STRATEGY FOR TRANSITION OF ADOLESCENTS WITH INTELLECTUAL DISABILITIES INTO ADULTHOOD

by

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DECLARATION

I declare that **STRATEGY FOR TRANSITION OF ADOLESCENTS WITH INTELLECTUAL DISABILITIES INTO ADULTHOOD** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

22 January 2018

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SIGNATURE   **DATE**

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STRATEGY FOR TRANSITION OF ADOLESCENTS WITH INTELLECTUAL DISABILITIES INTO ADULTHOOD

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ABSTRACT

Background

Transition into adulthood has been regarded as a priority in health. However, there is scarcity of literature on the transition of adolescents with intellectual disability.

Purpose

The purpose of this study was to develop a strategy for transition of adolescents with intellectual disabilities into adulthood based on the Transition Theory proposed by Meleis, Sawyer, Im, Hilfinger and Schumacher (2000).

Objectives of the study

The research objectives of this study were in three phases:

Phase I: Desk review

- To explore the known factors about the transition process of adolescents with IDs into adulthood.

- To identify gaps in literature on the transition of adolescents with intellectual disabilities' transition into adulthood.

Phase II: Mixed method

- To explore and describe the experiences of caregivers and health care professionals on the transition of adolescents with IDs into adulthood.

- To investigate challenges that hamper the transition process of adolescents with IDs into adulthood.

Phase III: Development of strategy

- To develop a strategy for transition of adolescents with IDs into adulthood informed by findings from phases I and II.

Methodology

A sequential exploratory mixed method approach was used. A purposive, snowballing and simple random sampling were used to select participants for this study. The study was conducted in Special schools, Non-Governmental Organisations and Care and Rehabilitation Centres based in Gauteng province of South Africa. Triangulation of data sources and data collection methods was used to sample one hundred and forty nine (149) participants aged 21-60+ years who experienced caring for individuals with intellectual disabilities.

Interpretative analysis proposed by Terrablanche. Durrheim and Kelly (2006) was used for qualitative data limited to a sample of n=29 participants. Quantitative data was analysed by use of IBM Statistical Package of Social Sciences (SPSS: 24) with a blend of descriptive and inferential statistics limited to a sample of n=120.

Results

Five themes from both qualitative and quantitative results emerged that is, transition possibility; the role of different stakeholders; the provision and development of working skills; caregivers' knowledge and understanding of guidelines and alterations to adapt to change.

Conclusion

The development of the transition strategy bridged a significant gap that informs nurses, teachers, parents, policy-makers and other stakeholders in supporting transition of adolescents with intellectual disabilities into adulthood.

Key words

Adolescent; adult; adulthood; caregivers; Care and rehabilitation centres; health care professionals; intellectual disability; parents; teachers; transition; transition theory and strategy.

ACKNOWLEDGEMENTS

My sincere gratitude and thankfulness to a number of people and organisations who walked with me throughout my doctoral journey towards the successful completion of this study. Your support and encouragement was beyond measure.

Dedication

I dedicate this thesis to my late grandmother (Ms Annah Selake Marota) who valued education so much and always wished the best for me. Unfortunately, you could not live to observe and celebrate my success. May her soul rest in peace.

The study is also dedicated to persons living with IDs, their families and all caregivers. Hope the proposed transition strategy will be of benefit to you.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

AAIDD	American Association of Intellectual and Developmental Disabilities
ADHD	Attention Deficit with Hyperactivity Disorder
BEM	Boys Educational Movement
CE	Conductive Education
CRPD	Convention on the Rights of Persons with Disabilities
CTD	Clinical Teaching Department
CWD	Children with Disabilities
DD	Developmental Delays
DoA	Department of Agriculture
DoE	Department of Education
DoH	Department of Health
DoJ	Department of Justice
DoL	Department of Labour
DU	Disability Units
EBP	Evidence Based Practice
FXS	Fragile X Syndrome
FOTIM	Foundation of Tertiary Institutions of the Northern Metropolis
GEM	Girls Educational Movement
GBD	Global Burden of Disease
ICF	International Classification of Functioning
ICD	International Classification of Diseases
ID	Intellectual Disability
IDD	Intellectual Developmental Delays
INDS	Integrated National Disability Strategy
IQ	Intellectual Quotient
LSEN	Learners with Special Educational Needs
MHCA	Mental Health Care Act
MMR	Mixed Method Research
NDoH	National Department of Health
NGOs	Non-Governmental Organisations
PPE	Positive Practice Environment
QoL	Quality of Life
SEF	Sheltered Employment Factories
SNA	Support Needs Assessment
SPSS	Statistical Package of Social Sciences
US	United States
USA	United States of America
UNISA	University of South Africa
WHO	World Health Organization

CHAPTER 1

OVERVIEW OF THE STUDY

1.1   INTRODUCTION

Transition from adolescents to adulthood remains a complex issue among individuals with intellectual disabilities (IDs). It is often questionable as to whether adolescents with intellectual disabilities will transit into adulthood or not. According to the study conducted in the United States of America (USA), an approximated 750 000 children with special health care needs in the USA will transit from paediatric to adult annually and less than half receive adequate transition care (Davis, Brown, Taylor, Epstein & McPheeters 2014:900). On the contrary, in developing countries including South Africa, policies on transition into adulthood not prioritised.

According to Lennox, McPherson and Van Dooren (2015:111) individuals with severe Intellectual Developmental Delays (IDD), die 20 years younger than the general population and those with mild disabilities die seven years younger than the general population (Lennox et al 2015:113). Furthermore, they experience over five medical conditions with half being unrecognised and/or inadequately managed (Lennox et al (2015:111). In view of the perceived challenges, researchers assert that these individuals are more vulnerable compared to the general population due to the lifelong dependence (Parley 2010:266; Calitz 2011:66). It is therefore of great importance that transition strategies are put in place to reduce the faced challenges of deaths, inadequate transition care, mismanagement, unrecognised medical conditions and vulnerability.

Often adolescents with intellectual disabilities (IDs) reach adulthood in terms of chronological age. However, reaching emotional, cognitive and behavioural maturity remain a challenge. Hence, Bostrom and Broberg (2014:810) and Lancaster. Balling. Hastings and Lloyd (2014:1062) identify these individuals as having developmental delays (DD). These DD were more eminent owing to limitations in cognitive, communication, social, physical, and sensory impairment. Previous research indicates that individuals with IDs rely on caregivers to assist them in meeting activities of daily living in order to achieve that sense of well-being (Read & Cartlidge 2012:23).

This means that total independence and self-reliance might be unreachable, they always rely on others in terms of reaching activities of daily living such as bathing, mobility, feeding, toile, training, etc. Owing to total dependence and reliance, they are more vulnerable and prone to exploitation and abuse.

Being vulnerable in the care context generally means exposure to harm (Parley 2010:266). Therefore, the need for individuals with IDs to gain a degree of independence should be taken into consideration in order to assist such individuals achieve their general well-being and greater sense of happiness. This could have been possible and achievable if transition care and transition strategy were available.

1.2 BACKGROUND TO THE RESEARCH PROBLEM

The background for a research problem briefly identified what we know about the problem (Grove, Burns & Gray 2013:73). Worldwide, individuals with IDs remained one of the marginalised, vulnerable and less fortunate when it comes to their health needs identified, assessed and ultimately being met (DH 2001 cited in Read & Cartlidge 2012:23). There is widespread evidence about the right to the enjoyment of the highest standard of health without discrimination in accordance with Article 25 of the United Nation's Convention on the Rights of Persons with Disabilities (CPRD) is not attainable among individuals with intellectual and developmental disabilities (IDD) (Lennox et al 2015:111).

Previous research and recent literature had recommended that these populations receive more attention and that there was a notable paucity of evidence-based literature on the experiences and outcomes of youth with severe disabilities (Stewart, Freeman, Law, Healy, Burke-Gaffney, Forhan, Young & Guenther 2010:03). Furthermore, stigma in individuals with IDs remained a concern and often they encountered attitudinal and physical barriers in daily life (Murphy & Carborne as cited in Gaede & Surujlal 2011:344). Often adolescents with profound IDs were single out from the community and not allowed to interact within the community context. Goffman 1993 cited in Horsfall, Cleary and Hunt (2010:450) recognises that stigmatised individuals are prone to exploitation, victimisation and secondary gain seeking and they experience undue self-presentation concerns.

Owing to the complex nature of the disability, they are unaware of their own developmental stages. The reality is that they relied on others in seeking clarity. In the

South African context a number of policies are in place to protect the rights of individuals with IDs and in Department of Health Strategic Plan's Vision 2012/2013-2016/2017. These include "A Long & Healthy life for all South Africans" i.e. (South African Federation of Mental Health, Mental Health Act (Act No 17 of 2002), as amended; Constitution Act No 108 of 1996; Policies on children and adolescents on mental health, I Care 4 U values; Batho Pele Principles; Bana Pele Principles; Millennium goals; and Sustainable Developmental Goals). Even though such policies exist, the strategy for transition of adolescents with intellectual disability into adulthood remains a challenge. Furthermore, the government spent a more money on mental health problems more commonly so on intellectual disability (Stewart, Einfeld, Piccinin, Mackinnon, Hofer, Taffe, Gary, Bontempo, Hoffman, Parmenter & Tonge 2006:1981). Therefore, the need for transition strategy will assist these adolescents to gain some degree of independence, self-regulation, and self-reliance.

1.3   STATEMENT OF THE RESEARCH PROBLEM

According to Bruce, Klopper and Mellish (2011:381), research problem is a broad area of interest. In view of this concept, Grove et al (2013:708) define a research problem as an area of concern where there is a gap in the knowledge base needed for nursing practice. Therefore, research is necessary to generate essential knowledge to address the practice concern, with the ultimate goal of providing evidence-based nursing care.

Caring for adolescents with intellectual disability remains a complex issue. In literature search and work experience, the researcher had not identified any strategy used for the transition of adolescence with intellectual disability into adulthood in South Africa. Therefore, sources for this research problem were from clinical practice, health care system, communities, previous literature/research, nursing education and training and specialty groups, which recommended further research that focused on transition for these population (Davis et al 2014:900; Deroche, Holland, McDermott, Royer, Hardin, Mann, Salzberg, Ozturk & Ouyang 2015:288; Stewart et al 2010:03). Previous research highlighted there is limited information on how persons with IDs evolve over time or on how they will transit into adulthood (Stewart et al 2006:1982).

This has evoked and prompted the researcher to want to develop evidence-based transition strategy in order to fill the existing knowledge gap. These individuals remain

marginalised when it comes to their health needs identified, assessed and ultimately being met (DH 2001 cited in Read & Cartlidge 2012:23).

It was within this area of interest that this research aimed to develop evidence-based transition strategy in order to fill the significant clinical knowledge gap and to assist these individuals achieve positive outcomes of course depending on the nature and severity of the disability.

In the African context, research-examining care, burden, coping strategies and experiences of carers and parents of children with disabilities (CWD) in low income countries is limited (Gona et al 2011 as cited in McNally & Mannan 2013:01). Research regarding transition of adolescents with IDs into adulthood will benefit these individuals, health and non-health caregivers, and health care system worldwide. According to Calitz (2011:66), the study conducted in South Africa (Bloemfontein) argues that these individuals exposed to perilous situations because of their often-lifelong dependence on caregivers and relatively powerless position in society. Again following the massacre of ±144 deaths and closing down of Life Care institutions in 2016 that caters for individuals with IDs, it is therefore of practical significance that transition strategies are put in place to assist individuals caring for adolescents with IDs achieve positive outcomes.

In turn, this reduced the burden among carers and assisted these individuals with ID to receive improved health service and ultimately their basic needs met. Much as caring for adolescents with intellectual disability can be difficult and demanding (Gunther & Diekema 2006:1013), previous studies published in most articles and books focused more on barriers and challenges facing youth with disabilities as they transit into adulthood. Furthermore, most articles about the transition process into adulthood were conceptual and descriptive in nature (Stewart et al 2010:02).

It envisaged that this study would fill the gap in order to reduce the dependency among these individuals, the burden on caregivers and assist health care system as the government spent plenty of money on co-morbid mental health problems more specifically on intellectual disability. According to South Africa, National Department of Health (2002:6), previous studies indicate that mental health problems only accounts to an estimates of 8.1% of the Global Burden of Disease (GBD). This simply means that worldwide, mental health problems are quite a challenge. Furthermore, this study

contributed toward assisting caregivers, Parents, societies and governments of many countries support adolescents with intellectual disability transit into adulthood so that transition becomes a non-dilemma and closer-reaching consequences. Eventually, the National Department of Health's (NDoH) vision "A Long and a Healthy life for all South Africans" and non-South Africans is achievable The significance of this research also benefited these individuals, patients, families, communities, clinical practice and health care system not to focus on the disabilities but the capabilities and the potentials of these individuals. Focus on the capabilities and potentials enabled these individuals gain that sense of self-determination and autonomy, reducing governments spending power on intellectual disability, improving standard of care and enhancing practice styles among caregivers, parents and health care professionals.

1.4   RESEARCH GROUNDING

1.4.1 Inductive thinking and deductive reasoning

The grounding of the research was based on inductive and deductive thinking. Inductive thinking involves perceptually putting insights and pieces of information together in order to reach conclusions using bottom-up approach (Grove et al 2013:58). Deductive reasoning begins with a theory or abstract principle that guides the selection of methods to gather data to support or refute the theory or principle based on facts (Grove et al 2013:58). In this study, after reaching generalised conclusions, conclusions were drawn into specifics in order to develop strategy that assisted with the successful transit process incorporating the Meleis' Transition Theory. In this study, caregivers and parents involved in the direct care of individuals with intellectual disability were utilised as participants to gather in-depth information in order to generalise the conclusions and findings. The conclusions and findings formed basis for the development of strategy for transition of adolescents with intellectual disabilities into adulthood.

1.4.2 Philosophical perspectives and paradigms

The underlying philosophical perspectives were used in this study in order to view multiple realities. According to Polit and Beck (2012:11), a paradigm is a worldview, a general perspective on the complexities of the world. In contrast, McIntosh-Scott, Mason, Mason-Whitehead and Coyle (2014:19) define paradigms as different approaches to scientific

inquiry each with their own beliefs, assumptions and methodical techniques. In this study, multiple paradigms based on interpretive, Naturalistic, pragmatism linked with positivism/empiricism perspectives. Illustration of the multiple paradigms stated below:
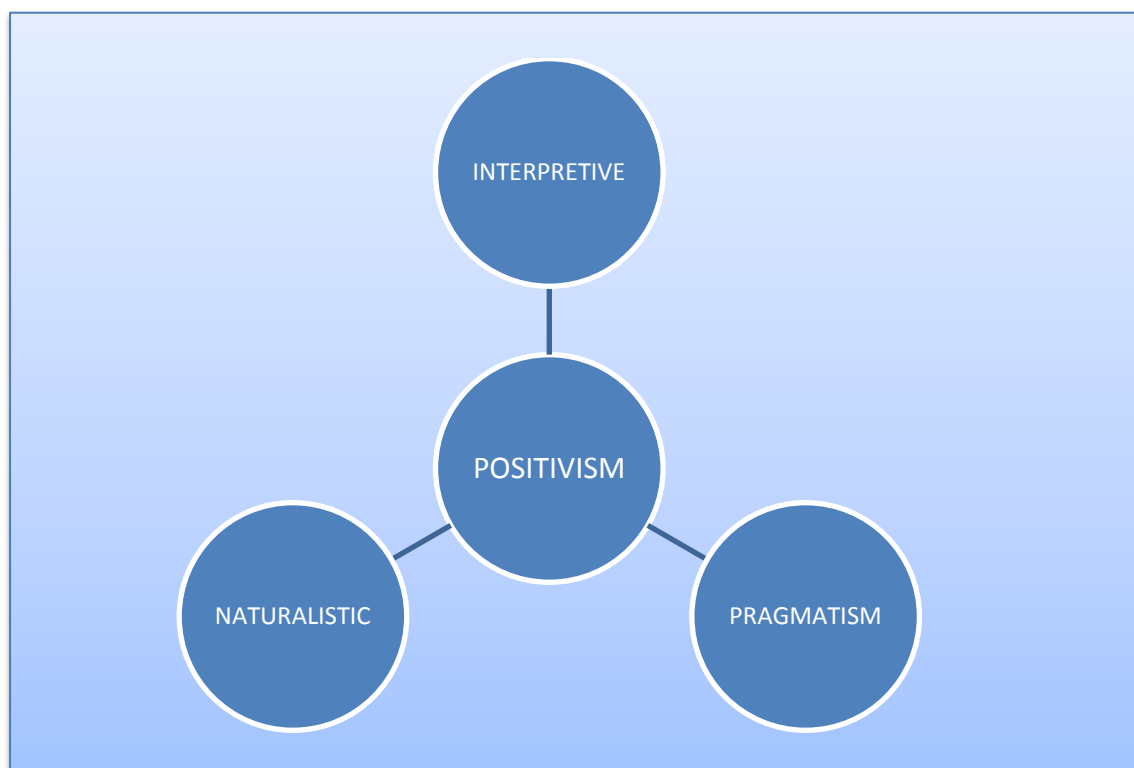
Figure 1.1   Flow diagram on multiple paradigms

The interpretive, naturalistic and pragmatism perspectives were relevant in this study in order to address the research purpose and aims of the study which was to develop evidence-based strategy for transition of adolescents with IDs into adulthood.

Interpretive, naturalistic and pragmatism encompasses that persons living the experience are the main source of information (interpretive) to interpret the situation in their day-to-day setting (Naturalistic). Furthermore, pragmatism supports studies that put into practice information gathered in order to transform nursing practice, solve a specific problem or offer a new strategy (Grove et al 2013:66). Accordingly, positivism/empiricism was used to describe a scientific approach in favour of a pragmatic approach using valid measurements to collect evidence (McIntosh-Scott et al 2014:20). Therefore, in this study, caregivers and parents involved in the care, treatment and rehabilitation were utilised to offer new strategy and evidence-based practices that assisted intellectually disabled adolescents transit successfully into adulthood.

The developed strategy for the undertaken study will be put into practice in order to assist carers and individuals suffering from IDs achieve positive outcomes and improve quality health care.

In this study, the Transition Theory proposed by Meleis et al (2000) was used to guide the current study.

1.4.3 Meleis' transition theory

Previous studies (Gunther & Dikema 2006:1013; Pandey & Agarwal 2013:41; Stewart et al 2006:1981. Stewart et al 2010:01; Weiner 2012:01) report that the transition process is quiet challenging, difficult and has far-reaching consequences for intellectually disabled adolescents. This study used Meleis' Transition Theory because it espouses a general comprehension of the circumstances surrounding the transition experience from across the lifespan (Shumacher & Meleis 1994). The goal of transition is to achieve a state of well-being, reformulated identity and mastery in order to avoid vulnerability (Meleis et al 2000 cited in Joly 2016:1254).

Life transitions are periods in time when individuals experience major changes, Meleis' Transition Theory underpinned this study. The theory explains the process of transition from one stage of development to the other in order to achieve a state of well-being, reformulated identity and mastery and at the same time avoiding stagnating in the state of vulnerability (Meleis et al 2000:12). Meleis' Transition Theory referred to as a middle range theory and has four major components namely: nature of transition, transition conditions, patterns response and nursing therapeutics.
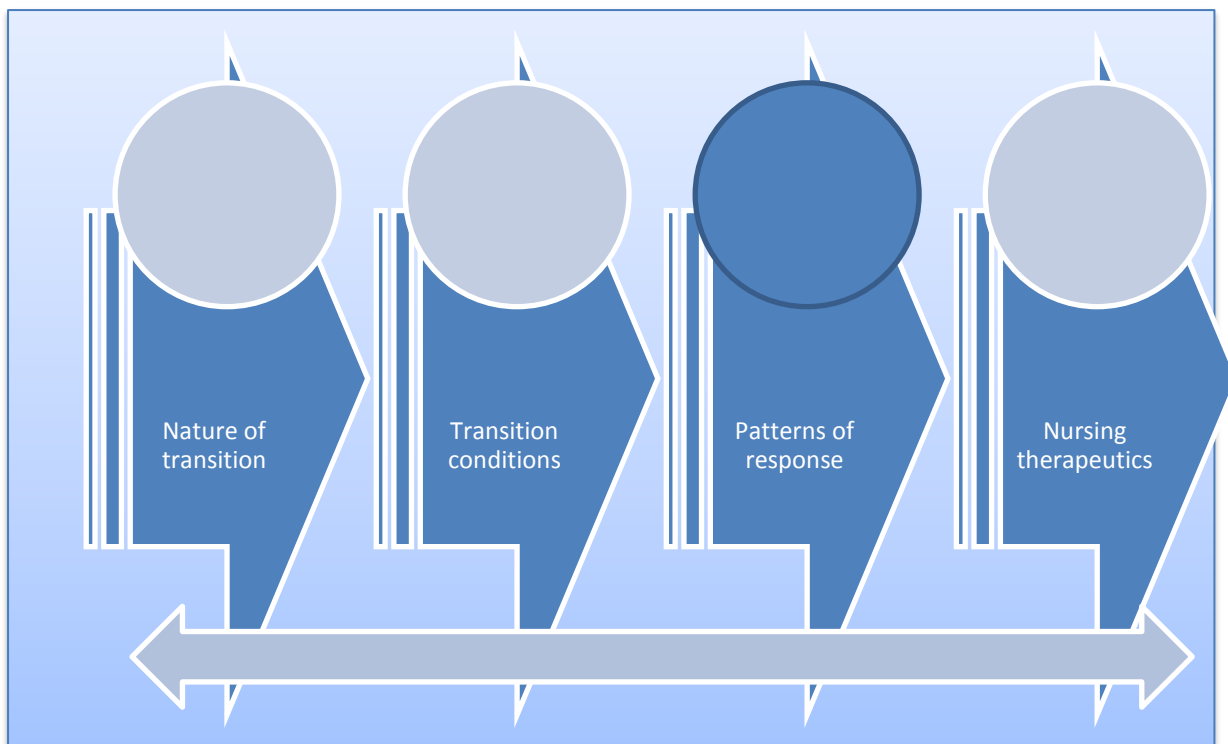
Figure 1.2   Diagrammatic representation of Meleis' Transition Theory

1.4.3.1   Nature of transition

According to Meleis' Transition Theory, this refers to the types of transition which could be developmental, situational, health or illness and organisational. Indeed the type of transition to be undertaken will depend upon multi-factorial issues. Furthermore, all types were applicable and necessary in order to assist with the smooth transition process. All types were interrelated and they complemented each other. Therefore, all these types of transition benefitted this study to achieve successful transition process.

1.4.3.2   Transition conditions

These were facilitators and inhibitors of transition. They could be personal, which includes meanings attached to vulnerabilities, cultural beliefs and attitudes, socio-economic status and preparation and knowledge of adolescents with IDs, their families and the health care personnel looking after them. A positive attitude and knowledge of adolescents with IDs facilitated transition conditions. Conversely, a negative attitude and lack of knowledge about adolescents with IDs inhibited transition conditions.

1.4.3.3 Patterns of response

It consists of process indicators such as feeling connected, developing confidence in areas such as independence, coping with chronic or deteriorating conditions and becoming situated in the adult world (Young et al 2009; Davies et al 2011; Cook et al 2013; Abbott & Carpenter 2014 cited in Joy 2016:1254). In this study, caregivers explained, described and role modelled the desirable behaviours expected of adolescents with IDs transit into adulthood. This processes enabled persons with IDs achieve positive outcome indicators such as monitoring symptoms, making adjustments or decisions, accessing resources, negotiating the system or self-care (Meleis et al 2000; Im 2014).

1.4.3.4 Nursing therapeutics

It involves nurses' actions such as assessment of readiness and preparations for transition in order to enhance learning strategies for transition of adolescents with IDs into adulthood in order to achieve positive outcomes. Assessment of readiness and preparations should include multi-disciplinary approach. Continuous reassessment and preparation requires adequate time, education, therapeutic actions, resources and healthy environment in order to promote successful transition.

1.5 DEFINITION OF KEY CONCEPTS

Conceptual definition is the definition of a concept in terms of other concepts (Grove et al 2013:390). According to Polit and Beck (2012:52), conceptual definition presents the abstract or theoretical meaning of the concepts studied. Key concepts in this study were adolescents. Adulthood, IDs, transition and transition theory.

1.5.1 Adolescents

According to *Longman Dictionary* (2009:23), an adolescent defined as a young person usually between the ages of 12-18 years who is developing into an adult. An adolescent labelled as those between age of 10-18 years (UNICEF cited in Pandey & Agarwal 2013:41). Furthermore, Weiten (2013:434) explains that the beginning of adolescence marked by maturity of sexual functioning. On the contrary, the National Academies Press

(1999) defines adolescence as one of the most fascinating and complex life span second only after infancy and the timing is quite variable in terms of age onset, gender and race.

1.5.2 Adulthood

Adulthood is the time when one is an adult (Longman 2009:24), On the contrary, from the child and adolescent psychiatry (CAP) an adult referred to a person above 18 years (Lindgren. Söderberg & Skär 2014:01).

1.5.3 Care and rehabilitation centre

It means health establishment for the care, treatment and rehabilitation of people with IDs in the South African context (Mental Health Care Act. MHCA no 17 of 2002:Chapter 1).

1.5.4 Intellectual disability

IDs is defined as someone whose intellectual function and adaptive behaviour (everyday social and practical skills) differs significantly from what is normative in his or her society (American Association of Intellectual and Developmental Disabilities (AAIDD) 2011, as cited in Aldersey 2012:2). It is also defined by a subnormal level of intelligence (IQ) less than 70, Patja, Livanainen, Vesala, Oksanen and Ruoppila (2009:591) and on the contrary Werner (2012:02) and Lancaster et al (2014:1063) define ID is characterised by significant limitations in intellectual functioning with an IQ below 75 and originates before the age of 18 years.

1.5.5 Transition

Transition is the foundation for the individual with IDs situate from adolescents into adulthood across all developmental domains and service sectors simultaneously in the health care service context (Joly 2016:1253) and furthermore, transition is a fluid like process that may have an identifiable start and end point (Joly 2016:1254). In this study, it involved situating individuals with IDs from adolescents to adulthood including continuous and constant supervision and assessment in order to achieve a healthy successful transition process.

1.5.6   Transition theory

Meleis' Transition Theory is a fundamental concept in caring for persons with IDs transit into adulthood (Joly 2016:1254). In this study, the incorporation of Transition Theory assisted adolescents in the assessment and readiness of the successful transition of adolescents with IDs into adulthood in order to achieve positive outcomes, self-management skills and self-help skills, quality of life and successful integration into the community.

1.5.7   Strategy

Vladir Kvint defines strategy as "a system of finding, formulating and developing a doctrine that will ensure long-term success if followed faithfully. In this study, the developed strategy ensured long-term success for the individuals, families, communities and country at large.

1.6   OPERATIONAL DEFINITIONS

According to Polit and Beck (2012:52), an operational definition of a concept specifies the operations that researchers must perform to measure it and should be congruent with conceptual definitions. The operational definitions of this study were as follows:

1.6.1   Adolescent

For the purpose of this study, an adolescent refers to an individual between the ages of 10-21 years with intellectual disability with an IQ of less than 70.

1.6.2   Adult

For the purpose of this study, an adult refers to an individual above the age of 21 years who is suffering from intellectual disability.

1.6.3 Caregivers

In this study, caregivers refer to parents, nurses, health care workers, general workers, medical doctors, psychiatrists, psychologists, dietician, speech therapists, occupational therapists, physiotherapists, audiologists and social workers who were directly involved in caring and treatment of individuals with IDs. The caregivers used as key informants in developing strategy for the transition of adolescents with intellectual disability into adulthood.

1.6.4 Care and Rehabilitation Centre

In this study. Care and Rehabilitation Centres refer to health institutions designated in Care and Rehabilitation Centre. Tshwane District. Gauteng Province.

1.6.5 Transit

For the purpose of this study, transition refers to the process of moving intellectually disabled adolescents into adulthood so that they too can achieve that sense of general well-being and some degree of independence.

1.6.6 Strategy

In this study, strategy refers to the system of developing evidence-based practices for the transition of adolescents with IDs into adulthood if followed faithfully.

1.7   RESEARCH PURPOSE

According to Grove et al (2013:74), research purpose is a clear, concise statement of the specific focus or aim of the study generated based on the research problem. The purpose of this study was to achieve applied research. Applied research was relevant in this study as it sought solutions to existing problems and tended to be of greater immediate utility for evidence base practice (Polit & Beck 2012:16). Therefore, the primary aim of this research under study was to fill the gap and solve practical problems associated with the transit into adulthood.

