & Mothata 2000:96). Furthermore counselors or school psychologists are expected to play a consultative role, working in collaboration with parents, educators, administrators and the community. School counselors are expected to help, especially in low socio-economic communities where there is no access to professional help. Counselors can work with families to help meet children's developmental needs, and among other things to help parents understand learners' characteristics (Mashile *in* Mda & Mothata 2000:98).

The educational psychologist is said to be an important support for the school. Apart from helping children and their parents, the psychologist can also offer advice on many problems that confront teachers dealing with children with learning impairments (Dean 1996:13). Teachers and parents can receive advice on how to teach the child certain things, how to manage tantrums etc. Psychologists can integrate services from other specialists, like occupational and speech therapists.

Parental involvement initiatives that focus on reading and learning are expected to succeed when they are well structured, if parents are given clear guidance as to what they are supposed to do to help their children, and if it is intended to supplement or complement the teaching taking place in the school (Mashishi 1994:222). Teachers and experts in

education can be invited to show parents how to help their children with homework (Mashishi 1994:232).

This research study aims to identify the psycho-educational needs of parents of children with learning impairments and the psycho-educational support that the parents receive from the school system. The findings of this study will give an indication of how different factors affect the needs of parents of children with learning impairments, their evaluation of their psycho-educational needs and provision of services by the school system to meet these needs.

Based on the feelings and behaviour of parents as obtained from literature study, there is need to emphasise the importance of counseling families of children with learning impairments, which will be discussed next.

3.6 The importance of counselling families of children with learning impairments

Counselling is said to be an important part of the educational process (Kolb & Whishaw 1996:526). It is said to be essential for both the learning impaired child and his parents.

- Counselling should include helping children and their parents to understand the impairment and helping them with strategies that can be used to deal with the impairment. Molenaar-Klumper (2002:96) is of the opinion that as soon as the parents can make a connection between their child's behavior and the neurological basis of this behaviour, the better they can understand the child.

- Counselling should address practical and emotional issues (Maharaj 1998:71). “Parents need help not only with their own emotions, but also with siblings, the school system, teachers, friends, neighbours and the extended family” (Levinson *in* Birsh 1999:479-480).
- Therapy should aim at helping parents to become aware of and explore their feelings, anxieties and defence mechanisms (Maharaj 1998:71).

Even though supporting parents of children with learning impairments is an essential service that must be rendered, Valle & Aponte (2002: 469-479) and Bruce & Schultz (2002:9-13) have cited some problems that may be experienced in the communication between parents and professionals. A few of these problems will be discussed.

3.7 Communication between parents and professionals

Communication can be difficult when one considers the parents’ emotional state. As news of having a child with an impairment are traumatic, information given to parents may be difficult to process (Bruce & Schultz 2002: 9-13). Professionals must therefore be careful with the approach they use, the words used and the amount of information given, especially at the beginning.

Valle and Aponte (2002:469-479), focuses on communication between parents and professionals in IEP (Individual Education Plan) meetings. They are of the opinion that:

- professionals use language that lay people do not understand.

- parents are considered part of the team only to give consent to decisions made by professionals alone.
- children with learning impairments are discussed as if they are “laboratory experiments”, that is as a name on paper, not as a unique child as known by the parent.
- professionals are said to be insensitive and authoritative, labeling parents who show concern by asking questions as being anxious, resistant, overprotective etc.
- professionals do not take parents’ views into consideration.
- when parents question professionals’ decisions, professionals feel threatened.
- parents need more time to absorb the findings of the evaluation before they are required to make a decision concerning their children.

The following is suggested in the professional-parents communication:

- that professionals move away from an authoritative discourse as it strangles the dialogue needed for the active involvement of parents.
- that parents be viewed as experts on the subject of their children so that they believe the demands of the task of helping their children is not beyond them (Maharaj 1998:88). Williams (1999:150) views parents as experts in issues concerning their child as “living for 24 hours with a child with a disability brings

lessons that no professional course or training can ever hope to teach”.

- the uniqueness of parents be considered when planning therapy sessions.
- the importance of considering genetic factors when dealing with dyslexia has been emphasized by Levinson in (Birsh 1999:469), as using highly figurative language in communicating with parents who themselves are experiencing language processing and general communication problems will interfere with communication.
- Family centered services are said to be more effective as they focus on the family’s strengths and resources when planning support that should be given to the family.

3.8 Conclusion

It has become evident that supporting parents of children with learning impairments is one of the most important tasks of school, but there are challenges to it. Support should be offered in a professional, sensitive manner, taking into consideration the parents’ mental and emotional states.

In the next chapter the empirical design will be presented. It will be established from this research what the needs of the parents of children with learning impairments are, and the type of psycho-educational support they receive and require from the education system.

CHAPTER FOUR

RESEARCH DESIGN

4.1 INTRODUCTION

Chapter two and three of this research were based on literature study to highlight the need for support to parents of children with learning impairments. Chapter two was a literature study on the development of learning impairments from a neuro-physiological perspective and academic, social and emotional problems experienced by children with learning impairments. This was followed in chapter three by a discussion focusing on parents of children with learning impairments, and an overview of school psychological services in South Africa.

This chapter will describe the research design used to assess the needs of parents of children with learning impairments, and to establish the support they receive in the school setting.

4.2 GENERAL PROBLEM STATEMENTS

This research aims to answer the following questions:

- What are the psycho-educational needs of parents of children with learning impairments?
- What kind of psycho-educational support do parents of children with learning impairments receive in the school setting?
- What do parents of children with learning impairments expect from the school system?

4.3 SPECIFIC RESEARCH PROBLEMS

The following specific problem statements will help to direct the statement of the hypotheses and the empirical research of this study.

- (1) Do the needs of parents of children with learning impairments differ significantly according to the child's age?
- (2) Do the needs of parents of children with learning impairments differ significantly according to the severity of the learning impairment?
- (3) Does the psycho-educational support parents of children with learning impairments receive differ significantly according to the severity of the child's learning impairment?
- (4) Does the number of years spent by a child at a special school has a bearing on the needs of the parents?
- (5) Do the needs of parents of children with learning impairments differ significantly according to the parent's level of education?
- (6) Does the knowledge possessed by parents of children with learning impairments differ according to the parent's level of education?

4.4 HYPOTHESES

(1) Research problem 1

Null-hypothesis

The needs of parents of children with learning impairments do not differ significantly according to the child's age.

Hypothesis

The needs of parents of children with learning impairments differ significantly according to the child's age.

(2) Research problem 2

Null-hypothesis

The needs of parents of children with learning impairments do not differ significantly according to the severity of the child's learning impairment.

Hypothesis

The needs of parents of children with learning impairments differ significantly according to the severity of the child's learning impairment.

(3) Research problem 3

Null –hypothesis

Psycho-educational support received by parents of children with learning impairments is the same irrespective of the severity of the child's learning impairment.

Hypothesis

Psycho-educational support received by parents of children with learning impairments differs significantly according to the severity of the child's learning impairment.

(4) Research problem 4

Null-hypothesis

The number of years spent by a child in a special school does not make a significant difference regarding the needs of his parents.

Hypothesis

The needs of parents of children with learning impairments differ significantly according to the years spent by a child in a special school.

(5) Research problem 5

Null-hypothesis

The needs of parents of children with learning impairments are the same irrespective of the parent's level of education.

Hypothesis

The needs of parents of children with learning impairments differ significantly according to the parent's level of education.

(6) Research problem 6

Null-hypothesis

Knowledge and skills possessed by parents of children with learning impairments regarding learning impairments is the same irrespective of the parent's level of education

Hypothesis

Knowledge and skills possessed by parents of children with learning impairments differ significantly according to the parent's level of education.

4.5 RESEARCH DESIGN

A research design refers to the plan and structure of the investigation used to obtain evidence to answer research questions (Mc Millan & Schumacher 1997:33).

In this study the research methods used are literature study, quantitative and qualitative empirical investigation.

4.5.1 Respondents

The selection of subjects was done through convenience and purposeful sampling. These are methods used in non-probability sampling. Subjects were chosen because of being accessible (Gall, Borg & Gall 1996:296) and because they were appropriate, as they possess certain characteristics, for example, they are parents of children with learning impairments. These subjects are representative of the population being

studied (Mc Millan & Schumacher 2001:175). Even though generalization to the population is limited (Mc Millan & Schumacher 2001:175), the primary aim of this research, which is finding out what exists, was met. This was done in order to make recommendations to the school pertaining support to parents of children with learning impairments.

The sample included parents of all learners registered at a school for children with learning impairments in South Africa. Only one parent from each household was asked to complete the questionnaire.

4.5.2 Instrument

Data on the needs of parents and the support they receive and require was collected through the use of a questionnaire. A questionnaire is a self-report data collection instrument completed by respondents (Johnson & Christensen 2004:164). The questionnaire appears in appendix A. Both open-ended and closed questions were used. On open-ended questions one is at liberty to make any response one wishes (Johnson & Christensen 2000:168). Two hundred (200) questionnaires were distributed and one hundred and forty eight (148) were received back.

The questionnaire was made up of five sections representing five themes.

- Section A deals with biographical information that was used to answer specific problem statements as mentioned in section 4.3.
- Section B deals with feelings experienced by parents of children with learning impairments. This section was included in order to verify information obtained from literature, as most of the literature focuses on children with physical and intellectual disabilities. The other reason was to conscientise parents of their

feelings when they have a child with learning impairments, in order to improve their emotional intelligence.

- Section C deals with parents' expectations and needs when their children are registered at a special school.
- Section D deals with the knowledge and skills required by parents of children with learning impairments. This section was included to make parents aware of knowledge and skills they require to make parenting a child with learning impairments less overwhelming.
- Section E deals with support strategies for parents of children with learning impairments.

In order to facilitate data analysis, and for data reduction, coding, which is assigning of a code or number to each answer, was used. Coding was built into the questionnaire, and therefore the questionnaire was distributed with pre-coded answers (Cohen, Marion & Morrison 2000:265).

The questionnaire was self-administered for three reasons. Firstly it was to eliminate interviewer bias. Secondly to ensure confidentiality and thirdly to ensure anonymity (Gorard 2001:83). It is further maintained by the afore-mentioned author that there is a high possibility of giving honest answers when a questionnaire is self-administered.

4.5.3 *Procedures*

For ethical reasons, it is essential that human subjects consent voluntarily to taking part in research (McNamee & Bridges 2002:25). As is common in educational research, written permission for administering the questionnaire was requested from the school's governing body through the headmistress, called "gatekeepers" by Homan in (McNamee

& Bridges 2001:23). The purpose of the letter was not only to get access to the school, but also to highlight the relevance and importance of the study, since the value and credibility of surveys depend on high response rates (Keeves 1997:157) (see Appendix B).

The school was approached only after permission was sought from the Department of Education through the Office of the Senior Manager, Policy Coordination, Monitoring & Secretariat Services (see Appendix C). According to the headmistress, permission from the school was automatically granted when there was permission from the Department of Education already. The parents were informed of the questionnaire by means of a school's newsletter.

4.5.4 Pilot study

The questionnaire went through two stages of piloting. In the first stage it was given to colleagues, and then to 10 parents of children with learning impairments not included in the research. The aim of the pilot study is to check that respondents understand the meaning of questions and statements, to gauge difficulty level, to develop suitable code values and to ensure reliability and validity (Keeves 1997:157 and Underhill & Bradfield 1996:268).

4.6 VALIDITY

Validity refers to how appropriate, meaningful and useful specific inferences made from test scores are (Mc Millan & Schumacher 2001:239). It is suggested that validity does not only refer to whether a test measures what it is supposed to measure, but it is also emphasized that what is valid is the inferences made from the test. Gall et al.

(1999:130) are of the opinion that a questionnaire should be piloted to ensure validity. Piloting was used in this research to ensure validity.

4.6.1 *Content validity*

This refers to the extent to which items represent the concepts that they are intended to measure (Houser 1998:143 and Leedy & Omrod 2001: 98). This is usually determined by having experts in the relevant fields validate the items. In this study, items used to assess parents' feelings, needs, expectations and skills required to parent children with learning impairments have been validated by the literature study in Chapters two and three, and by experts in the field of learning impairments.

4.6.2 *Face validity*

Face validity refers to the extent to which a measure appears to measure what it is supposed to measure (Houser 1998:239). This relies on the subjective judgement of the researcher (Gay 1992:156).

Validity was ensured by experts who gave an opinion as to whether the items of the questionnaire, by face value, have determined feelings, expectations and needs of parents of children with learning impairments.

4.6 RELIABILITY

Reliability was determined statistically. The Cronbach alpha reliability coefficient was used to determine the reliability of the scaled items in the study. The Cronbach alpha reliabilities for items in different sections of the questionnaire were as follows:

- 0.694792 for section A, the severity of the learning impairments.

- 0.948348 for section C, the needs of parents of children with learning impairments
- 0.917995 for section D, knowledge and skills possessed by parents of children with learning impairments

4.7 CONCLUSION

This chapter focused on the research design. The research problems and hypotheses were formulated. The instrument and respondents were discussed. An explanation of the contents of the questionnaire was given and the rationale behind themes chosen to formulate items. In conclusion the validity and reliability were discussed. In the next chapter the results of the empirical study will be presented and discussed.

CHAPTER FIVE

EMPIRICAL FINDINGS

5.1 INTRODUCTION

In chapter four the research design was discussed. In this chapter the findings of the empirical study related to supporting parents of children with learning impairments will be presented.

As explained in section 4.5.2, a questionnaire was used to obtain data. The responses were obtained quantitatively and qualitatively as the questionnaire had both closed and open-ended questions. Data was analysed as will be explained in 5.2.

5.2 ANALYSIS OF VARIANCE

Analysis of variance, in short called ANOVA, looks for differences between means of groups. The grand mean (the mean of means) is compared with individual means of groups being compared (Dancey & Reid 2004:292), to determine if there is a significant difference at the set confidence level, in the case of this study, at 0.05.

