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Exploring a mother's lived-experiences of inclusion of her child with ADHD

by

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Submitted in fulfilment of the requirements for the degree

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DECLARATION

I, Carolina Maria Pretorius (u16284934), the undersigned, hereby declare that the work contained in this dissertation is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

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SIGNATURE

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I, the undersigned, declare that I have edited the M.Ed dissertation of Carolina Maria Pretorius registered with the title: "**Exploring a mother's lived-experiences of inclusion of her child with ADHD".** I have edited the language and technical aspects of the dissertation as according to the expectancies of the university and supervisors. As for the raw data sets, I have left those intact in terms of any language and spelling errors which they may contain.

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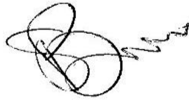
Signed: 

Date: 12/11/2020

DEDICATIONS

I dedicate this thesis to the following people, for being my anchor in life, giving me strength and always believing in me:

My husband, Gideon, for your unconditional love and support. You are always there when I need you. Thank you for motivating me and lifting me up when I am down. I am lucky to have you in my life. I will always love you.

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ABSTRACT AND KEYWORDS

Inclusive education as a global practice, aims, among other things, to ensure quality mainstream education for all learners, regardless of age, gender, race, language, socio-economic status, and disability. However, learners with attention deficit hyperactivity disorder (ADHD) are mostly excluded from mainstream classrooms by being referred to small 'learners with special educational needs' (LSEN) classroom settings or special schools. How individuals with ADHD, and the people within their support structure experience such a decision made on their behalf is rarely reported in the literature. In an effort to give voice to such a family unit, the aim of this study was to explore the lived-experiences of two mothers whose children were diagnosed with ADHD and who were included in a mainstream classroom. The conceptual framework used to understand this phenomenon fused the (i) medical deficit model, (ii) Bronfenbrenner's bio-ecological systems theory and (iii) Bar-On's emotional intelligence model. A qualitative narrative design within an interpretivist methodological paradigm was adopted. Two mothers of children diagnosed with ADHD and referred to small classroom settings, were purposefully selected. To facilitate verbal and non-verbal expressions, data-generating techniques such as the construction of memory books, followed by individual interviews were used. Interpreting the generated data sets through the theoretical lens, it became apparent that the mothers' need for information, resources, and support was key in order for them to cope with their emotions, develop resilience and become empowered to deal with the inclusion of their children in a mainstream school. The findings revealed that the mothers experienced parenting their children with ADHD as stressful, overwhelming, and exhausting. It also emerged that the mothers experienced lack of support from the mainstream schools in terms of meeting the educational needs of their children and that they experienced the referral process to be traumatic and stressful. The mothers also reported on their challenges in terms of their views of teacher knowledge and experience of ADHD; inadequate support services; inappropriate communication from the school; an inflexible curriculum; and large classroom sizes as barriers to the inclusion of their children with ADHD. By enabling the mothers to come to expression of their lived experiences, this study shed some light on what inclusion means to mothers of children with ADHD and how they

experience it. A deeper understanding of mothers' lived-experiences could help inform the education system on what learners with ADHD and their parents experience as barriers in mainstream schools and potentially, strengthen inclusive practices.

KEYWORDS: ADHD, lived-experiences, inclusion, mainstream classroom

ABBREVIATIONS AND ACRONYMS

ADHD	Attention-deficit/hyperactivity disorder
APA	American Psychiatric Association
DBST	District Based Support Team
DoE	Department of Education
DBE	Department of Basic Education
DSM	Diagnostic and Statistical Manual of Mental Disorders
EI	Emotional Intelligence
LSEN	Learners with Special Educational Needs
GDE	Gauteng Department of Education
HOD	Head of Department
IE	Inclusive Education
LSEN	Learners with Special Educational Needs
SASA	South African Schools Act
SBST	School Based Support Team
SIAS	Screening, Identification, Assessment and Support
UNESCO	United Nations Educational, Scientific and Cultural Organisation

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CHAPTER 1:
INTRODUCTION AND ORIENTATION OF THE STUDY

1.1 INTRODUCTION

Children are increasingly being diagnosed with Attention Deficit Hyperactivity Disorder (ADHD[1]) - a condition which is commonly viewed by society as an excuse for bad behaviour, caused by a lack of discipline (Wilson, 2009:3). According to Seabi (2010:616) whilst ADHD is one of the most often diagnosed conditions in children, it is also one of the most misunderstood and misdiagnosed conditions. Barkley (2013:19) describes ADHD as a condition that encompasses problems with attention span, impulse control and activity level due to neurobiological challenges, and which is not caused by poor parenting. Barkley (2013:19) continues to describe ADHD as "a real disorder, a real problem and often a real obstacle".

Parenting a child who has been diagnosed with ADHD is stressful (Bester, 2014:84; Mohangi & Archer, 2015:4), and an exhausting experience (Laugesen, Lauritsen, Jorgensen, Sorensen, Rasmussen & Gronkjaer, 2016:163). Parents may feel guilty, confused, frustrated, hopeless, stressed, stigmatised and isolated (Branstetter, 2016:8; Laugesen *et al.*, 2016:163). Children with ADHD often underachieve academically (Bester, 2014: 62), and for some children with ADHD school can be a challenge (Branstetter, 2016:129). Gwernan-Jones, Moore, Garside, Richardson, Thompson-Coon, Rogers, Cooper, Stein and Ford (2015:289) state that the high stress levels of parents, and mothers in particular, of children with ADHD revolve around their conflict with their child's school as well as the difficulties posed by their children's learning difficulties, interventional needs, and behaviour challenges. Branstetter (2016:122) however, asserts that most children with ADHD can succeed in a mainstream classroom, but that, in order to do so, they need additional assistance. Similarly, Bester (2014:189) explains that adjustments need to be made with regard to teaching and learning strategies, as well as to assessment methods, to successfully

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[1] ADHD is the abbreviation for attention-deficit/hyperactivity disorder that is used throughout this inquiry

include children with ADHD in mainstream classrooms. Branstetter (2016:129) conveys that when their parents are sufficiently involved in their school career, children with ADHD achieves academic success (e.g., better grades) and satisfying social relationships with peers and teachers.

Inclusive education is the practice of integrating all children in classrooms that offer them a supportive environment where their needs are met, regardless of their talent, disability, socio-economic background or cultural origin (Karagiannis, Stainback & Stainback, 1996:3). In addition, Majoko (2017:1659) and Phasha (2010:179) state that inclusion is an ongoing process of providing quality education for all children, while their diverse needs, abilities and learning expectations are met and any form of discrimination eliminated. In summary, a better understanding of mothers' lived experiences of the inclusion of their children diagnosed with ADHD in a mainstream school could improve inclusive educational practices and help reduce barriers to learning.

1.2 RATIONALE

1.2.1 Academic rationale

Scholarly research has found that mothers of children diagnosed with ADHD often feel stressed, hopeless, isolated, powerless, uncertain and doubtful of their competence as a parent (Bester, 2014:91). As was mentioned in the introduction, these feelings revolve around conflict with the child's school, their child's behaviour challenges, learning difficulties, and intervention needs (Gwernan-Jones *et al.,* 2015:289). Furthermore, Gwernan-Jones *et al.* (2015:295) assert that mothers of children with ADHD feel that some teachers blame them for their children's challenging behaviour. In addition, Laugesen *et al*. (2016:162) report that parents of children with ADHD often feel that they struggle to get support from schools. Engelbrecht, Nel, Smit and Van Deventer (2016:530) found that although legislation advocates for and promotes inclusive education, learners with disabilities, including those with ADHD, are still

referred, provided with an LSEN[2] number and then assigned to separate classrooms. In order to strengthen the implementation of inclusive education principles in schools, policy makers, principals, teachers and other stakeholders need to get a better understanding of what it means to be a parent of a child diagnosed with ADHD.

Farrell (2000:160) found that parents of children who experience barriers to learning, including those with ADHD, hold a variety of views regarding the school placement of their children. Some of the parents in that study expressed supportive views of mainstreaming and recognized that the benefits of inclusion were the potential social and affective outcomes for their children (Leyser & Kirk, 2004:281).

Paseka and Schwab (2020:266-267) assert that parents perceive teachers in inclusive classrooms to be more qualified to identify and address barriers to learning, and assume that inclusive classrooms have more physical and human resources. However, these authors found that some parents prefer placement in small classes, because they feel that special education teachers are better skilled to teach and care for their children with learning barriers (Leyser & Kirk, 2004:281). Similarly, Rizvi (2018:66) found that mothers preferred small classrooms because they wanted a tailored or individualised curriculum and a better provisioning of professional services and resources for their children. Their children's welfare and some practical constraints were central to parent's decision-making with regard to school placement (Leyser & Kirk, 2004:281). Rizvi (2018:64) however, states that mothers want their children to experience belongingness in any placement.

1.2.2 Personal rationale

I, the researcher of this inquiry, am employed at a private school with small classroom settings where plenty of children with ADHD are referred to. Many children are referred to special schools or smaller classrooms and are so excluded from mainstream classrooms. My experience has been that the parents, especially the mothers of the children from mainstream schools who are referred often experience a whirlpool of

[2] LSEN is the abbreviation for education for learners with special educational needs that is used throughout this inquiry

emotions ranging from confusion, anxiety, frustration and desperation, to anger and devastation. They are worried about their child's future. Most mothers want their children to complete their schooling career at a mainstream school and hope that their children will be re-integrated into their mainstream schools.

1.3 PURPOSE STATEMENT

Aims are general statements of intent and elucidate what a researcher hopes to achieve, whilst objectives are specific statements that define measurable outcomes that are **s**pecific, **m**easurable, **a**ttainable, **r**ealistic and **t**imeous (SMART). Figure 1.1 presents the aims and objectives of the study.

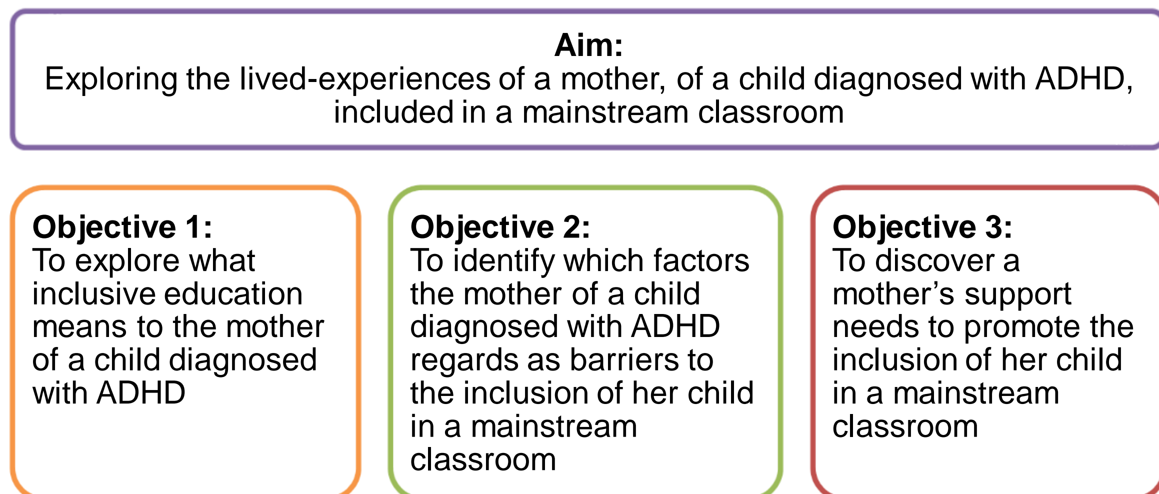

Figure 1.1 The aim and objectives of the research inquiry

1.4 RESEARCH QUESTIONS

1.4.1 Main research question

With this study, the researcher investigated mothers' lived-experiences of the inclusion of their children diagnosed with ADHD in mainstream classrooms. The primary research question formulated to address the research problem was:

- What are the lived-experiences of a mother of a child diagnosed with ADHD with regard to the inclusion of her child in a mainstream classroom?

1.4.2 Secondary research questions

The researcher of this study formulated the secondary questions below to answer the primary research question;

- What does inclusive education mean to a mother of a child diagnosed with ADHD?
- What factors do a mother of a child diagnosed with ADHD regard as barriers to the inclusion of her child in a mainstream classroom?
- How can a mother of a child diagnosed with ADHD be supported with regard to the inclusion of her child in a mainstream classroom?

1.5 WORKING ASSUMPTIONS

An assumption is a belief that a researcher holds without certain proof or knowledge. Maree and Van der Westhuizen (2009:16) state that researchers need to be cognisant of such assumptions so that these do not jeopardise the research process and its interpretations. They also advise that researchers revisit their assumptions at the end of their study, to see whether their research indicates that they should accept or reject them. Herewith, I present the assumptions held about this phenomenon prior to conducting this study:

Table 1. 1 Working assumptions

<table>
<tr><th>Preliminary assumption</th><th>Increasing trustworthiness</th></tr>
<tr><td>Children diagnosed with ADHD are still excluded from regular mainstream classrooms.</td><td rowspan="6">I. Stating assumptions upfront before the study is conducted.

II. Consulted scholarly and peer-reviewed literature on the phenomenon

III. Conducted member checking to verify the accuracy of the data.

IV. Attended regular reflection sessions with supervisors to confront assumptions and counteract reporting biased findings</td></tr>
<tr><td>Mothers of children diagnosed with ADHD do not get the support they need from mainstream teachers and the School Based Support Teams.</td></tr>
<tr><td>Mothers feel excluded from the decisions the schools make with regard to their children's teaching and learning.</td></tr>
<tr><td>Mothers with higher levels of emotional intelligence will accept and develop coping strategies to deal with their child diagnosed with ADHD.</td></tr>
<tr><td>Children diagnosed with ADHD are naughty and disruptive in regular mainstream classrooms.</td></tr>
<tr><td>Teachers do not have the necessary skills, knowledge and resources to support children diagnosed with ADHD in mainstream classrooms.</td></tr>
</table>

Collaboration between teachers and parents is not always optimal; this hinders the successful implementation of inclusive education and the inclusion of children with ADHD.	

1.6 CLARIFICATION OF KEY CONCEPTS

Words vary in meaning according to the context within which they are used and are therefore ascribed different meanings by different individuals. For the sake of consistency and to ensure a collective understanding, I here offer a definition of some of the terms used in this study.

1.6.1 Inclusive Education

Inclusive education is about the participation, presence and achievement of all learners, particularly those at risk of being marginalised, in regular classrooms (Ainscow, 2005:118-119) that offer supportive environment that is conducive to learning (Karagiannis *et al.*, 1996:3). According to Ainscow (2005:119) inclusion is a process concerned with the identification and removal of barriers to learning. Similarly, Majoko (2017:1659) describes inclusive education as an ongoing process of providing quality education for all learners, while respecting and meeting their diverse needs and eliminating discrimination. In this study, inclusion refers to general access to the curriculum, resources, support services and an environment conducive to learning to promote development and participation of children with ADHD in mainstream classrooms.

1.6.2 Mainstream schools

Mainstream schools are ordinary neighbourhood schools that all children attend (Khumalo & Hodgson, 2017:110). Mainstream schools are required to also accommodate children with learning difficulties (Khumalo & Hodgson, 2017:110). In South Africa there are three kinds of schools: public fee-free schools, public private schools, and private (independent) schools (Franklin, 2017:355). Public fee-free schools and public private schools are considered mainstream schools. The three types of schools are discussed below.

Public fee-free schools

Public fee-free schools are determined provincially by the Provincial Education Department (PED) (Ahmed & Sayed, 2009:206). This kind of school is classified as the poorest schools, whereby a poverty score is assigned to each school using poverty indicators from the community such as: income; unemployment rate; and level of education (Ahmed & Sayed, 2009:206). On the basis of their poverty score, public fee-free schools are allocated a greater proportion of state funding. To protect poor households, no compulsory school fees may be charged in these schools (Franklin, 2017:355).

Public private schools

Public private schools refer to public schools that charge school fees. These schools are entitled to a smaller allocation of state funding, which is supplemented with private funds (Ahmed & Sayed, 2009:203). Section 16(1) of the South African Schools Act 84 of 1996 (RSA, 1996b) entrust the management of every public school to the School Governing Body (SGB). Furthermore, section 35 of the Schools Act (RSA, 1996b) stipulates that the SGB of a public school must supplement the resources provided by the state to improve the quality of education provided by the school. To do this, section 37(1) of the Schools Act states that the SGB must establish a school fee to fund the appointment of additional teachers or specialists. The SGB must prepare a budget each year, and school fees are determined and charged only if a majority of parents agree to do so. School fees are used to improve resources, appoint better qualified teachers, and lower learner-teacher ratios (Motala, 2009:199). Section 40(1) of the Schools Act (RSA, 1996b) holds parents liable for the payment of school fees. However, no child can be denied admission, or discriminated against, based on the parents' inability or failure to pay school fees (Franklin, 2017:355) Poor families can apply for full or partial exemption from school fees to ensure access (Ahmed & Sayed, 2009:207-208). Parents at these schools therefore have significant responsibility with regard to the school budget, its source of revenue, the level of school fees charged, and the conditions for exemption of parents from fee payments.

Private (independent) schools

Kitaev (cited by Hofmeyr & Lee, 2004:144) defines private schools as formal schools that are founded, owned, managed and financed by stakeholders other than the state.

The state may, however, provide funding to some private schools and have control over them. Section 45 of the School's Act (RSA, 1996b) refers to private schools as independent schools. Independent schools may determine the school fees that they wish to charge, and are not mandated to waive fees (Franklin, 2017:355). They may refuse to admit learners whose parents are unable to pay school fees (Franklin, 2017:355). Independent schools are allowed to administer admission tests but are prohibited from unfairly discriminating against learners (Franklin, 2017:355). Furthermore, independent schools are free to determine their own classroom sizes without considering the educational needs of the province (Franklin, 2017:355).

Public schools in poor areas are often under-resourced and dysfunctional and the academic performance of their learners are generally lower (Franklin, 2017:355). Learners who attend better-resourced public schools and independent schools generally have better academic achievements (Franklin, 2017:355). Learners with ADHD are admitted to all three types of schools. This study sought to explore the lived-experiences of mothers with regard to the inclusion of their children with ADHD.

1.6.3 Attention Deficit/Hyperactivity Disorder (ADHD)

Laugesen *et al*. (2016:150) describe ADHD as a mental disorder among children. Branstetter (2016:9) similarly describes ADHD as a genetic neurobiological disorder caused by biochemical imbalances in the brain. According to Bester (2014:43-45) the three manifestations of ADHD are inattention, impulsivity and hyperactivity. Barkley (2013:19), however, states that ADHD comprises much more than just problems with activity level, impulse control and attention span - it is a developmental disorder of self-control. In this study, ADHD is referred to as a condition that affects a child's attention span, activity level and impulse control and is diagnosed according to the DSM-5 criteria list (APA, 2013:59-60) that is discussed in chapter 2.

1.6.4 Lived-experiences

In qualitative research, lived-experiences refers to a representation and understanding of the experiences and choices of a given person, and the knowledge that they gain from these experiences and choices. It is an aspect of qualitative research in a category together with those that focus on society and culture and those that focus on language and communication (Given, 2008).

1.6.5 Memory book

Memory box making is a technique that allows people to talk about their lived-experiences, emotions and choices (Ebersöhn, 2011:154). A memory box can be any container such as a suitcase, a basket, a book and so forth (Ebersöhn, 2011:155). The person making the memory box decides which information he/she wants to share and they may include photos, anecdotes, written reports, pictures, and timelines (Ebersöhn, 2011:155). In this study, the mothers constructed memory books according to a timeline to express their lived-experiences regarding the inclusion of their children with ADHD in mainstream classrooms.

1.7 PRELIMINARY LITERATURE REVIEW

With this preliminary literature review, the researcher aims to critically evaluate and present the current literature on the phenomenon under investigation and in doing so, to justify why further study and research is required.

1.7.1 International view: Children with ADHD in a mainstream classroom

The traditional notion of education for children with learning difficulties, including those with ADHD, was based on the medical deficit model (Peters, 2007:99). From this viewpoint children who were different in any way, including those with ADHD, were singled out and the problem was looked at as stemming from within the child (Swart & Pettipher, 2016:6). Teachers had to 'fix' or improve these children without adapting teaching strategies to meet the needs of the children with learning difficulties. Children who did not 'fit into' the mainstream programme were moved to special schools or classrooms, in order to 'fix' them (Karagiannis *et al.*, 1996:10). Many of these special schools were category-based, meaning they were set up for a specific disability (Jenkins, 1997:10). Due to the demands that they impose on the teacher, the placement of children with learning difficulties in mainstream classrooms was seen as detrimental to the typically developing peers (Jenkins, 1997:11).

A change in the provision of educational services came about as a result of a paradigm shift - from the medical deficit model to the social model (Karagiannis *et al.*, 1996:10). Inclusive education is based on the social model of disabilities (Peters, 2007:99). According to the social model, medical and social interventions are required to enable children with difficulties, including those with ADHD, to participate in the learning

environment (Khumalo & Hodgson, 2017:108). The movement towards the integration of children with difficulties, including those with ADHD, became visible when normalisation was introduced (Jenkins, 1997:12). Normalisation implies that children with difficulties, including those with ADHD, have a right and freedom to a 'normal' daily routine, including a 'normal' home environment, 'normal' school, a 'normal' job and so forth (Swart & Pettipher, 2016:7; Weeks, 2003:67). The normalisation principle gave rise to the mainstreaming and integration approaches, which were the forerunners of inclusion (Weeks, 2003:68). With mainstreaming, children with difficulties were placed in mainstream classrooms with their typically developing peers. The mainstream classroom did not adapt to the needs of children with learning difficulties, instead, these children had to prove that they 'fit into' mainstream education (Swart & Pettipher, 2016:8). In contrast to mainstreaming, integration emphasised the democratic and equal right of every child to public education (Swart & Pettipher, 2016:8).

Inclusive education, in contrast, is more than just placing children who experience barriers to learning, including those with ADHD, in regular mainstream classrooms (Peters, 2007:99). It refers to the philosophy of acceptance and education of all children as they are (Weeks, 2003:68). The Salamanca statement (UNESCO, 1994) is the most significant international document that promotes the mission of Education for All (EFA). The latter document clearly states that participation, inclusion and accessibility are fundamental human rights and vital for human dignity. Accessibility is about ensuring that all resources are available to all children, to allow them full participation in teaching and learning experiences within the classroom (Motitswe, 2015:71). There is international commitment to the implementation and improvement of inclusive education (Dreyer, 2015:17). The child's right to education also features strongly in international policies, which form the basis of inclusive education in most countries (see Figure 1.2)

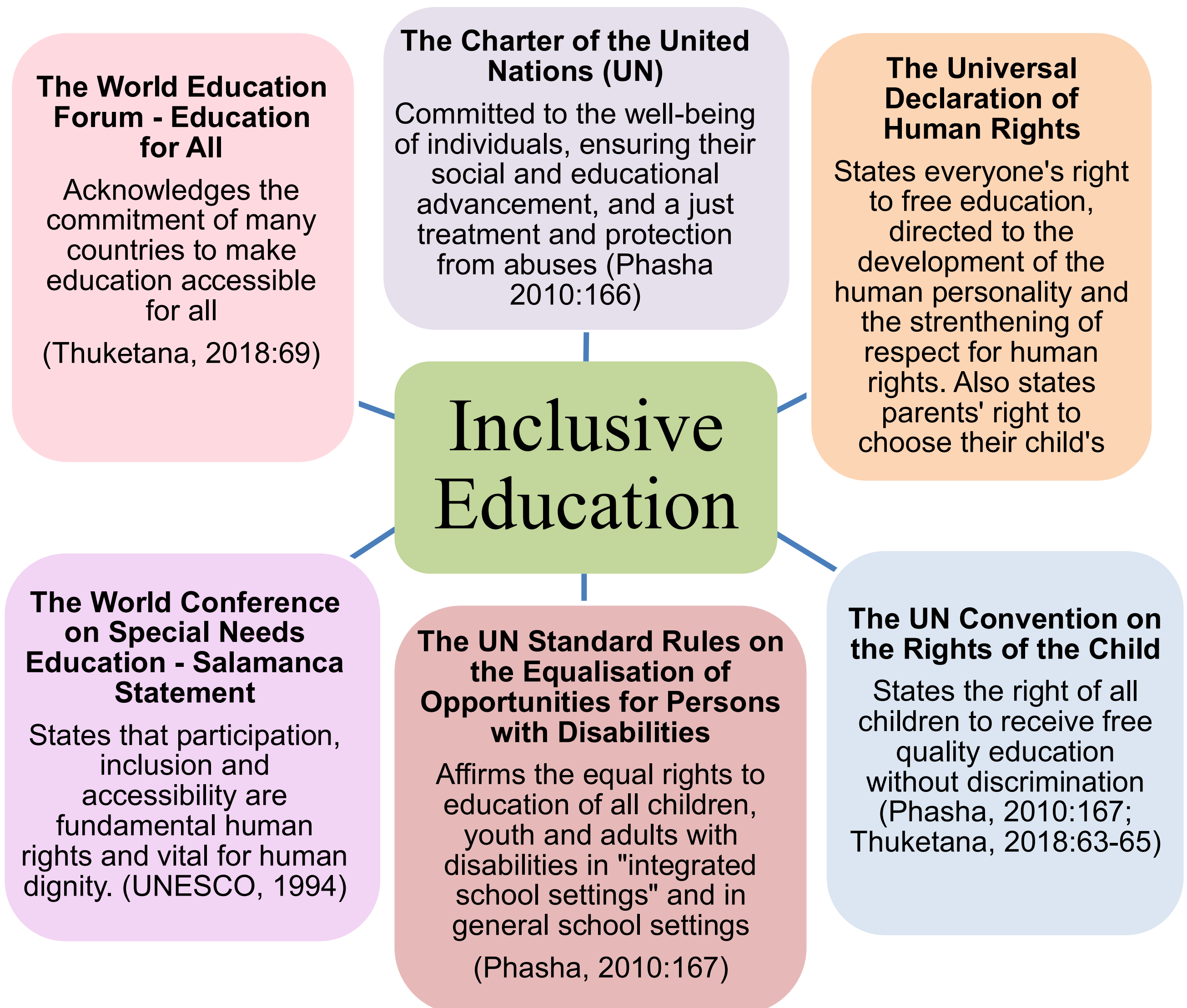

Figure 1.2 Policies and Acts governing inclusive education internationally

Dzapasi (2015:35) states that the adoption of these policies indicates that internationally there is a strong drive, to restore the dignity of humanity. Similarly, Phasha (2010:179) explains that inclusive education seeks to promote a sense of belonging and solidarity by enhancing the access and participation of all children and removing all forms of exclusionary practices.

1.7.2 South African view: Children with ADHD in a mainstream classroom

The history of specialised education in South Africa follows a similar course as to that in other countries over the world (Weeks, 2003:76). There is however, one aspect that distinguishes the development of specialised education in South Africa from other countries namely, the extent to which it was influenced by political and certain

philosophies. This resulted in inequalities and inconsistencies in educational provision between the previous racially segregated government and provincial departments (Swart & Pettipher, 2016:17; Weeks, 2003:78). Education and support services were well resourced in schools for white children, while it was grossly under-provisioned in schools for black children (Swart & Pettipher, 2016:17). In addition, the previous education system also focused on the medical deficit model (Swart & Pettipher, 2016:5). This resulted in South African children who had barriers to learning, including those with ADHD, being labelled, discriminated against, segregated and excluded from mainstream classes (Phasha, 2010:164). Children with barriers to learning were also segregated along lines of disability. Engelbrecht *et al.* (2016:530) assert that children with learning difficulties were identified, provided with an LSEN number, referred, and placed in special schools or classrooms. Green and Engelbrecht (cited by Phasha, 2010:164) ascribed the rationale for this separation to the belief that children with special needs are potentially a source of disturbance in the classroom and incapable of benefiting from mainstream education. Furthermore, education in special schools and classrooms was focused on vocational training, which required a limited academic thinking (Phasha, 2010:165).

With the advent of democracy in 1994, the South African education system shifted from segregated education to inclusive education (Swart & Pettipher, 2016:17-18). The shift resulted in learners with different disabilities, including those with ADHD, being educated in regular classrooms. In support of inclusive education, the South African government passed several policies and legislation on practising inclusive principles (Swart & Pettipher, 2016:18-19; Phasha, 2010:165-166).

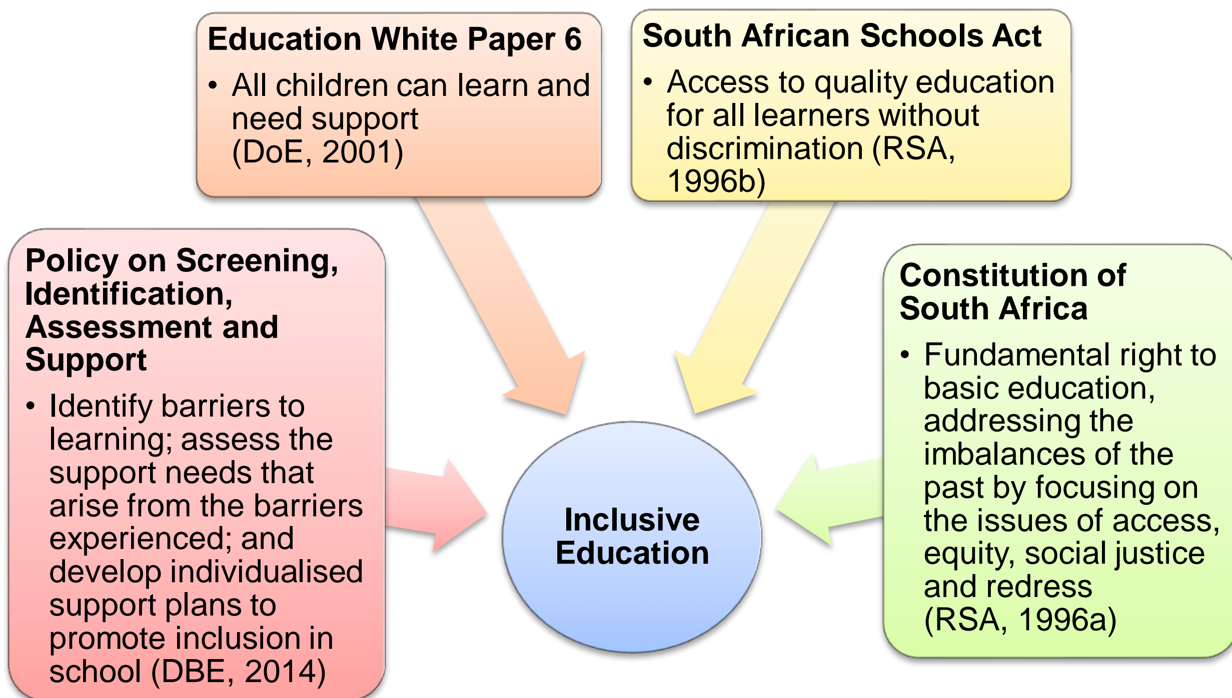

Figure 1.3 Policies and Acts governing inclusive education in South Africa (SA)

Inclusive education in South Africa has been influenced by international movements in the field (Swart & Pettipher, 2016:17) and is promoted as an education strategy that contributes to a democratic society (Engelbrecht, 2006:253). Inclusive education within the South African context is framed within a human rights approach and is based on the ideal of equality and freedom (Engelbrecht, 2006:256). Furthermore, inclusive education is also seen as a single system of education to ensure that all children are enabled to become contributing citizens in a changing and diverse society (Engelbrecht, 2006:256). Inclusive education in South Africa is therefore about ensuring that children with special needs, including those with ADHD, have access to mainstream schools, actively participate in learning activities, and achieve academic success.

1.7.3 A general classroom perspective: Children with ADHD

Although the practice of inclusive education has been embraced in SA, this acceptance does not necessarily translate into what actually occurs within mainstream classrooms (Donohue & Bornman, 2014:4). Teachers play a vital role in creating a learning environment that is conducive to the academic, emotional and social success

of children with ADHD (Perold, Louw & Kleynhans, 2010:457; Topkin, Roman & Mwaba, 2015:1). Therefore, teachers' attitudes towards children with ADHD, and their willingness to accept these children unconditionally can either facilitate or constrain progress and inclusion for children with ADHD (Hariparsad, 2010:99). In addition, Holz and Lessing (2002:108) assert that knowledgeable teachers are able to manage children with ADHD in a more patient and understanding way. Similarly, Yoro, Fourie and Van der Merwe (2020:6) found that teachers who had a good understanding of neurodevelopmental disorders such as ADHD, were able to identify and provide support for children with ADHD, by applying various support intervention strategies.

Well conceptualised and scientifically supported intervention strategies can improve the academic performance of children with ADHD and ensure that inclusive education is implemented in mainstream classrooms (Yoro *et al*., 2020:8). Kendall, Wagner and Ruane (2011:26) however, found that, due to the lack of knowledge about ADHD, most mainstream teachers feel unprepared to deal with children with ADHD. Without adequate knowledge, the teachers were not able to fully understand the behaviour of children with ADHD and consequently they found it difficult to manage them with empathy and patience in their classrooms (Kendall *et al*., 2011:26). Similarly, Hariparsad (2010:99) found that mainstream teachers lack tolerance and patience in accepting ADHD children in their classrooms.

There is a general perception, according to Humphrey (2009:20) that children with ADHD are among the most difficult learners to effectively include in mainstream classrooms. Mainstream teachers often report that they feel exhausted and physically and emotionally drained from having to deal with children with ADHD on a daily basis (Kendall *et al*., 2011:30). It is difficult for teachers to meet the diverse needs of children in an inclusive classroom (Hariparsad, 2010:81), and to achieve a balance to ensure equal treatment for all children while also providing individual attention to those with special needs (Kendall *et al.,* 2011:30). Due to large class sizes, most teachers feel that they do not have time to give sufficient individual attention to ADHD children, (Hariparsad, 2010:82). Furthermore, due to the disruptive behaviour of children with ADHD, teachers find it difficult to maintain classroom discipline and plan lessons (Kendall *et al*., 2011:30). This result in mainstream teachers feeling tired and frustrated (Hariparsad, 2010:100). Consequently, Hariparsad (2010:103) found that most

mainstream teachers in that study were reluctant to teach children with ADHD because they felt that special schools were available for children who experience learning difficulties. This is in line with the findings of Topkin *et al*. (2015:6) who found that, due to a lack of resources and assistant teachers to assist children with learning difficulties in classrooms, mainstream teachers were not supportive of classroom management interventions for children with ADHD.

Although teachers find it challenging and demanding to have children with ADHD in their classrooms, they also report that they experience a sense of accomplishment and satisfaction when they are able to help them and when they see a positive change in children with ADHD (Kendall *et al*., 2011:30). Mainstream teachers agree that they need the support of remedial teachers to better understand and teach ADHD children as well as involve parents in their children's education as this motivates the ADHD children to have a willingness to learn (Hariparsad, 2010:102). Holz and Lessing (2002:108) conclude that successful intervention programmes for inclusive education, require careful planning, thorough teacher training, and a complete school support system.

1.8 CONCEPTUAL FRAMEWORK

The conceptual framework is the 'blueprint' that serves as guide to build and support the research, and also provides the defining structure according to which the research inquiry will be approached (Grant & Osanloo, 2014:13).

1.8.1 Meta-theoretical paradigm: Fusion of theories

Bronfenbrenner's bio-ecological systems theory, the medical deficit model, and Bar-On's emotional intelligence theory were fused to form a conceptual framework to understand the phenomenon. The medical deficit model is used only to describe the definition and characteristics of ADHD. Individuals do not develop in isolation, but their development are influenced by other systems. Bronfenbrenner's bio-ecological systems theory affirms the vision of inclusive education and explains that the child's development and learning are affected by a multitude of influences, interactions and interrelationships between the child and other systems (Mohangi & Archer, 2015:3). Inclusive education locates barriers to learning within the entire system; including within the learner, the centre of learning, the education system, and the social,

economic and political context (Stofile, 2008:7). Bronfenbrenner's theory is used in this study to identify and explain how interactions between the different systems have an impact on the child's development and learning, and sometimes lead to barriers in learning. Bar-On's emotional intelligence theory was used in this study to describe how a mother's emotional intelligence influences her understanding and acceptance of her child with ADHD; helps her to manage and control her emotions as well as to adapt to new situations. A more comprehensive discussion of the fusion of these theories is discussed in chapter 2 (see section 2.3).

1.9 RESEARCH METHODOLOGY

Research methodology describes the reliable and valid methods that are used in the study to generate and analyse data sets (McMillan & Schumacher, 2014:16). According to Nieuwenhuis (2016:74) the research methods are influenced by the research questions; the ontological position of the study; the conceptual framework of the study; and the aims of the study. Table 1.2 provides a preview of the research methods and process of the study, followed by a brief discussion thereof. The research methodology of the study is discussed in detail in Chapter 3.

Table 1.2 Preview of the research methods and process

Methodological framework	Methodological justifications	Practical implications
Meta-theoretical paradigm	Conceptual framework	Fusion of: • Bronfenbrenner's bio-ecological systems theory • Medical deficit model • Bar-On's emotional intelligence model
Research paradigm	Interpretivism	• Ontological assumptions • Epistemological assumptions • Assumptions about human nature • Methodological preferences
Research approach	Qualitative	• Underlying principles
Research design	Narrative case study	• Closed system
Research strategies	Sample and research site	• Non-probability sampling

		• Private school with small classroom setting as research site
	Data generation technique and documentation method	• Literature review • Verbal and non-verbal
	Role of the researcher	• Behave honestly and ethically • Safeguard participants and their data • Access the thoughts and feelings of participants • Convey knowledge to body of scholarship
Data analysis strategy	Inductive method	• Thematic analysis • Four major themes
Quality assurance	Data verification method	• Credibility • Transferability • Dependability • Confirmability
Ethical considerations	Institutional	• Ethical clearance from Faculty of Education • Permission from the GDE
Research generalisations	Textual	• Analytical • Logical

Sources: Maree (2016) and Nieuwenhuis (2016)

1.9.1 Research paradigm: Interpretivism

Maree (2016:34) describes a paradigmatic perspective "as a way of viewing the world" and adds that researchers use certain methods and make certain assumptions when they choose a perspective or paradigm. This study used an interpretivist paradigm. An interpretivist paradigm claims that reality is subjective because it is constructed from the socially constructed meanings that people assign to phenomena in their social world (Creswell & Poth, 2018:24; Nieuwenhuis, 2016:61). This study was conceived of to understand how the mothers of children diagnosed with ADHD experience and interpret their children's inclusion in a mainstream classroom. The ontological and epistemological assumptions of the study are discussed in detail in Chapter 3.

