# Challenges faced by Zimbabwean Special Schools in Providing Support Services to Learners Physical and Motor Impairments

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Abstract: The study looked at the challenges faced by Zimbabwean special schools in providing support services to learners' physical and motor impairments. The following two research questions underpinned the study. How suitable are the special school environments to meet the needs of learners with physical and motor impairments? What challenges are special schools facing in provision of support services to learners with physical and motor impairments? The study employed the descriptive study design. The population of the study was composed of all the teachers of learners with physical and motor impairments at three special schools in Harare, Zimbabwe. Non probability sampling methods were used to come up with a representative sample of 30 teachers. The questionnaire was the primary tool used to collect data while observation was used as a secondary data collection tool. The results showed that lack of facilities and resources is a big challenge affecting special schools. Many learners do not have access to assistive devices which enhance their teaching and learning. Also only one teacher worked with a class for the whole day. It was also found that the physical environments in these schools need to be adapted for the mobility of learners with physical disabilities. The study recommended that classroom assistants be provided as the play a vital role in assisting learners with physical and motor impairments. It was also recommended that the government should set aside a special budget which caters for special school's needs. Working conditions and salaries for teachers and other teachers in special schools should be revised to motivate the teachers as there is a challenge to work in these schools. There is need to offer more transport solutions for the mobility of learners with physical and motor disabilities.

**Keywords:** Special School, Rehabilitation, Habilitation, Support services, Physical and motor impairments, Life skills, Transitional programmes, Multi-disciplinary team, Assistive devices

#### 1. Introduction

Learners with disabilities can lead a good quality of life depending on the level of support given in all their stages of development. The support services they need include daily living skills, inter and intra-personal skills, assistive devices, education, counseling, (re)habilitation, physiotherapy, job coaching, supported employment and many others in order to fit in society so as to have an independent lifestyle. This article mainly focuses on those with physical and motor impairments. Physical and motor impairments affect mobility or dexterity. The major causes include prenatal complications, accidents, illness or injury suffered later in life. Physical and motor disabilities come in various forms. These include paraplegia, quadriplegia, hemiplegia, cerebral palsy, muscular dystrophy, polio, multiple sclerosis, oesteogenesis imperfect and spina and bifida amongst others.

Zimbabwe is one of the first countries in Southern Africa that accommodated learners with physical impairments. The country has also disability laws, the major being the Disabled Persons ACT (1992, 1996). The Zimbabwean constitution itself has a lot of provisions on disability support. Most recently Zimbabwe ratified the Convention on the Rights of people with Disabilities. Considering the decades disability issues have been on the table in Zimbabwe and the very good laws available the researchers were persuaded to explore the extent to which support service provision to learners with physical and motor disabilities is satisfactory. While reading this article we need to remind you that Zimbabwe has already embraced inclusive education as an educational philosophy. However, in line with the principle of least restrictive environments special schools still exist since they seem to remain least restrictive for learners with physical and motor impairments. Most ordinary schools are yet to be designed in line with the principle of universal design.

According to Chakuchichi et al (2010), support services are very essential for learners with disabilities as they exist in the proper development of self a difficult process. This support may be in the form of crutches, wheel chairs, braces, and prosthesis, orthotics, and electronic devices such as the Touch Talker with mini speakers for those with cerebral palsy. In trying to provide these support services to people with physical and motor impairments, there are quite a lot of challenges schools may face. In a research done by Mihyo (1995), an observation was made that lack of effectiveness of legislation and policy on disability issues and special education programs are affecting the development of the African institutions. He further noted that many African countries develop splendid policy plans to stimulate the teaching of students but fail to implement them as also lamented by Grol and Kenosi (2000). The essence of this article is on implementation as Zimbabwe already has laws in place. The article sought to achieve the following two objectives.

- (a) How suitable are the special school environments to meet the needs of learners with physical and motor impairments?
- (b) What challenges are special schools facing in provision of support services to learners with physical and motor impairments?

