Remedial Schools in South Africa

By Jenna White - Clinical Director

Remedial Schools in South Africa

This paper serves to explore the reasons for children in South Africa receiving recommendations to move from mainstream to remedial schools and the current state of affairs in terms of the education system's ability to accommodate those recommendations.

What is a mainstream school?

Referred to internationally as general education, mainstream schools or classes present the standard curriculum without special teaching methods or supports.

What is a remedial school?

A remedial school is a school which typically offers smaller class sizes, on-site therapy services (including occupational therapy and speech therapy), and accommodations or adaptations of the curriculum. In other parts of the world, remedial schools are often called special education schools, or may be offered at mainstream schools through special education classes.

What are bridging classes?

Some schools in South Africa have included bridging classes in their list of services. Bridging classes are typically smaller in number of students, but cover the same curriculum content as mainstream classes. The teacher of this class sometimes receives special education training.

What is remedial education?

Also known as special needs education, aided education, exceptional education, special ed. or SPED, remedial education is the practice of educating students in a way that addresses their individual differences and needs.
An effective approach to this process may involve the individually-planned and systematically-monitored arrangement of teaching procedures, adapted equipment and materials, and accessible settings. These interventions can be designed to help children with special needs achieve a higher level of independence and success in school, and in life after school.

Who benefits from attending remedial school?

Some schools in South Africa that have made provisions for learners with certain types of physical disabilities, such as partial paralysis, although there are schools specifically designed for education of learners with other physical disabilities, such as blindness or deafness.

Learners who attend remedial schools typically have either a learning disability or a learning difficulty.

What is a learning difficulty?

A learning difficulty can be described as a condition that can cause a child to experience problems in a traditional or mainstream classroom learning context. It may interfere with literacy skills development, numeracy skills development, memory, ability to focus, or ability to implement organisational skills. Unlike a learning disability, a learning difficulty does not affect general intelligence, commonly referred to as IQ (www.mentalhealth.org.uk).

What is a learning disability?

A learning disability is a neurological disorder. In simple terms, a learning disability results from a difference in the way a person's brain is "wired." Children with learning disabilities are likely to have difficulty reading, writing, spelling, reasoning, recalling, and/or organising information. These children are less responsive to traditional ways of teaching. Because of this, they are likely to "fall behind" in a conventional classroom setting. A learning disability cannot be cured or fixed, but the right support and intervention can help bridge some of the gaps created by the learning disability, and

lead to success in school and successful careers later in life (www.ceril.net). Often, a learning disability is first detected by a teacher, and the diagnosis is confirmed by an educational psychologist.

Some people prefer to call learning disabilities "learning differences." The difference between these labels may seem subtle or unnecessary, but may have implications for how a child (or adult) with a learning difficulty views him- or herself. The word "disability" implies that a person is less able than his or her peers. It also implies that they are in a permanent and immutable state of disadvantage and may cause the person to lose agency, intrinsic motivation, or hope for their future. It can have a marked impact on a person's self-esteem if treated or approached poorly.

The label "learning difference" means simply that a person learns in a way that is different from others. It takes away the fault or permanence, and leaves room for hope and an actionable way forward. It describes added challenges that an individual may face in a typical school environment, but suggests that these challenges can be overcome (www.readandspell.com).

Common learning differences

There are no reliable statistics available for the prevalence of learning differences or learning disabilities in South Africa. In the United States, prevalence of learning disabilities is recorded at between 5 and 9% (www.ncbi.nlm.nih.gov).
The following learning differences qualify as learning disabilities:

1. Auditory Processing Disorder

Auditory Processing Disorder (APD) adversely affects how sound that travels unimpeded through the ear is processed and interpreted by the brain. It is also known as Central Auditory Processing Disorder (CAPD). Individuals with APD do not recognise subtle differences between sounds in words, even when the sounds are loud and clear enough to be heard. They can also find it difficult to tell where sounds are coming from, to make sense of the order of sounds, or to block out competing background noises.