1.9.2 Research approach

The research approach of a study is concerned with how the data will be collected (Hartell & Bosman, 2016:37). This study used a qualitative methodological approach. According to Yin (2016:9), qualitative research involves "studying the meaning of people's lives, as experienced under real-world conditions". Creswell and Poth (2018:45) state that qualitative research is conducted to explore a problem or issue. To obtain a better understanding of the problem, qualitative researchers gather data by conversing directly with participants in their natural setting (Creswell & Poth, 2018:43; Ivankova, Creswell & Plano Clark, 2016:309).

The present study sought to explore the lived-experiences of mothers of the inclusion of their children diagnosed with ADHD in mainstream classrooms. I thus wanted to collect rich narrative descriptions from the mothers to obtain an in-depth understanding of how they experienced the inclusion of their children in mainstream classrooms.

1.9.3 Research design

The research design is the plan that the study will follow to provide the best answer to the research questions (McMillan & Schumacher, 2014:18). This study used a narrative research design. With a narrative research design, people tell stories to give meaning to their lived-experiences (Engelbrecht, 2016:119). These stories told, are always in relation to a certain social context (Engelbrecht, 2016:120). This study collected stories of two mother's lived-experiences of the inclusion of their children diagnosed with ADHD in mainstream classrooms.

1.9.4 Sampling and research site

A narrative research design enables a researcher to study the lived-experiences of individuals (Clandinin, 2013:18). In this study a non-probability sampling method was utilised with purposive sampling technique. In purposive sampling the researcher selects information-rich participants that are representative of the issue under study (McMillan & Schumacher, 2014:152).

In the present study I asked permission from the school principal to place an advertisement on the school communicator to recruit mothers of children diagnosed with ADHD to voluntary participate in the study. The recruitment was done in a private school with small classroom setting. I selected two mothers, as representative of other

mothers of children with ADHD. The two mothers also both had a good knowledge base of ADHD. The selection of participants, inclusion and exclusion criteria, and research site are discussed in detail in section 3.5.

1.9.5 Data generation techniques

Data collection involves gathering and generating data to enable the researcher to answer the research questions (Creswell & Poth, 2018:148). In qualitative research various techniques are used to generate data (Maree, 2016:37). Nieuwenhuis (2016:87) states that most qualitative studies treat data generation and data analysis as an ongoing, iterative and cyclical process.

As researcher I generated data in various ways over a 4-5 week period. To establish rapport, I used an unstructured interview in my first meeting with each mother (Welman, Kruger & Mitchell, 2005:166-167). During the first meeting with the mothers, I also provided them with materials and prompts to construct their own memory books according to a timeline. The mothers were given a 4-5 week period to construct their memory books. This was then followed up by semi-structured interviews to elaborate on answers and clear up vague responses. Furthermore, I made field notes during the interviews to document all verbal and non-verbal communication.

1.9.6 Data analysis and interpretation

According to McMillan and Schumacher (2014:395) qualitative data analysis is mainly an inductive process of organising data into categories and identifying patterns and relationships between the categories. Qualitative researchers use inductive analysis to make meaning of the data, by starting with specific data and ending with general categories and patterns (McMillan & Schumacher, 2014:395). In addition, Maree (2016:39) states that researchers in the interpretive paradigm prefer inductive analysis, which will help them identify the multiple realities present in the data. This study was situated in the interpretive paradigm and used an inductive analysis approach to consider the multiple meanings of the mothers' lived-experiences of the inclusion of their children with ADHD. The data was organised into meaningful themes and categories during the analysis process.

1.10 TRUSTWORTHINESS

McMillan and Schumacher (2014:354) describe the trustworthiness of qualitative designs as "the degree to which the interpretations have mutual meaning between the participants and the researcher". In other words, the participants and the researcher agree on the description and meaning of events. Lincoln and Guba (1986:76-77) states that four criteria should be considered to enhance trustworthiness in qualitative research, namely credibility, transferability, dependability and confirmability.

Credibility is concerned with finding the truth and ensuring that the reader will believe the findings (Joubert, 2016:138; Nieuwenhuis, 2016:123). Joubert (2016:138-139) states that the researcher can ensure the credibility of the study by stating his/her assumptions about the phenomenon under study upfront, describing the inclusion criteria of the study, and using different data generation methods. I aimed to ensure credibility by stating my assumptions upfront and describing the inclusion criteria for participation of the study. Furthermore, I engaged with my participants and used different data generation methods to gather data, such as interviews, construction of memory books and field notes. The data were tape-recorded, transcribed and triangulated to ensure the trustworthiness of the results.

Transferability implies that the reader will be able to make connections between elements of the study and their own experience (Nieuwenhuis, 2016:124). Joubert (2016:139) states that transferability refers to the extent to which the findings of the study can be generalised. I carefully selected mothers that I regarded as representative of other mothers with children with ADHD.

Dependability is used in qualitative research in preference to reliability (Nieuwenhuis, 2016:124). According to McMillan and Schumacher (2014:195) dependability refers to the degree of consistency of measurements. In other words, the extent to which the same results will be obtained when the study is replicated in a different context with the same participants. To improve the dependability of the study, I provide thick descriptions of the cases, context and research processes used in this study (see Chapter 3). This will ensure that the same results would be achieved if the study were to be replicated.

Confirmability refers to the extent to which the results of a study present the participants' responses free from researcher bias (Shenton, 2004:72). To increase

confirmability and reduce researcher bias, I have stated my assumptions upfront, used verbatim quotes by the mothers, triangulated the data, did member checking, and held regular reflection sessions with my supervisors.

1.11 ROLE OF THE RESEARCHER

The research establishes the researcher's position in relation to the participants (McMillan & Schumacher, 2014:374). Welman, Kruger and Mitchell (2005:9) state that qualitative researchers aim to understand the behaviour and experiences of the participants from an insider's perspective. Qualitative researchers engage with participants and have an established role in the setting in which data is generated (McMillan & Schumacher, 2014:374). My role as researcher was to prepare and conduct interviews with the mothers, provide them with material and prompts to construct memory books, make field notes during interviews, make verbatim transcriptions of the interviews and analyse the data.

1.12 ETHICAL CONSIDERATIONS

McMillan and Schumacher (2014:23) assert that educational research mostly involves human beings. The researcher has a responsibility to protect the rights and wellbeing of the participants (McMillan & Schumacher, 2014:23). Prior to conducting this research, I obtained approval from the ethics committee of the Faculty of Education at the University of Pretoria. Consequently, permission to conduct the research was sought from the Gauteng Department of Education, the director and principal of the school. After permission was granted, I obtained consent from the identified participants to participate in this study. The participants were two mothers of children diagnosed with ADHD. In ensuring ethical research, I adhered to the principles mentioned by McMillan and Schumacher (2014:363) namely informed consent, voluntary participation, anonymity, confidentiality, protection of privacy, appropriate storage of data, as well as beneficence and non-maleficence. The process by which approval to conduct this research was obtained, and the ethical principles that this study adhered to are discussed in detail in Chapter 3 (see section 3.9).

1.13 ANTICIPATED LIMITATIONS

Precision is tough to maintain, assess, and demonstrate in qualitative research because of the need to analyse and interpret big data sets. Here are the limitations that were anticipated for the study:

- Time: In this study I anticipated that, due to busy schedules, it might be difficult to arrange meetings between the participants and myself, which would then influence the time at which the research study will be completed. To overcome this challenge, I availed myself according to the participants' schedules.
- Sensitivity: The data generation strategies used can evoke negative emotions in the participants when they tell their stories; this includes the possibility of their withdrawing from the study. To overcome this, I established rapport from the outset, so that the participants felt comfortable and not threatened while sharing their stories with me. I explained to them that they only needed to share information with me that they felt comfortable with, and offered a referral process to professional counselling if they felt traumatised after sharing their emotions.
- Personal biases: As individual I brought to the study my own personal assumptions and could therefore, easily have interpreted the data using my own frame of reference. This can result in the misinterpretation of data. To overcome this, I incorporated member checking during interview sessions, by rephrasing certain responses from the participants and checking these with them for accuracy. Furthermore, I voice recorded and transcribed the interview sessions and asked the participants to review the transcriptions for accuracy. I also held regular meetings with my supervisors to ensure that the data was interpreted objectively and accurately.
- Small sample size: Because this study selected a small sample, the findings of the study cannot be generalised. However, the purpose of the study was to get an in-depth look into the phenomenon and the small sample serves that purpose well.

1.14 CHAPTER OUTLINE

1.14.1 Chapter 1: Introduction and orientation of the study

Chapter 1 serves to introduce the study. The rationale, aims and objectives of the study have been outlined. Key concepts, the paradigmatic perspectives, research methodology, and ethical considerations of the study were described. This chapter was concerned with giving the reader a brief, but concise overview of what will be investigated and how it will be done.

1.14.2 Chapter 2: Literature review and conceptual framework

Chapter 2 provided the literature review that served as background for the study; and explains the conceptual framework underpinning the study.

1.14.3 Chapter 3: Research methodology

Chapter 3 explains how the study was conducted. It describes the research design, participants, data generation methods, and data analysis used in the study to answer the research questions. Furthermore, it discusses the trustworthiness and ethical considerations of the study in detail.

1.14.4 Chapter 4: Data analysis and interpretation

Chapter 4 presents and analyses the findings of the generated data that supports and answers the primary and secondary research questions. The data analysis was done according to the themes and subthemes that were identified in the timeline of the memory books, the interview sessions and fieldnotes. Furthermore, the findings were compared to the existing literature presented in chapter 2.

1.14.5 Chapter 5: Conclusion and recommendation

Chapter 5 answers the primary and secondary research questions. Chapter 5 also provided a summary of the study, as well as the insights derived, and the conclusions made. Furthermore, it discusses the limitations of the study, and makes recommendations for further research.

1.15 SUMMARY

The aim of this chapter was to orientate the reader to the lived-experiences of mothers of children diagnosed with ADHD with regard to their children's inclusion in a

mainstream classroom. The background, rationale, aim and problem statement of the study were outlined in this chapter. Furthermore, the primary and secondary research questions, paradigmatic approaches, research methodology, and ethical considerations of the study were discussed. The literature review and conceptual framework that underpins the study are discussed in the next chapter.

CHAPTER 2:
LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

2.1 INTRODUCTION

The previous chapter provided the background and explained the rationale for this research inquiry. Flowing from the background information; the problem statement was identified and the primary and secondary research questions were formulated. Furthermore, the ethical considerations of the study were briefly discussed, to ensure that no harm is done to the mother participants and to ensure the quality of the study. This chapter will focus on existing literature on the concepts of ADHD, inclusive education and mothers' lived-experiences, and discuss the conceptual framework underpinning the study.

Children are often confronted with challenges in the learning process due to a range of experiences at school, in the classroom, in the community, at home, or as a result of disability (DBE, 2014:5). These challenges are referred to as barriers to learning (DBE, 2014:5). Inclusive education is concerned with maximizing the participation of all children, as well as minimizing barriers to learning (DoE, 2001:16). The Education White Paper 6 (DoE, 2001:16) acknowledges that all children can learn and that all children need support; however, some children, including those with ADHD, require additional support to be able to participate and develop to their full potential. To ensure the participation of all children, support structures at different levels such as the national department, the provincial department, the district, the school, and the classroom need to be established (DoE, 2001:18). Furthermore, the different types of schools in South Africa were established at district level to provide support according to the level of needs of children with learning difficulties (DoE, 2001:47-48; Dreyer, 2015:22; Landsberg & Matthews, 2016:98-99). Despite these efforts, research has found that the implementation of inclusive education in the South African context has made little progress (Donohue & Bornman, 2014:10; Lomofsky & Lazarus, 2001:314). Other research studies have identified several factors that hinder the implementation of inclusive education - these are discussed in section 2.2.5 (DoE, 2001:18; Motitswe, 2015:68; Stofile, 2008:80; Swart & Pettipher, 2016:19). The ideals of inclusive education namely, the acceptance of children with learning difficulties, and increased

access and participation of all children in mainstream classrooms have not been achieved yet (Engelbrecht *et al.*, 2016:532). As a result, most children with learning difficulties end up being segregated into a different classroom from their typically developing peers (Donohue & Bornman, 2014:11).

Parent involvement in education has been shown to have a positive effect on children's academic success (Van Wyk, 2010:200). The policy on screening, identification, assessment and support (SIAS) document (DBE, 2014:35) acknowledges the important role that parents play in the early identification of learning barriers and therefore regard them as important partners in the screening process. To raise a child with ADHD can however be very demanding, presenting challenges which create certain needs on the part of the parents (Guralnick, 2005:315-316), which are discussed in section 2.2.8. The Education White Paper 6 (DoE, 2001:56) suggests that the needs of parents of children at risk should be considered and that they need to be informed, counselled and trained to support their children. Despite these directives, research shows that mothers of children at risk sometimes struggle to get involved and participate in their children's education (Arar, Abu Nasra & Alshafi, 2018:329).

2.2 LITERATURE REVIEW

The purpose of a literature review is to establish links between previous research, theory and the research problem being investigated in order to highlight the significance of the study (McMillan & Schumacher, 2014:85). The focus of this study is on the lived-experiences of mothers of children with ADHD with regard to the inclusion of their children in mainstream classrooms. Given the complexities of being a mother of a child diagnosed with ADHD and its related challenges, I explain the intersect of the concepts of ADHD, inclusive education and mothers' lived-experiences. Furthermore, in this review, I will appraise selected literature from the body of scholarship on this particular phenomenon.

2.2.1 Definition and prevalence of ADHD

The term ADHD has been briefly defined before (see section 1.6). Here I offer a more in-depth discussion of the disorder. ADHD is defined as a genetic neurodevelopmental disorder caused by biochemical imbalances in the brain (Bester, 2014:42; Branstetter,

2016:9). The biochemical imbalances in the brain prohibit the effective transfer of certain neurotransmitters which result in children with ADHD not being able to regulate their responses, among other things (Bester, 2014:49-50). According to Laugesen *et al*. (2016:150) ADHD is one of the most prevalent mental disorders in children, with a prevalence rate of 3-5%. ADHD is reported to affect nearly three times as many boys as girls (Bester, 2014:42). However, it has been found that boys with ADHD 'act out' more than girls with the condition who tend to become more quietly distracted and cause less disruption in class (Skogli, Teicher, Andersen, Hovik & Øie, 2013:9). As a result, boys are referred and diagnosed more often.

Conditions for making a diagnosis of ADHD

The Diagnostic and Statistical Manual of Mental Disorders is a reference book of the most currently recognized mental health disorders as published by the American Psychiatric Association (APA). The manual is used by registered clinician (e.g., psychiatrists, clinical psychologists) to interpret an individual's behaviour according to diagnostic criterion sets that guide them in making a correct diagnosis. An additional section is devoted to differential diagnosis - when an individual meets diagnostic criteria for more than one disorder. These specialists also need to interpret the axes to ensure the diagnosis is not caused by something else. For example:

- Axis I consist of mental health and substance use disorders (SUDs);
- Axis II is reserved for personality disorders and mental retardation;
- Axis III is used to code general medical conditions;
- Axis IV includes extensive observations on psychosocial and environmental problems (e.g., housing, employment); and
- Axis V is an assessment of the individual's overall functioning

There is an entire section dedicated to the diagnosis of a disorder according the axes. It is also important to note that this information is updated annually as new discoveries are made or old descriptions revised. Figure 2.1 offers a comparison of the criteria for ADHD from the Diagnostic and Statistical Manual of Mental Disorders version IV-TR and V, after which follows a discussion thereof.

TABLE 1.

Comparison of the Diagnostic Criteria for ADHD *DSM-5* and *DSM-IV-TR*

No.	Criterion	*DSM-5*[13]	*DSM-IV-TR*[15]
1	–	ADHD now placed in Neurodevelopmental disorders reflecting brain development correlates to ADHD	ADHD was in a chapter in *DSM-IV*[14] alongside other diagnoses usually first made in infancy, childhood, and adolescence (eliminated in *DSM-5*[13])
2	A	Children should still have six or more symptoms of the disorder For older teens and adults, a symptom threshold change has been made, with a cutoff of five symptoms instead of six, both for inattention and hyperactivity and impulsivity	No separate provisions existed for adults
		Examples added to criterion of how symptoms may present in adolescence and adults, thus elaborating criteria to make them better applicable for adults	*DSM-IV*[14] had no examples to facilitate application of criteria across lifespan
3	B	Broadened age range at onset of symptoms to 12 years	Age of onset of symptoms was 7 years
		Symptom presence is emphasized instead of impairment	Symptom presence and impairment was required
4	C	Evidence of symptoms in two or more settings	Evidence of impairment in two or more settings
5	D	Functional impairment needs to reduce the "quality of social, academic, or occupational functioning"	Functional impairment required it to be "clinically significant"
6	E	Comorbid diagnosis with autism spectrum disorder is now allowed	Autism spectrum disorder needed to be excluded for diagnosis of ADHD
	Other changes	Three subtypes are now referred to as "presentations"	Three types of ADHD were referred to as "subtypes"
		Severity of the disorder as mild, moderate, and severe can be specified (depends on the number of symptoms present as well as impact of these symptoms on daily life of patient)	Severity was not specified

Figure 2.1 Comparison of the Diagnostic Criteria for ADHD DSM-5 and DSM-IV-TR (Hashmi, Imran, Ali & Shah, 2017:294)

Within the DSM V (APA, 2013:59-60) important conditions are described that need to be considered before a diagnosis of ADHD can be made. This includes that children under 17 years of age should have at least six symptoms, while children older than 17 years and adults should have at least 5 symptoms, including for both inattention and hyperactivity/impulsivity. Furthermore, the symptoms must have been present for at least six months; be inconsistent with the child's development level; and interfere with or reduce the quality of academic, social, or occupational functioning. The symptoms should also present before the age of 12 years; and be present in two or more settings (e.g., at home and at school). Additionally, the symptoms must not occur solely during the course of schizophrenia or another psychotic disorder or be better explained by another mental disorder.

Characteristics of ADHD associated with learning

As indicated before, the three most prevalent characteristics associated with ADHD are inattention, impulsivity and hyperactivity (Bester, 2014:43; Laugesen *et al.*, 2016:15). ADHD is accordingly divided into three groups namely; predominantly

attention deficit disorder (ADD), predominantly hyperactive impulsive disorder, and attention deficit/hyperactive impulsive disorder combined (Bester, 2014:48). Holz and Lessing (2002:103) state that ADHD children's behaviour is not age appropriate.

Bester (2014:58-74) describes other characteristics that are often observed in children with ADHD such as: rigidity; poor language skills; bounded to concrete ideas; hastiness; carelessness; academic underachievement; poor ability to plan; irresponsibility; poor perseverance; impatience; aggressive behaviour; self-centeredness; problems with boundaries; blaming others; and anger outbursts. ADHD is diagnosed according to a list of criteria, which is described in the DSM-5 (APA, 2013:59-60) and include the following:

Inattention

Children with ADHD often fail to give attention to detail; work inaccurately; make careless mistakes; have difficulty sustaining attention on tasks; seem absent-minded; often fail to finish schoolwork and chores; are disorganized; often lose things necessary for tasks and activities; avoid or is reluctant to engage in tasks that require sustained mental effort; are easily distracted by external activities; and are often forgetful in daily activities (APA, 2013:59).

Hyperactivity and impulsivity

Children with ADHD often fidget with or tap hands and feet or squirm in seats; leave the seat in situations when remaining seated is expected; run about or climb in situations where it is inappropriate; are 'on the go' acting as if 'driven by a motor'. They are often unable to play or engage in leisure activities quietly; they talk excessively; blurt out answers before a question has been completed; have difficulty waiting for their turn; and often interrupt or intrude on others (APA, 2013:60).

School functioning of children with ADHD

Barkley (2013:246-247) states that children with ADHD present differently in four major areas of school functioning as compared to their typical peers, namely: poor engagement with academic work, poor social skills, less motivation to learn and poor study skills. Branstetter (2016:50) states that children with ADHD struggle in regular mainstream classrooms and are viewed as underachievers by some teachers. Branstetter (2016:50) further states that the problem is that they process information

differently from children without ADHD. It is suggested that many children with ADHD focus on the bigger picture rather than on the details, which they find boring. This results in children with ADHD forgetting and/or overlooking information that teachers might consider important (Branstetter, 2016:50). Similarly, the DSM-5 (APA, 2013:63) states that ADHD is associated with poor school performance and low academic achievement, as well as social rejection from peers. In addition, the DSM-5 (APA, 2013:63) explains that academic underachievement, school-related problems, and isolation by peers are associated with symptoms of inattention, while peer rejection are associated with symptoms of hyperactivity and impulsivity. Furthermore, Bester (2014:77-80) also describes other conditions that are associated with ADHD which include behavioural problems, emotional problems, learning difficulties and social problems. For the purpose of this study, the characteristics of ADHD are discussed to get a better understanding of the challenges that children with ADHD face in mainstream classrooms as well as the support structures required. The discussion also provides an overview on the effect of these characteristics on the implementation of inclusive education.

2.2.2 Inclusive education as teaching and learning pedagogy

There is global support for the concept of inclusive education (Engelbrecht *et al.*, 2016:520). In other words, it is supported and implemented in schools internationally, in other parts of Africa, as well as locally. According to Swart and Pettipher (2016:3-4) inclusive education is a complex concept that has different meanings for different people. Nes, Demo and Ianes (2018:112) define inclusive education as equal participation and high-quality education for all children. Weeks (2003:68) explains that inclusive education is more than just placing children with barriers to learning, including those with ADHD, in regular classrooms; it refers to the acceptance of children just as they are. Teachers can increase the accessibility and participation of all learners by adapting the curriculum, using a variety of teaching methods and strategies to differentiate instruction, and by using alternative and/or adaptive assessment methods (Dreyer, 2015:24-25; Landsberg & Matthews, 2016:106-107). Similarly, Stainback and Stainback (1996:xi) describe an inclusive school as "a place where every child belongs, is accepted, and supported by peers and other school personnel while their educational needs are met". Inclusive education thus aims to

avoid the marginalisation of children with differences, including those with ADHD, by encouraging teachers to extend what is available to every child in the classroom (Florian, 2012:277). Inclusive education celebrates child differences and aims to enhance the access, participation and learning success of every child (Swart & Pettipher, 2016:4). According to Motitswe (2015:71) every child is unique and should be respected, while learning systems need to be adapted to accommodate all children and their diverse needs.

Phasha (2010:164) describes inclusive education in the South African context as "a vehicle for redressing the imbalances created by the previous education system". This is in line with the findings of Chireshe (2013:223) that inclusive education is about social justice and equity and considers children's abilities, potential and diverse needs. Nel, Muller, Hugo, Helldin, Backmann, Dwyer and Skarlind (2011:75) confirm this by explaining that inclusive education in South Africa arose from a rights perspective to transform the South African education system to be more democratic and inclusive.

The conceptualisation of Inclusive Education in different countries

The ideology of IE has its foundations in egalitarian thinking, which resulted in a belief in the benefits of equal education for all children (Maguvhe, 2015:8). There is a belief that an inclusive education system should accommodate the diverse needs of children (Maguvhe, 2015:8). However, Swart and Pettipher (2016:4) assert that inclusion means different things to different people and that these differences of perception led to variation in inclusive practices. Because inclusive practices differ so widely, it is necessary to understand both national and international contexts to comprehend the parameters of inclusive education and the different practices (Swart & Pettipher, 2016:3). Below are examples of how inclusive education practices are implemented and experienced internationally, in other parts of Africa, and locally.

Inclusive education in Norway

Flem and Keller (2000:200) report that although teachers in Norway have accepted the inclusion ideology, there is a gap between the ideals of Norway's inclusion policy and its implementation. These authors (2000:203) found that the greatest challenge in the realisation of Norway's inclusion policy is the social integration of children with learning difficulties, including those with ADHD. According to Nes, Demo and Ianes (2018:111-113) Norway is among the European countries that first established an

inclusive school system, by following the principle that every child should be provided with optimal learning opportunities in the classroom. Norway enacted laws to guarantee the right of integration for children with difficulties, including those with ADHD, in mainstream schools (Nes *et al.*, 2018:113). Special schools in Norway closed down in the early 1990s, where after it was agreed that children at risk of exclusion should receive the necessary support through approaches such as individual curriculum adaptations, classroom-support by teachers as well as intervention by other professional experts (Nes *et al.*, 2018:113). Children with learning difficulties were placed in mainstream classrooms, but removed from classrooms for certain parts of the day to receive additional support in separate groups. Haug (2020:312) however, found that even though Norwegian schools provided part-time special education to children with learning difficulties, they did not succeed in offering a high-quality learning environment for all children. Another research study found that there is an increase in the removal of children with learning difficulties, including those with ADHD, from regular classroom (Nes *et al.,* 2018:111) while the inclusion policy aims to reduce their exclusion (Nes *et al.*, 2018:116). According to Nes *et al.* (2018:125) this pull-out practice represents a threat to inclusive education, because it could imply an exclusionary method that is the result of lack of teacher competence and lack of resources. Haug (2020:313) reports that children with special educational needs experienced a lack of fellowship and participation in Norwegian schools. Haug (2020:313) concludes that the quality of the learning environment in Norwegian schools, today, is not what it ought to be for children with special educational needs and behavioural problems. In order to address this, inclusive education in Norway requires changes in school administration, teaching strategies, attitudes and values (Flem & Keller, 2000:203; Haug, 2017:211).

Inclusive education in Zimbabwe

Zimbabwe was a British colony between 1890-1980, and was called Rhodesia at the time (Mpofu & Nyanungo, 1998:72). The Rhodesian education system discriminated against and excluded children with learning difficulties from mainstream education, and placed them in special classrooms (Mpofu & Nyanungo, 1998:72). After Zimbabwe's independence from Britian in 1980, the government recognised the right of every child to attend mainstream schools (Mpofu & Nyanungo, 1998:74). Zimbabwe adopted the principles of inclusive education after signing the 1994 Salamanca

statement (Chireshe, 2013:224). Hlatywayo (2014:72) however, explains that Zimbabwe had, until recently, planned and provided special needs education with two purposes in mind – to diagnose and cure special educational needs, or to remove children with learning challenges from mainstream classrooms and place them in special classrooms. Furthermore, the parents of children with learning difficulties, including those with ADHD, had been expected to choose between the five types of curricula options available, ranging from children following the normal school-based curriculum, to their being included for part of the day, or being educated in separate schools (Hlatywayo, 2014:73).

Chireshe (2013:225) found that social acceptance of children with learning difficulties, including those with ADHD, has improved because of inclusive education. Discrimination practices and stigmatisation of children with learning difficulties have accordingly reduced (Chireshe, 2013:225). Majoko (2017:1659) found that teachers in Zimbabwe have positive attitudes towards inclusive education and that they felt that inclusion benefits children with and without difficulties, including those with ADHD. However, teachers feel ill prepared to implement inclusive education and are selective regarding the categories of disabilities that they are prepared to accommodate in their classrooms (Majoko, 2017:1659-1660).

In contrast with these findings, Chireshe (2011:161) found that student teachers reported that the Zimbabwean curriculum did not meet the needs of children with difficulties, including those with ADHD. The student teachers also felt that not all children with difficulties should be included in mainstream classrooms, as they believed that Zimbabwe was not ready to implement inclusive education (Chireshe, 2011:161-162). This is in line with the findings of Hlatywayo (2014:76) who found that Zimbabwe does not have a supervised, well-planned curriculum to meet the needs of all children. Similarly, Majoko (2018:358) found that teachers are non-supportive of inclusion in Zimbabwean mainstream schools. Teachers in Zimbabwe expressed concerns with regard to: the lack of clarity of policy and legislation on inclusion; stakeholders' negative attitudes towards inclusion; and the lack of appropriate physical facilities for inclusion (Majoko, 2018:358). Furthermore, these teachers felt that they were inadequately prepared for inclusion; did not have enough time to meet the needs of children with learning difficulties; and could not adopt individualised teaching

because of large class sizes (Majoko, 2018:358-359). In addition, teachers reported a lack of curriculum flexibility and curriculum resources to meet the needs of all children (Majoko, 2018:359). Teachers also expressed a lack of support at school, district, provincial, and national levels for inclusion (Majoko, 2018:360).

Inclusive education in South Africa

South Africa has also adopted the principle of inclusive education, and government developed several policies in support of inclusive education practices (Swart & Pettipher, 2016:18-19; Phasha, 2010:165-166). The Education White Paper 6 policy, in particular (DoE, 2001), makes provision for support at different levels in the system and collaboration between various support structures (Landsberg & Matthews, 2016:96). The national Department of Education established support at national, provincial, district, and school-based levels. This will be discussed in section 2.2.3.

The Education White Paper 6 (DoE, 2001:20-23) outlines six key strategies to establish the successful implementation of inclusive education to enhance the inclusion of learners with learning difficulties, including those with ADHD. The strategies outlined in White Paper 6 include the following: the conversion of special schools to resource centres; mobilisation of out-of-school disabled children of school-going age; as well as the conversion of designated mainstream schools to full-service schools (DoE, 2001:20-22).Other strategies that are outlined, involve the inclusion of management, governing bodies and professionals in the inclusion model to target early identification and intervention in the foundation phase; the establishment of district-based support teams; and the launch of a national information and advocacy programme (DoE, 2001:23).

Despite the directives of the Education White Paper 6, 70% of children with learning difficulties, including those with ADHD, in South Africa are out of school (Donohue & Bornman, 2014:3). Most of those who do attend, are still placed in separate classrooms and schools (Donohue & Bornman, 2014:3). This is in line with the findings of Engelbrecht *et al.* (2016:11) who found that children with barriers to learning, including those with ADHD, are placed in separate classrooms because the school and its teachers have neither changed their perceptions of barriers to learning, nor have they adapted inclusive education practices. Furthermore, Donohue and Bornman (2014:8-9) state that the barriers that hinder the implementation of inclusive education

in South Africa include: lack of clarity in the policy on inclusion; inadequate funding from the Department of Education; and limited resources. In addition, Donohue and Bornman (2014:9) also found that teachers lack the necessary knowledge and skills to meet the diverse needs of all children in their classrooms. Engelbrecht *et al*. (2016:532) found that there is a clear and substantial gap between the principles of inclusive education in the South African policy documents and its implementation. According to Engelbrecht *et al*. (2016:520) the vision of an inclusive education system in South Africa has been difficult to achieve and its effective implementation remains doubtful.

South Africa followed the international trend in the implementation of inclusive education. Comparing different inclusive practices in different countries contributes towards the generation of alternative ways of understanding the issue, whilst producing knowledge that informs our thinking, choices and actions (Berkhout, 2010:3). From the literature presented, one can deduct that because of different needs and contexts, support for children with learning barriers is provided variably in different countries. Evidence suggests that although each country – also South Africa - faces diverse challenges, efforts have been made to implement IE. It is clear that there are common challenges to the optimal implementation of IE that other countries share with South Africa, such as lack of teacher competence, lack of resources, lack of support at different levels, overcrowded classrooms, as well as poor articulation between the principles of inclusion policy and the realisation thereof.

2.2.3 Support for inclusive education in South Africa

Before 1994, all teachers in South Africa were trained to teach either in mainstream or in special schools, which resulted in mainstream schoolteachers not acquiring the necessary knowledge and skills to teach children with difficulties, including those with ADHD (Mahlo, 2011:1). However, since the introduction of inclusive education, mainstream schoolteachers have had to assume a new role to accommodate children with learning difficulties in their classrooms (Mahlo, 2011:1). In order for mainstream schoolteachers to successfully implement the inclusive education strategy, they require support from the school management teams, other professionals, as well as the Department of Education. The Education White Paper 6 (DoE, 2001:28-30)

provides for educational support services at different levels of government, namely: school, district, provincial, and national level.

Support at national level

The Department of Education at national level, in collaboration with all the role players in education, is responsible for formulating policies, to ensure access, active participation and academic success for all children (Landsberg & Matthews, 2016:96). Additionally, the short- and medium-term goals outlined in the Education White Paper 6 policy (DoE, 2001:30) are to expand provision for access to education for all; building the capacity and competencies of teachers; and monitoring and evaluating these developments within the whole education system. Furthermore, the SIAS document (DBE, 2014:4-6) was formulated to provide guidelines on early identification of: barriers to learning experienced; the support needs that arise from the barriers identified; the nature and level of support required; the best learning sites to support their needs; and the roles of teachers and parents in implementing the strategy.

Policy development is important for the successful implementation of inclusive education (Sharma, Ee & Desai, 2003:207). Dzapasi (2015:161) states that South Africa's policy documents governing the inclusive education strategy is one of the best in the world. However, Engelbrecht *et al.* (2016:532) found that South Africa has not yet realised the inclusive education ideals in policy documents with specific reference to increased access to, acceptance of, and participation of every child in South African mainstream classrooms. This is in line with the findings of Donohue and Bornman (2014:11) who found that, more than a decade after the conception of the policy, most children with learning difficulties in South Africa are still not taught in the same classrooms with their typically developing peers. According to Donohue and Bornman (2014:6) one of the factors hindering the implementation of inclusive education is ambiguity in the policy regarding the means through which the goals of inclusive education can be achieved. Similarly, Stofile (2008:177) found that the failure to implement the policy could be attributed to the lack of a common understanding of the concept; the lack of capacity and support to implement inclusion; curriculum issues; negative attitudes towards inclusion; as well as the lack of government commitment to implement the policy (p.172). With regard to the SIAS document (DBE, 2014), Geldenhuys and Wevers (2013:14) found that teachers do not understand their roles

and responsibilities regarding the SIAS process. This is due to a lack of training, which, in turn, results in a lack of early identification skills to identify learning difficulties experienced by the children in mainstream classrooms. Children with special needs are then exposed to unsuitable teaching and assessment strategies. The strategies run short of assessing children's strengths and weaknesses; no individual support plans are developed; and little or no individual attention is provided. Donohue and Bornman (2014:11) argue that the Department of Education needs to take responsibility for the implementation of a policy that it developed, since inclusive policies mean nothing unless they are effectively implemented and enforced.

Support at provincial level

The nine provincial departments of education in South Africa are responsible for the implementation of the policies accepted by the national Department of Education (Landsberg & Matthews, 2016:96). Furthermore, the provinces are responsible for resources development, the distribution of funding and resource material, the building of schools, the employment of teachers and therapists, and the placement of children with learning difficulties, including those with ADHD, in compatible schools (DoE, 2005:7). Weeks (2003:34) states that the budgets of the provincial departments need to be constantly reviewed and structured to meet the unique needs of the provincial context. Donohue and Bornman (2014:10-11) claim that inclusive education is likely to be more economical than special education. However, research has found that due to limited funds made available, schools are unable to make the necessary infrastructural changes needed to accommodate children with learning difficulties or to provide the learning support material required in mainstream schools (Donohue & Bornman, 2014:10; Engelbrecht *et al.,* 2016:525; Stofile, 2008:167). Furthermore, teachers feel that the provincial department assumes that the teachers in the districts understand inclusion but did not provide support to these teachers, even after concerns were raised (Stofile, 2008:175).

Support at district level

Provinces in South Africa are divided into several districts, each of which has a District-Based Support Team (DBST) responsible for managing inclusive education in that district (Landsberg & Matthews, 2016:96). The role of the DBST is to promote and coordinate inclusive education through: infrastructural development; management of

curriculum delivery; training; distribution of resources; and identification, assessment and addressing of barriers to learning for children with special needs (DBE, 2014: viii). The DBST is required to consist of specialised personnel that provide support and training for teachers to enable them to accommodate children with learning difficulties, including those with ADHD, in their classrooms (Geldenhuys & Wevers, 2013:12). However, Geldenhuys and Wevers (2013:12) reported that most members of the DBSTs are not specialised to provide effective support and guidance to schools and teachers regarding the implementation of inclusive education. In contrast, Nel, Tlale, Engelbrecht and Nel (2016:11) found that teachers felt that although the DBST assists them with the identification, monitoring and referrals of children with learning difficulties, what they really required were practical solutions to support these children, especially considering tedious referral procedure.

Support at school level

The implementation of inclusive education at school level is overseen by the School-Based Support Team (SBST) and the School Governing Body (SGB).

The School-Based Support Team (SBST)

Landsberg and Matthews (2016:99) recommend that schools establish a support team that is responsible for the provision of learning support in collaboration with the teachers. This team is called the School-Based Support Team (SBST). The SBST comprises of school management, teachers involved with children with learning barriers, the coordinators of the SBST, other teachers of the school, the parents or caregivers of the children, community members, non-educators from the school, and children, where applicable (Landsberg & Matthews, 2016:100; Motitswe, 2014:259). The SBST identifies barriers to learning; develops strategies to differentiate the curriculum; creates a conducive environment for learning; and outsources support for children with learning difficulties as well as for teachers at the school (DoE, 2005:35). Motitswe (2014:263) however, found that SBSTs often did not function effectively; they held meetings irregularly and did not work collaboratively to find solutions to address barriers to learning for everyone in need. This is consistent with the findings of Stofile (2008:173) who found that the SBSTs were dysfunctional; their members lacked knowledge and skills to address the emerging issues; and members did not understand their roles.

School governing bodies (SGBs)

Section 16(1) of the South African Schools Act 84 of 1996 (SASA) (RSA, 1996b:14), states that the governance and professional management of every mainstream school is entrusted to its School Governing Body (SGB). SGBs must ensure that inclusive policies are implemented at the school to promote participation of all children, and reduce exclusionary practices (DBE, 2014:35). The functions of SGBs are outlined in section 20 of the Schools Act (RSA, 1996b:14-15) and include: adopting a code of conduct for the school; determining the school's admission and language policy; developing the school's mission statement; making recommendations for appointments of teachers and other staff; dealing with disciplinary hearings; supplementing the school's resources to improve the quality of education; and administering the school's property, buildings and grounds. The SGB comprises of elected members which include parents, teachers, non-educating staff at the school as well as learners in grade 8 or higher; the principal; and co-opted members which include members of the community (RSA, 1996b:18). Geldenhuys and Wevers (2013:12) however, found that although SGBs have an important role to play in the development of school policies that protect the interests of all children at schools, they are often not really involved in, or concerned with policy developments that support the implementation of inclusive education.