One way ANOVA is used when a research design has only one dependent variable and one independent variable (Dancey & Reid 2004:324).

Furthermore Bonferroni (Dunn) t Tests were done to determine the difference between means of groups within the sample and the significance of the differences at 0.05-confidence level.

The Box and Whisker plots were used to determine between-groups and within-groups variations. A boxplot gives a vertical view of data. A boxplot plots 25th percentile, the median (the 50th percentile), the 75th percentile and outlying or extreme values. The whiskers (lines drawn from the ends of the box) show the largest and the smallest values that are not outliers.

Data obtained from this study will be presented in the form of tables and graphs and then interpreted and discussed.

TABLE 1 BIOGRAPHICAL INFORMATION OF RESPONDENTS

Factor		Frequency (f)	Percentage (%)
Education level of parent	None	3	2.07
	Grade 1 – Grade 7	3	2.07
	Grade 8 – Grade 10	23	15.86
	Grade 11–Grade 12	54	37.24
	Certificate	19	13.24
	Diploma	27	18.62
	Degree	16	11.03
Employment status	Full-time	108	75
	Part-time	13	9.03
	Unemployed	23	15.97
Relationship to child	Father/Stepfather	37	25.52
	Mother/Stepmother	94	64.33
	Legal guardian	10	6.90
	Other	4	2.76
Number of children at this school	One	121	82.31
	Two	23	15.65
	Three	3	2.04
Age (in years) of the eldest or the only child at this school	5 – 7	4	2.74
	8 – 10	49	33.56
	11 – 13	60	41.10
	14 – 16	33	22.60
Grade in which the child is	Grade 1 – Grade 3	47	32.19
	Grade 4 – Grade 7	80	54.79
	Grade 8 – Grade 9	19	13.01
Number of years the child has been at this school	1 – 2	75	51.72
	3 – 4	36	24.83
	5 – 6	23	15.86
	7 – 8	7	4.83
	More than 8 years	4	2.76

The child's learning impairment	Scale	Frequency (f)	Percentage (%)
Attention problem	Very Severe	23	17.16
	Severe	46	34.33
	Slight	47	35.07
	Very Slight	18	13.43
Reading problems	Very Severe	16	11.43
	Severe	44	31.43
	Slight	60	42.86
	Very Slight	20	14.29
Writing problems	Very Severe	14	10.14
	Severe	38	27.54
	Slight	64	46.35
	Very Slight	22	15.94
Spelling problems	Very Severe	26	18.71
	Severe	46	33.09
	Slight	49	35.25
	Very Slight	18	12.95
Mathematics problems	Very Severe	23	17.04
	Severe	29	21.48
	Slight	40	29.63
	Very Slight	43	31.85

5.3 RESULTS

5.3.1 Respondents' biographical information

In Table 1 the demographic data and other information about respondents are presented. The factors are education level of parent, employment status of parent, relationship to the child, number of children at the school, age of the eldest child at the school, grade in which the child was, number of years the child had been at the school and the child's learning impairment.

148 respondents took part in the survey. The majority of the parents who took part (37,24%) had passed either grade 11 or grade 12. Mostly (75%) were full-time employed. 64,83% of the respondents were mothers and 83,21% had one child registered at the school used for the study.

The majority of the children whose parents took part in the study were in grade 4 to grade 7 (54,79%), while their ages ranged from 11 to 13 years. 51,72% of the children had been registered at the school for a period of one 1 to 2 years. The majority of their parents rated the severity of their learning impairments as ranging from slight to severe, except for mathematical problems, which were rated as slight to very slight.

The results support the findings from literature study that mothers are mostly involved with their children with learning impairments (Birsh 1999:482), though in this study this may be influenced by other factors, for example, a mother being a single parent and therefore the only parent who could complete the questionnaire.

As mentioned in chapter two, children with learning impairments may present with an array of learning problems, for an example, language

problems manifesting themselves in reading, verbal expression and spelling (see 2.6). This has been the case with children whose parents took part in this study. Children with attention problems also experience problems with reading, writing and spelling. Language problems affect all other areas of learning, as well as problems in information processing which affect the child's performance in various areas (Fryburg 1997:19).

Data obtained from the biographical information will be referred to now and then hereafter.

TABLE 2: FEELINGS EXPERIENCED BY PARENTS OF CHILDREN WITH LEARNING IMPAIRMENTS

Item	Always	Mostly	Sometimes	Total	Seldom	Never	Total
Denial	5 3.40%	14 9.5%	32 21.77%	51 34.69%	27 18.37%	69 46.94%	96 65.31%
Sadness	22 15.07%	49 33.56%	49 33.56%	120 82.19%	17 11.64%	9 6.16%	26 17.8%
Frustrated as they do not know what to do	26 17.69%	34 23.13%	50 34.01%	110 74.73%	22 14.97%	15 10.20%	37 25.17%
Shameful because the child is different to others	1 0.69%	4 2.76%	19 13.10%	24 16.55%	24 16.55%	97 66.90%	121 83.45%
Feeling like a failure in parenting	11 7.64%	11 7.67%	43 29.86%	65 45.14%	26 18.06%	53 36.81%	79 54.87%
The child makes the parent feel proud	52 36.36%	49 34.27%	29 20.28%	130 90.91%	7 4.90%	6 4.20%	13 9.09%
Disappointed that the plans for the child will not work out	5 3.45%	12 8.26%	38 26.21%	55 37.93%	30 20.69%	60 41.38%	90 62.07%
Fearful that the child's future is not promising	9 6.16%	17 11.64%	45 30.82%	71 48.63%	24 16.44%	51 34.93%	75 51.37%
Positive about the child's future	60 41.10%	34 23.29%	34 23.29%	128 87.67%	8 5.48%	10 6.85%	18 12.33%
Angry at the child's educators	1 0.68%	2 1.37%	27 18.49%	30 20.55%	31 21.23%	85 8.22%	116 79.45%

Unsure about feelings concerning the child's future	6 4.14%	16 11.03%	54 37.24%	76 52.41%	21 14.48%	48 33.10%	69 47.58%
Angry that the therapists are not doing enough to help the child	1 0.69%	-	6 4.14%	7 4.83%	24 16.55%	114 78.62%	138 95.17%
Angry at the person who diagnosed the learning impairment	2 1.38%	2 1.38%	5 3.45%	9 6.21%	7 4.83%	129 88.97%	136 93.79%
Happy that the child's learning impairment was diagnosed	80 55.17%	26 17.93%	24 16.55%	130 89.66%	3 2.07%	12 8.28%	15 10.34%
Confused as to which advise to follow	10 6.94%	14 9.72%	61 42.36%	85 59.03%	19 13.19%	40 27.28%	59 40.97%
Satisfied with the help the child is receiving	68 46.58%	47 32.19%	17 11.64%	132 90.41%	6 4.11%	8 5.48%	14 9.49%
Feeling responsible for the child's learning impairment	23 15.97%	14 9.72%	45 31.25%	82 56.94%	20 13.89%	42 29.17%	62 43.06%
Frustrated during homework time	14 9.49%	29 19.86%	60 41.10%	103 70.55%	20 13.70%	23 15.75%	43 29.45%
Resentment for homework time	11 7.53%	15 10.27%	39 26.71%	65 44.52%	25 17.12%	56 38.36%	81 55.48%

5.3.2 *Feelings experienced by parents of children with learning impairments*

Table 2 represents feelings experienced by parents of children with learning impairments. The majority of parents (82.19%) felt sad because their children were struggling with schoolwork. 74.83% felt frustrated because they did not know what to do to help their children and 70.55% were also frustrated during homework time when they had to help or supervise their children doing homework.

Even though 87.67% of parents were positive about their children's future, 52.41% of the respondents were unsure and this led to parents being confused as to which advise to follow. The other finding is that 56.94% of parents blamed themselves for the children's learning impairments.

The above findings support the fact that parents of children with learning impairments experience an array of negative feelings after learning that their child has a learning impairment (Bruce & Schultz 2002:9). As it has been mentioned in the literature study, parents need to be helped with their emotional issues before they are expected to help their children (Sorenson et al. 2003:10).

Even though the findings of this study suggest that the majority of parents experience some negative feelings, only 49.31% do want to share their feelings with someone at the school. 28.47% of the parents are unsure whether they want to share their feelings with someone at school. Almost a quarter of the parents (23.36%) totally do not want to share their feelings with someone at the school.

The reason may be that parents may not be sure of confidentiality at the school. They may not want the school psychologist to know their problems, or they may not consider maintenance of their emotional well – being as one of the duties of the school psychologist, as this has not been the practice. Baker (1996:84) is of the opinion that the nature of the work setting for school counsellors is not conducive to implementing any psychotherapy for the child’s family members.

Of the 49% of parents who welcome emotional support from the school, 85% would prefer individual sessions with the psychologist or settle for biblio-therapy. Group therapy sessions are not preferred.

In the researcher’s opinion, this will greatly increase the workload of the psychologists, and I believe the situation will be more difficult to handle when the psychologists are only deployed from district offices to service the schools, as planned by the education department.

TABLE 3A: PARENTS' NEEDS AND EXPECTATIONS WHEN THEIR CHILDREN ARE REGISTERED AT A SPECIAL SCHOOL

Item	Strongly agree	Agree	Total	Unsure	Disagree	Strongly disagree	Total
Learning problem to be resolved	55 37.67%	58 39.73%	113 77.40%	23 15.78%	9 60.16%	1 0.68%	10 6.84%
b. The school meets expectation	35 24.48%	71 49.65%	106 74.13%	25 17.48%	9 6.29%	3 2.10%	12 8.39%
The child to do all the schoolwork at school	24 16.44%	35 23.97%	59 40.41%	22 15.07%	47 32.19%	18 12.33%	65 44.52%
b.	34 23.78%	63 44.06%	97 67.83%	23 16.08%	17 11.89%	6 4.20%	23 16.09%
The child to be given homework	75 51.72%	57 39.31%	132 91.03%	5 3.45%	6 4.14%	2 1.38%	8 5.52%
b.	54 38.51%	58 41.43%	112 80%	17 12.14%	5 3.57%	6 4.29%	11 7.86%
To be enlightened about the child's learning impairment	82 56.94%	53 36.81%	135 93.75%	5 3.47%	2 1.39%	2 1.39%	4 2.78%
b.	60 42.86%	48 34.29%	108 77.14%	19 13.57%	6 4.29%	7 5%	13 9.29%
To be empowered in handling the child's learning impairments	59 40.69%	71 48.97%	130 89.66%	8 5.52%	4 2.76%	3 2.07%	7 4.83%

b. The school meets expectation	37 26.43%	61 43.57%	98 70%	27 19.29%	8 5.71%	7 5%	15 10.71%
To share with someone at school feelings about the child's learning impairment	37 23.34%	54 36.99%	91 62.33%	32 21.92%	19 13.01%	4 2.74%	23 15.75%
b.	30 21.43%	44 31.43%	74 52.86%	49 35%	11 7.86%	6 4.29%	17 12.15%
To discuss concerns about the child with someone at school	67 45.89%	59 40.41%	126 86.30%	12 8.22%	2 1.37%	6 4.11%	8 5.48%
b.	48 34.04%	54 38.40%	102 72.34%	28 19.86%	5 3.55%	6 4.26%	11 7.81%
To share ideas with other parents of children with learning impairments	27 18.75%	64 44.44%	91 63.19%	35 24.30%	10 6.94%	8 5.56%	18 12.50%
b.	24 17.39%	53 38.41%	77 55.80%	43 31.16%	12 8.70%	6 4.35%	18 13.05
Explanation from the school about parents' role in the education of the child	55 37.93%	67 46.12%	122 84.14%	13 8.97%	6 4.14%	4 2.76%	10 6.90%
b.	36 25.90%	55 39.57%	91 65.47%	30 21.58%	12 8.63%	6 4.32%	18 12.95%
The child's behaviour to improve	54 37.24%	67 46.21%	121 83.45%	14 9.66%	6 4.14%	4 2.76%	10 6.9%
b.	44 31.43%	61 43.57%	105 75%	18 12.86%	8 5.71%	9 6.43%	17 12.14%

To be informed about the child's expected progress	73 50.69%	53 36.81%	126 87.50%	13 9.03%	2 1.39%	3 2.08%	5 3.47%
b.	50 35.71%	52 37.14%	102 72.86%	25 17.86%	9 6.43%	4 2.86%	13 9.29%
To be helped with own emotions regarding the child	35 24.31%	36 25%	71 49.31%	41 28.47%	17 11.81%	15 10.42%	32 22.23%
b.	24 17.52%	24 17.52%	48 35.04%	57 41.61%	19 13.87%	13 9.49%	32 23.36%
To be introduced to a parent group	35 24.48%	49 34.27%	84 58.74%	34 23.78%	9 6.29%	16 11.19%	25 17.48%
b.	29 21.64%	35 26.12%	64 47.76%	44 32.84%	10 7.46%	16 11.94%	26 19.40%
To meet the child's educator regularly to discuss progress and problems	72 50.35%	58 40.56%	130 90.91%	7 4.90%	1 0.70%	5 3.50%	6 4.20%
b.	50 36.50%	53 38.69%	103 75.18%	16 11.68%	12 8.76%	6 4.38%	18 13.14%
To meet the child's therapists regularly to discuss assistance given to the child and progress	66 45.52%	62 42.76%	128 88.28%	8 5.52%	4 2.76%	5 3.45%	9 6.21%
b.	44 32.12%	55 40.15%	99 72.26%	17 12.41%	16 11.68%	15 3.65%	31 15.33%
To be enlightened on how to help the child at home	59 40.69%	58 40%	117 80.69%	19 13.10%	6 4.14%	3 2.07%	9 6.21%
b.	39 28.47%	44 32.12%	83 60.58%	30 21.90%	19 13.87%	5 3.65%	24 17.52%

5.3.3 *Parents' needs and expectations when their children are registered at a school for learners with learning impairments*

5.3.3.1 *General interpretation*

As regards the needs and expectations of parents when their children are registered at a school for children with learning impairments, the findings of this study suggest that parents do need to be empowered with knowledge and skills to assist and handle their children. In matters relating to the academic work, an average of 87.65% of parents agree that they need support from the school system and from other parents, though when it comes to emotional support it was indicated earlier that less than 50% of the parents want their emotional problems to be handled at the school.