#### 2. Literature

## 2.1 Suitability of school environments in meeting the needs of learners with physical and motor impairments.

The environment plays a vital role in the lives of people with physical and motor impairments. A suitable environment has to be considered as one of the top priorities as it is one of the support services that can be offered to individuals with physical and motor impairments. Most of the schools in Zimbabwe have very poor environments which do not accommodate individuals with disabilities. When dealing with physical and motor impairments, there are quite a number of devices that are needed by these individuals as mentioned earlier on. These are things such as smooth pavements, accessible building structures and in nonattitudinal environments. The environment needs to be adapted to so as to be user friendly to need the individual needs for example provision of rails for those learners with poor balance, ramps for wheel chair users, showers fitted with benches and had support as spelt out by Badza and Chakuchichi (2000). Pavements need to be smooth enough and pot pole free to accommodate wheel chair users, as well as those who use walkers, canes, scooters and so on. Toilets in classrooms and bathrooms need to be lowered to allow children to wash their hands on their own.

There are rules to ensure accessibility of the built environment which establish national design standards requiring public places, the outdoor environment and buildings are made accessible to allow pupil with disabilities to move on their own from point one to point two but using signs designed for them. This accessibility in the built environment is normally observed by a national authority. Sitia and Nilson 920040in their study on disability rights in the Zimbabwe noted that there is however no disability awareness component incorporated in the training of planners, architects and construction engineers.

The play area also has to be considered, that is play grounds so that learners are able to participate in Adaptive Physical Education. These play grounds need to be adapted to suit learners within school. According to Martins (2010) adaptive physical education is described as teaching that adapts or modifies the curriculum task or environment so that all children can fully participate in physical education and sport. Bauman (2005) adds that Adaptive Physical Education is an individualized programme of physical motor skills and fitness meant to provide disabled children with the opportunity to participate in physical education programmes. The classrooms themselves should be spacious to allow for free movement of wheel chairs and other assistive devices. Children who are physically disabled may include other conditions for example a child who has celebral palsy may also be epileptic. In the process of having seizures the area around the child needs to be cleared from others and objects which may hurt the child further and not restrain the child's movements in any way as observed. The Care Our Children Foundation (2010) suggest that some modifications have to be done so as to suit individuals and these may be such a reducing play areas, have well defined boundaries.

## **2.2** Challenges faced by special schools in provision of support services

In Zimbabwe we have quite a number of special schools that cater for learners with physical impairments.. Some of these disabilities include celebral palsy, muscular dystrophy, spinal bifida, spinal cord injuries, osteogenesis imperfect and so on. Some of these special schools in Harare include Ruvimbo, St Giles, Jairos Jiri School (Southerton) and Jairos Jiri (Waterfalls). The Schools Psychological Services (SPS) assists in acquiring assistive devices for children with such needs and carry out assessment tests but due to poor funding towards special needs by the treasury the SPS also finds it very difficult to provide schools with the necessary equipment. Adaptive devices are particularly useful for people with physical and motor impairments. Prosthesis are particularly useful replacements for missing body parts and most of these prosthesis are imported and this alone calls for heavy funding which is difficult to get in developing countries. The same predicament is also true of orthosis (a device such as a brace) which are also specially manufactured. Chakuchichi, Mapepa and Mutasa (2010). This was noted in the schools that were visited in their study as these were seen pilled in the corner.

In Zimbabwe, teachers are the most important input in the school system. They are required to initiate and facilitate learning in the classroom. Teachers act as sources of information both within and out of the classroom; however there are shortages of qualified staff. According to Mpofu (2000), 90% of teachers in Zimbabwe are gualified teachers who lack deeper knowledge on special needs. Zimbabwe teachers colleges do not offer detailed special needs in initial training. It has been the United College of Education (UCE) that has been offering the diploma though there are now other colleges offering special needs such as the Zimbabwe Open University, University of Zimbabwe and The Great Zimbabwe University. In another report by Ofsted (2009), a special school should consist of a multi-disciplinary team which takes full responsibility of the child whenever necessary. The availability of multi-disciplinary teams people with physical disability have room to develop life skills to proficiency levels through getting counseling and instruction as pointed out by Margonwe and Mate (2007) in their research.