The purpose of this study was as follows:

- To develop evidence based strategy for adolescents with IDs to facilitate transition into adulthood.

1.8   RESEARCH OBJECTIVES

According to Grove et al (2013:708), research objectives are clear, concise and declarative statements that expresses to direct a study and are focused on identification and description of variables or determination of the relationships among variables or both.

In this study, the research objectives was divided into three phases aiming at developing successful and efficient strategy to assist adolescents with IDs transit into adulthood. The research objectives of this study was in three phases as follows:

1.8.1 Phase 1: Desk review

- To explore the known facts about the developmental nature of the transition process of adolescents with IDs into adulthood.
- To identify gaps associated with the transition of adolescents with intellectual disabilities into adulthood.

1.8.2 Phase II: Mixed method

- To explore the experiences of caregivers and health care professionals on the transition of adolescents with IDs into adulthood.
- To investigate challenges that hampers the transition process of adolescents with IDs into adulthood.
- To recommend nursing therapeutics and actions that facilitate the transition process of adolescents with intellectual disabilities into adulthood.

1.8.3 Phase III: Development of strategy

- To develop a strategy for transition of adolescents with IDs into adulthood as formed by evidence gathered from phases I and II.

1.9 RESEARCH QUESTIONS AND/OR HYPOTHESIS

1.9.1 HYPOTHESIS

According to McIntosh-Scott et al (2014), a hypothesis is a tentative proposition and testable statement that describes a likely relationship between an independent and one or more dependent variables. Bless, Smith and Sithole (2013:18) in view of hypothesis, assert that it is a tentative explanation of certain facts, which can be verified and supported by sufficient evidence.

The aim of this study was to develop strategy that will assist adolescent with intellectual disability transit into adulthood:
:
Hypothesis for the quantitative part:

- Lack of strategy will affect the transition process of individuals with IDs achieve positive outcomes and Quality of Life (QoL).

1.9.2 Research question

According to De Vos, Strydom, Fouché and Delport (2011:90), a research question deals with needed information to solve practice problems and the core to the whole research process. The research questions in this study were to challenge the hypothesis of this research study whether it supports the research aim.

The study answered the following questions according to three phases.

1.9.2.1 Phase 1: Integrative literature review

- What is known about the transition process from adolescence to adulthood about adolescents with IDs?
- What are the identified gaps in literature regarding transition from adolescence to adulthood for adolescents with IDs?

1.9.2.2 Phase 2: Qualitative and Quantitative strands

- What are the experiences of caregivers and health care professionals on transition from adolescence to adulthood for adolescents with IDs?
- What are the challenges experienced by caregivers on the transition of adolescents with IDs?
- Structured questions with a variety of multiple choice were asked in order to arrive at the conclusions. (Annexure H).

1.9.2.3 Phase 3: Development of a strategy

- What strategies' can be developed to assist adolescent with intellectual disability transit into adulthood.

1.10 RESEARCH METHODOLOGY

1.10.1 The research

In this study, an exploratory sequential mixed methods was used which unfolded in three phases. According to Creswell (2014:243), an exploratory sequential mixed methods approach involves a two-phase project in which the researcher starts with qualitative data collection followed by quantitative data collection and analysis. An exploratory sequential mixed methods approach was relevant in this study as it was in line with the research purpose, objectives and questions of the undertaken study. A detailed research methodology for this study was discussed in depth in Chapter 3 as follows:
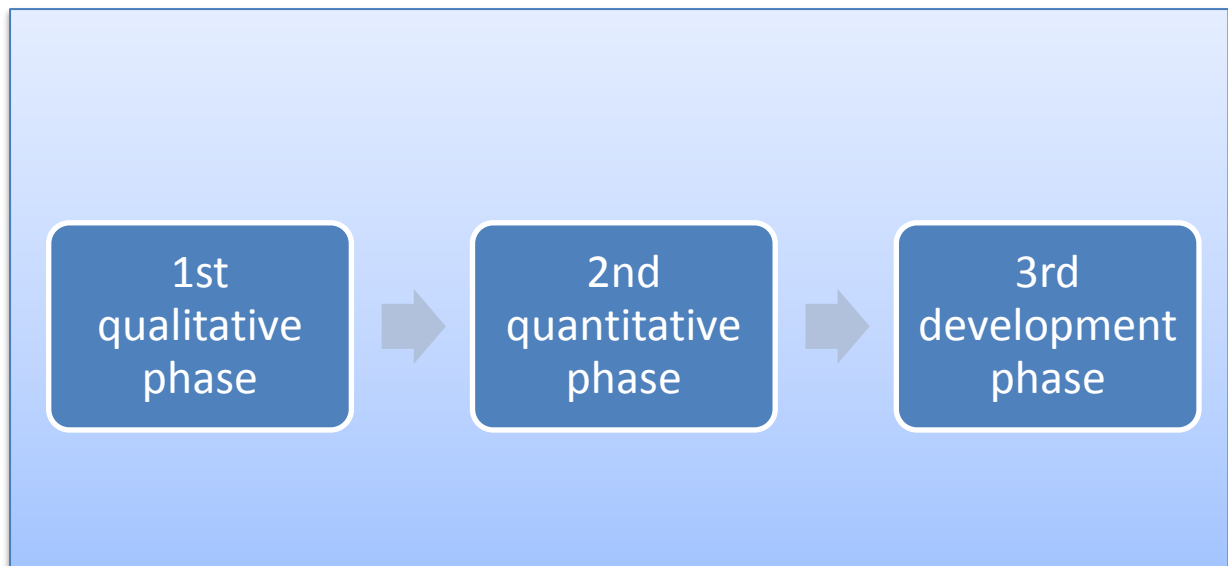
Figure 1.3   An illustration of the exploratory sequential mixed method

1.11   ETHICAL CONSIDERATIONS

The goal of taking into account research ethics is to ensure that participants' basic rights are upheld in order to minimise the risk to participants and to maximise benefits (Bak 2004:28; Bless et al 2013:29; Polit & Beck 2012:152). The following ethical principles as guided by Belmont's report were upheld (Bless et al 2013:29).

1.11.1   Permissions

Research Ethics Committees were set up to assess the ethical implications of studies, which can otherwise be unknowingly detrimental to the lives of research participants. The code of ethics and guidelines are concerned with the protection of human rights violation in research involving human subjects (Polit & Beck 2012:151). For this study, the University of South Africa (Unisa), Higher Degrees Committee reviewed the study proposal and granted clearance for the research study (Annexure A). More importantly, permission to conduct the study was also sought and approved by the Department of Health in South Africa (Annexures P and S). The researcher further sought permissions and approval from the eight institutions identified where the study was conducted (Annexure J, K, L, M, N, O, T and U). Lastly, permission to conduct the interviews was sought and granted by the participants (Annexure D).

1.11.2   Non-maleficence

Non-maleficence is referred to as the obligation to avoid, prevent and minimise harm (Polit & Beck 2012:152). The most basic principle of research is that participants must not be harmed by participating in the research activities. Confidentiality and the protection from invasion of privacy was prioritised. Accordingly, confidentiality was maintained from data collection where participants were interviewed individually at a time and place agreed upon by the researcher and the participants. However, narrative documents did not have the participants' name but a code identifier.

1.11.3   Beneficence

Beneficence is referred to obligation to maximise possible benefits and to minimise possible harm (De Vos et al 2011:116; Polit & Beck 2012:152). The potential risks to the participants from this study included the perceived stress and burden of caring for these individuals under study by sharing the practical experiences. The potential risks were minimised through assurance and strict observance of confidentiality. During interviewing, participants may experience emotional harm and discomfort. In that scenario, the participants will be referred to counselling for debriefing and support.

1.11.4   Informed consent

The researcher, in her capacity as a student of UNISA, firstly ensured that the Ethics Committee grants permission to conduct the study (Annexure A). The purpose of the study, study duration and method of data collection were explained to the participants in an understandable manner without deception. A well-detailed information leaflet was distributed to all the respective institutions under study in order to make informed choices of participating or not participating (Annexure B).

Participants' right to make informed, voluntary decisions about study participation requires full disclosure. According to Polit and Beck (2008:172; 2012:154), full disclosure means that the researcher has fully described the nature of the study, the person's right to refuse participation, the researcher's responsibilities and likely risks and benefits. Informed consent was based on the right to self-determination and the right to full

disclosure. Therefore, participants were informed about the rights to withdraw if they wish so. Nobody was ever coerced into participating in a research project because participation must always be voluntary (Neuman 2003:124 cited in De Vos et al 2011:117). Participants who agreed to take part in the study signed the informed consent.

1.11.5   The right to self determination

This refers to prospective participants having the right to decide voluntarily whether to participate in a study, without risking any penalty or prejudicial treatment. Humans should be treated as autonomous agents, capable of controlling their own activities. It also means that people have the right to ask questions, to refuse to give information or to withdraw from the study (Polit & Beck 2008:171; Polit & Beck 2012:153). The right to withdraw at any time was emphasised throughout the study.

1.11.6   Justice

According to Belmont Report, justice includes participants' right to fair treatment and their right to privacy (Belmont Report 1979:6). The selection of study participants was based on research requirements and not on the vulnerability or compromised position of certain people. Moreover, the principle of justice also guards against individuals who are unable to protect their own interest to ensure that they are not exploited for the advancement of knowledge. The right to fair treatment means that researchers must treat people who decline to participate in a study (or who withdraw from the study after agreeing to participate) in a non-prejudicial manner. In addition, researchers must honour all agreements made with participants (including the payment of any promised stipends). Furthermore, they must demonstrate sensitivity to and respect for the beliefs, habits and lifestyles of people from different backgrounds or cultures; that they give participants access to research personnel for any desired clarification and that they afford participants tactful treatment at all times.

Participants' right to privacy should be maintained throughout the study. Participants have the right to expect that any data they provide should be kept in strictest confidence (Polit & Beck 2008:173; Polit & Beck 2012:155).

1.12   SIGNIFICANCE

The significance of this study was discussed under the short-term and long-term benefits. The significance of this study aimed to benefit and improve quality life of adolescents with IDs also taking into cognisance families, communities, caregivers, different stakeholders, government, policymakers and researchers who are directly involved in the care, treatment and rehabilitation of this individuals.

1.12.1   Short-term benefits

By exploring what is known about the transition process, more information will emerge that will assist intellectually disabled individuals themselves, the public, caregivers, parents and health care systems. An in-depth understanding of the strategies for transition of adolescents with IDs into adulthood will assist in filling significant gaps of the paucity and challenges on the transition process of intellectually disabled adolescents into adulthood. Findings of the study will be shared in research workshops, conferences and research articles. More importantly, research participants were equipped with knowledge and understanding regarding the transitional strategies of intellectually disabled adolescents into adulthood. Therefore, participants had the opportunity to improve their current human life situations.

1.12.2   Long-term benefits

It was envisaged that the findings of this study would add value in to improving the lives of intellectual disabled individuals so that they too can enjoy the right to achieve highest standard of care without any discrimination and prejudice. Individuals with intellectual disability will gain that sense of independence and self-reliance so that they can be useful members in the community. Therefore, this would improve community integration and interactions.

Caregivers' burden and stress of caring for intellectually disabled individuals might be reduced. Thus improving caregivers' attitudes and job satisfaction towards caring for individuals with IDs. The anticipated strategies will enable caregivers to apply practice style that will improve the standard of care. Government spending on comorbid mental

health problems especially on intellectually disability might and this in turn will improve the economic financial status of the nation and ultimately reduce costs worldwide.

Clinical practice, parents, public, nursing education and training, government and researchers will benefit at large as caring and transition process for individuals with IDs remains complex and have far-reaching consequences. The result of this study may form basis for furtherance of research on transition programmes, which may ultimately improve the quality and standard of care.

1.13 SCOPE AND LIMITATIONS

The study participants were limited to caregivers and parents who were at the forefronts in rendering care, treatment and rehabilitation to adolescents with IDs incorporating the Meleis' Transition Theory. Study participants drawn from the seven sites in Gauteng Province in order to maximise the generalisations and minimise limitations. Generalizability is the degree to which research findings can be generalised to individuals other than those who participated in the study. The use of multiple sites and triangulation design in this study was of great importance in order to enhance validity/success of this study and to generalise findings. However, generalizability of this study is limited owing to it only having being conducted to Gauteng Province only.

1.14 DISSEMINATION OF THE RESULTS

Dissemination of results involves communicating the findings in a research report and promoting the use of the study evidence in nursing practice (Polit & Beck 2012:69). Findings of this study will be presented during research conferences and published in the accredited journals.

1.15 CONCLUSION

The development of successful strategies will eliminate the burden and stress of caring for adolescents with IDs. The transitional strategies will assist adolescents with IDs to enjoy the right to attain the highest standard of care without discrimination. Worldwide, these individuals remain one of the marginalised and poorest when it comes to their health needs met. Therefore, these individuals themselves, caregivers, families, societies

and health system as a whole will benefit at large. Chapter 1 outlined the overview of the study and what the study intended to achieve. The background of the study problem, statement, research purpose, objectives, questions, ethical considerations, significance, scope and limitations for this study were discussed.

CHAPTER 2

SYSTEMATIC REVIEW OF LITERATURE

2.1   INTRODUCTION

For the purpose of this study, systematic review of literature was undertaken to identify known facts about the topic and to identify gaps about the topic under study. Both ancient and recent information was used. Old information from 30-40 years ago was used in order to gain in-depth comprehensive information about the topic under study. According to Business Dictionary, desk review is the process of gathering and analysing published or printed information on the internet. In this study, published/printed available on the internet, journals, articles, abstracts, books, Curationis, dictionaries, newspapers, repository and policies were utilised. According to Cooper (2010) cited in (Creswell 2014:28), desk review can take several forms as follows:

2.1.1   Integrating what others have done and said

The researcher used what others have pronounced about how adolescents transition into adulthood. The focus of the transition was on adolescents with intellectual disability, which was the focus of this study.

2.1.2   Critiquing other previous scholars' works

The researcher critiqued existing published studies to identify what is known, what has been found to be beneficial and what had negative effects in the transition experience.

2.1.3   Build bridges between related topics

In building bridges, the researcher incorporated information about transitioning from adolescents to adulthood, identified similarities and used them as a guide for the developed strategy.

2.1.4 Identify central issues in a field

The central issue in this study is to develop transition strategy for adolescents with IDs into adulthood so that these individuals can achieve a sense of well-being. Furthermore, the development of transition strategy will also assist the families, communities, societies and health care system to achieve positive or healthy transition process.

SYSTEMATIC REVIEW

| KNOWN FACTS/GAPS ABOUT TRANSITION AS A CONCEPT | Data bases: Google. CINAHL. SAGE & EBSCHO |

| UNISA: Library search College of Human Science | SEARCH SUPPORT: Books. Acts. Policies. Newpapers. Media and Dictionaries | YEAR: ANCIENT AND RECENT INFORMATION USED | Term: Transition of Intellectual disabilites |
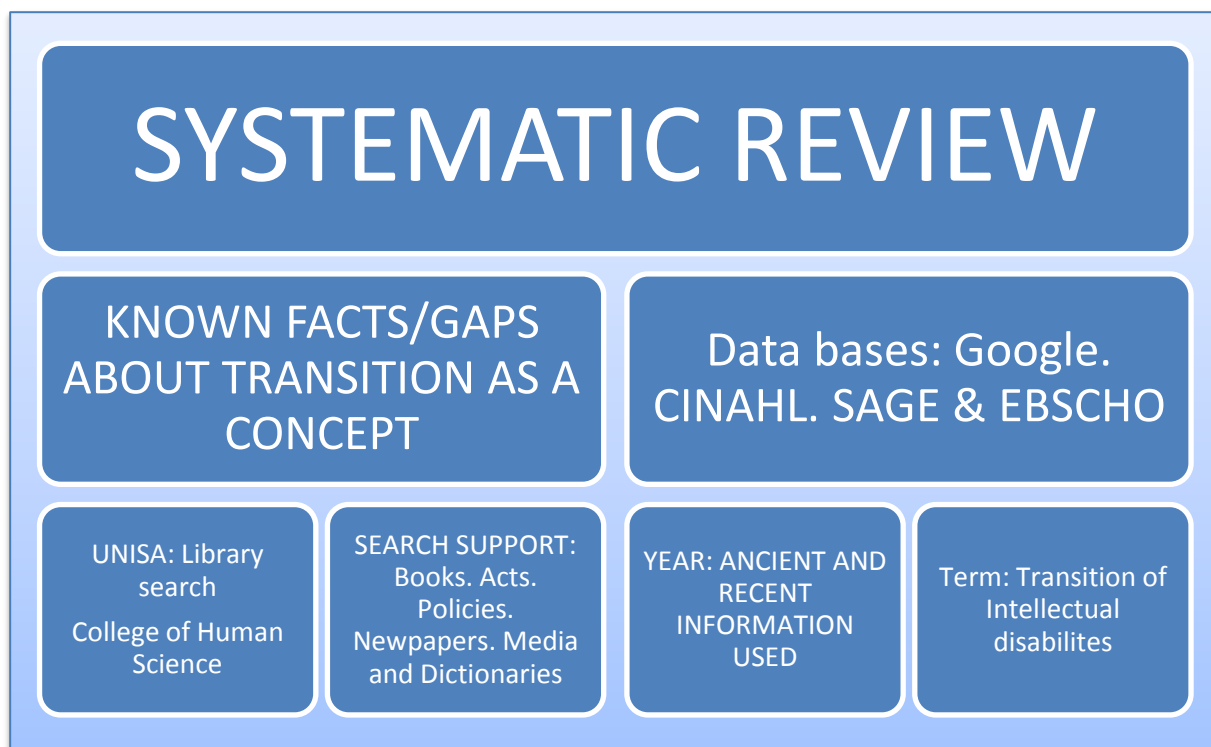
Figure 3.1   An illustration of systematic review

2.2   THE PURPOSE OF SYTEMATIC REVIEW

The purpose of systematic review was to identify gaps regarding the transition of adolescents with IDs into adulthood. Information gathered was used to facilitate the development of transition strategy of adolescents with IDs into adulthood. Printed and published information were used in order to achieve the objectives of this study, which are stated as follows:

- To explore the known facts about the transition process of adolescents with IDs into adulthood.

- To identify gaps associated with intellectually disabled adolescents' transition from adolescents into adulthood.

2.3   TRANSITION AS A CONCEPT

Transition as a concept has been documented more than 30 years ago. Transition has been used in various contexts depending upon the type and nature of transition process thereof. Previous researchers have deliberated and debated upon the meaning and understanding of transition. However, the understanding and meaning varies from one profession to another, from one discipline to another and from one setting to the other. Transition is derived from the Latin word "transire' which means to come across. Furthermore, the meaning of transition was first documented in the *Webster's Third International Dictionary* cited in Chick and Meleis (1986:239), which reflects "a passage or movement from one state, condition or place to another".

Literature search connotes that transition is a process of passing from one life phase, condition and status to another over a period. This concept was relevant in this study as it informs nursing practice as to how these individuals successfully evolve over time. In this study, transition influences how these individuals with intellectual disability would evolve from adolescents to adult. Therefore, transition was a solution and a critical element that enables individuals with intellectual disability shift/change from adolescents to adulthood in order to achieve positive outcomes. According to Joly (2016:1251), nurses often encounter challenges during the transition to adulthood as there is limited information regarding successful transition. Successful transition needs to bring about positive change. Change needs to bring about positive results/outcomes but this will be dependent upon individual's perception of transition. Therefore, it was important that individuals, families, communities, societies and health care system develop positive attitudes towards transition process. This also influenced individuals with IDs to develop positive attitudes toward the transition process.

According to Chick and Meleis (1986:240), one of the key elements of transition is to remain focused and positive positivity. During the transition process, caregivers should ensure that transition should be linked with positive changes. Positive changes need to bring about the following:

- Personal than impersonal issues.

- Incremental than detrimental factors.

- Happiness than distress feelings.

- Connection than disconnection with others.

- Anticipatory than non-anticipatory effects.

- Increase than decrease general well-being.

- Awareness than unawareness of self.

- New beginnings than old beginnings.

- Functional than dysfunctional activities.

- Healthy than unhealthy living (Chick & Meleis 1986:240).

2.3.1 Transition as a multiple concept

In defining transition as a multiple concept, Chick and Meleis (1986:239) reiterate that this involves the process, period of time and perception as experienced by an individual.
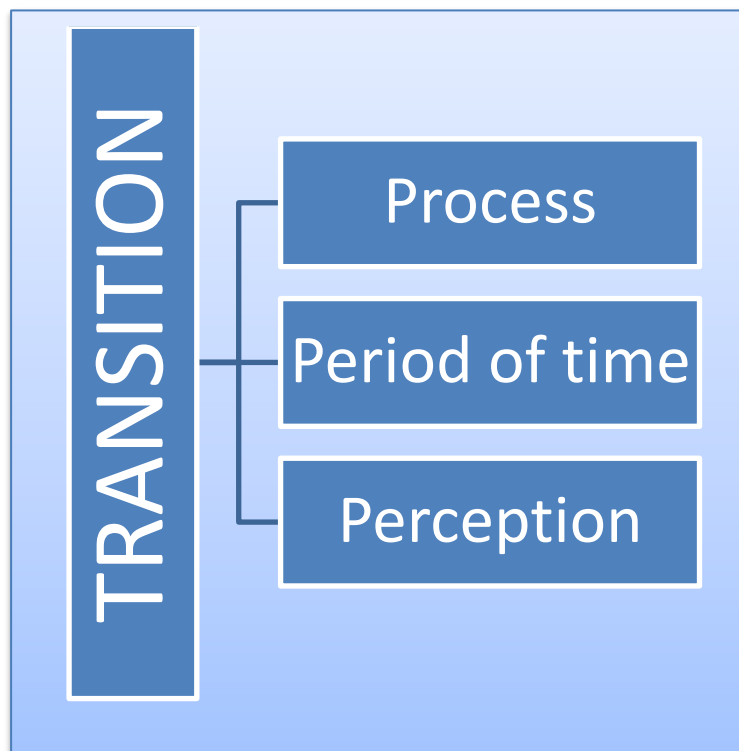
Figure 2.2 An illustration of transition as a multiple concept

In the context of this study, information was gathered from parental caregivers and health care professionals directly involved in the care, treatment and rehabilitation in order to

obtain personal views about the transition process. Transition as a multiple concept is as follows:

2.3.1.1   Transition as a process

It involves phases and sequence. In this study, process meant ways, events and means to facilitate the transition process, that is, procedures, human and non-human materials. Shaw and DeLaet (2010:2) reiterate that transition should be a process that needs these individuals with their families, caregivers and the health care system rather than being an event. Furthermore, this depends upon the setting in which the transition process took place. The process of transition should be dependent upon the individual's characteristics as each individual is unique. It should be taken into consideration that the nature of the condition as these individuals progresses slowly in comparison with others.

2.3.1.2   Transition as a period of time

Transition entails the period starting from the anticipation of transition until the new status and change has been achieved. In this study, this involved time spent and duration of the transition process from the start until change was observed, compared to an extent the person was before the transition process. In this instance, change would mean the observable change in behaviours, actions and attitudes in comparison with the person's old status she/he was before or post transition state.

Period of transition may differ from one person to another, from one setting to another and from one situation to another. Changes varied depending on the focus area, domain, individual's degree and the nature of intellectual disability. Period of transition should be individualised and personalised taking into consideration, the uniqueness of each individual.

2.3.1.3   Transition as a perception

Perception of transition implies interpretations and meaning of transition process as perceived by individuals involved. Furthermore, perception may differ from one person to another, from one profession to another, from one society to another, from one setting to another and from one discipline to another as influenced by the transition process and

outcome. For the purpose of this study, a variety of sources was used to obtain multiple perspectives about transition process as perceived by individuals, communities, societies, health care and education settings involved in the care treatment, schooling and rehabilitation of adolescents with IDs. The nature of transition was influenced by different perceptions and views as perceived by individuals.

2.3.2 Transition as a nursing concern

Although transition was a familiar concept and had been documented in various settings, that is, health care and non-health care settings, it remains at the centre of nursing. Transitions are quite variable (Chick & Meleis 1986:238), this was dependent upon the situational, contextual and health-illness events. In addition, Ramalhal, Lagarto, Matos, Cruz and Ribeiro (2013:164) noted that transition is an interesting area in nursing and nursing profession is privileged enough to steer up the transition process. This was more relevant as nurses interact with different people at different levels such as families, relatives, societies, communities, schools, non-governmental organizations (NGOs) and other stakeholders. In this study, nurses were seen as valuable persons directly involved in rendering care to persons with IDs and of course in collaboration with others in the health and non-health care fields.

Transition is central in nursing profession and it provides the foundation for improving nursing practice. It forms the basic structure for nursing knowledge and to identify patterns that makes nursing as a whole (Chick & Meleis 1986:239). Furthermore, it provides potential person-environment interrelatedness that may affect and influence the effect on health-illness events.

In this study, person-environment interrelatedness would mean interactions among persons living with IDs should take place in a conducive environment/setting that enables positive transition process.

Shaw and DeLaet (2010:2) in light of transition noted that it is a movement from adolescence to adulthood either in a home, health care, education and community setup. On the contrary, Ramalhal et al (2013:164) assert that according to Meleis' Transition Theory, transition entails one or more significant changes in one's life. Pandey and Agarwal (2013:41) view transition as a time of change. It is therefore important that nurses

take an influential role to ensure that proper preparations are put in place. Preparations that facilitate successful transitions throughout adolescence in either a home, healthcare, education or community areas would be beneficial. Furthermore, previous research indicates that more than 500000 youth with IDs reach adulthood due to advanced technology and medical care. This was a clear indication to nurses that the need for transition process for adolescents to adulthood is necessary. According to Meleis et al (2000 cited in Joly 2016:1254), the goal of transition is to promote general well-being. self-identity and mastery in order to promote vulnerability and discrimination. This could be achieved through cooperation, proper planning and good relationships with professionals and support from relatives (Lingreen, Söderberg & Skǟr 2014:2).

Previous research conducted in Bloemfontein, South Africa indicates that individuals with IDs were more vulnerable to sexual abuse and exploitation (Calitz 2011:66). According to Parley (2010:266), vulnerability is derived from a Latin word vulnerabilis, which means exposed to being attacked, wounded and harmed. In view of vulnerability, Meleis et al (2000:12) underscore that it is in relation to transition experiences, interactions and environmental conditions that expose an individual to potential harm, injury, damage, attack and unhealthy coping skills. Therefore, it is of great importance that the undertaken study takes into cognisance transition process/strategy that exposes these individuals to activities/conditions that are free from potential harm, injury, damage, and unhealthy coping skills. Nurses in light of transition should ensure that these individuals are free from being harmed, wounded and harmed more especially on women. Women were more prone to harm and being wounded. In a patriarchal society, women are regarded as inferior and they suffer double discrimination compared to men (Nkuepo 2011:6).

Individuals with IDs are discriminated against owing to physical and mental impairments (Nkuepo 2011:6). Furthermore, Gaede and Surujlal (2011:344) aver that irrespective of whether physical and intellectually disabled, they are being stigmatised and they encounter negative attitudes and physical barriers in daily life. Owing to their limitations, they have poor related competence (Guralnick 1999), ignored by their peers (Bryan 1976), have fewer friends (Maggalit 1994) and they have a low social status (Taylor, Asher & Williams 1987 cited in Gaede & Surujlal 2011:344).

2.3.3 Transition as applied in health care setup/settings

A study conducted in United Kingdom Rogers (2011:566) argues that mothering and parenting individual with intellectual disability is a difficult understanding and disables the whole family. It puts more pressure and burden to the family as more attention is needed from parents and mothers of these individuals to assist them to achieve activities of daily living like bathing, feeding, mobility, toilet training, socialising and others. This study suggests that there must be collaboration a partnership between parents and professionals in order to relieve parents from being alone in the care of their intellectually disabled. Therefore, to ensure successful healthy transitions in health care, partnership work with families, communities, societies, education and other relevant stakeholders is needed. Hence, the focus of this study was on developing transition strategies to assist individuals, societies, communities, health care system, parents and professionals deal with the prolonged challenges.