The needs of parents can be divided into four categories, which will be briefly discussed hereafter:

- *Equipping parents with knowledge and skills regarding learning impairments*

93.75% of the parents needed to be enlightened about the child's learning impairment. 89.66% needed to be empowered in handling the child's impairment and 84.14% needed to be informed regarding their role in the education of their children.

The findings of this study suggest that quite a number of parents felt frustrated during homework time (70.55%) and 44.52% of parents resent homework time.

This is in line with literature study findings (Harniss et al. 2001:206), that parents of children with learning impairments spend a longer time assisting and supervising their children doing homework than parents of children without learning impairments, as completing homework is especially problematic for children with learning impairments. This period is not always a pleasant one. With regards to children with attention deficit hyperactivity disorder, it is said that supervising them on any task is a mammoth of a task as they cannot pay attention and sit still during any task. This brings about conflicts between the child and the parent (Accardo et al. 2000:446).

The other reason why homework time may not be pleasant for some parents may be that the parents themselves may be struggling with language and communication skills. As there is a high incidence of language impairment among parents of dyslexics, this may reduce their ability to help their children significantly (Levinson in Birsh 1999:466). That is why it is important to consider genetic factors when dealing with parents of children with learning impairments (Levinson in Birsh:1999:466).

Parents may be using outdated methods not used at school to teach literacy, and therefore causing confusion and frustration for both the parent and the child (Douville 2000:180). 80.69% of parents have indicated the need to be enlightened on how to help their children at home (see Table 3a).

- *Improvement in children's performance*

From the results of the quantitative data (table 3a), it was noted that parents expect their children's performance and behaviour to improve (77.40% and 83.45% respectively). The reason may be that parents expect that in a special school, educators, therapist and psychologists are equipped with knowledge and skills to deal with learning impairments, and therefore parents expect to see change.

Parents do not only want to notice progress, but 87.50% of the parents need to be enlightened about expected progress, to meet educators regularly to discuss progress and problems (90.91%) and to meet therapists to discuss progress and strategies used to help the child (88.28%).

The findings suggest that only 54.17% of parents understand the assessment strategies used to monitor the children's progress and only 55.86% understand the implications of the assessment results (table 4a). All issues regarding the child's progress must therefore be taken into account when discussing the child's progress.

- *Career guidance*

An interesting finding in this regard is that some parents suggest introduction of more sporting activities and technical subjects in order to help their children to explore other career opportunities. This was established when analyzing data qualitatively. These may be parents who already fear that their children's future in the academic world is bleak and those who are unsure of their children's future (52.41%). The other reason may be that parents just want to expose the children to more opportunities so that they can make informed decisions about future

careers. Parents are said to be a great influence in children's career choices (Morningstar et al. 1996:249).

For parents who feel their children are not ready to return to mainstream even after grade nine, the greatest worry is which Further Education and Training institution can be suitable for their children.

- *Equipping children with learning impairments with knowledge regarding their learning impairments and skills to deal with these*

It was established when analyzing data qualitatively that parents felt that children with learning impairments should be empowered with knowledge and skills to deal with their problems. To be specific, children with learning impairments need to understand themselves and their impairment so that they can help themselves. Children need to know their strengths and weaknesses, understand their emotions and the root of their behavioural patterns. Children also have to be taught self-discipline as most parents indicated that their children cannot do homework unsupervised. For parents, this would make their task of helping their children lighter as the children would also be helping themselves. Reid (1998:557) emphasizes the building of self-reliance, confidence and competence in preparation for a well-adjusted adulthood.

This supports findings of the literature study that both the parents and their children need therapeutic interventions to address an array of problems they are facing.

Further on in this chapter it will be established whether parents' needs differ according to the child's age, the severity of the learning

impairment, the parent's level of education or according to the years the child has spent at a special school.

5.3.3.2 Hypothesis one

H₀₁: The needs of parents of children with learning impairments do not differ significantly according to the child's age.

TABLE 3B.i

Source	DF	Sum of Squares	Mean Square	F Value	Pr>F
Model	3	3.40962001	1.13654000	2.39	0.0714
Error	141	67.07606954	0.47571681		
Corrected Total	144	70.48568955			

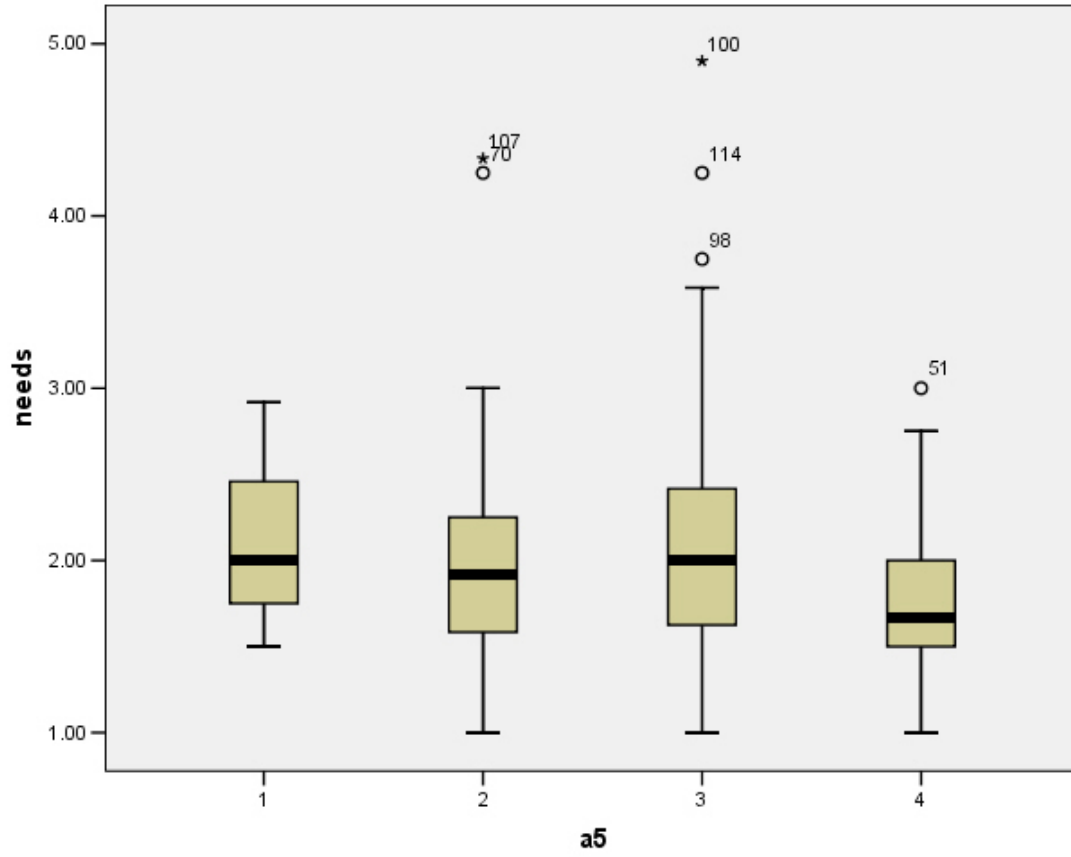
TABLE 3B.ii: MEANS TABLE

Level of a5	N	Needs	
		Mean	Std Dev
1 (5-7years)	3	2.13888889	0.71847318
2 (8-10years)	49	1.99508349	0.68272474
3 (11-13years)	60	2.10264731	0.77804417
4(14-16years)	33	1.070913682	0.49857371

From table 3b.i it can be concluded that there is no significant difference between the needs of parents of children of different age groups, as the p value is 0.07, therefore the null hypotheses is accepted.

Parents of children aged between 14 to 16 years appear to have more needs than the rest of the age-groups (table 3b.ii) with the mean of 1.070913682.

BOXPLOT 1: MEDIANS TABLE



Box plot 1 represents the median and the measure of variability of the scores of the individual groups. It can be concluded from the box plot that there seems to be differences in the needs of parents of children of different age groups. Though the needs of the parents of the children in the different age-groups appear to differ, the wide spread of the scores results in large variability of the needs within groups, resulting in overlapping of the needs between groups. Statistically the difference becomes insignificant. In interpreting this data it should also be noted that parents of children in group three (11-13 years), have the largest variability of needs, which may be attributed to the fact that the group contains the highest number of respondents (60) and maybe because age 11 years marks the beginning of adolescence. The leap from childhood is experienced differently by children and parents.

As shown in the literature study, when children with learning impairments progress to higher grades and reach adolescence, their problems increase academically, cognitively and socially (Wong 1998:562). As they develop secondary problems due to their learning impairments, those caring for them encounter more problems in handling them. As compared to children in the foundation and intermediate phases, the emphasis shifts from acquiring basic skills of reading, writing and maths to mastering content matter and demonstrating appropriate social skills.

As established from the qualitative analysis of data, parents also begin to worry about their children's further education, what careers to follow and where to continue with further studies.

There are problems that are common to all children with learning impairments, and that may be the reason why there is an overlap of needs across all age-groups.

It can therefore be concluded that, statistically, the needs of parents of children with learning impairments do not differ significantly according to the child's age, but that there seems to be differences especially between the needs of parents of children aged 5-7 years (school-beginners) and those aged 14-16 years (senior primary learners).

5.3.3.3 Hypothesis 2

H₀₂ The needs of parents of children with learning impairments do not differ significantly according to the severity of the child's learning impairment.

TABLE 3C.i

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Model	2	1.60105631	0.80202816	1.64	0.1974
Error	142	69.39088420	0.48866820		
Corrected Total	144	70.99494051			

From table 3c.i it can be concluded that the needs of parents of children with learning impairments do not differ significantly according to the severity of the child's learning impairment, as the p value is 0.1974.

TABLE 3C.ii: MEANS TABLE

Level of rlearn	N	Needs	
		Mean	Std Dev
1(Very severe)	17	1.711680036	0.47169269
2(Severe)	79	2.04686102	0.62484353
3(Slight)	49	1.93874459	0.85850505

No large differences were identified among the needs of parents of children with various degrees of learning impairments. All parents with a child with a learning impairment experience the feelings of having a child who is “not perfect”. No matter how mild the parent can rate the severity of the impairment, the fact that the child has a learning impairment in itself has an impact on the parent’s feelings and needs.

Parents of children with very severe learning impairments seem to have more needs than those of children with severe to slight learning impairments (table 3c.ii), but the difference is statistically insignificant.

5.3.3.4 Hypothesis 3

H₀₃ The needs of parents of children with learning impairments do not differ significantly according to the years spent by a child at a school for children with learning impairments.

TABLE 3D.i

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Model	4	2.34675551	0.58668888	1.37	0.2483
Error	139	59.63428932	0.42902366		
Corrected Total	143	61.98104483			

TABLE 3D.ii: MEANS TABLE

Level of a7	N	Needs	
		Mean	Std Dev
1(1-2years)	74	1.96773819	0.68234590
2(3-4years)	36	1.84869529	0.61517893
3(5-6years)	23	2.17045455	0.72751929
4(7-8years)	7	1.67857143	0.33134327
5(8+ years)	4*	1.66666667	0.18002057

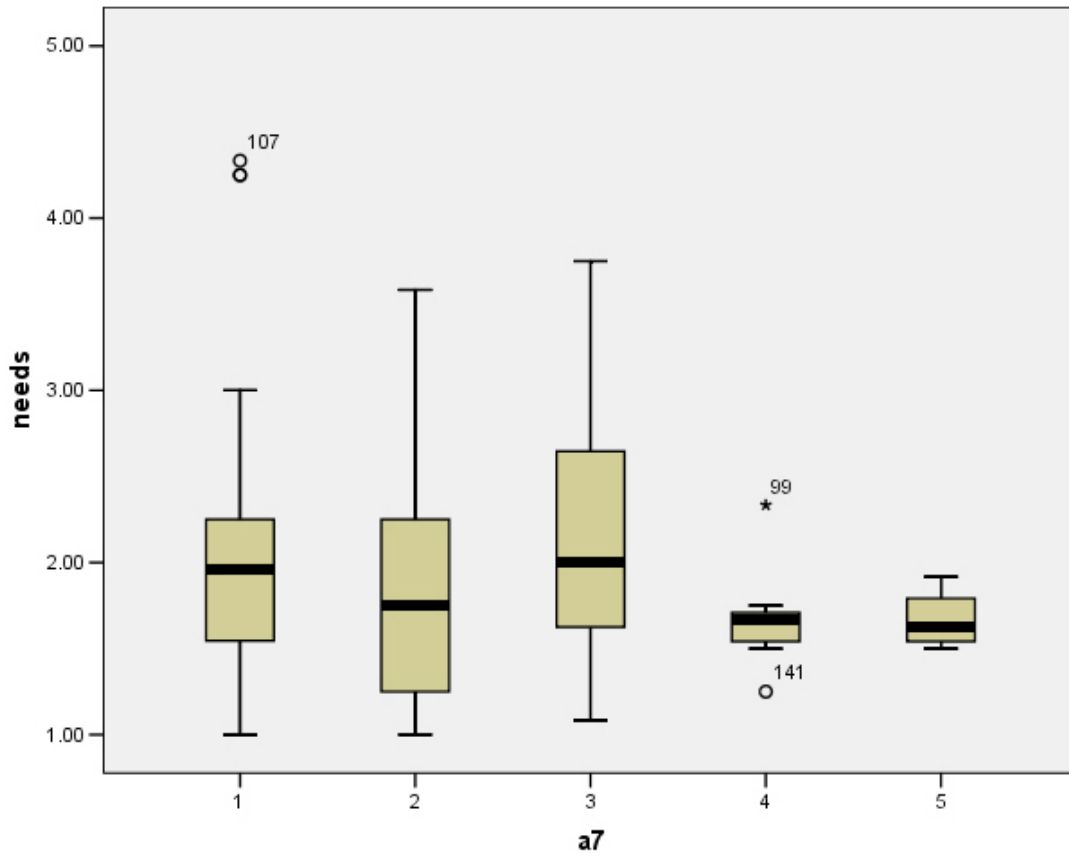
There is no significant difference between the needs of parents of children with learning impairments, irrespective of the years spent by the child at a school for children with learning impairments, as the p value is 0.2483 (Table 3d.i)

Parents of children who have been at a school for children with learning impairments for 7 years and more seem to have more needs than parents of children who have been at the school for fewer years (table 3d.ii), although the difference is not significant. The largest difference seems to be found between the needs of parents of children who have been at a school for children with learning impairments for more than eight years and those who have been at the school for five to six years (boxplot 2).