Signs and symptoms:

- Has difficulty processing and remembering language-related tasks, but may have no trouble interpreting or recalling non-verbal environmental sounds, music, etc.
- May process thoughts and ideas slowly and have difficulty explaining them.
- Misspells and mispronounces similar-sounding words or omits syllables; confuses similar-sounding words (celery/salary; belt/built; three/free; jab/job; bash/batch).
- May be confused by figurative language (metaphor, similes) or misunderstand puns and jokes; interprets words too literally.
- Often is distracted by background sounds/noises. Finds it difficult to stay focused on or remember a verbal presentation or lecture..
- May misinterpret or have difficulty remembering oral directions; difficulty following directions in a series
- Has difficulty comprehending complex sentence structure or rapid speech.
- "Ignores" people, especially if engrossed.
- Says "What?" a lot, even when has heard much of what was said.

Typically-recommended strategies:

- Show rather than explain.
- Supplement with more intact senses (use visual cues, signals, handouts, manipulatives).
- Reduce or space directions, give cues such as "ready?"
- Reword or help decipher confusing oral and/or written directions.
- Teach abstract vocabulary, word roots, synonyms/antonyms.
- Vary pitch and tone of voice, alter pace, stress key words.
- Ask specific questions as you teach to find out if they do understand.
- Allow them 5-6 seconds to respond ("think time").
- Have the student constantly verbalise concepts, vocabulary words, rules, etc.
- Consider remedial school placement.

2. Dyscalculia

Dyscalculia affects a person's ability to understand numbers and learn math facts. Individuals with this type of learning disability may also have poor comprehension of math symbols, may struggle with memorising numbers, have difficulty telling time, or have trouble with counting.

Signs and symptoms:

- Shows difficulty understanding concepts of place value, and quantity, number lines, positive and negative value, carrying and borrowing.
- Has difficulty understanding and doing word problems.
- Has difficulty sequencing information or events.
- Exhibits difficulty using steps involved in math operations.
- Shows difficulty understanding fractions.
- Is challenged making change and handling money.
- Displays difficulty recognising patterns when adding, subtracting, multiplying, or dividing.
- Has difficulty putting language to math processes.

Has difficulty understanding concepts related to time such as days, weeks, months, seasons, quarters, etc.
Exhibits difficulty organising problems on the page, keeping numbers lined up, following through on long division problems.

Typically-recommended strategies:

- Allow use of fingers and scratch paper.
- Use diagrams and draw math concepts.
- Provide peer assistance.
- Suggest use of graph paper.
- Suggest use of coloured pencils to differentiate problems.
- Work with manipulatives.
- Draw pictures of word problems.
- Use mnemonic devices to learn steps of a math concept.
- Use rhythm and music to teach math facts and to set steps to a beat.
- Schedule computer time for the student for drill and practice.
- Consider remedial school placement.

3. Dysgraphia

Dysgraphia affects a person's handwriting ability and fine motor skills. A person with this specific learning disability may have problems including illegible handwriting, inconsistent spacing, poor spatial planning on paper, poor spelling, and difficulty composing writing as well as thinking and writing at the same time.

Signs and symptoms:

- May have illegible printing and cursive writing (despite appropriate time and attention given the task).
- Shows inconsistencies: mixtures of print and cursive, upper and lower case, or irregular sizes, shapes or slant of letters.
- Has unfinished words or letters, omitted words.
- Inconsistent spacing between words and letters.
- Exhibits strange wrist, body or paper position.
- Has difficulty pre-visualising letter formation.
- Copying or writing is slow or laboured.
- Shows poor spatial planning on paper.
- Has cramped or unusual grip/may complain of sore hand.
- Has great difficulty thinking and writing at the same time (taking notes, creative writing.)