2.3.3.1 Transition as a health care concept

In terms of the health literature, transition is not a new concept in nursing and health science. It had been in existence over the last three decades (Al-Yateem & Docherty 2015:2). In addition, it involves the changes experienced in health, illness and development by an individual undergoing transition that enable these persons to adapt and regain normality. Therefore, this was more relevant to the research purpose of this study in order to facilitate the transition process that enables adolescents with IDs adapt and regain normality. This study buttresses that transition is a process that occurs in different stages/phases, which are as follows:
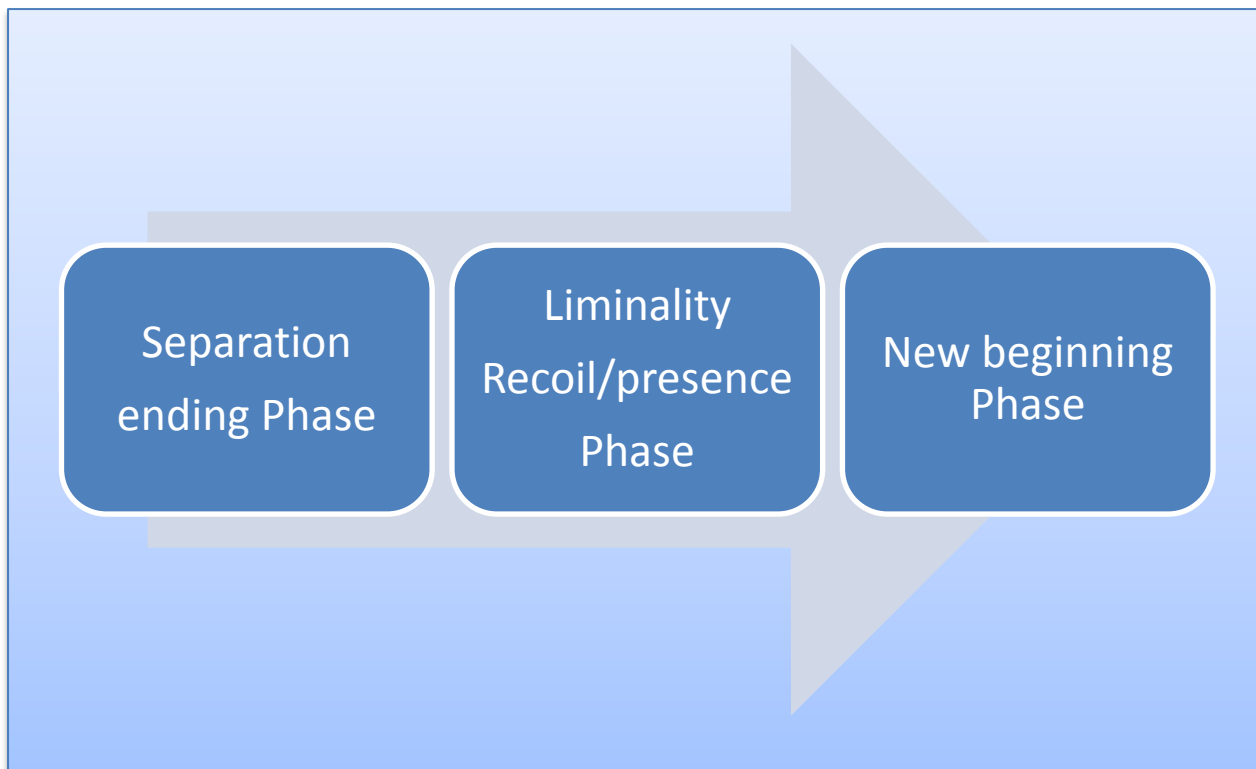
Figure 2.3 An illustration of the three different phases

2.3.3.1.1   The separation, ending phase or the impact stage

With reference to Silverman (1982 cited in Al-Yateem & Docherty 2015:2), this stage is dependent upon the individual ability to make progress in the transition. This means that every individual's progress will differ taking into consideration the uniqueness of an individual.

2.3.3.1.2   Liminality or the recoil/presence stage

This stage is characterised by marked confusion, misery, disorientation and disintegration before entering the next phase. A point whereby an individual undergoes change that enables an individual/group to move into the next phase and last phase follows this.

2.3.3.1.3   New beginning phase and accommodation or new generation stage

This involves an individual, person or group's ability to adapt to new ways, patterns, actions and behaviour in order to achieve state of balance. In this stage, one tries to incorporate all the new information and ideas acquired and put them into practice in order to achieve positive outcomes. Therefore, transition is quite a process and a journey. For transition to take place, change, transformation and new ways must be evident. Whatever change, transformation and new ways that occurs, it should promote healthy transitions and prevent vulnerability.

2.3.3.2   Controlled and uncontrolled transition

Controlled transition processes brought about positive changes, whereas uncontrolled transition processes brought about negative changes. A controlled transition process should achieve the following objectives:

- Increase utilisation of health care facilities.
- Increase more service, engaged and proactive.
- Promote treatment compliance.
- Prevent further complications.
- Decrease unnecessary stress and anxiety.
- Promote physical and emotional well-being.
- Reduce death rate.
- Avoid death in life threatening illnesses such as cardiac diseases
- Benefit individuals with IDs, their families, communities, societies and health care fields at large.
- Better preparations to the transitions (Al-Yateem & Docherty 2015:3).

2.3.3.3   Approaching transition in health care settings

Ramalhal et al (2013:167) assert that nurses have the responsibility to assist individuals and their families to deal with the transition process. On the contrary, Shaw and Delaet (2010:2) argue that the physicians should take the first critical step to improve the transition process to adult-oriented health care. According to Meleis' Transition Theory,

nurses are the partners of individuals and their families as they will be able to follow changes and outcomes regarding the transition process.

Several researchers (Chick & Meleis 1986; Joly 2016:1254. Meleis et al 2000:17, Al-Yateem & Docherty 2015:3) to approach the transition process achieve positive outcomes, the following are necessary:

Nature of transitions

Transition conditions	Patterns of response	Nursing therapeutics
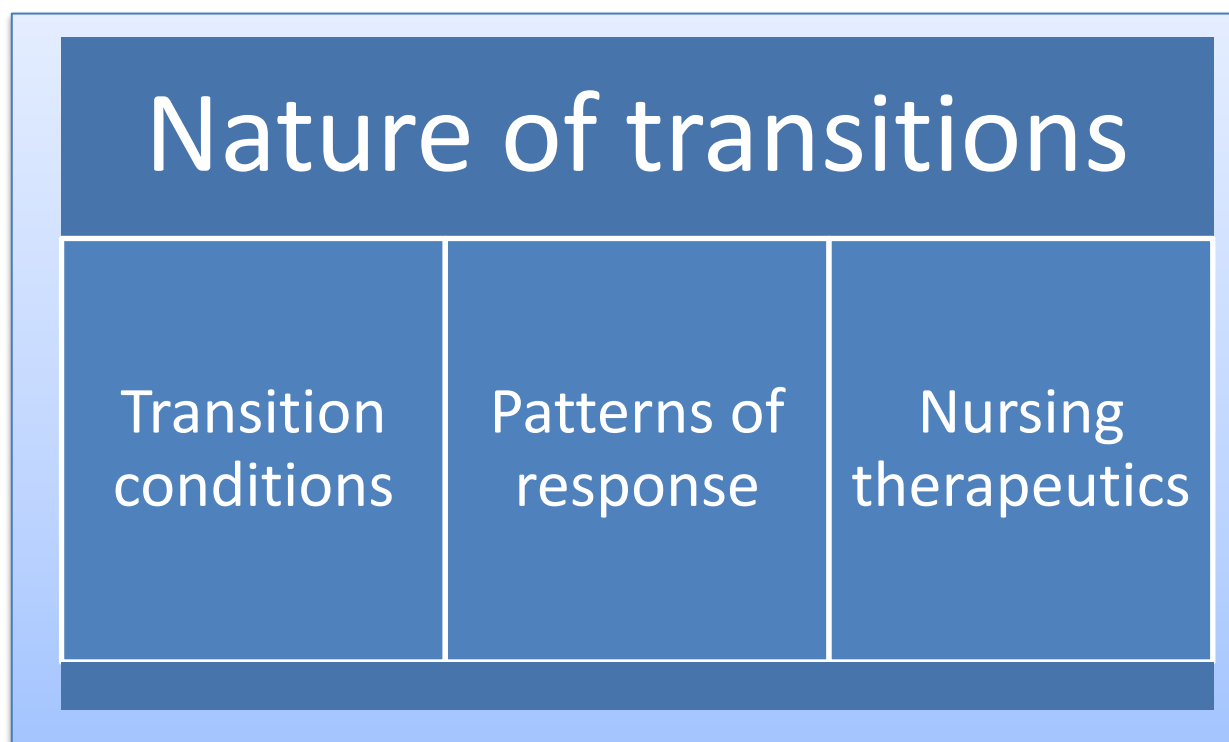
Figure 2.4   An illustration of transition approaches

(Joly 2016:1254)

2.3.3.3.1   *Nature of transitions*

The role of caregivers should consider that individuals with IDs encounter multiple than single transitions. This would be dependent upon the individual's developmental stage, health and illness type, situational type and organisational type. Situating an individual from one's developmental stage to another stage can occur simultaneously or sequentially, but this would also rely on one's abilities and possibilities. In addition, the meaning and perception attached to the health-illness play an important role in the facilitation of healthy transitions. For one to encounter multiple transitions be it developmental, situational, health-illness and organisational, the following should be taken into cognisance:

Awareness

One needs to be aware of the transition process. In most instances, these individuals with IDs are unaware of changes within themselves and their environment. Support from parents, families, communities, societies, schools, caregivers and multi-disciplinary team is the key that enables these individuals be aware of self, others and their surroundings.

Engagement

For one to be aware of whatever is taking place, one needs to be actively involved in activities that would facilitate healthy transition process. An awareness of physical, emotional, social and environmental changes play an important in the facilitation of healthy transition process. Measures to create multiple awareness through role modelling, information giving, proper preparations and behaviour modifications are key.

Change and difference

For transition to bring about change and difference, individuals, their families, health and non-health care professionals should make necessary efforts and changes that enable these individuals and their families to adapt to their new roles and expectations. Necessary preparations and support need to be effected to enable individuals and their families to come to terms with the diagnosis and new expectations. A multi- disciplinary approach is necessary to assist these individuals, their families and their caregivers adapt to new changes and routines. Adaptation to new changes and routine might bring about a state of equilibrium or disequilibrium to the individuals, their families and caregivers such as unpleasant surprises or pleasant surprises, promote family stability or instability and increase or decrease caregivers' burden/workload and increase or decrease societal stigmatization. Therefore, necessary arrangements should be put in place to ensure that transition process promote positive than negative experiences.

Timespan

Every transition process or experiences revolve around time. Time is a key element that necessitates change and outcomes. Of course, period for transition process would differ from one person to another and from one situation to another depending on the

individual's possibilities and capabilities. Therefore, proper time planning that is individualised will minimise unhealthy transitions.

Critical points and events

Transition process should provide observable/noticeable critical points and events. Nurses should take the lead in every critical point and this will need in-depth knowledge and understanding about the transition process. Therefore, for critical points and events to be achieved, change in lifestyles, new routines, self-care and other skills should be observed. Although this might differ from person-to-person, nurses and their families should play a major role in assisting these individuals achieve those major critical points and events. Therefore, it was the focus of this study to develop transition strategy that will bring about major critical points and events in terms of social, physical, educational, living condition, employment/occupational and communication skills. This was important to better the lives of persons and their families living IDs.

2.3.3.3.2   Transition conditions

This involves the personal and environmental conditions that may facilitate or hinder the healthy transition process and outcomes. Nurses and caregivers' are to identify and eliminate factors that may hinder the healthy transition process.

2.3.3.3.2.1   Personal conditions

Meanings and perceptions toward the transition process have an influence in achieving positive outcomes. However, a positive attitude will influence healthy transition process. As a result, it is important that the anticipated transition strategy take into cognisance measures that will influence positive meanings and perceptions towards healthy transition process. Nurses need to take the lead in displaying positive meanings. Role modelling and advocating for some enjoyment and excitement activities in assisting these individuals achieve positive outcomes so that their families, communities and societies can adopt the same pattern and style. Personal conditions may be influenced by cultural beliefs, attitudes, socio-economic status, preparation and knowledge.

Cultural beliefs and attitudes

A positive attitude towards transition process will produce positive outcomes. A non-judgemental and non-discriminatory attitude is key towards achieving healthy transition experience. It is therefore caregivers' role to ensure that they display a non-discriminatory attitude towards these individuals with IDs and their families so that they may feel accepted and appreciated.

Socio-economic status

The socio-economic status has an influence towards achieve positive transition outcomes. Intellectually disabled individuals from high socio-economic status tend to achieve a positive transition experience than those from low socio-economic status. This is made possible as they are able to access and afford treatment and other relevant benefits/activities that facilitate smooth transition process. Therefore, it is the primary role of caregivers to advocate for individuals and their families from low socio-economic status so that they too could enjoy other benefits without any limitations. For the purpose of the research, it is of great importance that the anticipated transition strategy takes into cognisance factors that promote and hinder the transition process.

Preparation and knowledge

An effective preparation and more knowledge about the transition strategy and transition process will promote good transition outcomes. An ineffective preparation and limited knowledge will affect the transition process negatively. Therefore, the transition strategy for this study would equip caregivers with the necessary preparation and knowledge that will facilitate healthy transition experience.

2.3.3.3.2.2   Community conditions

Community support is essential for an effective transition process. Conversely, lack of community support would delay the transition process. More community resources should be available and accessible to support these individuals and their families during the transition experience and process. The transition strategy for this study should also make provision for promoting community conditions that will facilitate the transition process.

2.3.3.3.2.3   Societal conditions

Societal conditions have an influence towards achieving healthy transitions. A healthy transition process should be a societal concern and priority at large. Societies should take a lead in preventing stigma and avoiding stereotyped views. Societal support and the available resources will play a greater role in achieving transition process. It was within this undertaken study that the researcher purports to develop transition strategy relevant for promoting societal conditions.

2.3.3.3.3   Patterns of response

2.3.3.3.3.1   Process indicators

Nurses as part of caregivers should facilitate the transition process that promote well-being, prevent risks and vulnerability. The transition process should produce observable indicators or patterns of response. The patterns of response should include the following:

Feeling connected

It is important that the transition process should foster connection among health professionals, family members and other relevant stakeholders so that these individuals and their families do not feel isolated and side-lined. Caregivers should be the key players in fostering connection and strengthening effective communication systems among health care professionals, families, communities, and societies.

Interacting

The transition process should promote good interaction between these individuals, their families, health care professionals and other relevant services within the community and the society. Transition strategy should promote interaction.

Location and being situated

An essential transition process is the one that encourages creation of new meanings and perceptions. It is important that the transition process situate these individuals and their

families from their old ways to the new beginnings of achieving positive transition experience. Furthermore, it should make provision for comparing an individual's old ways with the new ways in order to observe any positive changes.

Developing confidence and coping

The development of transition strategy that would assist individuals with IDs and their families to understand the diagnosis, treatment, recovery, utilise available resources and living with the disability is of great importance. This in turn would promote a positive transition experience.

2.3.3.3.3.2   Outcome indicators

Every transition process should assist individuals with IDs and their families bring about positive outcomes such as mastery of the acquired new skills and development of identity. The two outcome indicators are as follows:

Mastery

Depending on the nature and patterns of transitions, the transition process should bring about new ways of coping and adjusting to their situation/environment. This would be considered over a period depending on the individual's characteristics and possibilities. The development of new ways to adjust and cope with the disability should promote that sense of identity for these individuals and their families. This in turn would assist in knowing their strengths and weaknesses. Therefore, it is important that the development of transition strategy under study promote mastery and identity.

2.3.3.3.4   Nursing therapeutics

The promotion of healthy transition process and positive outcomes among adolescents with IDs lies in the hands of nurses as caregivers. More knowledge is necessary in order to develop a systematic and a comprehensive transition approach that considers the uniqueness and complexities of these individuals and their families. Furthermore, research on transition strategy is necessary in order to better their lives and achieve

positive outcomes. It is within this study that the researcher aims to develop the transition strategy of adolescents with intellectual disabilities into adulthood.

2.4   NEED FOR TRANSITION STRATEGY

There is little and limited research regarding transition process (Joly 2016:1251; Shaw & Delaet 2010:2) and this has far-reaching consequences towards adolescents with IDs and their transition into adulthood (Pandey 2013:41). Furthermore, this study acknowledges that research on transition strategy has been greatly studied in the USA. Therefore, more research attention is needed from other countries that would challenge and support the transition strategy more especially in the African and South African context.

In accordance with Ramalhal et al (2013:167), nurses need to take a role in finding means and method to improve standard of care through use of research, a critical and reflexive analysis. Furthermore, Joly (2016:1253) reiterates that research that informs nursing practice in relation to transition of these individuals to adulthood needs further discussion and attention. However, this study further highlights the need for multiple transitions that takes into consideration other domains and service centres simultaneously.

In terms of this research study, transition strategy has been proposed as the means and method to improve lives of adolescents with IDs transit into adulthood. Parents and caregivers who are directly involved in the care, treatment and rehabilitation would be used as key informants. Participants would share their feelings, thoughts and personal views regarding healthy transition process. Eventually, this in a way will facilitate the development of transition strategy for adolescents with IDs transit to adulthood. In turn, this would improve the individuals' and their families' physical and mental well-being. Furthermore, the anticipated transition strategy should not only concentrate on the health aspects only but also address other domains such as employment, social and education domains. Therefore, the researcher developed the transition strategy that addressed the needs and challenges of intellectually disabled adolescents in a multiple context. A transition strategy should promote healthy transitions, change/better life of intellectually disabled individuals and prevent vulnerability and exploitations.

2.5   FACTORS THAT INFLUENCE UNHEALTHY TRANSITIONS

2.5.1   Emotional influences

Transition to adulthood is quite a challenging period emotionally for the individuals, families and other health care-related fields. However, Morgan (2003) quoted in Pandey and Agarwal (2013:42) suggest few factors that are essential to offer emotional support as follows:

2.5.1.1   *Support for the family and others working with the family from an early age*

This remains a key element in ensuring successful transitions. Parent and families play a major role. This simply means that during planning and preparations, families and parents should take part in the transition planning and preparations.

2.5.1.2   *Attention to physical health needs:*

It is important that during the transition process, the physical health needs be met in order to avoid potential mental health problems. Failure to attend to the physical health needs will affect the mental health resulting in being stressed, unhappy and overwhelmed.

2.5.1.3   *Support for communication - being listened to. having a communication passport*

Effective communication will promote successful transitions. It is important that during transition process, caregivers develop effective skills on how to communicate with these individuals. Appropriate techniques and gestures should be employed in order to gain cooperation.

2.5.1.4   *Awareness of bullying. abuse and loss*

Necessary support interventions should be employed to deal with the bullying, abuse and loss. Transition process should also take into consideration opportunities for allowing

individuals and their families explore their feelings in order to address the emotional challenges.

2.5.1.5 *Schools. colleges and transition:*

Schools and colleges should play a major role in addressing emotional challenges during the transition process. More emotional and psychological transitions are necessary in order to promote independence.

2.5.2 Environmental influences

Service providers, educators, parents and community members lack sufficient knowledge regarding factors that negatively affect transition process. Family environment may pose a threat towards successful transitions, for example, lack of interest, knowledge and funds toward the transition process. During childhood, youth may have not been exposed to opportunities, choices and valuable experiences that promote successful transitions, early exposure to opportunities for education, employment, recreation, social and physical activities are key.

2.5.3 Intellectually disabled individuals' and families' influences

If these individuals and their families lack easy access towards comprehensive approaches and opportunities, this might affect the transition process negatively. Lack of independent access to transport, telecommunications or personal assistance and their social interaction is only limited to their family or paid careers. This might have an influence on successful transitions. Lack of community services that take the needs of the individuals and their families into consideration might influence the transition process negatively. Moreover, lack of proper communication assessment in the facilities in order to address the communication challenges and needs is also a challenge. Access to audiologists and speech therapist should be free and readily available to assist in terms of communication difficulties.

2.6   TRANSITIONAL DOMAINS

While reviewing literature, the researcher identified main events/domains that need further attention and research in order to facilitate successful transitions. According to Pandey and Agarwal (2013:43), those main areas/events and domains are as follows:

2.6.1 Employment domain

More research and employment strategy are needed on how to promote lifelong employment opportunities for individuals with IDs in order to promote and to improve their standard of living, more especially in the African context. As a result, South Africa needs to employ more market and career pathways for these individuals and their families in order to achieve positive employment outcomes. Previous studies reflected that research regarding employment is still limited (Pandey & Agarwal 2013:43). Therefore, the realisation of this gap in knowledge prompted the researcher to undertake this study.

2.6.2 Education domain

Previous studies reflected the need for starting the transition planning as early as in adolescence youth stage more especially in the African context as more research is from the US cited in (Pandey & Agarwal 2013:43). Therefore, the primary focus of this study was to develop education transition strategy that will facilitate successful transitions to adult-oriented approach. According to recent articles and previous studies conducted in the US. Izzo and Lamb (2003). Shroedel and Geyer (2000) and Wagner et al (2006) quoted in Pandey and Agarwal (2013:43), more focus should be on adolescents participating in valuable educational experiences that prepare them for future career development opportunities and this needs careful and proper educational planning.

2.6.3 Living domain

Previous research studies indicated the need for research areas that will address various living area options for individuals and their families who want to live far from their family homes. Furthermore, previous literature reviews conducted in the USA i.e. Blacher (2001) and Hendey and Pascall (2001) cited in Pandey and Agarwal (2013:43) reflect that more studies concentrated on 'independent living' services and supports. Hence, the focus of

this research study was to develop home transition strategy that will ensure successful transitions to adulthood in order to address this significant gap.

2.6.4 Social and community life domain

Previous studies recommend more research and attention on social and community integration as this plays a major role in achieving successful adult life (Lehman et al 2002 cited in Pandey & Agarwal 2013:43).

Therefore, the focus of this study was to develop social and community integration strategy that would ensure successful transitions to adulthood. The developed strategy would also address spiritual domain in order to bridge the gap. This has been another contribution by this study. According to Keller, Cusick and Courtney (2007:1), all domains such as education, employment and family formation are interrelated and ensure successful transitions to adulthood.

2.7 CONCLUSION

Although a number of old and new printed information has been documented about transition process of adolescents with IDs to adulthood, research regarding transition strategies is still limited. Previous research concentrated more on the conceptual framework of transition ignoring the transition strategy. An existing literature reviews recommend that more research on the transition strategy, successful transitions and support for adolescents with IDs are crucial. Furthermore, transition strategy that addresses multiple transitions with other relative services is highly recommended. However, transition process should also promote quality of life and prevent vulnerability and exploitations.

CHAPTER 3

METHODOLOGY

3.1   INTRODUCTION

The purpose of this chapter is to explain and describe the research methodology that the researcher used in order to obtain multiple realities from a variety of different sources. The process of obtaining data from multiple sources was of greater significance in order to develop a strategy for the transition of adolescents with IDs into adulthood. The research design, mixed method research, data collection, data analysis and conclusions were highlighted in order to maintain high validity and rigour in the study. This chapter discussed in detail the research design used in the study, mixed method data collection and data analysis.

3.2   THE RESEARCH DESIGN

Research design outlines overall plan on how observations and the research project will be carried out (De Vos et al 2011:143). Accordingly, the research design used in the study is the mixed method design, looking at the research question, purpose and objectives of the study. The purpose of a research design ensures that research questions are answered (Bless et al 2013:131).

3.3   MIXED METHOD RESEARCH

Mixed methods research (MMR) is a clear, clean and concise method (Elliot 2005 cited in McIntosh-Scott et al 2014:35) whereby mixing the datasets provides a fuller understanding of the research question than the use of either of these datasets alone. Furthermore, mixed method is a very well-known triangulation design that brings together the strong and weak characteristics of qualitative and quantitative design. According to Polit and Beck (2012:603), mixed method research is defined as a research in which the investigator collects and analyses data, integrates the findings and draws inferences using both qualitative and quantitative approaches. This will give rise to a meta-inference. A meta-inference is a conclusion generated by integrating inferences obtained from the

results of the quantitative and qualitative strands of a mixed method study (Teddlie & Tashakkori 2009 cited in Polit & Beck 2012:603). In this study, a triangulation design was used in order to gather complex approach information on the effective and successful strategies that would assist in the transition process of adolescents with IDs into adulthood. Furthermore, this design assisted in maintaining the research rigour of this study and minimising limitations without any prejudices. This complex approach was of paramount importance to clinical practice and the education system in order to improve the lives of individuals with IDs. This would also assist in realising the benefits of applied research. Moreover, mixed method was regarded a quiet revolution in the health sciences. Applied research is directed towards solving immediate practical problems with functional applications and testing the theories that direct practice (Portney & Watkins 2014:35). However, applied research seeks to solve existing problems and tends to be of greater immediate utility for evidence-based practice (EBP) (Polit & Beck 2012:16). The assertion made by Polit and Beck (2012:603) indicates that little research was available long-time ago on how to conduct mixed method research.

3.3.1 Exploratory sequential mixed design

Exploratory sequential mixed method is a design in which the research starts by exploring with qualitative data and analysis and uses the findings in the quantitative phase (Creswell 2014:226). The main purpose of exploratory sequential mixed methods is to develop better measurement instruments (Creswell 2014:230). In this study, the exploratory sequential mixed methods design was divided in two phases in order to attain comprehensive approach in developing strategies from the participants who had lived the experience. More importantly, the rationale for choosing exploratory sequential mixed methods design in this study was linked to the research purpose of this study, which was to develop successful strategies for transition of adolescents with IDs into adulthood using various caregivers as key informants. Furthermore, this would assist in maintaining the order and sequence of this study. The exploratory sequential mixed method for this study was in three phases as follows:
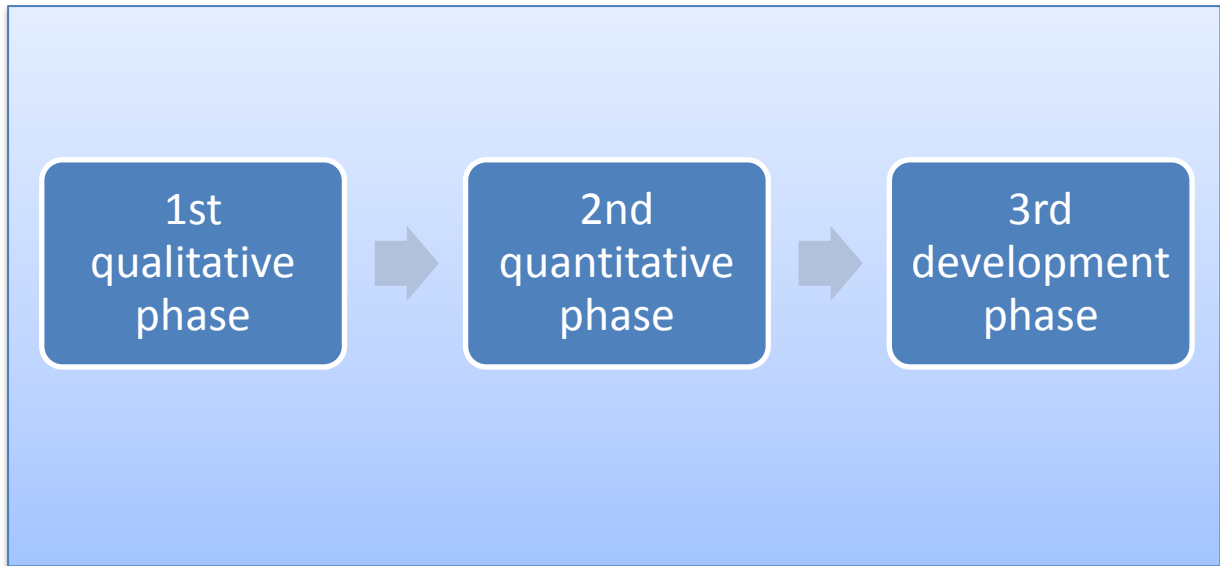
Figure 3.1 An illustration of the exploratory sequential mixed method

3.3.1.1   First qualitative phase

In this study, the researcher started with by using narratives, observation, individuals and focus group interviews from key informants/respondents who are directly involved in the care, teaching, treatment/teaching and rehabilitation of adolescents with IDs. The purpose was to explore the characteristics of adolescents suffering from IDs and the challenges faced by individuals with IDs in transition into adulthood. This was followed by an analysis and interpretation of findings.