The school used for the study admits children only up to grade 9, and therefore a child who starts schooling and remains at the special school for the number of years mentioned above seems not to be ready to return to mainstream, because in some cases learning impairments become more pronounced as the demands of school increase (Novick & Arnold 1995:46). The secure environment of special education is lost when he progresses to mainstream high or technical schools. Parents therefore are anxious about the child's further studies. This will be more

complicated when at that stage the child has not mastered basic reading, writing and mathematical skills.

BOXPLOT 2



The large difference that seems to be found between group 5 and 3 (boxplot 2), can be accounted for by the fact that when a child has been at the school for 4-5 years, parents start noting an improvement in his performance as he responds to speech, occupational and remedial methods to address the learning impairment. A sort of stability from the turmoil of the initial phase of diagnosis and adjustment is attained. As the children stay in the school for more years, the improvement may not be as pronounced as it was, and the fact that the child does not seem to be ready to proceed to mainstream starts worrying parents again as they begin planning for further education. Parents of dyslexics continue to have more responsibility for their child over a long period, compared to parents of non-dyslexics (Levinson in Birsh 1999:477).

As it has already been explained, the increase in school demands makes the learning impairment to be well pronounced as the child fails to master content and is still struggling to master basic reading, writing and arithmetic skills.

It can be concluded that even though there is no significant difference between the needs of parents of children with learning impairments with regard to the number of years the children stay at a special school, there seems to be a noticeable difference between the needs of parents of children who have been at the school for 4-5 years and those who have been at the school for 7 years and more.

5.3.3.5 Hypothesis 4

H₀₄ The needs of parents of children with learning impairments do not differ significantly according to the education level of the parent.

TABLE 3E.i

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Model	6	1.90741743	0.31790290	0.72	0.6330
Error	137	60.37119786	0.44066568		
Corrected Total	143	62.27861529			

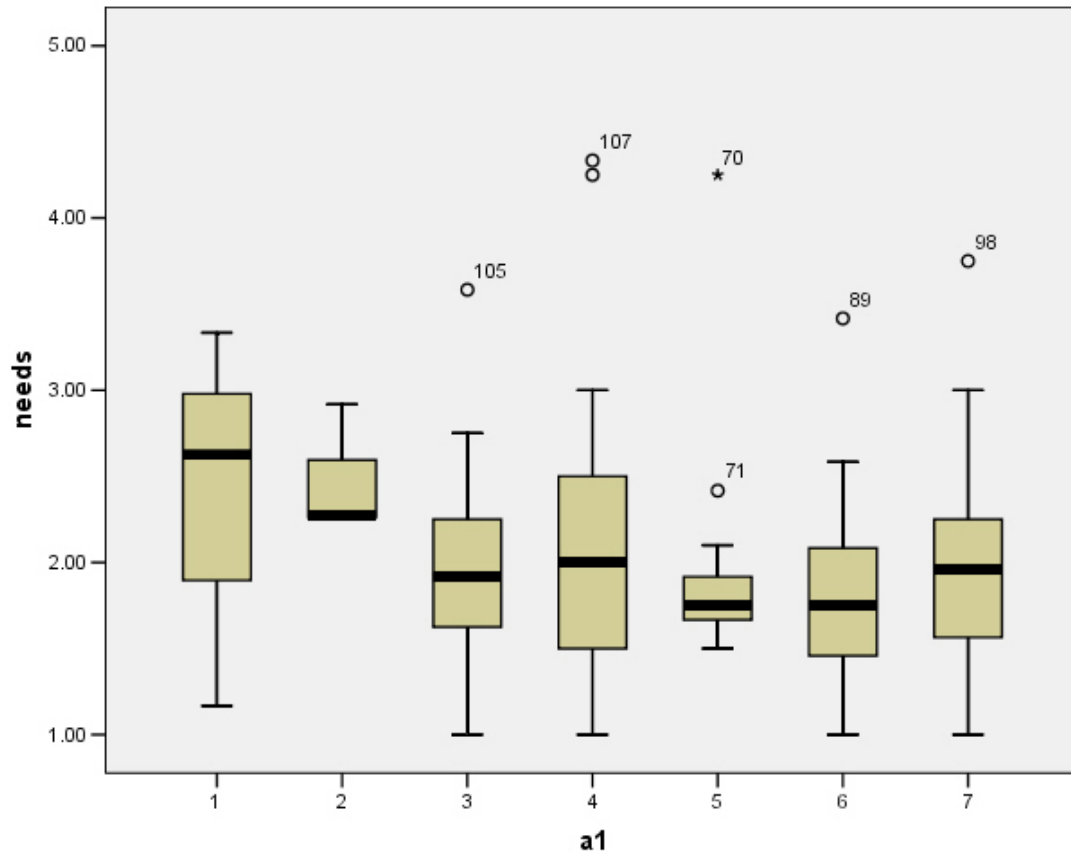
TABLE 3E.ii: MEANS TABLE

Level of a1	N	Needs	
		Mean	Std Dev
1(None)	3*	2.37500000	1.10475613
2(Grd 1-7)	3*	2.47979798	0.37851000
3(Grd 8-10)	23	1.93741765	0.60920422
4(Grd 11-12)	53	1.98008386	0.73289649
5(Certificate)	19	1.90677831	0.60744337
6(Diploma)	27	1.82295174	0.53613241
7(Degree)	16	1.95596591	0.70391912

The needs of parents of children with learning impairments do not differ significantly according to the education level of the parent, as shown on Table 3e.i, $p > 0.05$.

The findings of this study suggest that parents of children with learning impairments with no education and those with a grade 1-7 education level seem to have less needs than the rest of the parents (table 3e.ii and boxplot 3).

BOXPLOT 3



It has been shown in the literature study that learning impairments may run in families (Levinson *in* Birsh 1999:466), and therefore parents whose education is below grade 8 may, in the researcher's opinion, have experienced learning impairments themselves.

Such parents are said to be more sympathetic to their child's needs (Levinson *in* Birsh 1999:467).

It is important to note that in the biographical information parents were not asked to indicate whether they themselves had a learning impairment or whether they have raised older children with learning impairments. The findings cannot therefore be ascribed with certainty to knowledge about learning impairments acquired through experience.

It is in the opinion of the researcher that parents in further and higher education levels are more aware of their shortcomings regarding knowledge about learning impairments , that their emotional intelligence is higher and that they had high hopes for their children as they themselves managed to go beyond primary school education level.

It can therefore be concluded that the needs of parents of children with learning impairments may be affected by the parent's educational level and previous experience with learning impairments. The findings also suggest that one cannot confine the needs of the parents to one group as there is variability within groups and a lot of overlapping.

5.3.4 Knowledge and skills required by parents of children with learning impairments

5.3.4.1 General interpretation

Table 4a represents the knowledge and skills of parents regarding learning impairments. The results show that more than half of the parents in the sample possess good general knowledge about learning impairments (74.31%), but the numbers drop gradually when it comes to handling and assisting the children (Table 4a). Only 51.72% of the respondents understood the strategies used to help their children. 66.90% understood their role in helping the children and 55.86% indicated that they were able to handle the child's problem.

TABLE 4A: KNOWLEDGE AND SKILLS REQUIRED BY PARENTS OF CHILDREN WITH LEARNING IMPAIRMENTS

Item	Excellent	Good	Total	Fair	Poor	Very Poor	Total
Understanding of the child's learning impairments	35 24.31%	72 50%	107 74.31%	35 24.31%	1 0.69%	1 0.69%	2 1.38%
Understanding of strategies used to help the child	20 13.79%	55 37.93%	75 51.72%	54 37.24%	13 8.97%	3 2.07%	16 11.04%
Understanding of parental role in helping the child	32 22.07%	65 44.83%	97 66.90%	44 30.34%	4 2.76%	- -	4 2.76%
Ability in handling the child's problem	16 11.03%	65 44.83%	81 55.86%	55 37.93%	7 4.83%	2 1.38%	9 6.21%
Ability in dealing with own emotions regarding the child	24 17.02%	59 41.84%	83 58.87%	43 30.50%	11 7.80%	4 2.84%	15 10.64%
Support received from the school to enable parents to deal with own emotional issues	25 17.24%	33 22.76%	58 40%	51 35.17%	27 18.62%	9 6.21%	36 24.83%
Guidance received from the school to enable parents to deal with educational issues	27 18.88%	33 23.08%	60 41.96%	52 36.36%	26 18.18%	5 3.50%	31 21.68%

Guidance received from the school to deal with the child's behaviour	22 15.28%	45 31.25%	67 46.53%	54 37.50%	19 13.19%	4 2.78%	23 15.97%
Help received from the school to help parents to share with one another	16 11.43%	31 22.14%	47 33.57%	55 39.29%	27 19.29%	11 7.86%	38 27.15%
Adjustment to the child's learning impairment	21 14.69%	75 52.45%	96 67.13%	41 28.67%	6 4.20%	- -	6 4.20%
Understanding of the assessment techniques used to monitor the child's progress	22 15.28%	56 38.89%	78 54.17%	47 32.64%	16 11.11%	3 2.08%	19 13.19%
Understanding of the implications of assessment results	20 13.79%	61 42.07%	81 55.86%	46 31.72%	15 10.34%	3 2.07%	18 12.41%
The manner in which professionals at the school communicate with parents	36 24.83%	53 36.55%	89 61.38%	42 28.97%	11 7.59%	3 2.07%	14 9.66%
The extend to which the school meets parents' needs	33 22.76%	50 34.48%	83 57.24%	54 37.24%	7 4.83%	1 0.69%	8 5.52%
The way in which parents are consulted regarding decisions about the child's treatment/therapy	41 28.28%	51 35.17%	92 63.45%	36 24.83%	14 9.66%	3 2.07%	17 11.73%

It was mentioned in the literature study that children with learning impairments may develop behavioural problems in conjunction with their learning impairment (Novick & Arnold 1995:12), and that is the reason why parents need to be equipped with both knowledge and skills to handle both their academic and behavioural problems. For those who are on medication to control their behaviour, for an example Ritalin, parents need to know more about its effects and side effects, and alternative ways of controlling their children’s behaviour, as established from literature and from qualitative analysis of data.

When parents understand their children’s problems, they will be able to act appropriately and that will also direct their feelings in the positive direction.

5.3.4.2 Hypothesis 5

H₀₅ The knowledge and skills possessed by parents of children with learning impairments do not differ significantly according to the parent’s education level.

TABLE 4B.i

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Model	6	1.17242489	0.19540415	0.54	0.7786
Error	136	49.39479806	0.36319704		
Corrected Total	142	50.56722296			

There is no significant difference between the knowledge and skills possessed by parents of different educational levels, as the p value is 0.7786 (table 4b.i)

TABLE 4B.ii: MEANS TABLE

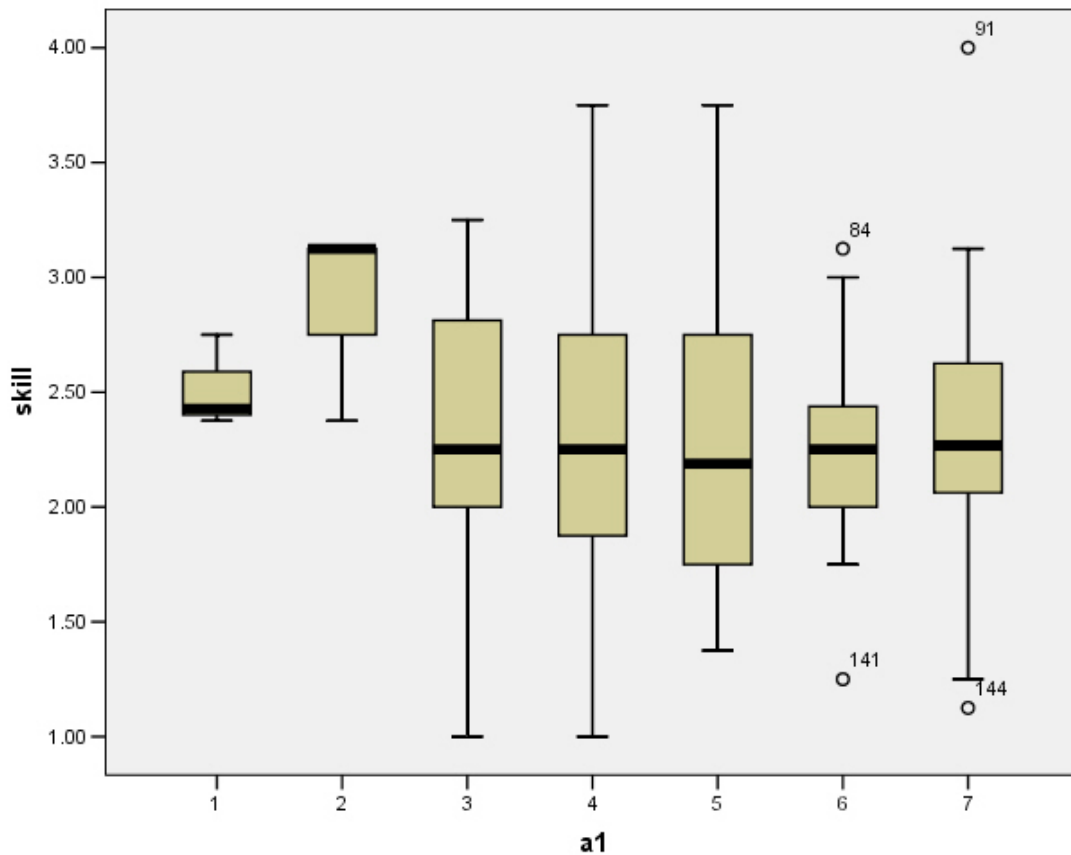
Level of A1	Knowledge and skill		
	N	Mean	Std Dev
None	3	2.51785714	0.20281816
Grade 1-7	3	2.87500000	0.43301270
Grade 8-10	23	2.28804348	0.65543486
Grade 11-12	53	2.31502695	0.61097986
Certificate	18	2.33333333	0.65865281
Diploma	27	2.26917989	0.45752490
Degree	16	2.36941964	0.69558003

There seems to be a large difference between the knowledge and skills possessed by parents who have acquired an education level of Grade 1 to Grade 7 and those who have acquired an education level above Grade 7 (boxplot 4 and table 4b.ii), with the former having less skills and knowledge.