Typically-recommended strategies:

- Suggest use of word processor.
- Avoid chastising student for sloppy, careless work.
- Use oral exams.
- Allow use of tape recorder for lectures.
- Provide notes or outlines to reduce the amount of writing required.
- Reduce copying aspects of work (pre-printed math problems)
- Allow use of wide rule paper and graph paper.
- Suggest use of pencil grips and /or specially designed writing aids.
- Provide alternatives to written assignments (video-taped reports, audio-taped reports).
- Consider remedial school placement.

4. Dyslexia

Dyslexia affects reading and related language-based processing skills. The severity of this specific learning disability can differ in each individual but can affect reading fluency, decoding, reading comprehension, recall, writing, spelling, and sometimes speech and can exist along with other related disorders. Dyslexia is sometimes referred to as a Language-Based Learning Disability.

Signs and symptoms:

- Reads slowly and painfully
- Experiences decoding errors, especially with the order of letters
- Shows wide disparity between listening comprehension and reading comprehension of some text
- Has trouble with spelling
- May have difficulty with handwriting
- Exhibits difficulty recalling known words
- Has difficulty with written language
- May experience difficulty with math computations
- Decoding real words is better than nonsense words
- Substitutes one small sight word for another: a, I, he, the, there, was

Typically-recommended strategies:

- Provide a quiet area for activities like reading, answering comprehension questions
- Use books on tape
- Use books with large print and big spaces between lines
- Provide a copy of lecture notes
- Don't count spelling on history, science or other similar tests
- Allow alternative forms for book reports
- Allow the use of a laptop or other computer for in-class essays
- Use multi-sensory teaching methods
- Teach students to use logic rather than rote memory
- Present material in small units
- Consider remedial school placement.

5. Language Processing Disorder

Language Processing Disorder (LPD) affects

attaching meaning to sound groups that form words, sentences and stories. LPD is a specific type of Auditory Processing Disorder (APD).

While an APD affects the interpretation of all sounds coming into the brain (e.g., processing sound in noisy backgrounds or the sequence of sounds or where they come from), an LPD relates only to the processing of language. LPD can affect expressive language (what you say) and/or receptive language (how you understand what others say).

Signs and Symptoms:

- Has difficulty gaining meaning from spoken language
- Demonstrates poor written output
- Exhibits poor reading comprehension
- Shows difficulty expressing thoughts in verbal form
- Has difficulty labelling objects or recognising labels
- Is often frustrated by having a lot to say and no way to say it
- Feels that words are "right on the tip of my tongue"
- Can describe an object and draw it, but can't think of the word for it
- May be depressed or having feelings of sadness
- Has difficulty getting jokes

Typically-recommended strategies:

- Speak slowly and clearly and use simple sentences to convey information
- Refer to a speech pathologist
- Allow tape recorder for note taking
- Write main concepts on board
- Provide support person or peer tutor
- Use visualisation techniques to enhance listening and comprehension
- Use of graphic organisers for note taking from lectures or books
- Use story starters for creative writing assignments
- Practice story mapping
- Draw out details with questions and visualisation strategies
- Consider remedial school placement.

6. Non-verbal Learning Disability:

Individuals with Non-verbal Learning Disability (NVD or NLD) have trouble interpreting nonverbal cues like facial expressions or body language, and may have poor coordination. NVLD is a disorder which is usually characterised by a significant discrepancy between higher verbal skills and weaker motor, visual-spatial and social skills.

Signs and Symptoms:

- Has trouble recognising nonverbal cues such as facial expression or body language
- Shows poor psycho-motor coordination; clumsy; seems to be constantly "getting in the way," bumping into people and objects
- Using fine motor skills is a challenge: tying shoes, writing, using scissors
- Needs to verbally label everything that happens to comprehend circumstances, spatial orientation, directional concepts and coordination; often lost or tardy
- Has difficulty coping with changes in routing and transitions
- Has difficulty generalising previously learned information
- Has difficulty following multi-step instructions
- Make very literal translations
- Asks too many questions, may be repetitive and inappropriately interrupt the flow of a lesson
- Imparts the "illusion of competence" because of the student's strong verbal skills

Typically-recommended strategies:

- Rehearse getting from place to place
- Minimise transitions and give several verbal cues before transition
- Avoid assuming the student will automatically generalise instructions or concepts
- Verbally point out similarities, differences and connections; number and present instructions in sequence; simplify and break down abstract concepts, explain metaphors, nuances and multiple meanings in reading material
- Answer the student's questions when possible, but let them know a specific number (three vs. a few) and that you can answer three more at recess, or after school
- Allow the child to abstain from participating in activities at signs of overload
- Thoroughly prepare the child in advance for field trips, or other changes, regardless of how minimal
- Implement a modified schedule or creative programming
- Never assume child understands something because he or she can "parrot back" what you've just said
- Offer added verbal explanations when the child seems lost or registers confusion
- Consider remedial school placement.

7. Visual Perceptual / Visual Motor Deficit

Visual Perceptual / Visual Motor Deficits affect the understanding of information that a person sees, or the ability to draw or copy. A characteristic seen in people with learning disabilities such as Dysgraphia or Non-verbal LD, it can result in missing subtle differences in shapes or printed letters, losing place frequently, struggles with cutting, holding pencil too tightly, or poor eye/hand coordination.

Signs and symptoms:

- May have reversals: b for d, p for q or inversions: u for n, w for m
- Has difficulty negotiating around campus
- Complains eyes hurt and itch, rubs eyes, complains print blurs while reading
- Turns head when reading across page or holds paper at odd angles
- Closes one eye while working, may yawn while reading
- Cannot copy accurately
- Loses place frequently
- Does not recognise an object/word if only part of it is shown
- Holds pencil too tightly; often breaks pencil point/crayons
- Struggles to cut or paste
- Misaligns letters; may have messy papers, which can include letters colliding, irregular spacing, letters not on line

Typically-recommended strategies:

- Avoid grading handwriting
- Allow students to dictate creative stories
- Provide alternative for written assignments
- Suggest use of pencil grips and specially designed pencils and pens
- Allow use of computer or word processor
- Restrict copying tasks
- Provide tracking tools: ruler, text windows
- Use large print books
- Plan to order or check out books on tape
- Experiment with different paper types: pastels, graph, embossed raised line paper
- Consider remedial school placement.

The information about the above seven disabilities was originally excerpted from the LDA of California and UC Davis M.I.N.D. Institute "Q.U.I.L.T.S." Calendar 2001-2002, by the authors of www.ldaamerica.org

The following learning differences do not qualify as learning disabilities:

1. Attention Deficit Hyperactivity Disorder

Attention Deficit Hyperactivity Disorder (ADHD) is a medical condition. A person with ADHD has differences in brain development and brain activity that affect attention, the ability to sit still, and self-control. ADHD can affect a child at school, at home, and in friendships.

Signs and symptoms:

Children with ADHD may have signs from one, two, or all three of these categories:

a. Inattentive. Children who are easily distracted have trouble focusing their attention, concentrating, and staying on-task. They may not listen well to directions, may miss important details, and may not finish what they start. They may daydream or dawdle too much. They may seem absent-minded or forgetful, and lose track of their things.
b. Hyperactive. Children who are hyperactive are fidgety, restless, and easily bored. They may have trouble sitting still, or staying quiet when needed. They may rush through things and make careless mistakes. They may climb, jump, or roughhouse when they shouldn't. Without meaning to, they may act in ways that disrupt others.
c. Impulsive. Children who are impulsive act too quickly before thinking. They often interrupt, might push or grab, and find it hard to wait. They may do things without asking for permission, take things that aren't theirs, or act in ways that are risky. They may have emotional reactions that seem too intense for the situation.

Sometimes parents and teachers notice signs of ADHD when a child is very young. But it's normal for young children to be distractible, restless, impatient, or impulsive — these things don't always mean that a child has ADHD.

Attention, activity, and self-control develop little by little, as children grow. Children learn these skills with help from parents and teachers. But some children don't get much better at paying attention, settling down, listening, or waiting. When these things continue and begin to cause problems at school, home, and with friends, ADHD may be diagnosed.

