

Research Article

Managers' Readiness and Strategies for Severe Intellectual Disabilities: An Exploratory Study in Gauteng, South Africa

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Abstract

In South Africa, learners with severe to profound intellectual disabilities have not had access to public funded education and support, leaving them vulnerable and excluded from the services available to all school-aged children. To address this national disparity, the South African government developed a Draft Policy Framework for the Provision of Quality Education and Support for Children with Severe to Profound Intellectual Disabilities, which is now being implemented in special care centres at a national level. In Gauteng, the draft policy is being implemented at the provincial level by the Gauteng Department of Education in order to achieve the national mandate. The goal of this study was to investigate how Special Care Centre managers address the challenges of managing centres for learners with intellectual disabilities in Gauteng Province. It examines the adequacy of preparation programs for these managers and evaluates the management strategies used to overcome challenges arising from deficiencies in these programs. Using an exploratory mixed-method approach with a population of 45 centre managers in Gauteng, the study began with qualitative research through semi-structured interviews with a sample of 10 managers and proceeded to a second stage where 35 participants completed a questionnaire. Of the 45 managers, 10 did not return the questionnaire. The findings reveal that managers face various challenges due to the diverse nature of these institutions, which are established by parents of disabled children, Non-Governmental Organisations, or religious organizations. The study also highlights a lack of preparatory programs for centre managers and a significant disparity in qualifications, with three-quarters holding only a matriculation certificate or lower. To address these challenges, managers have adopted Bush's management models, including subjective, collegial, and ambiguity models. Based on these findings, the study recommends upgrading manager qualifications and providing in-service training to enhance their skills with contemporary approaches, aiming to improve leadership and management practices in centres for children with intellectual disability.

Keywords

Special Care Centres, Intellectual Disability, Centre Managers, Leadership and Management

1. Introduction

The South African Government has committed to universal, high-quality basic education, known as Education for All (EFA), ensuring equal opportunities for all children and youth [33, 34]. Despite progressive policies, inclusive educa-

tion provisions were primarily focused on mainstream, full-service, and special schools until 2010, rather than Special Care Centres (SCCs) [12, 13]. However, since 2018, the Gauteng Department of Education (GDE) has extended edu-

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cation services to SCCs in the province, which was initially established by Non-Governmental Organizations (NGOs) and parents of disabled children. Consequently, SCC managers possess varying qualifications, management experiences, and styles, with few having formal education, necessitating adequate support from the government, particularly the provincial government.

This situation leads to the research question and objectives of the study.

1.1. Research Question

How do the levels of preparedness among SCC managers in Gauteng influence their adoption and effectiveness of strategies to address management challenges in centres?

1.2. Research Objectives

- 1) Determine how well-prepared managers are to engage with these management challenges;
- 2) Find out which strategies and other measures SCC managers have adopted to deal with the complexities of management challenges.

2. Literature Review

Preparatory Programmes for Centre Management

As [34] emphasized the critical importance of selecting the right individuals to manage SCCs for Learners with Severe to Profound Intellectual Disabilities (LSPID) and equipping them with the necessary skills. Professional development for SCC managers is viewed as a continuous process, starting from the pre-service period, continuing through the induction phase for newly appointed managers, and extending throughout their careers in management [27]. Consequently, the active participation of SCC managers in both pre-service and in-service training programs is essential.

1) Pre-Service Training

Pre-service training primarily occurs within higher education institutions at the undergraduate [6]. Pre-service training refers to the education and training provided before an individual assumes a job that requires specific skills and knowledge.

2) In-Service Training

In-service education, as defined by [29], encompasses relevant courses and activities aimed at enhancing the professional knowledge, skills, and competence of serving SCC managers in the fields of leadership and management. According to [29], in-service education plays a crucial role in bridging the gap between pre-service education and the practical performance of Centre managers in their workplaces, addressing the evolving needs of society.

Unfortunately, many SCC managers lack adequate management training before embarking on their careers, leaving them feeling ill-prepared to meet the challenges of managing

an SCC. This is largely because a considerable proportion of SCCs were established by parents of disabled children with limited numeracy and literacy skills, resulting in insufficient managerial training opportunities.

3. Theoretical Framework

Every research endeavour, including this one, is founded on a theoretical framework [18]. In this study, management theories were utilized. Previous research in the domains of special education, inclusive education, and education leadership and management ignored the management of SCCs for LSPID and focused on instructional provisions and caregivers' experiences caring for LSPID. For instance, the studies of [32], looked at curriculum provisions, [39, 25] reflected on the implementation process of Western Cape court case, also a study of children's and parents' communicative behaviour were done by [15] and [21] analyzed teachers' pedagogical decision-making, and the influences on teaching students with severe intellectual disabilities. This study, which blended the disciplines of special education and leadership, and management positively contributes to the limited body of knowledge of special Centre management. Bush's three theories of subjectivity, ambiguity, and collegiality were utilized as a prism to examine how management is practiced in the Centre. I now turn to the three theories.