As mentioned earlier, the Education White Paper 6 states that all children can learn, but some need support. Children with ADHD bring unique challenges to the mainstream classroom (as discussed in section 2.2.1) and need to be supported to achieve academic success in school. The type of school to support IE in South Africa are discussed in the following section.

2.2.4 The type of school to support inclusive education implementation in South Africa

Every district is responsible for supporting schools in that district (Landsberg & Matthews, 2016:97). Furthermore, the Education White Paper 6 clearly states that support would be provided according to the level of needs that children with learning difficulties experience, and not according to the impairment of those children (DoE, 2001:10). The Department of Education has accordingly established different types of schools in each district, to meet the needs of all children. It is up to the classroom

teacher to identify the level of support that children might need (Dreyer, 2015:23). This suggests that classroom teachers play an important role in the decision-making process regarding the placement of children with barriers to learning, including those with ADHD. The SIAS document (DBE, 2014:10) however, stipulates that the placement of children in specialised settings should be seen as a last resort, and it should be temporary. Re-evaluations of the children's progress need to be conducted continually to consider re-integration into mainstream schools (DBE, 2014:10). Furthermore, the SIAS document (DBE, 2014:34) emphasises that the knowledge and wishes of parents need to be considered in any decision-making process. The different types of schools at district level include:

Ordinary mainstream schools

Children who are in need of low-intensity support are supported within mainstream schools (Dreyer, 2015:22; Landsberg & Matthews, 2016:99). Children who are in need of more support, can be supported by teachers and other professional from the SBST and the DBST; or alternatively, they can be moved, temporarily, to another type of schools where they would receive specialised education until they are able to cope in mainstream schools (Landsberg & Matthews, 2016:99).

Full-service schools

Full-service schools are ordinary mainstream schools that are orientated and resourced to address a full range of learning barriers in an inclusive education setting (DoE, 2001:22). Children who need moderate to high levels of support, are supported in these schools (Dreyer, 2015:22; Landsberg & Matthews, 2016:99). Full-service schools need to use their resources and work collaboratively with the DBST to accommodate and support children with special needs before considering placing them in special schools (Landsberg & Matthews, 2016:99). Furthermore, full-service schools need to provide assistance and support to neighbouring schools by sharing knowledge, information, and resources regarding barriers to learning (DoE, 2010:10).

Special schools as resource centres (SSRCs)

Resource centres are historical special schools which were transformed, and have two main goals, namely: to accommodate children with high intensity support needs; as well as to be integrated into district support teams to provide specialised professional support in curriculum-related issues, assessment adaptation, and teaching strategies

to neighbourhood mainstream and full-service schools (DoE, 2001:21). In other words, resource centres need to support mainstream and full-service schools in the implementation of the SIAS process (Dreyer, 2015:22; Landsberg & Matthews, 2016:98). In order to achieve this, they need to train teachers at mainstream and full-service schools with regard to barriers to learning; adopting inclusive teaching practices; the development of learning support material; intervention and support to children with barriers to learning; and guidance to parents (Landsberg & Matthews, 2016:98-99). Furthermore, resource centres need to work collaboratively with the community to raise awareness and to change the negative attitudes of the community towards children with barriers to learning (Landsberg & Matthews, 2016:99). Nel *et al.* (2016:10-11)) however, report that teachers at special schools feel that the government did not provide enough assistance to special schools, and was underestimating the important role special schools play in providing support to mainstream schools.

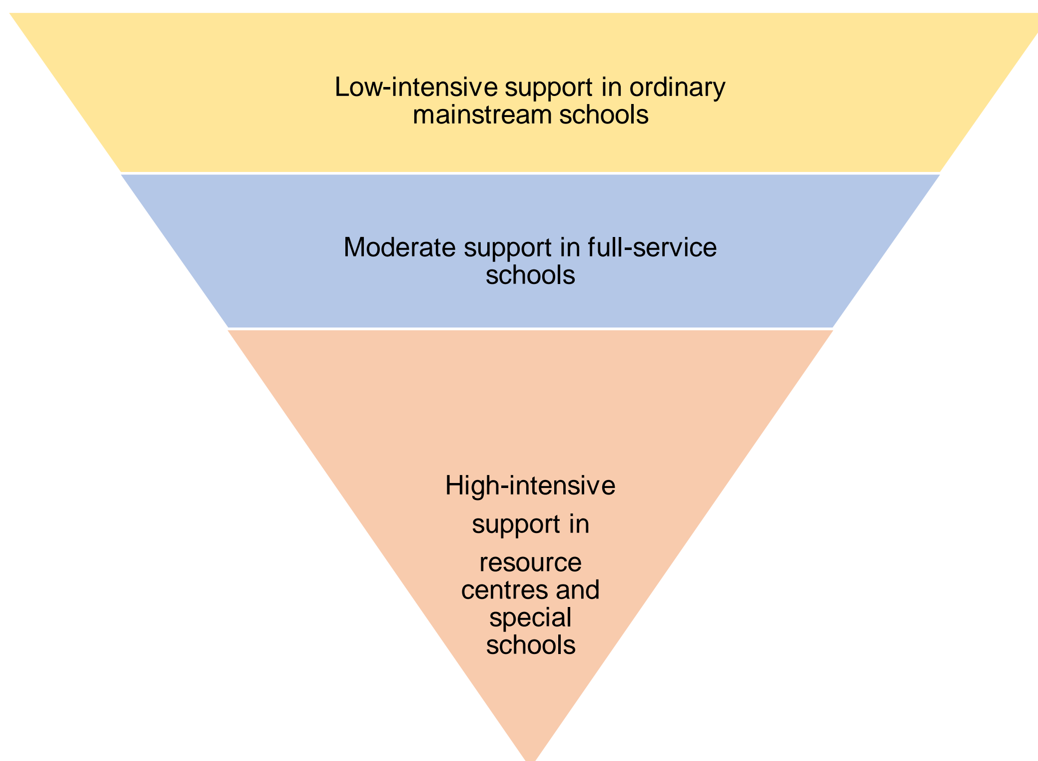

Figure 2.2 Levels of support at district level (adapted from Dreyer, 2015, p. 22)

It is evident from these findings that teachers play an important role in the decisions made on the placement of children who experience learning difficulties, including those with ADHD. Although the SIAS document stipulates that the parents' knowledge and

wishes should be considered in the decision-making process, the question remains if that is indeed the case when children are referred to other schools. Furthermore, teachers require knowledge and skills to make recommendations with regard to the placement of children with difficulties. On the other hand, all children have a human right to be taught in the school of their choice. The implementation of inclusive education is thus hindered when children with learning difficulties, including those with ADHD, are referred to other types of schools. The barriers to the implementation of inclusive education are discussed in the following section.

2.2.5 Barriers to the implementation of inclusive education

Phasha (2010:174) explains that inclusive education is not a simple task that can be accomplished quickly and adds that challenges are inevitable. On the other hand, Sharma, Aiello, Pace, Round and Subban (2018:437) state that although there is an increase in the inclusion of children with barriers to learning, including those with ADHD, in mainstream classrooms; it does not guarantee access to high quality education. Research has found that several barriers to learning exist in the South African context, such as negative teacher attitudes, an inflexible curriculum, inappropriate and inadequate support services, inadequately and inappropriately trained teachers, and a lack of parental recognition and involvement in learning, teaching and support (DoE, 2001:18; Motitswe, 2015:68; Stofile, 2008:80; Swart & Pettipher, 2016:19). The abovementioned barriers to the implementation of inclusive education are discussed in this section.

Attitudes of teachers in inclusive contexts

An understanding that every child is different is the starting point for the implementation of inclusive education (Florian, 2015:14). Success in the implementation of inclusive education is dependent upon teachers' beliefs and attitudes (Mobara, 2015:19; Nel, Muller, Hugo, Helldin, Backmann, Dwyer & Skarlind, 2011:77) since their acceptance of the policy of inclusion is likely to affect their commitment to implementing it. How teachers think about every child in the classroom, the choices they make and the knowledge they have are important (Florian, 2015:14). Research has shown that inclusive teachers focus on extending what is available to every child rather than only accommodating child differences (Florian, 2012:277). Furthermore, teachers require positive attitudes to acquire the necessary knowledge

and skills to implement inclusive practices, engage in discussions, adapt the curricula, and develop intervention strategies (Mobara, 2015: iv). Bester (2014:179) states that it is extremely challenging to teach children with ADHD, but continues to explain that teachers' attitudes will determine how they handle and accommodate children with ADHD in their classrooms.

The professional teaching experience of educators

The findings regarding the influence that teaching experience has on the attitudes of teachers towards inclusion, appear inconsistent. MacFarlane and Woolfson (2013:51) found that more experienced teachers have negative attitudes towards the inclusion of children with learning barriers, including those with ADHD. Similarly, Boyle, Topping and Jindal-Snape (2013:537) found that teachers who had little teaching experience, held more positive attitudes towards inclusion than teachers with more experience. However, Boyle *et.al* (2013:538) reported that there is a significant drop in this positive attitude after only one year of teaching, which can be attributed to the influence of actual practice or conversations with colleagues. In contrast, Avramidis and Kalyva (2007:385) found that more experienced teachers who work in schools with an inclusive ethos have more positive attitudes towards inclusion. On the other hand, Monsen, Ewing and Kwoka (2014:123) report that years of teaching experience did not have a significant impact on teachers' attitudes towards the inclusion of children with difficulties, including those with ADHD.

Inflexible or unmodified curriculum

Carl (2012:29) describes curriculum as a broad concept, which includes all planned activities that take place during the normal school day as well as after-school, within a specific education system. These planned activities are continuously subject to evaluation, and aim to guide the child to adulthood and to becoming a contributing citizen within the community.

Dreyer (2015:24) states that teachers' main responsibility is teaching, and adds that teachers need to differentiate the curriculum in inclusive classrooms to respond to the needs of all the children. Motitswe (2015:72) who claims that curriculum differentiation and modification of learning experiences is vital for the successful implementation of inclusive education, confirms this. Additionally, Weeks (2003:20) argues that the curriculum must be flexible enough to accommodate the diverse learning needs and

styles of all children. In line with this, Mampane (2015:105) explains that curriculum differentiation and individualised learning plans are important aspects of inclusive education. In order for teachers to differentiate instructions, they need to utilise a variety of teaching strategies as well as consider the following (Dreyer, 2015:24; Engelbrecht, Swanepoel, Nel & Hugo, 2013:157 & 272):

a) **Curriculum content** (what they teach): The content needs to be concrete and understandable for children with mild intellectual difficulties, while it needs to be enriched to stimulate those children who are more advanced. The terminology used to achieve is unwounded, unmodified, straddled and enhanced learning.

b) **Process and procedures** (how they teach): Using various teaching and learning methods, materials and strategies to ensure access and active participation to learning experience. Clustering of groups and intervention procedures is also important.

c) **Product** (assessment): Using alternative, adaptive or modified assessment methods without compromising curriculum standards. These include quantity and size, reinforcements, input and output, substitution, alternate goals etc.

d) **Timing and scheduling:** Some children need extra time to complete tasks or assistance to organise tasks. Arranging extra time and scheduling requires a collaborative approach with the School-based Support Team (SBST) and the District-based Support Team (DBST).

e) **Learning environment** (where they teach): Managing classroom environments and creating a physical space that is age appropriate and conducive to learning affects the child's psychosocial behaviour and learning.

Weeks (2003:20) states that the curriculum is one of the most significant barriers to learning in schools. The current Curriculum and Assessment Policy Statement (CAPS) in South Africa provides guidelines to schools with regard to curriculum content and assessment requirements (Geldenhuys & Wevers: 2013:13). These authors (2013:13) however, argue that the CAPS document does not support the requirements of the Education White Paper 6, which promotes curriculum and assessment differentiation, and therefore subverts the implementation of inclusive education. The discrepancies between theory and practice in these two policies can be ascribed to the fact that they

were generated by two separate directorates, and were not properly aligned for inclusion (Geldenhuys & Wevers, 2013:13). These discrepancies confuse teachers in terms of the teaching pedagogy as well as the assessment strategies to use, to ensure inclusive success and enhance the progression of all learners in inclusive classrooms.

Motitswe (2015:72) states that inclusive education places children at the centre of teaching and learning to accommodate their needs, learning styles and their pace of learning. Geldenhuys and Wevers (2013:10) however, report that teachers find it challenging to accommodate the learning needs of children with learning difficulties, including those with ADHD, and to work at a pace that suits their special abilities. This is due to the fact that teachers have to work at a certain pace to get through the curriculum, and seldom employ a variety of teaching strategies or use alternative assessment methods to accommodate different learning styles (Geldenhuys & Wevers, 2013:10).

Inadequately and inappropriately trained teachers

Teachers play a vital role in the successful implementation of inclusive education (Bhatnagar & Das, 2014:94). Das, Kuyini and Desai (2013:34) explain that the transformation to inclusive education takes place at classroom level, and emphasise that teachers are responsible for the envisaged change. If teachers are not confident in meeting the educational needs of children with barriers to learning, including those with ADHD, the successful implementation of inclusive education may be placed in jeopardy (Das *et al*., 2013:34). Furthermore, the Education White Paper 6 (DoE, 2001:18) expects teachers to have knowledge and skills to identify barriers to learning; to determine the levels of support that the children need; to support children in their classrooms; to differentiate the curriculum to meet the needs of all children; and to work with other support providers.

Teachers play an important role in the identification and support of children with ADHD, and it is therefore beneficial for teachers to receive training to teach children with ADHD (Guerra, Tiwari, Das, Cavazos Vela & Sharma, 2017:248). Guerra and Brown (2012:5) found that teachers lack knowledge regarding the causes, nature and outcomes of ADHD. Furthermore, Guerra *et al*. (2017:251) found that teachers regard a lack of training as a major cause for not meeting the needs of children with ADHD in their classrooms. Similarly, other researchers, such as Chireshe (2013:226) and

Geldenhuys and Wevers (2013:9) found that most teachers are not adequately trained to implement the inclusive education principles, nor do they have the experience in teaching children with barriers to learning, including those with ADHD. Das *et al.* (2013:33) also found that teachers in full-service schools do not have access to support services in their classrooms. In this regard, Tiwari, Das and Sharma (2015:131) report that teachers have limited knowledge of the inclusive education policy and many teachers' perceptions of inclusive practices are influenced by their belief systems. Teachers feel frustrated and demotivated by the lack of progress of children with learning difficulties, including those with ADHD, and feel that special education teachers are best equipped to teach these children in separate classrooms (Tiwari *et al.,* 2015:134).

Guerra *et al*. (2017:252) found that teachers do not have any coursework in their training programme regarding ADHD, and also do not receive administrative support in successfully implementing teaching strategies for children with ADHD. Training programmes tend to focus on developing a few skills relevant to inclusive education, while teachers need more comprehensive training programmes (Donohue & Bornman, 2014:9). In line with this, Stofile (2008:148) found that teachers report that although workshops raise their awareness of inclusive education policies and disability issues, they felt that the training they had received is inadequate. Additionally, Das *et al.* (2013:34) report that short seminars or workshops were ineffective and suggested that ongoing professional development programmes be made available to mainstream schoolteachers. By contrast, Guerra *et al.* (2017:253) found that the amount of training is not as important as the type and quality of such training.

Research has found that, as a result of inadequate training, some South African schools lack teachers who have the necessary knowledge and skills to accommodate diversity in their classrooms (Dalton, Mckenzie and Kahonde, 2012:5; Donohue & Bornman, 2014:9). Furthermore, Donohue and Bornman (2014:4) explain that before the social model of disability was accepted, teachers in South Africa were trained to teach either general education or special education and this produced many teachers without the necessary skills to teach children with barriers to learning, including those with ADHD. Adding to these findings, Engelbrecht *et al.* (2016:529) found that South African mainstream teachers struggle to accommodate children with barriers to

learning, including those with ADHD, in their classrooms due to a lack of specialised training; overcrowded classrooms; too little time for individual attention; and a lack of learning support resources.

According to Donohue and Bornman (2014:10) the Department of Education first needs to determine the extent to which teachers are prepared to teach diverse children within one classroom, and then provide comprehensive in-service training in areas where the teachers lack knowledge and skills. Together with this, specialised support teams such as SBSTs and DBSTs need to be allowed into classrooms to provide practical training to teachers to enable them to address barriers to learning in inclusive classrooms (Donohue & Bornman, 2014:10). Furthermore, Prithivirajh and Edwards (2011:36) suggest that if more training on issues pertaining to ADHD was included in teacher training programmes, it would help teachers to better understand ADHD and the impact it has on children and their families. This would lead to teachers being more sensitive and empathetic towards these families. Trained teachers who have the necessary knowledge and skills will be able to differentiate instructions and adapt assessments to meet the needs of children with ADHD in their classrooms (Maguvhe, 2015:11).

Parental recognition and involvement

Literature reports little research on parental involvement in inclusive education settings, which result in the lack of conclusive data regarding the support children with ADHD need, and the options parents have (Srivastava, De Boer & Pijl, 2015:189). Goldman and Burke (2017:111) report that previous studies only focus on parent participation during the individualized education plan (IEP) meetings. This is despite the fact that parents of children with barriers to learning, including those with ADHD, may also benefit from other types of involvement at the school.

Daniel (2011:166) describes parental involvement as participating in home, school and community-based activities that might contribute to their children's education success. Research has found that when parents are involved in their children's education, the children take more responsibility for their learning, are self-regulated, more motivated to learn, persevere despite academic challenges, and experience satisfaction in their schoolwork (Gonzalez-DeHass, Willems & Holbein, 2005:117-118). Furthermore,

teachers understand children better, and parents understand their roles and responsibilities when school-family relationships are built (Stofile, 2008:144).

Teachers agree that parental involvement is important in children's academic success and learning process (Al-Fadley, Al-Holy & Al-Adwani, 2018:130; Guerra, Tiwari, Das, Cavazos Vela & Sharma, 2017:252). Research found that teachers are in favour of parental involvement and feel empowered by it (Dor & Rucker-Naidu, 2012:256). Teachers viewed the non-involvement of parents as challenging to their efforts to provide support to children with learning difficulties, including those with ADHD (Nel, Tlale, Engelbrecht & Nel, 2016:8). According to Stofile (2008:87) parental involvement depends on parents' ability to make meaningful contributions to the prevention, identification and removal or minimisation of barriers to learning. On the other hand, Fisher and Kostelitz (2015:300-302) found that teachers have an influence on parental involvement levels, which depends on teachers' qualification, work experience as well as school type and climate.

Parents experience barriers to participation in their children's education, despite their efforts to attend school functions with an aim to support teachers (Arar, Abu Nasra & Alshafi, 2018:329). In Finland, mothers of children with ADHD made attempts to get more closely involved in their children's education because they lacked confidence in the teachers' knowledge and expertise of ADHD (Honkasilta, Vehkakoshi and Vehmas, 2015:686). These mothers also felt that teachers controlled their involvement in their children's schooling (Honkasilta *et al*., 2015:687). This is in line with the findings of Dor and Rucker-Naidu (2012:256) who found that teachers only found parental involvement beneficial and helpful so long as the parents were willing to respond to their instructions but that they were not open to discuss curricular issues with the parents. Some parents felt that teachers used them to fulfil roles like cleaning and conflict resolution, but excluded them from strategic planning and decision making (Stofile, 2008:142). Some research has found that parental involvement is met with resistance, because teachers regard parents as a menace or intimidation to their professional status and to the principal's authority; and therefore, the teachers ignore parental initiatives and exclude parents from school management and decision making (Arar *et al*., 2018:337; Fisher and Kostelitz, 2015:300). On the other hand, teachers express tension with regard to, and their reservations about, parental involvement

saying that it posed challenges such as: disrespect, miscommunication, mistrust, dealing with over-protective parents, getting parents to collaborate, and a lack of time (Dor & Rucker-Naidu, 2012:256). The section below discusses mothers' lived experiences and their involvement in the inclusion of their children with ADHD in mainstream classrooms.

2.2.6 Mothers' lived-experiences of having a child diagnosed with ADHD

It is important to understand mothers' lived-experiences of having a child with ADHD, because this may have an influence on their views and contribute towards the support children with ADHD need in mainstream classrooms. In this section, the findings of studies done internationally and locally regarding mothers' lived-experiences of having a child diagnosed with ADHD, are discussed.

International studies found that it is an emotional journey to parent a child with ADHD, with family functioning impeded as a result of conflict and organisational problems (Moen, Hedelin, & Hall-Lord, 2016:5). Mothers find it challenging to raise and support children with ADHD, and struggle to maintain a bearable family life (Laugesen *et al.*, 2016:151). In addition, mothers find it difficult to cope with the overwhelming emotions their children's behaviour stir in them, which include intense anger (Leitch, Sciberras, Post, Gerner, Rinehart, Nicholson & Evans, 2019:5). Durukan, Erdem, Tufan, Congologlu, Yorbik and Turkbay (2008:221) state that mothers feel incompetent in their parenting role, because they spend more time attending to their ADHD children's needs and spend less time with themselves. Mothers also feel guilty for spending a lot of time with the ADHD child and neglecting to spend time with spouses and siblings (Laugesen *et al.*, 2016:162). Some mothers feel that they are not supported by their husbands and other family members (Laugesen *et al.*, 2016:157). Furthermore, parents often tend to disagree on how to deal with their child (Laugesen *et al.*, 2016:162) which can lead to more conflict between the parents and even cause marital problems (Navab, Dehghani & Salehi, 2019:154), which sometimes results in divorce (Wymbs, Pelham, Molina, Gnagy, Wilson & Greenhouse, 2008:741). This is in line with the findings of Spindler, Hotopp, Bach, Hornemann, Syrbe, Andreas, Merkenschlager, Kiess, Bernhard, Bertsche, Neininger and Bertsche (2017:1126) who found that one in four parents of children with developmental and learning disorders broke up due to their child's condition, and that the breakup often aggravates the

financial burden of the parents. Mothers tend to blame themselves, but also feel blamed by others for their child's bad behaviour, which results in mothers experiencing high stress levels (Du Toit & Swart, 2018:421; Laugesen *et al.*, 2016:157). In line with these findings, Wong and Goh (2014:610) report that mothers' stressful moments revolve around their children's behaviour and academic work. It should be noted, that although there are stressful moments in the parent-child relationship, mothers and their children with ADHD also share pleasant moments (Wong & Goh, 2014:609).

Very few studies have been conducted locally on parental experience of raising a child with ADHD (Prithivirajh & Edwards, 2011:36). Sundarlall, Van der Westhuizen and Fletcher (2016:1) found that parents of children with ADHD experience higher stress levels due to their children's behavioural problems. Similarly, Mohangi and Archer (2015:1) found that it is very stressful for mothers to raise their children with ADHD, and that they need constant emotional support and re-assurance from multi-professional teams. Paruk and Ramdhial (2018:1) found that there is a higher incidence of caregiver burden, depression and anxiety symptoms among parents raising children with a mental disorder, including those with ADHD. This study argues that mothers not only find it challenging to deal with the everyday challenges of raising a child with ADHD, but they are also not supported by mainstream schools to help their children achieve success. The mothers' lived-experiences of selecting and enrolling their children with ADHD in schools are discussed in the following section.

2.2.7 Mothers' lived-experiences of selecting and enrolling their children with ADHD in school

International studies found that mothers feel that they struggle to get professional support for their children with ADHD in the school environment (Laugesen *et al.*, 2016:160). In addition, Gwernan-Jones *et al.* (2015:280) state that when children exhibit learning difficulties and disruptive behaviour in the classroom, it negatively affects parent-teacher relationships. Furthermore, Gwernan-Jones *et al.* (2015:286) found that mothers are silenced, which relate to others making negative judgements not only about the problem behaviour of the child with ADHD, but also about the child's mother. Mothers feel insulted and criticised by teachers when they want to share information and knowledge with the teacher (Gwernan-Jones *et al.*, 2015:290). Additionally, mothers feel that teachers are not sensitive to and show little

understanding of their efforts (Thompson & Emira, 2011:71). Soberingly, Honkasilta (2016:71-72) argue that "informed knowledge and experience of ADHD can be a double-edged sword". It can either assist teachers to develop strategies and skills to handle children with ADHD, or it can negatively influence teachers' perceptions towards children with ADHD. In contrast, some parents have positive experiences with teachers who share information and work collaboratively with them, but these experiences are described as "the exception rather than the rule" (Gwernan-Jones *et al.*, 2015:289). Chiasson and Olson (2007:90) state that collaboration and communication are vital for the success of all children, but found that barriers to collaboration between parents and teachers exist. Parents feel that communication with teachers is inconsistent and often only occurs when the parents initiate it or when incidents occur at schools (Chiasson & Olson, 2007:92). Thompson and Emira (2011:74) state that parents wish for their children to be accepted in schools, to be treated equally and to have access to support services, and also, for better training of mainstream teachers about children with ADHD. In agreement to this, Honkasilta (2016:76) states that inclusion cannot be achieved through teaching strategies alone, but that a paradigm shift towards children diagnosed with ADHD is what is needed from the different role players in the child's life.

A South African study found that teachers, parents and children, including those with ADHD in schools, struggle daily to overcome barriers to learning (Mohangi & Archer, 2015:1). Mohangi and Archer (2015:1) continue to argue that early identification and support are the two most effective approaches to overcoming barriers to learning. However, Geldenhuys and Wevers (2013:11-12) mention that South African schools lack the capacity for early identification of learning barriers and proper assessment of children's strengths and weaknesses and that there is limited collaboration and cooperation between the home and school environment. As a result of teachers' negative attitudes and lack of knowledge about ADHD, parents often feel excluded from the decisions made about their children's education (Du Toit & Swart, 2018:416). Geldenhuys and Wevers (2013:11) found that there is a lack of effort from the school to build and maintain positive relationships with parents, which then results in parents being reluctant to cooperate with the school and other role players. In order to manage all these, mothers also need to have emotional intelligence characteristics that may

enhance positive lived-experiences of the inclusion of their children with ADHD in mainstream schools. This will be discussed in the next section.

The effect of emotional intelligence on mothers' lived-experiences

Emotional intelligence (EI) is the ability to recognise, understand and express one's own feelings in a non-destructive way; to be aware of other people's needs and feelings; to be able to relate to others; establish and maintain meaningful relationships; and to cope with daily demands, challenges and pressures (Bar-On, 2006:14; Bar-On, Maree & Elias, 2006:3).

Conscious and cognizant mothers build strong emotional connections with their children and respect and accept them as they are (Branstetter, 2016:11). Finzi-Dottan, Triwitz and Golubchik (2011:8) emphasise the role of EI in perceiving ADHD children's behaviour as thinkable and manageable, therefore promoting parental growth. EI thus enables parents to control their emotions towards their children with ADHD, to be empathetic and cope with stressful situations (Finzi-Dottan *et al.*, 2011:8). Similarly, Du Preez (2010:42) states that emotionally intelligent individuals have the ability to compare themselves with others (empathy, compassion, identify with emotions) as well as to adapt to their environment (socio-economic background, illness, barriers) while taking on certain roles and responsibilities (work, family, motherhood). In other words, emotionally intelligent mothers are able to recognise and manage their emotions towards their children with ADHD, accept and have empathy for their children, and be able to cope with the challenges that their children with ADHD pose. However, Finzi-Dottan *et al.* (2011:517) argue that studies have not been conducted to investigate the associations between emotional intelligence and parenthood of children with ADHD.

Leitch *et al.* (2019:4) assert that parents often described their ADHD children's outbursts as uncontrollable, intense, frequent and disruptive. Parents find it difficult to control their reactions during these outbursts and some resort to screaming and shouting (Leitch *et al.*, 2019:5). Parents feel emotionally and physically exhausted by always having to anticipate the potential behaviour of their children with ADHD (Leitch *et al.*, 2019:5). In addition, Durukan *et al.* (2008:221) explain that the chronic nature of ADHD means that parents continually have to face challenges and deal with them. Some parents however, develop coping strategies which involve removing themselves

from the situation, while others use self-monitoring to avoid triggering outbursts (Leitch *et al.*, 2019:5). This means that parents monitor what, how and when they say something, to avoid upsetting their ADHD child (Leitch *et al.*, 2019:5). Mofokeng and Van der Wath (2017:141) state that parents of ADHD children struggle to cope with their children's challenging behaviour. The challenges that their children with ADHD experience necessarily evoke certain needs on the part of the mothers. The needs of the mothers of children with ADHD are discussed in the following section.

2.2.8 The needs of mothers of children with ADHD

ADHD has a significant and lifelong influence on the parents of children diagnosed with this condition (Du Toit & Swart, 2018:400). Additionally, children with learning difficulties, including those with ADHD, create certain needs on the part of families (Guralnick, 2005:315-316), which include the following:

Information needs

Wiese, Bosman, Van Heerden and Joubert (2018:394) found that collaboration and communication between teachers and parents are important when children with ADHD experience barriers to learning and add that parents have a need for information and training sessions. According to Guralnick (2005:315) parents need information with regard to:

- the particulars of their children's diagnosis and long-term expectations.
- guidance regarding everyday interactions.
- guidance to understand their children's cues to index their needs and developmental status.
- guidance in managing behaviour problems.
- the most effective intervention programmes and childcare arrangements.

Prithivirajh and Edwards (2011:34), who found that parents who attended a parent stress management programme gained increased skills and an increased sense of power, confirm these findings. The parents in that study acknowledged the importance of education and training and felt that the knowledge that they had gained, helped them to feel less guilty about their child's condition; to have more realistic expectations for their child with ADHD; to change their approach and perception towards problem situations; and to feel empowered and confident of their ability to deal with situations.

Shannon, Grinde and Cox (2003:168) emphasise that parents need specific, complete, and accurate information about their child's condition and the support and services available to meet their needs.

Support needs

Interpersonal and family distress is frequently noted in families living with a child with ADHD, and this can become isolating and debilitating (Guralnick, 2005:316). Family members are an important source of support to parents of children with ADHD (Spindler *et al*., 2017:1127). However, parents' experiences reveal that their children are discriminated against, not only by other children but also by teachers and own family members (Spindler *et al*., 2017:1127). This lack of support aggravates the emotional burden for the parents (Spindler *et al*., 2017:1127). Similarly, Malatji and Ndebele (2018:136) report that parents of children with intellectual difficulties, including those with ADHD, experience rejection and discrimination from the community, which result in feelings of isolation, loneliness, and exclusion. Although children with ADHD experience unique challenges, little support is available to their parents (Du Toit & Swart, 2018:415). The SIAS document (DBE, 2014:35-37) also describes parents' responsibilities and refers to the School-Based Support Team's role in helping to outsource support for the parents but does not give guidelines in this regard. To date, most research studies on the topic have focused on the child with ADHD, with very few studies focusing on parental emotional well-being (Prithivirajh & Edwards, 2011:36).

Mothers of children with ADHD are considered the most important people to facilitate the support that is needed for the educational needs of their children to be met, and therefore, require an optimal level of mental health themselves (Navab, Dehghani & Salehi 2019:155). Social support is an important resource that can reduce the stress levels of mothers of children with ADHD, which in turn can lead to their being better able to cope with challenging situations (Finzi-Dottan *et al*., 2011:517). Group therapy has been shown to improve the depression and anxiety levels of mothers of ADHD children. Sharing their feelings and experiences with other parents and feeling that they are supported and are also helpful to others is believed to be a de-stressing strategy for mothers of children with ADHD (Danino & Shechtman, 2012:600; Navab *et al*., 2019:154). Furthermore, compassion-focused group therapy may enhance the

emotional intelligence of mothers of children with ADHD by helping them to overcome difficult emotions, talk about negative experiences and build acceptance, resilience and flexibility (Navab *et al.*, 2019:154). Prithivirajh and Edwards (2011:34) confirm that parents who had attended a parent stress management programme gained a sense of belonging and were able to connect with other parents of children with ADHD who understood and accepted their experiences of their child with ADHD. In this group, parents could express their feelings about living with a child with ADHD and receive support to deal with the everyday challenges of raising a child with ADHD (Prithivirajh & Edwards, 2011:34).

Alongside social support, parents also have a need for professional support (Allan, Wilkes-Gillan, Bundy, Cordier & Volkert, 2018:263). Parents feel that the professional support that they receive reduce the strain on the parent-child relationship and helps them to address their concerns when they compare their children with ADHD to typically developing peers (Allan *et al.*, 2018:263). Parents also seek validation from professionals with regard to their children's progress (Allan *et al.*, 2018:263). Similarly, Mohangi and Archer (2015:6) found that mothers need the constant support of educational psychologists for reassurance in terms of allaying their fears, in other words they want to hear that their feelings and experiences are normal. They also need relevant information regarding ADHD, guidance about what to expect of their children; and to learn how to fulfil a liaison function between their child and teachers who lack knowledge and understanding of ADHD.

Resource needs

Spindler *et al*. (2017:1126) discuss the enormous financial burden that children with developmental and learning disorders, including those with ADHD, pose to parents. Malatji and Ndebele (2018:136) agree that it can be costly to raise a child with a learning difficulty, as parents need money to send their children to special schools and pay for therapy sessions (Malatji & Ndebele, 2018:138). Doctors and other professionals recommend services that they regard necessary, but parents decide which services are best and their decisions are influenced by medical aid coverage, the presentation of available information and the family budget (Shannon *et al.*, 2003:167). Parents thus consider the cost of services and 'out-of-pocket' expenses when they decide which services are key (Shannon *et al.*, 2003:169).

Guralnick (2005:316) argues that health and developmental services expenses can accumulate. When the recommended services do not fit into the family budget, it also creates stress for the family (Malatji & Ndebele, 2018:136; Shannon *et al.*, 2003:169). Because they are viewed as the primary caregivers, it is especially the mothers of these children that are affected (Spindler *et al.*, 2017:1126). This is in line with the findings of Ansari, Dhongade, Lad, Borade, Yg, Yadar, Mehetre and Kulkarni (2016:17) who found that although all family members are affected by the presence of a child with a neuro-developmental disorder (including ADHD), it is mostly the mothers' health and life that are affected. Many of these mothers have to reduce or terminate work to take care of their children (Spindler *et al.*, 2017:1126). This is also consistent with the findings of Shannon *et al.* (2003:169) who found that parents often have to make sacrifices to afford the expenses of their children's therapy. These sacrifices include quitting one's job; using study and retirement funds; declaring bankruptcy; and foregoing family vacations (Shannon *et al.*, 2003:169). Furthermore, parents feel guilty when they are not able to provide the services that their children need, and they also feel guilty for neglecting the needs of other children in the family (Shannon *et al.*, 2003:170). Yeung, Linver and Brooks-Gunn (2002:1875) found that income instability leads to maternal emotional distress, which is associated with more punitive parenting styles, and behaviour problems in children.

2.3 CONCEPTUAL FRAMEWORK

The conceptual framework represents the researcher's understanding of how the research problem will best be explored, gives direction to the research study, and maps the relationship between the different aspects of the study (Grant & Osanloo, 2014:16-17). The conceptual framework thus provides a logical structure of connected concepts that helps provide a picture of how ideas relate to one another in the study (Grant & Osanloo, 2014:17). Nieuwenhuis (2016:74) describes the conceptual framework as the anchor for the study. The conceptual framework justifies the selection of participants, the research design and also shows a link between the research questions and methodology (McMillan & Schumacher, 2014:86). Similarly, Grant and Osanloo (2014:16) state that the conceptual framework supports the data and helps interpret and explain the findings of the study.

Because of the complexities within the phenomena under study, this study used the concepts 'ADHD', 'systems' and 'emotional intelligence' as building blocks and located their theoretical findings in each of three theoretical frameworks, namely: ADHD as described from the medical deficit theory; family unit, classrooms and the school using Bronfenbrenner's bio-ecological systems theory; and Bar-On's emotional intelligence theory to interpret the mothers lived-experiences. This section explains the concepts embedded in each theory, where after the conceptual map of this study is presented.

2.3.1 Medical-deficit theory

The medical deficit theory has its strengths and weaknesses. Swart and Pettipher (2016:5) state that, in the early 1900s, the medical deficit theory was popularly used to describe disabilities, including ADHD, in education. The medical deficit theory was used to identify, describe, diagnose and treat disabilities, including ADHD (Swart & Pettipher, 2016:6). In this study, the medical deficit theory will be used to describe the definition and characteristics of ADHD. A weakness of the medical deficit theory is that the problem is looked at as from within the child, which often results in children being labelled, excluded and treated differently (Swart & Pettipher, 2016:6). I want to emphasise that this study only used the medical deficit theory to get a better understanding of what ADHD is and what the characteristics of children with ADHD are.

2.3.2 Bronfenbrenner's bio-ecological systems theory

Bronfenbrenner's bio-ecological model affirms the vision of inclusive education and explains that the child's development and learning is affected by a multitude of interactions, interrelationships, and influences between the child and other systems (Bronfenbrenner, 2005:80; Swart & Pettipher, 2016:11; Mohangi & Archer, 2015:3). The focus of Bronfenbrenner's bio-ecological theory is four dimensional, namely: proximal processes; person characteristics; systems/contexts; and time (Bronfenbrenner, 2005:77; Swart & Pettipher, 2016:12). This theory is also referred to as the "process-person-context-time" model (Swart & Pettipher, 2016:12). Although all four dimensions have an important impact on the development of children and parents' experiences, this study only focuses on systems/context and time dimensions to find answers to the research questions. Woolfolk (2014:75-76) explains that context is the total environment that surrounds and interacts with a person's actions, feelings, and

thoughts to shape development and learning; as well as affects how actions are interpreted. The context in which we develop are ecosystems that constantly interact with and influence each other (Woolfolk, 2014:76). Bronfenbrenner's bio-ecological theory was used in this study to identify and explain how interactions between the different systems impact the child's development and learning, and sometimes lead to barriers in learning. This, in turn, has influences mothers' experiences of their children's access to and participation in quality education. Bronfenbrenner's bio-ecological theory identifies five layers of systems, namely: the microsystem; the mesosystem; the exosystem; the macrosystem, and the chronosystem (Bronfenbrenner, 2005:80-81; Swart & Pettipher, 2016:13; Woolfolk, 2014:76). The aspects within each system that influence the inclusion of children with ADHD are discussed below.

The microsystem

This is the immediate environment where interaction takes place and where children initially learn about the world. It involves close contact with family, peers and teachers (Bronfenbrenner, 2005:80; Kamenopoulou, 2016:516; Swart & Pettipher, 2016:14; Swick & Williams, 2006:372; Woolfolk, 2014:76). It is thus characterised by those individuals and events closest to one's life, and involves continual face-to-face contact (Swart & Pettipher, 2016:14). Relationships in the microsystem is bidirectional, which means that the child affects the parents and the parents influences the child; also, the teacher influences the parents and the parents affect the teacher, and these interactions affect the child (Woolfolk, 2014:76).