The reason may be that parents who were able to obtain an education level beyond primary school have acquired the knowledge and skills through their own efforts by reading about learning impairments, though this statement cannot be supported by literature study.

It can be concluded here that the knowledge and skills possessed by parents of children with learning impairments do not differ significantly according to the parent's level of education, but there seems to be a large difference between the skills and knowledge possessed by parents who have only attained a grade 1-7 education level and those who are educated beyond grade 7 (boxplot 4 and table 4b.ii) although the difference is not statistically significant.

BOXPLOT 4



5.3.5. *Psycho-educational support received by parents of children with learning impairments*

5.3.5.1 *General interpretation*

Table 5a indicates that 60.99% of parents are interested in attending parent guidance sessions. The findings suggest that parents are in favour of attending sessions at the school rather than joining a parent support group, as only 46.38% are interested in joining a support group. For those who have previously attended parent guidance sessions at the school, 79.37% found the sessions helpful and 83.32% of them would like to attend more sessions.

TABLE 5A ATTENDANCE OF PARENT GUIDANCE SESSIONS

Item	Yes	Maybe	No
Parents' interest in attending parent guidance sessions	86 60.99%	41 29.08%	14 9.93%
Parents' interest in joining a parent support group	64 46.38%	51 36.96%	23 16.67%
Were sessions attended helpful?	50 79.37%	11 17.46%	2 3.17%
Were those who attended parent guidance sessions interested in attending more sessions?	55 83.82%	8 11.76%	3 4.41%

TABLE 5B SETTING FOR PARENT GUIDANCE SESSIONS

Item	Large group	Small group	Individual	Group & individual
Parents' preference for parent guidance sessions setting	16 12.70%	52 41.27%	27 21.43%	31 24.60%

TABLE 5C STRATEGIES FOR PARENT GUIDANCE

Item		Strongly agree	Agree	Total	Disagree	Strongly disagree	Total
Strategies for parent guidance to help parents understand and deal with the child's learning impairment	Individual sessions	41 34.17%	53 44.17%	94 78.33%	15 12.50%	11 9.17%	26 21.67%
	Group sessions in the form of lectures	21 17.80%	66 55.93%	87 73.73%	18 15.25%	13 11.02%	31 26.27%
	Discussions in groups	31 25.62%	64 52.89%	95 75.51%	13 10.74%	13 10.74%	26 21.48%
	Reading about learning impairments	46 37.10%	61 49.19%	107 86.29%	9 7.26%	8 6.45%	17 13.71%

TABLE 5D STRATEGIES FOR PARENT COUNSELLING/PSYCHOTHERAPY

Item		Strongly Agree	Agree	Total	Disagree	Strongly disagree	Total
Strategies for counselling / therapy to address parents' emotional issues	Individual sessions	56 46.67%	47 39.17 %	103 85.83%	10 8.33%	7 5.83%	17 14.16 %
	Group sessions	21 17.95%	59 50.43 %	80 68.38%	18 15.38%	19 16.24%	37 31.62 %
	Biblio-therapy	49 41.88%	49 41.88 %	98 83.76%	11 9.40%	8 6.84%	19 16.24 %

86.29% of parents prefer the use of reading material to acquire knowledge about learning impairments and skills to help their children (table 5c). As 75% of parents in this study are employed full-time (table 1), they cite job commitments as a reason for not preferring to attend sessions at the school. Parents need methods and strategies that are suitable to their lifestyles. The other reason cited for non-attendance of sessions at the school is lack of public transport in the evenings, the time when the school usually schedule their parent guidance sessions. Parents who have access to electronic means suggest the use of Internet websites and videos or DVDs that can be recommended by the school. The reason is that they can use these at their own time.

Among the 75% who would consider group sessions, it was established from qualitative analysis of data that emphasis be put on practical ways of handling children with learning impairments, and that parents who have successfully raised children with learning impairments share their experiences.

As mentioned in section 5.3.2 when the feelings of parents of children with learning impairments were discussed, parents were not keen to share their emotional problems with someone at the school, but 85.83% of those who consider psychotherapy at the school would prefer individual sessions with the psychologist.

5.3.5.2 Hypotheses 6

H₀₆ Psycho-educational support received by parents of children with learning impairments does not differ significantly according to the severity of the child's learning impairments.

There is no significant difference between the psycho-educational supports received by parents of children with various degrees of learning impairments, as $p > 0.05$ (Table 5e.i).

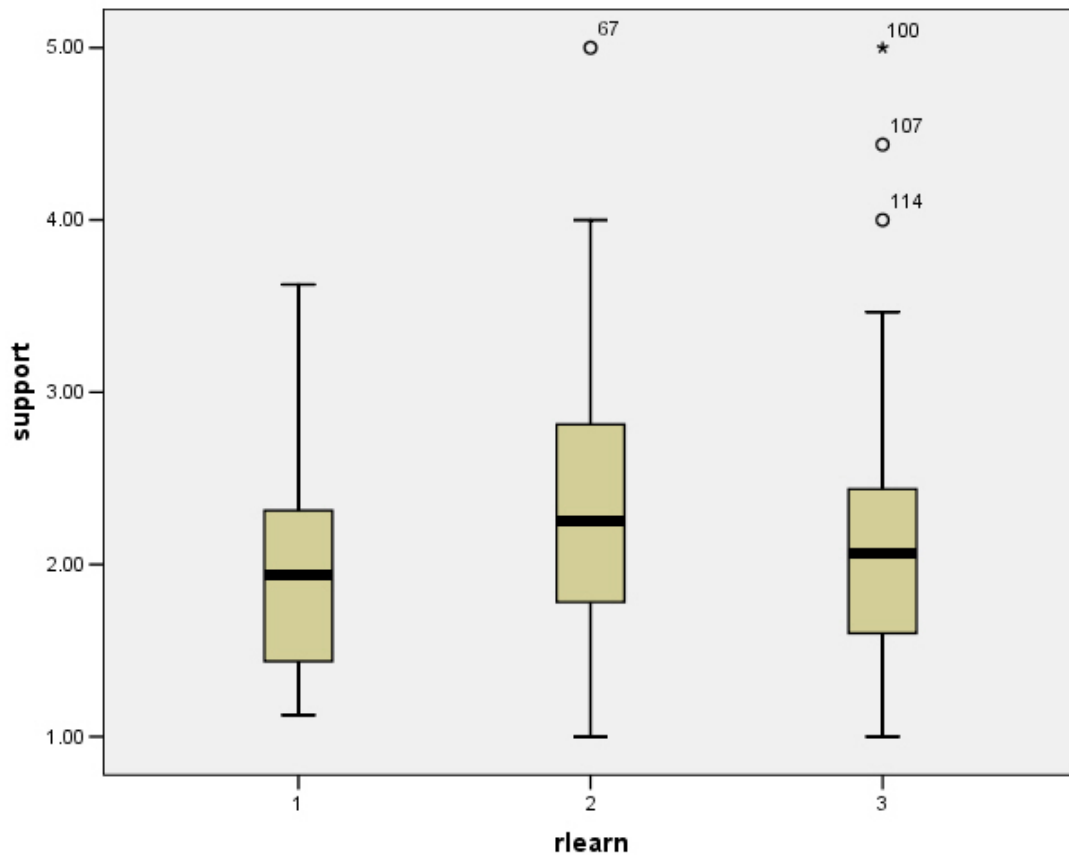
TABLE 5E.i

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Model	2	2.57530723	1.28765361	2.04	0.1339
Error	139	87.73385644	0.63117882		
Corrected Total	141	90.30916367			

TABLE 5E.ii: MEANS TABLE

Level of Rlearn	Support		
	N	Mean	Std Dev
1 Very severe	17	2.01740196	0.70455832
2 Severe	76	2.36706610	0.74695061
3 Slight	49	2.13786112	0.88912735

BOXPLOT 5



Parents of children with very severe learning impairments seem to be the most content with support received from the school, though the difference between groups is slight and insignificant (boxplot 5)

The reason may be that educators and therapists do more for those with very severe learning impairments and progress is monitored more closely.

It is interesting to note that there are parents of children with slight learning impairments who feel that the support they receive from the school is poor, as their scores lie outside the 75th percentile. It is also important to note that parents within individual groups vary with regards to the way they rate the support they receive from the school, and the ratings overlap between groups (boxplot 5).

5.4 CONCLUSION

It can be concluded from this study that **the needs** of parents of children with learning impairments do not differ significantly according to the child's age, the severity of the learning impairment, the educational level of the parent and the number of years spent by a child in a special school, although:

- parents of children aged 14-16 years seem to have more needs than parents of children aged 13 years and younger
- Parents of children who have been in a special school for 8 years and more seem to have more needs than those whose children have been in a special school for less years.

The knowledge and skills regarding learning impairments possessed by parents of children with learning impairments seem to be affected by the educational level of the parents, though this cannot be directly linked with previous experience with learning impairments as it is the researcher's assumption that some parents may have experienced learning impairments themselves or raised older children with learning impairments. The results of the study suggest that:

- parents who are educated below grade 8 level seem to have less needs and less knowledge and skills regarding learning impairments than parents educated beyond grade 7 level.

It is important to note that the findings of this study suggest that there is no homogeneity within groups compared, and therefore the parents' needs, knowledge and skills overlap so much that significant differences cannot be seen. Individual differences may be accounted for by the complexity of human behaviour.

As regards psycho-educational support, most parents need support regarding educational and behavioural problems pertaining to their children, but not many are keen on getting emotional support from the school. If psycho-educational support is offered, parents would prefer strategies that are practical and accessible to them. Recommendations will be presented in the next chapter.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This study emanated from an awareness that parents of children with learning impairments seem to know little about their children's learning impairments and nothing on how to assist and handle them.

In chapter one, background information was given on the topic under study. It was established through literature study that parents of children with learning impairments face challenges when dealing with their children in daily living, school- and non-school related issues.

In chapter two the focus was on the development of learning impairments from a neuro-physiological perspective, including primary and secondary problems experienced by children with learning impairments. It was established that learning impairments may develop in the pre-natal period while the nervous system is still developing. Factors which may contribute to nervous system abnormalities were discussed (see 2.4.2).

The focus of the third chapter was on parents of children with learning impairments. The impact on the family was discussed. An overview of the school psychological services was presented, including problems encountered when professionals communicate with parents.

The primary aim of the study was to assess existing strategies used to support parents of children with learning impairments and to come up with recommendations based on the parents' needs.

The secondary aim was to assess how the psycho-educational needs of parents of children with learning impairments differ according to the child's age, the severity of the child's learning impairments, the number of years spent by a child at a special school and the educational level of the parent.

6.2 Findings from literature study

6.2.1 The impact of having a child with learning impairments on the family

This factor was explored because having a child with learning impairments in the family affects parents physically, socially, emotionally and financially. Both the family's emotional state and behaviours emanating from the family members' feelings were discussed.

The findings in the literature revealed that the family experience negative feelings, and parents may find themselves in a state of chronic sorrow (see section 3.3). Parents can therefore not have a pleasant involvement with their children due to their emotional state (section 3.4). They therefore need support to address their feelings in order to enable them to face the parenting of a child with learning impairments with a positive attitude (see section 3.6).

Parents also behave in certain ways in response to the way they feel. Mothers are said to become over-engaged with the child, but when they

feel they are losing control over the child they become over-controlling (see section 3.4.3). Fathers are often uninvolved though recent studies have shown that fathers' involvement with their children is improving (see section. 3.4.2).

6.2.2 The needs of parents of children with learning impairments

In order to support parents of children with learning impairments, one needs to know what their needs are. Their needs, according to literature, involve two basic issues, that is, regarding academic work and behaviour.

Academic work entails various issues, to mention a few, one may include an understanding of what learning impairments are, issues about helping the children with homework and career choices (section 3.6).

Behaviourally parents need to understand why their children behave the way they do, as learning impaired children may develop emotional and behavioural problems that impact on their social lives (section 3.6).

Problems with information processing affect the child in all areas, that is in cognitive, social, emotional and spiritual development (see section 2.3 and 2.7).

A discussion on the development of learning impairments (section 2.4), shed a light on the complexity of remedying learning impairments and the importance of focusing on using alternative strategies to cope with the effects of the impairment.

Understanding the child's life-world helps to elucidate challenges faced by the parents raising such a child, and ultimately the support needed by such parents.

6.2.3 Knowledge and skills required by parents of children with learning impairments

Based on the needs of parents of children with learning impairments, specific aspects were dealt with which further helped to clarify the need for support. It was established from literature that parents need theoretical knowledge about learning impairments, how these develop, what assessment techniques are used and what kind of help the child is receiving at school. Parents also need to acquire skills in assisting their children at home and in handling behaviour problems as they occur (see sections 3.5 and 3.6).