3.1. Subjective Model

The subjective model of SCC management places the manager at the forefront, focusing on their individual experiences and perspectives within the institution [4]. This approach suggests that SCCs hold different meanings for each employee, emphasizing the importance of individual interpretations rather than collective understanding [3]. Despite the emphasis on individual experiences, SCC managers often lack the necessary skills and knowledge to effectively manage the institution [38]. Postmodern and emotional leadership styles align with the subjective model, emphasizing diversity, multiple interpretations, and the importance of individual emotions in decision-making [16].

3.2. Ambiguity Model

In contrast, the ambiguity model of SCC management acknowledges the inherent uncertainty and unpredictability within educational institutions [5]. This model suggests that institutional life is characterized by instability and complexity, posing significant challenges for SCC managers in their day-to-day operations [24]. Decision-making processes within this model are often viewed as fuzzy and non-linear, leading to heightened levels of anxiety among managers [8]. Despite attempts to address ambiguity through collaboration, minimal practical guidance exists for managers to navigate these challenges effectively [24].

3.3. Collegial Model

The collegial model offers an alternative approach, emphasizing collaboration and shared decision-making among all stakeholders within SCCs [37]. In this model, decision-making authority is distributed among all personnel, fostering a sense of trust, accountability, and empathy among caregivers and managers [39]. Collegial leaders play a critical role in promoting inclusion and empowerment among caregivers, allowing them to contribute meaningfully to the institution's management [37]. By embracing a collegial approach, SCC managers can reduce management challenges and increase stakeholder buy-in, leading to more effective leadership and management practices within the institution [3, 40].

4. Research Methodology

This study utilized a mixed methods research (MMR) design, which combines both quantitative and qualitative data collection methods [17, 36]. According to [26], qualitative findings often complement and enhance the understanding of quantitative results. As [7] describes an exploratory sequential mixed methods design, which starts with a qualitative phase followed by a quantitative phase. In this study, interviews were conducted in the qualitative phase, informing the development of surveys for the subsequent quantitative phase [10]. The deliberate integration of qualitative and quantitative approaches allows for a comprehensive understanding of the research topic, capturing different perspectives and nuances [20, 35].

Phase 1 involved collecting qualitative data and analyzing it using the READ approach [11]. This phase helped understand how managers of SCCs perceive their qualifications and adopt management strategies. The findings from Phase 1 informed the development of the questionnaire for Phase 2.

In Phase 2, a quantitative approach was employed using a questionnaire as the instrument [9]. Centre managers rated how they perceive their qualifications and how the qualification influences them in adopting management strategies using a Likert scale. Quantitative data analysis was conducted using International Business Machines (IBM) Statistical Package for the Social Sciences SPSS computer software.

4.1. Research Instruments

The research methodology used in this study informed the selection of research instruments, which included both qualitative and quantitative methodologies. Qualitative data were acquired through face-to-face semi-structured interviews with Centre managers at selected Gauteng SCCs for LSPID. Interviews were recorded using a cell phone and transcribed using MS Word processing software. On the other hand, quantitative data were collected through a questionnaire [9], which included scaled and closed-form items. The questionnaire utilized Likert scale statements to gauge participants'

attitudes, perceptions, and experiences related to the research questions [38].

4.2. Population and Sampling

According to [31] defines a population as "the total number of units from which data can potentially be collected." In research, it is impractical to include the entire population of interest. Therefore, researchers select a sample from the population to participate in the study.

4.2.1. Population and Sample for the Qualitative Phase

According to [23] defines sampling as "the process of selecting a portion of the population for the research." In this study, purposive sampling was employed to select participants based on their position and experience relevant to the research topic. This method was deemed appropriate to ensure that participants had knowledge of or experience with the phenomenon under investigation [10]. Additionally, purposive sampling allowed for the selection of participants based on their availability and willingness to participate, as well as their ability to articulate experiences and opinions effectively [2, 30].

4.2.2. Population and Sample for the Quantitative Phase

The sampling objectives in Phase 2 (quantitative) aimed to obtain a representative numerical sample from the population of interest, ensuring that the research findings reflected genuine associations within that population [22].

In this phase, the sample comprised a Total Population Sampling (TPS) of 45 SCC managers in Gauteng who are registered with Mental Health and supported by the Departments of Education and Social Development. The TPS approach was suitable due to the manageable size of the population. However, only 31 center managers participated in Phase 2 by returning the questionnaires, limiting the sample size to this subset (n=31).

5. Data Analysis

5.1. Qualitative Data Analysis

Qualitative data in Phase 1 were collected via face-to-face, semi-structured interviews and transcribed into MS Word format. Responses were arranged sequentially based on interview questions, and data segments containing similar ideas were identified using the READ approach [11]. According to [11], the READ approach involves reading materials, extracting data, analyzing data, and distilling findings, facilitating comprehensive and relevant organization of interview responses.