It is estimated that between 3 and 5 percent of children have attention deficit hyperactivity disorder (ADHD), or approximately 2 million children in the United States. This means that in a classroom of 24 to 30 children, it is likely that at least one will have ADHD.

Typically-recommended strategies:

- Establish rules and routines
- Offer accommodations, e.g. shortened assignments, extended time
- Reduce potential distractions
- Use positive peer models
- Prepare for transitions
- Allow for movement
- Allow for regular breaks
- Provide frequent, positive feedback
- Ask questions rather than reprimand

2. Dyspraxia

If a child struggles with motor skills, you will likely hear the term dyspraxia or receive the diagnosis Developmental Coordination Disorder (DCD). Dyspraxia refers to trouble with movement, including difficulty in four key skills: fine motor skills, gross motor skills, motor planning, and coordination. These challenges usually don't exist on their own, and may be accompanied by ADHD, dysgraphia, sensory processing issues, mental health issues like anxiety, slow processing speed, or autism.

The term dyspraxia has been around for decades, but it's being used less and less. That's because it doesn't have a set definition and it isn't an official diagnosis. Still, you may hear the term from some professionals and from other families. Sometimes they use the term to include other challenges beyond trouble with motor skills. For example, they might include trouble with social skills or attention under their definition of dyspraxia. But most professionals no longer use the term. Evaluators use DCD when they make a diagnosis. But they typically talk to families about areas of difficulty, not labels. Schools and specialists also typically focus on challenges and services, without giving the difficulties a name.

Signs and symptoms:

- The child shows delays in reaching motor milestones.
- The condition significantly interferes with activities of daily living and/or academic performance.
- The symptoms begin early in the child's life.
- Difficulties with motor skills are not better explained by intellectual disability, visual impairment, or brain disorders.

It may also be helpful to share signs and symptoms of DCD at different ages:

Signs of DCD in Preschool

- Has trouble holding and using utensils.
- Strongly prefers eating with fingers rather than utensils.
- Has a hard time figuring out how to hold a bowl and scoop out the food.
- Has trouble learning to pedal or steer a tricycle or bike with training wheels.
- Has trouble throwing a ball.
- Is fearful of playing ball games, such as tossing a soft or squishy ball back and forth.
- Plays too roughly or often bumps into or pushes other kids by accident.
- Has trouble making hand motions and actions that go along with songs like "The Wheels on the Bus" and "Head, Shoulders, Knees and Toes."
- Has trouble sitting upright or still.

Signs of DCD in Grades 0-2

- Finds it hard to do puzzles or build things with blocks.
- Has trouble holding a pencil for writing or drawing.
- Has trouble holding scissors properly and cutting out shapes accurately.
- Frequently bumps into people and things.
- Moves awkwardly and slowly, and may trip and fall often.
- Struggles to fasten buttons or manage zippers.
- Often drops objects.
- Has difficulty jumping, hopping and skipping.
- Hasn't developed left- or right-hand dominance (using one hand for most activities).
- Has a hard time copying notes from a board or other paper.
- Doesn't correctly form letters or space them accurately on the lines.
- Is slow to learn how to ride a bike without training wheels, or doesn't learn at all.
- Has trouble with self-care routines like getting dressed and brushing teeth.

Signs of DCD in Grades 3–7

- Writes with poor spacing between letters and words.
- Writes letters that are of different sizes.
- Takes a long time to write.
- Has trouble gripping a pencil and forming letters.
- Struggles to line up columns when doing math problems.
- Finds it hard to imitate movements in gym class or extracurricular sports.
- Frequently bumps into people.
- Often trips and falls.
- Has difficulty cutting foods.
- Has trouble with visual-spatial tasks, such as moving game pieces on a game board.
- Struggles with motor planning, making it hard to figure out basic routines, like the process of packing a backpack or getting dressed.