6.2.4 Psycho-educational support to parents of children with learning impairments

According to literature, support to parents of children with learning impairments is an area that is seen as having some flaws. Firstly the provision of services to parents is said to be picking up slowly across the world. Secondly those who are trying to help parents are said to be either under-trained or not communicating effectively with parents.

Professionals are said to be using language that lay people do not understand and not sympathetic to the needs of the parents (see section 3.7).

Counsellors and psychologists need to take into account the parents' emotional state when planning guidance and counseling sessions. They also need to build on the parents' strong points so that parents do not find raising their own children overwhelming. Family therapy is also proposed to bring the family together and help them work out strategies that will work for all those involved (see section 3.7).

6.3 Findings from empirical study

In order to establish what the needs of the parents of children with learning impairments are and the psycho-educational support they require and receive from the school, questionnaires were distributed to parents. To reach the goal of the study it became necessary to explore the feelings experienced by parents, to find out about their knowledge and skills regarding learning impairments and to assess the psycho-educational support that they require and receive from the school. Hypotheses were formulated in order to compare the needs of specific groups within the sample, and the results of the study proved to be useful in identifying the parents' specific needs. This was done in order to facilitate formulation of recommendations regarding appropriate support strategies.

The following are the findings of the empirical study:

6.3.1 Feeling experienced by parents of children with learning impairments

The findings of this study suggest that 44.39% of parents experience negative feelings because of having a child with learning impairments, but almost 49.31% of the parents are not keen to have their emotional problems addressed at the school, even though half of the parents are unable to deal with their own emotional issues regarding the child. Parents who would consider counseling or psychotherapy at the school would prefer individual sessions with the counselor/psychologist or biblio-therapy.

6.3.2 The needs of parents of children with learning impairments

The results of the empirical study show that parents of children with learning impairments find it important to :

- possess knowledge about learning impairments.
- be empowered in assisting and handling the child.
- be informed about the child's expected progress and to see improvement in academic work and behaviour.
- be equipped with knowledge regarding career choices for their children.
- equip their children with knowledge about their impairments.
- equip their children with skills to help themselves.

Furthermore, based on the hypotheses the results show that:

- There is no significant difference between the needs of parents of children of different age groups, although parents of children aged 14 to 16 years seem to have more needs than parents of children in other age groups.
- The needs of parents of children with learning impairments do not differ significantly according to the severity of the child's learning impairment.
- The needs of parents of children with learning impairments do not differ significantly according to the years spent by a child in a school for children with learning impairments, but parents of children who have been in a school for children with learning impairments for 7 years and more seem to have more needs than parents of children who have been there for fewer years.

- The needs of parents of children with learning impairments do not differ significantly according to the education level of the parent, even though parents with no education and those with a grade 1-7 education level seem to have less needs than parents who have achieved beyond grade 8 education level.

6.3.3 Knowledge and skills required by parents of children with learning impairments

The results show that 74.31% of the parents seem to possess good theoretical knowledge about learning impairments but they lack skills to help their children, to handle their children's behaviour problems and to handle their own emotional issues regarding the child.

The knowledge and skills possessed by parents of children with learning impairments do not differ significantly according to the education level of the parent, but parents who are educated below grade eight level seem to possess less knowledge and skills regarding learning impairments than those educated beyond grade eight level.

6.3.4 Psycho-educational support to parents of children with learning impairments

There is no significant difference between support received by parents of children with various degrees of learning impairments, though parents of children with very severe learning impairments seem to be more content with the support given by the school.

The majority of parents who took part in this study do agree that they need support from the school, but mostly support regarding academic

issues, and to a lesser extent support to address their emotional problems. It was established that due to work commitments, as 75% of the respondents were full-time employed, parents would prefer to use media that they can use on their own at their own time and pace. Parents who have attended parent guidance sessions at the school found them helpful and would like to receive more guidance either in person or through written material.

In summary, the results of both literature and empirical study show that parents of children with learning impairments have needs that have to be met through psycho-educational support. The needs include those regarding understanding learning impairments, especially their neuro-physiological origin, acquiring knowledge and skills to help the children at home and handling behavioural problems as they occur. Both studies also show that providing psycho-educational support has its challenges and that there are factors that need to be considered when implementing support strategies.

6.4 Recommendations

Recommendations given below are based on the results of the empirical investigation and literature study. These will be discussed under the following headings:

- Issues to be addressed with parents of children with learning impairments
- Factors to be considered when supporting parents of children with learning impairments
- Support strategies for parents of children with learning impairments

6.4.1 Issues to be addressed with parents of children with learning impairments

Before discussing strategies to support parents of children with learning impairments, one needs to identify issues that are considered to be important to parents. Parents need to be helped to:

- acquire knowledge about the neurological origin of learning impairments, so that they can understand the child better when they can make a connection between the child's performance and behaviour and its neurological basis.
- acquire knowledge about how the learning impairment impacts on other areas of child development, for an example on emotional and social development.
- acquire skills to deal with the impairment and to help the child at home.
- be aware of their feelings and be helped to explore their feelings and anxieties regarding the child because it is only in understanding themselves and dealing with the emanating issues that they can understand and help others.
- acquire knowledge to understand the demands faced by the learning impaired as they grow and progress in school.
- acquire knowledge about further education possibilities for their children.

6.4.2 Factors to be considered when supporting parents of children with learning impairments

- *The uniqueness of each individual and family*

Professionals (psychologists, educators and therapists) should consider the fact that each individual and family is unique, and

therefore one should not generalize while describing and planning to meet the needs of parents of children with learning impairments. The results of the study have shown that there is variability within groups brought about by individual differences.

- The emotional state of the parents should be taken into consideration when communicating with parents, especially in the early stages of diagnosis, as they need time to absorb the findings of assessment and the diagnosis before they can be given a lot of other information (Valle & Aponte 2002:469-479).
- One should also consider the parents' own shortcomings which may hamper smooth communication, for an example when communicating with parents with learning impairments. In general one should consider using simple language when communicating with parents, as using figurative language may hamper smooth communication when communicating with parents with language disabilities (Birsh 1999:469).
- Professionals must also consider the parents' position with regard to the child. Parents must always be considered as experts in matters relating to their children and guidance should be based on their strengths.
- Professionals must consider the stage of development and the age of the child so that support should be need-specific. As the results suggest that parents of children aged 14-16 years and those whose children have been in a special school for more

than seven years have more needs, problems specific to that age-group should be addressed.

6.4.3 Support strategies for parents of children with learning impairments

The following strategies are suggested in order to make support accessible to all parents.

- Holding parent guidance sessions at the school.
- Sending parents a list of books they can obtain from libraries and booksellers.
- Advising parents on websites they could browse to equip themselves with knowledge and skills and that would advise them of services available outside the school system.
- Identifying and helping parents who need individual attention.
- Organising group sessions with the help of parents who have raised children with learning impairments.
- Family therapy sessions should be scheduled for families in need and to help families to use their own strategies to address issues.
- Refer parents to appropriate services outside the school system for psycho-educational support, but help those who cannot pay for services outside the school system.
- The Department of Education must regularly organise in-service training sessions for educators, therapists, counselors and school psychologist. This is in order to keep them up to date with current strategies used to support parents.

6.4.4 Suggestions for further research

- The results of this study indicate the need to explore factors affecting the needs of parents of children with learning impairments using more homogenous groups. Large variability within groups seems to be caused by individual differences between respondents. This in turn makes it difficult to see significant differences between groups within the sample.
- As it was found out in this study that parents educated below grade eight level seem to possess less knowledge and skills regarding learning impairments and have less needs than parents educated above grade eight level, it would be interesting to find out why, as it is inconclusive in this study if this can be linked to previous experience with learning impairments or acquisition of knowledge through own efforts. One can make an assumption that less educated parents seek more knowledge than educated ones.

6.5 CONCLUSION

This exploratory study has highlighted the need for support to parents of children with learning impairments and the challenges faced by the school psychological services, therapists as well as educators in meeting the needs of these parents.

As the study was conducted at a school for children with learning impairments, the results suggest that even in schools with a support team on site, meeting the needs of the parents is sometimes not feasible, and the problem may be compounded when one support team has to service a number of schools, as recommended by the Education White

Paper 6. The Department of Education should look at other ways of addressing shortages in the school support teams as this is a service that is crucial to the well-being of parents, learners and educators.

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APPENDIX A

QUESTIONNAIRES

SECTION A

BIOGRAPHICAL INFORMATION

Instructions

- Please note that information required in this section is for statistical purposes only.
- For each item indicate your answer by making a *CROSS* in the appropriate number in the squares next to the statements.

e.g (1) (2) (3) (4) (5) (6) (7)

--	--	--

1. Education level of parent

- None (1)
- Grade 1 – grade 7 (2)
- Grade 8 – grade 10 (3)
- Grade 11 – grade 12 (4)
- Certificate (5)
- Diploma (6)
- Degree (7)

1 2 3

--

4

2. Employment status

- Full-time (1)
- Part-time (2)
- Unemployed (3)

--

5

3. Relationship to child

- Father (Biological or step) (1)
- Mother (Biological or step) (2)
- Legal guardian (3)
- Other (Specify) (4)

--

6

4. Number of children at this school

- One (1)
- Two (2)
- Three (3)
- More than three (4)

--

7

5. Age(in years) of the eldest or only child at this school

- 5 – 7 (1)
- 8 – 10 (2)
- 11 – 13 (3)
- 14 – 16 (4)

8

6. Grade in which the child is

- Grade 1 to grade 3 (1)
- Grade 4 to grade 7 (2)
- Grade 8 to grade 9 (3)

9

7. Number of years your child has been at this school

- 1 – 2 (1)
- 3 – 4 (2)
- 5 – 6 (3)
- 7 – 8 (4)
- More than eight years (5)

10

8. The child’s learning impairment (problem) and the severity of the impairment (problem)

- Use the following scale to rate the severity of the problem:

[1] Very Severe (2) Severe (3) Slight [4] Very Slight

(Choose as many problems as applicable)

- Language problems (limited vocabulary) [1] [2] [3] [4]
- Attention problem [1] [2] [3] [4]
- Reading problem [1] [2] [3] [4]
- Writing problem [1] [2] [3] [4]
- Spelling problems [1] [2] [3] [4]
- Arithmetic/Mathematics problems [1] [2] [3] [4]

11
12
13
14
15
16

SECTION B

FEELINGS EXPERIENCED BY PARENTS OF CHILDREN WITH LEARNING IMPAIRMENTS

Section B contains statements describing feelings parents may be experiencing when they have a child with learning impairments.

Instructions

(For Sections B, C, D and E)

- There are no right or wrong answers. Answer the questions honestly.
- Do not ponder too long on a question. Give the first response that comes to mind.

How often do you experience feelings mentioned below with regard to your child’s learning impairment?

For questions 1 - 20 use the following response scale:

(1)	(2)	(3)	(4)	(5)
<i>Always</i>	<i>Most of the time</i>	<i>Sometimes</i>	<i>Seldom</i>	<i>Never</i>

- | | | | |
|--|---------------------|--------------------------|----|
| 1. Denying that your child has a learning impairment/problem | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 17 |
| 2. Sad because your child is struggling with some schoolwork | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 18 |
| 3. Frustrated because you do not know what to do | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 19 |
| 4. Shameful because your child is different from children (regarded as normal) | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 20 |
| 5. Feeling like a failure in parenting | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 21 |
| 6. Your child makes you feel proud | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 22 |
| 7. Disappointed that your plans for your child will not work out | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 23 |
| 8. Fearful that your child’s future is not promising | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 24 |
| 9. Positive about your child’s future | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 25 |
| 10. Angry at your child’s educators | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 26 |

		OFFICE USE
11. Unsure about your feelings concerning your child's future	(1) (2) (3) (4) (5)	<input type="checkbox"/> 27
12. Angry that your child's therapists are not doing enough to help him	(1) (2) (3) (4) (5)	<input type="checkbox"/> 28
13. Angry at the person who diagnosed the learning impairment/problem	(1) (2) (3) (4) (5)	<input type="checkbox"/> 29
14. Happy that your child's learning impairment/ problem was diagnosed	(1) (2) (3) (4) (5)	<input type="checkbox"/> 30
15. Confused as to which advise to follow	(1) (2) (3) (4) (5)	<input type="checkbox"/> 31
16. Satisfied with the help your child is receiving	(1) (2) (3) (4) (5)	<input type="checkbox"/> 32
17. Feeling responsible for your child's learning impairment/problem	(1) (2) (3) (4) (5)	<input type="checkbox"/> 33
18. Frustrated during homework time	(1) (2) (3) (4) (5)	<input type="checkbox"/> 34
19. Resent/hate homework time	(1) (2) (3) (4) (5)	<input type="checkbox"/> 35
20. Fulfilled after helping your child with school- work	(1) (2) (3) (4) (5)	<input type="checkbox"/> 36

SECTION C

PARENTS' NEEDS AND EXPECTATIONS WHEN THEIR CHILDREN ARE REGISTERED AT A SPECIAL SCHOOL

Section C contains statements that describe parents' expectations and needs when their children are registered at a special school.

Instructions

- **PART (A) of each question is in response to THE EXPECTATION**
- **PART (B) is an indication of THE EXTEND TO WHICH THE SCHOOL WORKS TOWARDS MEETING THE EXPECTATION.**
- For questions 1 - 17 use the following response scale

(1) (2) (3) (4) (5)
Strongly agree/ Agree / Unsure / Disagree / Strongly disagree

When my child was registered at a special school, I expected.....

