

Challenges Encountered In The Implementation Of Inclusive Early Childhood Development (ECD) In Private ECD 'A' And 'B' Settings In Gweru. A Case Study Of Private Preschools In Gweru, Zimbabwe

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Abstract: *The study examined challenges that impede implementation of inclusive education in private ECD urban settings. A case study design utilising interviews, observation and document analysis was employed to collect data. All private ECD urban settings were the target population. Three female caregivers, five ECD student teachers (one male and four females) and eight children with special needs from three ECD 'A' and 'B' classes constituted the sample. Challenges encountered included lack of human and material resources. Private ECD centres are manned by paraprofessionals lacking professional skills to handle children with disabilities. Lack of sign language and methods to teach children with varied impairments were care givers' challenges. Therapists and specialist teachers are recommended to assist with screening and placement of children with multiple and severe disabilities. Paraprofessional teachers in private ECD settings ought to be further trained in special needs education. Availability of qualified caregivers ought to be a pre-requisite for accreditation of private pre-schools.*

Keywords: *Resource barriers, Early Childhood Development, Inclusive education, inclusive media, assistive technology, pre-schools, ECD 'A' and 'B' pupils.*

I. INTRODUCTION

The concept of inclusion has been upheld internationally. The Salamanca Report (1994) states that regular schools should accommodate all children regardless of their physical, social, emotional, and linguistic or any other condition of disability. Zimbabwe adhered to international trends in accordance with social rights discourse and embarked on inclusive education. The Zimbabwean Education Act revised in 2006 stipulates that there should be inclusion of children with special needs into regular classes, routinely screen for any form of disability and admit any school age child regardless of ability (Mudekunye, and Gamuchirai, 2010; Mutepfa, Mpfu, and Chataika, 2007). Therefore increased numbers of children with special needs is expected in ECD classes thereby enhancing the need to ascertain challenges these settings encounter in implementing inclusive education.

Inclusive education is concerned with removing all barriers to learning, and with the participation of all learners vulnerable to exclusion and marginalisation. It is a strategic approach designed to facilitate learning success for all children through letting disabled and able bodied learning, participating, and becoming members of the same community, experiencing the same quality preschool programme in the same setting (Odom, & Diamond, 1998; UNESCO, 2000).

Zimbabwe's Ministry of Education, Sport and Culture instituted a policy requiring all primary schools to establish two Early Childhood Development (ECD) classes for 3 to 4 year olds (Class A) and 4 to 5 year olds (Class B) (Secretary's Circular 14: 2004; Dozva, and Dyanda, 2012). This was in response to Nziramasanga Commission's recommendation calling for measures to ensure increased access to ECD. Mushrooming of private pre-schools witnessed conversion of houses into schools. This started off in a bid to increase access

to ECD (Nhaka Foundation, 2012). These houses did not cater for disabled children (Mutenga, 2015) due to challenges the study sought to find out.

A. CHALLENGES IN EMBRACING INCLUSIVE EDUCATION IN ECD PROGRAMMES

Although the concept of inclusive education has been upheld internationally, children with disabilities are confronted by multiple barriers to their full participation in education (World Health Organisation, 2012). Among these challenges are resource barriers, which in this context can be divided into human and material resources as well as access to information and knowledge (Miles, 2000). Other barriers include inadequate budget, services, legislation and policies, lack of appropriate physical environment and learning material, understanding of the concept disability combined with discriminatory attitudes towards persons with disabilities at all levels of society. All these challenges contribute to the continued neglect of the disabled's right to education (Advocate Sukhraj, 2015).

Lack of information concerning the process for and effects of including young children with disabilities in regular early childhood programmes (Elcta, 2016) is a barrier to inclusive education. This emanates from lack of professional training which is an important dimension of programmes for all young children. Wolery, et al (1994) found out that teachers in early childhood inclusive programmes had training primarily in early childhood education. The majority of teachers had a bachelor's degree. Special education professionals were not employed directly in inclusive programmes. This resulted in the speculation that staff lacks preparedness to provide high quality services. The staff also lacked awareness of facts about pre-school inclusion. One big challenge to inclusive education is to meet the needs of all children with and without disability in the regular ECD classroom (Disability in Ethiopia, 2005) in (Odom & Diamond, 2014). Meeting these children's needs would require addressing resource needs which in their absence might impede implementation of inclusive education.