In this study the school, mothers, teachers and peers are the immediate individuals who should ensure that children with ADHD have access to and participate effectively in mainstream classrooms. Within this system, children should feel protected, loved, supported and have a sense that they belong (Swart & Pettipher, 2016:14). Teachers need to have knowledge about ADHD to implement inclusive strategies and create a learning environment that promotes access and participation for all children. In order for mothers to be able to support their children with ADHD, they need to understand their children's condition, have empathy, and be aware of their own emotions and feelings. Raising a child with ADHD can be challenging, but mothers who effectively and constructively manage and control their emotions, are able to think objectively,

adjust to new situations and effectively solve problems of a personal and interpersonal nature. When mothers understand their children's condition, they adapt strategies to deal with challenging situations, respect and accept their children as they are and see the brighter side of situations.

The mesosystem

This system refers to the interrelationships between two or more of the microsystems. The family, school and peer group interact with each other and influence each other (Bronfenbrenner, 2005:80; Kamenopoulou, 2016:516; Swart & Pettipher, 2016:15; Woolfolk, 2014:76).

In this study, the mesosystem involves the collaboration between principals, teachers, peers, and mothers. Principals need to ensure that schools embrace the principles of inclusive education and support teachers to be caring and inclusive. Teachers need to be knowledgeable about ADHD, willing to implement inclusive strategies to engage children with ADHD in their classrooms, and involve mothers in decisions about their children's academic work. Mothers' lived- experiences involve building relationships with all the people involved in their children's teaching and learning, such as other parents, teachers, principals, peers, and other professionals. Listening to and understanding parents' lived-experiences is necessary because parents are a vital support system within the school community (Swart, Engelbrecht, Eloff, Pettipher & Oswald, 2004:83). Parents provide valuable information about their children's condition, and their lived-experiences of inclusion help to deepen their expectations regarding inclusive schools. They help to clarify what inclusive education is; and they inform the nature and development of parent-school partnerships (Swart *et al.*, 2004:83). In addition, because positive relationships with peers are important for children's social development, schools and mothers need to encourage and create opportunities for interaction with peers (Geldenhuys & Wevers, 2013:8).

The exosystem

Even though the child is not directly involved in it, the exosystem is the context or environment that affects the child, and includes the education system, parents' workplace, health services (Bronfenbrenner, 2005:80; Kamenopoulou, 2016:516; Swart & Pettipher, 2016:15; Woolfolk, 2014:76). The School Governing Bodies are

responsible for creating school policies to support learners with learning barriers, including those with ADHD (Geldenhuys & Wevers, 2013:4).

In this study, the exosystem refers to the SBST that need to support teachers regarding the implementation of the SIAS process and provide individualised learning support plans to children with barriers to learning, as well as ensure parent involvement. Motitswe (2014:263) found that SBSTs often do not function effectively, hold meetings irregularly and do not work collaboratively with the schools and teachers.

The macrosystem

This system refers to the values, attitudes, beliefs, traditions, conventions and laws, including government policies, of the broader society (Bronfenbrenner, 2005:81; Kamenopoulou, 2016:516; Swart & Pettipher, 2016:15; Woolfolk, 2014:76).

In this study, the macrosystem refers to the national Department of Education that formulates policies and provides guidelines to implement inclusive education. As has already been discussed, South Africa has policy documents in place, but their practical implementation seems problematic.

The chronosystem

This system refers to the time period in which a child's development takes place and which also influence a child's development (Bronfenbrenner, 2005:83; Swart & Pettipher, 2016:15; Woolfolk, 2014:76).

Inclusion is an ongoing and continuous process that culminates in a "learning journey" for families, schools and communities (Swart *et al.*, 2004:103). ADHD is a condition that has a lifelong effect on the development of the child, and therefore in this study, the chronosystem refers to the journey that the mother and child with ADHD embark on from the time that symptoms occur, to diagnosis, to professional therapy sessions, to the implementation of intervention strategies to enhance participation and acceptance of the child with ADHD.

2.3.3 Bar-On's Emotional Intelligence theory

Bar-On (2006:14) describes emotional intelligence as the ability to recognise, understand and express one's own feelings; to be aware of other people's needs and

feelings; to be able to relate to others and establish and maintain meaningful relationships; as well as to cope with daily demands, challenges and pressures.

The Bar-On Emotional Quotient Inventory (EQ-i) is an instrument that is used to access EI, according to five scales with their corresponding sub-scales (Bar-On, 2006:4). Table 2.1 presents a summary of the EQ-i scales and describes the competencies that they assess.

Table 2.1 The Bar-On EQ-i scales and what they assess

EQ-i SCALES	The EI competencies and skills assessed by each scale
Intrapersonal	Self-awareness and self-expression:
Self-regard	To accurately perceive, understand and accept oneself
Emotional self-awareness	To be aware of and understand one's emotions and feelings
Assertiveness	To effectively and constructively express one's feelings
Independence	To be self-reliant and free of emotional dependency on others
Self-actualization	To strive to achieve personal goals and actualize one's potential
Interpersonal	Social awareness and interpersonal relationship:
Empathy	To be aware of and understand how others feel
Social responsibility	To identify with one's social group and cooperate with others
Interpersonal relationship	To establish mutually satisfying relationships and relate well with others
Stress management	Emotional management and regulation:
Stress tolerance	To effectively and constructively manage emotions
Impulse control	To effectively and constructively control emotions
Adaptability	Change management:
Reality testing	To objectively validate one's feelings and thinking with external reality
Flexibility	To adapt and adjust one's feelings and thinking to new situations
Problem-solving	To effectively solve problems of a personal and interpersonal nature
General mood	Self-motivation:

Optimism	To be positive and look at the brighter side of life
Happiness	To feel content with oneself, others and life in general

(Adapted from Bar-On, Maree & Elias, 2006:4)

In this study, Bronfenbrenner's bio-ecological theory was adopted to understand aspects that influence the inclusion of children with ADHD in mainstream classrooms. Children do not develop in isolation from other systems, but rather, the systems help determine success in their school careers (Mahlo, 2011:21). All children, including those with barriers to learning, such as ADHD, will benefit if all systems work collaboratively. There are challenges at all levels which impact on the successful implementation of inclusive education, such as teacher attitudes towards inclusion, lack of teacher training, inadequate support services, and lack of parental recognition and involvement in their children teaching and learning. These challenges not only affect children's development and learning, but also influence mothers' lived-experiences and well-being. In order for mothers to deal and cope with the challenges that their children with ADHD pose, they require certain characteristics, such as emotional intelligence, amongst others. This study also adopted Bar-On's emotional intelligence theory, to understand how mothers deal and cope with the challenges regarding the inclusion of their children with ADHD in mainstream classrooms. An understanding of mothers' lived-experiences is relevant to Bronfenbrenner's systems approach, which emphasizes the interaction and interdependence between the child, parents, and school community (Swart *et al.*, 2004:83). Identifying the interrelationship between the different systems facilitates a better understanding of the inclusion of children with ADHD in mainstream classrooms and allows for the exploration of mother's lived-experiences regarding the inclusion of their children. Figure 2.2 presents the conceptual framework that was designed for this study to represent the multifaceted phenomenon.

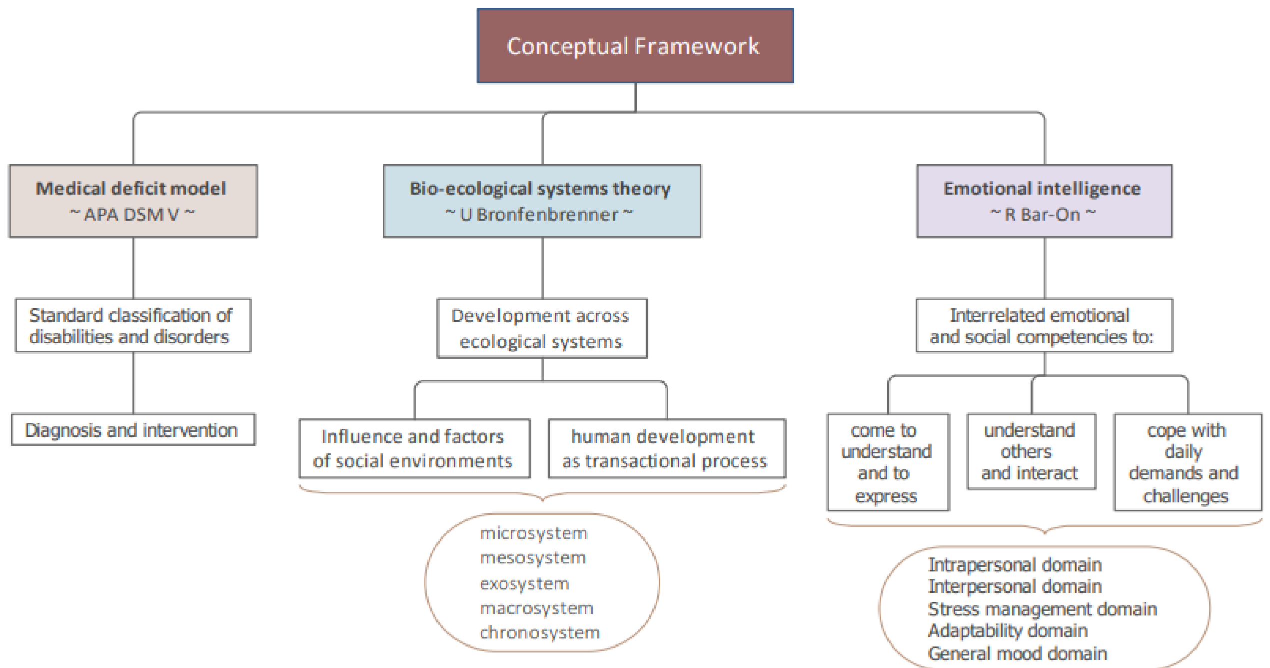

Figure 2.3 Conceptual framework of the study

2.4 SUMMARY

This chapter discussed the main concepts of the study namely: ADHD, inclusive education, mothers' lived-experiences of having a child with ADHD, and the role of emotional intelligence in the mothers' lived-experiences with regard to the inclusion of her child with ADHD in a mainstream classroom. This discussion was based on a thorough literature study regarding these concepts. This chapter also focused on the barriers to the implementation of inclusive education as well as the needs of mothers of children with ADHD. Furthermore, the conceptual framework of the study was discussed. In the next chapter, the methodological structure of the study will be explained.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

The previous chapter covered information that is available in the existing literature regarding the concepts of ADHD, inclusive education, and mothers' lived-experiences of having a child with ADHD. Furthermore, the multifocal conceptual framework was presented as a lens through which to understand the inclusion of children with ADHD in mainstream classrooms, and the lived-experiences of their mothers regarding their inclusion.

This chapter discusses the research methodology. The methodology chapter is used to explain the scientific process that the study used to answer the research questions. This research process constitutes the research design, sampling, research site, data generation strategies as well as data analysis (McMillan & Schumacher, 2014:18). Finally, yet importantly, the role of the researcher, the ethical considerations and the trustworthiness of the study are discussed.

Research methodology is systematic and purposeful (McMillan & Schumacher, 2014:16). Research begins with the identification of a problem that needs to be investigated and a review of related literature (McMillan & Schumacher, 2014:18). The researcher then formulates the research questions, followed by the selection and implementation of appropriate methods to generate data. After data have been generated, it is analysed and interpreted. Finally, conclusions are drawn to provide answers to the research questions (McMillan & Schumacher, 2014:18). Research methodology thus refers to a design that the researcher utilises to select strategies for data generation and analysis procedures to investigate a specific research problem (McMillan & Schumacher, 2014:16). This design of the study is based on what will provide the best answers to the research questions (McMillan & Schumacher, 2014:18), and is therefore informed by the research questions (Hartell & Bosman, 2016:35).

As stated in Chapter 1, the aim of this study was to explore the lived-experiences of mothers of children with ADHD with regard to the inclusion of their children in a

mainstream classroom. As justified in chapter 1, the following research questions were used to guide the investigation and gain an in-depth understanding:

Primary research question:

- What are the lived-experiences of a mother of a child diagnosed with ADHD with regard to the inclusion of her child in a mainstream classroom?

Secondary research questions:

- What does inclusive education mean to a mother of a child diagnosed with ADHD?
- What factors do a mother of a child diagnosed with ADHD regard as barriers to the inclusion of her child in a mainstream classroom?
- How can a mother of a child diagnosed with ADHD be supported with regard to the inclusion of her child in a mainstream classroom?

The table below outlines the research methodology that was used to generate the empirical data for this study. The table in chapter 1 is reintroduced and explained in more detail in this section.

Table 3.1 Detailed overview of the research methods and process

Methodological framework	**Methodological justifications**	**Practical implications**
Meta-theoretical paradigm	Conceptual framework	Fusion of: • Bronfenbrenner's bio-ecological systems theory • Medical deficit model • Bar-On's emotional intelligence model
Research paradigm	Interpretivism	• Ontological assumptions: Nominalist: Reality is socially constructed meaning that individuals assign to phenomena in their social world. • Epistemological assumptions: No fixed truths, as reality and meaning are dependent on various factors. • Assumptions about human nature: Voluntarism: Voluntary cooperation of individuals, we can act as free.

		• Methodological preferences: Idiographic: subjective and unique experience of an individual

Research approach	Qualitative	Principles
		• Nature of human experiences
		  ○ Tends to start with 'what', 'how'
		  ○ Exploring within the context of everyday life, and each individual's meanings and explanations.
		  ○ Seeks to understand and explain beliefs and behaviours within the context that they occur.

Research design	Narrative case study	• Closed system • Has a personal narrative • Relevant and relatable • Real-life results with an underlying outcome • Grounded in factual statements • Inspire others to action

Research strategies	Sample and research site	• Non-probability
		  ○ Purposive technique
		  ○ Recruitment of mother participants
		    ▪ Inclusion and exclusion criteria
		• Private school with small classroom setting as research site

	Data generation technique and documentation method	• Literature review
		• Verbal
		  ○ Semi-structured interviews
		• Non-verbal
		  ○ Construction of memory books
		  ○ Time-line
		• Field notes
		• Identify EQ components in data sets

	Role of the researcher	• Behave honestly and ethically • Safeguard participants and their data • Access the thoughts and feelings of participants • Convey knowledge to body of scholarship

Data analysis strategy	Inductive method	• Thematic Analysis. Data sets are:
		  ○ Organised and coded
		  ○ Categorised

		○ Seeking patterns ○ Interpreted with literature and theoretical framework • Theme 1: The lived-experiences of the mother about her child presenting ADHD ○ Subtheme 1.1: Symptoms and diagnosis ○ Subtheme 1.2: School placement • Theme 2: The lived-experiences of the mother about her family in the presence of ADHD ○ Subtheme 2.1: Demographic profile ○ Subtheme 2.2: Functionality and dynamics ○ Subtheme 2.3: Parenting • Theme 3: The lived-experiences of the mother about the school in the presence of ADHD ○ Subtheme 3.1: Demographic profile ○ Subtheme 3.2: Management and monitoring inclusive practices ○ Subtheme 3.3: Referral and support ○ Subtheme 3.4: Classroom environment and setup • Theme 4: The lived-experiences of the mother about her needs in the presence of ADHD ○ Subtheme 4.1: Intrapersonal and interpersonal domain ○ Subtheme 4.2: Stress management and adaptability domain ○ Subtheme 4.3: General mood domain
Quality assurance	Data verification method	• Credibility Believability and quality of data sets • Transferability Findings applied to similar contexts • Dependability Consistency and reliability of the research findings • Confirmability Objectivity of research during data collection and data analysis
Ethical considerations	Institutional	• Permission from the GDE • Ethical clearance from Faculty of Education ○ Informed consent ○ Voluntary participation

		○ Anonymity ○ Confidentiality ○ Privacy ○ Appropriate storage of data ○ Beneficence and non-maleficence
Research generalisations	Textual	• Analytical Understanding factors that has a cause-effect impact on relationships and systems • Logical Proposition asserting something to be true either of all members of a population or of an indefinite part of that population

Sources: Maree (2016) and Nieuwenhuis (2016)

3.2 RESEARCH PARADIGM

Maree (2016:34) describes a paradigmatic perspective "as a way of viewing the world" by using certain methods to accentuate the assumptions related to this perspective or paradigm. The purpose of research, how it will be conducted and how the results will be interpreted are all influenced by the researcher's paradigmatic beliefs (Lombard, 2016:8). Creswell and Poth (2018:19-20) asserts that when a paradigmatic perspective is defined, the interplay between the ontological, epistemological, the research question, meta-theoretical underpinnings and methodology becomes prominent. The meta-theoretical paradigm, including the ontology and epistemology of this study are discussed in this section.

3.2.1 Meta-theory

The meta-theoretical paradigm serves as the lens by which reality is interpreted (Nieuwenhuis, 2016:52). The way we view the world, will inform our understanding of the world (Cohen, Manion & Morrison, 2007:5). Furthermore, our understanding of the world is also determined by what we view understanding to be, and by what we regard as the purpose of understanding (Cohen *et al.*, 2007:5). Creswell and Poth (2018:15) explains that researchers use their own worldviews and beliefs when they conduct research studies. Researchers' assumptions may influence the research process, and it is therefore important to make all assumptions explicit beforehand (Creswell & Poth, 2018:21). The philosophical assumptions that inform researchers' choice of qualitative

research, include: ontology, epistemology and methodological assumptions (Creswell & Poth, 2018:19-21; Lombard, 2016:8-9).

Ontology

Ontology represents finding out what reality is from a certain viewpoint (Creswell & Poth, 2018:20; Nieuwenhuis, 2016:56). This study utilised an interpretivist ontological position. Nieuwenhuis (2016:58) explains that interpretivism avers that reality is only knowable through the human mind and can only be understood from within (Nieuwenhuis, 2016:60-61). Interpretivism thus focuses on subjective experiences and the ability of individuals to construct meaning in their social world (Nieuwenhuis, 2016:61). In addition, Creswell and Poth (2018:20) and Nieuwenhuis (2016:60) assert that an ontological assumption of interpretivism is that multiple realities exist, because people interpret events differently. In this study, it is argued that a diversity of interpretations can be made, and that each mother's perceptions are important and valid. The mothers are regarded as knowers, whose knowledge can only be shared by exploring their views, experiences, meanings and actions.

On the other hand, Lombard (2016:9) explains that interpretivism regards reality as the product of social, historical, political or economic interaction. Reality is thus constantly changing through external influences. In this study, children with ADHD and their mothers do not exist in isolation but are actively engaged with the various systems within the school environment. There are relationships between teachers, peers, the children with ADHD, mothers, the SBSTs and the school environment. Within the school context, the relationships between stakeholders determine mothers' experiences of the inclusion of their children with ADHD in mainstream classrooms.

Epistemology

Epistemology indicates how things can be known, or how things can be discovered (Creswell & Poth, 2018:20; Nieuwenhuis, 2016:67). Understanding a researcher's epistemology is important because one's set of beliefs (worldview) serves as a lens through which the data will be interpreted (Nieuwenhuis, 2016:52).

Adopting an interpretivistic paradigm emphasises that reality is subjective and socially constructed (Creswell & Poth, 2018:24; Lombard, 2016:9; Nieuwenhuis, 2016:61). In other words, individuals construct their own reality based on the meanings that they

assign to phenomena in their social world. The interpretivist paradigm involves individuals, and how these individuals interpret the world (Cohen, Manion & Morrison, 2011:18). To understand what reality is for the participant, the researcher has to enter the participant's world and observe it from the inside (Nieuwenhuis, 2016:60).

This study explored the mothers' shared lived-experiences through the construction of memory books. The mothers constructed the memory books in their own time, and in their own environment (the participant's world). The construction of the memory books was followed by individual telephonic interviews at a time that was convenient to the mothers. Using an interpretivist perspective in this study helped the researcher to investigate the constructions or broad meanings about lived-experiences of mothers, with reference to the inclusion of their children diagnosed with ADHD in mainstream classrooms.

I am aware that the use of the interpretivist paradigm could compromise data when participants are dishonest in their answers or oblivious to, or uninformed about the topic. Furthermore, as researcher, I could have interpreted the data incorrectly or have had bias that could influence data analysis. To overcome these challenges, I reflected on and identified my own biases, purposefully selected two mothers according to a set criteria list (discussed in section 3.5.2), and established rapport with them. I incorporated debriefing sessions with my supervisors to ensure that I do not misinterpret the data. I also acknowledge that because of the small sample size the findings of this study cannot be generalised. My intention is however, not to generalise the findings, but rather to develop an in-depth understanding of the phenomena.

3.3 RESEARCH APPROACH

Ivankova, Creswell and Plano Clark (2016:307) identify three recognised approaches in research namely, quantitative-, qualitative- and mixed methods. The choice of an approach depends on the researcher's paradigmatic position, the type of knowledge sought, and the methods used to obtain this knowledge (Ivankova *et al.*, 2016:307). Each approach has its own purposes, research methods, and strategies for generating and analysing data and criteria for judging quality (Ivankova *et al.*, 2016:307). Since the purpose of this study was to explore a mother's lived-experiences with regard to the inclusion of her child with ADHD in a mainstream classroom, a qualitative approach was used. The qualitative research approach for this study is discussed below.

3.3.1 Qualitative mode of inquiry

Creswell and Poth (2018:45) state that qualitative research is conducted when a problem or issue needs to be explored to get an in-depth and detailed understanding of the problem or issue at hand. This can be achieved by conversing directly with participants in their natural setting and allowing them to tell their stories (Creswell & Poth, 2018:45). Nieuwenhuis (2016:53) states that qualitative research relies on words rather than numbers. The intent of qualitative research is to provide "rich" descriptions of behaviour. In addition, Yin (2016:9) explains that qualitative research involves "studying the meaning of people's lives, as experienced under real-world conditions". Qualitative research gives a voice to the voiceless, to share their stories and minimise the power relationship that sometimes exist between the researcher and the participants in a study (Creswell & Poth, 2018:45).

By exploring the lived-experiences of mothers of the inclusion of their children diagnosed with ADHD in a mainstream classroom, warrants me the opportunity to generate rich narrative descriptions from the mothers to develop an in-depth understanding of the phenomenon. Using a qualitative mode of inquiry allowed me to identify a small sample of two mothers. With a small sample size, I could conduct an in-depth study that assisted me in understanding the mothers' interpretations of their lived-experiences.

3.4 RESEARCH DESIGN

The research design is the plan that the study will follow to provide the best answer to the research questions (McMillan & Schumacher, 2014:18). It describes the conditions and procedures that the study follows to generate and analyse data (McMillan & Schumacher, 2014:28). Hartell and Bosman (2016:35) state that the research design is guided by one's research questions. The research design of this study is discussed below.

3.4.1 Narrative research

A narrative research design, according to Clandinin (2013:18), enables a researcher to study the lived-experiences of individuals. Research studies following this design enables a researcher to: (1) generate lived stories of his/her research participants, (2) which is then analysed, and (3) retold (member checking) to help participants co-

construct and make sense of their lived-experiences (Creswell & Poth, 2018:68; Nieuwenhuis, 2016:76).

Cohen, Manion, and Morrison (2011:553) describe a narrative research design as information that is brought to life, because people tell their life stories to give meaning to their experiences (Engelbrecht, 2016:119). Clandinin (2013:17) further describes it as "a way of understanding experiences". Similarly, Clandinin and Connelly (2000:20) state that narrative inquiry is the stories people tell about their lived-experiences. Not only do people learn from sharing their own stories, but it also educates other people and help them develop a better understanding of the phenomena (Clandinin & Connelly, 2000:xxvi).

The main aim of this study was to provide a better understanding of what inclusive education means to mothers of children with ADHD, and how they experience the inclusion of their children in a mainstream classroom. As qualitative researcher, I sought to get insight in the opinions and convictions of the mothers by using data generation methods such as interviews, construction of memory books and field notes.

3.5 SAMPLING AND RESEARCH SITE

Qualitative researchers collect information from different sources, such as individuals, groups, documents, reports and research sites (McMillan & Schumacher, 2014:349). In general, qualitative research makes use of non-probability and a purposive sampling technique (Nieuwenhuis, 2016:85). In purposive sampling, the researcher selects information-rich participants that are representative of the issue under study (McMillan & Schumacher, 2014:152) to get an in-depth understanding without desiring to generalise the findings (McMillan & Schumacher, 2014:350). Non-probability sampling does not include random selection of participants, but rather, the researcher intentionally selects participants who is accessible and represent certain types of characteristics (McMillan & Schumacher, 2014:150).

3.5.1 Purposive sampling

Creswell and Poth (2018:152) state that narrative research focuses on one or more individuals. Furthermore, these individuals have knowledge about the phenomena, is accessible and willing to share their life stories and lived-experiences (Creswell & Poth, 2018:152). Nieuwenhuis (2016:85) similarly describes purposive sampling as a

way in which participants are chosen with a 'purpose' to represent a phenomenon. Cohen *et al*. (2011:156) state that purposive sampling provides greater depth, but lesser breadth to the study. A key aspect of purposive sampling is that participants are chosen according to certain inclusion and exclusion criteria (Nieuwenhuis, 2016:85); these are discussed in section 3.5.2.

In this study permission was obtained from the school principal to place an advertisement on the school communicator, to recruit mothers of children diagnosed with ADHD to voluntary participate in this research study. The advertisement stipulated the inclusion criteria for the study, as well as explained what the data generation methods involved. Figure 3.1 presents the advertisement placed on the school communicator to recruit mothers to participate in the study.

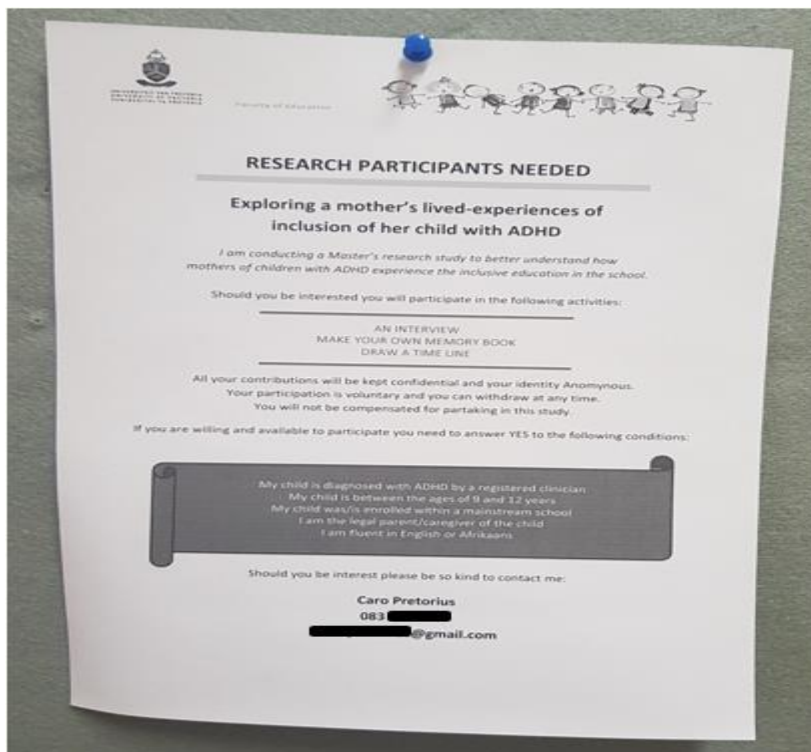

Figure 3.1 Advertisement for recruiting mothers

Six mothers responded to the advertisement that was placed on the school communicator. Two of these mothers were ruled out, because of a conflict of interest; I knew the mothers and children personally. The remaining four mothers were invited to individual meetings so that I could explain the data generation methods to them. Only two of the four mothers replied to the scheduled invitation and attended the meetings. One mother's child was an 11 years old boy in grade 5, while the other

mother's child was an 11 years old girl in grade 6. Both the children were diagnosed with ADHD by a qualified clinician and had attended a regular mainstream school, before they were referred to a school with small classroom settings – the one that they were attending at the time of the research.

3.5.2 Inclusion and exclusion criteria

The inclusion criteria stipulated in the advertisement include the following:

- The child had to have been diagnosed with ADHD by a qualified and registered clinician
- Children between the ages of 9-12 years who are attending formal schooling at a mainstream institution
- The mother had to be the primary and legal caretaker of the child
- Children from my own class would not be permitted to participate
- The selected mother had to be available and willing to participate in all verbal and non-verbal activities
- Participants had to be fluent in English or Afrikaans

The inclusion criteria developed for this inquiry enabled me to select two mothers, as separate cases, that adhered to the characteristics to be considered as knowledgeable about ADHD and representative of a population of mothers with children diagnosed with ADHD.

3.5.3 Research site

McMillan and Schumacher (2014:350) explain that it is essential to select a suitable research site where specific events are expected to occur. Once the researcher has selected a suitable place, it is important to obtain permission to access the site and conduct research (Maree, 2016:36). Obtaining informed consent is part of the ethical considerations of a study and is discussed in section 3.9.1. In this study the mothers volunteered to take part in all activities in their own time and in the comfort of their own environment (home). The interviews were conducted telephonically, and recorded, at a time that was convenient to the participants.

3.6 DATA GENERATION[3] TECHNIQUES

Data collection involves gathering information, whilst generating data means the social construction thereof both these processes enable the researcher to answer the research questions (Creswell & Poth, 2018:148). Narrative research allows one to generate data in many different ways (Creswell & Poth, 2018:69). As the researcher, I generated data over a 4-5 week period using different strategies. It was important to first establish rapport in the first meeting with the mothers individually, then, conducting semi-structured interviews, providing material and prompts for the mothers to construct a memory book with a timeline, and taking field notes. I thus had two interactions with each mother namely, the first face to face meeting, then the telephonic semi-structured interview. Each of these opportunities to generate data is discussed below:

3.6.1 Interviews

According to Nieuwenhuis (2016:77) interviews form the backbone of narrative research. Qualitative interviews are a method of producing knowledge about participants' lived-experiences and understanding of their world (Brinkmann & Kvale, 2018:9). In addition, McMillan and Schumacher (2014:383) emphasise that by building rapport to develop a trusting relationship, maintaining eye contact, being genuine, using a caring tone of voice and connecting with the participant, one elicits valid data.

Unstructured interviews are informal and conversational discussions used to establish rapport and the biographical information necessary to explore a phenomenon in depth (Welman, Kruger & Mitchell, 2005:166-167). Brinkmann and Kvale (2018:9) emphasises the importance of the relationship between the participant and the researcher in the meaning-making process. I used an unstructured interview, at first, with each mother to establish rapport and inform them about the purpose of the study as well as all activities involved. Semi-structured interviews use interview guides such

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[3] For this study, I as researcher consider the term "data generation" as opposed to "data collection", emphasising as I arranged situations that produces rich and meaningful data for further analysis. The data generation process comprised of activities such as searching for, focusing on, noting, selecting, extracting and capturing data.

as a list of themes and topics to generate data; clear up vague responses; and elaborate on incomplete answers (Welman, Kruger & Mitchell, 2005:166-167). With semi-structured interviews, there are assumptions that the participant has knowledge about the issue under study, which allows the interviewer to ask open questions and adjust the questions to get clarity (Engelbrecht, 2016:113). The interviewer thus has a greater say in focusing the conversation on important issues than with unstructured interviews (Brinkmann, 2018:579).

The unstructured discussion was utilised to first establish rapport and was followed-up by semi-structured interview to generate specific information from the mothers. I arranged both unstructured and semi-structured interviews at a time and place that were convenient to the mothers. The mothers preferred that the meeting took place in my classroom at school. However, due to the national lockdown as a result of the COVID-19 pandemic, the semi-structured interviews were conducted telephonically at a time that was convenient to the mothers. The session was recorded, with permission, for the purpose of verbatim transcriptions, which are presented in Annexure D. The duration of the unstructured discussion (meet-and-greet) was half an hour each, while the duration of the semi-structured interviews lasted approximately one hour.

I explained the mothers' rights as participants: that their participation in the study was voluntary and that they retained the right to withdraw at any time during the process. Furthermore, I assured the mothers' privacy and explained that they only had to share information that they felt comfortable doing. I allowed the mothers to ask questions, after which they signed informed consent forms to give participation permission.

During the first meetings with the mothers, I provided the mothers with materials and prompted them to construct their own memory books. I explained to the mothers the data that they needed to include in their memory books, and answered questions that they had with regard to the data generation phase. I gave the mothers a 4-5 week period to construct their own memory books, which was then followed up by an individual semi-structured interview. In this study, I used semi-structured interviews to elaborate and clarify the textual information shared in the memory books by the mothers, to describe their lived-experiences. The latter is important for member checking and assuring that the mothers' narratives are correctly captured.

Field notes consist of recordings of verbal (what is said) and nonverbal communication (facial expressions, tone of voice, and gestures) as well as reflections on what has occurred (McMillan & Schumacher, 2014:376). The responses of participants are more believable when the triangulation of nonverbal and verbal data is congruent (McMillan & Schumacher, 2014:389). Engelbrecht (2016:116) explains that it is important for researchers to reflect on their own feelings, thoughts, ideas and interpretations to establish meaning. By reflecting on their own feelings and thoughts, rich descriptions of the contextual data are provided, which is useful in understanding participant meaning (Phillippi & Lauderdale, 2018:381). Furthermore, it leads researchers towards the interpretations that they need to make, and to represent the data in such a way that others can experience what they encountered (Hoey, 2014;7). Phillippi and Lauderdale (2018:386) argues that field notes improve the depth of qualitative findings.

In this study, I wanted to make field notes to capture nuances and expressions of the mothers to add meaning to their lived-experiences. However, it was difficult to make field notes during the telephonic interviews because I did not have face-to-face interactions with the mothers. In this study, I triangulated the mothers' expressions and nuances with the verbal text, to interpret and represent the data so that others can understand how the mothers' experienced the inclusion of their children in a mainstream classroom.

3.6.2 Memory book

The memory book approach has therapeutic value as it enhances self-understanding and enables participants to come to expression about their emotions, choices and lived-experiences using different artefacts (Ebersöhn, 2011:154). The artefacts that the mothers could use to construct a memory book included photos, collages, metaphors, anecdotes, quotes, timelines, medical reports, and school reports. Furthermore, the mothers could decide what information they wanted to include in the memory books (Ebersöhn, 2011:155). The memory books contain information from the mothers' past, present and future, aspects which could assist in obtaining a global perspective and to build resilience (Ebersöhn, 2011:155). The mothers also constructed the memory books at their own pace and in their own environment. In this study, I provided the mothers with A3 journal books, paper, different types of pens,

sticky notes, glue and highlighters to use when they construct their memory books. Afterwards, I worked with each of the mothers individually and collaboratively (telephonic interview session) to give meaning to their expressions.

Figure 3.2 Materials and prompts

Figure 3.3 Memory books (A3 size journal books)

3.6.3 Identification of aspects of emotional intelligence

The Bar-On's (2006:14) concept of EI describes emotional-social intelligence as an array of interrelated emotional and social competencies, skills, and behaviours that impact intelligent behaviour. Emotional intelligence aspects, from the viewpoint of Bar-On, was used in this study to identify emotional-social moments in the mothers' generated data. During the telephonic interviews, the mothers did self-reflection on

their own emotions, thoughts and behaviour which was then compared to Bar-On's model.

3.7 DATA ANALYSIS

The analysis of qualitative data is primarily an inductive process of organising, coding, categorising, pattern seeking and interpreting textual information to provide explanations of a single phenomenon (Creswell & Creswell, 2018:193; Creswell & Poth, 2018:186- 187; McMillan & Schumacher, 2014:395; Nieuwenhuis, 2016:114). There is usually a significant amount of data to be analysed, summarised, and interpreted in qualitative studies (McMillan & Schumacher, 2014:395). In addition, qualitative researchers do not formulate hypothesis, because it would limit the data generated and might cause researcher bias. Instead, qualitative researchers make sense of the data by starting with specific data and ending with general categories and patterns (Hay, 2016:206; McMillan & Schumacher, 2004:395).

Maree (2016:39) asserts that researchers in the interpretive paradigm prefer inductive data analysis, because it helps them identify the multiple realities presented in the data. Interpretivist researcher therefore conduct their research in natural settings to get a better understanding (Maree, 2016:39). This study was situated within the interpretive paradigm and therefore, used an inductive analysis approach to gain more than one perspective of the phenomenon under study. The inductive analysis process of the study is presented and discussed below.

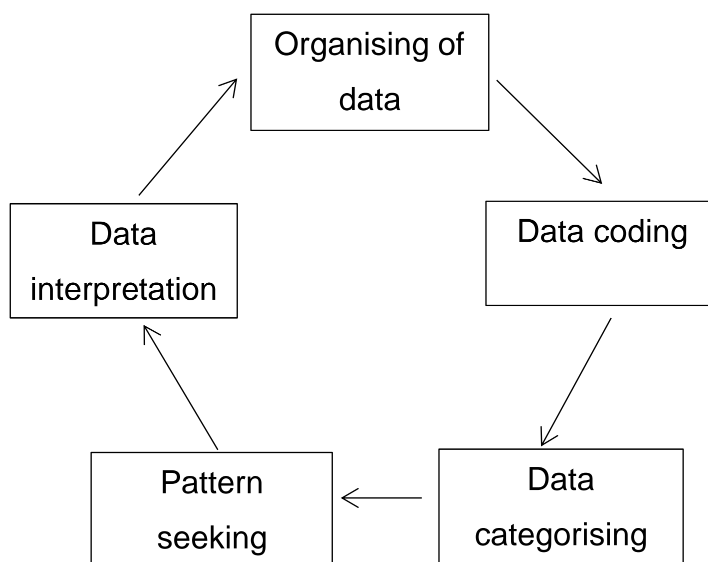

Figure 3.4 Visual presentation of the analysis process

3.7.1 Organising the data

The first step in the data analysis process is to organise the large amounts of data into workable units, to avoid becoming overwhelmed (McMillan & Schumacher, 2014:397). Nieuwenhuis (2016:115) suggests that this can be done by keeping the different data types (in this case, fieldnotes, interview data) in separate folders or boxes, and by marking it according to its identifying characteristics (when, where, how and why it was collected). Organising the data, furthermore, involves transcribing interviews and field notes (Nieuwenhuis, 2016:115), and cataloguing all of the visual material (Creswell & Creswell, 2018:193). Once the data have been transcribed and sorted, the researcher has to get a good understanding of it, which can be achieved by listening to the recorded interviews several times and by reading and rereading the transcriptions and other texts (Nieuwenhuis, 2016:115). The researcher then writes notes of insights and thoughts about the data in margins of transcripts and field notes (Creswell & Creswell, 2018:193; Nieuwenhuis, 2016:115).