1. (a) his learning problem to be resolved	(1) (2) (3) (4) (5)	<input type="checkbox"/>	37
(b) The school meets this expectation	(1) (2) (3) (4) (5)	<input type="checkbox"/>	38
2. (a) him to do all the schoolwork at school	(1) (2) (3) (4) (5)	<input type="checkbox"/>	39
(b) The school meets this expectation	(1) (2) (3) (4) (5)	<input type="checkbox"/>	40
3. (a) him to be given homework	(1) (2) (3) (4) (5)	<input type="checkbox"/>	41
(b) The school meets this expectation	(1) (2) (3) (4) (5)	<input type="checkbox"/>	42
4. (a) to be enlightened about my child's learning impairment/problem	(1) (2) (3) (4) (5)	<input type="checkbox"/>	43
(b) The school meets this expectation	(1) (2) (3) (4) (5)	<input type="checkbox"/>	44
5. (a) to be empowered in handling my child's learning impairment/problem	(1) (2) (3) (4) (5)	<input type="checkbox"/>	45
(b) The school meets this expectation	(1) (2) (3) (4) (5)	<input type="checkbox"/>	46
6. (a) to share with someone at school my feelings about my child's impairment/problem	(1) (2) (3) (4) [5]	<input type="checkbox"/>	47
(b) The school meets this expectation	(1) (2) (3) (4) (5)	<input type="checkbox"/>	48
7. (a) to discuss my concerns regarding my child with someone at the school	(1) (2) (3) (4) (5) b)	<input type="checkbox"/>	49
(b)The school meets this expectation	(1) (2) (3) (4) (5)	<input type="checkbox"/>	50

8. (a) to share ideas with other parents of children with learning impairments/problems	(1) (2) (3) (4) (5)	<input type="checkbox"/>	51
(b) The school facilitates this	(1) (2) (3) (4) (5)	<input type="checkbox"/>	52
9. (a) someone at the school to explain to me what is expected of me regarding my child's education	(1) (2) (3) (4) (5)	<input type="checkbox"/>	53
(b) The school meets this expectation	(1) (2) (3) (4) (5)	<input type="checkbox"/>	54
10. (a) my child's behaviour to improve	(1) (2) (3) (4) (5)	<input type="checkbox"/>	55
(b) My child's behaviour is improving	(1) (2) (3) (4) (5)	<input type="checkbox"/>	56
11. (a) to be informed about my child's expected progress	(1) (2) (3) (4) (5)	<input type="checkbox"/>	57
(b) The school meets this expectation	(1) (2) (3) (4) (5)	<input type="checkbox"/>	58
12. (a) to be helped with my own emotions	(1) (2) (3) (4) (5)	<input type="checkbox"/>	59
(b) The school meets this expectation	(1) (2) (3) (4) (5)	<input type="checkbox"/>	60
13. (a) to be introduced to a parent support group	(1) (2) (3) (4) (5)	<input type="checkbox"/>	61
(b) The school facilitates this	(1) (2) (3) (4) (5)	<input type="checkbox"/>	62
14. (a) to meet my child's educator regularly to discuss my child's progress and problems	(1) (2) (3) (4) (5)	<input type="checkbox"/>	63
(b) The school meets this expectation	(1) (2) (3) (4) (5)	<input type="checkbox"/>	64
15. (a) to meet my child's therapists regularly to discuss assistance given to him and his progress	(1) (2) (3) (4) (5)	<input type="checkbox"/>	65
(b) The school meets this expectation	(1) (2) (3) (4) (5)	<input type="checkbox"/>	66
16. (a) to be enlightened on how to help my child at home	(1) (2) (3) (4) (5)	<input type="checkbox"/>	67
(b) The school meets this need	(1) (2) (3) (4) (5)	<input type="checkbox"/>	68

17. Please write down any other expectations (not more than **five**) you had when your child was registered at a special school (**which are not met by the school**)

SECTION D

KNOWLEDGE AND SKILLS REQUIRED BY PARENTS OF CHILDREN WITH LEARNING IMPAIRMENTS

Section D contains statements that describe the knowledge and skills that parents of children with learning impairments require.

Instructions

- **EVALUATE the following statements.**

For questions 1 - 15 use the following response scale.

(1) (2) (3) (4) (5)
Excellent/ Good / Fair / Poor / Very Poor

How would you rate the following?

- | | | | |
|--|---------------------|--------------------------|----|
| 1. Your understanding of your child’s learning impairment/problem | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 69 |
| 2. Your understanding of strategies used to help your child | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 70 |
| 3. Your understanding of the role you should play in helping your child | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 71 |
| 4. Your ability in handling your child’s problem | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 72 |
| 5. Your ability in dealing with your own emotions regarding your child | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 73 |
| 6. The support that you receive from the school/ education system to enable you to deal with your own emotional issues | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 74 |
| 7. The guidance that you receive from the school/ education system to enable you to deal with educational issues | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 75 |
| 8. The guidance that you receive from the school to enable you to deal with your child’s behaviour | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 76 |

			OFFICE USE
9. The help that you receive from the school/ education system to enable you to share with other parents	(1) (2) (3) (4) (5)	<input type="checkbox"/>	77
10 . Your adjustment to your child's learning impairment/problem	(1) (2) (3) (4) (5)	<input type="checkbox"/>	78
11. Your understanding of the assessment techniques used to monitor your child's progress	(1) (2) (3) (4) (5)	<input type="checkbox"/>	79
12. Your understanding of the implications of the assessment results	(1) (2) (3) (4) (5)	<input type="checkbox"/>	80
13. The manner in which professionals at school communicate with you	(1) (2) (3) (4) (5)	<input type="checkbox"/>	81
14. The extend to which your needs are met at the school	(1) (2) (3) (4) (5)	<input type="checkbox"/>	82
15. The way in which you are consulted when decisions are made about your child's treatment/therapy	(1) (2) (3) (4) (5)	<input type="checkbox"/>	83

SECTION E

STRATEGIES TO EMPOWER PARENTS OF CHILDREN WITH LEARNING IMPAIRMENTS

Section E contains statements regarding strategies that can be employed to empower parents of children with learning impairments.

Instructions

- ***Each question has its own response pattern.*** Carefully read instructions at each question.

1. Would you like to attend parent guidance sessions?

- Yes (1)
- Maybe (2)
- No (3)

84

2. Have you attended any parent guidance sessions at the school

- Yes (Then answer questions 4.1 – 4.4) (1)
- No (Then answer question 3) (2)

85

3. If your answer is “No” please give reasons.

4. If your answer is "Yes" please answer the following questions.

Please note: Only respondents who answered "Yes" to question 2 may answer questions 4.1 - 4.4

4.1 How many times did you attend parent guidance sessions?

- 1-2 times (1)
- 3-4 times (2)
- more than four times (3)

86

4.2 Which issues were dealt with in these sessions?

4.3 Did you find the sessions helpful?

- Yes (1)
- Unsure (2)
- No (3)

87

4.4 Would you like to attend more of these sessions?

- Yes (1)
- Maybe (2)
- No (3)

88

NB. Questions 5 - 11 are for all respondents

5. In what kind of setting would you like to attend parent guidance sessions?

- Large group (1)
- Small group (2)
- Individual (3)
- Both group and individual sessions (4)

89

6. Which aspects would you like could be addressed in the parent guidance sessions?

7. Would you like to join a parent support group?

- Yes (1)
 Not sure (2)
 No (3)

	90
--	----

- Use the following scale for questions 8 and 9

(1) **(2)** **(3)** **(4)**
Strongly agree / **Agree** / **Disagree** / **Strongly disagree**

8. The best **parental guidance strategy** to help you understand and deal with your child’s educational problems

- | | |
|---|-----------------|
| Individual sessions | [1] [2] [3] [4] |
| Group sessions in the form of lectures | [1] [2] [3] [4] |
| Group sessions in the form of discussions | [1] [2] [3] [4] |
| Reading about learning impairments | [1] [2] [3] [4] |

	91
	92
	93
	94

9. The best **therapy/counseling strategy** to address your emotional issues?

- | | |
|---|-----------------|
| Individual therapy sessions | (1) [2] [3] [4] |
| Group therapy sessions | (1) [2] [3] [4] |
| Bibliotherapy (the use of reading material for therapy) | [1] [2] [3] [4] |

	95
	96
	97

10. Mention any other strategies that may be used **to help you deal with educational issues pertaining to your child's learning impairment**

11. Mention any other strategies that may be used **to help you deal with your emotions pertaining to your child's learning impairment/problem**

AFDELING A

BIOGRAFIESE INLIGTING

Instruksies

- Wees asseblief bewus dat die inligting wat uit hierdie afdeling gevra word is net vir statistiese data.
- Dui die toepaslike antwoord aan met n KRUIS op die nommer langs die antwoord

Byvoorbeeld: (1) (2) (3) (4) (5)

--	--	--

1 2 3

1. Opvoedkundige vlak van ouer

- | | | |
|---------------------|-----|--------------------------|
| Geen | (1) | |
| Graad 1 – Graad 7 | (2) | |
| Graad 8 – Graad 10 | (3) | |
| Graad 11 – Graad 12 | (4) | <input type="checkbox"/> |
| Sertifikaat | (5) | |
| Diploma | (6) | 4 |
| Graad | (7) | |

2. Werkstatus van ouer

- | | | |
|----------|-----|--------------------------|
| Voltyds | (1) | |
| Deeltyds | (2) | <input type="checkbox"/> |
| Werkloos | (3) | 5 |

3. Verwantskap aan kind

- | | | |
|---------------------------|-----|--------------------------|
| Pa (Biologies of stiefpa) | (1) | |
| Ma (Biologies of stiefma) | (2) | <input type="checkbox"/> |
| Wettige Voog | (3) | |
| Ander (Spesifiseer) | (4) | 6 |

4. Aantal kinders by hierdie skool

- | | | |
|--------------|-----|--------------------------|
| Een | (1) | |
| Twee | (2) | <input type="checkbox"/> |
| Drie | (3) | |
| Meer as drie | (4) | 7 |

5. Ouderdom van die oudste of enigste kind by hierdie skool

- 5 – 7 (1)
 8 – 10 (2)
 11 – 13 (3)
 14 – 16 (4)

8

6. Graad waarin die kind is

- Graad 1 tot Graad 3 (1)
 Graad 4 tot Graad 7 (2)
 Graad 8 tot Graad 9 (3)

9

7. Aantal jare wat die kind in die skool is

- 1 – 2 (1)
 3 – 4 (2)
 5 – 6 (3)
 7 – 8 (4)
 Meer as agt jare (5)

10

8. Kind se leerprobleem en die graad van ernstigheid van die leerprobleem

- *Gebruik die volgende skaal om die ernstigheid van die leerprobleem aan te dui.*

(1) Baie ernstig **(2)** Ernstig **(3)** n Bietjie ernstig **(4)** Nie ernstig nie

(Kies as baie probleme as van toepassing is)

- Taal probleme (beperkte woordeskat) (1) (2) (3) (4)
 Aandag/Aandagspan/Konsentrasie probleem (1) (2) (3) (4)
 Lees probleem (1) (2) (3) (4)
 Skryf probleem (1) (2) (3) (4)
 Spel probleme (1) (2) (3) (4)
 Somme/Wiskunde probleme (1) (2) (3) (4)

11

12

13

14

15

16

AFDELING B**VERKLARINGS AANGAANDE DIE EMOSIES WAT OUERS WIE SE KIND
LEERPROBLEME HET, KAN ERVAAR.**

Afdeling B bestaan uit verklarings aangaande die gevoelens wat die ouer wie se kind leerprobleme het, ervaar.

Instruksies

(Vir Afdelings B,C,D en E)

- Daar is geen regte of verkeerde antwoorde nie.
- Antwoord net eerlik.
- Teken eerste respons aan. Moenie te lank oor vrae dink nie.

Hoe gereeld ervaar u die volgende met betrekking tot u kind se leerprobleme?

(Vir vraag 1 – 20 gebruik die volgende skaal)

	(1)	(2)	(3)	(4)	(5)		
	(Altyd)	(Meestal)	(Somtyds)	(Selde)	(Nooit)		
1. Ontkenning dat u kind n leerprobleem het					(1) (2) (3) (4) (5)	<input type="checkbox"/>	17
2. Hartseer omdat u kind met skoolwerk sukkel					(1) (2) (3) (4) (5)	<input type="checkbox"/>	18
3. Gefrustreerd omdat u nie weet wat om te doen nie					(1) (2) (3) (4) (5)	<input type="checkbox"/>	19
4. Skaam omdat u kind anders as ander kinders is					(1) (2) (3) (4) (5)	<input type="checkbox"/>	20
5. Voel asof u gefaal het as n ouer					(1) (2) (3) (4) (5)	<input type="checkbox"/>	21
6. U kind laat u trots voel					(1) (2) (3) (4) (5)	<input type="checkbox"/>	22
7. Teleurgesteld omdat u planne vir u kind nie sal realiseer nie					(1) (2) (3) (4) (5)	<input type="checkbox"/>	23
8. Angstig dat u kind nie n hoopvolle toekoms het nie					(1) (2) (3) (4) (5)	<input type="checkbox"/>	24
9. Positief omtrent u kind se toekoms					(1) (2) (3) (4) (5)	<input type="checkbox"/>	25
10. Kwaad vir u kind se onderwysers					(1) (2) (3) (4) (5)	<input type="checkbox"/>	26
11. Onseker oor u gevoel met betrekking tot u kind se toekoms					(1) (2) (3) (4) (5)	<input type="checkbox"/>	27
12. Verwyd u, u kind se terapeut omdat sy nie genoeg doen om hom te help nie					(1) (2) (3) (4) (5)	<input type="checkbox"/>	28
13. Kwaad vir die persoon wat u kind met die leerprobleem gediagnoseer het					(1) (2) (3) (4) (5)	<input type="checkbox"/>	29

- | | |
|---|---------------------|
| 14. Bly oor die diagnose van u kind se leerprobleem | (1) (2) (3) (4) (5) |
| 15. Verward oor watter raad om te volg | (1) (2) (3) (4) (5) |
| 16. Tevrede oor die hulp wat u kind ontvang | (1) (2) (3) (4) (5) |
| 17. Voel u verantwoordelik vir u kind se leerprobleem | (1) (2) (3) (4) (5) |
| 18. Gefrustreerd gedurende huiswerk tye | (1) (2) (3) (4) (5) |
| 19. Haat u huiswerk tyd | (1) (2) (3) (4) (5) |
| 20. Tevrede/Vervul nadat u u kind met skoolwerk
gehelp het | (1) (2) (3) (4) (5) |

AMPTELIK

<input type="checkbox"/>	30
<input type="checkbox"/>	31
<input type="checkbox"/>	32
<input type="checkbox"/>	33
<input type="checkbox"/>	34
<input type="checkbox"/>	35
<input type="checkbox"/>	36

AFDELING C**VERWAGTINGE VAN OUERS NADAT N KIND BY N SPESIALE SKOOL GEREISTREER IS.**

Afdeling C bestaan uit verklarings aangaande die ouer se verwagtinge en behoeftes as die kind by n spesiale skool gereistreer is.