5.2. Category 1: Managing Special Care Centres

The inclusion of education services within SCC administration has enlarged the Centre management's functions and responsibilities. Previously, centres offered care but no education. Because Centre managers' responsibilities have risen, well-structured preparation programmes are vital.

5.2.1. Theme 1: Roles and Experiences by Centre Managers

The function of the leader of any educational institution is continually changing because the organization's environment is not static. These roles are more challenging for managers in SCCs because they oversee facilities for children with intellectual disabilities. As a result, understanding the roles and how managers experience them was crucial. P#04 responded as follows when asked about their awareness of their roles:

There are too many, just like mother at home. As I have said to you that we have a contract, we follow the contract, we train the staff, and we train the children. It does not mean that since I am a manager, I will be giving everything to the staff. I need to be involved every day. I check the administration, check the kitchen staff and food to see if kids are eating right, monitoring everything that is happening here. Checking if the programs are being followed.

Further, when I ask P#04 how she experienced the roles, she responded as follows:

I am feeling okay though the work is stressful. You become stressed but anyway I have a way of coping. You need to go for a break. That I how I manage to continue, and then, because I used and I love this, I do not want to use the word stressed. I know when I am tired. I know what to do. That is why it is easy for me every day.

When P#08 was asked about his knowledge of his roles as Centre manager, he responded as follows:

As a Centre manager, I would say I overlook every department. I make sure that every department is working smoothly and that the Centre is getting better, it is improving each year. From the finance side to the stimulation side. When I am saying stimulation side, am talking about the stimulation rooms. I will say I oversee that the overall of the Centre is running smoothly. Even on the transport side, I need to see that it is working. I need to balance that all the departments to be on the same level. I will just put it that way.

As a follow-up question, P#08 was asked how he experienced the roles, and he said the following:

I will be honest with you, that it is difficult, but it is a good challenge. Why am I saying that is I want to put it in the right words, but I do not know how. It is like this, you know, my experience as a stage manager and experience as a Centre manager, and it is a bit different. Why am saying that is with the Centre as an NGO, you can plan, you can put the plan on paper, but the resources it not easy to get what you want at that time, timeframes that you are tar-

geting at that time, and financial constraints we are struggling financially, so it delays most of the things.

Leadership at SCCs relies on the values, expertise, experience, and skills of managers. As managerial challenges evolve, ongoing knowledge enhancement becomes essential for dynamic and effective leadership. Literature highlights the diverse responsibilities of Centre managers, including overseeing education, health, and social services, shaping the Centre's direction, nurturing personnel, and engaging with communities. Despite facing various difficulties, managers demonstrate a general understanding of Centre management and successfully handle challenges. They excel in maintaining order, delivering education and stimulation services, and supervising instruction, implementing hygiene protocols, and efficiently managing the Centre, all vital aspects of Centre management.

5.2.2. Theme 2: Preparatory Programmes for Centres Managers

Appointing the proper people to become Centre managers and providing them with the necessary skills are crucial to Centre management. Therefore, managers must have the appropriate academic credentials and have participated in professional development programs for them to be effective managers. The data presented and analyzed here gives an overview of the participants' pre-service and in-service credentials. When asked about her academic qualifications, P#02 responded as follows:

I have Matric, Early Childhood Development (ECD) level 1 and ECD level 4. I do ECD level 4 with Martin. Level 1 I do with Seth. And then I do caregiver care with Forest Town Special School. And then I do the learning program with Western Cape.

Additionally, when P#02 was asked about on-the-job training, she said, "The one at Forest town is for disability and the one in Western Cape was about disability. We also did a course at Mama with G on autism."

At another Centre, P#05 was asked about pre-service credentials, and he said, "I have a bachelor's in theology, I have number of certificates on running NGOs, Diploma in Bookkeeping, also Diploma in Practical Accounting, and in fact I have two bachelor's degrees in theology in two different institutions".

Furthermore, P#05 responded as follows when asked about his in-service training: "No, not specifically. I am more of administrative person, a lot I learnt while here. Of course, we had some training in Education and Mental Health but nothing serious."

SCCs in South Africa have long grappled with resource scarcity and management challenges. Recent policy revisions aim to tackle these issues by offering guidance on essential knowledge, concepts, and skills required for effective Centre management. The policy encourages managers to cultivate dynamic learning environments for intellectually disabled learners, stressing adaptation, and accommodation of services.

Recommendations encompass staffing, instructional methods, facilities, assessments, equipment, and specialized care DBE, [3, 4]. However, despite policy efforts, many SCCs struggle due to a shortage of well-trained managers. Data reveals that a sizable portion of managers lack adequate qualifications, underscoring the need for more training in SCC management, both pre-service and in-service. Although managers have received some training from the Department of Health and Department of Basic Education, further education is crucial for successful policy implementation.

