# A BRIEF OVERVIEW OF THE CURRENT STATE OF THE INCLUSION OF BLIND CHILDREN IN EARLY CHILDHOOD DEVELOPMENT IN SOUTH AFRICA

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1. INTRODUCTION
“In South Africa, up to 70% of children of school-going age with disabilities are out of school. Of those who do attend, most are still in separate, “special” schools for learners with disabilities.” (Donohue and Bornman: The challenges of realising inclusive education in South Africa, South African Journal of Education; 2014; 34(2)). Unfortunately this situation prevails despite the push for the educational inclusion of learners with disabilities by the South African policy document, the Education White Paper 6. This is a clear indication that early childhood development in respect of disabled children is failing. The purpose of this paper is to provide a brief overview of the current state of the inclusion of blind children in early childhood development in South Africa and to highlight some of the serious challenges in this regard, actual and potential.
2. BACKGROUND
In 1990 the United Nations Educational, Scientific, and Cultural Organization (UNESCO) introduced the Education For All (EFA) initiative with the aim to provide quality basic education to all children, youth and adults. This initiative identified six goals of which the one relevant to the current matter was: provision and expansion of early childhood education. In 2000 South Africa was one of the 189 countries which adopted the UNESCO Millennium Development Goals which renewed the goals of the EFA initiative. South Africa is therefore compelled to provide early childhood education for all, thus including disabled children.
3. THE SAD REALITY
On ### November, 2016 the SA National Council for the Blind hosted a workshop on early childhood development in respect of blind children. Experts and other interested persons (teachers, delegates from blindness related organisations and parents of blind children) from across the country attended the event. Although a number of interesting and insightful papers were presented and good and in depth discussions took place, it ended up as the sector talking to itself, as no representatives from government departments seemed to consider the event important enough to attend. A few papers on the programme were going to be presented by officials from DSD, but they withdrew at the last minute and the workshop did not have the benefit of those papers. It is lamentable that nobody from the DSD or DBE attended, two departments whose participation would have been crucial. I submit that their absence shows a lack of commitment to an extremely important cause and constitutes failure to comply with the above-mentioned Millennium Development Goals. It is important to mention that Chapter 6 of the policy on ECD stipulates that government must collaborate with stakeholders, but unfortunately this is not seen to happen.
4. FACILITIES CURRENTLY AVAILABLE
There are very few fully inclusive early childhood development centres. There exist ECD centres and toy libraries, but inclusivity is lacking. ECD facilities for disabled children include the following:
	1. CDTC: They provide training to educators in ECD related matters for disabled children. They also run a VI clinic at Johannesburg Hospital to assess children. They have a follow-up service for multi-disabled children and provide support, as they are not accommodated elsewhere. They plan to open an ECD centre for children with different disabilities by April next year. As an organisation they monitor how the curriculum is adapted for learners with disabilities. Skills are related cognitively and emotionally to age groups: 0-18 months, 18-36 months, 3 years and older. Educators, assistants, practitioners must be skilled. Even more important is the right attitude. Specific needs must be addressed. They monitor educators trained, but often find that they have not implemented what they had been trained to do.
	2. KZN Society for the Blind: They serve as an ECD centre for blind children. Many of the children they deal with, are from homes where their development had not been stimulated. Many of the children had not yet learnt to walk and many are not sent to school due to lack of funds.
	3. League of Friends of the Blind (LOFOB): They have a well-established ECD centre in the Western Cape. They have an occupational Therapist and an O&M practitioner who work in the community. They support and counsel organisations and parents and also support the children wherever they are and empower them to deal with discrimination which will happen. They make much use of retired teachers and volunteers and work closely with the community and parents, as they believe that inclusion is everybody’s business. Their programme is partly funded by DSD.
	4. NomConnect: This is an organisation which works with pregnant mothers and advises them about threatening conditions which might affect their babies.
	5. SA National Council for the Blind: They do eye screening, but they cannot do it on a large scale due to financial constraints and they cannot visit all schools due to interdepartmental political issues.
	6. Blind SA: They have an Early Childhood Development and Education Committee which assists parents with advice and reference to relevant facilities. This committee functions mainly through volunteers and under severe financial constraints.