3.3.1.2   Second quantitative phase

In exploratory sequential mixed method. the second phase was used to build on the results of the initial database in order to develop better measurements/strategies with specific sample of population in qualitative phase and using a larger sample of population in quantitative phase (Creswell 2014:226). Close-ended questionnaire that included multiple-choice questions was used in order to develop better measurements. According to Polit and Beck (2012:325), multiple-choice questions offer a range of alternatives.

In this study, the quantitative phase involved using findings that emerged in first qualitative phase to develop evidence-based strategy for transition of adolescents with

IDs into adulthood incorporating Meleis' Transition Theory in order to maximise triangulation of results and generalisations.

3.3.1.3   *Third development phase*

The third phase was informed by the first qualitative and second quantitative phase. Findings from phase 1 and 2 were used to develop a transition strategy for adolescents with intellectual disability into adulthood. The researcher hopes that the transition strategy would assist adolescents with IDs to achieve and improve their quality of life.

3.4   PHILOSOPHICAL PERSPECTIVE AND PARADIGMS

Multiple perspectives and paradigms guided the philosophical perspective of this study. The underlying philosophical perspectives of this study were used in order to view multiple realities. According to Polit and Beck (2012:11), a paradigm is a worldview, a general perception on the complexities of the world. In contrast, McIntosh-Scott et al (2014:19) define paradigms as different approaches to scientific inquiry each with their own beliefs, assumptions and methical techniques. Multiple paradigms based on interpretive, naturalistic, pragmatism linked with positivism/empiricism perspectives were used, Illustration of the multiple paradigm was as follows:
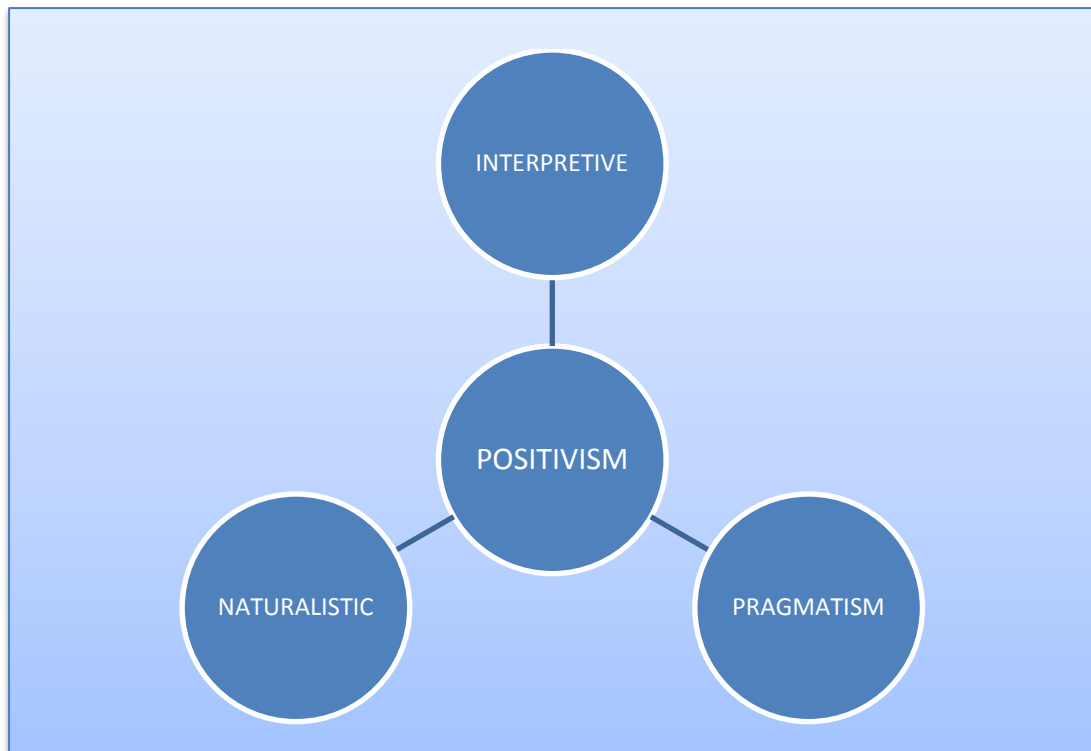
Figure 3.2 Flow diagram on multiple paradigms

The interpretive, naturalistic and pragmatism perspectives were relevant in this study as they assisted to address the research purpose and aims of the study which was to develop evidence-based strategies for adolescents with IDs transit into adulthood. Interpretive, naturalistic and pragmatism encompasses that person living the experience are the main source of information (interpretive) to interpret the situation in their everyday setting (Naturalistic). Furthermore, pragmatism supports studies that put into practice information gathered in order to transform nursing practice and education system, solve a specific problem or offer a new strategy (Grove et al 2013:66). Positivism/empiricism is used to describe a scientific approach in favour of a pragmatic approach using valid measurements to collect evidence (Mcintosh-Scott et al 2014:20). Therefore, in this study, the multi-disciplinary team involved in the care, teaching, treatment and rehabilitation were used to offer new strategies and evidence-based practices that would assist adolescents with IDs transit successfully into adulthood. The strategies developed in this study would be put into practice in order to assist carers, teachers and individuals with IDs to achieve positive outcomes and improve quality care.

3.5   POPULATION AND SAMPLE SELECTION

Population is the larger group to which the research results are generalised and an aggregate of persons, objects or events that meet specified set of criteria. Furthermore, population is not only restricted to human subjects but also places, special schools, organisations, days or unit of interest (Portney & Watkins 2014:155). In this study, units of interest were the governmental/nongovernmental organisations and day centres that work specifically with individuals with intellectual disability. Subjects' selection was drawn from these specialised units/ centres, specials schools and organisations. A larger population drawn from the identified thirteen (13) specialised institutions was deemed sufficient to arrive at the generalised conclusions with minimal shortcomings.

3.5.1 Population site

Population site refers to a variety of specific natural settings and places where information was gathered in one or more sites. The site is the overall location for the research (Polit & Beck 2012:49). In this study, the use of multiple sites was of paramount importance in order to maximise space triangulation and a larger diverse sample scope. Space triangulation is the collection of data of the same phenomenon in multiple sites used, to enhance the validity of the findings (Polit & Beck 2012:743). For the purpose of this study, various sites directly involved in the care, treatment/teaching and rehabilitation of adolescents with IDs within Tshwane Metropolitan Municipality in Gauteng Province of South Africa in order to develop the transition strategy. Thirteen (13) identified sites were suitable for the collection of rich data and the development of transition strategy under study in order to enhance quality of the study on a larger scope and to minimise errors/distortion. The use of multiple sites in this study was found to be beneficial in order to achieve data and space triangulation. The 13 institutions were identified as follows:

Table 3.1   An illustration of the 13 identified institutions in Tshwane Metropolitan of Gauteng Province in South Africa

Name of Institution (Pseudo names)	Type	Nature of the condition	Accommodation
1 Alpha	One (01) Care and Rehabilitation Centre (State institution	Severe- Profound	200
2 Bravo 2.1 Bravo A 2.2 Bravo B 2.3 Bravo C 2.4 Bravo D 2.5 Bravo E 2.6 Bravo F	Homes (NGO): consists of six (06) centres in townships: - Two Day Centres - Four homes (NGO) in townships	Mild-Profound	67
3 Camera 1 3.1 Camera A 3.2 Camera B 3.3 Camera C 3.4 Camera D	Home Trust (NGO): Consists of four (04) centres in townships: - Two homes - Two day centres	Mild-Profound	60
4 Delta	One Learners with special educational needs (LSEN) school	Mild-Moderate	267
5 Ever	One Independent LSEN Christian School	Mild-Moderate	50
Total	13	-	464

3.5.1.1   *Target population/reference population*

Target population refers to the entire population that the researcher is interested in (Polit & Beck 2012:274). In this study, the entire population was beneficial in order to draw conclusions in support of inference under study.

Inference means a conclusion drawn from the study evidence, taking into consideration the mixed methods in order to generate evidence (Polit & Beck 2012:174). In this study, the target population were health care professionals, non-health professionals, health care workers and parents who were directly involved in the care, treatment, teaching and rehabilitation of individuals with IDs in order to maximise generalisations and transferability.

3.5.1.2   *Accessible population*

Accessible population refers to the population of people available or accessible for a particular study, often a non-random subset or aggregate of the target population (Polit & Beck 2012:719). In this study, health care professionals, non-health professionals, teachers, health care workers and parents who were willing and accessible to offer information were used in order to draw sample criteria.

3.5.1.3   *SAMPLE CRITERIA*

A sample involves choosing a sub-group of the population and it serves as the reference group for estimating characteristics of or drawing conclusions about the population (Portney & Watkins 2014:155). In this study, health care professionals, non-health professionals, health care workers, teachers and parents who are directly involved in the care, treatment/teaching and rehabilitation of adolescents suffering from intellectual disability were eligible to participate in this study.

3.5.1.3.1   *Eligibility*

Eligibility refers to having specific ordered characteristics of the target population, by which people are selected for inclusion in a study (Polit & Beck 2012:726). In this study, target population meant any individuals involved in the care, treatment/teaching and rehabilitation of intellectually disabled individuals.

3.5.1.3.1.1   *Inclusion criteria*

An inclusion criterion describes the primary traits of the target and accessible populations that will qualify someone as a subject. In this study, the inclusion criteria were outlined as follows:

- Participants' relevance to the research topic under study.
- Participants who were at the forefronts in the specialised institutions that caters for adolescents with IDs irrespective of colour and gender.
- Participants who were directly involved in the care, treatment/teaching and rehabilitation of the topic under study.

- Participants that showed interests and did volunteer to participate in the research topic under study.
- Participants that were receptive to narratives and interviews.
- Participants that were more articulate, fluent in written and spoken English.
- Participants that were above the age of 21.
- Participants that had time to participate in the data collection method required by the researcher.

3.5.1.3.1.2 *Exclusion criteria*

An exclusion criterion indicates those factors that would preclude someone from being a participants or respondent in the study (Portney & Watkins 2014:157). In this study, participants were excluded for the following reasons:

- Participants' irrelevance to the research topic under study.
- Participants who were not at the forefronts in the specialised institutions that caters for adolescents with IDs irrespective of colour and gender.
- Participants who were indirectly involved in the care, treatment/teaching and rehabilitation of the topic under study.
- Participants who were not interested and did not volunteer to participate in the research topic under study.
- Participants that were non-receptive to narratives and interviews.
- Participants not fluent in written and spoken English.
- Participants that were below the age of 21.
- Participants restricted by time to participate in the data collection method required by the researcher.

3.5.2 Sample size

In this study, the sample size was determined by the information needs and data saturation. Data saturation involves sampling to the point at which no new information is obtained and redundancy is achieved. According to Polit and Beck (2012:521), the key issue to data saturation is to generate enough in-depth data that can illuminate the patterns, categories and dimensions of the phenomenon under study. In this study, a

larger sample with maximum variation sampling will be considered in order to obtain the core strategies under study. Twenty nine (29) participants took part in this study from different settings. Data saturation was reached at number twenty (20). However, the researcher continued as a variety of participants and settings were used to obtain multiple views and per

3.5.2.1 Recruitment

In this study, the researcher recruited a larger sample sufficient to maintain the success and statistical power of the study. According to Portney and Watkins (2014:168), power is defined as the ability to find significant differences when they exist. In this study, recruitment of subjects played a major role in order to recruit a larger sample favourable of reference. The success of the recruitment procedures was achieved through the sampling pool, effectiveness of approaches and recruitment time (Sidani & Braden 2011:186). In order to maintain efficient recruitment and retention strategies for this study, the sampling pool, effectiveness of approaches and recruitment time were upheld as follows:

3.5.2.1.1 Sampling pool

In this study, participants who met the inclusion criteria were recruited from the target and accessible population irrespective of gender and race. Firstly, the researcher sent an invitation personally and through an e-mail to different institutions inviting prospective participant/respondents to volunteer in this study.

Participants/respondents were recruited from the institutions/special school, agencies and day care centres that worked with individuals with intellectual disability in order to develop a transition strategy. The researcher first obtained permissions from the institutions to conduct the study. After the approval and the permission was granted, the researcher informed prospective institutions on the place, date and time to give information to all participants.

3.5.2.1.2   Effectiveness

The information letter included the research topic, researcher's contact details, background, purpose, procedure, benefits, risks and subjects' rights so that they could make informed consents whether to participate or not. The researcher included contact details to give participants opportunity to make follow-ups. The freedom to withdraw at any time was emphasised throughout the study.

3.5.2.1.3   Recruitment time

The recruitment time for this study was from November 2016 to June 2017. More importantly, a four-month recruitment period was vital in recruiting a larger sample in order to maximise generalisations and to enhance the validity of this study.

3.5.2.1.4   Research partner

To ensure effective recruitment, the researcher identified a partner in every institution in order to assist in terms of recruiting participants.

3.6   SAMPLING METHOD

In this study, the researcher used multi-sampling method in order to maximise transferability and generalisation and minimise random biases. A triangulation of probability and non-probability sampling method was used in support of research design and research purpose of this study.

3.6.1   Probability and non-probability method

3.6.1.1   Purposive sampling and snowballing

Purposive sampling was the main technique used. It was further supplemented with snowballing. Purposive sampling started with volunteer informants and evolved purposeful selecting cases that befitted the study (Polit & Beck 2012:517). According to Polit and Beck (2012:517), snowballing refers to asking early informants to refer other study participants. In this study, in order to allow in-depth information about the core

strategies under scrutiny, the researcher used maximum variation sampling. A maximum variation sampling of different categories, in terms of level of education and experiences were considered, that is. Psychiatrists, medical doctors, psychologists, occupational therapists, speech therapists, physiotherapists, audiologists, dietician, social workers, nurses, health care workers, teachers, managers and parents.

3.6.1.1.1   *Stratified random sampling*

Stratified random sampling refers to the random selection of study participants from the same group or with the same experiences (Polit & Beck 2012:744). In this study, participants working in the same institutions with similar experiences/category were grouped together.

3.6.1.1.1.1   *Proportional stratified sample*

For control sake, a proportional stratified probability sampling method was used. According to Portney and Watkins (2014:163), proportional stratified sample is obtained by first separating the population into classes and then drawing random or systematic samples from each class in the proportion that exists in the population. In each institution, subjects with the same category/level were classified or separated into homogenous groups. In each homogenous group, 10% that is one hundred and twenty (120) was selected to estimate the sample size as is not possible to include every person in the study.

3.7   DATA COLLECTION

Data collection was in two phases, namely, the qualitative phase and the quantitative phase in order to achieve multiple and mixed data collection methods.

Figure 3.3 An illustration of the two data collection phases

3.7.1 Qualitative phase

For the qualitative phase, the researcher used multiple sources of data collection, which were focus/semi structured interviews, field notes, observation and narratives in order to explore factors and challenges that affected adolescents with IDs transit into adulthood. In focus/semi-structured interviews, the researcher prepared a written topic guide, which is a list of areas or questions to be covered with each participant (Polit & Beck 2012:537). The broad question used was "Tell me about the strategy used to assist adolescents with IDs transit into adulthood" in order to encourage participants to talk freely and openly in their own words. Participants used in this initial phase were not used in the second phase in order to achieve triangulation of data and a complete comprehensive approach. Information was gathered from the key informants/respondents who were directly involved in the care, treatment/teaching and rehabilitation in their natural settings/context in order to explore the characteristics, challenges, factors and transitional strategies of adolescents with IDs into adulthood. Then, the researcher reviewed all the data, familiarise, internalise and organise all the data into comprehensive categories or themes.

3.7.1.1   Pilot study

A pilot study was conducted prior to collecting data. According to de Dos et al (2011:237), pilot study means pretesting of an instrument on a smaller scale with participants who do not form part of the main inquiry before scaling up to a large scale. In this study, face to face in depth interview were conducted with three (03) participants who did not participate in the study in order to identify gaps from the semi-structured questions. Some of the questions were restructured so that they are simple and understandable in order to achieve the success and effectiveness of the research study. The purpose of the pilot study is ensuring effectiveness of the study, considering also the comments during the actual interviews. Data collection instruments such as digital recorder and cellular phone were pre-tested to check if they were functioning properly or not. This assisted in checking the effectiveness and success of the instruments.

3.7.1.2   Data collection instrument

Figure 3.4 An illustration of the mixed data collection instruments

In this study a triangulation of face-to-face interviews, focus group interviews, narratives, field notes and observation were undertaken in order to obtain multiple realities and information of the phenomenon being studied.

3.7.1.2.1   In-depth interviews

According to Polit and Beck (2012:544), in-depth interviews are an extremely flexible approach of gathering data as it allows people to talk freely and to take initiative of the discussion. The researcher prepared the venue and ensured that it was conducive for conducting face-to-face interviews. Face-to-face interviews were beneficial as follow-up questions could be asked and non-verbal communication used where necessary. The establishment of rapport and trusting relationship was vital in order to gain cooperation. Indeed, participants participated well during the interviews from the beginning until the end. The digital recorder was used to capture and store data in order to enhance trustworthiness and for later use during data analysis. This assisted in eliminating biases as the researcher could refer back to the recorder where necessary. More importantly, the researcher used two recording systems for back up to avoid losing crucial information in case one failed. In this study, the researcher used the battery operated digital recorder and the cell phone for recording purposes. According to Polit and Beck (2012:534), digital recording ensures that interview data are participants' actual verbatim responses. The researcher conducted the interview to ensure consistency. In-depth information was collected from few participants. In this study, one-on-one interviews were conducted with parents, teachers and other experts working at schools of learners with special educational needs (LSEN). According to De Vos et al (2011:239), personal interviews provide a wealth of information than the correspondence or telephonic contact. Therefore, the researcher's intention was to collect in-depth information from the personal interviews in order to obtain the reality from the lived experiences of teachers, experts and parents. Participants shared their own personal views and opinions. This assisted in realising the strategies that would assist adolescents' transition into adulthood. Interestingly, most participants believed that it is possible for adolescents with IDs transit into adulthood. This brought the unknown to the fore and rejected views that it was impossible for adolescents with IDs transit into adulthood. According to De Vos et al (2011:239), the interviews are purposed to elicit the unknown perspectives to the fore or to confirm or reject the researcher's own views. The interview guide was followed which consisted of number of questions to be asked (see Annexure G). The interview guide assisted in ensuring consistency.

The interviewing process lasted for 30-60 minutes and it was divided into four phases as follows:

3.7.1.2.1.1 Preparation phase

The researcher prepared the venue and ensured that it was warm with adequate ventilation, light and minimal noise. Chairs were setup for seating arrangements in a square position. A table was set aside to put on the digital recorder. A notice was put on the door to avoid interruptions from potential intruders. In certain instances, offices were not available and the researcher improvised by identifying a quite spot where interviews could be conducted to facilitate effective communication. The digital recorder was switched on in readiness for the interviews. Participants were called in the interviewing room or the area.

3.7.1.2.1.2 Introduction phase

The researcher switched on the recorder button, welcomed and greeted the participant. The researcher introduced herself and the purpose of the study. The participant was reassured to feel free and relax. Permission was obtained from the participants to continue with the study as suggested by Belmont Report (1979) and this was recorded in the digital recorder. The duration of the interview was mentioned to the participants. Most of the interviews lasted from 20-60 minutes from the beginning to the end.

3.7.1.2.1.3 Working phase

The researcher started by asking open-ended question: "Tell me about your experience of caring/teaching for adolescents with IDs" in order to explore the experiences of caring/teaching for adolescents with IDs. Field notes were taken during interviews to note non-verbal communication. Communication techniques such as probing were used to encourage participants to tell more. Reflection of feelings was encouraged to allow participants to express their feelings on how does it feel like to work with individuals with IDs. Furthermore, non-verbal communication techniques such as silence and minimal verbal cues such as "Mmm" and "I see" to encourage the participant to open up and come up with the strategy they used in assisting adolescents with IDs' transition into adulthood.

3.7.1.2.1.4   Termination phase

The researcher gradually concluded the session. The researcher indicated to the participant when the session was about to end. In addition, the researcher evaluated by asking the participants how did they feel by participating in the study. Most participants felt appreciated and happy by participating in the study. They reported that the interviews were interesting, eye opening and thought provoking. Every participant was thanked for taking part in the study. The recorder was switched off after every interview. Participants were offered opportunity to listen to the recorder to confirm their actual recording. Most did not see any need to listen and few participants agreed to listen to their recordings.

3.7.1.2.2   Focus group interviews

Focus group interviews refer to a group of five or more assembled in one venue and selected in a homogenous group to promote a comfortable group dynamic and in-depth discussion. In this study, each focus group consisted of two to three nursing assistants and health care workers/child care workers of the same category/level. The use of homogenous groups assisted in obtaining in-depth information and multiple viewpoints from a larger population in a short period. An open-ended question asked was, "Tell me about the strategy in assisting adolescents with IDs transit into adulthood" in order to obtain multiple perspectives and views based on their personal experiences. The same format for in-depth interviews was used to conduct focus group interviews. The only difference in the focus group was that two or three participants were interviewed at the same time. The advantage of focus group was that each individual was allowed to share his or her personal views and to reach consensus. This assisted in obtaining multiple viewpoints. According to De Vos et al (2011:361), the purpose of the focus group is to know what other feel and think. This promoted a degree of self-disclosure among participants. A non-threatening environment was created in order to encourage participants to open up. Interviews took place in a private office that is quite, warm and well lit. To guard against some participants dominating the interview, each was given an opportunity to respond to each question. This stimulated multiple responses and shed light for the quantitative data. The advantages of focus group were that follow-up could be done immediately and information is already transcribed. The interviews were captured in the digital recorder and filed notes were taken to note non-verbal cues.   The interview guide was followed in order to ensure consistency. The guide consisted of

number of questions to be asked (Annexure G). To ensure the success of the focus group interviews, the researcher planned for the date, time and venue; where and when the interviews would be conducted.

3.7.1.2.3   Written narratives

Narratives are self-report data that allow people to share their personal experiences or tell a story in their natural settings (Polit & Beck 2012:54). Furthermore, narratives are viewed as a "cultural envelop" into which people pour their experiences (Riessman 1991) and narrate stories on how it make sense and the meanings thereof (Polit & Beck 2012:504). The grand tour question for this section: "Write down your thoughts and feelings about how you experienced transition of adolescents with IDs into adulthood and the challenges you faced. This was asked in order to allow participants to freely express their experiences and tell a story in writing depending on how reality was perceived. Clear instructions were given to participants on how to go about filling the information. Anonymity and confidentiality were maintained as numbers were used to protect participants' identity as suggested by Belmont Report (1979). This was further explained in the information leaflet issued to volunteered participants (Annexure B). Notebooks were issued to participants who were working at one of the state special school so that they could narrate their stories in writing. According to Marshall and Rossman (2016:158), narrative inquiry allows participants to express their feelings and opinions in written language and to validate their meaning/facts with other symbolic systems such as the signs and symbols. It also promoted multi-paradigms, namely, the ontological perspectives, epistemological perspective, constructive processes and narrative inquiry as their stories were unique. Multi-paradigms involved the use of multimethod approach in their natural setting (De Vos et al 2011:310). There were no time restrictions, but participants took 30 minutes to 60 minutes. Others wrote a paragraph and other few pages of the notebooks. The use of narratives was of great importance as it allowed the participants to tell the story freely in a relaxed atmosphere without being pressurised. Participants were left alone to write in their notebooks.

However, the narratives had the pros and cons. This was more advantageous compared to individual interviews where the participants were expected to answer spontaneously to the question asked. This also assisted in obtaining in-depth data from the insiders' point of view in different ways. According to De Vos et al (2011:314), narratives produce rich

descriptive data as it allows an individual to provide a true reflection of the story. However, some of the disadvantages was that the researcher had to wait for a longer period to allow participants to finish writing unlike the individual interviews were information was obtained immediately. Some did not return the narratives. This was respected and regarded as freedom to withdraw at any time during the study. Ten notebooks were issued and only eight notebooks were returned. Therefore, 80% was good return and 20% was poor return. Follow-up was made regarding and mostly reported they did have time to fill in; they were too busy.

3.7.1.2.4   Participant observation

According to Polit and Beck (2012:544), participant observation seeks to understand and observe people and their environments in their natural settings with a minimum of structure and interference. In this study, the researcher spent reasonable time observing participants in their natural settings in order to elicit data information under the phenomenon being studied. Accordingly, the researcher visited the research sites on several occasions to familiarise herself with their daily routines and activities. Participant observation was used as one of the data collection methods to obtain the reality and truth. In this study, the researcher visited two LSEN schools. What the researcher observed was that learners were interacting well with their educators and their classes were very stimulating with colourful pictures. The researcher had an opportunity to see some of the things made by the learners. In one of the schools, one learner had to stay in class during break while others enjoy outside. Furthermore, researcher observed how they employ discipline to learners with demerits. In class, learners had merit cards with various scores. Learners with more merits indicated that they were well-behaved while those with less merits indicated that they were not well behaved. They also had congratulation cards. This were given to learners who were doing well in class in order to motivate them work harder.

3.7.1.2.5   Field notes

According to Polit and Beck (2012:548), field notes are broader, more analytic and more interpretive than a simple listing of occurrences as it represents the researcher's efforts to record information, synthesise and understand the data. The use of field notes assisted in data collection and data analysis in order to ensure validity of this study. Field notes as

one of the data collection methods was used in this study during which the researcher immediately jotted down information on what have been seen and heard. This assisted in excluding bias and not to trust in one's memory. The researcher could refer to the jotted information, re-read the information to familiarise herself with the information. Jotted information was also beneficial during data analysis. In every site, the researcher jotted down important information that was useful to the study. Based on the observation made by the researcher, it seemed that most of the participants enjoyed the sessions and preferred interviews than the narratives. Participants were more welcoming and more willing to give information. In one of the independent centres, all the staff members were actively involved. During feeding and group activities, everybody would come to the ward /units and participate in activities of the day. This was quite surprising. Every Friday afternoon from 14h00 to 15h00, patients and all staff would enjoy dancing together even patients that were bedridden would be wheeled to the activity wall.

3.7.2 Quantitative phase

The quantitative phase was used to develop better measurements/strategies with specific samples of populations in qualitative phase that can be generalised to a large sample of population in quantitative phase (Creswell 2014:226). In this phase, the respondents recruited were not the same ones used in qualitative phase. Various participants used in this study consisted of psychiatrists, doctors, psychologists, physiotherapists, speech therapists and occupational therapists, audiologists, dieticians, enrolled nurses and registered nurses. Information was acquired in a sequence. To ensure validity and feasibility of the study, pilot study was conducted to the small scale.

3.7.2.1   Pilot study

A pilot study was used as one of the data collection methods. A pilot study entails testing the questionnaire to a limited scale in order to validate the effectiveness of the tool (Bless et al 2013:107). In this study, the questionnaire was first tested on five (05) respondents and alterations had to be made to adapt some of the terms into simple language. The use of pilot study was of great importance as amendments were made before scaling up to a larger scale. Respondents gave valuable inputs that led to some of the alterations on the tool.

An asterisk sign was put on some of the concepts that seemed to be difficult. Concepts with an asterisk sign were explained in simple terms that the respondents could understand. Few concepts were explained at the end of the text to provide additional information. According to Kirton (2011:241), providing additional information at the end of the whole text is referred to as endnotes (Annexure H).

3.7.2.2 Survey

Descriptive quantitative questionnaires were used in order to allow participants to answer each question to allow meaningful conclusions. According to Creswell (2014:247), quantitative research questions are interrogative statements that raise questions about the relationships among variables that the investigator seeks to answer. Structured questionnaire was more useful in this study, as the researcher could identify pattern of responses in order to arrive at the general conclusions. The questionnaire was divided into six sections, which were clearly outlined on the questionnaire. Instructions were given on how to fill the questionnaires. Questionnaire had open and close-ended questions. A five-point Likert-scale was mostly used. A Likert scale was relevant in this study in order to assess the respondents' opinions, views and feelings. According to Kirton (2011:141), Likert scale questions are useful for assessing people's opinions or feelings on a five-point scale. The structured questionnaire had five possibilities in which the participants had to select one possibility and indicate with a cross (X) in the appropriate box. To avoid ambiguity, some of the terms were explained in simple language in order to adapt them to the educational level of participants (Annexure H).