5.3. Category 2: Adapting Leadership and Management Mitigation Strategies

Effective managers at SCCs must be adaptable, employing various skills and tactics as situations demand. Their daily role encompasses transitioning between authority figures, teammates, coaches, and therapists, responding to diverse demands. Flexibility in leadership approaches is crucial for effective management, driven by a willingness to adapt based on circumstances. This adaptability is informed by interactions between managers and staff, shaping leadership and management strategies to address challenges. The data reveals that SCC managers utilize management theories to navigate difficulties, employing three management models (subjective, collegial, and ambiguity models).

5.3.1. Theme 1: The Subjective Model

As discussed in theoretical framework, subjective models focus on individuals and imply that effective Centre management is the sum of its individual contributions [4]. When asked how they feel about their relationships with other staff members, Centre managers mentioned individualism as one of the challenges. P#04 stated the following:

We work ok. But you know I can say, we are human beings, and we are different. Sometimes you have your moods, and I have my moods, so we need to control that. I will not go with their moods even if it is bad or good. If that day is not right, I make sure that I tell her not to take the temper to kids. What I know is we are different, and remind them that everyone has problems, but try to control your problems and as people let us help the children.

P#04's feelings about the disadvantages of individuality were coordinated with P#05's, who remarked the following:

We may not be the same, of course we should not be the same, but we should be running towards the same goal. The bigger picture is the same, and we bring different skills. The problem is when we are running in different directions.

P#06, on the other hand, saw individualism as a blessing because it allows her to tap into unique skills to increase Centre functionality. She stated the following:

But if I see someone, because we have different characters here, I like assessing people, like how is this one and how is this one, and I see that there is this one who is always on point. Her ideas are exceptionally good. Then I will take

notice of that person.

The subjective model suggests that organizations are influenced by the individuals within them. This is particularly relevant in managing SCCs, where personnel's skills, knowledge, and experiences shape how they interpret challenges and events. Centre managers navigate circumstances based on their own perspectives and motivations, adapting as needed in interactions with staff. Utilizing the subjective model, managers acknowledge individual differences in values and motivations to improve Centre management. Moreover, subjectivity within SCCs aids in addressing differences and discrepancies effectively.

5.3.2. Theme 2: The Collegial Model

The theoretical framework highlights the dispersion of power and decision-making among members of an SCC, as asserted by this model [3]. Data analysis reveals that Centre managers are actively practicing collaborative leadership, emphasizing team building. During semi-structured interviews, managers were questioned about their stance on teamwork and its benefits. P#06 responded to the inquiry about promoting teamwork as follows:

If I see someone, because we have different characters here, I like assessing people, like how this one is and how is this one, and I see that there is this one who is always on point. Her ideas are exceptionally good. Then, I will take that person and team with the ones I know that their knowledge is less so that they can share. Always teamwork works. It wins always. But you need to know how to do it.

When asked about the benefits of teamwork, P#06 said, "You will see the change. You say they have learnt something new from each other. So, it is nice when you see progress. Even to the kids, if the caregiver is experienced, you will see the change in the kids."

P#02 had the following to say regarding teamwork:

Teamwork is exceptionally good. When you are doing teamwork, you cannot go wrong. If I make a mistake, and we are a team, you will show me the mistake. The team member will show me to say, we do it this way and not that way.

P#02 said that the advantages of teamwork are that "sometimes you think you are right, but you are not. So, if you have a team, they will correct you. When we are doing the morning ring, we need teamwork, and when we are doing story telling."

In the literature review, collegial management was defined as fostering an environment where all stakeholders collaborate as partners in decision-making [3]. Analysis revealed that SCCs provide platforms for stakeholders to express themselves openly, fostering a democratic decision-making process. This aligns with Bush's assertion that imposing judgments on SCC staff contradicts the principle of consent [3]. The findings indicate that SCC managers practice collegial management, evident in staff's active participation in meetings and absence of imposed decisions.

5.3.3. Theme 3: The Ambiguity Model

As stated in the theoretical framework, the premise of ambiguity models is that uncertainty and unpredictability are critical components of decision-making in SCCs [4]. The study's findings are compatible with [3] assumptions because, when asked how they experience leadership and management, the Centre managers stated that they solve problems as they arise. P#09 stated the following about leading and managing centres for students with intellectual disabilities:

The challenges that we face are like what every school in the normal school set up. You get naughty children and good children in the same set up, but obviously our children are special children, and we treat them a little bit more carefully, and we deal with the problems as they arise because these children have many problems.

P#08 examined uncertainty in leadership and management through resource acquisition and stated the following:

You can put the plan on paper, but the resources are not easy to get. It is not easy to get what you want at that time, time limits that you are targeting at that time. Financial constraints we are struggling financially, so it delays most of the things, and those are different challenges, but we try to solve as they come. We try solving each problem at a time, but it is not easy.