In this study, I worked collaboratively with the mothers to explore the meaning of their lived-experiences from their point of view. After each individual telephonic interview session with the mothers, I organised the data in different files according to type and transcribed the interview sessions and field notes. I listened to the recordings and read through the transcriptions and field notes several times to come to understand the data better.

3.7.2 Data coding

Coding is the process of dividing the data into meaningful units, called segments (Nieuwenhuis, 2016:116). A code is the name or phrase that the researcher uses to label the data segment (McMillan & Schumacher, 2014:399; Nieuwenhuis, 2016:116). McMillan and Schumacher (2014:398) define a data segment as "text that is comprehensible by itself and contains one idea, episode, or piece of relevant information.

After the mothers had completed their memory books, I read their memory books and made notes about aspects that needed clarification from the mothers. Because of the COVID-19 pandemic and the resulting national lockdown, I could not meet with the mothers personally. I conducted individual telephonic interviews with each mother to

discuss and elaborate on the data they generated according to a timeline. The themes emerged from the timeline that the mothers used to construct their memory books.

3.7.3 Forming categories

A category is a group of codes that share the same idea (McMillan & Schumacher, 2014:404). Categories are ordered in a hierarchical category system, according to their level of importance (Nieuwenhuis, 2016:119). Some categories are labelled 'major' because they represent a main idea, while others are labelled 'minor' (McMillan & Schumacher, 2014:405). Once the categories have been ordered, the researcher need to develop definitions that will be helpful in the reporting of the findings for each category. (Nieuwenhuis, 2016:120).

3.7.4 Seeking patterns

Qualitative researchers want to make statements about relationships among categories by discovering patterns in the data (McMillan & Schumacher, 2014:406). McMillan and Schumacher (2014:406) describe a pattern as the "relationship among categories". In the search for finding patterns, researchers have to examine the data thoroughly. Researchers search for patterns to try to understand the links between the different aspects of people's situations, actions, beliefs, and mental processes (McMillan & Schumacher, 2014:406). Patterns relate to the selected theoretical/conceptual framework for the study (McMillan & Schumacher, 2014:406). In this study, the mothers and I collaboratively worked through the generated data to find relationships between the categories. The data analysis of this study is discussed in Chapter 4.

3.7.5 Data interpretation

According to Creswell and Creswell (2018:198) data interpretation in qualitative research involves several procedures such as: summarizing the overall findings, comparing the findings to the literature, discussing a personal view of the findings, and stating limitations and future research. I interpreted the themes that was identified in the mothers' lived-experiences by utilizing the conceptual framework to develop a better understanding of the meaning of the generated lived-experiences. Aspects that are interpreted at the microsystemic level include a list of the children's ADHD characteristics and a description of the impact it has on close family relationships, the

mothers' expressions of their feelings, and the ways that the mothers control and manage their emotions and cope with new situations. At the mesosystemic level, data interpretation includes an explanation of the nature of the collaboration and cooperation between the mothers and teachers, support provided at classroom level, peer-relationships of the children, and a list of the mothers' perceived barriers to inclusion. At the exosystemic level, data interpretation focused on the SBSTs and their current management of learners diagnosed with ADHD. Data interpretation at the macrosystemic level refer to the broader community's values and beliefs, the nature of support provided by the DBST and the policies developed by the Department of Education. At the chronosystemic level data interpretation focus on how the mothers, over time, established relationships with the school, cope with and adapt to new challenging situations, and accept their children as they are. During the data interpretation phase, I compared the findings to the literature and stated limitations and made recommendations for future research. The data interpretation of this study is discussed in Chapter 4.

In this study, I remained aware of possible challenges that might occur and that might have an influence on the data interpretation and findings of the study. This included difficulty in arranging meetings between the mothers and myself due to busy schedules and eventually, also due to the national lockdown period. Furthermore, it was possible that the mothers would relive experiences that might upset them when they told their stories. Creswell and Poth (2018:73) also warn that it is challenging to use a narrative approach, because the researcher needs to collect extensive information and the data can easily be misinterpreted. Other challenges involved my own bias, and difficulties with generalising the findings of the study. I am a teacher at a private school and my experience is that a lot of children with ADHD are referred to small classroom settings. To overcome the challenges, I availed myself according to the participant's schedules. Furthermore, I established rapport with the mothers to ensure that they felt comfortable and not threatened while sharing their stories with me. I explained to them that they only needed to share information with me that they felt comfortable with. I offered a referral process to a professional to counsel the mothers if they felt traumatised after sharing their emotions. To minimise bias or misinterpretations, I incorporated member checking during interview sessions, by rephrasing certain responses from the mothers and checking with them for accuracy.

Furthermore, I voice recorded and transcribed the interview sessions, and asked the mothers to review the transcriptions for accuracy. I also kept field notes and held regular meetings with my supervisors to ensure that the data was interpreted objectively and accurately. I also do not wish to generalise the findings of the study.

3.8 ROLE OF THE RESEARCHER

Maree (2016:44) states that the role of the researcher should empower the researcher to generate data from the participants, with the aim of creating understanding. One of the characteristics of qualitative research is that data is generated in natural settings ('the field'), where participants exhibit normal behaviour (McMillan & Schumacher, 2014:374). Researchers have to enter the field and develop a research role to generate and analyse data. McMillan and Schumacher (2014:374) explain that a research role establishes the position of the researcher in relation to the participants. Because the researcher enters the natural settings of the participants, the researcher needs to be a sensitive observer, while also raising additional questions, checking hunches and moving deeper into the analysis of the phenomenon (McMillan & Schumacher, 2014:375).

In this study, my role as researcher was mainly to explore, understand and interpret, collaboratively, the mothers' lived-experiences of the inclusion of their children with ADHD in mainstream classrooms. I prepared, structured and conducted the data generation techniques with the mothers and made transcriptions afterwards. I provided the mothers with material and prompted them to construct memory books, and I worked collaboratively with the mothers to gather data from the memory books that they constructed and identified themes and patterns in order to give meaning to their lived-experiences. Furthermore, I was sensitive and objective towards the mothers at all times, and did not allow my own assumptions to guide the research process.

3.9 ETHICAL CONSIDERATIONS

Being aware of ethical considerations is one of the most important parts of any research study. A researcher is cognizant of the effect that the intended research study can have and commits to preserve the participants' human dignity by making them feel respected and valued. Research ethics is concerned with what is morally right and wrong when interacting with participants and entering the research site (McMillan & Schumacher, 2014:129). Ethical issues are considered at different stages in qualitative

research (Creswell & Poth, 2018:54). It is necessary to consider ethical issues during the qualitative research process (Creswell & Poth, 2018:54). The concerns include policies with regard to informed consent, voluntary participation, anonymity, confidentiality, privacy, appropriate storage of data as well as beneficence and non-maleficence (Cohen *et al.*, 2011:86; Du Plessis, 2016:76-77; Flick, 2014:50; McMillan & Schumacher, 2014:362-363).

Prior to conducting this study, I obtained permission from the ethics committee of the Faculty of Education at the University of Pretoria to conduct this study (Reference numbers: EDU044/19). The Gauteng Department of Education (GDE) approved my request to recruit participants using an advertisement. After approval was granted by the GDE, I also obtained permission from the school director and principal to enter the research site and place an advertisement on the school communicator to recruit mothers to participate in the study. The ethical clearance certificate, the GDE's approval letter (see Annexure A), as well as the school director and principal's permission letters (see Annexure B) are included in this dissertation.

This study adhered to the ethical principles discussed below.

3.9.1 Informed consent and voluntary participation

McMillan and Schumacher (2014:130) assert that informed consent implies that the participants have a choice as to whether they want to participate in a study. In order for participants to make the decision to partake in a study, they need to be provided with an explanation of the research, an opportunity to terminate their participation at any time without penalty, and full disclosure of any risks associated with the study (Flick, 2014:50; McMillan & Schumacher, 2014:130). Nobody should be forced to participate in research (Du Plessis, 2016:77; McMillan & Schumacher, 2014:130). Furthermore, informed consent is obtained by asking the participants to sign a form that indicates their understanding of the research and consent to participate (McMillan & Schumacher, 2014:130). Informed consent with minors entails that the children may be asked to assent to the study and require parental approval (McMillan & Schumacher, 2014:131).

During my first individual meetings with the mothers, I explained the purpose of the study as well as the data generation methods. I also answered questions that the

mothers had. Furthermore, I explained to the mothers that their participation was voluntary and that they could withdraw at any time, without penalties. I then asked them to sign a consent form, thereby obtaining informed consent. Although this study did not require the participation of the children with ADHD, assent was obtained from them to use their information from medical and school reports, in the study. The consent form and the assent form that was used to obtain informed consent from the mothers and children participating in this study are attached in Annexure C.

3.9.2 Privacy

McMillan and Schumacher (2014:133) state that the privacy of research participants must be protected. In this study, only my supervisors and I had access to the mothers' responses and other information. The privacy of the mothers participating in this study was ensured by using the three practices identified by McMillan and Schumacher (2014:133) namely: anonymity, confidentiality, and appropriate storing of data. These three practices as well as their application to this study are discussed in the sections below.

3.9.3 Anonymity

The essence of anonymity is that the participants cannot be identified by the information they provided (Cohen *et al.*, 2011:91). Anonymity is ensured in this study by using pseudonyms instead of the mothers' real names.

3.9.4 Confidentiality

Confidentiality means that only the researcher has access to the research data and participants' names; and that the participants know beforehand who will see the data (McMillan & Schumacher, 2014:134). In this study, I explained to the mothers that only my supervisors and I would have access to the data to their personal information, and that it would not be shared with anyone other than the abovementioned.

3.9.5 Appropriate storage of data

The privacy of the participants is also protected by storing the data appropriately (McMillan & Schumacher, 2014:134). This includes both paper copies of responses, as well as electronic forms of data. I e-mailed a copy of my research to my supervisors,

which are stored with pin-protection. Furthermore, the Faculty of Early Childhood Education of the University of Pretoria will also keep all the data for the next 15 years.

3.9.6 Non-maleficence and beneficence

Non-maleficence is concerned with avoiding harm to participants (Flick, 2014:50). McMillan and Schumacher (2014:131) explain that participants should never experience physical or mental discomfort, harm or injury as a result of research. Although physical harm seldom occurs to participants in qualitative research, some people may experience humiliation when sharing their experiences (McMillan & Schumacher, 2014:363). It is therefore important that qualitative researchers must have a sense of caring and fairness in their thinking, actions, and personal morality (McMillan & Schumacher, 2014:363).

In this study, I acknowledged that the mothers might feel uncomfortable during the interviews. The mothers might also have felt distressed by reliving the experiences of their children's inclusion in a mainstream classroom. I made it clear to them that the mothers could withdraw at any time and could choose not to answer some of the questions that I asked. The mothers thus only shared information that they felt comfortable to share with me. I guaranteed anonymity so that data could not be traced back to the mother participants. My supervisors and I assured the mothers that they could be referred to a psychologist for support should they require the service.

Cohen *et al.* (2011:86) assert that beneficence on the other hand, asks the question: What benefits will the research bring, and to whom? Research on human subjects should produce positive and identifiable benefits (Flick, 2014:50), for both the researcher and the participant (Cohen *et al.*, 2011:86). Cohen *et al.* (2011:86) regard research that does not lead to benefits to the participant as unethical. In this study, the mothers might come to feel emancipated by sharing their lived-experiences of the inclusion of their children in mainstream classrooms. Furthermore, by sharing their stories the mothers could help others understand what it is like to be a mother of a child with ADHD. Additionally, by self-identifying the emotional-intelligence components in their generated data the mothers might be empowered to manage their emotions towards their children with ADHD and accept them just as they are. On the

other hand, the benefits associated with the research involves that a better understanding of what inclusive education means to a mother of a child with ADHD, and her experiences of her child's inclusion, could help strengthen inclusive educational practices by removing barriers associated to learning in mainstream classrooms.

3.10 TRUSTWORTHINESS

McMillan and Schumacher (2014:354) describe the trustworthiness of qualitative designs as "the degree to which the interpretations have mutual meaning between the participants and the researcher". In other words, the participants and the researcher agree on the description and meaning of events. Trustworthiness thus refers to the truthfulness of research findings and conclusions (McMillan & Schumacher, 2014:116). Nieuwenhuis (2016:122-123) explains that testing trustworthiness "is the acid test of your data-analysis, findings and conclusions". Lincoln and Guba (1986:76-77) states that four criteria should be considered to enhance trustworthiness, namely credibility, transferability, dependability and confirmability. In this study, I strove to adhere to the principles of trustworthiness throughout the research. The four criteria to ensure trustworthiness and their relevance in the study are discussed in the sections below.

3.10.1 Credibility

Credibility is concerned with finding the truth and ensuring that the reader will believe the findings (Joubert, 2016:138; Nieuwenhuis, 2016:123). Joubert (2016:139) and Nieuwenhuis (2016:123) explain that credibility can be enhanced through the following strategies: using a purposive sampling technique; building a trusting relationship with participants; providing detailed data collection methods; triangulation of data; frequent debriefing sessions between the researcher and his/her supervisors; reflective notes of the researcher; and member checking. To ensure credibility in this study, a detailed description of the different data generation methods and instruments is presented. Furthermore, I built trusting relationships with the mothers and generated data though various methods namely interviews, construction of memory books, and field notes. This allowed for the triangulation of data, which may yield different insights about the research topic and increase the credibility of the study findings (McMillan &

Schumacher, 2014:355). The generated data was also presented to the mothers (member checking) to verify for accuracy.

3.10.2 Transferability

Transferability implies that the reader will be able to make connections between elements of the study and their own experience (Nieuwenhuis, 2016:124). However, it does not involve making generalised claims (Nieuwenhuis, 2016:124). To enhance transferability, the following must be considered: the participants must be typical of the issue under study; and a complete understanding of the context being studied must be provided (Joubert, 2016:139; Nieuwenhuis, 2016:124). The researcher thus has to paint a picture of the context and allow the reader to decide if the findings can be transferred to their context (Nieuwenhuis, 2016:124). In this study, I have carefully selected mothers who are knowledgeable about ADHD, and I give thick descriptions of the mothers' responses, the research site and the methods used to generate and analyse the data. The number of participants in this study, however, is one reason why the results may not be transferable to other contexts with different characteristics.

3.10.3 Dependability

Dependability is used in qualitative research instead of reliability (Nieuwenhuis, 2016:124), which involves that the researcher must win the trust of the readers to ensure the authenticity of the study (Joubert, 2016:139). According to McMillan and Schumacher (2014:195) dependability refers to the degree of consistency of measurements. Additionally, Cohen *et al.* (2011:199) state that dependability is concerned with precision and accuracy. Cohen *et al.* (2011:199) explain that research is considered reliable when similar results would be found if the research were to be conducted on a similar group of participants in a similar context. Dependability is concerned with assisting the reader to follow the researcher's reasoning through the whole research process (Nieuwenhuis, 2016:124). To enhance the dependability of this study, I provide thick descriptions of the research process that was followed. Furthermore, I tape recorded the interviews, took field notes during the interviews, and made verbatim transcriptions of the raw data. Verbatim quotes of the mothers were also provided during the data analysis process.

3.10.4 Confirmability

According to Shenton (2004:72) confirmability refers to the extent to which findings are free from bias. Nieuwenhuis (2016:125) states that there is always the risk of researcher bias influencing the findings of the study when the researcher develops a relationship with the participants. In addition, Joubert (2016:139) states that confirmability includes critical self-reflection with regard to methodological choices and perspectives. To ensure the confirmability of this study and reduce the effect of researcher bias, I stated upfront my assumptions about the phenomenon under study. Furthermore, I did member checking to ensure the accuracy of the generated data and held regular reflection sessions with my supervisors.

3.11 SUMMARY

This chapter aimed to provide information regarding the methodology that was used to explore a mother's lived-experiences with regard to the inclusion of her child with ADHD in a mainstream classroom. The research design; the different methods used to generate data; the data analysis procedure; and the strategies used to enhance trustworthiness and ethical considerations were discussed in this chapter.

The data analysis process and data interpretation are discussed in chapter 4. Data analysis includes the coding of data and the identification of themes and subthemes to allow for the interpretation of the data. The findings of the study are then discussed and compared to existing literature.

CHAPTER 4:
DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

The previous chapter presented the research design, conceptual framework, selection of participants, and data generating methods used to conduct the study; as well as the rationale for these choices. The ethical considerations and trustworthiness of the study were also discussed. This study is situated within an interpretive paradigm and followed a qualitative approach. Two mothers were purposefully selected and 'to have a child with ADHD' was used as selection criteria. The construction of memory books generated data according to a timeline. This was followed up by an individual interview session with each mother to clear up and elaborate on initial responses. The interview sessions were conducted telephonically due to the COVID-19 level 5 lockdown regulations, which required all South Africans to stay at home. The lockdown regulations, therefore, prevented me from having personal contact with the mothers.

This chapter discusses the data analysis and findings of the study. The data generated from the memory books and the interview transcriptions were analysed according to the themes and subthemes that emerged from the timeline used to construct the memory books. The chapter concludes by interpreting the data and comparing it to the existing literature.

4.2 DATA ANALYSIS

This study is situated within an interpretive paradigm. Maree (2016:39) explains that researchers in the interpretive paradigm prefer inductive data-analysis, which means that themes are allowed to emerge from the data. This helps the researcher identify the multiple realities potentially present in the data, which is the assumption that interpretivism is based on (Maree, 2016:39). The aim of qualitative data-analysis is to establish how participants make meaning of a specific phenomenon by analysing their understanding, perceptions, knowledge, attitudes, feelings, and experiences (Nieuwenhuis, 2016:109). Qualitative data consist of words and observations, and the researcher's aim is thus to interpret and make sense of what is in the data (Nieuwenhuis, 2016:110).

As mentioned in the introduction above, the data generated in this study were analysed according to the themes and subthemes that emerged from the timeline used to construct the memory books. The themes and subthemes were not determined beforehand, but after data generation was completed. Table 4.1 below provides an exposition of the themes and subthemes that were identified.

Table 4.1 An overview of the themes and subthemes identified for the study

Theme 1: The lived-experiences of the mother of her child in the presence of ADHD	
Subtheme 1.1	Symptoms and diagnosis
Subtheme 1.2	School placement

Theme 2: The lived-experiences of the mother of her family in the presence of ADHD	
Subtheme 2.1	Demographic profile
Subtheme 2.2	Family functioning
Subtheme 2.3	Family dynamics and parenting

Theme 3: The lived-experiences of the mother about the school in the presence of ADHD	
Subtheme 3.1	Demographic profile
Subtheme 3.2	Management and monitoring of inclusive practices
Subtheme 3.3	Referral process for support
Subtheme 3.4	Classroom environment and setup

Theme 4: The lived-experiences of the mother of her needs in the presence of ADHD	
Subtheme 4.1	Intrapersonal and interpersonal
Subtheme 4.2	Stress management and adaptability
Subtheme 4.3	General mood domain

To ensure anonymity and to facilitate the identification of the responses of the two mothers the following map key is used to guide the reporting of the raw data sets.

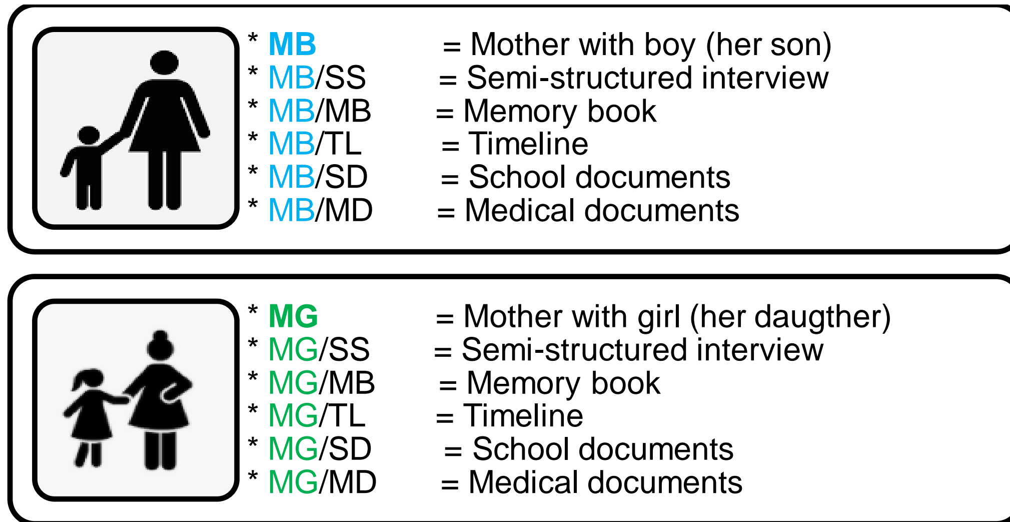

Figure 4.1 Map key of data sets

4.2.1 Theme 1: The lived-experiences of the mother of her child in the presence of ADHD

With this theme, how the mothers describe the ADHD symptoms their children present with, and how the diagnosis of ADHD was made was explored. Also, the process involved for school placement of the children with ADHD was described.

Subtheme 1.1: Symptoms and diagnosis

The characteristics of the children in each of the cases were perceived differently by the mothers. The mother with an ADHD boy [MB] mentioned that the main characteristics her son presented with were inattention, impulsivity and hyperactivity. She described her child to be:

> *inattentive especially when things do not interest him, but he is very attentive when he is interested in something. He is impulsive – he reacts without thinking first; execute tasks without reading the instructions first; and works hastily instead of accurately. Furthermore, he is challenging; gets frustrated quickly; his attention gets distracted easily; and he often seems bored* [MB/MB].

She described her child as "challenging and very strong willed. I find it very difficult when I have to do homework with him, because you cannot teach him. If he does not want to do something, he will not do it" [BM/MB]. She reported that the feedback from school [MB/SD] involved him talking excessively, not completing tasks, performing tasks hastily, shouting out answers, walking around in the class, not listening to instructions, and that his attention was easily distracted. She also emphasised the positive side to ADHD by explaining that people with ADHD, including her son, are often creative, intuitive, independent thinkers, determined, spontaneous, curious, and adventurous [MB/MB].

The mother with an ADHD girl [MG] reported that the feedback they had received from Grade R to Grade 4 [MG/SD] involved that her daughter's work tempo and attention were influenced by her environment. Instructions sometimes had to be explained to the child individually [MG/SD]. "She would often lose concentration in the classroom and needed to be called back to the present" [MG/MB]. In spite of her inattention, she excelled academically, and she was "very independent and did not want any help" [MG/MB]. Apart from inattention, her daughter presents with other characteristics that are associated with ADHD including emotional, behavioural and social problems. She further elaborated that her child had been a friendly baby who had become very exacting when she was about ten months old [MG/TL]. Her daughter had various mood swings; and tantrums were a part of her everyday routine. Her child demanded all her parents' attention [MG/SS]. She never showed any behavioural problems at school, but in the afternoons, the "explosions" occurred at home. MG explained: "I could not calm her down" [MG/MB]. When she fell pregnant with her second baby, her daughter had hit her and even kicked her in the stomach [MG/MB]. Her child was still experiencing mood swings and anger outbursts. She described ADHD as far more complex than just struggling to pay attention. She explained that children with ADHD, including her daughter, experience emotional issues such as struggling to build and maintain friendships; accept authority; and regulate emotions [MG/MB]. She stated that her daughter had had only one friend from Grade 1 to Grade 2 [MG/TL]. This friend had relocated to Cape Town at the end of their Grade 2 year. Thereafter, her daughter had not made any new friends and had been very lonely in the mainstream school. "Every afternoon was characterised by a lot of crying, alongside fluctuating mood swings and emotional outbursts" [MG/MB].

Both mothers participating in this study were concerned about their children's development. MB reported that she had been concerned about her child's school readiness when he was in Grade R. She had thought that he was not emotionally ready, but never considered his inattention, impulsivity and hyperactivity to be a great problem [MB/MB]. MG on the other hand, had been concerned about her daughter's behaviour and emotional wellbeing from the time that she was a toddler [MG/MB]. The diagnosis of ADHD had not come as a surprise to either of the mothers [MB/SS] but rather as a relief, as is evident from the data. "To get to the point where there is a diagnosis, is a relief" [MG/MB]. The section below discusses the specific diagnosis of each child.

MB stated that her child was never referred to any professional for evaluation, neither were they informed of a suspicion of ADHD or of the seriousness of her child's symptoms [MB/MB]. Only after she had expressed her concerns over her child's readiness for Grade 1, were they referred to an educational psychologist [MB/SS]. The educational psychologist found that the child was emotionally not ready for Grade 1 [MB/MD] and had referred them to an occupational therapist for a complete evaluation. The occupational therapist evaluated the child and suggested weekly therapy sessions, but also referred him to a paediatrician specialising in concentration issues [MB/MD]. The paediatrician diagnosed him with ADHD and prescribed medication [MB/SS]. The boy then received weekly occupational therapy sessions for almost a year. After this period, he was re-evaluated, and the therapist was satisfied with the progress he had made and informed MB that there was no need for further sessions [MB/MB].

In Grade R the girl complained that she could not hear the teacher [MG/MB]. After a hearing test proved that there was no hearing loss, she was referred to an occupational therapist and a speech therapist [MG/MB]. She was treated for auditory processing. Alongside this, she also received play therapy for her fluctuating mood swings and emotional outbursts [MG/MB]. After a year of receiving play therapy, she was referred to a psychiatrist. In Grade 1 the psychiatrist treated her for 'silent epilepsy' because he thought that that was the cause of her moments of absence [MG/MB]. MG explained that she and her husband decided to get a second opinion. The second psychiatrist diagnosed their child with ADD and also prescribed mood stabilisers

[MG/MB]. In Grade 4 the girl's inattention and forgetfulness started to have a big influence on her scholastic functioning (is discussed in theme 2) and she was referred to an educational psychologist for evaluation. The educational psychologist found that her scholastic functioning was influenced by her profound attention distractibility as well as slow work tempo [MG/MD]. In addition, it was found that she suffered from anxiety, and emotional factors such as a low self-esteem and the perception of social rejection which negatively affects the realisation of her full potential [MG/MD]. Small classroom setting and/or stimulant medication was suggested [MG/MB]. The girl's mother and her husband did not want to change schools, because the other siblings were attending the same school. They decided to start with stimulant medication, which initially showed positive results. The child was however bullied and socially isolated at school [MG/MB].

Subtheme 1.2: School placement

MB stated that her child attended a mainstream school from Grade R until Grade 2 [MB/TL] where after the school had referred him to a private school with small classroom setting [MB/MB]. As a result of his not being emotionally ready for Grade 1 [MB/MD], he had had to repeat Grade R. He showed good progress in his second year in Grade R, as well as in Grade 1 [MB/SD]. Grade 2 had been very difficult [MB/SS]; the details thereof are discussed in section 4.2.3. She stated that her child was referred to a school with small classroom setting at the end of the third term in his Grade 2 year [MB/MB]. At the time of the research, he was in Grade 5 and had been a learner in the school with small classroom setting since Grade 2. MB explained that she initially had not wanted to move her child from the mainstream school [MB/SS]. She expressed concern about her child's reintegration in a mainstream school after he had received instruction in a small classroom setting [MB/SS].

MG stated that her child had attended a mainstream school from Grade R until Grade 5 [MG/TL]. She had not been aware of any behaviour problems that her child showed at school, as she rather excelled academically [MG/SD]. However, in Grade 4 things got "difficult" [MG/MB] (is discussed in section 4.2.3). Her child was then referred to an educational psychologist, who suggested that she be moved to a school with small classroom setting [MG/MD]. Her child moved to the school with small classroom setting at the beginning of her Grade 6 year, the grade that she was in at the time of

research. MG also said that she had not wanted to move her child to another school at first, because the siblings were attending the same school (logistical reasons) at the time, and reported that the move had imposed financial implications [MG/MB].

4.2.2 Theme 2: The lived-experiences of the mother of her family in the presence of ADHD

With this theme, I wanted to provide demographical information about the families of the children with ADHD, as it would help to get a better understanding of the mothers' lived-experiences. Furthermore, I wanted to explore the mothers' lived-experience of parenting a child with ADHD, and the effect ADHD has on family functioning and family relationships.

Subtheme 2.1: Demographic profile

The family of the boy consists of four members, namely: his father, mother, older brother and himself [MB/MB]. MB described her husband as hardworking, caring and supportive of her and their two sons [MB/MB]. Her husband works long hours, but is "a wonderful husband and excellent dad, who spends every moment that he can with his two sons. He wants his son to believe that he is capable of achieving anything he puts his mind to" [MB/MB]. She is a stay-at-home mom, who takes care of the household and is the primary caregiver. The older brother had also been diagnosed with ADHD [MB/MB], which is indicative of the genetic nature of ADHD. The older brother is "the gentler one" and "very protective" of his younger brother, even though they have "different personalities" [MB/MB] and there is a big age difference between them. The boy under study, was born after normal delivery [MB/MB]. He reached all his developmental milestones [MB/TL] on time and has a good physical health status.

The family of the girl consists of five members, namely: her father, mother, brother, sister and herself [MG/MB]. MG described her husband as loving, caring and supportive [MG/MB]. He is hardworking and "a wonderful dad with lots of patience and love. He is my pillar of support through all the tough times" [MG/MB]. MG has flexible working hours. She is the primary caregiver of the children. The girl under study is the eldest sibling, with her brother three years younger and her sister five years younger. The girl was born abroad after an "exhausting and traumatic delivery" [MG/MB]. MG had been in labour for 19 hours and had to be taken to theatre to suture a uterine tear. Because the family lived abroad, there was no family to support them, and the health

services worked differently from the South African system. MG explained that she had immediately started having feelings of anxiety after the delivery of the child. She had been so traumatised by the delivery that she did not speak for a day [MG/MB]. "Anxiety came over me like a cloud; sleeplessness and postpartum depression began to develop. The overwhelming sense of responsibility for someone else left my speechless. Anger over a delivery that was handled badly" [MG/MB]. She suffered from insomnia after she had been discharged from the hospital – "I could not sleep when we first went home, I could not sleep between feedings. I was very anxious…" [MG/SS]. Her husband had to work during the day, which left her to cope on her own during the day. The weather conditions and climate were also very different from South Africa [MG/SS]. It was dark until 11am in the morning and then, by 4pm, it was night again, which aggravated the feelings of anxiety and post-partum depression [MG/SS]. She explained that because the health system worked differently abroad, she could not get the professional help she needed. "You basically go to a General Practitioner (GP), who gives you three anxiety pills to take over three days" [MG/SS]. She explained that the cycle repeated every time she went back to the GP, and "so it continues" [MG/SS]. She and her husband returned to South Africa when their daughter was about four months old. Only after they had returned to South Africa, did she see a psychiatrist for the first time; "they gave me medication and it went a lot better" [MG/SS]. For the first six months after their return, they stayed with her mother-in-law until they could find a house [MG/SS]. She described her child as being a friendly baby, who reached all her developmental milestones on time [MG/TL]. MG explained that her child became demanding at the age of 10 months old, and when she was pregnant with her second child, the child physically assaulted her – "She hit and kicked my stomach" [MG/SS].

Subtheme 2.2: Family functionality and dynamics

According to both mothers it is a stressful and emotional journey to raise a child with ADHD. The mothers reported that family functioning is impeded because of conflict and high frustration levels of the other family members [MB/MB] [MG/MB]. Both mothers reported that they get angry and frustrated with their ADHD children. Furthermore, MB explained that her husband, who is the breadwinner, works very long hours to support his family financially. He is tired when he gets home, and do not

always have patience to deal with the child's challenging behaviour, which contributes to more conflict [MB/MB].

The situation at home is even more stressful when the child experiences emotional and behavioural problems. MG stated that she and her husband often feel ashamed of their child's bad behaviour and choose to rather stay home [MG/MB]. She elaborated: "we were ashamed of her behaviour. Absolutely nothing is simple. Everything is a fight. Only when she gets her way, there are moments of peace" [MG/MB]. According to her, her child manipulates everyone in the family to get attention. Furthermore, she explained that her daughter's mood swings determine the mood of the other family members [MG/MB]. "One child makes four others jump. We (the other family members) walk on eggs. The anxiety overwhelms me" [MG/MB]. As a result, it negatively affects her relationship with her child (this is discussed in section 4.2.2) as well as the relationship between the siblings [MG/MB]. MG stated that her child had been angry for many years because she had wanted to be the only child. She explained that her child does not want her brother and sister in her life, because they only take attention away from her [MG/MB]. She explained that her child wants everything and "apparently, we do not give her enough attention. She (the girl) is quarrelsome and nasty to her brother and sister" [MG/SS]. One of her greatest frustrations is the terrible fights between the siblings. When the siblings were younger their sister's behaviour hurt them, "but it is as if they have a thicker shin now" [MG/SS]. Whenever MG wanted to intervene during conflict situations, her son would say to her: "Mom, just leave it. Don't even argue with her, just leave it" [MG/SS]. She admits that it is difficult to handle sometimes, but she understands that part of her daughter's condition is that she struggles to regulate her emotions [MG/SS].

In the absence of behavioural problems however, siblings can have a good relationship. MB reported that her sons do have the normal sibling quarrels, but the eldest brother is very protective over his younger brother [MB/SS]. The words of the song (He ain't heavy he's my brother) by The Hollies, reminded her of her oldest son: "The road is long, with many a winding turn, that leads us to who knows where, who knows where? But I'm strong, Strong enough to carry him, He ain't heavy, he's my brother" [MB/MB]. She regards the family structure as the place where one is loved unconditionally [MB/MB]. She explains that to be part of a family means "to love and

to be loved for the rest of your life, no matter what" [MB/MB]. She stated that their family may have their differences, but care about each other. "We do not always see eye to eye, but always heart to heart" [MB/MB].

Subtheme 2.3: Parenting

Both mothers explained that it can be exhausting and challenging to parent a child with ADHD. MG reflected that she and her husband thought that "parenthood is difficult" [MG/MB]. In addition, MB described motherhood as being "about the strengths you didn't know you had and dealing with fears you didn't know existed" [MB/MB]. Both mothers also reported that they felt that few people really understand what ADHD is all about [MG/SS], including friends and other family members. This results in the mothers feeling isolated and lonely. They feel judged and misunderstood, when they want to talk about their children's behaviour. "Sometimes I just need to vent. I need to be listened to without feeling judged" [MB/MB]. This lack of understanding makes the mothers feel frustrated, anxious, stressed and exhausted by the challenges that ADHD poses. "Somewhere a person comes to a place where you cannot even push your feet forward. You feel paralysed" [MG/MB]. "It is difficult to see my child struggling. It makes me feel stressed and anxious. I am physically and emotionally exhausted" [MB/MB]. The challenges that the mothers have to overcome make them doubt their competency as parents. "To be the parent of a child with ADHD requires a certain level of vigilance from me. I doubt my competence as a parent" [MB/MB]. MB described the emotional experiences of a mother of an ADHD child as follow – "You will have good days, bad days, overwhelming days, too tired days, I am awesome days, I cannot go on days. And every day, you will still show up" [MB/MB].

MG said that she feels emotionally unstable because of all the drama her daughter causes in the family [MG/MB]. She described her relationship with her daughter as a love-hate relationship [MG/SS]. She explained that as a mother, you must love your child, but you get hurt so many times that you sometimes feel that you do not love anymore [MG/SS]:

> *And then comes that extreme guilt that you are the mother and not supposed to feel like that. And everything inside you are broken. You are like a plastic cup full of holes…you cannot…you cannot. And then*

> *the feelings of depression come again, and I cannot go on. I feel like I am falling apart* [MG/MB].

She expressed feelings of hopelessness and explained that she sometimes does not know where to go anymore, nor what else they can do to improve the situation [MG/SS]. She felt that because her child is unstable, she has to be stable for her child's sake. Their entire household suffers because of her daughter's mood swings [MG/SS]. Furthermore, she felt disempowered by her daughter's bad behaviour. She considers a mother to be the one that normally manage and control the emotional state of the household, but feels she cannot "with a child like that in the house*"* [MG/SS]. She and her husband are very consistent in disciplining their daughter. They have tried different methods, but at the moment, restricting screen times works best for them. Their daughter knows that "mom and dad are in the same team," and the answer will not change [MG/SS]. MG expressed her feelings of frustration by using a quote that reads: "the next person to tell me how to raise my ADHD child is going to have their face ripped off!!! You have no idea!!" [MG/MB].

Although it is exhausting and challenging to raise an ADHD child, both mothers expressed their love for their children and wanted to protect them. They described their feelings towards their children with the following quotes. MB wrote:

> *I am the one that sometimes get mad at you, I am the one that sometimes feels frustrated but… I am the one that wants to protect you, I am the one that always wants to defend you, I am your greatest fan, I will always be proud of you, I will always be your confidante, I will always love you because… I am your mother* [MB/MB].

MG used the poem *A Mother's Perspective of ADHD* written by Rachael Simmon to express her feelings:

> *I sit here alone, as I often do* […] *For you I am fighting, but I'm feeling the strain. I'm not always patient. Sometimes I get mad. I scream and I shout and then Lord, I feel bad […] Whatever you say and whatever you do, the fact will remain that I'll always love you. I pray for you daily. I cry for you too; I cry for my child to no longer be blue. So, if there is*

a God and he's listening to me, please try lessening the heartache of ADHD [MG/MB].

The mothers asserted that they manage to cope with the daily challenges of having a child with ADHD with the support of their husbands. Both mothers indicated that their husbands were their pillar of support [MG/MB] and that they did not rely on other family members and friends to understand and support them. In this regard, MG explained that she had known something was wrong with her child, but could not prove anything. Every time she had talked about her concerns to friends, they had disregarded it as being nothing, which had made her feel "powerless and alone. I could not sketch the whole picture, because I was too ashamed" [MG/MB]. She continued to explain that friends also get tired of your stories and you end up not telling them anything. "I have not told my friends anything about my child in almost five years" [MG/SS]. Her parents understand and support her, but her mother-in-law had not agreed with her when she wanted to take her child to a play therapist, because she felt that nothing was wrong. This had made her doubt her parenting skills and had left her despondent [MG/SS]. Ever since, she had not shared anything with her mother-in-law, because she experienced a lot of judgement from her mother-in-law. She felt that her mother-in-law did not understand her granddaughter, and that they did not have any type of relationship [MG/SS]. She had decided to only confide in her husband about her emotions and fears, and not to share it with anyone else. She, however, admitted that she sometimes felt that even her husband does not understand what she is feeling. "And sometimes I feel like even he does not understand what I am feeling" [MG/SS].