Signs of DCD in Teenagers

- Struggles with the visual-spatial aspects of math, such as geometry.
- Has trouble with sports that involve hand-eye coordination, like softball or table tennis.
- Tends to trip and fall more often than other teens.
- Often bumps into people and things.
- Finds it hard to open the latch on a locker or use a combination lock.
- Avoids or struggles with texting and typing.
- Finds it hard to plan and complete the steps to prepare even simple food, like a sandwich.
- Has difficulty learning to drive, such as manoeuvring a steering wheel or judging distances (like how close another car is when changing lanes).

- Shies away from activities that draw attention to motor skills, such as sports or dancing.

Typically-recommended strategies:

- Work on building body strength
- Provide opportunities for practicing motor skills (through adaptive routines, boardgame play, and outdoor play), rather than shying away from them
- Provide accommodations such as speech-to-text technology, or getting notes from the teacher rather than having to copy them off the board

The above information is taken from www.understood.org

Children with DCD do not necessarily need to attend remedial school.

3. Executive Functions Deficits

The executive functions are performed by the pre-frontal cortex – the "CEO" of your brain, and encompass eight skill areas:

Impulse control

Children with impulse control issues may appear to speak or act before they think. They tend to rush through their work, or respond to others without considering the consequence of their response. Adequate impulse control is prerequisite to the performance of most of the other executive functions skills because it allows the individual time to select the most appropriate response to the social or academic situation. Inadequate impulse control can lead to behavioural, social, and academic difficulties.

Emotional control

Emotional self-regulation skills begin to develop from around age two and are mostly developed by around age five. In order to demonstrate adequate emotional control, children must be able to identify their emotions and the source of their emotions, inhibit a maladaptive response, consider options for regulating their emotions, select one, and implement it.

Flexible thinking

Flexible thinking allows children to adapt to changes in routine, and to learn from different ways of teaching. Without it, children become rigid thinkers and responders, and this can lead to myriad academic and social difficulties.

Planning and prioritising

Planning and organising requires good self-management strategies, ability to engage in 'big-picture' thinking, and break tasks down into manageable chunks. Without this skill, children will have difficulties being where they need to be, when they need to be there, and getting what needs to be done, done on time.

Working memory

Working memory, also referred to as short-term memory, describes an individual's ability to take in new information, manipulate it while holding it in their memory, and produce a meaningful outcome with it. Deficits in working memory lead to difficulties following instructions, understanding math operations, and much more.

Self-monitoring

Self-monitoring is an individual's ability to monitor their own progress towards a goal. This skill is critical to have in conjunction with planning and prioritising. An individual who cannot self-monitor will constantly require more individualised attention than the other children in the class to perform the same tasks.

Task initiation

Task initiation refers to our ability to be intrinsically motivated, to take on new tasks, and to stay perseverant with those tasks until their completion even in the face of obstacles. A lack of task initiation skill will lead to procrastination, rushed work, taking 'shortcuts', not checking work, and overall reduced quality of work.

Organisation

Being organised allows individuals to focus on different projects without getting disoriented or lost, thereby increasing productivity and efficiency. Children who lack organisational skills will struggle particularly from Grade 4 onwards, when there is an increased need for independence, more study preparation needed, and more transitioning between classrooms.
Children with executive function difficulties do not necessarily need to attend remedial school.

4. Autism

I will refer here to High-functioning autism, as children who fall on the higher support needs end of the spectrum tend to be referred to specialised autism schools or centres rather than to remedial schools.

High-functioning autism (HFA) is a term applied to people with autism who have an IQ of 70 or greater. Although there are some differences, HFA is often equated with Asperger's Syndrome. Individuals with HFA may exhibit deficits in areas

of communication, emotion recognition and expression, and social interaction. HFA and Asperger's Syndrome are not specifically recognised in the Diagnostic and Statistical Manual of Mental Disorders, but rather form part of what is labelled Autism Spectrum Disorder (ASD). Individuals with HFA tend not to have severe or even particularly noticeable language deficits, although there are likely to still be deficits in the pragmatics of language, or how it is used in a social context.