Interestingly, P#09 examined the uncertainty and unpredictability of leadership and management through the prism of how a Centre manager must react and said that “when challenges come, they do not need you to react at the same time. You need to relax, sit back, and re-digest what happened, and then you will find the solution for that problem. Because different problems will come at separate times.”

The literature review delved into the ambiguity model, emphasizing its focus on uncertainty and unpredictability in managing SCCs [3]. This study's findings supported the view that SCCs are marked by instability and complexity, amplifying management challenges. Moreover, the research underscored that the diverse needs of students further exacerbate the difficulty of operating SCCs. Consequently, adopting a

formal management model would be impractical, as it typically assumes decision-making to follow a straightforward cause-and-effect process, which does not align with SCC complexities. Thus, it can be concluded that Bush's ambiguity model offers a fitting framework for analyzing special care structures, considering the inherent uncertainty and unpredictability in their functioning [4].

5.4. Quantitative Data Analysis

In Phase 2 of this study, data collection via questionnaires was followed by analysis and interpretation using IBM SPSS software [26]. The quantitative data were presented utilizing tables, graphs, and statistical figures. 31 valid questionnaires were received and analyses, with the results presented and discussed.

Respondents scored 20 statements about their attitudes to preparatory programs and management tactics used by managers of special care centres for LSPID. Ratings were given on a seven-point Likert scale, with 1 indicating strong disagreement and 7 indicating strong agreement. Higher numbers of agreement indicated more support from the provincial government, whereas disagreement signified less support.

To ensure consistency, validity, and reliability of findings, meticulous attention was paid to minimizing measurement errors in the research instruments through appropriate and accurate design [9]. Reliability of the data collection instruments was confirmed by ensuring consistent measurement across varied intervals.

Additionally, the structured questionnaire underwent Cronbach's alpha reliability testing in Excel using analysis of variance [19]. One item from each questionnaire was utilized to assess internal consistency, chosen from the Likert scale items. Cronbach's Alpha rule states that the reliability test should not be less than 0.07 and should be near 1.0 [19]. The Cronbach's alpha reliability test indicated a value of 0.944 (Table 1), meeting the criterion of reliability [9]. Consequently, the questionnaire demonstrated dependability in producing reliable results over time.

Table 1. The questionnaire's Cronbach's alpha reliability test.

| ANOVA | | | | | | |
|---------------------|----------|-----|----------|----------|----------|----------|
| Source of variation | SS | Df | MS | F | P-value | F crit |
| Rows | 416,7871 | 30 | 13,8929 | 18,08004 | 1,56E-48 | 1,501562 |
| Columns | 59,72903 | 9 | 6,636559 | 8,636731 | 2,21E-11 | 1,914648 |
| Error | 207 471 | 270 | 0,768411 | | | |
| Total | 683,9871 | 309 | | | | |
| Cronbach's alpha | | | 0,94469 | | | |

6. Objective 1: Determine How Well-Prepared Managers Are to Engage Management Challenges

In an era of higher standards and greater responsibility, it is vital that SCCs have leaders who are willing to go to any length to improve services, and this can be achieved through leadership programs. Managers' preparation programs, when done correctly, can help place competent managers in every SCC who understand how to lead institutional transformation.

6.1. Pre-service Preparatory Programmes

As for pre-service preparatory programs, it is critical to understand managers' academic qualifications because they influence leadership and management at SCCs. According to Table 2, 21 out of 31 (67%) respondents completed Grade 12, 4 out of 31 (12.9%) attended below Grade 10 and Grade 11, and 2 out of 31 (6.5%) completed Grade 10.

Table 2. School level qualifications.

| School level qualification | Frequency | Percentages |
|----------------------------|-----------|-------------|
| Below Grade 10 | 4 | 12,9% |
| Grade 10 | 2 | 6,5% |
| Grade 11 | 4 | 12,9% |
| Grade 12 | 21 | 67,7% |
| Total | 31 | 100,0% |

In terms of tertiary qualifications, Table 2 shows that 17 out of 31 (54%) respondents have a certificate, 6 out of 31 (19.4%) have a diploma, and 4 out of 31 (12.9%) have an N Qualification and a degree each, respectively.

Table 3. College and university qualifications.

| College and university qualification | Frequency | Percentages |
|--------------------------------------|-----------|-------------|
| N Qualification | 4 | 12,9% |
| Certificate | 17 | 54,8% |
| Diploma | 6 | 19,4% |
| Degree | 4 | 12,9% |
| Total | 31 | 100,0% |

6.2. In-service Training Programmes

In terms of specialized training, Table 3 shows that 22 out of 31 (71%) respondents have participated in learning program training, 19 out of 31 (61%) have participated in stimulation workshops, 4 out of 31 (12.9%) have participated in management, special education, and inclusive education, and 3 out of 31 (9.7%) have participated in leadership workshops.