Instruksies

- **DEEL (A) van elke vraag dien as REAKSIE OP VERWAGTINGS**
- **DEEL (B) dien as indiekasie van SKOOL SE SAMEWERKING OF POGING OM VERWAGTINGE TE VOLDOEN**

Vir vraag 1 tot 17 gebruik die volgende respons skaal

(1) (2) (3) (4) (5)

Sterk saamstem/ Saamstem / Nie seker nie/ Nie saamstem nie/ Glad nie saamstem nie

Met my kind se registrasie by hierdie skool het ek verwag.....

1. (a) dat die leerprobleem opgelos sal word	(1) (2) (3) (4) (5)	<input type="checkbox"/>	37
(b) die skool bereik verwagting	(1) (2) (3) (4) (5)	<input type="checkbox"/>	38
2. (a) dat al die werk by die skool gedoen sal word	(1) (2) (3) (4) (5)	<input type="checkbox"/>	39
(b) die skool bereik verwagting	(1) (2) (3) (4) (5)	<input type="checkbox"/>	40
3. (a) dat hy/sy huiswerk sal ontvang	(1) (2) (3) (4) (5)	<input type="checkbox"/>	41
(b) die skool bereik verwagting	(1) (2) (3) (4) (5)	<input type="checkbox"/>	42
4. (a) om ingelig te word oor my kind se leerprobleem	(1) (2) (3) (4) (5)	<input type="checkbox"/>	43
(b) die skool bereik hierdie verwagting	(1) (2) (3) (4) (5)	<input type="checkbox"/>	44
5. (a) om bemagtig te word in die hantering van my kind se leerprobleem	(1) (2) (3) (4) (5)	<input type="checkbox"/>	45
(b) die skool bereik hierdie verwagting	(1) (2) (3) (4) (5)	<input type="checkbox"/>	46
6. (a) om my gevoelens met mede ouers te deel	(1) (2) (3) (4) (5)	<input type="checkbox"/>	47
(b) die skool fasiliteer dit	(1) (2) (3) (4) (5)	<input type="checkbox"/>	48
7. (a) om my bekommernisse oor my kind te kan bespreek met iemand by die skool	(1) (2) (3) (4) (5)	<input type="checkbox"/>	49
(b) die skool bereik hierdie verwagting	(1) (2) (3) (4) (5)	<input type="checkbox"/>	50

- | | | | |
|--|---------------------|--------------------------|----|
| 8. (a) om idees met ander ouers te deel | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 51 |
| (b) die skool fasiliteer dit | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 52 |
| 9. (a) dat iemand by die skool vir my verduidelik
wat van my verwag word | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 53 |
| (b) die skool bereik hierdie verwagting | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 54 |
| 10. (a) dat my kind se gedrag verbeter | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 55 |
| (b) die skool bereik hierdie verwagting | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 56 |
| 11. (a) om ingelig te word aangaande my kind se
verwagte vordering | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 57 |
| (b) die skool bereik hierdie verwagting | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 58 |
| 12. (a) om hulp te ontvang om my eie omosies te hanteer/verwerk | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 59 |
| (b) die skool bereik hierdie verwagting | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 60 |
| 13. (a) om voorgestel te word aan 'n ouer ondersteunings groep | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 61 |
| (b) die skool fasiliteer dit | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 62 |
| 14. (a) om gereelde onderhoude met my kind se onderwyser
te he om sy vordering en probleme te bespreek | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 63 |
| (b) die skool bereik hierdie verwagting | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 64 |
| 15. (a) om gereelde onderhoude met my kind se terapeute
te he om sy help en vordering te bespreek | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 65 |
| (b) die skool bereik hierdie verwagting | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 66 |
| 16. (a) om ingelig te word aangaande hulp/ondersteuning aan
my kind by die huis | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 67 |
| (b) die skool bereik hierdie verwagting | (1) (2) (3) (4) (5) | <input type="checkbox"/> | 68 |

17. Skryf asseblief enige ander verwagtinge neer (**nie meer as vyf nie**) as u kind by n spesiale skool geregistreerd is (**wat die skool nie bereik nie**).

AFDELING D

KENNIS EN VAARDIGHEDE WAARMEE OUIERS TOEGERUS MOET WORD

Afdeling D bestaan uit verklarings aangaande kennis en vaardighede wat ouers wie se kind leerprobleme het benodig.

Instruksies

- **Evalueer die volgende verklarings**

Vir vraag 1 – 15 gebruik die volgende respons skaal

	(1)	(2)	(3)	(4)	(5)		
	Uitstekend	Goed	Redelik	Swak	Baie swak		
1. U begrip van u kind se leerprobleem					(1) (2) (3) (4) (5)	<input type="checkbox"/>	69
2. U begrip van strategiee om u kind te help					(1) (2) (3) (4) (5)	<input type="checkbox"/>	70
3. U begrip van die rol wat u moet speel om u kind te help					(1) (2) (3) (4) (5)	<input type="checkbox"/>	71
4. U vermoee om u kind se probleem te hanteer					(1) (2) (3) (4) (5)	<input type="checkbox"/>	72
5. U vermoee om u eie emosies te hanteer					(1) (2) (3) (4) (5)	<input type="checkbox"/>	73
6. Die ondersteuning wat u van die skool ontvang wat u in staat stel om u eie emosies te hanteer					(1) (2) (3) (4) (5)	<input type="checkbox"/>	74
7. Die ondersteuning wat u van die skool ontvang wat u in staat stel om die onderrig sake te hanteer					(1) (2) (3) (4) (5)	<input type="checkbox"/>	75
8. Die leiding wat u van die skool ontvang wat u in staat stel om u kind se gedrag te hanteer					(1) (2) (3) (4) (5)	<input type="checkbox"/>	76
9. Die leiding wat u van die skool ontvang om u probleem met ander ouers te deel					(1) (2) (3) (4) (5)	<input type="checkbox"/>	77
10. U aanpassing by u kind se probleme					(1) (2) (3) (4) (5)	<input type="checkbox"/>	78
11. U begrip van assesseringstegnieke wat gebruik word om u kind se vordering te evalueer					(1) (2) (3) (4) (5)	<input type="checkbox"/>	79
12. U begrip van die evaluering se resultate					(1) (2) (3) (4) (5)	<input type="checkbox"/>	80
13. Die manier van kommunikasie van professionele persone van die skool					(1) (2) (3) (4) (5)	<input type="checkbox"/>	81
14. Die mate waarin die skool aan u behoeftes voldoen					(1) (2) (3) (4) (5)	<input type="checkbox"/>	82
15. Die manier waarop u gekonsulteer word wanneer daar besluite geneem word oor u kind se terapie					(1) (2) (3) (4) (5)	<input type="checkbox"/>	83

AFDELING E**BEMAGTIGINGSTRATEGIEE VIR OUERS VAN KINDERS MET LEERPROBLEME**

Afdeling E bestaan uit verklarings met betrekking tot strategiee om die ouers wie se kinders leerprobleme het, te bemagtig.

1. Saal u graag ouerleiding sessies wil bywoon?

- | | | | |
|---------|-----|--------------------------|----|
| Ja | (1) | | |
| Miskien | (2) | <input type="checkbox"/> | 84 |
| Nee | (3) | | |

2. Het u al reeds enige sulke sessies by die skool bygewoon

- | | | | |
|------------------------------|-----|--------------------------|----|
| Ja (antwoord vrae 4.1 – 4.4) | (1) | <input type="checkbox"/> | 85 |
| Nee (antwoord vraag 3) | (2) | | |

3. As u antwoord “Nee” is, gee redes.

4. As u antwoord “Ja” is, antwoord the volgende vrae

4.1 Hoeveel sessies het u al bygewoon?

- | | | | |
|------------------|-----|--------------------------|----|
| 1 - 2 kere | (1) | | |
| 3 – 4 kere | (2) | <input type="checkbox"/> | 86 |
| Vyf of meer kere | (3) | | |

4.2 Watter aspekte was bespreek?

4.3 Was die sessies van enige waarde?

- | | | |
|---------------|-----|--------------------------|
| Ja | (1) | |
| Nie seker nie | (2) | <input type="checkbox"/> |
| Nee | (3) | |

87

4.4 Sal u graag nog sulke sessies wil bywoon?

- | | | |
|---------------|-----|--------------------------|
| Ja | (1) | |
| Nie seker nie | (2) | <input type="checkbox"/> |
| Nee | (3) | |

88

Let Wel: Vrae 5 – 11 is vir al die ouers

5. In watter ongewing sal u graag ouersleidingsessies wil bywoon?

- | | | |
|------------------------------------|-----|--------------------------|
| Groot groep | (1) | |
| Klein groep | (2) | |
| Individueel | (3) | <input type="checkbox"/> |
| Albei groep en individuele sessies | (4) | |

89

6. Watter aspekte sal u graag in sulke sessies wil aanspreek?

7. Sal u graag by 'n ouerondersteuningsgroep wil aansluit?

- Ja (1)
- Nie seker nie (2)
- Nee (3)

90

(Gebruik die volgende skaal vir vrae 8 en 9)

(1) (2) (3) (4)
Sterk saamstem/ Saamstem / Nie saamstem nie / Glad nie saamstem nie

8. Die beste metode van **ouerleiding** waarvan u gebruik van sal maak om die **hantering van u kind se leerprobleem te vergemaklik**

- Individuele sessies (1) (2) (3) (4)
- Groep sessies in die vorm van lesse (1) (2) (3) (4)
- Groep sessies in die vorm van besprekings (1) (2) (3) (4)
- Lees oor leerprobleme (1) (2) (3) (4)

91
 92
 93
 94

9. Die beste metode van **terapie of berading** waarvan u gebruik sal maak om u te help met **die hantering van u eie emosionele probleme?**

- Individuele sessies (1) (2) (3) (4)
- Groep terapie sessies (1) (2) (3) (4)
- Biblioterapie (Die gebruik van leesmateriaal vir terapie) (1) (2) (3) (4)

95
 96
 97

10. Noem enige ander metodes waarvan u gebruik sal kan maak om u te help met betrekking tot u se kind se leerprobleem.

11. Noem enige ander metodes waarvan u gebruik sal kan maak vir u eie emosionele ondersteuning aangaande u kind se leerprobleme



APPENDIX B

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

APPENDIX C

**APPROVAL IN RESPECT OF REQUEST TO CONDUCT
RESEARCH**

A SURVEY TO RESEARCH SUPPORT TO PARENTS OF CHILDREN WITH LEARNING IMPAIRMENTS

Dear Parent

This questionnaire is for research purposes. The purpose of this research is to establish the following regarding parents of children with learning impairments/problems.

- Feelings experienced by parents regarding their child's learning impairment.
- Parents' expectations from the school when the child is registered in a special school.
- Parents' needs when they have a child with learning impairments/problems.
- The kind of support received by parents of children with learning impairments from the school.

This is in order to make recommendations to the school regarding the support required by parents of children with learning impairments.

Instructions for completing the questionnaire

1. Only one parent involved with the child's education should complete the questionnaire (A parent is any adult who carries out duties of a parent).
2. If there is more than one child at this school, questions should be answered regarding the eldest child.
3. The questionnaire is composed of 5 sections, and each section has its own instructions. Please read instructions carefully.
4. For sections B,C,D,E, do not ponder too long on questions. Give the first natural response that comes to mind. There are no right or wrong answers.

What is important is your honest opinion.

5. After completing the questionnaire please return it to Mrs. Tlhabane at the school.

Thank you for completing this questionnaire. Your efforts in completing it are highly appreciated. Your opinions are very valuable for this study.

(It will take only 20 minutes of your time to complete)

G F M Motsepe
(Intern Psychologist)

NAVORSING AANGAANDE DIE ONDERSTEUNING AAN OUERS VAN KINDERS MET LEERPROBLEME

Geagte ouer

Die vraelys is vir navorsingsdoeleindes. Die doel van die vraelys is om die volgende vas te stel met betrekking tot ouers van kinders met leerprobleme.

- Emosies wat ouers ervaar met betrekking tot kinders se leerprobleme.
- Ouers se verwagtinge van die spesiale skool wanner kind daar geregistreerd word.
- Behoeftes van ouers met kinders met leerprobleme.
- Tipe ondersteuning wat ouers tot dus ver ontvang het vanaf die skool.

Hierdie navorsing sal gebruik word om skole beter toe te rus met betrekking tot die hulp wat aan ouers van kinders met leerprobleme verleen kan word.

Instruksies vir voltooiing van die vraelys

1. Slegs een ouer wat betrokke is by die kind moet die vraelys voltooi (n ouer word gesien as enige volwassene wat die take van n ouer verrig).
2. Indien daar meer as een kind in die skool is, moet vrae met betrekking tot die oudste kind beantwoord word.
3. Die vraelys bestaan uit 5 afdelings met afsonderlike instruksies. Lees asseblief instruksies sorgvuldig.
4. Afdelings B,C,D en E moet beantwoord word met die eerste natuurlike antwoord wat opkom. Moenie te lank oor vrae dink nie. Daar is geen regte of verkeerde antwoorde nie.

Eerlike opinie is die belangrikste.

5. **Na voltooiing, stuur asseblief die vraelys terug aan Mev. Tlhabane by die skool.**

Dankie vir u samewerking. U hulp en moeite met voltooiing van die vraelys word opreg waardeer.

(Dit sal u ongeveer 20 min neem om te voltooi)

G F M Motsepe (Intern Sielkundige)