The researcher handed in one hundred and twenty (120) questionnaires to participants who volunteered to participate in the study. The questionnaire took 30-45 minutes to answer. A research assistant was identified from each institution to collect the questionnaires after completion. The research assistants handed in completed questionnaires to the researchers. In each home or centre, a registered nurse/ social worker was identified for assistance. This was done voluntarily and without being coerced. Thereafter, information was analysed by the independent statistician not involved in this study to compare the responses.

3.8   DATA ANALYSIS

The researcher analysed the two databases separately and used the findings from the initial exploratory database to build into quantitative measures (Creswell 2014:227). Data analysis was divided in two phases.
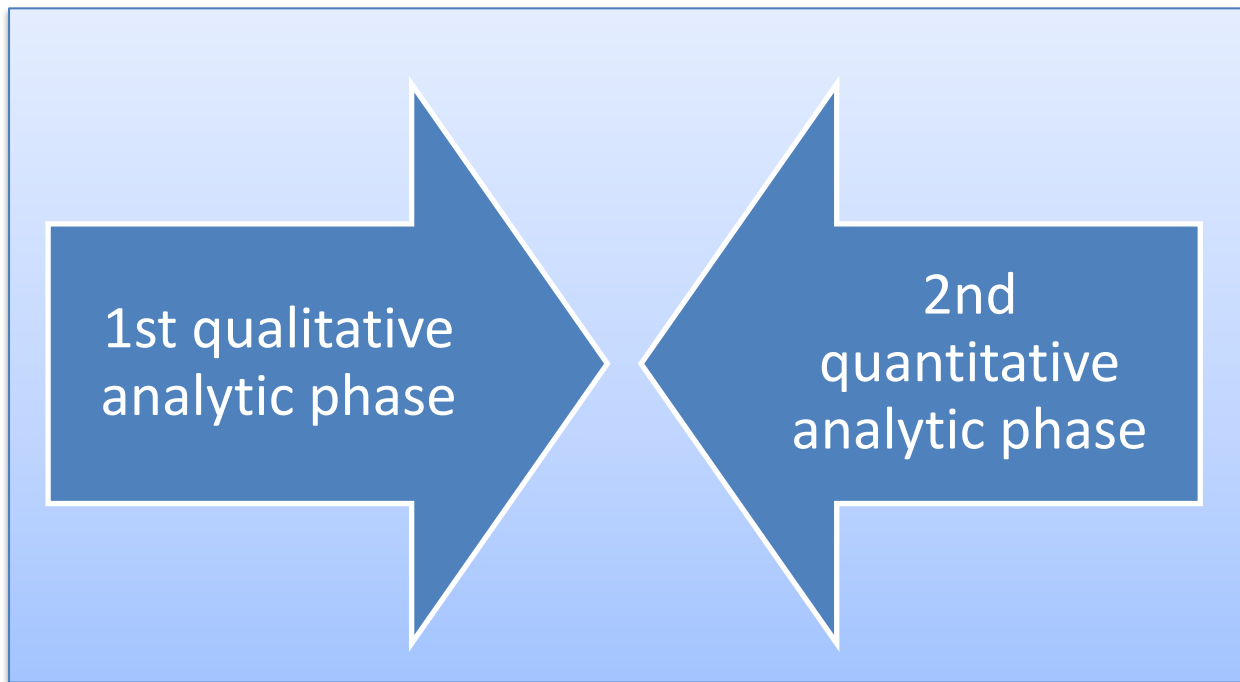
Figure 3.5   An illustration of the data analysis phases

3.8.1   Qualitative Analytic phase

According to Bruce et al (2011:385), a prerequisite of data analysis is to know how to summarise, interpret and report data. For the purpose of this study, an interpretive analysis of Terre Blanche et al (2006) as cited in Botma, Greeff, Mulaudzi and Wright (2010:226) was used. The five basic steps of interpretive analysis are as follows:

3.8.1.1   Familiarisation and immersion:

These processes began while gathering the data with the researcher developing ideas and theories about the phenomenon under the study. The researcher read through the narrative documents, field notes and Meleis' Transition Theory many times in order to draw diagrams or brainstorm the ideas.

3.8.1.2   Development of themes

The researcher tried to stay within the language of the participants while reading the narrative documents and listening to tape-recorded interviews. The researcher then identified main, subthemes and trying to be creative.

3.8.1.3   Coding

Coding began when the researcher started identifying themes. An independent coding was done by other researchers not involved in this study in order to confirm or non-confirm the emerging themes. Moreover, the use of independent coder was paramount in this study in order to achieve validity of the study and to achieve scientific merits. Thereafter, collected data was coded and linked to one of the identified themes, which included a phrase, a line, a sentence or even a paragraph. The researcher did the cut and paste to code and link the codes to themes or use one of the computer programs available on the market.

3.8.1.4   Elaboration

In this way, the researcher tried to find similarities and notice finer nuances of the meaning in the narrative documents, interviews, field notes and other materials.

3.8.1.5   Interpretation and checking

In this study, the researcher-analysed data collected and interpreted data in major categories, themes, sub-themes and supporting statements (quotes). This was done in order to simplify collected data in an understandable manner. Furthermore, analysed data was presented to participants to verify if findings represented what has been said. In this study, the researcher and independent coder transcribed information independently in order to develop themes and meanings. Thereafter, findings were grouped together to check any similarities and differences.

3.8.2 Second quantitative analytic phase

In this study, the analytic phase involved analysing data through SPSS version 24. This study used a blend of descriptive and inferential statistical analysis. A statistician was used to code and interpret the results. Interpretation of the results started from the initial qualitative phase followed by quantitative analytic phase. The use of statistical analyst was of paramount importance in order to achieve the reliability and validity of this study in support of the inference about what constitutes the authenticity/truth in a population.

3.9 TRUSTWORTHINESS. RELIABILITY AND VALIDITY

A triangulation of trustworthiness, reliability and validity were used to achieve scientific merits and validity of the study in a sequential method of two phases.

3.9.1 Phase 1: Measures to enhance trustworthiness

Trustworthiness is the degree of confidence qualitative researchers has in their data; using assessment criteria of credibility/authenticity, transferability, dependability and conformability (Botma et al 2010:232). In qualitative research, trustworthiness is done in terms of how much trust can be given to the research process and findings (Bless et al 2013:236). Lincoln and Guba's framework was used to establish the truth-value of a qualitative research (Polit & Beck 2008:539; Polit & Beck 2012:175).

3.9.1.1   Credibility/authenticity:

It refers to confidence in the truth of the data and interpretations of them. Qualitative researchers must strive to establish confidence in the truth of the findings for the particular participants and contexts in the research. It involves two aspects: first, carrying out the study in a way that enhances the believability of the findings, and second, taking steps to demonstrate credibility to external readers. According to De Vos et al (2011:420) and Lincoln and Guba (1999) outline various strategies for increasing the credibility of qualitative research:

- **Prolonged engagement and persistent observation in the field**

According to Polit and Beck (2012:589), prolong engagement is the investment of sufficient time collecting data to have in-depth understanding of the culture, language or views of the people and to ensure data saturation of important categories. To obtain useful, accurate and rich information, the researcher should spent considerable time in order to build trust and rapport with participants. Prolonged engagement and spending considerable time was an important step in establishing rigor and integrity in qualitative studies. According to Polit and Beck (2012:589), high quality data collection in the field of study also involved persistent observation, which refers to the researcher's focus on the characteristics or aspects of a situation or a conversation that are relevant to the phenomena being studied. Prolonged engagement benefited the researcher in providing scope and persistent observation provided in depth information. Field notes were taken during the prolonged engagement and persistent observation to note what transpired in the field.

Accordingly, the researcher spent considerable time observing participants on how they interact with adolescents who have IDs in either a care and rehabilitation centres, homes and special schools. This was done in order to obtain rich information and in-depth understanding of the challenges faced by caregivers, parents, health and non-health professionals of the phenomenon under study in order to develop core strategies for transition of individuals with IDs transition into adulthood.

- **Method triangulation**

According Polit and Beck (2012:591), method triangulation involves using multiple methods of data collection about the same phenomenon. In this study, the researcher used a rich blend of unstructured data collection methods e.g. interviews, observations, narrative documents and field notes. Triangulation of different methods was used to capture and collect data until data saturation was reached. One-to-one in-depth interviews were conducted in their natural settings at different times whereby a grand tour question was asked. The grand tour question was, "Tell me about the strategy for transition of adolescents with IDs into adulthood and the factors thereof". This single grand tour question was initially asked as an ice-breaking exercise to encourage participants to open up and express their experiences and to explore the strategies

thereof. Interviews were digitally recorded and the signed voluntary consent was confirmed in the digital recorder. Field notes were taken throughout the research process to note any critical issues that the researcher has observed, heard and seen. The field notes were regarded as a memory book that the researcher utilised and referred to later during data analysis.

- **Peer review and debriefing**

It was done by discussing with the peers not involved in the research study. It is another quality enhancement strategy and it involves sessions with peers to review and explore various aspects of the inquiry (Polit & Beck 2012:595). In peer debriefing, the researcher presented the research question, written or oral summaries of the data collected, categories, themes that emerged, researchers' interpretations of the data and even tape interviewers to the peer debriefers who were experts in qualitative research. Peer debriefing and review are used to enhance accuracy of the account and for objective assessment of the study (Botma et al 2010:232). The researcher launched a formal audit of the research process scrutinised by an independent external auditor not in the study.

- **Member checks**

Lincoln and Guba (1985) considered member checking as a particular important technique for establishing the credibility of qualitative data, in which researchers provide feedback to study participants about emerging interpretations, and obtain participants' reactions. Member checking was carried out in an on-going way as data were being collected and formally, after data have been fully analysed. Member checking was done to determine the accuracy and validity of the findings by taking the final report back to the participants. A follow-up interview and discussion was done with the participants either in face-to-face or in writing. Performing member checking was important to verify if results reflect participants' realities but sometimes further discussion might not be welcomed more especially if the research topic was emotionally charging.

- **Formalised qualitative methods such as analytic induction**

The researcher collected data from a variety of participants about the useful strategies that assisted adolescents with IDs transit into adulthood in order to obtain thick description

of the information under the study. Thereafter, the information collected was analysed and themes were developed. For the purpose of this study, an interpretive analysis of Terre Blanche et al (2006) was used. Literature control was done to compare and verify information that has been obtained. The findings of the study were presented in the research workshops and conferences so that is made known to the public, nurse education and health system in order to put into practice.

3.9.1.2   Dependability

Here the researcher asks whether the research process is logical, well documented and audited (De Vos et al 2011:420). It refers to the stability (reliability) of data over time, over conditions and to evidence that is consistent and stable (Polit & Beck 2012:175). Credibility cannot be achieved in the absence of dependability. A dependability audit was kept which entails the detailed thick and contextual description of the research, the people who participated in the study, the sampling method in detail, the experiences and processes observed during the collection of data. The researcher noted on how the researcher acquired the information, i.e. narrative documents, traceable variability ascribed to identifiable sources, stepwise replication, thick and dense description of the methodology, triangulation, peer examination and code-recode/co-coder (Botma et al 2010:234). In addition, Bless et al (2013:237) posit that when a researcher describes exactly how data were collected, recorded, coded and analysed and can present good examples to illustrate this process, then the results will be considered of high quality and dependable.

3.9.1.3   Transferability

It refers essentially to the ability to generalise from the findings to larger populations, that is, the extent to which the findings can be transferred to or have applicability in other settings, situations and groups (Botma et al 2010:233) The findings were applicable to students on training, special schools and clinical nursing practice. More importantly, the findings of this research may form the basis for further research, which may ultimately improve patient care, and job satisfaction in the Care and Rehabilitation Centre setting and influence policies, curriculum in basic education for learners with special educational needs. The investigator's responsibility was to provide sufficient descriptive data in the research report so that consumers can evaluate the applicability of the data to other

contexts. By providing sufficient descriptive data, it enabled someone interested in making a transfer to reach a conclusion about whether transfer could be contemplated as a possibility.

3.9.1.4   *Conformability*

It refers to the extent to which the findings are a function solely of the informants and conditions of the research, and not of other biases, motives or perspectives (Botma et al 2010:233). It was similar to replicability, and required that other researchers or observers be able to obtain similar findings by following a similar research process in a similar context. The researcher was also expected to present a critical evaluation of the methodology used by means of a conformability audit. When another researcher understood precisely what you did, why you did it, in what context you did it, he or she should be able to replicate the study in another context and predict if, and how, the results might be different (Bless et al 2013:237). When credibility, dependability, transferability and conformability were all applied, then the research will be considered of high quality and highly trustworthy.

3.9.2 **Measures to enhance reliability and validity**

3.9.2.1   *Reliability*

Reliability refers to the accuracy and consistency of information obtained in a study (Polit & Beck 2012:175). In order to achieve statistical reliability and scientific merits, statistical analyst will be utilised to interpret statistical results. Statistical reliability refers to the probability that the results would represent the larger group than the ones that participated in the study (Polit & Beck 2012:175). The statistical results of this study are in support of the inference of what is true in natural settings for adolescents with IDs.

3.9.2.2   *Validity*

Validity is a more complex concept that refers to the soundness or success of the study's evidence without any biases or distortions (Polit & Beck 2012:175). The measurement of whether the developed strategies will improve the quality care among adolescents with IDs and reduce burden among caregivers were key influences to the quality for this study.

In this study, survey in a form of multiple-choice questionnaire was developed in order to measure the strategies of the phenomenon under study. The use of a questionnaire ensured that each respondent had an opportunity to answer each question in order to draw conclusions that could be transferred to the wider population. According to Fink (1995 cited in McIntosh-Scott et al 2014:153), a survey is a system employed to collect information to describe, compare or explain knowledge, attitudes and behaviours.

3.10   CONCLUSION

Chapter 3 gave the overview of the research design, data collection, recruitment strategy, sampling methods, measures to ensure trustworthiness, reliability and validity and data analysis. Mixed method undertaken in this study benefitted in obtaining in depth information necessary for the development of transition strategy of adolescents with IDs into adulthood.

CHAPTER 4

PHASE I: QUALITATIVE
FINDINGS, INTERPRETATIONS AND DISCUSSIONS

4.1   INTRODUCTION

Chapter 3 discussed mixed method of data collection method the researcher used to arrive at the findings. In this chapter, the researcher outlined various data analysis methods used to arrive at the findings. Data analysis unfolded into two phases and the researcher started with qualitative data analysis and followed by quantitative data analysis. The purpose of this chapter was to discuss the data analysis methods used in order to arrive at the findings. In this study, a variety of data analysis methods was used relevant to the mixed method as undertaken in this study.

4.2   STRATEGIES TO ENSURE TRUSTWORTHINESS OF QUALITATIVE DATA ANALYSIS

To enhance trustworthiness in this study, different data sources in different settings were used. According to Creswell (2014:201), qualitative rigour means the use of different procedures to evaluate accuracy of the findings. In this study, to ensure the strategy of credibility member checking was done by conducting follow-up interviews with the participants to evaluate the emerging themes, if they were a true reflection of what they have said or not. Follow-up interviews were digitally recorded. In addition to add value to the truthfulness of the data, triangulation was employed by collecting data from different settings such as from Special Schools, Non-Governmental Organisations (NGOs), Homes and Rehabilitation Centres. A variety of data collection methods used include semi-structured individual and focus group interviews, narratives, field notes and observation to obtain rich descriptive findings. To ensure the strategy of prolonged engagement, the researcher spent considerable time in different settings in order to develop an in-depth understanding of the phenomenon under study. Information obtained from different sources and settings were transcribed, analysed and interpreted into themes. The researcher used the same interview guide for individual and group interviews to ensure accuracy and consistency.

To ensure credibility in this study, during transcription, the researcher repeatedly checked and read the transcripts independently in order to obtain rich thick data analysis. An independent transcriber was also used to enhance quality in this study (Annexure W and X). The supervisor also checked and rechecked transcripts in order to identify similarities and dissimilarities. No dissimilarities were detected; all reached a consensus. According to Creswell (2014:203), qualitative reliability refers to checking as to whether findings were consistent, reliable and stable across different researchers and settings. Transcripts (raw data) were transcribed into meanings where categories and sub-categories emerged. The researcher grouped information obtained into categories in order to maintain order and sequence. Through reading and rereading of the transcripts, the researcher familiarised and immersed herself into the topic and categories were identified linked to the subcategories.

Both the researcher and supervisor coded data independently and only slight differences were noted in arranging main headings. Following discussion with the supervisor. consensus was reached with regard to the emerged categories. An independent co-coder was used to co-check the findings and to ensure consistency in coding. Out of that, similar findings emerged. An agreement of 70 to 80% was reached. The differences were in terms of main headings, instead of themes and sub-themes, the coder used categories and sub-categories.

4.2.1 Qualitative data analysis method

To avoid ambiguity in data analysis, a five step interpretative analysis of Terre Blanche et al (2006) as outlined in Botma et al (2010:226) of which it was as follows:

4.2.1.1   *Familiarisation and immersion*

In this study, the researcher collected data in order to familiarise and immerse herself into the topic. This facilitated deeper understanding and knowledge about the topic under study. After data collection, the researcher repeatedly listened to the digitally recorded interviews, read through the narratives and field notes. To maintain the sequence, data collected were grouped into categories. Grouping and classifying data facilitated thoughts and enhanced understanding of the data meanings.

4.2.1.2 Development of themes

After listening and reading the transcripts several times, the researcher analysed data of which main headings were formulated. Main headings were identified as categories. Data with same meanings were analysed and identified as categories. Emerged categories were linked to sub-categories.

4.2.1.3 Coding

The researcher coded independently and linked the codes to the identified categories and sub-categories in order to provide clarity and evidence on how categories and sub-categories emerged. In this study, the researcher used phrases and sentences obtained from the participants.

4.2.1.4 Elaboration

In this study, the researcher grouped various sections of the texts together in order to identify similarities and finer differences of the meanings in the text. In this study, texts were subdivided into smaller data in order to give a new and a different perspective on the data.

4.2.1.5 Interpretation and checking

After breaking down the texts into small manageable information, the researcher analysed, interpreted and provided written account of the analysed data. Themes were linked to the analysed texts and data were interpreted into a deeper understanding. Data were interpreted in order to unearth the underlying meanings. Analysed data was checked and compared with other previous and existing literature reviews.

4.3   DEMOGRAPHIC FINDINGS

To obtain a variety of experiences and complementary information appropriate to the mixed method design, 29 participants participated in this study. A variety of data collection methods was used from different sources and different settings. Parents. teachers, health care workers and multidisciplinary teams participated in this study.

Individual interviews were conducted with 17 participants, which included parents. teachers, principals and occupational therapists working in state and private special schools. Five focus group interviews were conducted in different NGOs both in urban and rural areas. Each focus group consisted of two-three participants because in all the NGOs only 2-3 were accessible for interviews. Twelve (12) participants took part in focus group interviews from five different settings. Majority of the participants were health care workers from NGOs. Regarding education background, most participants were having diploma. Most of the participants had less experience to deal with ID with IDs.

Having multi-disciplinary team participating in this study was of great importance in order to arrive at the findings. The demographic profile of participants was illustrated as follows:

Table 4.1   Sample demographic profile (N=29)

Criterion	Characteristics	Frequency	Percentage
Gender	• Female	25	86%
	• Male	04	14%
Age	• 21-29	02	7%
	• 30-39	06	20%
	• 40-49	11	38%
	• 50-59	08	28%
	• 60+	02	7%
Race	• Black	24	83%
	• Coloured	01	3%
	• White	04	14%
Nationality	• South African	29	100%
Educational status	• Sub-A	01	3%
	• Grade 8	01	3%
	• Grade 9	01	3%
	• Grade 10	02	7%
	• Grade 11	05	17%
	• Certificate	04	13%
	• Diploma	09	31%
	• Degree	03	10%
	• Post-graduate	03	10%
Employment status	• Parents	02	7%
	• House mothers	02	7%
	• Health care workers	10	34%
	• Programme manager	01	3%
	• District specialist	01	3%
	• Principal	02	7%

Criterion	Characteristics	Frequency	Percentage
	• HOD	01	3%
	• Teachers/educators	09	31%
	• Assistant educator	01	3%
	• Occupational therapists	01	3%
Type of an institution	• Homes (NGOs)	03	37.5%
	• Day Care centre (NGOs)	01	12.5%
	• Care and Rehabilitation Centre (state)	01	12.5%
	• Learners with Special Educational Needs School (state)	01	12.5%
	• Learners with special Educational Needs School (Christian/farm/private)	01	12.5%
	• Gauteng North District	01	12.5%
Years of experience with the intellectually disabled adolescents	0-2 years	8	27%
	3-5 years	2	7%
	5-7 years	5	17%
	7-10 years	7	24%
	Above 10 years	7	24%
Number of adolescents	0-1	02	7%
	5-10	07	24%
	10+	06	21%
	20+	14	48%

4.4 CATEGORIES AND SUBCATEGORIES

Through the process of data analysis, six categories were developed linked to the 19 sub-categories. Categories and sub-categories emerged from analysis and interpretation of verbatim transcripts through semi-structured individual and focus groups interviews. Summary of the categories, themes and sub-themes were outlined in Table 4.2.

The grand tour question asked was. "Tell me about the experiences of caring/teaching for persons with intellectual disabilties (IDs)."

Central Theme: The roles of the educator, parent, occupational therapists, and care workers is crucial in assisting the intellectually disabled children to transit into adulthood by the following for:

- Guidance and support.

- Caring.

- Independence.

- Patience.

- Provision/developing of working skills.

The roles of various caregivers in assisting the intellectually disabled children to transition into adulthood through the provision and development of working skills emerged as the central theme. Illustrations of the emerged categories and sub-categories as stated below in Table 4.2.

Table 4.2   Emerged categories

Categories	Subcategories
4.4.1 Working intellectual disabled children	4.4.1.1 Experiences of working with intellectually disabled children
	- Challenges in teaching - Positive experiences of working with intellectually disabled children
4.4.2 Needs of intellectually disabled children	4.4.2.1 Method of teaching intellectually disabled children
	4.4.2.2 Role of teacher parent/health care worker/occupational therapists - Guidance and support - Caring - Independence - Patience - Provision/developing of working skills
	4.4.2.3 Commitment of teaching
4.4.3 Emotions towards teaching intellectually disabled children	4.4.3.1 Feelings of happiness/contentment
4.4.4 Understanding of intellectually disability	4.4.4.1 Meaning of ID
	4.4.4.2 Different views on causes of ID
	4.4.4.3 Characteristics of ID - Caring and compassionate - Aggressive behaviour
4.4.5 Factors influencing transition into adulthood	4.4.5.1 Limitations of ID children to transit into adulthood/negative aspects - Learning disability/limitations - Lack of support

Categories	Subcategories
	• Labelling/stigma by communities
	4.4.5.2 Positive aspects for transition into adulthood • Learning skills • Support • Caring
4.4.6 Recommendations to transit into adulthood	4.4.6.1 Ways of assisting intellectually disabled children to transit into adulthood
	• A need for skill centres
	• A need of assistance from DoE
	• Teaching communities
	• Socialisation of the intellectually disabled children into the community

4.4.1 Category 1: Working with intellectually disabled children

Participants shared their experiences of working with intellectually disabled children. Although working with intellectually disabled individuals is a challenged positive experiences outweigh negative experiences. Two subthemes merged under the experiences of working with intellectually disabled individuals, which are as follows:

4.4.1.1 Subcategory 1.1: Experiences of working with intellectually disabled children

Under subcategory 1.1, two subthemes emerged as challenges in teaching and positive experiences of working with intellectually disabled children. They are as follows:

• **Challenges in teaching**

Participants shared the challenges the encounter in teaching the intellectually disabled children. Participants indicated the following quotes:

> "According to my experience mhhh…is not easy but I'm used to teach them…" (P12)

"It is a challenge; it is a challenge is not the same as a mainstream because that is where I started and then learners with different learning challenges of disabilities they are different…" (P9)

"…is not easy to teach them but I'm used to teach them…" (P8)

"…so far it was most difficult at first…they are very…very or they were very slow…" (P2)

A previous study by Mudhovozi, Maphula and Mashamba (2012:148) conducted in South Africa indicates that working with intellectually disabled individuals is challenging owing to school-related problems, emotional problems, social problems, financial problems and scarcity of resources. Most participants reported that it is a challenging task and not easy at all. This relates to the fact that there is no specific curriculum for intellectually disabled individuals. They usually used the mainstream curriculum and adapted the curriculum to the learners with intellectually disability.

- **Positive experiences of working with intellectually disabled children**

Most participants expressed positive experiences of working with intellectually disabled children. Quotes were expressed as follows:

"The experience is exciting, it's great, it's fun and you get to know the children…" (FG2P1)

"It's good; it's good to be with them. To show also them love and to care…" (P7)

"I am feeling good with these children. Especially when I am spending my time here…" (FG2P2)

"I know them and I am feeling very well. Working with them and when you are working with them…you must have the love and they need love…" (P4)

Most participants indicated positive experiences for working with individuals suffering from IDs. Participants alluded that it is good and exciting to work with intellectually disabled individuals, although at first, it was not easy, but you get used to do that. This

indicates resilience and ability to adapt to difficult situations from the participants. This was quiet surprising as in most cases working with intellectual disability is associated with negative experiences such as stigma, burden and stress. A previous study indicated that working with families and individuals with IDs could be positive and rewarding aspects and on the contrary can be a negative and a burden or stress aspects (Aldersey, 2012:2).

4.4.2 Category 2: Needs of intellectually disabled children

Needs of intellectually disabled children emerged as the second category under which three subcategories emerged: method of teaching intellectually disabled children, role of teacher and commitment of teaching

4.4.2.1   Subcategory 2.1: Method of teaching intellectually disabled children

Method of teaching intellectually disabled children emerged as subcategory 2 and indicated as follows:

> "…if they don't understand the work then I need to repeat a few times ehhh… is not enough to present one lesson during the day then you are finished and done like the mainstream school. Those work ja…actually the next week I need to repeat the same work again…" (P12)

> "…is good that you prepare that I'm going to teach. I'm going to do that and that but you might be surprised when you arrive in class and then the learner just take you out of your planning and needs to be assisted somewhere or to be supported somewhere" (P14)

> "…The other issue is that they learn through repetition so, you have to repeat the topic time and again. Rather than saying that we have done it today and that's it. You have to repeat, until they grasp…" (P6)

> "I sit with them individually so that they can learn to read and I help them read word for word. In addition, I show them different methods of reading like I said. I show them phonetic reading, which is a strategy to show them how words come together. Moreover, the phonetic alphabets as well that is how I teach them to read. And I

80

find that it's much easier when you teach them individually then they can understand you…" (P8)

"…When you asses you must also cater for ehhh assessment differentiation. You ask the same question but in different ways according to the level of an individual. That's where you are catering for intellectual disability because this person intellectual is not gifted." (P14)

4.4.2.2 Subcategory 2.2: Role of teacher/parent/health care worker/occupational therapists

Participants shed light of various roles they play on a daily basis. Out of that, five roles emerged of teachers, parents, care workers, and occupational therapists, towards intellectually disabled adolescents, which are guidance, caring, independence, patience, and provision of working skills. They emerged as follows:

- **Guidance and support**

  "…to guide the child neh…to realise his potential and to become independent." (P12)

  "…I guide them I am a parent to them so I do sit down especially with my class I sit down with them you know just to have one on one talk as a parent…" (P9)

  "The role is to guide them. you guide them…your duty is to find those people. those places….where you can recommend these kids to go to them…" (P3)

  "My role is to guide them mostly…" (P2)

  "…that is why we are here to give them love and then to support them…" (FG1P1)

  "I will say to that person, just be patient for your kids, take care of your kids, look at your kids and give your kids the support." (P1- Parent)

  "…and they also need someone who can support them so, that they achieve like other learners. So, the experience is that, when you are working at a…school, you

should also be…. a life-long learner. Whereby you look for new strategies to support them…" (P6)

Most participants reported that they offer guidance and support towards a better future. This will assist them towards the development of a better future and realization of their potentials. Indeed, according to the study conducted in South Africa, Tugli, Zungu, Ramakuela, Goon and Anyanwu (2013:347) failure to assist and support in a proactive way, enables individuals with ID not to attain educational expectations. Similarly, the Department of Education. Training and Employment (2012) further postulates that a number of special programmes to be put in place to support individuals with IDs. This necessitates an integrated approach with the educational, health and social support within and outside the learning environment.