Table 4. Specialized qualifications.

| Specialized qualifications | | Not selected | Selected | Total |
|----------------------------|---|--------------|----------|--------|
| Special education | N | 27 | 4 | 31 |
| | % | 87,1% | 12,9% | 100,0% |
| Inclusive education | N | 27 | 4 | 31 |
| | % | 87,1% | 12,9% | 100,0% |
| Leadership | N | 28 | 3 | 31 |
| | % | 90,3% | 9,7% | 100,0% |
| Management | N | 27 | 4 | 31 |
| | % | 87,1% | 12,9% | 100,0% |
| Stimulation | N | 12 | 19 | 31 |
| | % | 38,7% | 61,3% | 100,0% |
| Learning program | N | 9 | 22 | 31 |
| | % | 29,0% | 71,0% | 100,0% |

To summarize the findings on in-service and pre-service preparatory programs, the managers lack appropriate academic qualifications and have only attended a few in-service seminars in leadership, inclusive education, special education, and management. On the plus side, more Centre managers have received training on the learning program.

7. Objective 2: Find out Which Strategies and Other Measures Have Managers Adopted to Deal with the Complexities of Management Challenges

7.1. Adopting Management Strategies

Table 5 shows how the participants adopted different management strategies.

Table 5. Adopted management strategies.

| Management strategies | n/% | Very dissatisfied | Dissatisfied | Neither | Satisfied | Very satisfied | Total |
|----------------------------------|-----|-------------------|--------------|---------|-----------|----------------|-------|
| Building relationship with staff | N | 7 | 3 | 2 | 14 | 5 | 31 |
| | % | 22.6% | 9.7% | 6.5% | 45.2% | 16.1% | 100% |
| Sharing tasks | N | 6 | 5 | 0 | 8 | 12 | 31 |
| | % | 19.4% | 16.1% | 0.0% | 25.8% | 38.7% | 100% |
| Collaborating with others | N | 7 | 4 | 1 | 7 | 11 | 31 |
| | % | 22.6% | 12.9% | 3.2% | 22.6% | 38.7% | 100% |
| Community engagement | N | 5 | 4 | 4 | 7 | 11 | 31 |
| | % | 16.1% | 12.9% | 12.9% | 22.6% | 35.5% | 100% |
| Multitasking work | N | 6 | 4 | 13 | 5 | 3 | 31 |
| | % | 19.4% | 12.9% | 41.9% | 16.1% | 9.7% | 100% |

In terms of creating relationships, 7 out of 31 (22.6%) respondents were *very dissatisfied*, 3 out of 31 (9.7%) were *dissatisfied*, and just 2 out of 31 (6.5%) were neutral. On the other hand, 14 out of 31 (45.2%) respondents were *satisfied*, and 5 out of 31 (16.1%) were *very satisfied*. This suggests that two-thirds were *satisfied* to *very satisfied*, and one-third was *dissatisfied* too *very dissatisfied*.

Regarding work sharing, 6 out of 31 (19.4%) respondents were *very dissatisfied*, 5 out of 31 (16.1%) were *dissatisfied*, 8 out of 31 (25.8%) were *satisfied*, and 12 out of 31 (38.7%) were *very satisfied*. This implies that one-third of respondents were *dissatisfied* to *very dissatisfied*, while two-thirds were *satisfied* too *very satisfied*.

Concerning collaboration on work activities, 7 out of 31 (22.6%) respondents were *very dissatisfied*, 4 out of 31 (12.9%) were *dissatisfied*, and 1 out of 31 (3.2%) was neutral; however, 7 out of 31 (22.6%) were *satisfied*, and 11 out of 31 (35.5%) were *very satisfied*.

Regarding working with the community, 5 out of 31 (16.1%) respondents were *very dissatisfied*, 4 out of 31 (12.9%) were *dissatisfied*, and 4 out of 31 (12.9%) were neutral. Furthermore, 7 out of 31 (22.6%) respondents were *satisfied*,

while 11 out of 31 (35.5%) were *very satisfied*. This suggests that two-thirds were *satisfied* to *very satisfied*, whereas the other one-third was *dissatisfied* too *very dissatisfied*.

Regarding multitasking work tasks, 6 out of 31 (19.4%) respondents were *very dissatisfied*, 4 out of 31 (12.9%) were *dissatisfied*, and 13 out of 31 (41.9%) were neutral. Furthermore, 5 out of 31 (16.1%) respondents were *satisfied*, and 3 out of 31 (9.7%) were *very satisfied*. This suggests there were more Centre managers who were indifferent to *satisfied* or *dissatisfied*.

To summarize, two-thirds of Centre managers can establish strong connections with staff members, share duties with them, interact with others, and work with communities. However, Centre managers had mixed sentiments about multitasking because more than one-third of managers are unable to multitask.

7.2. Correlation Analysis of Management Strategies and Knowledge of Centre Management

Table 6 shows the power of several management strategies

as experienced by the Centre managers, how they see these strategies being applied in centres, and how the knowledge of Centre managers influences management strategies. The data from Spearman's correlation analysis is provided in Table 6, and the different case answers are reported.