4.2.3 Theme 3: The lived-experiences of the mother about the school in the presence of ADHD

With this theme, I wanted to explore the mothers' lived-experiences concerning the school's management and monitoring of inclusive practices, the support they provide during the referral process, and how the classroom environment is enhanced to promote the implementation of inclusive education practices.

Subtheme 3.1: Demographic profile

Both the boy and the girl had been attending a mainstream school before they were referred to a private school with small classroom setting. In this section, I describe the demographical profile of both schools as produced by the mothers. I discovered, only

after I had selected the mothers as participants, that the boy and girl had previously attended the same mainstream school. The boy had started attending the small classroom setting school in his early Foundation Phase years, while the girl had arrived while in the intermediate phase. The boy had been a private school learner for three and a half years, while the girl has been a learner in the private school for almost a year, at the time of the investigation.

The mainstream school that they had attended is a very large public primary school situated in the east of Pretoria. The class sizes are large, with up to 40 learners in a classroom. The mainstream school does have a SBST to provide support to children who experience barriers in learning. Furthermore, according to MB, the school facilitated extra support classes after school for Afrikaans and Mathematics in the foundation phase [MB/MB]. It is evident from the data that the school also facilitated a reading centre extra-curricular [MB/MB].

In contrast, the private school is a small school also situated in the east of Pretoria. The total number of children attending the school is about 170. Most of the children attending the private school have been referred from surrounding mainstream schools. A maximum of 15 children are placed in a classroom. There are a speech therapist and an occupational therapist on site, should the children require support. There is no SBST, however, the teachers held regular meetings to discuss the support that they need to provide to children who experience barriers to learning.

Subtheme 3.2: Management and monitoring of inclusive practices

The section below discusses the mothers' lived-experiences concerning the management and monitoring of inclusive practices in the mainstream schools. I first asked the mothers to share their understanding of inclusive education, to get a view of what it meant to them, and to better understand their lived-experiences. Only MB showed a good understanding of inclusive education and described it as follow: "inclusive education is to create a learning environment where learners with diverse needs can learn. I also understand that inclusive education aims to change knowledge, behaviour and skills; and that teachers, parents and learners need to be supported" [MB/MB].

It is evident from her understanding of inclusive education, that she feels that children with ADHD, their parents and teachers need to be supported in the classroom in order to achieve academic success and to reach their full potential. She explained that it is key to ensure that children with ADHD get adequate support and guidance, to ensure that their condition is managed in a manner that enrich their lives and does not handicap it [MB/MB]. Both mothers who participated in this study however, expressed a lack of support from the mainstream school. Although MB acknowledged that children with ADHD need support, she described her experience with regard to the provision of support for her child as follow: "which I feel my child didn't get" [MB/MB]. She continued to explain that at the mainstream school, the teachers would send a letter home to inform you that your child needed to attend extra classes after school for support [MB/MB&SS]. This included extra mathematics classes on Tuesday afternoon, and extra Afrikaans classes on Thursday afternoons. A child was only allowed to attend extra classes if you had received a letter from the teacher [MB/SS]. MB had received a letter from the Grade 2 teacher to inform her that her child needed to attend extra mathematics classes on Tuesdays, which he then did attend. She explained that she had even arranged for him to also receive additional maths classes on Monday afternoons with the teacher that had also helped his brother at the time [MB/SS]. In retrospect, it confused her that the teacher felt that her child needed extra mathematics classes, while his marks for Mathematics was a 7 – a high score which means that he had mastered it excellently [MB/SS]. Even more confusing to her, was the fact that the teacher had wanted to fail her child in Grade 2 because of his poor performance in Afrikaans, but that she had never advised or sent a letter to MB for her child to attend extra Afrikaans classes on Thursday afternoons [MB/SS]. Furthermore, MB had found it frustrating that the teacher had stamped in her child's books 'assistance provided', but when she had asked her child if the teacher had helped him individually, he had denied it [MB/SS]. The teacher had also never mentioned to her that she had provided extra support to her child. "According to me – support programmes refer to structured interventions…not just a stamp in your child's book, saying intervention or 'assistance provided'" [MB/MB]. She stated that there had been no evidence of the support that the teacher had claimed to have given to her child. She had also observed, on a few occasions when she had gone to fetch her child from school, that her son would be standing outside of the classroom while the teacher was

still busy with lessons – supposedly because he had not been listening or had been disrupting the class [MB/SS]. MB felt that it had been humiliating for her son to be sent outside, and that the teacher had excluded him even more [MB/SS]. This had also resulted in his missing out on important work.

Similarly, MG described her experience as follow: "the support that we received at school was only recommendations to get more therapy*"* [MG/MB]. She mentioned that at the start of every year she had made an appointment with the teachers to ask them to place her daughter at the front of the classroom [MG/MB]. She felt that the learning difficulties had been easier to manage when her child had been in the foundation phase, because her child had had only one teacher for the year who understood her condition and could help focus her attention, as opposed to the intermediate phase when the different subjects were taught by different teachers. MG acknowledged that her child's Grade 2 teacher had helped her child a lot with focusing her attention [MG/MB]. However, she felt that the situation is more challenging in the intermediate phase, where the children rotate classrooms and have different teachers [MG/MB]. In Grade 4 her daughter had received a few debit points for forgetting her books at home and not doing homework, and MG had gone to see the teacher. She reported that the teacher had told her that she did not have time to watch over children. "If they cannot keep up, it is their problem" [MG/SS]. This lack of support had led to the mothers feeling frustrated and concerned about their children's progress.

The mothers participating in this study knew that the mainstream school that the children had previously attended had had an SBST. The SBST is the team that is supposed to liaise between the school and home to address barriers to learning that children experience. The role of the SBST is discussed in section 2.2.3. Both mothers reported a lack of involvement from the SBST at their children's previous school. MB wished that she had known more about school policies and procedures at the time, and about when what should have happened [MB/MB]. She said that she had wondered why they had never been invited to a meeting with the SBST and the head of department (HOD) [MB/MB]. When she had requested a meeting, the school suggested that she takes her child for extra reading lessons at Tina Cowley Reading Centre. MB asked the question "why only now?" [MB/MB], because the suggestion for extra reading lessons came at a point that was too late to help her child. There had

also not been any individualised plan designed for her child when he had needed additional support [MB/MB]. MB therefore felt that the SBST at the mainstream school had not been well informed about their roles and responsibilities, or that maybe they had been aware but had not performed according to those roles and responsibilities because they were overloaded with work or just not interested [MB/MB]. It appeared to her that the only responsibility the SBST seemed to have fulfilled was to receive the support forms from the teachers at the end of the year for children at risk of failing their grade. To her, this showed that the SBST did not monitor the process of completing the support forms and they did not give additional support during the year [MB/MB]. After MB and her husband's meeting with the deputy principal to request that the school not fail their child, she had received an e-mail from the school's learning support coordinator, who is part of the SBST [MB/MB]. She informed MB that she and the deputy principal had had a discussion, and that they had agreed that a thorough scholastic evaluation needed to be done on MB's child to determine the cause of his barriers to learning, and to determine the therapy and interventions needed to address these barriers [MB/MB]. The learning support coordinator thus referred them to an educational psychologist. The learning support coordinator, however, had never met MB, her child or her husband. MB felt that the school's learning support coordinator had based her recommendations on the feedback that she had received from the teacher and the deputy principal without even meeting her or her child [MB/MB].

Similarly, MG reported that there had been a perception in the mainstream school that it was the parents' responsibility to sort out any problems when their child experiences barriers to learning [MG/SS]. She felt that mainstream teachers had been unable to support children with learning barriers, because there were too many children in the class. "You make peace with the school system, even though it angers you because you feel trapped" [MG/SS]. She reported that they had also never received any support from the SBST in terms of her daughter's ADD condition [MG/SS]. They had only been referred to the SBST after she had reported that her daughter was being bullied and had indicated that she wanted to move her child to another school. The principal had not wanted them to move their child, and had assigned someone to investigate the matter [MG/SS]. This person saw her child two or three times after which she contacted MG and informed her that she did not have any solution; neither did she

know how to help MG's daughter [MG/SS]. The lack of support from the SBST had resulted in the mothers feeling angry and frustrated.

Subtheme 3.3: Referral process for support

According to MB, her child had shown good progress in all the learning areas in Grade 1 and was promoted to Grade 2. "I am under the impression that my child is doing well. I am also under the impression that the teacher is satisfied with his progress. I did not receive any requests to have him evaluated" [MB/MB]. Grade 2 however, had been the most difficult year in his mainstream schooling. The boy was allocated to the same teacher that his older brother, who also has ADHD, had previously been with [MB/MB]. According to MB this teacher was supportive and there was good communication between her and the teacher during the time that her eldest son had been with the teacher. This, however, was not the case with her second child (the boy under study) [MB/MB].

According to her, the Grade 2 teacher suggested occupational therapy for her child in term 2. She had explained to the teacher that he had previously received occupational therapy for a year, where after the therapist had been satisfied with his progress and had concluded that no further therapy sessions were necessary [MB/MB]. She had raised her concern about the additional expenses of occupational therapy, and had asked for justification for the teacher's request. The teacher did not respond to her concerns nor did she explain why she regarded occupational therapy necessary [MB/MB]. In retrospect, MB wondered why the SBST had not been involved at that stage [MB/MB]. After a month, the teacher had enquired about her child receiving occupational therapy, and about his medication prescription. MB provided the information to the teacher, "but still does not know what is going to hit me" [MB/MB]. Two weeks later (which was the end of the third term) she was informed about the possibility that her child might fail Grade 2. The teacher wanted her to sign her child's special needs assessment (SNA) form [MB/MB]. A SNA form is a tool that is used to guide the SBST, after referral by a teacher to capture information on a child at risk of failing. MB however, wanted to discuss the matter with her husband first and refused to sign the form. She explained that the teacher had then told her that she would not send her child's marks to the Department of Education if she signed the SNA form [MB/MB]. This had been a very traumatic experience for MB. Even more upsetting were the statements made by the teacher in her child's SNA form [MB/SD]. According

to MB, there was a lot of contradiction between what the teacher had reported in the SNA form and what had really happened [MB/MB]. She provided copies of the actual text messages that had been sent between herself and the teacher [MB/MB] at the time, as well as a copy of the SNA form [MB/SD], to show these contradictions. She felt that the teacher had twisted her (MB's) words to strengthen her (the teacher's) own case. After that, she and her husband were willing to do whatever it would take to help their child succeed. She had informed the teacher that she and her husband wanted to make an appointment with the principal [MB/MB]. The teacher then suggested that they should rather make an appointment with the HOD. MB and her husband decided against it because the teacher and the HOD were close friends and they had reservations about the HOD's objectivity. Instead, she and her husband then booked an appointment with the deputy principal [MB/MB]. The deputy principal suggested that they take their child to Tina Cowley Reading Centre for reading lessons (while the school has a reading centre) and to an educational psychologist for scholastic evaluations [MB/MB]. They explained to the deputy principal that they did not want their child to fail Grade 2, because he was already one year older than his peers. MB and her husband undertook to get a tutor in the afternoons to help their child with homework and follow the recommendations made by the school. The response of the deputy principal was disappointing to them. "She sat there and she just pulled up her shoulders" [MB/MB]. She could not give them an answer, but instructed them to sign the SNA form or else it would look like they did not want to cooperate [MB/MB]. They felt pressurised to sign the form, and signed it unwillingly. The educational psychologist referred them to a doctor for re-evaluation of his medication, and suggested that her child be moved to a small classroom setting [MB/MD]. "I felt the mainstream school were unwilling, even though they were able to support me and my child. Their unwillingness was the primary motivation why I moved my child" [MB/MB]. To MB this evoked the question: "Why are there an increasing number of children referred to small classroom setting from their mainstream school?" [MB/MB].

She explained that the referral process had been traumatic, nerve wrecking, and confusing to her and her child [MB/MB]. Her child had, at the time, become anxious, scared, tearful, and felt hopeless. He was sad, very ashamed and was hiding from friends. He felt like an academic failure when he heard that he had to repeat his grade.

It was a very bad experience for him to go to a new school and make new friends [MB/MB]. She on the other hand, had concerns with regard to the reintegration of her child in a mainstream school after having received instruction in a small classroom setting [MB/SS]. MB provided two quotes to describe her emotions with regard to the referral process. "Nothing's fine, I am torn" and, "on the inside, I am a storm of raw emotion" [MB/MB]. It was a very bad experience from the time that she was informed about the possible failure of her child until the time they moved him to another school. "I was very upset, very, very heartbroken. I felt very alone. I felt I had to fight something that I did not know how. There are too few guidelines for parents whose child has to repeat a grade" [MB/MB]. In addition, she expressed her feelings towards the teacher as follow: "You were good for me, to a certain point. Maybe he is perfect, but not perfect to you. Whether I think of you, or try not to think about you, it still is all about you" [MB/MB].

MG reported that mainstream schooling had got difficult for her child in Grade 4 [MG/MB]. Her child is forgetful, and it resulted in her forgetting her books at home [MG/SS]. Furthermore, her child could not remember her homework and the teachers in the mainstream school did not give a weekly homework planning (like in the foundation phase), but rather expected the children to remember or write it down themselves. Her daughter never wrote it down, neither did she paste homework papers in her books and this was when problems started to appear [MG/SS]. Because of her daughter forgetfulness and not doing her homework, she received debit points, which was part of the school's disciplinary code [MG/SS]. The other children started to bully her daughter. "She did not fit into a certain group, nor did she have a friend. She was always socially different" [MG/SS]. It eventually came to a point where her daughter did not want to go to school anymore. MG went to see the principal about the bullying. She explained that the principal of the mainstream school had not wanted them to move their daughter to another school, and neither did the teacher suggest it [MG/SS]. Her daughter was however, unhappy in the mainstream school because of the bullying and "started to beg us not to go to school" [MG/SS]. The school principal assigned someone of the SBST to investigate the problem. This person reported to MG that she did not know how to support her child [MG/SS]. MG also took her daughter to an educational psychologist for evaluation, who suggested that they move her child to small classroom setting or start with medication [MG/MD]. She and her husband

decided to start their child with medication, because they did not want to move their daughter to another school. The siblings were in the same school at the time and the move posed financial implications. After a year and a half of endurance and drying up tears they could not take it anymore. "We saw our child being torn in pieces" [MG/MB]. She and her husband decided that they needed to make a plan financially to afford private education [MG/MB]. They moved their child to a school with small classroom setting. Her child was happy about the decision and was excited to go to a new school [MG/SS]. MG reported that she is glad that they moved her child to a school with small classroom setting, because she is happy there [MG/MB].

Subtheme 3.4: Classroom environment and setup

This section discusses the mothers' lived-experiences about the classroom environment of mainstream schools compared to small classroom settings.

Both mothers reported that the classroom sizes in mainstream schools are too big, which made it difficult for teachers to give individual attention to all the children [MB/MB] [MG/SS]. MB stated that the above resulted in work not being captured, and children with learning barriers not getting the support they need [MB/MB]. Similarly, MG explained that "there were 36-40 children in a mainstream classroom, and the teacher could not give individual attention to every learner" [MG/SS]. MB felt that the teachers required support from the SBST to help them implement inclusive practices [MB/MB]. She however, reported a lack of support for teachers by the SBST. According to MB, teachers then had to develop their own teaching support strategies [MB/MB]. The mothers stated that mainstream teachers need to have knowledge, skills and experience to be able to develop intervention programmes and implement inclusive education principles in the classrooms. Both mothers felt that mainstream teachers do not have enough knowledge and experience about ADHD to provide support to children who experience barriers to learning [MB/SS] [MG/SS].

Furthermore, MB felt that the curriculum focused more on the prescribed learning outcomes and that too many administrative tasks and assessments occupy time that the teachers could instead spend on providing support to their children [MB/MB]. In addition, the mothers reported that there was a lack of communication between home and school. Information was mainly shared via the parent groups (of which there are many), but not directly from the teacher [MG/SS]. According to the mothers,

communication between the school and home only occurred at parent-teacher meetings or when there were issues that needed to be addressed [MB/MB]. MB felt that the school needed to communicate with the parents more consistently. "I feel that the school's communication to parents must be timeous and ongoing not just on parent-teacher days" [MB/MB]. She expressed her concern that mainstream school-teachers might feel overwhelmed and powerless about dealing with the challenges that children with ADHD pose in the classroom [MB/MB]. MG asserted that parents were not involved in the decisions the school made but have no choice than to accept it. "You make peace with the school system, even though it angers you because you feel trapped" [MG/SS].

Although the mothers had had concerns about moving to a school with small classroom setting, they were confident that it had been the right thing to do. MG reported that the move to the small classroom setting had had a positive effect on her child. "What an amazing move it has been" [MG/MB]. She reported that her child has a smile on her face every day, because she feels that she belongs – "the teachers make her feel like the best thing on earth. It makes a difference in her life" [MG/SS]. Her child has also made one close friend – "that is all she wanted. God is good to her and us" [MG/MB]. She also said that her child enjoys the interaction with the teachers and peers in the classroom. She still takes medication, and the teachers help in administering the second dose during school hours [MG/MB]. The mainstream school had been unable to offer this service. Similarly, MB described that the teacher at the school with a small classroom setting has made her child feel welcome very quickly [MB/MB]. Initially, her child had wanted to go back to the mainstream school, but he had adapted quickly and soon he did not want to go back at all [MB/MB]. She asserted that her child was very popular among his new classmates, and that he looked forward to going to school every day [MB/MB]. She explained that her child showed strong leadership, progressed academically and is emotionally balanced [MB/MB]. The school with small classroom setting gave him recognition for working hard, working together, and showing a positive attitude [MB/MB]. MB saw a positive change in her child's attitude towards school. She felt that "sometimes, things have to fall apart to fall in place again. Stand up and keep on going" [MB/MB].

MB reported that ever since her child had moved to the small classroom setting, none of the teachers had suggested any evaluation or therapy [MB/MB]. She felt that this was because the teachers have the necessary knowledge and skills to accommodate children with ADHD who experience learning barriers in their classrooms [MB/MB]. Both mothers participating in this study agreed that their children were better supported in small classroom settings. They explained that their children received more individual attention and expert advice in small classroom settings. Furthermore, lessons were presented in a more unique way in small classroom settings, which means that the work is broken down into smaller chunks and is repeated often. MB asserted that the teachers in small classroom settings are more involved with the children than those in mainstream classrooms. "In small classroom settings, everybody is more involved with the child" [MB/MB]. Similarly, MG stated that the teachers in the small classroom setting made her daughter feel special and valued [MG/SS]. She felt that because class sizes are small, the teachers are able to keep an eye on all the children and know how they are progressing [MG/SS]. She also stated that teachers in the small classroom setting address issues promptly [MG/SS]. She described an incident where another child swore at her child, and when she reported it to the teachers, it was addressed immediately. The mothers however, had different responses with regard to communication between the school with small classroom setting and the home. MB perceived communication to be better in small classroom settings than in mainstream schools. "The door is always open" [MB/MB]. In contrast, MG did not regard communication to be better in small classroom settings. "We have no contact with the teachers" [MG/SS]. According to MB, children in smaller classes will excel, because they get the opportunity to develop in their own right [MB/MB].

4.2.4 Theme 4: The lived-experiences of the mother of her own needs in the presence of ADHD

With this theme, I wanted to explore the mothers' emotional intelligence according to the five scales of Bar-On's model, and identify the needs of the mothers' that arise in the presence of ADHD.

Subtheme 4.1: Intrapersonal and interpersonal

Bar-On's intrapersonal scale was applied to identify the mothers' abilities to recognise, understand and express their own feelings with regard to raising children with ADHD.

Specific reference was also made to the mothers' feelings regarding their children's inclusion in mainstream schools, as it is the focus of this study. The mothers' lived-experiences about raising a child with ADHD was discussed in detail in section 4.2.2, while the mothers' lived-experiences with regard to the mainstream school's management and monitoring of inclusive practices was discussed in section 4.2.3. Both mothers were able to express their feelings and lived-experiences regarding having a child with ADHD. They described raising a child with ADHD as exhausting and challenging. MB stated that raising a child with ADHD requires a certain level of vigilance from her [MB/MB]. She explained that she sometimes gets frustrated and angry with her child when he is strong-willed and does not listen [MB/MB]. Furthermore, she stated that it is difficult for her to see her child struggling, and that this causes stress and anxiety for her [MB/MB]. She had been frustrated when her child did not receive support in the mainstream school. MB described the referral process as traumatic and explained that she had felt heartbroken [MB/MB] at the time. MG stated that she thought parenthood was difficult [MG/MB]. She feels overwhelmed by her child's mood swings and anger outbursts [MG/MB]. As a result of her child's emotional and behaviour problems she experiences anxiety and also reported feelings of depression. MG sometimes feels hopeless and powerless by the conflicts that her child causes [MG/MB]. Both mothers asserted that they sometimes doubt their competence as parents, when they have to deal with the challenges that ADHD poses [MB/MB] [MG/MB].

Bar-On's interpersonal scale was applied to identify the mothers' abilities to be aware of and understand other people's needs and feelings, be able to relate to others, and establish and maintain meaningful relationships. The mothers' lived-experiences regarding their functionality within the family were discussed in detail in section 4.2.2, while their lived-experiences regarding their family dynamics and support structures were discussed in section 4.2.2. Apart from being in touch with their own feelings, the mothers can relate to other parent's negative lived-experiences with regard to having a child with ADHD. Both mothers described participating in this study as reliving a painful experience. Still, they explained that they wanted to contribute to change and help other parents to have a better experience. MB explained that she had agreed to participate in this study, because she wanted to help facilitate change and promote inclusive education. "If you've lost faith in the public system, stop complaining about it

and do something to change it. Every student deserves an excellent education, so let's make it happen" [MB/MB]. Furthermore, she said "I thought I would have to teach my child about the world. Turns out I have to teach the world about my child" [MB/MB]. Similarly, MG had agreed to participate in this study, because she believed that it could possibly help other parents to have better experiences in the future. It was very important for MG that her child did not see the memory book she had constructed, because she realised that it would hurt her child to see that her mother finds it difficult to raise her. "I do not want my child to know that it is difficult to raise her" [MG/MB].

With regard to establishing and maintaining relationships, MB explained that she had felt misunderstood and judged by the mainstream teacher [MB/MB]. Similarly, MG explained that she didn't not share information about her child with friends and other family members, because she felt judged [MG/MB]. Both mothers reported that their husband were their pillar of support [MB/MB] [MG/MB]. Both mothers had also built relationships with their children's therapists and doctors to provide support to their children.

Subtheme 4.2: Stress management and adaptability

Bar-On's stress management scale was applied to identify the mothers' abilities to effectively and constructively manage and control their emotions with regard to raising children with ADHD and dealing with the difficulties that their children experience at home and in school. Both mothers explained that it was not always easy to control their emotions towards their children with ADHD, especially when their behaviour is challenging. The mothers' lived-experiences of their children's characteristics and behaviour are discussed in section 4.2.1. The mothers stated that they sometimes get angry and frustrated with their children's behaviour and sometimes lose their temper [MB/MB] [MG/MB]. The behaviour of children with ADHD is often unpredictable, and therefore the mothers cannot always anticipate problematic situations and take actions to avoid them. In addition to their children's challenging and unpredictable behaviour, the mothers also had had to deal with challenges at school, particularly during the time that their children had attended the mainstream school. The mothers lived-experiences about the school in the presence of ADHD was discussed in theme 3 (see section 4.2.3). Both mothers expressed feelings of frustration about the mainstream school's lack of support to them with regard to the inclusion of their children [MB/MB]

[MG/SS]. The mothers found it difficult to manage their emotions about the lack of support that they had received from the mainstream school [MB/MB] [MG/MB]. Furthermore, it had been traumatic for MB when she was informed that the school had wanted to fail her child, and she reported that she had cried in front of her child that day, as she had been unable to not control her emotions at that moment [MB/SS]. As mentioned earlier, MG explained that she felt overwhelmed and powerless by her child's emotional outbursts [MG/MB].

Bar-On's adaptability scale was applied to identify the mothers' abilities to manage change, and to adapt to new situations and solve problems of a personal and interpersonal nature. Both mothers expressed the relief that they had experienced when their children were professionally diagnosed with ADHD. Prior to the diagnosis had both felt something was wrong and therefore the diagnosis of ADHD had been no surprise to them [MB/SS] [MG/MB]. They had adapted to the new situation of having a child with ADHD, by getting professional help for their children such as occupational therapy, speech therapy and consulting a psychiatrist, to name but a few [MB/MB] [MG/MB]. When their children had experienced difficulties at school, the mothers took them for extra classes and had wanted to collaborate with the mainstream teachers to support their children [MB/MB] [MG/MB]. The mothers however reported a lack of support from the mainstream schools [MB/MB] [MG/SS]. In the end, the mothers had moved their children to small classroom settings to get support for their children with ADHD. At first, the referral process had been especially difficult to MB [MB/MB], but she and her child had adapted quickly to the change. It is not only the mothers who had had to adapt to having a child with ADHD, but it is also the other family members. MB explained that to be part of a family means "to love and to be loved for the rest of your life, no matter what*"* [MB/MB]. She loved her child unconditionally and explained that her husband wanted their son to believe in himself [MB/MB]. She also said that the older brother was very protective over him [MB/MB]. MB stated that the family members care about each other, even though they sometimes have their differences. In contrast, MG found it difficult to maintain a bearable family life. Her daughter's mood swings and anger outbursts negatively affects her relationship with the other family members. MG reported that she and her husband found parenthood difficult [MG/MB], and that the siblings tried to avoid their sister as far as possible [MG/SS]. Furthermore, she felt that her daughter's mood swings determined the mood of the other family

members [MG/MB]. She felt guilty for sometimes experiencing her relationship with her daughter as a love-hate relationship [MG/SS].

> *And then comes that extreme guilt of you are the mother and are not supposed to feel like that. And everything inside you is broken. You are like a plastic cup full of holes…you cannot…you cannot. And then those feelings of depression come again, of I cannot go on. I feel like I am falling apart* [MG/SS].

Subtheme 4.3: General mood domain

Bar-On's general mood scale was applied to identify the mothers' abilities to be positive, feel content with themselves, with others and with life in general. Both mothers regarded the move to a school with small classroom setting as the best thing they could have done [MB/MB]. "What an amazing move it has been" [MG/MB]. They reported that they felt more optimistic about the future of their children, because they have noted a positive change in their children's attitudes towards school since they moved to small classroom setting. The mothers' lived-experiences with regard to the setup in small classroom settings and the changes they have noticed in their children are discussed in section 4.2.3. MB was able to self-motivate and felt content with herself and the progress her child is showing. MG on the other hand, was cautious about being too optimistic. She also found it difficult to stay motivated. She explained that she had been hurt and disappointed so many times before, that she was careful about being too hopeful [MG/SS]. She knew that the anger outbursts which disrupts the harmony in the house would come. MG asserted that scholars have different opinions about the future of these children, but as "a mother you cling on to a smile and a hug after school, even though the outburst will come" [MG/MB].

Flowing from the mothers' expressions, certain maternal needs were identified in the presence of ADHD, which involve their need for information, support, and resources. MB explained that parents want information about their children's condition, effective intervention strategies, and guidance in managing their children's behaviour. "Sometimes parents know there is a problem, but struggle to know how to get help. It is important to identify these children early to help them before things reach a crisis point" [MB/MB].

Coupled with the mothers' need for information, are their need for emotional support. The mothers expressed their need to connect with other parents who also have children with ADHD, who will understand their experiences without judging them:

> *Sometimes I just need to vent. I need to be listened to without feeling judged. I need to be understood when I say that I am physically and emotionally exhausted* [MB/MB]. *I look back on 11 years and wish that somewhere somebody understood when I said that my child is difficult – really difficult. Together with the feeling of shame, the evasion of questions; there are the search for another mother that will understand. Truly understand and listen, not only to give an answer, but to 'hear'* [MG/MB].

In addition to the mothers' need for information and emotional support, their need for resources was identified. Both mothers agreed that the cost of evaluations, therapy sessions, doctor visits, medication, tutors, educational psychologists and private school fees were a huge financial burden on the family.

> *We were overwhelmed by all the medical bills. As can be seen, we have two sons with ADHD and from about 2008 we were always involved with some kind of evaluation or therapist. This is financially tough, because everything cost money, money, money. My child is very happy at his new school, but again I have to drive further to school, and the school fees are significantly higher than in the mainstream school. It really is difficult to bring everything together* [MB/MB]. *We are emotionally and financially drained* [MG/MB].

4.3 DATA INTERPRETATION

With data interpretation, the analysed data is brought into context with existing theory to reveal how it corroborates existing knowledge or contributes to the development of knowledge (Nieuwenhuis, 2016:120). The results of the present study are discussed in view of relevant literature to find communalities and differences, and to contribute to the literature. The discussion below is a link to the identified themes and subthemes.

4.3.1 Theme 1: The lived-experiences of the mother about her child presenting ADHD

In this section the characteristics of the boy and girl involved in the study are compared with each other, as well as with the literature to find similarities and differences.

Subtheme 1.1: Symptoms and diagnosis

Some research has shown that boys are affected nearly three times more than girls by ADHD (Bester, 2014:42). Other research has found that boys are diagnosed more often because they 'act out' more than girls with the condition and girls daydream and internalise the symptoms (Skogli *et al.*, 2013:9). One boy and one girl with ADHD were included in this study to allow me to report on similarities and differences of the children and the experiences of their mothers. Both the boy and the girl are 11 years of age. At the time of the study the boy was in Grade 5, while the girl was in Grade 6. From the mother's report it seems as if the boy had not been emotionally ready for Grade 1, and that this might have contributed to his having had to repeat Grade R. This is in accordance with Bester (2014:167) who states that children with ADHD often develop problems in Grade R. The attitude of the parents with regard to the child's having to repeat Grade R is important, as this attitude will likely be mirrored by the child (Bester, 2014:171). MB asserted that she was fine with the fact that her child had had to repeat Grade R, because, at the time, she had also felt that he was not ready for Grade 1. Holz and Lessing (2002:103) state that ADHD children's behaviour is not age appropriate. The boy and girl in this study also presented with very different ADHD characteristics. The boy presented with the three most prevalent characteristics of ADHD namely, inattention, hyperactivity, and impulsivity as described by Bester (2014:43), the DSM 5 (APA, 2013:59-60) and Laugesen *et al.* (2016:15). His ADHD symptoms were evident at home and in the classroom. Congruent with the findings of Skogli *et al.* (2013:9) he showed more disruptive behaviour in the class than the girl in the study. In contrast with the findings of DSM-5 (APA, 2013:63) which states that isolation by peers is link to symptoms of inattention, while peer rejection is linked to symptoms of hyperactivity and impulsivity, the boy showed good communication skills, made friends easily and was popular amongst his friends.

MG explained that her child was also inattentive and forgetful. Branstetter (2016:50) explains that because children with ADHD focus on the bigger picture, rather than on

the details, they forget and/or overlook information that teachers might regard as important. The other characteristics the girl presented with are described by Bester (2014:77-80) as some of the characteristics that are associated with ADHD, which include emotional, social and behaviour problems. MG reported that her child was prone to anger outbursts and that she struggled to build and maintain meaningful relationships. Bester (2014:72) asserts that children with ADHD have mood swings and that up to 90% of them have anger outbursts. This can have an influence on the development of the child. Geldenhuys and Wevers (2013:8) state that positive relationships with peers are important for children's social development. The findings with regard to isolation from peers are congruent with the findings of DSM 5 (APA, 2013:63).

Subtheme 1.2: School placement

Both children with ADHD had attended a mainstream school before they were referred to a school with small classroom setting. The boy however, had already been referred in the foundation phase (Grade 2), while the girl only got referred in the intermediate phase (Grade 5). According to DSM 5 (APA, 2013:62) this is because hyperactivity is prominent at an earlier age than inattention. Both mothers reported that they had been reluctant to move their children from a mainstream school to small classroom setting. Farrell (2000:160) found that parents held different views regarding their children's school placement. Some parents prefer mainstream schooling (Leyser & Kirk, 2004:281), while others are in favour of placement in small classes (Rizvi, 2018:66). Similar to the findings of this study, Leyser and Kirk (2004:281) found that children's welfare is central to parent's decision-making with regard to school placement. Both mothers participating in this study wanted their children to belong, as was described by Rizvi (2018:64). Both the mothers were satisfied with their choice to move their children to small classroom setting.

4.3.2 Theme 2: The lived-experiences of the mother about her family in the presence of ADHD

Subtheme 2.1: Demographic profile

In both cases, the core family consists of the biological parents and siblings. The fathers in both cases are the main breadwinners who work long hours to provide for their families. Both mothers described the fathers as supportive and caring. The

mothers are the primary caregivers of the children. The boy is the youngest of his siblings, while the girl is the eldest of her siblings.

Subtheme 2.2: Family functionality and dynamics

The analysis of data pertaining to this subtheme revealed different maternal responses. Congruent to the findings of Moen *et al.* (2016:5) as well as Laugesen *et al.* (2016:151), the present study found that when the ADHD child has behaviour and emotional problems, the family functioning is impeded enormously and it is difficult to maintain a bearable family life. Sundarlall *et al.* (2016:1) state that the ADHD child's behaviour problems cause high stress levels for the parents, as was found in this study. This study found that parents felt ashamed of their child's bad behaviour. In addition, this study revealed that the behaviour problems of the child with ADHD cause disruption and conflict for the whole family, as stated by Laugesen *et al.* (2016:152). The relationship between the siblings is affected negatively because of conflict situations, which is in line with the findings of Laugesen *et al.* (2016:162). In contrast with those authors (ibid), the present study found however, that when a child with ADHD does not have behaviour problems, it is possible for caring relationships between family members to be established. MB explained that her eldest son is very protective over his brother and that they have a good relationship. The mothers in this study both describe their husbands as their pillar of support. This is in contrast with the findings of Laugesen *et al.* (2016:153) and Navab *et al.* (2019:154) who found that marital problems can occur when parents disagree on how to handle their child with ADHD. The finding that mothers do not feel supported by friends and other family members is however, congruent with the findings of Laugesen *et al.* (2016:157).

Subtheme 2.3: Parenting

The findings of the present study reflect assertions made by Laugesen *et al.* (2016:151) that mothers find it challenging and exhausting to raise and support their children with ADHD. The study found that the mothers of children with ADHD experience high levels of stress, as was also found by Mohangi and Archer (2015:1). Gwernan-Jones *et al.* (2015:289) explain that the high stress levels of mothers of children with ADHD revolve around their conflicts with school and their children's learning difficulties, intervention needs, and behaviour problems, which are also reflected in the findings of this study. Furthermore, the mothers in the present study

reported that they felt misunderstood and judged for their children's inappropriate behaviour. Similarly, Laugesen *et al.* (2016:157) found that mothers of children with ADHD experience a lack of understanding by family, friends, professionals and society in general. The need to defend their children and themselves, lead to feelings of self-doubt and anxiety. Laugesen *et al.* (2016:153) elaborate that the mothers of children with ADHD feel incompetent when they struggle to help their children behave and succeed in school, family life and social life, as was also found in this study. These feelings of incompetence further complicated the situation for the mothers and increased their vulnerability to stress and isolation from others. Congruent with the findings of Mohangi and Archer (2015:1), this study found that mothers of children with ADHD need emotional support as well as information regarding their children's condition, and appropriate intervention strategies.

4.3.3 Theme 3: The lived-experiences of the mother about the school in the presence of ADHD

Subtheme 3.1: Demographic profile

The similarities between the two cases are that both the boy and girl had attended the same public mainstream school, and had also been referred to the same private school. The mainstream school that they had attended had followed the inclusive education policy, and thus had an SBST to provide support to children who experience barriers to learning. This is in line with the support strategies outlined in the Education White Paper 6. According to Branstetter (2016:122), with appropriate support, children with ADHD can succeed in mainstream classrooms. Donohue and Bornman (2014:3) as well as Engelbrecht (2016:11) however, found that children with learning difficulties, including those with ADHD, are still excluded from mainstream classrooms, as was found in this study.

Subtheme 3.2: Management and monitoring of inclusive practices

It is essential to know what the mothers' understanding of inclusive education is in order to better understand their lived-experiences regarding the inclusion of their children in a mainstream classroom. This study found that one mother showed a good understanding of inclusive education, while the other mother had no idea of what it was. According to the one mother, inclusive education is about creating an environment that is conducive to learning, and supporting children with ADHD, their

parents and teachers. This is in line with what the Education White Paper 6 (DoE, 2001) states. At school level, the SBST was established to provide support to teachers and children with learning difficulties, as well as ensure parental involvement (DoE, 2005:35). It was however found in the present study that there was a lack of support and involvement from the SBST. This is congruent with the findings of Motitswe (2014:63) who found that SBSTs function ineffectively and do not involve parents to find solutions to address barriers to learning. This study revealed that the only support the mothers of children with ADHD had received from the mainstream school, was recommendations to get more therapy, and referrals for the children to attend extra classes after school. The mothers had not been aware of any support intervention programmes that were being implemented within the mainstream classroom to help their children. Both mothers viewed a lack of teacher knowledge and experience as the reason why their children had been poorly supported in the mainstream classroom. These findings of the present study mirror the findings of Engelbrecht *et al.* (2016:529) who found that mainstream teachers struggle to accommodate children with difficulties, including those with ADHD, in mainstream classrooms. In addition, Donohue and Bornman (2014:3) found that children with difficulties, including those with ADHD, are still placed in separate schools and classrooms.

Referral process for support

The analysis of data pertaining to this subtheme revealed conflicting responses. One mother reported that her child had been happy in the mainstream school and described the referral process as having been confusing and traumatic. Her child had been scared, sad, and ashamed, which had led to feelings of self-doubt and anxiety. She herself had felt hopeless, heartbroken and lonely at the time when her child was referred to a school with small classroom setting.

In contrast, the other mother reported that her child had been unhappy in the mainstream school and at the time, had not wanted to go to school anymore. Her child, on the other hand, had been excited to move to another school.