- **Caring**

    "…My most specific role is to care for the children, tell them that we are all special, we are all different. We learn differently and also teach them how to read…" (P8)

    "…and how we can take care…for them and give them love…" (FG1P1)

    "…to show also them love, to care…" (P7)

    "…Is to wake them up and change the nappies and brush their teeth. You know all that stuff like…" (FG2P1)

Most participants reported that their duties are to take care of individuals with ID and ensure that their basic needs are met. This is necessary as previous studies indicated that historically students/individuals with ID have been identified as being disadvantaged and deserving special attention (Foundation of Tertiary Institutions of the Northern Metropolis (FOTIM 2011 cited in Tugli et al 2013:347).

- **Independence**

    "…our teaching on daily basis prepares them to be independent adults…" (P6)

"…I simply give them the basics of building in particular in the woodwork, so that they must know that…each and every day…creating wealth…they must be able to live by themselves that is why they must be independent" (P11)

"…we have to, to teach them to be independent as long as they grasp that, then they are fine…" (P6)

"…my role ahem is to teach them ahem to feed themselves… To go to the garden, to plant. Like last week we were planting trees there outside…so that my children can be independent…" (FG1P2)

"It's like I am teaching, to clean the house, to cook and clean the yard" (P1 Parent)

"Is to take them to the outside world. Like make them aware that, if you want to work as an adult and to have a, ahem, make a living…" (P3)

Similarly, according to Tugli et al (2013:349), staff should be in a position to offer skills that will assist individuals with ID attain their highest potential and to be independent. In this study, most participants reported that they encourage individuals with IDs to be independent through empowering them with skills in order to make a living and to create wealth. This in turn will reduce the burden and dependence over social grants.

- **Patience**

  "…it needs patience…you need patience. You must be patient with them because when you teach them you must know their levels…" (P3)

  "You need to be patient with them…" (FG1P1)

  "You need to understand the child… You need to be very patient…" (FG2P1)

  "…you have to be patient first to deal with this hmm, and patient and maybe make them happy, make them feel happy, like always welcoming them…" (P7)

  "You must be patient with them because, when you teach them you must know their levels that, they won't understand you the same way…" (P3)

"…They need more time, they need more patience from us…" (P6)

Most participants said patience is key in dealing with intellectually disabled individuals. Previous studies indicated that there a need for staff strength that will provide a user-friendly service (Tugli et al 2013:354). This could be achieved if staff are more patient, caring and supportive.

- **Provision/developing of working skills**

"…we also take them to various working place so they can see what is happening…we would like them to be able to work at home…" (P6)

"…at the end of the day you might find lot of them are hands on just to say they are able to use their hands just to do some work which at the end of the day they are independent they can be able to produce their own…" (P10)

"Umsebenzi wezandla ungangijabulisa. ngoba sekamkhulu. uyoziphilisa. (Handwork will make me happy, because he is older in order to feed for himself)." (P5-Parent)

"…you take them like there are businesses like, catering, companies they take them to experiment with what they have done at school. Where they do the catering outside for many people and see how they can perform on their own when they leave the school." (P3)

Most participants emphasised on the need for working skills post school activities such as catering and hand work. The provision and development of working skills linked with desired life outcomes and in coordination with adult service agencies is key (Shogren & Plotner 2012:3). In addition, Mudhovozi et al (2012:148) assert that emotional support from friends, families and community would be necessary.

4.4.2.3   Subcategory 2.3: Commitment of teaching

Commitment of teaching emerged as subcategory 4: Quotes to indicate commitment of teaching were as follows:

"…when you teach them you have to be, you have to be positive, you have to be positive and you have to be creative because, what is done in the mainstream it's not the same as when you are teaching these learners…" (P6)

"…we need to be committed very important because if a teacher is coming here and not interested in teaching the children then is a waste of time…" (P12)

"…we need a good team. I need to establish that team; I have a good team but not necessarily for the transition more in helping with education…" (P13)

"…teaching by using posters, charts and how to communicate using sign language…" (P17)

Most of the participants reported that commitment and a positive attitude would be key in teaching and working with intellectually disabled individuals. Caring for individuals with ID requires emotional strength and flexibility (Mudhovozi et al 2012:149). It is important that educators improve the academic and functional activities of individuals with ID that facilitate goal oriented activities post school such as employment, independent living and community participation (Shogren & Plotner 2012:2).

4.4.3 Category 3: Emotions toward teaching intellectually disabled children

Participants shared their emotions towards teaching individuals with IDs. Surprisingly, participants shed positive emotions. Out of that, feelings of happiness/contentment emerged as subcategory 5 as stated below:

4.4.3.1 Subcategory 3.1: Feelings of happiness/contentment

Participants indicated feelings of happiness/contentment for working with intellectually disabled adolescents. Quotes were indicated as follows:

"I enjoyed it because mhhh…I think if you want to teach, you can't teach for the money because money is not worth it, you know. if you compare the effort than the work that you put in, but if you do it for the sake of the child to mhhh…lift him up and wanting to learn something…" (P12)

"I feel great hence I changed their lifestyle…" (P6)

"…you feel fulfilled and become happy that you are touching a life, you are building a nation in another perspective…" (P6)

"…I enjoy working with children with challenges because it's different it's not like any other classroom. It's different each child comes with their own challenges and ahem. It's going to find a way to over-come those challenges…" (P8)

"…I enjoy I got to learn to enjoy mhhh teaching them because now I understand them more. I know that what is it that I need to do because when they phase challenges I know that I need to have some intervention and I need to understand that I have to come down to their level…" (P9)

"I feel great because I've got some few…that are already working…that are able to do some projects for their homes…" (P10)

"…raising a new generation, it is rewarding and I love kids, they are better kids..." (P16)

"…it feels exciting and good, spending time with them, playing, reading stories, massaging, attending to their basic needs, giving medication, conducting stimulation and Conductive Education (CE)..." (FG1P3)

"…feel enlightened despite the challenges, have learnt to be patient…" (FG2P1)

In a previous study conducted in USA, Hong and Seltzer (1995 cited in Aldersey 2012:2) confirms that working with individuals with IDs have a great sense of psychological well-being, it is rewarding, a blessing and a test of faith. Participants indicated that it is rewarding, exciting, fulfilling, good and enjoyable spending time with individuals with IDs.

4.4.4 Category 4: Understanding of intellectually disability

Participants shared different views on the meaning and understanding of intellectual disability. Most participants showed understanding and insight on the meaning of ID. Meaning of ID emerged as subcategory as follows:

4.4.4.1   Subcategory 4.1: Meaning of ID

Meaning of intellectual disability emerged as subcategory six under which different views were expressed as follows:

"…intellectual disability is a mhhh the child if you compare our learners to mainstreams schools in mhhh…the IQ is lower so they don't understand so quickly than other learners that's why…" (P12)

"…according to my understanding is when somebody is not cognitively gifted whereby is difficult to recall is got poor memory and then is not gifted to remember or to recall things or to grasp or to understand." (P14)

"…these learners they don't grasp faster than other learners, they difficulties either in remembering, what has been taught…" (P13)

"Learning…barriers. These learners they've got their different learning barriers such as some of them they might…for example have handwriting problem; some they maybe find it very difficult to understand concepts…" (P9)

"Teach them how to use hands and body movements, with no paperwork." (P15)

"…cognitive impairment, difficulty in making decisions, they lack understanding, severe and profound cannot communicate their feelings, the oldest is 88 years, but childlike and youthful in ways of talking and walking..." (FG3P2)

Participants reported that most of the individuals with ID are associated with lower IQ characterised by learning. Cognitive, communication and physical limitations compared to other children in the mainstream school. Indeed, individuals with IDs usually lag behind compared to their peers with other disabilities in terms of achieving employment, independent living and community participation (Billstedt, Gillberg & Gillberg 2005; Luftig & Muthert 2005; National Organization on Disability. 2004 cited in Shogren & Plotner 2012:2). According to Aldersey (2012:2) and Calitz (2011:68), intellectual disability is defined as intellectual function and adaptive behaviour (everyday social and practical skills) that differs significantly from what is normative in the society and affects the ability

to respond to a particular situation or to the environment. In addition an intellectual functioning level that is below an IQ score of 70 (Mudhovozi et al 2012:149).

4.4.4.2   Subcategory 4.2: Different views on causes of ID

Participants shed different views as to what causes ID. The causes are variable. The following quotes were expressed:

"…maybe problem can be at home…maybe something happened during pregnancy, maybe she was smoking, maybe child was abused." (P12)

"…some of them are natural but the parents, their guardian parents neglected them…" (P11)

"Sometimes it's through their parents. Maybe the parents were drinking some were drinking alcohol or into drugs and resulted in the learner being the way he or she is…" (P3)

"…the others is what their mothers did, they were taking the drugs…" (FG2P2)

"…there are heredity and then some of them the conditions, poverty, yes and then some of them the environmental factors." (P14)

"…some are born having that, due to complication during the pregnancy or because when they were ahem, during birth something happened, some complications happened. And some are caused by diseases and lastly I can say some had accidents…" (P6)

"…they've been mishandled…sort of neglected by parents from childhood…" (P10)

Majority of participants reported the influences of parents towards the development of children with IDs such as unhealthy life styles during pregnancy and hereditary factors. Previous studies indicate that the contributory factors of IDs relate to genetic abnormalities, prenatal, perinatal and postnatal factors.

4.4.4.3 Subcategory 4.3: Characteristics of ID

Participants indicated different opinions on characteristics of intellectual disability. Positive and negative characteristics were reported. Some reported that intellectually disabled adolescents displayed caring and compassionate attitudes and on the contrary, others displayed aggressive behaviours towards others.

- **Caring and compassionate children**

Information obtained from participants indicated certain individuals with IDs displayed caring and compassionate behaviour and this was indicated as follows:

> "…they are very friendly children and they are supportive and supporting the teachers…they come and like to help you coming in…" (P12)

> "Some of them they are obedient, very quiet, respectful but difficult to understand." (P14)

> "… what I also see is a compassionate and kindness to others." (P13)

Most participants reported that individuals with ID are quite, obedient and respectful, but difficult to be understood.

- **Aggressive behaviour**

Participants reported that most of the individuals with IDs displayed, aggressive behaviours and this was stated as follows:

> "…Some of them they show some anger, some of them they just quiet…"P (7)

> "…Sometimes aggressive, insecure and others submissive…" (P16)

> "They may be aggressive and I think is sometimes due to their learning disability because they got frustrated that they can't maybe read or write or do all those other things…" (P9)

"In class they are shy, outside they are bully, they do not want to be inferior and they seek attention…" (P17)

"…they shout and scream, they long for families and friends…" (FG3P2)

Some participants reported that individuals with ID are aggressive, bully and attention seekers. According to Shogren and Plotner (2012:5), individuals with IDs suffer from emotional disturbance. This relates to some of these individuals showing anger, aggression and attention seeking behaviours.

4.4.5 Category 5: Factors influencing transition into adulthood

Most participants shed negative and positive influences toward the transition of individuals with IDs into adulthood. Factors influencing transition into adulthood emerged as Category 5 under which limitations children with ID to transition into adulthood followed. Both negative and positive aspects were highlighted as follows:

4.4.5.1 Subcategory 5.1: Limitations of IDs children to transit into adulthood/negative aspects

Individuals with IDs they encounter various limitations. Participants shared different views, which negatively affect individuals not to transit into adulthood. Under subcategory 9, three limitations were highlighted which negatively influence the transition of adolescents with intellectually disability into adulthood. Those limitations are learning limitations, lack of support and labelling by communities, which are as follows:

- **Learning disability/limitations**

In most cases, individuals with IDs portray with the inability to learn and grasp information. Besides the IDs, some children still suffer from multiple disabilities such as hearing, speech, visual and other health impairment (Shogren & Plotner 2012:5). Owing to various limitations in learning, therefore the need for special education service is necessary. Information was gathered from participants to determine the factors influencing the transition into adulthood. Participants responded by stating the following:

"…most of them can't read and write properly" (P12)

"…it's hard for them to read…" (P8)

"… struggling in figuring life, emotions, remembering and understanding…" (P16)

"…eh people we do not take them seriously and then at the same time we do not recognise that they are also human being, and then where they have a needs and wants so we deny them this opportunity, more especially in our African society." (P14)

"…they also have difficulties in grasping too much of information in one time…they don't grasp like any other person…" (P6)

"…the only problem is that for example, they have trouble with reading because they don't recognise letters…" (P2)

"…others cannot talk and hear… (FG4P1)

Participants reported that they have difficulties in grasping information too much information, remembering, recognising letters, reading and writing properly. However, this is not a surprise as in accordance with International Classification of Functioning (ICF), disability is a complex phenomenon with an umbrella term for impairment activity limitations and participation restrictions (Vermeer & Magyarszeky 2014:30). They encounter difficulties in executing a task or action e.g. not being able to walk, speak or peel food and wash dishes and in life situations like not being able to attend school or the neighbours wedding. Owing to these limitations, both families and adolescents with IDs usually struggle with the transition into adulthood (Blancher, Kraemer & Howell 2010; Neece, Kraemer & Blacher 2009 cited in Shogren & Plotner 2012:2).

- **Lack of support**

"…they don't have support at home and that makes us to find it difficult…but when they arrive home, families are dysfunctional…" (P6)

"…They gonna seat at home all alone and they will be lonely and isolated, that's my fear for them and also in this community there is a lot of mhhh labelling and discrimination…" (P13)

"…Misunderstood by the public, discriminated against and public lack patience for them…" (P16)

"…they have been abandoned by the parents; the families they don't come visit them so…" (FG1P1)

"…they cannot do anything even their parents they neglect them. They don't do follow ups as to see whether they have kids at school, how they progress and the like…" (P10)

Majority of participants reported that individuals with IDs lack support; abandoned, discriminated and neglected by their own families. In addition, Tungli et al (2013:347) states that individuals with IDs are not supported or assisted to attain their educational expectations. According to Vermeer and Magyarszeky (2014:29), if individuals with IDs could be trained to gain increased independence in everyday life, then the need for caregivers and technical assistance would be reduced. In return, they would be respected and socially accepted (Vermeer & Magyarszeky 2014:28).

- **Labelling/stigma by communities**

  "…They label them, which is not good…" (P6)

  "…discriminated against because they are misunderstood so they immediately face challenges when they go into adulthood. They will remain being kids even when they are adults as they are mentally challenged then…" (P13)

  "…communities to stop laughing at them and accept them..." (FG4P2)

  "…so they are mostly then labelled as the slow or stupid in a bad way… (P2)

Most participants reported that individuals with IDs are often misunderstood by the society; hence they are being labelled and being laughed at. According to the isolation model, these individuals were always isolated owing to religious beliefs and superstitions.

Furthermore, disability was considered a sign of sin and punishment from God or the ancestors (Vermeer & Magyarszeky 2014:28). In view of labelling/stigma by communities Governor (2002 cited in Mudhovozi et al 2012:157) asserts that in almost all the sections of the communities, individuals with IDs are socially marginalised and rejected. In support of the view. Nevid, Rathus and Greene 2000 cited in Mudhovozi et al (2012:157) posit that they are demeaned and ridiculed.

4.4.5.2   *Subcategory 5.2: Positive aspects for transition into adulthood*

Participants indicated that learning skills, support and caring might positively influenced the transition into adulthood. Those positive aspects were as follows:

- **Learning skills**

    "…they need to be an entrepreneur because…they can learn skills to start their own business…" (P12)

    "…learn skills that they can empower them in the outside world…" (P12)

    "…they must be able to live by themselves that is why they must be independent" (P11)

    "…we need to look for skills that are needed in the society that kids with those kinds of disabilities can/must do in order to contribute to the society but that's the challenge because what are the skills…" (P13)

Majority emphasised on the need for learning skills. According to Vermeer and Magyarszeky (2014:28), it is an assumption that individuals with IDs cannot be productive members of the community and are a drain on resources with no possible return on investment. It is therefore important that caregivers, parents, teachers and other health professionals develop these individuals according to client's potential and not concentrate on the abnormality/pathology and disability. In addition, White (1997 cited in Deroche et al 2013:299) summarises the four tasks expected from adolescents to enter into adulthood depending on the severity of IDs, which are as follows:

- Establishing identity.

- Forming relationships outside of the family unit.

- Achieving independence.

- Finding a job.

- **Support**

    "…basic needs, there's that needs that is sense of belonging, they need to belong somewhere. They also need love. All those things as long as we are human beings…" (P6)

    "…I think this with lots of support. a good support structure. I think with a good support structure they can really, really exceed our expectations. Support structure at home, support structure in the school environment and they can really do well…" (P8)

    "…They need support mhhh…is because even in classes we have to accommodate learners with different levels and then they need special attention for each learner, so they specific support…" (P9)

Majority emphasised that individuals with IDs need support from caregivers to facilitate the transition of adolescents into adulthood. Although a number of policies are in place. individuals with IDs still encounter many challenges. In terms of offering support, Integrated National Disability Strategy (INDS) 2% of jobs need to be filled by people with disabilities in accordance with Employment Equity Act (Vermeer & Magyarszeky 2014:32). An integrated approach among education, health, labour, housing and transport will address a number of challenges (Vermeer & Magyarszeky 2014:34). Support is necessary for individuals with intellectual disability to transit into adulthood. In light of support. Shogren and Plotner (2012:1) assert that individuals with ID needs more support after school more than any other individuals with disabilities:

- **Caring**

    "It's when they see that we accept them in our society and it's also when we guide them with love, rather than shouting at them…" (P6)

"…Just to communicate with them and show that love. They can also feel free maybe to tell you something…" (P7)

"… you need to be patient and caring, they forget and give up easily…" (FG4P3)

"… be there for them, take care of them." (FG5P2)

"…Be there for them, be a friend, mother and teacher, teach them what they do not know, cars. Money, cooking, cleaning and how to behave appropriately…" (FG5P1)

Most participants reported that these individuals need to be guided with love; care and patience without being shouted so that they may feel loved and accepted. Several researchers argue that transition can be a stressful and worrying factor for all adolescents when they seek to develop their own identity in relation to others (Eccles, Lord, Roeser, Barber & Hermandez-Jozefowicz 1995; Bryant, Young & Cesario 2010 cited in Forte, Jahoda & Dagnan 2011:399). Therefore, in order to assist individuals with IDs positively transition into adulthood, it is crucial that caregivers offer learning skills, support and caring.

4.4.6 Category 6: Recommendations to transit into adulthood

Participants shed various recommendations to assist adolescents with IDs transition into adulthood. Under which ways of assisting intellectually disabled adolescents to transition into adulthood emerged as follows:

4.4.6.1   Subcategory 6.1: Ways of assisting intellectually disabled children to transit into adulthood

Most participants reported various ways of assisting intellectually disabled adolescents transit into adulthood. Under which four subcategories emerged which are a need for skill centres, a need of assistance from DoE, teaching communities and socialisation of intellectually disabled children into community as follows:

- **A need for skill centres**

"…I believe if we have more skill centres for them to learn how, like for job creation as well. How to learn skills so that they can find jobs where you don't need too specifically read…" (P8)

"…Skills environment would really be beneficiary to them and I believe that once they've got skills, they can go into the work environment, become adults and actually adapt really well in an adult environment…" (P8)

"…we need a skill centre that addresses all of these" (P17)

"…you know to act fast so that children can find help and to open more skills centres and public skills centres for children..." (P7)

Most participants reported the need for skill centres in order to prepare them for work environment and for job creation. Individuals with mild and moderate IDs needs training that will enable them to retain employment and this in return will reduce the need for social grants (Vermeer & Magyarszeky 2014:29).The need for an integrated wage earning work experiences outside of sheltered employment with support is crucial (Shogren & Plotner 2012:14). Owing to limitations in intellectual functioning, they are prone to frequent failures and as a result, this may dent their confidence and inability to try new ideas (Forte et al 2011:399). Therefore, it is very crucial that caregivers and parents take into cognisance various stressful and worrying factors that hinders progress into the adulthood so that they are accordingly dealt with.

- **A need of assistance from DoE**

"…assist with more resources…textbooks…with the text books mhhh I think we maybe. we do have textbooks but we don't really fit into the curriculum of the mainstream schools we are falling into adapted curriculum you know but they need to do more research ehhh that we can have our own curriculum actually not an adapted one." (P12)

"In this school, we just have this small ahem, disabilities neh? But, maybe if they can help us maybe, to have some, some like people who can help neh? to help

them to be in the adulthood maybe they can help us to explain maybe, to us for us to deal with them…" (P7)

"The Department must have partnership with other institutions and they must give the institution the support and they must give ahem, these learners the certificate that is recognised. The recognised certificate so that when they go and look for jobs or whether they go look for the assistance they can produce that certificate…" (P4)

"I will say if they can assist them or teach them…" (P1-Parent)

"…as well The Department of Education especially in the school even giving us resources like now, we wanted to do the skills for them." (P3)

"Babafundise (To teach them)…Umsebenzi wezandla. (Handwork)…" (P5-Parent)

"…I think of course is not just a special school that need occupational therapist and speech therapist is old schools need actually need a team of educational psychologist ehhh…occupational therapist, speech therapist, play therapist…" (P13)

"Department of Health must consider the right of the people with disability and treat them accordingly even the curriculum should be adapted because right now in schools we are teaching, but their curriculum is not adapted and then you find that teachers are just…but there are no textbooks or any policy that this is it, this is for the disabled…" (P14)

"… government to give us more money, food, clothes and equipment…" (FG3P2)
"… government to help us in terms of their needs like horses and bicycles." (FG5P2)

Majority of participants reported that support is needed in terms of human and material resources. According to the study conducted in South Africa (Venda) concludes that it is a struggle to care for individuals with ID owing to lack of resources and qualified professionals (Mudhovozi et al 2012:157). An integrated approach and provision of necessary resources is necessary for transition into adulthood.

- **Teaching communities**

"…The problem is that our society if we can then make them aware of what is happening with the intellectual…" (P6)

"…there's a lot more education that need to happen in the public but it needs…" (P13)

"I will recommend that first of all the community, must also understand maybe to deal with this…" (P7)

"Teaching communities to avoid labelling and discrimination…" (P16)

"…they have to learn more about their children…" (FG2P1)

"…families and communities to stand by their sides and not push them away..." (FG5P1)

Majority of the participants reported the need for teaching communities and creating awareness to the public in order to gain cooperation. Vertmeer and Magyarszeky (2014:29) assert that it is the societal role to create social environment that will enable individuals with impairment participate in mainstream activities. Previous studies indicated that societies are in favour of care and assistance for individuals with IDs (Aldersey, 2012:3). Furthermore, society's understanding of IDs would assist the community to be more tolerant and respectful.

- **Socialisation of the intellectually disabled children into the community**

"Where they can see how to use the till at the shops or take them to the banks. Some of them are they can count. You take them there to experience the life outside the school…" (P3)

"I think we as the leaders of the company, we must talk to the management…to give us that allowance to take these children's to the community…maybe once a week…" (FG1P2)

"If they can find jobs, succeed at satisfying relationships and contribute to the society..." (P17)

"…the management is supposed to give us these children's to take them to the community…the children's from the community they must know that, these kind of children's…" (FG2P2)

"The people maybe they don't know, we have the children like this and we have children who are disabled like this…the solution is the management must take the kids outside…" (FG1P1)

Socialisation into the community will enable the community to accept and support these individuals to achieve their potentials. People with disabilities are seen to be unproductive without any returns in investment (Vermeer & Magyarszeky 2014:28). Centres that are dealing with intellectually disabled children need to be productive through the development of projects that will benefit the community and public at large. Integration with business sectors is pivotal to ensure that the projects are more recognised and of great value. In accordance with ICF, there is a need for integrated approach that promotes needs assessment, treatment planning, education, training and social activities (Vermeer & Magyarszeky 2014:30). Individuals with IDs struggle with getting employment and community participation in adulthood (Billstedt et al 2005; Wehmeyer & Palmer 2003 cited in Shogren & Plotner 2014:4).

4.5   DISCUSSION OF THE NARRATIVE

Participants were given notebooks in which to write and tell stories about the strategies for transition of adolescents with IDs into adulthood. Accordingly, participants were given time to share the thoughts and experiences in writing. After completion of the interviews, participants were given notebooks to complete the stories at their own pace. Following writing down the stories, the notebook was handed to the reception office into the collection box. They were collected after one week. Narratives were done in order to supplement the interviews and to ensure that no information was left behind. Out of 10 notebooks issued, only eight were returned and two did not return. Therefore, response rate was 80% and no response was 20%. To maintain integrity and confidentiality, numbers were used to camouflage the participants' identity. In light of ethics in narrative research, Paul Gallant cited in Munhall (2012:438) accentuates that when camouflaging

contextual details, the integrity and client confidentiality must be protected. The stories were written as follows:

N1 wrote that:

> "Challenges are overcrowding, lack of skills, transport, recognised certificates and recognition from business sectors or community projects. New learners to benefit from the community and domestic skills. Department of Education to provide learners with certificates and learners to be registered in other sectors like SETA and technical. More skills and development centres to be built so that after 21 years learners can acquire more knowledge and skill to transit into adulthood. To be recognised in the community or community projects."

Participant shed light on ways to assist intellectually disabled children transit into adulthood, which emerged as subcategory 11. According to Pallisera, Vila and Fullana (2014:333), there is a need for collaboration and partnership distributing different roles and responsibilities of professionals and services in the transition process.

N3 wrote that:

> "Every person is made in the image of God and need to be respected and treated with dignity. Our children are trapped in this disability and they wish to live a normal life like others. I feel bad about the situations that these children are growing at. The government is not recognising them in all their planning. Financially, parents are struggling to support them and the grant is not enough. The education system is improving slowly and more focus is on mainstream schools. Transport is provided fully to mainstream but our special learners do not have transport."

Participants emphasised on limitations that negatively influence the transition into adulthood and the need for assistance for from DoE, which emerged as a subcategories. In addition to the challenges faced by individuals with IDs (Pallisera et al 2014:333) alludes that transition remains a complex situation.

N4 wrote that:

"With my 5 years of experience in a special school. I have seen learners progress from senior phase into vocational phase, which are bigger kids from the ages of 14 to 21 years with many changed behaviours becoming aggressive and bully start dating their peers and other people. They just want to feel loved and accepted by opposite sex.

Many have a low self-esteem because they would realise that they are not the same as others kids from mainstream and many still wants to be in a normal or mainstream.

My role as a teacher is to develop leadership groups called soul buddies for boys and girls age 10-14 years. Girls and Boys Educational Movement (GEM & BEM) was introduced in order to improve their school lives and education. It teaches them on how to develop values and leadership skills. End of the year we provide leadership certificates to those who were dedicated. Involve learners in different activities such as sports, drama and music culture to keep them busy and away from bad behaviours.

Learners are taught office administration (computer) where we give those skills on how to type, do creative things such as cards. Programmes, typing CV and messages for special events. This is to prepare them for the world of work.

By September and October, we usually host a career day and expo to give them the taste of work by inviting stakeholders from outside who have their own businesses. Educate them not to focus only on being employed but to use the skills they have gain from school to work for themselves and earn money instead of waiting for employment from the government.

Challenges we encounter, learners refuse to be part of the leadership group and many drop out of the group because they feel they want to date.

They encounter learning difficulties in reading, writing, understanding concept and interpreting stories, spellings and calculations due to visual problems and physical disability. In class, we have three (3) levels as follows:

- Lower levels: needs more attention and when doing assessment, they have their own adapted assessment.
- Second level: are average learners.
- High level: they are able to read or understand things given to them.

Therefore, the use of different teaching strategies to accommodate different learners is key. In most instances, learners enjoy more hands on and skills instead of academics. Get easily distracted and tired quickly when teaching is for a long period. They need breaks in between teaching or they just forget themselves that they are in class. They would start singing, talking, making jokes or even going outside without the permission of the educators. They just need to be understood on how they function and learn."

Participants shed light on the challenges they encounter when teaching learners and how they develop learners for leadership skills in order to prepare them for outside work environment. They also highlighted on the role as teacher, which involves giving guidance, support and provision of working skills in order to promote independence. In addition, participants emphasised the commitment in teaching though using different teaching strategies, being patient and more empathetic and with breaks in between the teaching would be beneficial in order to accommodate limitations in attention/concentration span. Ways of assisting intellectually disabled individuals transit into adulthood was shed through teaching handwork skills and developing support programmes. Categories that emerged were in line with the identified categories and subcategories already such as challenges in teaching, role of teacher, commitment of teaching, and limitations for intellectually disabled adolescents not to transit into adulthood and ways of assisting intellectually disabled adolescents to transit into adulthood. In support of this view. American Occupational Therapy Association (2014 cited in Van der Linde & Casteleijn 2016:2) postulates that there is a need for a thorough analysis of occupational performance that considers the uniqueness of individuals

N5 wrote that:

"The need for rites of passage especially in cultural activities or church activities. Be allowed to serve tea to visitors and keep the keys. Need to take active participation and independence in all areas of life".