Table 6. Correlation analysis of management strategies.

| Management strategies | Knowledge of Centre management r/rho | Knowledge of Centre management p-value |
|---------------------------|--------------------------------------|--|
| Share tasks | -0.650 | 0.000 |
| Collaborating with others | -0.578 | 0.001 |
| Community engagement | -0.531 | 0.002 |
| Multitasking work | -0.667 | 0.000 |

For variable sharing tasks, there is a statistically significant ($p < 0.005$) correlation between task distribution and knowledge of Centre management ($\rho = -0.650$; $p = 0.000$). The ability to share tasks can be directly attributed to Centre managers' knowledge of Centre management. If managers are provided with the necessary guidance, they will be able to manage the centres efficiently and effectively through task sharing.

As for working collaboratively, there is a statistically significant ($p < 0.005$) association between working with other staff members and understanding of center administration ($\rho = -0.578$; $p = 0.001$). The ability to collaborate can be directly ascribed to Centre managers' expertise of Centre management. Managers will be able to administer centres efficiently and successfully if they are encouraged and guided on how to collaborate.

With reference to working with the community as a variable, there is a statistically significant ($p < 0.005$) association with understanding of Centre administration ($\rho = -0.531$; $p = 0.002$). The ability to collaborate with the community in Centre activities can be directly ascribed to Centre manager's understanding of Centre management. If managers are encouraged and guided on how to interact with the community in which the Centre is located and beyond, they will be able to manage the centres efficiently and successfully with community support.

Finally, in terms of multitasking as a variable, there is a statistically significant ($p < 0.005$) association between multitasking Centre activities and knowledge of Centre management ($\rho = -0.667$; $p = 0.000$). The capacity to multitask can be directly ascribed to the Centre managers' expertise of Centre management. If managers are encouraged and guided on how to multitask, they will be able to manage the centres efficiently and effectively with the assistance of internal human resources while reducing their workload and stress.

7.3. Summary

SCCs provide stimulation, education, social, and health services to LSPID. Finally, the data revealed that managers are underprepared, and in-service training comprises exclusively of stimulation and education tactics. To address these management challenges, Centre managers have employed management mitigation strategies such as building relationships with employees, sharing responsibilities, cooperating with others, engaging with the community, and multitasking. These mitigation measures are useful when SCC managers are dealing with management challenges. These management strategies align with Bush's (2020b) management theories, which include subjective, collegial, and ambiguous models.

8. Triangulation

Following the exploratory sequential mixed methods design, data analysis and interpretation were conducted in two distinct phases: the qualitative phase (Phase 1) and the quantitative phase (Phase 2). The integration of these datasets is crucial for enhancing the credibility and validity of the research, as defined by [28] as research triangulation. This process aims to validate the study's findings by combining qualitative themes derived from interviews and document analysis with numerical data obtained from the questionnaire.

The joint presentation of qualitative and quantitative datasets is depicted in Table 7. According to [14], joint displays serve as tabular or graphical tools or matrices utilized for presenting qualitative and quantitative information in mixed methods research investigations. Joint displays offer several advantages, including the ability to compare qualitative and quantitative data, infer insights from specific phases, and present the overall findings of a mixed methods study [1].

Table 7. Joint display of qualitative and quantitative results.

| Objectives | Qualitative findings | Quantitative findings | Inference |
|--|--|---|--|
| Determine how well-prepared SCC managers are to engage with these management challenges in LSPID centres in Gauteng; | Pre-service training (n = 10) Grade 12 and less (n = 7) Diploma level (n = 2) BA degree (n=1) In-service training include training by the DBE, which includes stimulation and learning programs. | Pre-service training (n = 31) Grade 12 (n = 21) Grade 11 (n = 4) Grade 10 (n = 2) Below Grade 10 (n = 4) Tertiary qualifications Certificate (n = 17) Diploma (n = 6) degrees (n = 4) N certificates (n = 4) In-service training Stimulation (n = 19) Learning program by DBE (n = 22) | Confirms that two-thirds of centre managers hold a Matric certificate. Confirms that fewer centre managers hold a degree as most hold a certificate. Confirms that DBE is providing stimulation and learning programs as in-service training |
| Find out which strategies and other measures have SCC managers adopted to deal with the complexities of management challenges in LSPID centres in Gauteng. | Subjective model which is about acknowledging individuality by sharing tasks with competent individual. Collegial model which about collaboration and community engagement Ambiguity model which is about reacting to challenges as they happen and being to multitask | Sharing tasks ($r/\rho = 0.650$; $p = 0.000$) significant. Collaboration with others ($r/\rho = 0.578$; $p = 0.001$) significant. Community engagement ($r/\rho = 0.531$; $p = 0.002$) significant. Multitasking ($r/\rho = 0.667$; $p = 0.000$) significant | Confirms that for a centre to be managed efficiently and effectively, the centre manager should be able to share tasks, collaborate with others, engage the community in centre activities, and be able to multitask. |

9. Findings

The findings were derived from the following main research question: How do managers of special care centres for Learners with Severe to Profound intellectual disabilities perceive the support provided by the Gauteng provincial government?