Initially, the mothers had not wanted to move their children out of the mainstream school. The mothers provided different reasons for their choice to move their children to small classroom setting. One mother had decided to move her child due to the mainstream school's unwillingness to support them. This is congruent with the findings

of Laugesen *et al.* (2016:160) who found that mothers struggle to get support for their ADHD child in the school environment. The other mother, however, had decided to move her child because of her child's unhappiness in the mainstream school. The mothers in this study felt that the school had referred and excluded their children with ADHD from mainstream classrooms too easily. These findings are in line with the findings of Donohue and Bornman (2014:3) and Engelbrecht *et al*. (2016:11) who found that children with learning difficulties, including those with ADHD, are still placed in separate classrooms and schools due to teachers who have not adapted classroom practices to implement inclusive practices.

The mothers in both cases reported that the children had quickly adapted to the new school environment, had built meaningful peer relationships, and were happy in the school with small classroom setting.

Classroom environment and setup

Teachers are vital to the implementation of inclusive education, and should create a classroom environment that is conducive to the teaching and learning of all children.

Both mothers felt that their children had not been supported in a mainstream classroom. They provided similar responses about the factors that had hampered the implementation of inclusive education at the mainstream school. Firstly, the mothers reported that the mainstream classrooms are too big, which does not allow teachers to give individual attention. This is in line with the findings of Engelbrecht *et al.* (2016:529), who found that mainstream teachers struggle to accommodate children experiencing barriers to learning due to overcrowded classrooms and too little time for individual attention. Secondly, the mothers felt that the teachers require support from the SBST to implement inclusive practices. Consistent with the findings of Motitswe (2014:263) and Stofile (2008:173), this study found that the SBST was dysfunctional, did not understand their role and responsibilities, their members lacked the knowledge and skills to address the emerging issues, and that they were overloaded with work or that they were simply not interested in providing support. The two mothers felt that teachers are forced to develop their own intervention programmes due to a lack of support from the SBST. They stated that teachers need to have adequate knowledge and experience about ADHD to be able to develop intervention programmes and implement inclusive education principles in their teaching. Thirdly, this study found that

both mothers felt that mainstream teachers do not have enough knowledge and experience about ADHD to provide support to children who experience barriers to learning. This is in line with the findings of Chireshe (2013:226), Geldenhuys and Wevers (2013:9) and Mahlo (2011:49) who found that most teachers are not adequately trained to implement inclusive practices, nor do they have experience in teaching children with learning barriers.

Fourthly, this study found that the curriculum focused on outcomes that need to be achieved, and that teachers are occupied by too many administrative tasks and assessments that takes time which should rather be spent on providing support. Research has found that teachers need to differentiate the curriculum to respond to the needs of all children (Dreyer, 2015:24; Motitswe, 2015:72). This study, however, found that the SBST and mainstream teachers did not develop a differentiated curriculum and individualized plans for the children with ADHD.

Part of the SBST's responsibilities include ensuring parental involvement. Chiasson and Olson (2007:90) explain that communication and collaboration between the home and school are vital for the success of all children. Gonzalez-DeHass elaborate that when parents are involved in their children's education, the children achieve academic success. In addition, Stofile (2008:144) found that when strong school-family relationships are built, teachers understand children better, and parents understand their roles and responsibilities. The mothers in the present study, however, reported a lack of communication between home and the mainstream school. This is consistent with the findings of Chiasson and Olson (2007:92) who found that communication between parents and teachers are inconsistent and only occurs when incidents occur at school or when parents initiate it.

Both mothers reported a perceptible positive change in their children's attitudes towards the schools after they had been moved to schools with a small classroom setting. This study found that the mothers perceived teachers in small classroom setting to have more knowledge and experience in accommodating children with ADHD in their classrooms. Furthermore, the mothers perceived teachers in small classroom settings to be more involved with the children, give more individual attention, and present lessons differently and address issues promptly. This is in line with the findings of Leyser and Kirk (2004:281) who found that parents preferred

placement in small classes, because they felt that special education teachers are better skilled to instruct children with learning barriers. In addition, the present study found that in contrast with the mainstream school, the school with small classroom setting was willing to administer the ADHD children's prescribed medication.

The analysis of data pertaining to communication in small classroom setting revealed different maternal responses. One mother perceived communication to be better in small classroom settings and reported that there was an open-door policy; while the other mother reported that communication was not better in small classroom setting, as they had no contact with teachers.

4.3.4 Theme 4: The lived-experiences of the mother of her needs in the presence of ADHD

Subtheme 4.1: Intrapersonal and interpersonal

Bar-On, Elias and Maree (2006:3) state that emotionally intelligent mothers are able to recognise, understand and express their own feelings non-destructively. Similarly, the findings of Finzi-Dottan *et al.* (2011:8) emphasise the important role of EI in perceiving the ADHD child's behaviour as thinkable and manageable, thus promoting parental growth. This implies that emotionally intelligent mothers cope better with stressful situations. This study, however, reflects the findings of Leitch *et al.* (2019:5) that parents feel emotionally and physically exhausted for always anticipating the potential undesirable behaviour of their children. Furthermore, one mother in this study described her child's outbursts as uncontrollable, intense, frequent and disruptive, as was found by Leitch *et al.* (2019:4). Because of the chronic nature of ADHD, this study found that the mothers were continually having to face challenges and deal with them, as was also found by Durukan *et al.* (2008:221). This coupled with a lack of support for the mothers make it difficult for parental growth to take place. From the mothers' expressions, I can derive that they are aware of their own feelings but are cautious to express them because of a lack of understanding of ADHD and societal judgements.

Bar-On, Maree and Elias (2006:3) state that emotionally intelligent mothers are aware of other people's needs and feelings, able to relate to others, and to establish and maintain meaningful relationships. This study found different maternal responses on the intrapersonal level. One mother's response reflected the assertions made by Branstetter (2016:11) that conscious mothers build strong relationships with their

children and accept them as they are. In contrast, the other mother asserted that she felt overwhelmed by her child's behaviour problems and anger outbursts. This is in line with the findings of Leitch *et al.* (2019:8). She described her relationship with her child as strained, which is in line with the findings of Mofokeng and Van der Wath (2017:141). It is difficult for mothers to maintain a bearable family life when their children with ADHD present with behaviour problems, as was stated by Laugesen *et al.* (2016:151). Leitch *et al.* (2019:6) explain that distressing child behaviour affects all the family members, as was found in this study too. This study found that the mothers were aware of other people's need and were able to relate to others. For example, the mothers in the study felt that the mainstream teachers might feel too overwhelmed and powerless to implement inclusive practices in the classroom. One mother acknowledged that because she struggles to regulate her emotions, her child could not help behaving the way she does.

Stress management and adaptability

Bar-On, Maree and Elias (2006:3) state that emotionally intelligent mothers are able to manage and control their emotions towards their children, and cope with daily demands, challenges and pressures. Similarly, Finzi-Dottan *et al.* (2011:517) assert that EI enables parents to be empathetic towards their children and cope with stressful situations. The findings of this study reflect the findings of Durukan *et al.* (2008:221) that mothers feel incompetent in their parenting roles as a result of their spending more time attending to their ADHD children's needs and less time with themselves. Furthermore, the study found that parents of children with ADHD found parenthood difficult, which is in line with the findings of Finzi-Dottan *et al.* (2011:7). This study revealed that mothers found it difficult to manage and control the overwhelming emotions, including anger and frustration that their ADHD children's behaviour evoke in them. They then sometimes resort to screaming and shouting, as was also found by Leitch *et al.* (2019:5). In line with the findings of Durukan *et al.* (2008:221), this study found that when mothers of ADHD children lose their tempers, they feel bad because they realise that their children do not have control over their behaviour. In addition, Leitch *et al.* (2019:5) report that some parents develop coping strategies which mostly involve removing themselves from the situation, while others report a state of self-monitoring to avoid triggering outbursts, as was expressed by the mothers in this study. One mother in the study explained that the family members "walk on

eggs" monitoring what they say, when they say it, and how they say it, to avoid upsetting her child with ADHD.

These difficulties of coping with their children's behaviour are reverberated in the mothers' difficulties related to getting support for their children in the mainstream school. The findings of this study are congruent with the findings of Laugesen *et al.* (2016:160) who found that mothers feel that they struggle to get professional support for their ADHD children within the school environment. Both mothers expressed feelings of frustration about the lack of support from the mainstream school. In contrast with the findings of Geldenhuys and Wevers (2013:11), this study found that the mothers wanted to cooperate with the school and built positive relationships with teachers. The study, however, found that the mothers felt misunderstood and judged, as was also found by Gwernan-Jones *et al.* (2015:295).

General mood domain

Bar-On, Maree and Elias (2006:3) state that emotionally intelligent mothers will be positive and feel content with themselves, others and life in general. This study reflects the findings of Leitch *et al.* (2019:6) who found that mothers of children with ADHD feel judged because of a lack of understanding about ADHD, which leads to them feeling isolated. Furthermore, this study found that mothers of children with ADHD doubt their competence as parents, because they find it difficult to manage their children's behaviour, as was also found by Leitch *et al.* (2019:5). These feeling of incompetence increased when the mothers were unable to get support for their children with ADHD in the mainstream school. It is very difficult for the mothers to stay positive and feel content with themselves and others when they doubt themselves and feel judged by others. However, this study found that the mothers had hope after their children had moved to schools with a small classroom setting. It was found in this study that the mothers noted a positive change in their children's attitude towards school in the small classroom setting, and felt that their children got more individual attention. These changes made the mothers feel positive about the future of their children with ADHD. One mother expressed her feelings towards her child as follow: "I love my child and feel blessed that he is mine". Similarly, the other mother stated that "God is good to her (her child with ADHD) and to us."

Section 4.2.4 identified mothers' needs in the presence of ADHD. This study found that both mothers experienced the same need for information, support, and resources. The study also compared these findings to findings from the literature.

With regard to the mothers' need for information, the findings of this study are congruent with the findings of Wiese *et al.* (2018:394) who found that parents have a need for information and training sessions. Furthermore, the findings of this study with regard to the kind of information the mothers need is in line with the findings of Guralnick (2005:315) who state that parents want information with regard to details about their children's condition and long-term prospects, guidance to understand and manage their children behaviour, and the most effective intervention programmes.

This study found that mothers of children with ADHD have a need for social and emotional support, which is in line with the findings of Finzi-Dottan *et al.* (2011:517). The mothers in this study expressed the need to connect with other parents who will understand and accept their experiences without judging them. In this regard, Prithivirajh and Edwards (2011:34) found that parents who attended support groups gained a sense of belonging, expressed their feelings about living with a child with ADHD and received support to deal with everyday challenges of raising a child with ADHD.

In line with the findings of Spindler *et al.* (2017:1126) this study found that having a child with ADHD, poses a huge financial burden on the family. Malatji and Ndebele (2018:136) explain that parents need money to pay for therapists, doctors and to send their children to special schools, as was also reported in this study. In line with the findings of Guralnick (2005:316), this study revealed that the expenses of health services accumulate. Similar to the findings of Shannon *et al.* (2003:169), this study found that mothers decided which services to get based on the available information and family budget. This study found that mothers need justification for referrals to therapist. In line with the findings of Shannon *et al.* (2003:170), this study found that parents feel guilty when they are not able to provide the services their children need.

4.4 SUMMARY

In this chapter, the researcher aimed to present the reader with the evidence, examination and understanding of the data that were composed during the data

generation phase. The findings of the study were discussed in this chapter according to the identified themes and subthemes. Four themes were identified in the timeline that the mothers used to construct their memory books. The findings of the study were verified with direct quotes from the mothers' memory books and interview transcriptions, where after it was compared to the existing literature.

In Chapter 5 a summary of the study findings is presented, and the insights gained from the conceptual framework of the study are discussed. Possible answers to the research questions are provided, and the conclusion and recommendations for this study are presented.

CHAPTER 5:
CONCLUSION AND RECOMMENDATION

5.1 INTRODUCTION

Chapter 1 provided an overview of the present study and outlined the purpose of the study, the primary and secondary research questions as well as the objectives of the study. Chapter 2 provided the literature review and discussed the conceptual framework of the study. The research design, data generation methods, ethical considerations and trustworthiness of this study were described in chapter 3. The research findings were analysed and interpreted in chapter 4, according to the identified themes and subthemes. Chapter 5 concludes the study by summarising the key findings from the literature review and the empirical study. The research conclusions are drawn by answering the research questions. Based on these conclusions, recommendations for future studies are suggested. Furthermore, the insights gained from the conceptual framework, as well as the limitations of the study are also discussed in Chapter 5.

5.2 LITERATURE CONTROL

The findings of the present study are discussed in Chapter 4 in view of relevant literature to find communalities and differences, and to contribute to the literature. This section contains a summary of the main literature and the empirical findings made in this study.

5.2.1 Summary of key literature findings

Through an in-depth study of the literature pertaining to ADHD and the inclusion of children with ADHD in mainstream classrooms, the following important facts emerged:

ADHD is one of the most prevalent genetic neurodevelopmental disorders in children, with a prevalence rate of 3-5%. Boys are more often diagnosed with ADHD than girls, because they ‘act out’ and tend to disrupt the class, while girls become more quietly distracted. The three most prevalent characteristics of ADHD are inattention, impulsivity and hyperactivity, while characteristics such as emotional problems, behavioural problems, learning difficulties and social problems are also associated with ADHD (see sections 2.2.1). In spite of the high incidence of this syndrome, it is

still a condition that is misunderstood and misinterpreted. Therefore, many people including teachers, view ADHD as a result of bad parenting. As a result of their lack of knowledge and understanding of ADHD, children with ADHD struggle in mainstream classrooms and they do not get the support they need (see section 2.2.1).

The literature defines inclusive education as the practice of including all children, regardless of their talent, disability, socio-economic background or cultural origin, in supportive schools and classrooms where all children's needs are met (see section 2.2.2). Inclusive education is supported globally. However, inclusion means different things to different people, which has led to variation in inclusive practices (see section 2.2.2). As South Africa has also adopted the principle of IE, the government developed several policies in support of inclusive education practices. The Education White Paper 6 outlines six key strategies to establish the successful implementation of IE, to enhance the inclusion of children with learning difficulties including those with ADHD (see section 2.2.2). Furthermore, the national DoE has established support at national, provincial, district, and school-based levels (see section 2.2.3). The Education White Paper 6 states that support should be provided according to the level of need experienced by children with barriers to learning. The DoE has accordingly established different types of schools in each district to meet the needs of all children (see section 2.2.4). Although it is the classroom teachers that identify the level of support that children might need, the SIAS document emphasises the involvement of parents in any decision-making process (see section 2.2.4). However, the literature points out the barriers to the implementation of IE (see section 2.2.5).

The literature points to the profound impact of ADHD on family dynamics and functioning (see section 2.2.6). As the mother is regarded as the primary caregiver, she is hit hardest, with feelings of stress, anxiety, guilt, blame, social isolation and, in some cases, depression (see section 2.2.6). Family functioning is impeded as a result of conflict and organisational problems. If parents do not agree on how to handle their child, it can lead to more conflicts between the parents and even cause marital problems. Some mothers feel that they are not supported by their husbands. As a result of the emotional and behavioural problems of the ADHD child, the relationship between siblings is also affected negatively (see section 2.2.6).

Due to the fact that the child with ADHD presents with emotional, social, behavioural and intellectual problems, their families are often socially isolated, by friends and by their extended family (see section 2.2.6). Furthermore, when the child exhibits learning difficulties and disruptive behaviour in school, it creates barriers to positive parent-teacher relationships (see section 2.2.7). Mothers struggle to get professional support for their child with ADHD in the school environment. Mothers feel criticised and insulted by teachers when they want to share information and knowledge. When a child with ADHD experiences barriers to learning, parents feel excluded from the decisions made about their child's development and learning (see section 2.2.7).

In order to manage all of this, mothers need to have emotional intelligence characteristics that may enhance positive lived-experiences and the inclusion of their children with ADHD in mainstream classrooms (see section 2.2.7). ADHD has a significant and lifelong influence on the mothers of children diagnosed with this condition and creates certain needs on the part of the mothers. These needs include the need for information, support and resources (see section 2.2.8).

5.2.2 A short overview of the empirical research findings of this study

In this study, two mothers were selected to partake in this study based on their lived-experiences of raising a child with ADHD and because of their experience with the inclusive education practices implemented in mainstream schools. The data generation methods involved the construction of memory books, semi-structured interviews and field notes. Four themes emerged from the data analysis namely, the lived-experiences of the mother in the presence of ADHD, the lived-experiences of the mother of her family in the presence of ADHD, the lived-experiences of the mother about the school in the presence of ADHD, and the lived-experiences of the mother of her needs in the presence of ADHD.

This study deliberately chose to include a boy and a girl who had been diagnosed with ADHD in order to explore the similarities and differences between the cases. The characteristics of the children differ significantly. The boy presents with the typical symptoms of ADHD, while the girl presents more with emotional, social and behavioural problems (see section 4.2.1). Both the children had previously attended a mainstream school from where they were referred to a private school with small classroom setting (see section 4.2.1).

As the primary caregiver, the mothers find it challenging and exhausting to raise a child with ADHD. The mothers are anxious and stressed about their children's behaviour as well as their progress at school. As a result of their children not listening, the mothers get angry and frustrated (see section 4.2.2). The mother of the child who has emotional and behavioural problems feels overwhelmed, depressed and anxious (see section 4.2.2). This study found that there is a difference between the family dynamics of the two children. There are strong connections between the family members of the child who presents with the typical symptoms of ADHD without emotional and behavioural problems (see section 4.2.2). In the presence of emotional and behavioural problems however, family functioning is impeded profoundly. The mother-child relationship as well as the relationship between siblings are affected negatively when the ADHD child exhibits emotional and behavioural problems (see section 4.2.2). All the family members tiptoe around the child to avoid upsetting her. The parents are ashamed of their child's behaviour and try to avoid going out. They also experience isolation from friends and extended family members (see section 4.2.2). This study found that both mothers described their husband as their pillars of support.

The two children in this study presented differently in the mainstream classroom environment. The boy showed disruptive behaviour such as talking excessively, walking around in class, blurting out answers and so forth, and also experienced learning difficulties (see section 4.2.1). The girl on the other hand, was inattentive but showed good academic progress (see section 4.2.1). One mother showed a good understanding of inclusive education and emphasised that children who experience barriers to learning need to be supported (see section 4.2.3). Both mothers participating in this study however, expressed a lack of support from the mainstream school and the SBST (see section 4.2.3). Due to the lack of support, the mothers expressed feelings of frustration and isolation. Furthermore, they felt judged when they shared information about their children. Together with the lack of support from the SBST, the mothers viewed large classroom sizes, the curriculum, lack of communication between school and home, and a lack of teacher knowledge and experience about ADHD as barriers to the inclusion of their children at the mainstream school (see section 4.2.3). The two mothers experienced the referral process differently (see section 4.2.3).

This study found that the diagnosis of ADHD has a significant influence on the mothers. They feel physically and emotionally exhausted by raising their children with ADHD (see section 4.2.4). The mothers also experience feelings of isolation, as a result of friends and extended family members that do not understand the challenges that ADHD poses. These feelings of isolation and frustration are extended to the school environment where the mothers feel that they are not supported by the teachers and the SBST at the mainstream school, but rather experience judgement (see section 4.2.4). The mothers find it difficult to cope with the challenges of ADHD. They sometimes find it difficult to contain their emotions towards their children and resort to screaming and shouting. After losing their tempers, the mothers experience feelings of guilt because they know that their children cannot control their behaviour (see section 4.2.4). After moving to a small classroom setting, the positive change in their children's attitude towards school facilitated feelings of hope for the mothers (see section 4.2.4). In order for the mothers to deal and cope with the daily challenges of ADHD, they need information, emotional support and resources (see section 4.2.4).

5.3 ANSWERING RESEARCH QUESTIONS

The purpose of this study was to explore the lived-experiences of a mother of a child diagnosed with ADHD with regard to the inclusion of her child in a mainstream classroom. While the focus of this study is on the lived-experiences of mothers of children with ADHD, its potential in addressing the lived-experiences of mothers of children with other barriers to learning is worth acknowledging. The final conclusion of this study is drawn by answering the three secondary questions followed by the main research question posed in section 1.4.

5.3.1 Secondary question 1: What does inclusive education mean to a mother of a child diagnosed with ADHD?

Mothers of children diagnosed with ADHD want their children to receive a good quality education, succeed in school, and expect teachers and peers to accept them. Thus, to them, inclusive education means that the school and teachers will provide support to them and their children experiencing barriers to learning, so as to ensure access to mainstream classrooms. To achieve this, the mothers felt that the teachers had to have the necessary knowledge about ADHD and skills to differentiate the curriculum; use various teaching strategies; as well as use adaptive assessment methods. When

teachers lack the necessary knowledge and skills to implement inclusive practices, the SBSTs need to train and support teachers.

Furthermore, mothers of children with ADHD regard inclusive education as a collaborative process between home and school. To work collaboratively, good communication is required between home and school. The school need to provide guidance regarding intervention strategies, and the mothers need to share information about their children's condition.

5.3.2 Secondary question 2: What factors does a mother of a child diagnosed with ADHD regard as barriers to the inclusion of her child in a mainstream classroom?

The answer to this question was derived from the data analysis from the mothers' constructed memory books presented in chapter 4. This data analysis reveals that the mothers of children with ADHD, did not feel that their children were supported adequately in the mainstream classrooms. There are a few factors that the mothers regarded as barriers to the inclusion of their children in mainstream classrooms, which are discussed below.

The mothers reported that the mainstream classrooms sizes were too large. Because of large classroom sizes, teachers do not have time to give individual attention to children with learning barriers, including those with ADHD.

In addition, the mothers felt that mainstream schoolteachers did not have the necessary knowledge about ADHD, and skills to successfully accommodate children with ADHD in their classrooms. The mothers expressed their concerns that teachers might feel overwhelmed and overloaded trying to provide support for the diverse needs of children in their classrooms.

According to the mothers of children with ADHD, teachers require support to help them successfully implement inclusive education practices. The SBST needs to support and train teachers who lack knowledge and skills to implement inclusive practices. The mothers however, felt that the SBST did not support the teachers to enable them to identify and address barriers to learning. The mothers also reported that there were no meetings held between the SBST and themselves to discuss their children's progress. The SBST did not design individualised learning plans for their children with

ADHD; neither did they implement inclusive education practices to ensure access to mainstream classrooms for their children with ADHD.

The mothers also viewed the curriculum to be too rigid - focused more on achieving outcomes, and involving too many administrative tasks; rather than providing support to children who experience barriers to learning, including those with ADHD. The mothers were not aware of any differentiation or adaptations made with regard to the curriculum.

Another factor that the mothers mentioned as a barrier to their children inclusion, is the lack of communication and collaboration between home and school. The mothers explained that it is difficult and exhausting to deal with the challenges that their children with ADHD pose. They reported that the mainstream school was not sensitive to their needs and did not support them to deal with these challenges. Instead, the mothers felt judged and misunderstood when they shared information with the teachers. Because of this, they were cautious to express their concerns, which resulted in them feeling isolated and frustrated. The mothers concurred and mentioned that they only received communication from the school for parent-teacher meetings or incidents.

5.3.3 Secondary question 3: How can a mother of a child diagnosed with ADHD be supported with regard to the inclusion of her child in a mainstream classroom?

It is vital to have adequate knowledge about ADHD to understand the challenges that a child with ADHD poses. Knowledgeable teachers are empathetic and sensitive to the needs of mothers of children with ADHD. The mothers have a need for information, support and resources.

With regard to the mothers' need for support, teachers need to be aware that the mothers sometimes need to vent about their feelings. This, however, does not mean that they do not love and support their children. Supportive teachers listen to the mothers' fears and concerns, and allow the mothers to express their feelings without judging them. Teachers also need to identify and consider the factors that increase the stress levels of the mothers when intervention strategies are implemented. Furthermore, it would be helpful if mainstream schools could introduce a parent support group. In such a support group mothers could share their experiences with

other parents of children with ADHD and feel that they belong. This would help reduce their feelings of isolation and loneliness.

With regard to the mothers' need for information, teachers need to be aware that the mothers of children with ADHD have a need to know what the best intervention strategies are to help their children succeed in their schoolwork, reach their full potential, and to become contributing citizens in their community one day. Mainstream schools have to build and maintain positive relationships with parents, whereby the school and parents can communicate and collaborate to support the child who experiences barriers to learning. The school needs to share information regarding education intervention strategies, while mothers need to share information regarding their children's condition.

With regard to the mothers' need for resources, mainstream teachers need to be sensitive to the financial needs of parents of children with ADHD. Therapy sessions, medical expenses, doctor's consultations, educational psychologists' evaluations, and medication costs often overwhelm the parents of children with ADHD. Therefore, mainstream teachers should first consider the available resources at the school to provide support to children with ADHD, before referring children to other professionals. Mainstream teachers also need to implement various inclusive education practices in their classroom, and should consider the referral of children to other schools as a last resort.

5.3.4 Primary research question: What are the lived-experiences of a mother of a child diagnosed with ADHD with regard to the inclusion of her child in a mainstream classroom?

The mothers of children with ADHD acknowledge that they knew "something was wrong", and that their children needed support. The mothers however, felt that mainstream teachers did not have the necessary knowledge, skills and experience to accommodate the children with ADHD in their classrooms. The mothers noted that the SBST needed to support the teachers and children and ensure parent involvement; nevertheless, they were uninvolved or not aware of their roles. According to the mothers, when the SBST eventually did get involved, they did not help to find solutions to the problems. The mothers feel that the mainstream school was able but unwilling to provide support to their children. They therefore did not experience support from the

mainstream school and teachers. Instead, they felt judged by the mainstream teachers when they shared information. The factors that the mothers regard as barriers to the inclusion of their children in mainstream classroom are discussed in section 5.3.2. The mothers felt that children with ADHD are referred too easily to other schools. In fact, the mothers felt there is a perception in mainstream schools that it is the parents' 'problem' to solve when their children experience barriers to learning. There had been no individualised learning plans designed for their children with ADHD, nor were they aware of other inclusive educational practices implemented to support their children. The mothers reported the non-involvement of the SBST and argued that the structure always referred them to more therapy sessions. These referrals put extra financial strain on the family; and when they questioned the referral, the school and teachers made them feel like they were uncooperative and do not care. Furthermore, the referral process to another school was traumatic and the mainstream school did not provide guidance and support to the parents or the children.

5.4 INSIGHTS GAINED FROM THE THEORETICAL FRAMEWORK

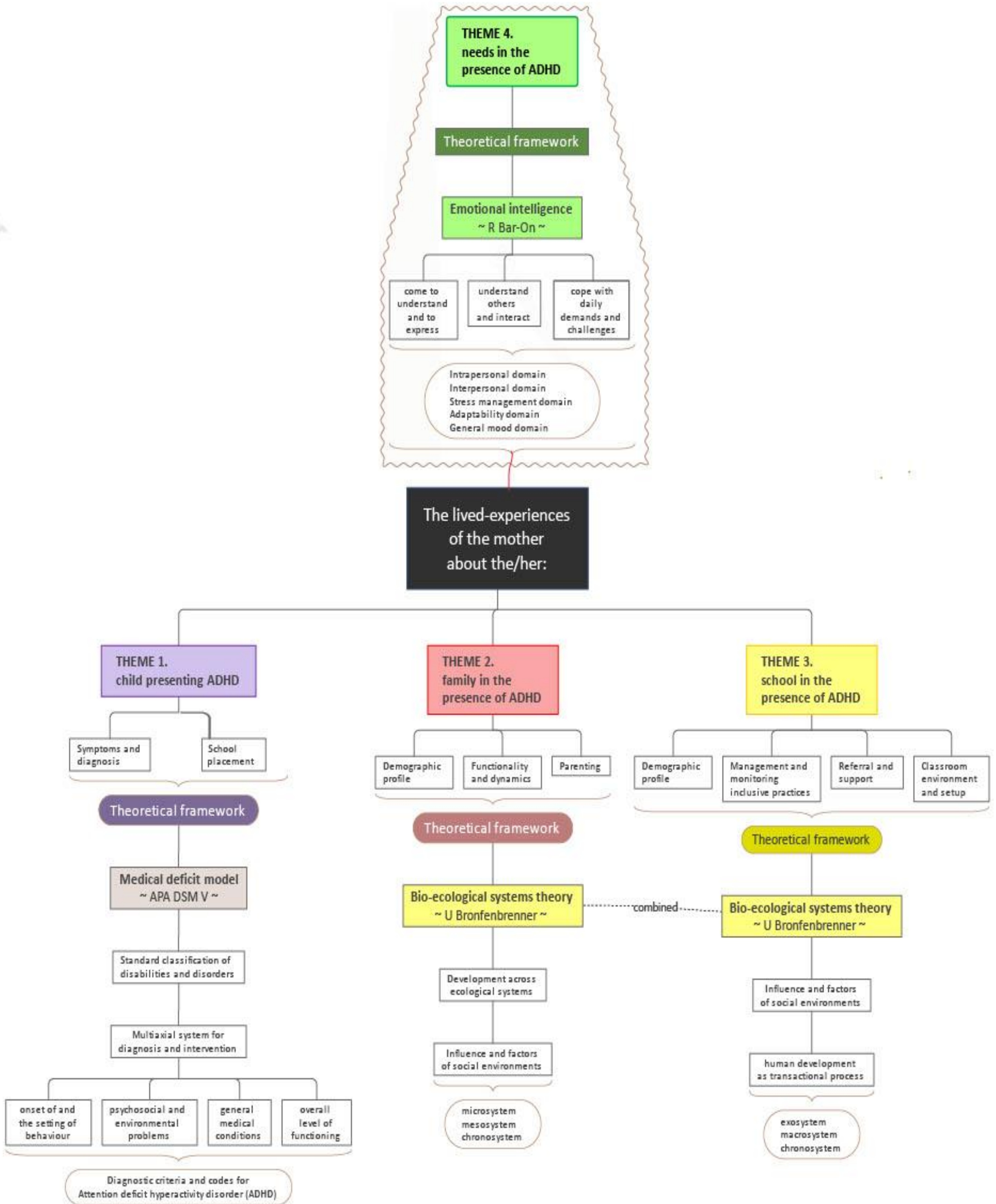

Figure 5.1 Conceptual framework with aligning themes

5.4.1 Medical deficit model: Theme 1

The study used the medical deficit model to get a better understanding of what ADHD is and what the characteristics are of children with ADHD. Theme 1 (see section 4.2.1) discusses the characteristics of the two children involved in this study. Apart from inattention, the boy and girl present with different symptoms of ADHD. This study also revealed similarities and differences between the mothers' lived-experiences about the inclusion of their children.

5.4.2 Bronfenbrenner's bio-ecological systems theory: Themes 2 and 3

Bronfenbrenner's bio-ecological systems theory affirms the vision of inclusive education. According to this theory a child's development and learning is affected by a multitude of influences, interactions and interrelationships between the child and other systems. In this study, Bronfenbrenner's bio-ecological systems theory was used as a scientific lens to understand aspects in the different ecological systems that influence the mother's lived-experience of the inclusion of her child with ADHD in a mainstream classroom. The empirical findings are presented in accordance with the different ecological systems, as prescribed by Bronfenbrenner.

Microsystem

The microsystem is the immediate environment where interaction takes place and involves those individuals and events closest to the child's life. According to Bronfenbrenner's bio-ecological systems theory, the relationships in the microsystem need to be managed to ensure the development and learning of the child. In this study, the microsystem involves the school, mothers, teachers, and peers.

This study noted a difference between the relationships that the mothers have with their children (see section 4.2.2) and found that both mothers were very involved with their children's teaching and learning, regardless of what their relationship with their children are. Both mothers got professional support for their children and are supportive, however difficult this sometimes proved to be.

The lack of teacher knowledge about ADHD emerged as a significant factor that impacted these children's inclusion in a mainstream classroom. The mainstream teachers did not differentiate the curriculum, nor did they use alternative teaching methods to ensure the active participating of children with ADHD. As a result of large

class sizes, the teachers were also not able to provide individual attention to children who experience barriers to learning.

Having positive relationships with siblings and peers are important for children's social development. This study found that there are differences in the relationships the ADHD children have with siblings and peers. The one child has good relations with his sibling and peers, and experiences inclusion in social activities. In contrast, the other child experiences social rejection, and struggles to build peer and sibling relationships. This study revealed that there was a lack of intervention from the mainstream school to encourage strong peer relationships, which resulted in this child becoming socially isolated from her peers, and to miss out on development opportunities.

Mesosystem

The mesosystem refers to the interrelationships between two or more of the microsystems. The findings of this study at the mesosystemic level, revealed the nature of the collaboration and cooperation between school and home.

The mothers participating in this study reported a lack of communication from the mainstream school. According to the mothers, communication between the mainstream school and home only occurred during parent-teacher meetings or when incidents occurred at school which needed to be addressed. Furthermore, the mothers felt misunderstood and judged by the teachers when they shared information. This study revealed a lack of constructive collaboration and cooperation between the school and home. The study findings pertaining to communication between the private school and home is inconsistent. MB reported that communication is better in the private school, while MG reported that communication is not better in the private school compared to the mainstream school.

Exosystem

The exosystem is the context that affects the child, even though the child is not directly involved in it. The findings of the study at the exosystemic level focus on the involvement of the SBST and the school's management and monitoring of inclusive practices.

The empirical findings reveal a lack of involvement from the SBST. The mothers were never invited to a meeting with the SBST to discuss their children's progress, nor were

there any individualised plan developed for their children. The mothers also expressed a lack of support from the SBST to the teachers. MB felt that the school was able, but unwilling to support them. In addition, MG reported that the support the school provides involves recommendations for additional therapy. She continued to explain that there is a general perception in mainstream schools that it is the parents' 'problem' to solve when their children experience barriers to learning.

Macrosystem

The macrosystem refers to policies and regulations which provide guidelines to the implementation of inclusive education. The empirical findings reveal that one mother has a good understanding of inclusive education. None of the mothers were however familiar with inclusive education policies. MB expressed the wish that she was more aware of the inclusive education policies in order to understand what the procedures for providing support should have been.

Chronosystem

This study revealed that although the principle of inclusive education has been accepted, the school and teachers have not been prepared for the implementation of IE. The factors that hamper the successful implementation of IE include: lack of teacher training, no effective support structure (SBST) available to manage the cases of children who experience barriers to learning, and no guidelines to parents whose children experience barriers to learning.

5.4.3 Bar-On's emotional intelligence theory: Theme 4

This study used Bar-On's emotional intelligence theory, to get a better understanding of how the mothers perceive and understand their own feelings, others' feelings, and deal and cope with the challenges regarding the inclusion of their children with ADHD in mainstream classrooms. The literature states that emotionally intelligent mothers are better able to build strong connections with their children, accept them as they are, manage and control their own emotions towards their children, adapt to new situations, and cope with the challenges that their children with ADHD experience and pose.

Intrapersonal and interpersonal

The study found similarities as well as differences in the maternal responses. On the intrapersonal level, both mothers reported being physically and emotionally exhausted

by raising a child with ADHD. The mothers expressed feelings of anger and frustration about their children's unpredictable behaviour. The study however, revealed differences at the interpersonal level (see section 4.2.2).

Stress management and adaptability

This study revealed that both mothers find it difficult to manage and control their emotions towards their children's behaviour. The mothers expressed feelings of anger and frustration. Furthermore, the mothers feel frustrated by the lack of support from the school. These feelings of anger and frustration can negatively affect mothers' ability to deal and cope with the challenges that their children experience, and lead to feelings of anxiety and depression.

General mood domain

This study reveals that the mothers saw a positive change in their children's attitude towards school after they were moved to small classroom setting, which gave them hope for the future of their children. Although it is challenging to raise a child with ADHD, the mothers accepted their children and acknowledge that their children are not able to control their behaviour.

5.4.4 Needs of the mothers

This study found that the challenges their children pose created needs on the part of the mothers. The mothers expressed the need for information, support and resources. The mothers want information about the best intervention programmes to support their children (*where* and *how* to get support). As a result of their feeling isolated, the mothers expressed the need for emotional support – to connect with other parents who would understand their experiences and listen to them, without judging them. Furthermore, the mothers expressed a need for resources. The therapy sessions, doctor's visits and private school fees are a huge financial burden for the families. Mothers need teachers to consider these expenses before they just recommend more therapy or use available resources instead.

5.5 RECOMMENDATIONS

5.5.1 Recommendations for this study findings

Mainstream schools have adopted but not realised the principles of inclusive education. Inclusive education acknowledges that every child has the right to quality education and that children who experiences barriers to learning need to be supported. When reflecting on the findings of the study, it was noted that mothers of children diagnosed with ADHD feel that their children are not supported in mainstream classrooms and are too easily referred to a private school, thereby excluding them from mainstream schools. Their exclusion from mainstream classrooms further contributes to the challenges mothers experience when raising a child with ADHD. This leads to certain needs on the part of the mothers such as a need for information, support and resources.

The study makes the following recommendations to removing barriers to learning, improving the implementation of inclusive education in mainstream schools and greater consideration of the needs of the mothers of children who experience barriers to learning:

- Schools should employ teacher assistants to provide extended classroom support to children experiencing barriers to learning, by giving them individual attention.
- It is recommended that parents be involved as equal partners in the education of their children, and specifically in the screening process. Parent involvement in the screening, identification, assessment, and support (SIAS) process, could help parents understand the barriers to learning and facilitate shared responsibility.
- To improve parent involvement and build positive relationships with parents, they must get the opportunity to speak and be heard. Schools should therefore create effective communication structures and channels whereby parents can communicate with teachers.
- Members of the SBST should be trained with regard to their roles and responsibilities.
- The SBST should provide or source teacher training in the implementation of inclusive education practices.

- It is recommended that all external stress-inducing factors should be identified and considered when intervention strategies are implemented, to reduce the stress levels of mothers of children with ADHD.
- Schools should utilise their available resources first, before referring children with learning barriers to other professionals.
- The services of professionals (such as occupational therapy and speech therapy) should be made more accessible and affordable for parents.
- Information and advocacy programmes should be developed to create community awareness and acceptance of ADHD. Community awareness could help combat negative perceptions and decrease the burden of the disorder on the mothers, by removing the stigmatisation and discrimination from society.
- Schools should establish parent support groups, where mothers of children with ADHD can share their experiences, relate to other parents of ADHD children, get information, enjoy a sense of belonging and support.