Special education is a multi-disciplinary effort involving many professionals such as medical specialists, physical therapist, social workers, psychologists, specialists, teachers, counselors, speech and language therapists, rehabilitation agencies competing and overlapping tasks. With them (multi-disciplinary) team available the lives of learners with physical and motor impairments is lifted as these team members communicate and collaborate in order to best identify and meet the needs of students with disabilities. Without the team members, it becomes a challenge as learners may be left unattended by professionals who are experts in different areas. Learners with physical and motor impairments require quite a lot of exercises hence with the unavailability of therapists, it may lead to a lot of expenses in travelling in other places to have these therapies done and schools do not have the facilities suitable for the team members and cannot meet their requirements resulting in it being a challenge to special schools in meeting the needs of people with physical and motor impairments. Some of these challenges special schools are facing are as a result of lack of equipment within the school premises.

### 3. Methodology

The study employed the descriptive study design. This study design allowed the researcherss to simply explore with intense accuracy the challenges faced by special schools in the provision of education to learners with physical and motor impairments. This is supported by Creswell (2002) who pointed out that a descriptive survey gathers data at a particular point in time with the intention of describing the nature of existing conditions. It gave room for testing options of a large group of people (educators and parents) through sampling. The survey enabled the researcherss to measure many variables as stated in research questions. The population of the study was all the teachers of learners with physical and motor impairments at three special schools in Harare, Zimbabwe. Non probability sampling methods (purposive and convenient) were used to come up with a representative sample of 30 teachers. The questionnaire was the primary tool used to collect data while observation was used as a secondary data collection tool.

#### 4. Results and Discussion

#### 4.1 Demographic Data of Respondents

| Table 4.1 Distribution by Sex |           |                |  |  |  |
|-------------------------------|-----------|----------------|--|--|--|
| Sex                           | Frequency | Percentage (%) |  |  |  |
| Male                          | 2         | 6.7            |  |  |  |
| Female                        | 28        | 93.3           |  |  |  |

Table 1 2

| 1 abic 4.2                   |           |                |  |  |
|------------------------------|-----------|----------------|--|--|
| Qualifications               | Frequency | Percentage (%) |  |  |
| C.E.                         | 1         | 3              |  |  |
| Diploma in Education         | 16        | 53             |  |  |
| Bachelor of Education        | 3         | 10             |  |  |
| Bachelor's Degree in Special | 6         | 20             |  |  |
| Education                    |           |                |  |  |
| Masters in Special Education | 4         | 13             |  |  |

The results above show that the respondents were highly qualified teachers with others having attained higher degrees I education and special education.

#### 4.2 Thematic Data

| Table 4.3 Support services available in schools for learners |  |  |  |
|--|--|--|--|
| with physical and motor impairments                          |  |  |  |

| with physical and motor impairments |   |           |                |  |
|-------------------------------------|---|-----------|----------------|--|
|                                     | Services  | Frequency | Percentage (%) |  |
| 1.                                  | Education   | 30        | 100            |  |
| 2.                                  | Sporting Activities   | 20        | 67             |  |
| 3.                                  | Music   | 10        | 33             |  |
| 4.                                  | Art and Craft   | 15        | 50             |  |
| 5.                                  | Practical Subjects e.g. gardening, poultry, cookery, sewing | 10        | 33             |  |
| 6.                                  | Physiotherapy e.g. exercises and speech                     | 10        | 33             |  |
| 7.                                  | Food  | 30        | 100            |  |
| 8.                                  | Counselling   | 10        | 33             |  |
|                                     |   |           |                |  |

N=30

The results show that there are variations in the schools on the type of support services that are available. A further analysis of the responses shows that physiotherapy and speech therapy, counseling and music were only offered in one school.

 Table 4.4 Organisations offering support services to special schools (Charity)