5. CHALLENGES ALONG THE WAY TO INCLUSION
As has been shown, there are some limited facilities for ECD, but many challenges remain to make full inclusion of blind children in early childhood development a reality. These challenges fall across a very wide range of factors. Some of them are highlighted below:
	1. Inadequate funding: As shown above, DSD funds a part of LOFOB’s programme, but for the rest other facilities struggle financially to attend properly to ECD. As a signatory of the UNESCO Millennium Development Goals Government should accept its responsibility in this regard, as it seems to be seriously lacking.
	2. The cost of inclusion: By its very nature inclusion of disabled children in ECD is costly. Special provision has to be made to provide for all the varied requirements of the disabled children. Because these disabled children will not be centralised, the special provisions will have to exist across the country. This poses a real challenge, especially considering the seeming lack of commitment shown by government.
	3. Failure to implement legislation and policies: Despite a slew of legislation and policies in respect of the education of disabled children we have seen little by way of implementation. Drafters of laws and policies very seldom consult with the disability sector and are often not aware of the implications of what they draft.
	4. Foetal Alcohol Syndrome: In certain parts of the country where Feotal Alcohol Syndrome is prevalent, this condition leads to serious disability which poses many obstacles in the way off inclusive ECD.
	5. Inadequate early intervention: Undetected eyesight problems are often misinterpreted at schools and are seen as intellectual disabilities with the result that children end up in ineffective special classes where they are then not given the opportunity to develop to their potential.
	6. Inadequate early identification and wrong diagnosis at state clinics: Staff at these clinics are often over-worked or insufficiently trained in eye conditions and the child does not always see the same person every time. This frequently leads to eye conditions not being detected or to wrong diagnoses. At the ECD workshop mentioned above we heard from a mother, a lady with albinism, who had been asked by an insensitive nurse at a clinic how she could even be sure that the baby was hers, since the baby is black and she is white!
	7. Deafblind children: These children are really marginalised. They do not receive proper ECD, as the DBE believes they should attend facilities for the deaf. Very few people in the country are skilled to teach deafblind children.
	8. Unsuitable learning environment: Frequently classes are very large, teachers are not properly trained to teach blind children and there is a lack of assistive devices required for the proper teaching of blind children. The world of education is a predominantly visual world which makes for the exclusion, rather than the inclusion, of blind learners. In rural areas it is rare to have social workers or councillors at schools.
	9. Uninformed parents and communities: Especially in rural areas parents are often uninformed about disabilities with the result that their disabled children do not receive adequate support to develop properly. Lack of correct information also often results in communities having superstitions and wrong beliefs about disabilities which in turn lead to discrimination against the disabled children.
	10. Social integration: This, I believe, is a greatly underestimated challenge and has many important aspects which need to be considered carefully to ensure true inclusive ECD. Let us look at just a few of them:
		1. The cruelty of innocence: In all innocence children will do cruel things, such as mock disabled peers, bully them, discriminate against them, because they are vulnerable. Many will be from homes where they had not learnt acceptable values to know that doing these things is wrong and unacceptable, or from communities where it is believed that someone with a disability is somehow a lesser person.
		2. Games and sports: Probably most games and sports enjoyed by children are highly visual. Blind children would be excluded from such games. On the other hand, if there would be too many games arranged in which the blind children could participate, that could easily result in antagonism from sighted children.
		3. The “buddy system”: Teaching itself has become highly visual and requires a real effort to ensure that the blind learner receives exactly the same information as his/her sighted peers. I am not at all sure the so-called “buddy system” (where a sighted child would be designated to assist a blind peer) is a good one. This could easily lead to resentment on the part of the sighted child who might much rather want to do his own thing, play with friends, etc., instead of helping the blind child.
6. CONCLUSION
By saying all the above, I do not mean to create the impression that I am opposed to inclusion or think it cannot work. I specifically mention all those aspects as matters which deserve serious attention in order to make inclusion work. I have attended conferences on the topic of inclusion where the inclusion of blind learners simply did not feature. When I then asked uncomfortable questions about how some aspects would be addressed, it elicited the accusation that I was opposed to the concept, instead of tackling and debating those issues. I have also attended international conferences where I listened to presenters bragging about how well inclusion was working in their countries. I found those rather unhelpful mostly, as conditions in different countries differ so vastly. The outcome to which I aspire, is to have inclusion of blind children in early childhood development become a reality and work here in South Africa in our local conditions. In conclusion I wish to commend the Gauteng Department of Education for coming on board and funding this very important seminar. That shows real commitment. We look forward to close collaboration between the GDE and all other stakeholders to make inclusive ECD work at least in Gauteng.