Individuals with ASD, including HFA, are at risk of developing symptoms of anxiety. Other common comorbidities include Bipolar Disorder, Obsessive Compulsive Disorder, and ADHD.

Signs and symptoms:

- Emotional sensitivity/over reactivity
- Fixation on particular subjects or ideas
- Linguistic oddities
- Social difficulties
- Sensory processing difficulties

Typically-recommended strategies:

- Use visual teaching strategies
- Provide a structured and routine-based learning environment
- Provide transitional cues between activities
- Use clear and concise language
- Employ a part- or full-time facilitator to assist the child in learning from their peers, teachers, and school environment. Facilitation can occur in an autism-specific school, a remedial school, or a mainstream school.

What are the main problems facing students requiring remedial schools in South Africa?

1. Shortage of remedial schools

Reports from parents and teachers about long waiting lists at remedial schools indicates that there are not enough remedial schools to cater for the number of children receiving a remedial school recommendation. There is also a relatively small number of reputable or more prestigious remedial schools, and so the options are limited for parents who can afford and would like their children to receive the same standard of education as they would at a private school.

2. Distance between home and remedial schools

Because of the above-mentioned shortage of remedial schools, parents report that they are required to travel great distances, at significant time and financial cost to them, in order to have their children attend these remedial schools.

3. Cost of remedial schools

Remedial school fees are generally higher than mainstream school fees, although this does vary from school to school, and parents do have some options in terms of public remedial schools rather than private. An example of annual school fees for a reputable remedial school in 2019 is R145 000, where average school fees across public and private schools ranges between R20 000 and R100 000.

4. Acceptance into remedial school

Some children are denied acceptance into remedial schools that are geographically or financially suitable.

White Paper 6

White Paper 6 was issued in 2001 by the Department of Education, and is a framework policy document in response to the post-apartheid state of special needs and support services in education. White Paper 6 recommended that we as a country move towards an inclusive education system, wherein all learners, regardless of individual needs, can access education. White Paper 6 set 2021 as the deadline for its specific goals, including the conversion of 500 primary schools to "full-service schools" – ordinary schools that are specially equipped to assist students with barriers to learning within mainstream environments. According to Inclusive Education South Africa, "progress in making the policy a reality has been slow and not consistent across learner groups or geographic areas."

Failure to implement White Paper 6

The Human Rights Watch (2015) published a scathing review of the South African government's implementation of White Paper 6. Notable comments in the report include:

- "Children with disabilities continue to face discrimination when accessing all types of public schools. Schools often decide whether they are willing or able to accommodate students with particular disabilities or needs… In most cases, schools make the ultimate decision – often arbitrary and unchecked – as to who can enrol."
- "…Many [children] who attend mainstream schools are asked to pay for their own class assistants as a condition of staying in mainstream classes."
- "Children with disabilities in many public schools receive low quality education in

poor learning environments. They continue to be significantly affected by a lack of teacher training and awareness about inclusive education methodologies and the diversity of disabilities, a dearth of understanding and practical training about children's needs according to their disabilities, and an absence of incentives for teachers to instruct children with disabilities."

- "The government has accepted that progress has been slower than expected when it comes to implementing its policy on inclusive education… in large part because it has not been a key national priority, and provincial departments have not distinguished between "special needs education" and "inclusive education."

The way forward

Learning differences and disabilities are a reality for many children in South Africa, and the proper intervention is critical to ensure that these children overcome their obstacles and achieve their potential.
The South African education system is gradually becoming better equipped to deliver this intervention, but progress towards fully inclusive education is too slow for the number of children who require access to it.

Parents may look towards alternatives to remedial schools in the private sector, in order to provide their children with the support they need in their current, mainstream placements. These alternatives include individuals and organisations who can target the skill deficits that present as symptoms learning difficulties and disabilities.

CatchUPkiDs