9.1. Findings Regarding Objective 1: Determine How Well-Prepared Managers Are to Engage with Challenges

Regarding preparatory programmes, the findings reveal that a sizable portion of Centre managers lack formal qualifications, with two-thirds holding a Grade 12 certificate or lower, while only one-third possess certificates and degrees. Alarming, none of the Centre managers have received professional training. Nonetheless, as part of on-site training, managers were instructed on learning programs and stimulation techniques, offering a positive aspect amidst the concerning lack of formal preparation programs.

9.2. Findings Regarding Objective 2: Find Out Which Strategies and Other Measures Have Managers Adopted

Centre managers utilize management models as mitigation strategies to address management issues revealed by the findings. These strategies encompass the subjective model, which emphasizes individual influence on leadership; the ambiguity model, which acknowledges the unpredictable nature of centres; and the collegial model, which promotes shared decision-making power within the Centre. Implementing these techniques yields visible benefits such as fostering positive relationships between managers and staff, timely completion of tasks, and reduction of tension among Centre managers.

To sum up, it can be concluded that management challenges as described by managers are the lack of preparatory programmes namely in-service and pre-service. To mitigate challenges as a result of a lack of preparatory programmes, managers have adopted Bush's management theories which emphasize task sharing, collaboration, multitasking and working with the community.

10. Recommendations and Conclusion

Considering the findings from the mixed methods research (MMR) data collected using an intentional sampling technique for the qualitative phase (Phase 1) and a total sample methodology for the quantitative phase (Phase 2), recommendations can now be made.

10.1. Recommendations for Objective 1: Determine How Well-Prepared Managers Are to Engage with Challenges

The findings revealed that Centre managers lack prepared programs before and after taking on the post, and the following recommendations are given to address these issues:

It is advised that Centre managers improve their academic credentials, as three-quarters hold a Grade 12 certificate or lower. Upgrading qualifications will improve literacy abilities, which will be useful when managers need to translate policy documents or other written communication.

It is advised that Centre managers obtain in-service training in leadership and management styles, inclusive education, special education, and organizational development, as data show that their existing skills in these areas are lacking. It is also recommended that the training be well-structured and covers all Centre management areas for managers to mitigate management issues.

10.2. Recommendations for Objective 2: To Determine the Specific Types of Support That Managers Believe Are Essential

In terms of objective 2, Centre managers have challenges in acquiring help that is critical to improving the Centre's operation and effectiveness. Given the issues, the following assistance proposals are proposed:

It is recommended that Centre managers get in-service training that focuses on management methods that stress building relationships with various stakeholders, sharing responsibilities, and collaborating with Centre personnel and the community. Advocacy for students with intellectual disabilities and thorough awareness of multitasking management tasks should be included in the training. This course will help managers manage their everyday responsibilities more efficiently and successfully.

10.3. Conclusion

This study employed an exploratory approach, beginning with the collection and analysis of qualitative data to identify themes. Subsequently, these themes informed the development of a quantitative instrument aimed at further investigating the research issues and addressing the research objectives through narratives. Data pertinent to addressing the research questions were acquired through individual inter-

views and document analysis. Interviews with SCC managers were conducted individually, while document analysis was completed within the Centre manager's offices. The utilization of multiple data collection methods facilitated triangulation, enhancing the credibility of the findings.

Managing a SCC for LSPID poses considerable challenges, as affirmed by the findings of this study. It revealed numerous challenges hindering the effective implementation of policy documents, notably the lack of pre-service and in-service training for Centre management personnel. Addressing these challenges and ensuring successful policy implementation in alignment with court rulings necessitates the collaborative efforts of the Gauteng Provincial Government and all stakeholders. A pragmatic and adaptable blueprint for the implementation process must be developed, with a focus on revisiting preparatory programs for prospective and current Centre management staff.

Moreover, advancing the provision of education, health, and social services within SCCs demands proactive support from the Gauteng Provincial Government to empower managers. This entails enabling centres to define their educational values and objectives, determine the implementation steps, foster a culture of social justice, establish operational procedures, and provide ongoing support and development opportunities for SCC managers. Additionally, clarity on the roles and processes involved in delivering stimulation, education, health, and social services is essential for progress in this domain.

Abbreviations

| | |
|-------|--|
| GDE | Gauteng Department of Education |
| LSPID | Learners with Severe to Profound Intellectual Disability |
| NGO | Non-Governmental Organization |
| READ | Read, Extract, Analyse, Distil |
| RSA | Republic of South Africa |
| SCC | Special Care Centre |
| SPSS | Statistical Package for Social Science |
| IBM | International Business Machines |

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Conflicts of Interest

The authors declare no conflict of interest.

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