II. MATERIALS AND METHODOLOGY

The study utilised qualitative research approach. Qualitative research is less structured in description because it formulates and builds new theories (Leedy and Ormrod, 2001). The study adopted a case study design. A case study is an empirical inquiry that investigates a contemporary phenomenon in depth and within its real-life context (Herold, 2009). A Qualitative case study was adopted given its ability to bring people to an understanding of a complex issue and can extend experiences or add strength to what is already known through previous research. A qualitative case study design is also viewed as an approach to research that facilitates a choice of what is to be studied and exploration of a phenomenon within its context using a variety of data sources (Baxter and Jack, 2008; Patton, 2002; Stake, 2000;). The qualitative case study facilitated the exploration of

challenges impeding the implementation of inclusive education in ECD settings.

A. SAMPLE AND SAMPLING STRATEGIES

Purposive sampling was used to select participants. Qualitative researchers rely almost exclusively on the purposive sampling method because they need to work with participants who are information rich, have experience with the key concepts being explored and are in the environment that needs to be studied (Campbell, 2000, Creswell, 2007). Three ECD private centres (A, B and C) were purposefully selected as these had children with disabilities as well as their caregivers. The three centres (A, B and C) constituted the qualitative case as well as units of analysis (Patton, 2002).

Three caregivers and five student teachers of the selected private pre-schools together with five special needs children became the sample. The three caregivers were paraprofessionals whilst five were student teachers on teaching practice. Children with multiple disabilities, hearing impairment, physical disabilities and communication problems were selected since they would provide information regarding how they would be included in learning situations. The sample was relatively low given that qualitative inquiry focuses on small samples selected purposefully (Liamputtong, 2013).

Data was collected from participants using in depth interviews and observation. All participants were interviewed. Caregivers and special needs children were observed during teacher directed lessons and as well as free play to ascertain the challenges encountered in implementing inclusive practices. Document analysis was also used as it is one of the central sources of qualitative data (Foundations of Qualitative Research in Education, 2014). Specifically lesson plans and schemes of work were looked at to ascertain considerations of children with disabilities.

III. FINDINGS

This section presents findings from the sample in so far challenges to inclusive education are concerned. The three things studied revealed the lack of access to knowledge and information relating to inclusion in the settings. Caregivers showed that disabled and non-disabled children were exposed to the same curriculum. Teachers were asked to explain how they were catering for the needs of both disabled and non-disabled pupils. Some of their responses are shown below:

'I teach the same content to both categories of pupils'

'I use the same methods to teach children in my inclusive class'

'I am not aware of the need to have different and separate lesson plans for the children.'

The above responses indicated absence of individualised instruction for children with impairments. Their schemes of work and lesson plans were also evidence of absence of individualised plans for special needs children. The lesson plans for example had content and methods catering for non-disabled children.

As far as the human resource challenge is concerned the three private centres under focus were under paraprofessional

caregivers trained for about six to twelve months on a two week block release basis per session. The caregivers therefore did not accrue sufficient content and methods required to handle children in inclusive classes as they indicated that they did not have knowledge on how to handle these children as they were not exposed to special needs education during their one year paraprofessional training course. Only student teachers on attachment indicated that they had been introduced to some special needs education as a component of their educational psychology module at college.

Communicating with hearing impaired (HI) children was a challenge to the caregivers. The sign language communication with hearing impaired children was not refined. This presented this category of pupils with minimal opportunities to access what their counterparts were learning. Communication between the caregivers and the HI children proved to be a challenge to the full implementation of inclusive education in this sample. Handling special needs children with communication problems was another challenge as the children were made to sit alone or near the teachers table. Sitting among others would make them cry thereby disturbing other children as explained by caregivers during interviews. One caregiver indicated that he had made efforts to communicate with the boy with communication problems to no avail. It should be noted that making such children to sit on their own was a discriminatory practice of excluding them in an inclusive setting. "Handling children with communication problems was really a challenge" remarked one student teacher.

The paraprofessionals and student teachers interviewed indicated that they lacked knowledge on the process for and effects of including these disabled children in inclusive learning activities.

Unavailability of inclusive teaching and learning media was another challenge to inclusive practices in ECD settings. Real objects and pictures are the appropriate media for children with HI impairment. However two of the centres with children who had such impairments did not have a lot of real objects or models as expected. In addition the classrooms had limited space to set up learning centres. Therefore lack of adequate concrete objects affected access of education by the HI children.

Lack of assistive devices was found in this study to be a challenge to inclusive education in private ECD settings. One of the children with multiple disabilities could hardly walk and had to crawl following his counter parts. A wheel chair was an assistive device that this particular child needed. Lack of the wheel chair became a barrier for the child to participate in play activities. The parents of the child indicated lack of financial capacity to purchase a wheel chair. However, one of the children with multiple disabilities had a wheel chair, but she had challenges moving around with it as the environment was sandy. Other children helped her by pushing her in the wheel chair at times. A sandy environment does not auger well for a wheelchair bound multi disabled child.