5.5.2 Recommendations for future studies

The study recommends the following for future research regarding mothers' lived experiences of their children with ADHD;

- That the sampling criteria in the follow-up study includes other role-players, such as fathers and teachers. The interviews encompassing the abovementioned role-players may yield responses to contribute to the practice positively.
- That the mothers and children from different languages and culture groups be included to broaden the scope of the study.
- Similar studies could be conducted on other learning barriers to explore if there are similarities or differences in the lived experiences of mothers of children with different challenges.
- The research conducted includes recommending practical classroom solutions by therapists of children with ADHD and other learning difficulties.

5.6 LIMITATIONS OF THE STUDY

- The study anticipated and considered the following limitations. Data were generated from a small sample size. The sample may not be representative of

other parents of children with ADHD, and the study findings can therefore not be generalised to other parents' experiences.

- The study focused on the mothers' lived-experiences, and did not consider and explored the fathers' lived-experiences.
- The participants in the present study were of one ethnic group, which may have limited the study findings with regard to the influence of cultural differences on the maternal experiences.
- As a result of the national COVID-19 pandemic and lockdown regulations, I was not able to schedule and conduct personal interviews with the participants. Instead, I conducted a telephonic interview with each participant, which prevented me from taking field notes with regard to the mothers' facial expressions and body language.
- The participants in the present study could afford private schooling. This may have limited the study findings with regard to the influence of socio-economic background on parental experiences.

5.7 POSSIBLE CONTRIBUTION OF THE STUDY

With a better understanding of what inclusive education means to a mother of a child with ADHD and how she experiences and interprets the inclusion of her child in a mainstream classroom, inclusive educational practices can be strengthened by removing barriers to learning.

5.8 SUMMARY

The present study explored the lived-experiences of mothers of children diagnosed with ADHD with regard to their inclusion in mainstream classrooms. Children with ADHD experience challenges including social problems, emotional problems, and learning difficulties. As a result of these challenges, the mothers often feel exhausted and experience high stress levels. Furthermore, the challenges that their children with ADHD experience, evoke certain needs within the mothers. To deal with their children's challenges, the mothers require specific emotional intelligence characteristics and a variety of support.

The study concluded that mothers and their children with ADHD did not get the necessary support in mainstream classrooms. The mothers viewed the mainstream

school capable of providing support, but regarded the competency of the mainstream teachers, lack of communication between the school and home, lack of involvement of the SBST, and overcrowded classrooms as barriers to the inclusion of their children with ADHD. The mothers want their children to receive good quality education, and therefore they sought professional help and communicated with the mainstream teachers. The mothers acknowledge that the mainstream teachers might feel overwhelmed by dealing with the diverse needs of learners. However, if their children are not supported in mainstream classrooms it increases the burden on the mothers. The mothers' wellbeing affects their lived experiences and influences the support they provide to their children during teaching and learning.

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ANNEXURE A

Permission letter: Gauteng Department of Education (GDE)

GAUTENG PROVINCE
Department: Education
REPUBLIC OF SOUTH AFRICA

8/4/4/1/2

GDE RESEARCH APPROVAL LETTER

Date:	08 January 2020
Validity of Research Approval:	04 February 2020 – 30 September 2020 2019/358
Name of Researcher:	Pretorius CM
Address of Researcher:	Pyrites Street 648
	Elarduspark
	0181
Telephone Number:	*012 345 5972 083 746 6867*
Email address:	*caropret@gmail.com*
Research Topic:	Exploring a mother's lived-experiences of the inclusion of her child with ADHD in a mainstream classroom.
Type of qualification	Masters
Number and type of schools:	One Primary Schools
District/s/HO	Tshwane South

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

08/01/2020

The following conditions apply to GDE research. The researcher may proceed with the above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted:

1

Making education a societal priority

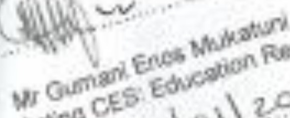
Office of the Director: Education Research and Knowledge Management
7th Floor, 17 Simmonds Street, Johannesburg, 2001
Tel: (011) 355 0488
Email: Faith.Tshabalala@gauteng.gov.za
Website: www.education.gpg.gov.za

The District/Head Office Senior Manager/s concerned must be presented with a copy of this letter that would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.
The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.

3. A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s have been granted permission from the Gauteng Department of Education to conduct the research study.
4. A letter / document that outline the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.
5. The Researcher will make every effort obtain the goodwill and co-operation of all the GDE officials, principals, and chairpersons of the SGBs, teachers and learners involved. Persons who offer their co-operation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.
6. Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal (if at a school) and/or Director (if at a district/head office) must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.
7. Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year. If incomplete, an amended Research Approval letter may be requested to conduct research in the following year.
8. Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.
9. It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.
10. The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.
11. The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.
12. On completion of the study the researcher/s must supply the Director: Knowledge Management & Research with one Hard Cover bound and an electronic copy of the research.
13. The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned.
14. Should the researcher have been involved with research at a school and/or a district/head office level, the Director concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards



Mr Gumani Enos Mukatuni
Acting CES: Education Research and Knowledge Management

DATE: 08/01/2020

Making education a societal priority

fice of the Director: Education Research and Knowledge Manageme
7th Floor, 17 Simmonds Street, Johannesburg, 2001
Tel: (011) 355 0488
Email: Faith.Tshabalala@gauteng.gov.za
Website: www.education.gpg.gov.za

ANNEXURE B

Exploring a mother's lived-experiences of inclusion of her child with ADHD

Dear School Director

My name is Caro Pretorius. I am a Masters student at the University of Pretoria. The research I wish to conduct for my Master's dissertation with the title: ***Exploring a mother's lived-experiences of inclusion of her child with ADHD*** involves investigating what inclusive education means to a mother of a child diagnosed with ADHD and how the mother experiences and interprets the inclusion and participation of her child in a mainstream classroom.

This project will be conducted under the supervision of Dr Susan Thuketana and Dr Hannelie du Preez, Department of Early Childhood Education, University of Pretoria.

You are kindly requested to allow me to use the selected learner's school documents and reports to collect data for my research. All information will be kept confidential.

The University of Pretoria will remain being the custodian of all research findings. The University also needs to keep on record that all protocols in attaining this permission were followed. To this end, please sign the attached request that you are aware of and support that the selected learner's school documents and reports will be used to collect data.

Kind regards

caropret@gmail.com

Contact number: 0837466867

Supervisor: Dr Susan Thuketana

E-mail address: susan.thuketana@up.ac.za

Co-supervisor: Dr Hannelie du Preez

PERMISSION FOR RESEARCH

I, ………………………………………………..……………, hereby give permission to

Caro Pretorius to include a mother of a learner at my school to participate in her research study on ***Exploring a mother's lived-experiences of inclusion of her child with ADHD.***

Signature: ……………………………………………………….

(School Director)

Date: ………………………………………

Exploring a mother's lived-experiences of inclusion of her child with ADHD

Dear School Principal

My name is Caro Pretorius. I am a Masters student at the University of Pretoria. The research I wish to conduct for my Master's dissertation with the title: ***Exploring a mother's lived-experiences of inclusion of her child with ADHD*** involves investigating what inclusive education means to a mother of a child diagnosed with ADHD and how the mother experiences and interprets the inclusion and participation of her child in a mainstream classroom.

This project will be conducted under the supervision of Dr Susan Thuketana and Dr Hannelie du Preez, Department of Early Childhood Education, University of Pretoria.

You are kindly requested to allow me to use the selected learner's school documents and reports to collect data for my research. All information will be kept confidential.

The University of Pretoria will remain being the custodian of all research findings. The University also needs to keep on record that all protocols in attaining this permission were followed. To this end, please sign the attached request that you are aware of and support that the selected learner's school documents and reports will be used to collect data.

Kind regards

caropret@gmail.com

Contact number: 0837466867

Supervisor: Dr Susan Thuketana

E-mail address: susan.thuketana@up.ac.za

Co-supervisor: Dr Hannelie du Preez

PERMISSION FOR RESEARCH

I, ………………………………………………..……………, hereby give permission to

Caro Pretorius to include a mother of a learner at my school to participate in her research study on ***Exploring a mother's lived-experiences of inclusion of her child with ADHD.***

Signature: ……………………………………………………….

(School Principal)

Date: ……………………………………….

ANNEXURE C

Raw Data Set

Exploring a mother's lived-experiences of inclusion of her child with ADHD

Dear Mother

My name is Caro Pretorius. I am a Master's student at the University of Pretoria. The research I wish to conduct for my Master's dissertation with the title: ***Exploring a mother's lived-experiences of inclusion of her child with ADHD*** involves investigating what inclusive education means to a mother of a child diagnosed with ADHD and how she experiences and interprets the participation and inclusion of her child in a mainstream classroom.

This project will be conducted under the supervision of Dr Susan Thuketana and Dr Hannelie du Preez, Department of Early Childhood Education, University of Pretoria.

You are kindly invited to participate in the data collection phase of this study by responding to my research questions during interview sessions as well as by constructing a memory book. The interviews will be scheduled according to your availability and will take place at a venue convenient to you. The interviews will not be longer than 45 minutes each time.

Your participation in this study is completely voluntary. All discussions during the interviews will be kept confidential. Furthermore, it is your right to withdraw at any point during the research study without any consequences or explanations. You can be assured that your decision will be respected. Confidentiality and anonymity will be guaranteed at all times by assigning a pseudonym to you as participant during the transcription phase. Your name or personal information will not be reported in my findings.

If you are willing to participate in this research study you will be asked to complete a consent form. The researcher will also audio record the interviews (to make transcription of data easier and more accurate). The recordings will be securely stored. Only my supervisors and I will have access to the audio recordings. Furthermore, you will be asked to construct a memory book that will also be securely stored. All data will only be used for academic purposes. We also would like to request your permission to use your data, confidentially and anonymously, for further research purposes, as the data sets are the intellectual property of the University of Pretoria. Further research may include secondary data analysis and using the data for teaching purposes. The confidentiality and privacy applicable to this study will be binding on future research studies.

You may ask questions before or during the time of participation. If you have any concerns regarding the data collection procedures, please notify me or my supervisors. You as the participant will have the opportunity to verify the expressed views and the transcriptions of interviews made by me if so requested.

Please complete the attached consent form.

Kind regards

caropret@gmail.com
Contact number: 0837466867
Supervisor: Dr Susan Thuketana
E-mail address: susan.thuketana@up.ac.za

Co-supervisor: Dr Hannelie du Preez

PERMISSION FOR RESEARCH

I, …………………………………………………….……………, hereby give permission to

Caro Pretorius to include me as a participant in her research study on ***Exploring a mother's lived-experiences of inclusion of her child with ADHD.***

Signature: ……………………………………………………….

(Participating Mother)

Date: ………………………………………

26 February 2020

Child Assent Form

My name is Caro Pretorius, and I am a student at the University of Pretoria. I am conducting a study to learn more about how mothers of children with ADHD feel about their children's inclusion in a mainstream classroom.

I will ask you if I may have a look at your schoolbooks to get more insights on your work at school. I will not ask you any questions but looking at your work may help myself and the University of Pretoria better support other children with the same condition as yours. All your information will be kept private, only the people from the University of Pretoria working on the study will see it.

You can ask any questions you have, now or later. If you think of a question later, you or your parents can contact me at 083 746 6867 or caropret@gmail.com.

Please tick the boxes below to show that you understand what this research is about and give permission that your books can be used in this research:

Do you understand what this research is about?

yes	no

Are you willing that your books be used in this study?

yes	no

Do you understand that you can refuse the use of your books in this study?

yes	no

Print your name: ………………………………..

Kind regards

caropret@gmail.com
Contact number: 0837466867
Supervisor: Dr Susan Thuketana

E-mail address: susan.thuketana@up.ac.za

Co-supervisor: Dr Hannelie du Preez

02 December 2019

Exploring a mother's lived-experiences of the inclusion of her child with ADHD

Dear Teacher

My name is Caro Pretorius. I am a Masters student at the University of Pretoria. The research I wish to conduct for my Masters dissertation with the title: ***Exploring a mother's lived-experiences of the inclusion of her child with ADHD*** involves investigating what inclusive education means to a mother of a child diagnosed with ADHD and how the mother experiences and interprets the inclusion and participation of her child in a mainstream classroom.

You are kindly requested to allow me to use the selected learner's schoolbooks to collect data for my research. The learner will not be interviewed in this study only his/her books will be used. All information will be kept confidential. The University of Pretoria will remain being the custodian of all research findings. The University also needs to keep on record that all protocols in attaining this permission were followed.

This project will be conducted under the supervision of Dr Susan Thuketana and Dr Hannelie du Preez, Department of Early Childhood Education, University of Pretoria.

To this end, please sign the attached form that you give permission, are aware of and support that the selected learner's school books will be used to collect data for the research project.

Kind regards

Caro Pretorius

caropret@gmail.com

Contact number: 0837466867

Supervisor: Dr Susan Thuketana

E-mail address: susan.thuketana@up.ac.za

Co-supervisor: Dr Hannelie du Preez

PERMISSION FOR RESEARCH

I, ……………………………………………….……………, hereby give permission to

Caro Pretorius to use the books of a selected learner in my class to collect data for her research study on ***Exploring a mother's lived-experiences of the inclusion of her child with ADHD.***

Signature: ……………………………………………………….

(Teacher)

Date: ……………………………………….

ANNEXURE D

CARO PRETORIUS

TELEPHONE INTERVIEW: Mother of boy

[Telephone rings and participant answers with greeting]

Morning, morning

Morning and how are you?

Well and you?

Well. Are you all still safe and healthy with this lock down?

Yes, no we are all still all right. I don't know, [0:00:34:5] then a person wonders, hey?

Yes [laughs]. Shame so did you now had to return back from your holiday earlier or what?

Yes, yes that was bad.

Oh my.

And there by you? Are you still healthy?

Yes. No we are still all healthy and on the go and just carrying on.

Just carrying on.

Yes [laughs].

Listen that milk that is so expensive, is that for a 2 litre milk?

No, no, no. That is for a box long life, six boxes in a holder.

Yes that is ridiculous hey?

Yes, totally. I [0:01:09.5]… no really.

Yes I agree.

Listen thank you very much, once again, this book has so much information for me and I appreciate it really and I must say this really was to me an eye opener as well if I can put it that way. But I want to just through the book with you so that I can also be one hundred percent sure and you as well that I understand it correctly.

Okay.

So I begin right at the first page, the first section, where the family is. I gather that you are quite a close knit family and I can see that - as it looks to me - as if there is a close bond between the two brothers?

Yes.

And is it so? Will you also summarise it as such? Or…?

A close bond of us as a family?

No, between the two… yes between you all but I say it looks as if the two brothers are quite close to each other.

Yes yes. Sorry man I have put the phone on speaker so I could put the thing closer to my mouth and so I could not hear properly what you were saying, sorry. Yes, now I have it right. Yes, the two brothers are quite close. Yes, they have their differences and there is a big age difference, uhm, but as I say there, their personalities are completely different from each other and I think, actually, it is older brother that is gentler and understands his brother better.

Uhm.

But yes they are quite close. Fight but you know how it is, you can fight but if someone else fights, then you are not going to allow it.

That is right. Now what type of personality would you say has Nantes got? A bit gentler?

Nantes?

Yes.

Mmm, Nantes yes, look Luan is the gentler one. More like being wary of a situation before he will try something, the more careful one. Nantes is uhm, yes he just storms in. I think he acts before he thinks.

[laughs] okay.

Yes, very challenging, very strong will yes. Whereas Luan and I could always do homework together a lot, Nantes and I… I find it very difficult when I have to do homework with him because yes, you cannot teach him. If he does not want to do something, he will not do it.

Yes okay.

Yes he is very good and very strong willed.

Okay all right. I see you say the crèche days – how was the crèche school days for you?

You know, actually to me, it was very good. If I take when Luan went, it was difficult for him to separate [from his brother] when I dropped him of. Nantes actually makes friends easily. The [0:04:36.9] was there but… no, to me good. Good. I was never called in and told there was this problem or this problem like with Luan – this teacher called me in and said we must maybe take him for speech therapy, which we did. But with Nantes there was nothing said… uhm, suggestions or…

…Yes, yes…

…that we must take him somewhere or…

[interviewer interrupts participant]

…yes that actually…

…I actually always thought Nantes was my stronger child and it may sound weird but my cleverer child. He has actually, to me, done better in the lower grades than what his brother did.

Mmm, mmm.

I never, in my wildest dreams thought [how/who] [0:05:24.9].

Oh okay. Okay so everything actually, especially in the crèche, went well and there weren't actually any negative feedback and he socialised well with other friends and all that stuff.

Yes, yes.

So where do think, or where would you say his symptoms started? Because I see on the crèche rapports and stuff he had very good parks and so on but the teacher did mention that he likes to chat and he needs assistance with his work assignment and he works fast…

…yes…

…but there wasn't any other feedback where they called you in and said, "listen we are concerned about this or that?"

Yes. No, nothing, nothing. I think one of the stuff she said he likes to play outside with frogs instead of doing some work?

Yes, yes.

Yes I wasn't called in about that or that they were concerned or… yes, uhm, I hoped that he, just like any other child or, a [few others] similar to him that I would not know about but I never felt that there was [0:06:37.8]

Yes, yes, yes…

Yes.

But when did the symptoms become clearer to you? Because I see you say also that you were worried about his school readiness although the teacher did not

say it but in the report of the educational psychologist she writes that the teacher referred him. So that is a little bit confusing.

Yes, look I have also afterwards been thinking about it. It was so long ago that I cannot remember [what was discussed at every parent evening]. I have thought afterwards I must not say the teacher said nothing but because I also kept his brother twice in Grade R…

…Mmm…

…also because the teacher said, yes the concentration and yes that, and yes he needs a bit of help and I would almost say that we decided together let us go and test him and [0:07:37.8 – 0:07:41.6]… assurance that he is school ready or he is not school ready.

Okay so it was more because she complained about the attention and concentration that she felt that perhaps he must be tested?

Yes, and that he likes to chat and that his attention is easily distracted.

Mmm okay. So you took him to the educational psychologist and she found that emotionally he was not ready for Grade 1?

Yes.

Okay how did that make you feel? Or were you…

I actually expected it in a way and it wasn't that I was upset about it. Uhm, as I said, Luan - we also did not send him to Grade 1 and to me it worked out well and I was actually happy to do that because I felt I rather do that now than get him into Grade 1 and then he might fail it. I rather keep him back in Grade R and then he can also master the things he need for Grade 1 before he later... So that had actually… I was not too surprised about it and I was not too upset about it either. I was prepared to do that. It was… yes all right like that.

Okay, okay and then you had weekly sessions of occupational therapy, because they then suggested that you do occupational therapy? Uhm, at the same time you took [Luan] to a speech therapist for evaluation?

Yes because Luan was at that stage, with the speech therapist who [0:09:32.1 – 0:09:37.4] on speech or a speech problem and that is why I actually… but I think the Aunt [Rina] she also asks you your whole history and this and that and I think she also said there about a speech therapist and that is why we went to the same woman. I went to see her and asked her if she can also evaluate him or see what she thinks.

Yes okay and then you decided to take him for weekly sessions for the occupational therapy and for speech therapy?*

Yes.

Okay and I see you mentioned here that Daddy was not too happy about that?

Yes, uhm, it sounds… it [feels] very strange but he was not too happy. He first… an appointment with people who have the knowledge and that and why would they… you know, and at that moment if you can understand that [they agree] but if I have to come here and convey it to him in my own way… It was actually a struggle to explain to him but why they actually have to go. You know he did perhaps feel – but is it actually necessary?

Yes yes.

You know to have two children at a speech therapist and also an occupational therapist that was quite [0:11:12.9] there and it is school fees also and it is that yes. So he [0:11:18.9] but really is it necessary?

Ja, ja, ja… I hear what you say. And how did Nantes feel about repeating Grade R?

You know… I think he was okay. It was not that he was upset or cried about it. Uhm, I explained to him you know, yes. You must do second year Grade R and your brother was also twice in Grade R. Yes, no he accepted it. He did not much…

Mmm do you think that because you also had a sort of acceptance about it, that he was also accepting about it?

Yes, yes yes something like that one can say.

Okay and then, Grade 1 it seems to me it actually went well as I paged through the book. Would you also sum it up that way? Or how was the relationship with the teacher? His report looks good and it does not look like there were any… you don't mention any incidents or things that there may have been.

No. Uhm there wasn't really a big problem as far as I am concerned. He began reasonably well [0:12:443.5]. Yes, there were days that he said he didn't want to go to school but you know, then I spoke to him and told him he cannot stay at home or whatever. But there was never a big problem or anything and that teacher also did not call me to say there is a problem or take him for this or for that or whatever. So to me it was a good year.

Yes, yes, yes…

I was satisfied with his marks and…

…yes and the teacher was happy…

Yes.

And he had friends and he was happy with his friends and so on?

Yes. I think it was the Grade 1 teacher that she may – I cannot remember exactly – that she may have said yes he is a bit like he does not think before he speaks or he [hurts friends' feelings] or so but, again, I was not called in about something that he…

[interrupted by interviewer]

…yes there wasn't something that happened… yes there wasn't something that happened that made you feel that here is now really a problem that had to be handled.

Yes, that it was a school problem or his attitude or something. As I said, if I compare his report with his brother's Grade 1 report, I feel that Nantes did well. I was satisfied yes.

Mmm, okay. Then here in Grade 2 it looks to me it started… it was a bad year. Many things happened in Grade 2. Can you perhaps… I know I am sitting with the Memory Book in front of me, but if you can maybe, in your own words, tell me basically what and how you experienced it. What happened there?

Yes look, actually my Grade 2 year was actually also a good beginning. It was more towards the third term that the teacher, the day before the school closed, told me, uhm, I must sign papers because he was going on to the fail list, or the "keep back" list. The teacher [0:15:07:8] asked me to maybe take him for occupational therapy where I [said to her] he had been at occupational therapy and the woman had been satisfied with his progress and she didn't recommend that we must carry on with that or that he must come again or something like that. Uhm, yes that was basically all that…

[interviewer interrupts]

…and she did not say to you why?...

...she never actually said, yes this thing is serious.

Yes and she never said to you why, or asked for occupational therapy?

Uhm, that can… I cannot actually remember it like that but I know it was about his Afrikaans. Uhm he failed his Afrikaans a lot. Uhm…

…okay but when did she say that to you? Was it in the third term or did she tell you this in the first term – that it did not look like he was going to pass his Afrikaans?

No! You know his second term he got a 3 for Afrikaans and it was in the beginning of the third term after the second term, the parents evening she held at beginning of the third term regarding the second term. There she said to me something about occupational therapy and that she was worried and that was where I said to her but why must I take him for that again.

Mmm, mmm.

And that was basically all. She never said to me again, come and see me or there is a problem here or, you will have to do something because, yes the day before the school closed for the third term she asked me with a WhatsApp Call, "come and see me please" and I think a day or two before that she wanted to know from me [0:17:13.5] and what are their names? I feel sometimes I should have realised there all ready that something was going on.

Mmm. Tell me from the school's side, what did they do to help Nantes?

From the school's side?

Yes.

Uhm, not the teacher's side?

The teacher also. What extra do you think she did to help him from her side. Do you feel they gave him extra assistance? do you feel that there was extra assistance to help him?

No, no. I do not feel… uhm, the teacher did that. Once again, I felt there [were stamped in his books] that would say, "assisted help", "assisted help", "assisted help"… I also regret that I did not take more notice of the "assisted help" stamps. It is now funny but afterwards when I asked my child, "Nantes did your teacher sit with you? Did you stay in during a break time or so and sat with your teacher at the table to do something?" Then he would say, "no Mamma." I feel, I feel there wasn't something really done from the school's side to help my child. I feel the teacher noticed too late that there was a thing going on and she should have done this or that earlier and so then just all of a sudden… yes, I just feel that everything was done to keep her side clean so that it can look as if she did her part.

Because I see that you also mention here that he got many notes to attend extra maths classes that was offered on Tuesdays at the school but as you tell me now, she spoke about his Afrikaans that was a problem. So did she at all give such a note for Afrikaans classes?

No, no…

…because that was on Thursdays I see you say in the book.

No because… What I meant there was that Tuesdays after school they got extra maths and on Thursdays after school they got Afrikaans and for each one [they/he] got a note. We only got a note for his maths.

And actually his maths…

[participant interrupts]

…I actually always felt but why must he go for extra maths?

Mmm, because his marks were very good.

But I still let him go [0:19:49.8] … he could and he kept going and at that stage he also went for extra maths classes also with a teacher who relieved at the school every now and then because… I know all the maths that was done was data handling and I told that to this extra maths teacher and she [did extra maths classes with him basically and afterwards], when we spoke she said she cannot understand why the school teacher says he has a problem with data handling.

Okay.

That is what the teacher for the extra maths classes told me. Uhm, yes but I never got a note about extra Afrikaans classes…

[interviewer interrupts]

… and you could just go to those extra classes if the teacher gave a note?

Yes…

…or if you were referred to it?

Yes well, I think, say there was a parent who knew about it [and she may have dropped her child off] but we went when we got a note.

... got a note, okay. And then I also see here that when you were called in during the third term to tell you that Nantes is possibly on the "hold back" list, what… how… because I see the teacher then wanted you to sign forms, the [SNA] forms and then you said you first want to speak to your husband. What was the teacher's attitude towards that?

Now, she was… yes… friendly, explained but I don't know how to say what was her attitude, uhm, she did say to me though that if I take him out of the school now and put him in another school then she will not send the [0:21:58.1] to the department. I did feel that in a way, that I was being put under pressure to just sign the papers. Uhm…

…So what do you think she meant by that?

No, no… No I don't really know, I don't know what I must say about that.

Do you think that it sort of influenced your decision or, why do you think she said something like that?

Yes maybe she was scared it was going further or we oppose it and the department may come to investigate it or… I don't know but that she just wanted to quickly brush it under the carpet. No, I don't really know.

Mmm, I am just wondering because I am also trying to understand why she said that.

Yes.

And then when you asked to see the principal? Uhm, did you make an appointment with the principal or what did the teacher say? Because I see here that you mention she said you should rather speak to the departmental head.

Yes, I said that I was first going to speak to my husband and I think it was about two days later that I sent her a WhatsApp and said that I have spoken with my husband and he felt that before we sign any papers, he would like to first go and see the principal because he felt that if we just say, that's fine keep him back, it will mean that he is one day going to [be 20] when he is in matric.

Mmm.

Uhm and then I still asked her in that WhatsApp that when we make an appointment with the principal does she want to go with us? I felt that I did not want her to feel that we do this over hear head or we are not involving her in it.

Mmm.

Then she said, uhm, we should maybe arrange an appointment with the departmental head, so that the department can first hear how we feel in our hearts. Yes in the end we made an appointment with the vice principal and went to see [her].

Okay and what did the vice principal… or what was the result of that meeting? What was the decision during that meeting?

You know with that meeting – everyone always say, you must take hands and everyone must work together because it is about the child. There we asked [Mrs] [0:25:00.0] if there is a chance that we could put Nantes through to Grade 3 if we then undertake to take him for occupational therapy and I spoke about occupational therapy because that is al the Grade 2 teacher said and that we would do everything that he or she suggests or recommends. We just very much wanted him not to be held back.

Yes yes.

She sat there and she just pulled up her shoulders.

So she could not answer you.

She couldn't give us… yes, she said that she cannot say to us that Nantes will pass even though we say we will do this and do that. We also said that we are thinking of getting a tutor or someone who could take Nantes every afternoon to help him with his homework or things he is behind in on a one on one basis. We were even prepared to do that and the papers, she [had] the papers to be signed [0:26:18:1]. She basically said we must sign it otherwise it looks as if we as parents do not want to co-operate.

Okay.

And yes that was basically it. We left there and then we decided to phone around [0:26:41.3] and to look for a new school.

Okay I see you mention here that a retired teacher was prepared, he was relieving at the school, to take him every afternoon and to help him with his schoolwork.

Yes…

…Yes sorry, tell me.

No, no this teacher was a, I am not sure, but he was also a vice principal or a departmental head at another school and he was retired, that is how he just every now and then, relieved others at some primary schools.

Mmm.

I spoke to him and he basically said to me your child cannot be just kept behind as easily as that and that he was prepared to take Nantes every afternoon. He was prepared to go to Nantes' teacher and to hear what is what and then to take Nantes and then they go and do that work or, they concentrate more on that work and they do his homework and yes, at that stage he was relieving at that school and his wife is also a Grade 2 teacher at the same school and she… he said to me that his wife said she did not want to become involved. He also said to me that at one stage in the personnel room there was said in a round about way that he must not interfere.

Sjoe!

Yes, and he actually from then – it came down to it - that he would rather leave it because he also did not want trouble or get into trouble.

Mmm, mmm.

Yes.

And at that meeting was there not made any mention of the school support system that could help to make a plan to see how they can help you and Nantes?

No. Absolutely nothing, nothing, nothing, nothing! I think it was after this whole incident that I later heard there is a school support system.

So before that, there was no word about that or at your meeting, was it not said, "okay let's think of a plan that may work to help you and to support him"? Nothing like that?

Nothing of that nature. Nothing, nothing, nothing! The day at the vice principal's meeting she said there that there is a [0:29:27.9] Emergency Centre that she would say we should take him there and then we must send him for scholastic evaluation. She said she would send me the number and then I received an email from a woman, I cannot even remember her name but I think it is in that…

…yes it says it here yes.

That was the first email that I ever received from the school support team or someone from there who sent me the number. What was also strange is that I made an appointment with the psychologist for the scholastic evaluation and so I phoned the woman from the school's support team because I wanted to know, the day I take Nantes must I give him in the morning his Ritalin tablet to drink or must he not drink it when he goes for the test.

Mmm.

And she said he must not drink his tablet but then I phoned the offices of the psychologist as well and asked the same question and that woman said, no he must please drink his tablet. Now, what must you now actually do?

Yes yes and I see you mentioned somewhere – I am not sure whether it is the teacher who also mentioned play therapy – but that school support co-ordinator, it says on her qualifications that she specialises in play therapy but why do you think that they would make such a suggestion? Was there any incident or anything that the teacher discussed with you where she suggested that?

No nothing and do you know, I [0:31:19.2] when she sent me the email to say to me here is the number of so and so and so and so, I just saw that next to her name, you know [play therapy]. I saw that the class teacher, the specific teacher, wrote for a

possible "R recommendation" or "possible play therapy" was what she wrote on the SNA form but, again, I was never… I am just [0:31:51.9] asked in Grade 2 can I take Nantes for occupational therapy.

But no reason, no explanation, nothing?

No. No and again, as I said the Afrikaans was weak but yes, I did feel what would occupational therapy do to improve his Afrikaans? Aghh… and again…

Yes, if you can tell me how do you feel? Were you at all supported by the school?

No. I do not feel I was supported.

Okay and Nantes? Was he supported? Do you think that from their side they supported him or helped him?

No, no. I feel he was not supported. Uhm, you know, I feel any child is naughty and any child can [0:32:51.3] in the class or something but I have, maybe twice or three times arrived at school and if I walk in, [that is when I have sat and waited for school to come out], I see my child is standing on the veranda outside the classroom door.

[interviewer interrupts]

…so he is actually excluded from the class…

…then she is still busy inside giving class but he had done something, probably to disrupt the class and then he was sent out to stand outside the class, which I feel, rather punish him another way…

Mmm, because now she excludes him from the class and he loses also…

…I was never called in for that to say, listen, this or that, Nantes disrupts my class or Nantes shouts all the time or [0:33:43.1] or… yes, I have seen him about three times in that time that he would stand outside the classroom door which I also think is humiliating actually.

Mmm, now if you, in the light of all this, do you think – okay we are talking more specific about the teacher but also the school indirectly – that they do not understand [ADHD] and know how to handle the children?

Uhm, no I don't think they understand it. Uhm, if you maybe as a [young person], studied to [teach] and [0:34:31.7] you learn something, I don't know what you learn if you become a teacher but I don't think you learn in depth of [ADHD] and how to handle it and I think sometimes the school support team also don't know either. They don't know either how to handle it and what to do.

So that they can also empower the teachers and support them in order to handle it.

Yes, yes I think they know too little about it.

Mmm and how did you decide to rather move him? I know that after the evaluation that you did, it was suggested that a small class environment may be a better option and that he would benefit more from that. Did that actually influence your decision or what made you decide to rather move him?

Yes, it was a big decision of smaller classes or also the fact that I felt, uhm, you know I felt that it was like the whole school knew about it because one Sunday after church, the woman who in Grade R [0:35:55.9] who work in the office, she wanted to talk to me about Nantes and what is happening to Nantes.

Sjoe.

And I just felt how do you know about it and what has it got to do with you?

Yes, yes.

So I felt my child was being discussed in the personnel room or wherever and it had a big influence also to move my child because, uhm, because now he is held back and he must do Grade 2 again and to me it felt yes, now they have done… I don't know, I just felt negative about that primary school.

Okay, I see you also wrote here and pasted a picture where you said, "on the inside I am still [have] raw emotions." So how did this whole process… how did you feel in this whole process?

You know, uhm, yes I was very upset, very, very heartbroken. I felt very alone. I felt I had to fight something that I did not know how. Uhm, you know the day, for example, when I was there and she wanted me to sign the forms – as any child – he wanted to know, "Mamma what does the teacher say? Why does she want to see you, Mamma?"

Yes.

You know I started crying because I could not tell him, uhm, yes and that upset him. I just shook my head and now I must tell him why the teacher wanted to see me.

Mmm.

So from thereon it was just crying all the time because he cried every day or he cried every night. Every day when he went to school he asked me [is it the last day of the school?]

Mmm, mmm.

Yes and in the meantime you just want information – just information and find out how do things work and what can I do. Yes, I just felt that no one at that school wanted to help me.

Mmm, there wasn't someone who wanted to hear what you were saying; that understood what you were saying; that knew that you needed everything possible that there was to find out.

Yes and you know, I felt bad and that it might look like this is a mother who did not care.

Mmm, yes because I see in your communications also…

[participant keeps on speaking – unclear 0:38:35.0].

…teacher often…

…that I did not want to co-operate.

Mmm, sjoe. How did you feel about moving him from a mainstream to a small class environment? Were there worries around that for you or did you just feel well okay it is the best thing or were there, initially, worries that you might have had about it?

You know at that stage, the first thing I said was, it is the best plan to move him.

Mmm.

Uhm, the worries that I had and actually still have, is will my child really [after being] in this small school and small place ever be able to adapt in a large high school. And that… it is being said that there are children that go to big schools from Grade 7 and they do well but yes, my worry is that how will I, as mother, really know that my child will be able to go to a normal high school.

Mmm, yes, yes.

Because like any other parent you also think about your child's future and further study and [0:40:09.0] one day. Yes, so it is a worry to me.

Mmm, and then when you moved to the small class education how did Nantes feel about that?

You know in the beginning it was an adjustment to him. It was strange to him and he was scared but the principal was actually fantastic. We went to see him and Nantes, on that specific day, had his [rugby 0:40:44.1] shirt on and the principal said to him he can come to school with that shirt. And look, I had to wash that shirt because when he went to school the next day he put it on.

Mmm, mmm.

A fantastic teacher. She has worked with [such] children and I think she knows more about [ADHD] and, uhm, yes I do not regret it it at all. He adjusted very quickly and made friends very quickly. No it is just going well with him at that school. If I now say to him, maybe you must go back to another school because it is cheaper then it is

almost as if [0:41:34.1] because he does not want to go out of that school because he is very happy at the school where he is now.

Mmm, okay and if you now – one does not want to compare but if you compare the type of support between the mainstream and the small class – is there a difference? And if there is a difference how would you compare it with each other?

I think the smaller classes have less children and the teacher [0:42:08.4] the child also more and even the parents, uhm, I just think everybody is more involved with the child. The door is always open. You can just walk in quickly or say, I want to come and see you. You feel at ease you know, to just to say I am worried about my child and I have not really, at the small school class ever even heard anything mentioned about occupational therapy or speech therapy or… yes, I [0:42:55.7]. I think it is because everyone is more involved. Before a problem can develop it is sorted out, or discussed about what to do.

Mmm, they do not wait until it is a big thing or until it is almost too late.

Yes, uhm, I don't think I will get the same surprise there as what I got from [Mrs Prinsloo].

Mmm, do you think the communication is better?

Very. Very much better.

And then I see that you have advise here or stuff that you just want to bring to the attention of teachers and yes, one do not think about it as a teacher but here, for example, where you say that it causes – when you see your child battling – it causes stress and anxiety to you and you also sometimes just need to talk and vent without being judged or that you feel you are being judged that it is wrong or whatever. So what do you think teachers and schools, any school – does not matter whether a big school or a small school – what can they do to give better support or to lessen the trauma experienced?

I think everyone must just judge each other less. It feels to me sometimes parents have nothing good to say about teachers and at the same time teachers have nothing good to say of parents.

Mmm, mmm.

Uhm yes, do not – you know that thing that they have where they say uhm, I will not believe everything your child says happens at home but then you must also not believe everything that your child says happens in class.

[laughs] Yes.

I just think everyone must sit like grown ups and talk and what I am trying to say is that if I say I am tired, to not after the time [0:45:11.5]…

Mmm you are tired of the whole situation and you don't want to handle it you are just, at that moment, you just feel down and you feel… Yes I think it is also as you said here, "you never really understand a person until you consider things from his point of view". Until you have walked in his shoes you should not judge him and act as if you know what the situation is or what the circumstances are because you do not know.

Yes. Yes [0:45:47:1 – 0:45:49.1] everything mustn't be… that thing that the teacher works from their side to… [0:45:55.8]. They don't know. They don't know of all the other things that teachers are not doing. They have a [0:46.00:1] from teachers side…

Yes yes yes.

Uhm, especially as there are young teachers who do not even have children. I think really that means that when someone's child cries in the shop, and you think, if my child cries… my child is not going to be like that or my child will not do that. But one day you will have your own children and then you may be in the same boat.

Yes, yes and you don't know what other things are also going on in a person's life and then you judge without really knowing what is going on.

Yes, what is going on, yes.

Mmm, mmm. No that is good and thank you very much. I really learned a lot out of this book and my eyes have been opened about quite a few things. So I want to say, thank you very, very much that you shared with me what you experienced and I really appreciate it and I am going to do my best to put it as accurate and true as possible in my report but I will also make it available to you so that you can also look at it and say to me, yes I agree and that is what I meant or, no there you misunderstood me, or whatever, okay.

Yes. No and I also say thank you very much for the opportunity. I appreciate it and thank you very much.

Okay have a nice day.

You too, stay well.

Bye bye.

Bye.

[END OF AUDIO 0:47:42.0]