Participant emphasised on the need for active participation and independence. Vermeer and Magyarszeky (2014:29) supports that individuals with IDs need training to gain increased independence in everyday life.

N6 wrote that:

"The first challenge that we are facing is that it is so difficult for the teachers to accommodate all learners with different disabilities in one class to reaching their full potential if there are no assistant teachers. The assistant teachers should have matric.

Secondly, the workshops and trainings that the DoE are conducting are irrelevant and inappropriate to learners with special needs. They should offer us with trainings on how to deal with 18 learners in a special school with multiple disabilities such as cerebral palsy, dysfunctional fine and gross motor, not toilet trained and inability to feed themselves. Attention Deficit with Hyperactivity Disorder (ADHD). Down syndrome and Autism being alone in class. How should a teacher accommodate all these learners alone, this means that teaching and learning cannot be effective?

There is a workshop that we usually attend called focus week. That workshop is not benefitting us at all. We sit and watch videos with three (3) learners in class on wheel chairs with no speech, fine motor not working but there is a teacher, speech therapy, occupational therapist and assistant teacher in class. The devices that they are using are too expensive in a way that Department of Education will not be able to buy them for each learner. Workshops and trainings offered by DoE should be appropriate.

Parental involvement in the early years is important. Parents play the biggest role in their child's life. Most of the parents are not involved in their child's education. They are in denial; some say that the child has been bewitched. A good parent-teacher relation and sharing information with one another is beneficial to learners. Teachers need to guide parents and give ideas and skills on how to help their children home."

Participant emphasised on the need for support from parents and DoE. Challenges that emerged were lack of proper training, workshops, resources and support that enhances effective teaching and learning. A need for assistance from DoE and teaching

communities and parents also emerged in order to assist intellectually disabled adolescents transit into adulthood. The need for teaching communities is also important in order to address the myth associated with the cause of ID. Therefore, it is crucial that transition be regarded not as a single step, but a complex process that requires coordination and partnership (Department of Health Western Australia 2009, Gilliam et al 2011, Stewart et al 2010, Westwood et al 2014 cited Zhou, Roberts, Dhaliwal & Della 2016:3114.

N7 wrote that:

> "According to my opinion. DoE must give special schools or Learners with Special Educational Needs (LSEN) Schools more financial support to improve the quality of education and to buy the relevant resources.
>
> Educators must attend relevant courses specific for special schools or LSEN for example Attention Deficit Hyperactivity Disorder (ADHD). This will enable educators to understand the disability better and to achieve quality teaching and learning.
>
> Special schools are following an adapted curriculum, which is a barrier according to my opinion. There is a need for a specific curriculum development for LSEN or special schools. Researchers to consult other countries, which are successful in teaching intellectually disabled learners and borrow curriculum. This is known as "policy borrowing".
>
> It is important that special schools provide a solid foundation, redo and repeat the content of Grade R, 1, 2 and 3 with the interest of adolescents. Positive role models is necessary to give guidance and acknowledgement of learners for the positive behaviours Learners to be encouraged to participate in sports and team buildings with self-confidence and fairness. Also specialised workshops like welding, woodwork and brickwork in order to make a living."

Participants emphasised the need for support from the DoE, through offering relevant workshops, financial support and development of relevant curriculum. Positive aspects for transitioning into adulthood emerged through proper role modelling and support. In

support of the transitioning planning. Zhou et al (2016:3117) state that active preparations from early teens should be commenced and regularly assessed.

N8 wrote that:

> "As people we are all different, unique and special in our own ways. As teachers, we need to support embrace them as they are and support them in all they want to achieve. We have to encourage them to always find ways to do things. If how we teach them does not make sense, they can try to make sense of the content in other ways.
>
> The challenge is that some of them think that they will not be employed and they will sit at home after leaving this special school. As a result, they come to school if they feel like and they do not take their work so seriously.
>
> Another challenge is teaching what would be useful to them. We do not have a special curriculum for LSEN for example analysing poems would not be very useful. We should try to teach things that would help them in their future. Research like this one is good because it brings to light how we can find ways to help them become more of who they are meant to be."

Participant emphasised the need for support and special curriculum that will assist individuals with IDs transit into adulthood. Need for support and special attention emerged from the data. On several occasions, most of the participants overemphasised the need for support and special curriculum that would prepare these individuals with IDs transit into adulthood. In addition, gradual preparations, parental support and individuals taking responsibilities of their own would facilitate a smooth transitioning process (White et al 2004; Rapley & Davidson 2010; Lugasi et al 2011 cited in Zhou et al 2016:3118).

N9 wrote that:

> "Learners should get skills relevant to their abilities. Community must be made aware of different abilities and how to support such individuals. Social services to conduct awareness and campaigns on how to help and support them in the community. Health services to take care of their health needs. Teachers to make follow ups on the learners post school."

Participants emphasised on the need for learning skills that will prepare them for outside work environment and the need to do follow-ups to check for progress. Therefore, the need for learning skills emerged from the data. Through the support of community and social services, ways of assisting these individuals transit into adulthood could be achieved. Teachers should play an active role with the transition preparations and planning. Pallesera et al (2014:333) posit that distribution of roles and responsibilities between the professionals and other services involved in the transition process will be beneficial.

4.6   DISCUSSION OF THE FILED NOTES

Field notes are the written account of what the researcher has seen or heard at the end of every day during observation (De Vos et al 2011:335). What the researcher has observed is that most participants showed willingness to participate in the study. During data collection, participants availed themselves for the interviews. After sharing information about the research study, most participants signed the consent and secured appointment to be interviewed. On the day of the interviews, the researcher found participants in the venue ready to be interviewed. A room was made readily available whereby interviews were conducted. Accordingly, participants took turns to come to the venue. A research assistant was identified to ensure the smooth running of the interview process. The use of research assistant was useful in ensuring that the room and participants were readily available. All participants were relaxed and happy to take part in the research study. All staff members were helpful and eager to offer assistance. They following were noted during data collection:

Non-verbal cues such as:

- "Hmm", which indicated a feeling of agreement and focus.
- "Mhhh", which indicated a feeling of agreement.
- "Ehhh", which indicated a feeling of agreement.
- "Yes", which indicated a feeling of agreement.
- "Yah", which indicated a feeling of agreement.
- "Iyah", which indicated a feeling of agreement and confirmation.

- "Okay", which indicated feeling of agreement.
- "Oh", which indicated a sign of surprise.
- "Moment of silence", which indicated a sign of concentration.
- "Laughing", which indicated a feeling of happiness and excitement.
- "Smiling", which indicated a feeling of happiness and contentment.
- "Clearing the throat", which indicated a feeling of relief.
- "Clicking of fingers", which indicated a feeling of enthusiasm.

Majority verbalised "mhhh", which indicated actively listening. Smiling and laughing showed interest and fun for participating in the study. According to Townsend (2012:152), facial expression is the primary source of communication that reveals emotional states such as sadness, happiness, anger, and surprise. In this study, most participants showed feelings of happiness and contentment for participating in the study.

4.6.1 Participant observation

Most participants showed passion in what they were doing. Staff and clients were very friendly. They greeted with a smile. Participants were willing to share information and responded positively to the questions asked. No one withdrew from the interview; they all sat down until the end of the interviews. Most participants preferred interviews rather than writing down. All interviews were spontaneous without any difficulties. Others were reluctant for telling a story in writing as evidenced by two participants not returning the narratives. The freedom to withdraw from writing was respected. This showed commitments and cooperation among participants. The researcher spent almost a week to observe and familiarise what is being done in different settings.

4.7   CONCLUSION

In this chapter, the researcher discussed categories and subcategories that emerged as informed by 29 participants who took part in this study. A variety of data collection methods such as individual interviews, focus group interviews and narratives were used in order to arrive at the findings. In the next chapter, the researcher will discuss the result, interpretation and discussed as data analysis unfolded into two phases.

CHAPTER 5

PHASE II: QUANTITATIVE DATA ANALYSIS
FINDINGS, INTERPRETATION AND DISCUSSION

5.1   INTRODUCTION

This chapter outlines data analysis of the survey questionnaire, which consisted of six sections related to Meleis' Transition Theory (Annexure H). Majority of the questions composed of Likert-type scales with five alternatives to assess the level of agreement or disagreements to the given statement. One question consisted of multiple choices with two alternatives question to assess the level of responses. A value of x was used to indicate the selected answer.

The objective of this chapter is to build on the results of the initial database in order to develop better measurements/strategies with specific sample of population in qualitative phase and using a larger sample of population in quantitative phase. Data analysis was done from a larger sample size of n=120 (Table 5.1). In addition, a blend of descriptive and inferential statistics were used. Descriptive statistics was used in order to describe collected data in a form of contingency table, frequency distribution, percentage and graphs. The use of descriptive statistics was relevant in order to quantify collected data and to interpret the results correctly. According to Bless et al (2013:245), the purpose of descriptive data is to organise raw data in a more meaningful and simplified ways, which aids in the correct interpretation of the results. Inferential statistics was used to determine the level of significance of the collected data. In this study, the researcher used inferences to infer/generalise the probability of the results. Grove et al (2013:518) accentuate that inferential statistics draw conclusions from a set of data about the greater population.

5.2 MEASURES TO ENHANCE RELIABILITY AND VALIDITY OF THE DATA RESULTS

5.2.1 Reliability

Reliability was ensured by using statistical software such as IBM Statistical Package for Social Sciences (SPSS) version 24. According to Patton (2015:666), the use of software is more meaningful when applied in mixed method data analysis. An independent statistician was used for data analysis. Firstly, an Excel data spreadsheet was created for cleaning up the dataset. Data management control was done on a spreadsheet. Data were presented in the form of tables, percentages and graphs. The use of table, graph and percentage was helpful in order to give better understanding and meaningful of the results.

Non-parametric test was used in this study to analyse the Likert-type scale responses rating the degree to which respondents agree or disagree to the given statement. The most advantages of using non-parametric tests (Chi-square test or x) in this study was more relevant. According to Bless et al (2013:296). non-parametric tests lack assumptions and could be used to predict the difference between the dependent and the independent variables and to test the level of significance of the differences without losing collected data. Parametric test namely descriptive statistics such as means and standard deviation were irrelevant in this study. Literature highlights that descriptive statistics tend to provide inappropriate results when applied to Likert Scale response (Sullivan & Artino 2013:541).

5.2.2 Validity of the results

In this study, using table indicating the frequency and percentages was more meaningful to rigorously interpret and analyse the responses according to high scores and low scores. Multiple analytical approach such as Chi-square test x. Pearson correlation and p-value were applied. The use of different tests in this study was useful in predicting the critical themes, dependent and independent variables. To maintain rigour in this study, analysis was done from a larger sample which emerged as follows:

5.3   SECTION A: RESPONDENT DEMOGRAPHIC PROFILE (N=120)

Table 5.1   Demographic data

Demographic characteristics of participants	Frequency	Percentage
1 Age groups of respondents		
21 to 29 years	23	19.2
30 to 39 years	46	38.3
40 to 49 years	35	29.2
50 to 59 years	13	10.8
60 years+	3	2.5
Total	**120**	**100.0**
2 Gender		
Female	91	75.8
Male	29	24.2
Total	**120**	**100.0**
3 Racial groups		
Black	114	95
Indian	1	0.8
White	5	4.2
Total	**120**	**100.0**
4 Educational status		
Certificate	48	40
Degree	16	13.3
Diploma	47	39.2
Post-Graduate	9	7.5
Total	**120**	**100.**
5 Employment status		
Enrolled nurse	24	20
Nursing assistant	21	17.5
Other	24	20
registered nurse without psychiatry	12	10
registered nurse with psychiatry	39	32.5
Total	**120**	**100.0**
6 Allied workers		
Manager	1	0.8
None	97	80.8
Occupational therapists	12	10
Physiotherapist	2	1.7
Psychiatrist	3	2.5
Social Worker	5	4.2
Total	**120**	**100.0**

Demographic characteristics of participants	Frequency	Percentage
7 Type of institution		
Care and rehabilitation centre (government)	112	93.3
Home and day-care (non-governmental)	8	6.7
Total	**120**	**100.0**
8 Years of experience		
0 to 2 years	38	31.7
3 to 5 years	29	24.2
5 to 7 years	13	10.8
7 to 10 years	6	5
Above 10 years	29	24.2
Missing	5	4.2
Total	**120**	**100.0**

In total, one hundred and twenty participated in the survey questionnaire from which our data analysis was obtained as illustrated in Table 5.1. Majority of the participants (46=38.3%) were within the age group of 30-39 years. This meant that most of the carers were physically, emotionally and mentally matured enough to offer care to children with IDs. Most of the participants were female (91=75.8%) and black (114=95%). It was not surprising that in most cases females and blacks constitutes more compared to males and whites counterpart. Number of participants who had certificates (48=40%) and diploma (47=39.2%) as a qualification are more than those with degrees (16=13.3%) and postgraduates (9=7.5%). More registered nurses with psychiatry (39=32.5%) participated which reveals that most of the participants have at least some knowledge. expertise and skills to offer care. treatment. and rehabilitation to adolescents with IDs. Other nursing categories were enrolled nurses (24=20%) nursing assistants (21=17.5%) registered nurses without psychiatry (10=10%). More importantly, an overwhelming majority of the participants were nurses (96=80%) compared to non-nurses (24=20%). Among the allied workers and non-nurse, majority were occupational therapists (12=10%) compared to managers (1=0.8%), physiotherapists (2=1.7%), psychiatrist (3=2.5%) and social workers (5=4.2%). Most of the participants were from the Governmental Care and Rehabilitation Centre (112=93.3%) compared to the NGOs (5=4.2%).

Regarding work experience, most participants were less experienced having 0-2 years (38=31.7%), in comparison with 3-5 years (29=2.2%), 5-7 years (13=10.8%), 7-10 (6=5%) above 10 years (29=24.2%) and missing system (5=4.2%), which represents no response. A no response of (9=4.2%) had no significance as it was less than <10%.

Demographic profiles of the participants indicated a fair distribution of diverse sample and multi-disciplinary approach as indicated in Table 5.1.

5.4 SECTION B: INFORMATION ABOUT ADOLESCENTS LIVING WITH INTELLECTUAL DISABILITIES

Table 5.2   Information about adolescents living with intellectual disabilities using χ^2

Age	0 to 3 months	4 to 7 months	7 to 10 months	10 to 12 months	1 to 5 years	5 to 10 years	10 to 15 years	15 to 20 years	20 years+	Incom-plete/ missing	Total
12 to 15 years	2 (20.00%)	3 (30.00%)	2 (20.00%)	0 (0.00%)	2 (20.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	1 (10.00%)	0 (0.0%)	10 (100.00%)
16 to 19 years	1 (4.20%)	3 (12.50%)	3 (12.50%)	2 (8.30%)	10 (41.70%)	2 (8.30%)	1 (4.20%)	0 (0.00%)	1 (4.20%)	1 (4.20%)	24 (100.00%)
19 to 21 years	5 (6.80%)	4 (5.50%)	7 (9.60%)	7 (9.60%)	23 (31.50%)	7 (9.60%)	9 (12.30%)	1 (1.40%)	4 (5.50%)	6 (8.20%)	73 (100.00%)
Incomplete/ missing	0 (0.0%)	2 (15.40%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (7.70%)	0 (0.0%)	2 (15.4%)	8 (61.50%)	13 (100.0%)
Total	8 (6.70%)	12 (10.00%)	12 (10.00%)	9 (7.50%)	35 (29.20%)	9 (7.50%)	11 (9.20%)	1 (0.80%)	8 (6.70%)	15 (12.50%	120 (100.00%)
Chi-square Test	**58.823 (0.001)**										

5.4.1 Analysis and interpretation of Section B: Information about adolescents living with intellectual disabilities
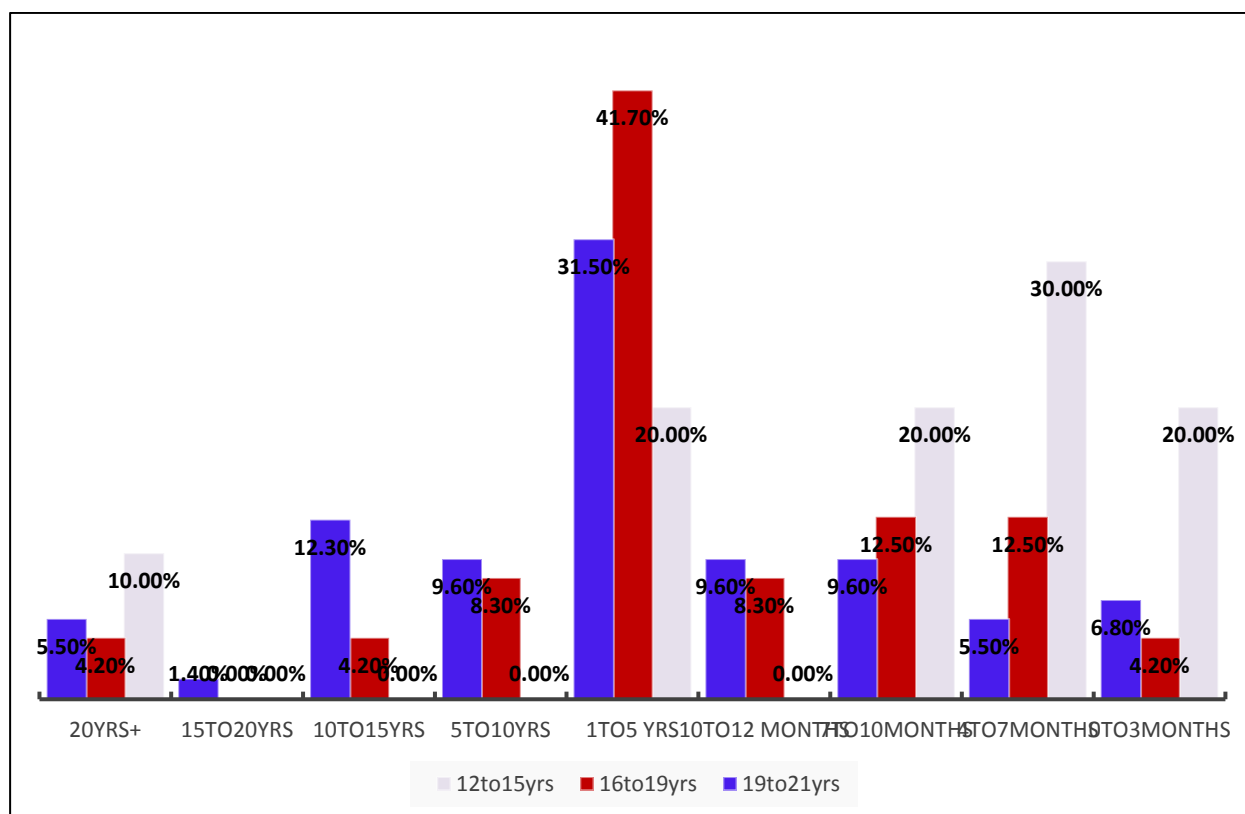
Figure 5.1   Information about actual age vs mental age

Cross tabulation was applied comparing the actual age with the mental age and actual age as stipulated in Table 5.2.   A Chi-square test (χ^2) was applied to compare the significant difference between the actual age and the mental age. The chi-square is derived from the Greek letter pronounced as Ki (Bless et al 2013:296). The difference between the mental age and actual age was of high significant difference as shown by the Pearson's chi-square value (58.823=0.001). It clearly illustrated that even when the adolescents living with IDs are growing in actual age, their mental capacity is slowly developing. This meant that only 6.70% out of the observed adolescents with IDs have 20 years+ mental age even if it does not correspond with their actual age. Furthermore, these results gave the confirmation and conclusion that indeed these individuals were living with IDs.

5.4   SECTION C: NATURE OF TRANSITIONS

Table 5.3   Nature of transition

Nature of transition statements	Strongly agree	Agree	Not sure	Strongly Disagree	Disagree
1 Alterations during adaptation to changes is necessary	21 (17.5%)	70 (58.3%)	16 (13.3%)	6 (5.5%)	6 (5.5%)
2 Transition process is necessary	41 (34.2%)	64 (53.3%)	6 (5.0%)	2 (1.7%)	7 (5.8%)
3 Emotional changes (mood swings. feeling happy. sad and hurt) are key elements to transition	38 (31.7%)	63 (52.5%)	12 (10.0%)	49 (3.3%)	3 (2.5%)
4 Level of comfort and mastery should be considered during transition process	42 (35.0%)	63 (52.5%)	7 (5.8%)	5 (4.2%)	2 (1.7%)
5 Physical changes(hormonal and physical appearance) are key elements to transition	30 (25.0%)	63 (52.2%)	18 (15.0%)	5 (4.2%)	4 (3.3%)
6 Developmental issues	42 (35%)	62 (51.7%)	9 (7.5%)	2 (1.7%)	4 (3.3%)
7 Noting of changes during interactions with others	35 (29.2%)	62 (51.7%)	17 (14.2%)	2 (1.7%)	4 (3.3%)
8 Organisation maximizing positive outcomes with transition	39 (32.5%)	60 (50.0%)	16 (13.3%)	2 (1.7%)	3 (2.5%)
9 Type of intervention and time spent necessary during transition process	34 (28.3%)	58 (48.3%)	21 (17.5%)	3 (2.5%)	3 (2.5%)
10 New routines, skills. lifestyles and self-care activities determine better transition process	40 (33.3%)	58 (48.35)	14 (11.7%)	3 (2.5%)	4 (3.3%)
11 Adaptation of families to clients' diagnosis. and treatment necessary during transition process	25 (20.8%)	56 (46.7%)	18 (15.0%)	9 (7.5%)	10 (8.3%)
12 Optimal level of engagement due to transition process awareness	42 (35.0%)	56 (46.7%)	17 (14.2%)	1 (0.8%)	4 (3.3%)
13 Healthy transition requires transition process awareness	38 (31.7%)	55 (45.8%)	22 (18.3%)	1 (0.8%)	4 (3.3%)
14 Promotion of health and prevention of illness	46 (38.3%)	52 (43.3%)	20 (16.7%)	3 (0.8%)	1 (0.8%)
15 Issues of identification by the families accelerates transition process	50 (41.7%)	47 (39.2%)	15 (12.5%)	4 (3.3%)	1 (0.8%)
16 Each critical point of change requires health professional knowledge and experiences	65 (54.2%)	44 (36.7%)	6 (5.0%)	1 (0.8%)	3 (2.5%)

5.4.1 Analysis and interpretation on Section C: Nature of transitions

Information obtained on the nature of conditions were analysed, interpreted and coded into themes. Responses were ranked into highest rating and lowest rating as illustrated in 5.2. A contingency table was applied to analyse data in a simple way. Results were presented in the form of percentages. According to Bless et al (2013:248), using a contingency table is a simplified way of presenting data either in a form of frequency and percentage. In presenting the nature of transition results, percentages were more relevant in order to identify themes with high and low scores. Ranking themes into highest and lowest scores was beneficial in rejecting and not rejecting critical factors. In this study, themes with scores less than >50% were rejected and scores above <50% not rejected. Furthermore, the first 10 themes were selected. The most common pattern of response was agreed in comparison with other responses. Most (58.3%) participants agreed that alterations to adapt to changes is crucial for nature of transitions. In addition, over half (54.2%) of the respondents strongly agreed that each critical point of change requires health professional knowledge and experience as stated in Table 5.3. Mostly agreed to the key factors that would positively influence the transition conditions Key themes emerged in order of priority as shown in the table. Surprisingly, alterations to adapt to changes outweigh other thematic factors as follows:

- Alterations to adapt to changes (58.3%)
- Each critical point of change requires health professional knowledge and experience.
- Necessary transition process (53.3%)
- Consideration of emotional changes (52.5%)
- Considering the level of comfort and mastery (52.5%)
- Consideration of physical changes (52.2%)
- Developmental issues (51.7%)
- Noting of changes (51.7%)
- Organisation maximising positive outcomes (50%)

5.5   SECTION D: TRANSITION CONDITIONS

Table 5.4   Transition conditions

Transition conditions statements	Strongly agree	Agree	Not sure	Strongly Disagree	Disagree
Personal. community or societal conditions facilitate healthy transition	37 (30.8)	61 (50.8%)	14 (11.7%)	3 (2.5%)	5 (4.2%)
Personal and environmental conditions are necessary for a healthy transition	52 (43.3%)	58 (48.3%)	2 (8.0%)	0 (0.0%)	1 (0.8%)
Caregiver's responsibility, protection, support and being available during transition process is necessary.	47 (39.2%)	58 (48.3%)	10 (8.3%)	5 (4.2%)	0 (0.0%)
Socio-economic status facilitate healthy transition	44 (36.7%)	56 (46.7%)	13 (10.8%)	2 (1.7%)	5 (4.2%)
Proper preparations facilitate healthy transition	30 (25.0%)	55 (45.8%)	28 (23.3%)	4 (3.3%)	3 (2.5%)
Adequate community resources necessary for a healthy transition	53 (44.2%)	54 (45.0%)	9 (7.5%)	2 (1.7%)	1 (0.8%)
Personal and environmental conditions is not necessary for a healthy transition	37 (30.8%)	51 (42.5%)	14 (11.7%)	9 (7.5%)	8 (6.7%)
Transition process should be a public debate	43 (35.8%)	50 (41.7%)	15 (12.5%)	5 (4.2%)	7 (5.8%)
Insufficient resources and information hinder healthy transition	50 (41.7%)	49 (40.8%)	11 (9.2%)	7 (5.8%)	2 (1.7%)
Personal. community or societal conditions hinder healthy transition	34 (28.3%)	49 (40.8%)	28 (23.3%)	1 (0.8%)	7 (5.8%)
Available community resources necessary for a healthy transition	61 (50.8%)	45 (37.5%)	10 (8.3%)	2 (1.7%)	4 (0.8%)
Transition process is a societal problem and health problem	35 (29.2%)	44 (36.7%)	23 (19.2%)	10 (8.3%)	7 (5.8%)
Transition process is a lonely journey	14 (11.7%)	43 (35.8%)	28 (23.3%)	13 (10.8%)	22 (18.3%)
Knowledge is necessary to facilitate transition process expectations and strategies	75 (62.5%)	42 (35.0%)	1 (0.8%)	1 (0.8%)	0 (0.0%)
Stigma and discrimination often associated with transition process	24 (20.0%)	41 (34.2%)	33 (27.5%)	12 (10.0%)	9 (7.5%)
Caregivers must have knowledge to follow suggestions properly	82 (68.3%)	28 (23.3%)	3 (4.2%)	5 (4.2%)	0 (0.0%)

5.5.1 Analysis and interpretation of Section D on transition conditions

A contingency table was used to present results in frequencies and percentages. Surprisingly, most frequent responses strongly agreed in comparison to other responses. Themes emerged and ranked into highest scores and lowest scores. Majority (68.3%) strongly agreed that caregivers' knowledge to follow suggestions properly should be taken into consideration in order to facilitate the transition conditions. Themes emerged in order of significance as follows:

- Caregivers' knowledge to follow suggestions properly (68.3%)
- Necessary knowledge to facilitate transition process expectations and strategy (62.5%)
- Available community resources necessary for a healthy transition (50.8%)
- The personal community or societal conditions facilitate healthy transition (50.8%)

Themes with more than 50% were accepted and regarded of high significance. Those with less than 50% were rejected and were not of a level of significance. What was of high significance was the caregivers' knowledge to follow suggestions properly and having necessary knowledge to facilitate transition process expectations and strategy.