Given that one of the proprietors had turned her home into an ECD centre, the classroom size was less than the stipulated ECD standard room of forty two square metres. This limited space gave rise to restrictions in the movement of the wheelchair bound child. The study therefore revealed that the

physical environment at the private centres was another challenge to successful inclusive education implementation.

Another child who was physically challenged also failed to play on the outdoor play area. The child had weak limbs and waist. This militated against his desire to engage in physical activities. The doctor had advised the child not to partake in physical activities. As a result the child would sit and watch others play on various play equipment. When asked by one of the researchers why he didn't play with others he responded;

'If I run I feel tired and feel pain in my legs.'

The student teacher at this centre reported that they did not know what to do to help such a child. Absence of knowledge to handle such a child on the student teachers' part was for all intentions and purposes a challenge to inclusive practices.

IV. DISCUSSION

The study sought to find out challenges encountered in implementing inclusive practices in private preschool settings. Categories of disabled children ranged from mild to severe disabilities. Children with severe disabilities were those with multiple disabilities. Children with multiple disabilities were found in private pre-schools learning together with able bodied children. This contradicts (Baisy, Bailey and Smiths, 1998; Odom and Diamond's, 2005) views that children with severe disabilities were likely to be placed in special schools. In these special schools they are likely to get assistance from physiotherapists.

One of the major challenges to inclusive practices was that of qualified human resource. All the private preschool settings studied had para- professional teachers and student teachers on teaching practice. These caregivers were under qualified to handle children with mild to severe disabilities as they were neither Diploma holders of Early Childhood Development nor Special Needs Education specialists. Furthermore their highest academic qualifications were Zimbabwe Junior Certificate level. These results are consistent with Mpfu and Shumba (2012)'s study which found out that most teachers in ECD centres were not qualified to teach as they do not hold Diplomas in Early Childhood. In a bid to overcome the barrier of lack of knowledge teachers in these centres acknowledged that they needed to embark on sign language courses.

The caregivers had not made adaptations to the curriculum with a view to including all children. It was established that caregivers did not have individualised instruction to cater for children with special needs. This was consistent with Mitiku, Alemu, and Mengsitu, (2014) who found out that there were no trends and practices to prepare individualised educational plan for children with special needs because the school's expectation was the same for all children.

Of the private pre- schools visited, the study also revealed that two of the centres were not disability friendly as they did not have adequate space to accommodate children on wheel chairs. The space available did not allow free movement of children on a wheel chair. The results were consistent with Mitiku, Alemu, & Mengsitu (2014) and Mpfu and Shumba

(2012)'s findings that there are physical environments inclusive of classrooms, toilets and furniture, which are not conducive to the learning and moving around of children with disabilities, particularly those on wheel chairs.

Private preschool settings adopted a non-planned or de facto inclusive education as parents opted to bring their children to private rather than government pre-schools. It was also observed that parents of the disabled children would offer support to facilitate learning of their children in these private centres. For example carrying the child with multiple disabilities or pushing her wheel chair to the centre. This differs with Mutepfa and Chataika (2007) whose findings were that parents of students with disabilities had little involvement in curriculum and classroom practices beyond enrolling their child at the centre. Parents of disabled children in this study were seen to be involved in their children's education assisting in overcoming resource barriers to their children's inclusion.

V. CONCLUSION

Based on the major findings of the study, the following conclusions are drawn:

That private pre-school paraprofessional caregivers lack professional qualifications to address the needs of diverse learners. Children with multiple disabilities and HI faced challenges of failing to access education effectively as the teachers lacked knowledge on how to use sign language. Since para professional teachers do not have a diploma in ECD or Special needs education they are not aware of individualised plans to cater for children with disabilities. The study revealed that resources deficit in form of space for free movement, finance to purchase adaptive equipment and adequate knowledge to adjust the curriculum to meet the needs of children with diverse needs characterised these centres.

VI. RECOMMENDATIONS

From the study's findings the following recommendations are made:

- ✓ Ability to adapt the curriculum to include the diversity of learners would require that the paraprofessional teachers receive training in special needs education to enable them handle diverse learners' needs.
- ✓ Given that the legal framework that governs the operation of ECD centres does so for private and government ECD settings, its enforcement on qualifications ought to be imperative.
- ✓ Teacher Education Colleges ought to impart to ECD student teachers theoretical and practical knowledge in Special Needs Education to enable them to handle special needs children in inclusive centres.
- ✓ Educators need to be made aware of Individual Educational Plan to address each child's unique learning issues.
- ✓ Private ECD centres need to network with NGOs on assistance in acquisition of devices such as wheel chairs for children with physical disabilities.

- ✓ Registration of private pre-school centres ought to be guided by the regulations.
- ✓ Accreditation of private pre-schools ought to take on board the requisite qualifications for teaching in these institutions.

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