 NI-30

| N=30 |                          |           |                |  |  |
|------|--------------------------|-----------|----------------|--|--|
|      | Organisations            | Frequency | Percentage (%) |  |  |
| 1.   | Unicef                   | 3         | 10             |  |  |
| 2.   | Beam                     | 3         | 10             |  |  |
| 3.   | Capenum Trust            | 1         | 6              |  |  |
| 4.   | St Giles Rehab           | 1         | 6              |  |  |
| 5.   | Lilliana                 | 1         | 6              |  |  |
| 6.   | Mimosa Mining Company    | 1         | 6              |  |  |
| 7.   | Pamer                    | 1         | 6              |  |  |
| 8.   | National Foods           | 1         | 6              |  |  |
| 9.   | Goldmine                 | 1         | 6              |  |  |
| 10.  | Lotto (President's Fund) | 1         | 6              |  |  |
| 11   | Harare Hospital C.R.U.   | 2         | 11             |  |  |
| 12.  | Zimra                    | 1         | 6              |  |  |
| 13.  | Bakers Inn               | 1         | 6              |  |  |
| 14.  | Total Nashua             | 1         | 6              |  |  |
| 15.  | Mega Pack                | 1         | 6              |  |  |
| 16.  | Christian, Community     | 3         | 10             |  |  |
|      | Partnership Trust        |           |                |  |  |
| 17.  | Econet                   | 1         | 6              |  |  |
| 18.  | Potraz                   | 1         | 6              |  |  |
| 19.  | Red Cross                | 2         | 11             |  |  |
| 20.  | Wilson Transport         | 1         | 6              |  |  |
| 21.  | Telecel                  | 2         | 6              |  |  |

The above companies were mentioned by teachers as contributors of support services in their schools. A total of about 21 companies were helping the schools in Harare.

#### 4.4 Provision of equipment by schools.



**Figure 4.1:** Equipment Provision, N=30

In response to the above question, most teachers felt that there was not enough equipment in the school and a few agreed that there was enough equipment. 4.6 Availability of members of the multidisciplinary team



#### Key

A Occupational Therapists, Physiotherapists, Parents, Psychologists

**B** Physician, Physiotherapists, Occupational therapists, Parents; Psychologists, Speech therapists, Counsellor. **C** Psychlogists, Parents

The school with the highest number of team members had seven members while the school with the least number had two.

#### 4.3 Discussion

While the schools are by all means trying to meet the needs of people with physical and motor impairments, they are meeting these needs to a certain extent. This is because the schools are not well equipped as pointed out by Phiri (2006) in the Zimbabwe progressive report. In his observations, Phiri noted negative attitudes by personnel (teachers) as well as lack of knowledge and skills by staff and consequent uncertainty about how to deal with learners with disabilities. According to Phiri, this is a result of teachers who have not gone through special needs education hence they lack knowledge on how to handle children with physical and motor impairments. These are supposed to be shown positive attitudes portrayed through patience, showing love and willing to assist whenever a problem resulting from their disability occurs. Through showing positive attitudes, a favourable learning experience and teaching experience is created as Talmor (2007).

Lack of facilities and resources is yet another challenge affecting special schools as shwn through the results. This scenario has not only been discovered in Zimbabwe but in other studies that have been carried out in developing countries such as Namibia in a study done by Mowes and Enge/brecht (2004), in Lesotho by Johnstone (2007) while in South Africa by Eloff and Kgwete (2004). In dealing with physical and motor impairments we find that these may come in different natures such as celebral palsy, spinal bifida, osteogenesis imperfect, mascular dystrophy just to mention some and all these require different assistive devices. Some of these may combine hearing, some may also affect sight. The above physical and motor impairments may require assistive devices such as curb, cuts, canes, crutches, walkers, wheelchairs, scooters, leg and trunk braces and leg prostheses. If these assistive devices are found in special schools as observed, its either they are few and do not cater for all learners within the school or else they are worn out. Eleweke's (2001) argued that expenditure on special needs is given little priority in many developing countries and this is supported by Mushoriwa (2002) in his observation.

Classroom assistants also play a vital role in assisting learners with physical and motor impairments. Some of these children have loose bowels which need frequent visit to the toilet. These classroom assistants are lacking in special schools as observed in this study. The observation is in line with that made by Polf (2011). This study concluded that Zimbabwean special schools are not well equipped to cater for all the needs of learners with physical and motor impairments since they face challenges such as poor funding, lack of professionals, and unavailability of appropriate assistive devices. This is despite the assistance rendered by the corporate sector as the help is intermittent in most cases.

#### 5. Recommendations

- The government should set aside a special budget which caters for special schools needs.
- Working conditions and salaries for teachers and other teachers in special schools should be revised to motivate the teachers as there is a challenge to work in these schools.
- There is need to offer more transport solutions for the mobility of learners with physical and motor disabilities.

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