5.6   SECTION E: PATERNS OF RESPONSE

Table 5.5   Patterns of response

Patterns of response statements	Strongly agree	Agree	Not sure	Strongly disagree	Disagree
Mastery of new skills	38 (31.7%)	65 (54.2%)	9 (7.5%)	1 (0.8%)	2 (1.7%)
Achieve sense of identity and positive healthy outcomes	38 (31.7%)	64 (53.3%)	9 (7.5%)	4 (3.3%)	3 (2.5%)
Creation of new meanings and perception	30 (25.0%)	63 (52.5%)	21 (17.5%)	2 (1.7%)	1 (0.8%)
Patterns of response include connectedness, interactive, confidence and coping etc.	46 (38.3%)	60 (50.0%)	12 (10.0%)	1 (0.8%)	1 (0.8%)
Feeling of connectedness and closeness	49 (40.8%)	58 (48.3%)	11 (9.2%)	2 (1.7%)	0 (0.0%)
Collaborative observations of patterns	49 (40.8%)	58 (48.3%)	9 (7.5%)	3 (2.5%)	1 (0.8%)
Time to completion is necessary	36 (30.0%)	58 (48.3%)	17 (14.2%)	2 (1.7%)	4 (3.3%)
Bicultural rather than monoculture	36 (30.0%)	57 (47.5%)	21 (17.5%)	3 (2.5%)	2 (1.7%)
Development of confidence and coping strategies	50 (41.7%)	56 (46.7%)	8 (6.7%)	2 (1.7%)	1 (0.8%)
Mastery skills and behaviour to manage their new situations/environments	42 (35.0%)	55 (45.8%)	14 (11.7%)	6 (5.0%)	1 (0.8%)
Identified as fluid like and dynamic rather than stable and static	38 (31.7%)	53 (44.2%)	22 (18.3%)	4 (3.3%)	2 (1.7%)
Interaction and dyads are necessary	35 (29.2%)	51 (42.5%)	28 (23.3%)	1 (0.8%)	3 (2.5%)
Facilitation of the transition process is necessary by health care professionals	62 (51.7%)	51 (42.5%)	5 (4.2%)	1 (0.8%)	1 (0.8%)
Utilisation of available resources	48 (40.0%)	50 (41.7%)	12 (10.0%)	3 (2.5%)	4 (3.3%)
Social and kinship networks are necessary	58 (48.3%)	48 (40.0%)	10 (8.3%)	3 (2.5%)	0 (0.0%)

Patterns of response statements	Strongly agree	Agree	Not sure	Strongly disagree	Disagree
Making comparisons is necessary	33 (27.5%)	47 (39.2%)	28 (23.3%)	4 (3.3%)	5 (4.2%)
Beginning and ending point	37 (30.8%)	43 (35.8%)	20 (16.7%)	9 (7.5%)	9 (7.5%)
Team effort to identify process indicators is necessary	66 (55.0%)	43 (35.8%)	9 (7.5%)	1 (0.8%)	0 (0.0%)
Cultural competent health care facilitate healthy transition	68 (56.7%)	41 (34.2%)	7 (5.8%)	3 (2.5%)	1 (0.8%)
Nurses should intervene and assess as role players	81 (67.5%)	33 (27.5%)	4 (3.3%)	1 (0.8%)	1 (0.8%)

5.6.1 Analysis and interpretation of Section E: Patterns of response

Raw data was represented in a form of contingency table and percentages were used to analyse data in a more simplified ways. Themes emerged in order of priority as illustrated in Table 5.5. Themes with high score value of 50% and above were accepted as of level of significance. Key thematic factors to be taken into consideration to facilitate patterns of response:

- Nurses should intervene and assess as role players (67.5%).
- Cultural competent health care facilitate healthy transition (56.7%).
- Team effort to identify process indicators is necessary (55%).
- Mastery of new skills (54.2%).
- Achieve sense of identity and positive healthy outcomes (53.3%).
- Creation of new meanings and perception (52.5%).
- Patterns of response include connectedness, interactive, confidence and coping (50%).

What was of high significance was that nurses should intervene and assess as role players to facilitate patterns of response.

5.7   SECTION F: THERAPEUTIC INTERVENTIONS

Table 5.6   Therapeutic interventions

Therapeutic intervention statements	Strongly agree	Agree	Not sure	Strongly Disagree	Disagree
Guidelines for practice and driving more systematic and coherent research questions	30 (25.0%)	63 (52.5%)	22 (18.3%)	1 (0.8%)	0 (0.0%)
Clarify, develop test, and evaluate strategies to a healthy transition.	48 (40.0%)	60 (50.0%)	7 (5.8%)	0 (0.0%)	1 (0.8%)
The need identified	47 (39.2%)	59 (49.2%)	6 (5.0%)	3 (2.5%)	1 (0.8%)
Understand complex situations framework for therapeutic interventions	46 (38.3%)	56 (46.7%)	14 (11.7%)	0 (0.0%)	0 (0.0%)
Characterised by its own uniqueness, complexities and multiple dimensions	51 (42.5%)	55 (45.8%)	0 (0.0%)	9 (7.5%)	1 (0.8%)
Diversities and complexities of transition	47 (39.2%)	54 (45.0%)	11 (9.2%)	2 (1.7%)	1 (0.8%)
Experiences should be congruent with therapeutic intervention	57 (47.5%)	51 (42.5%)	7 (5.8%)	1 (0.8%)	0 (0.0%)
Knowledge. understanding the properties and conditions	60 (50.0%)	46 (38.3%)	8 (6.7%)	1 (0.8%)	0 (0.0%)

5.7.1 Analysis and interpretation of Section F: Therapeutic interventions

Table 5.6 was used to illustrate the therapeutic interventions. Themes emerged in order of priority as follows:

- Guidelines for practice and driving more systematic and coherent research question (52.5%).
- Clarify, develop test and evaluate strategies to a healthy transition (50%).
- Knowledge, understanding the properties and conditions (50%).

Guidelines for practice and driving more systematic and coherent research question were of level of high significance in order to facilitate therapeutic interventions. This means that guidelines are more crucial in order to implement therapeutic interventions.

5.8   GRAND ANSWER
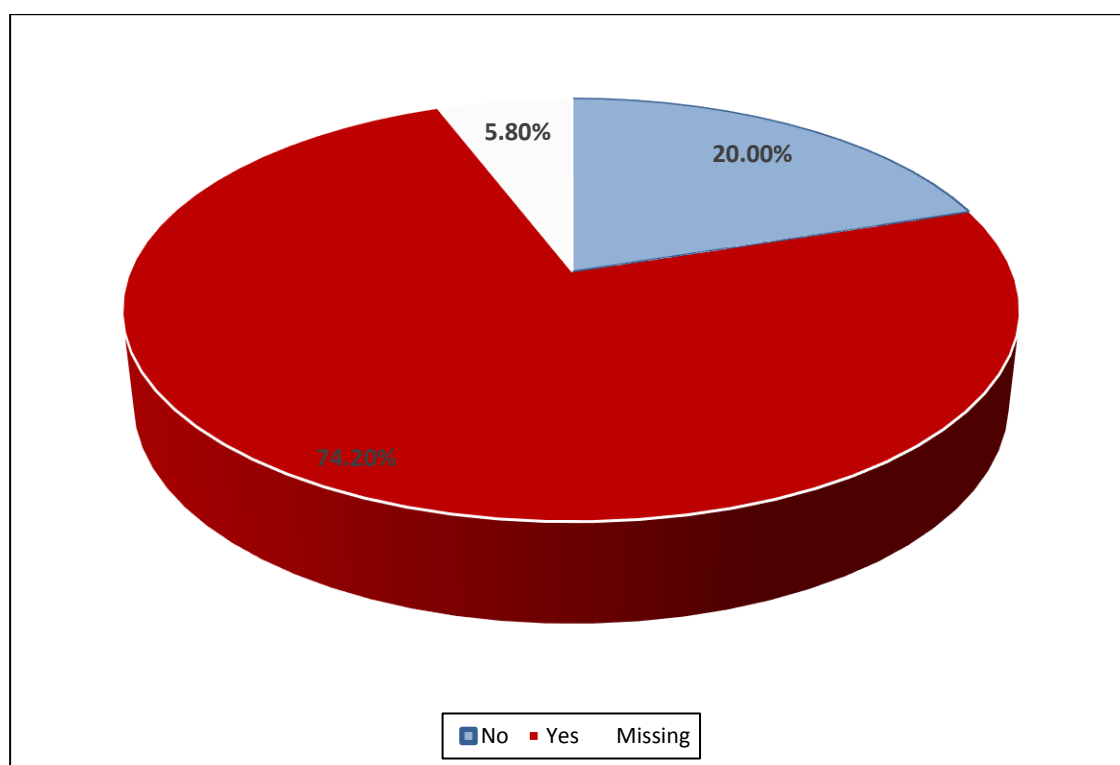
Figure 5.2 Possibility of transition into adulthood

The pie chart represents the possibility of transition among adolescents with IDs into adulthood as illustrated in Figure 5.2. According to Bless et al (2013:252), a pie chart is a diagrammatic representation of data using circle subdivided into slices. Based on the

analysis of the information obtained from the questionnaire, Yes and No questionnaire was used to obtain information about the possibility of transition into adulthood. Majority (74.20%) of the respondents agreed that there is a high possibility of transition only if the correct precautions were taken into account. Minority (20%) of the respondents denied the fact that the adolescents with IDs will transit into adulthood. 5.80% was missing system as no information was available whether the adolescents with IDs would transit into adulthood. Missing system with the value of 5.8% had no significant influence as it was below the value of 10%. According to Grove et al (2013:543), missing data should be computed into the statistical procedures in order to make a judgement about the availability of sufficient data. In this study, the use of inferential statistics was helpful in order to determine the probability and general conclusions about possibility for transitions into adulthood.

5.9   QUANTITATIVE PREDICTORS

Table 5.7   Quantitative predictors values

Quantitative predictors statements	R-value	R-squared	Adjusted R-squared	Std error of the estimate	R-square change	F-change	df1	df2	P-value
Transition is necessary for situating adolescents to adulthood	.235[a]	0.055	0.047	0.986	0.055	6.475	6.475	111	0.012
Alterations are necessary to adapt to the changes related to the transition process	.245[a]	0.060	0.051	0.962	0.962	7.025	1	110	0.009

5.10.1   Analysis and interpretation of quantitative predictors

Pearson correlation was used as illustrated in Table 5.7 to predict the significant difference between the data and to p- value as shown in Table 5.7. According to (Bless et al 2013:276). P-value is the probability value, which states the level of significant difference according to the occurrence level of an event. If P-value is smaller than 0.1, then the value was rejected, as the difference was significant. What was of significant difference in this study was as follows:

- Transition is necessary for situating adolescents to adulthood.
- Alterations are necessary to adapt to the changes related to the transition process

Majority of the respondents reported that transition is necessary for situating adolescents to adulthood. This can only be possible if alterations were done related to the transition process. White 1997 cited in Deroche et al 2015:289) summarises that four tasks are essential in order to necessitate the transition process, which are establishing identity, forming relationships outside of the family unit, achieving independence and finding a job. This will require active preparations and planning amongst all the caregivers. In addition, an integrated approach among education, health, labour. Housing and transport will address a number of challenges. (Vermeer & Magyarszeky 2014:34). Furthermore. Shogren and Plotner (2012:1) argues that individuals with IDs need support than any other individuals with disabilities.

5.11   CONCLUSION

This chapter shed light about key factors that needs to be taken into consideration in order to facilitate transition of adolescents with IDs into adulthood. Prediction of the transition possibility and consideration of alterations to adapt to changes benefitted with the development of strategy for transition of adolescents with IDs into adulthood.

CHAPTER 6

INTEGRATION AND INTERPRETATION OF THE RESULTS

6.1   INTRODUCTION

The purpose of this chapter is to present the integration and interpretation of both the qualitative and quantitative results. The integration and interpretation of the results were guided by the research methodology undertaken in this study. This study followed a sequential exploratory mixed method, which guided the integration phase as illustrated in in the schematic representation of the research methodology as shown in Figure 6.1. The schematic representation of the methodology demonstrates the process that was undertaken to arrive at the findings. According to Grove et al (2013:210), the sequential exploratory strategy uses the quantitative data to understand the qualitative data and also produces an integrated report (Parker, Lieschke & Giles 2017:2).

In this study, mixed method was employed in order to arrive at the findings and conclusions. This method was relevant in this study because it neutralizes the bias and weakness of each form of data (Creswell 2014:15). To arrive at the outcomes, both the qualitative and quantitative results were used as indicated in Figure 6.1.

The objective of this chapter is to discuss the central themes from both the qualitative and quantitative findings that form the basis for the transition of adolescents with IDs into adulthood.
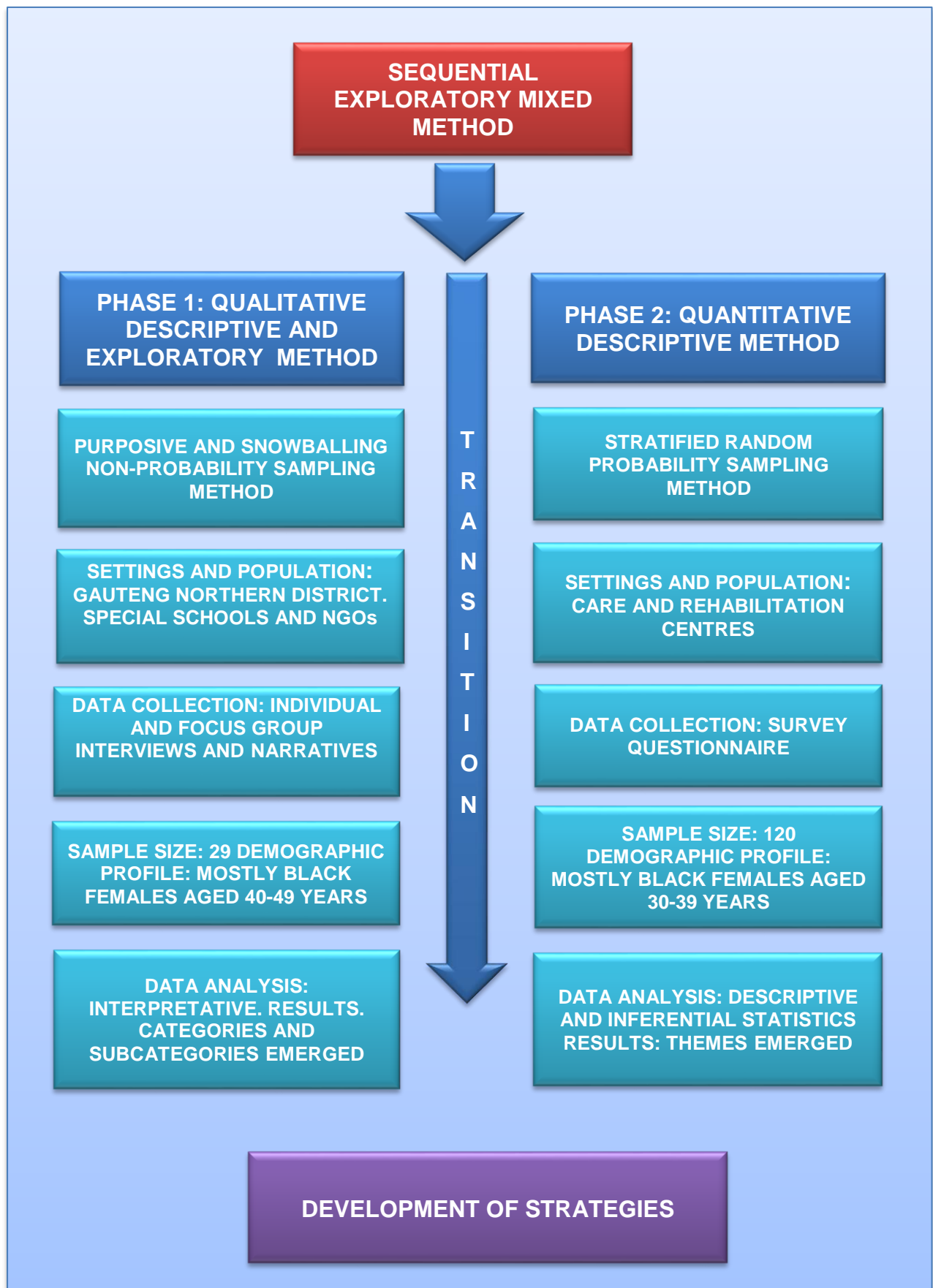
Figure 6.1   Schematic representation of the research methodology

6.2 MAJOR QUALITATIVE FINDINGS

Eleven themes emerged from the study. Although major themes were discussed, the identification of the main central themes was vital in order to facilitate the development of the strategy for transition of adolescents with IDs into adulthood. A schematic representation of the research methodology and major findings were summarised in Figures 6.1.and 6.2. Major findings emerged as follows:

6.2.1 Experiences of working with intellectually disabled children

Although teaching intellectually disabled adolescents is challenging and not an easy task, participants reported that teaching was rewarding and exciting. Previous studies (Tugli et al 2013:346) report that the emerged challenges in teaching relates to inadequate resources, shortage of staff and poor support systems. Surprisingly, despite the challenges in teaching, participants reported that teaching intellectually disabled children was rewarding and exciting. This was quite an unexpected response from the participants to report positive experiences for dealing with intellectually disabled children. In this regard, positive experiences outweigh negative experiences. This meant that educators were more passionate about teaching the IDs irrespective of the faced challenges. On the contrary. Tugli et al (2013:353) posit that having many concerns and challenges in teaching, poses severe and stressful working conditions, which can dampen the staff productivity and morale. Therefore, the need for the provision of healthy working environment to be taken into consideration. Furthermore, Aldersey (2012:2) asserts that dealing with children with IDs can be burdensome or stressful and at the same time, it could be a blessing or a test of faith.

6.2.2 Method of teaching intellectual disabled children

Teachers used repetition in order to enhance teaching and learning. Repetition is more beneficial as individuals with IDs take time to grasp. In a previous study conducted in the USA and Spain. Pallisera et al (2014:333) note that the schools and post-school services need to offer services on the basis for support. Repetition is a form of support in enhancing teaching and support.

6.2.3 The role of the teachers. parents and caregivers. and other health professionals

The role of the teacher, caregivers and parents is to guide, care, enforce independence, be patient and provide or develop working skills within the learning environment (Pallisera et al 2014:333; Tugli et al 2013:347). This calls for all health care professionals, caregivers and parents to work together to achieve positive outcomes. Therefore, the need for all caregivers to work together to be strengthened. The debatable issue is that parents, teachers, health professionals and caregivers have the duties to take care of these individuals and but as to how to develop working skills remain a complicated issue. According to Pallisera et al (2014:333), there is a need for the establishment and distribution of roles and responsibilities among professionals, agencies, centres, special schools, societies and families for the facilitation of strategy for transition of adolescents with intellectual disabilities into adulthood. Transition partnership is key in order to avoid fragmented services.

6.2.4 Commitment of teaching

It is vital that teachers become committed in their work in order to assist these individuals develop working skills post school activities and to transit into adulthood. Pallisera et al (2014:333) argues that a commitment to education has created a new challenge when it comes to transition. Therefore, the need to strengthen the commitment needs to be taken into consideration.

6.2.5 Feelings of happiness/contentment towards teaching intellectually disabled children

Although teaching children with IDs is a challenge, it is also associated with a feeling of happiness and contentment. In a sense, they are developing these individuals in another perspective towards building a better future for them. Having a positive feeling towards teaching children with IDs was quite a surprise, given the raised challenges educators face on a daily basis in teaching individuals with intellectual disability. In support of having a positive feeling towards teaching children with IDs, a Tanzanian study (Aldersey 2012:2) stated that providing services to the intellectually disabled individuals, they experienced an increase in the sense of psychological well-being. Furthermore, taking comfort and

strength from their spirituality increases hope and decreases psychological distress. Therefore, educators need to keep on hoping and believing in order to promote their psychological well-being.

6.2.6 Meaning of intellectual disability

Participants shared their different views on the meaning of intellectual disability. Twenty-nine (29) participants showed understanding and insight. However, two participants shared a different and an exciting view about the meaning of intellectual disability. One said it is:

> "Somebody who is not cognitively gifted" (P14) and the other one said "although he/she is 18 years of age but they still remain childlike and youthful in ways of talking and walking." (FG3P2).

A South African study conducted in Venda, one of the nine provinces of South Africa (Mudhovozi et al 2012:148) state that intellectual disability is defined as someone with intellectual functioning level below average encountering difficulties in cognitive,. Communication, social and practical (self-care) skills. As a result, they need special care, support and guidance to overcome the difficulties they encounter. This requires a multi-disciplinary and multi-sectoral approach in collaboration with other agencies, stakeholders in the community so that they too can achieve that sense of psychological, physical, spiritual and social well-being.

6.2.7 Different views on causes of ID

Participants expressed different views on the causes of ID. Most of the participants' opinions on what causes ID, mentioned hereditary, poverty, neglect, abuse, unhealthy lifestyle during pregnancy, labour and environmental factors as contributing towards the development of ID. Previous study conducted in the USA (Deroche et al 2015:288) found that Fragile X Syndrome (FXS) is the leading cause of inherited intellectual disability and mostly affects males. Therefore, it is very important that contributory factors toward the development of ID are avoided and minimised.

6.2.8 Characteristics of ID

In light of the characteristics of ID, participants mentioned both positive and negative behaviours. Positively, they displayed caring and compassionate attitude and negatively, they are aggressive and bully. In accordance with Shogren and Plotner. (2012:5) owing to their limitations in intellectual functioning level, they suffer from emotional disturbance. Therefore, it is important that negative behaviours be dealt with in order to promote healthy interaction of adolescents with others.

6.2.9 Limitations for transition into adulthood

Negative aspects that limit individuals with ID not to transit into adulthood were outlined. Learning limitations, lack of support and labelling by communities were associated with negative aspects that affect the transition process. According to the study conducted in Venda. Tugli et al (2013:346) contend that poor support systems were some of the perceived challenges. Similarly, Vermeer and Magyarszeky (2014:28) state individuals with IDs are isolated while Mudhovozi et al (2012:157) report that they are demeaned and ridiculed. On the contrary, a Tanzanian study (Aldersey 2012:3) alludes that the society in general were tolerant, respectful, willing to offer care and assistance in favour of caring for individuals with ID. Therefore, negative aspects affecting the transition process should be dealt with accordingly and ways to promote societal support be examined.

6.2.10 Positive aspects for transition into adulthood

Positive aspects that promote positive aspects for transition into adulthood were highlighted. Key factors for transition into adulthood are dependent upon learning skills, support and caring. A recent study conducted in the USA (Zhou et al 2016:17) reveals that active preparations for the transition programme needs to be introduced in the early teens. In addition, Deroche et al (2015:289) summarises the four tasks that need to be taken into consideration depending on the severity of ID as follows:

- Establishing identity.
- Forming relationships outside of the family unit.
- Achieving independence.
- Finding a job.

These factors need to be expanded and initiated. Planning and ongoing multidisciplinary transition programmes are necessary to support these four tasks. This will also require parental support and individuals with ID taking responsibilities depending on the severity of the ID. Therefore, measures to promote learning skills should be more emphasised.

6.2.11   Ways of assisting intellectually disabled children to transit into adulthood

Positive ways of assisting children with IDs transit into adulthood were highlighted. The need for skill centres, assistance from Department of Education (DoE), teaching communities and socialisation of the intellectually disabled children into the community were the key factors that form the basis for assisting children with IDs transition into adulthood.

Pallisera et al (2014:334) reinforce that transition partnerships and collaboration are key factors in the facilitation and fostering of the transition process. This means an inclusion of a wide range of professionals, agencies, centres or services throughout the transition process. In this study, measures to develop transition strategies that consider the inclusion of health, social, education, labour, agencies and other stakeholders were emphasised.

6.2.1 Experiences of working with intellectually disabled children

Challenges in teaching

Positives experiences of working with intellectually disabled children

6.2.2 Method of teaching

6.2.3 Role of teachers

6.2.4 Commitment of teaching

6.2.5 Feelings of happiness/contentment

6.2.6 Meaning of ID

6.2.7 Different views on causes of intellectual disability

6.2.8 Characteristics of ID

6.2.9 Limitations of ID children to transit into adulthood

6.2.10 Positive aspects for transition into adulthood

6.2.11 Ways of assisting intellectually disabled adolescents to transit into adulthood

• Guidance
• Caring
• Independence
• Patience
• Provision/developing of working skills

• Learning limitations
• Lack of support
• Labelling by communities

• Learning skills
• Support and caring

• A need for skill centres
• A need for assistance from DoE
• Teaching communities
• Socialisation of the intellectually disabled adolescents into the community

Figure 6.2   Major qualitative findings

6.3   MAJOR QUANTITATIVE FINDINGS

Quantitative findings emerged from 129 participants who responded to the survey. The survey was developed based on Meleis' Transition Theory. According to Ramalhal et al (2013:164) and Pandey and Agarwal (2013:41), transition is a process relating to time of change in ones's life. Integrating the Meleis' Transition Theory, Joly (2016:1251) accentuated that research supporting successful transition is limited. Five major quantitative findings emerged as follows:

6.3.1   Nature of transitions: Alterations to adapt to changes

Majority (58.3%) reported that alterations to adapt to changes is the key factor for facillitating transition of adolescents with IDs into adulthood. This could be possible if health profesionals/caregivers possess the necessary knowledge and experience. Caregivers' knowledge and experience would provide necessary transition process. Necessary transition process should also consider the emotional changes. level of comfort and mastery. physical changes, and developmental issues. Each transition process should befit the uniqueness of the individuals with IDs. Moreover, changes need to be noted in order to mark progress. Any noticeable changes would   benefit the organisation and persons with IDs maximise positive outcomes. According to Meleis et al (2000:17 cited Joly 2016:1254), the nature of transitions can bring about single or multiple transitions. The outcomes of the transition should either be developmental. health-illness. situational. or organisational. Therefore, altterations in this regard should ensure that developmental and situational/organisational issues are taken into consideration.

6.3.2   Transition conditions:caregivers knowledge to follow suggestions properly

Majority (68.3%) of participants reported that caregivers knowledge to follow suggestions properly is key in order to facilitate the transition process of adolescents with IDs into adulthood. Caregivers would be able to follow instructions properly only if necessary knowledge, expectations and strategy are put in place. Community resources are necessary for a healthy transition. Personal and societal conditions would facilitate healthy transition. Meleis et al (2000 cited in Joly (2016:1254) posit that participation. knowledge. understanding. information. and social suppport is key in the faciltation of healthy transitions.

6.3.3 Patterns of response: nurses to intervene and assess as role players

Majority (67.5%) of participants reported that nurses need to intervene and assess as role players in the transition of adolsecents with IDs into adulthood. More importantly. a cultural competent health care should be taken into consideration in order to facilitate healthy transition. Team effort is necessary to identify indicators that will necessitate healthy transitions. Transition process should assist the individuals master new skills. achieve identity and positive health outcomes. Although it is not possible for all individuals with IDs transitioning fully into adulthood. creation of new meanings and perception should be slightly noticeable. Not only that. but also patterns of response including connectness. interactive. confidence and coping skills should be evident (Meleis et al 2000 cited in Joly 2016:1254).

6.3.4 Therapeutic interventions: Guidelines for practice and driving more systematic and coherent research question

Majority (52.5%) of participants reported that guidelines for practice and driving more systematic and coherent research question are necessary. In order to achieve therapeutic interventions with regard to healthy transition into adulthood, guidelines, strategies and understanding for systematic practice approach is key. In support of this view. Meleis et al (2000 cited in Joly 2016:1255) argue that therapeutic interventions should consider continuous assessment and preparations by the multidisciplinary team in the form of education. In this study, the development of transition strategy were divided into two phases that is for education and policy development purposes.

6.3.5 Possibility for transition process

Majority (74.20%) of participants reported that possibility for transition process is necessary as shown in Figures 6.2 and 6.3. Therefore. it is the responsibility of caregivers and parents in collaboration with other stakeholders to esure that necessary measures and precautions are put in place in order to achieve healthy transition. In integrating Meleis' Transition Theory. Joly (2016:1251) reported that research supporting successful transition are limited. Findings in this study recommended the provision and development of working skills through alterations to adapt to changes related to the transition process

as shown in Figure 6.2. In addition. Joly (2016:1259) concludes that transition into adulthood for youth with medical complexities to be reagrded as a priority. Therefore. this conclusion fuelled and influenced the development of the transition strategy for adolescents with IDs into adulthood.

Nature of transitions
- Alterations to adapt to changes
- Critical point of change
- Necessary transition process
- Level of comfort and mastery
- Physical changes
- Developmental issues
- Noting of changes
- Maximising positive outcomes

Transition conditions
- Caregivers knowlegde
- Strategy
- Community resources
- Personal. community or societal conditions

Patterns of response
- Role players
- Cultural competent health care
- Team effort
- Mastery of new skills
- Achievements and positive outcomes
- Creations
- Pattern of response

Therapeutic interventions
- Guidelines for practice
- Clarify, develop, test and evaluate
- Knowlegde and understanding of the properties and conditions
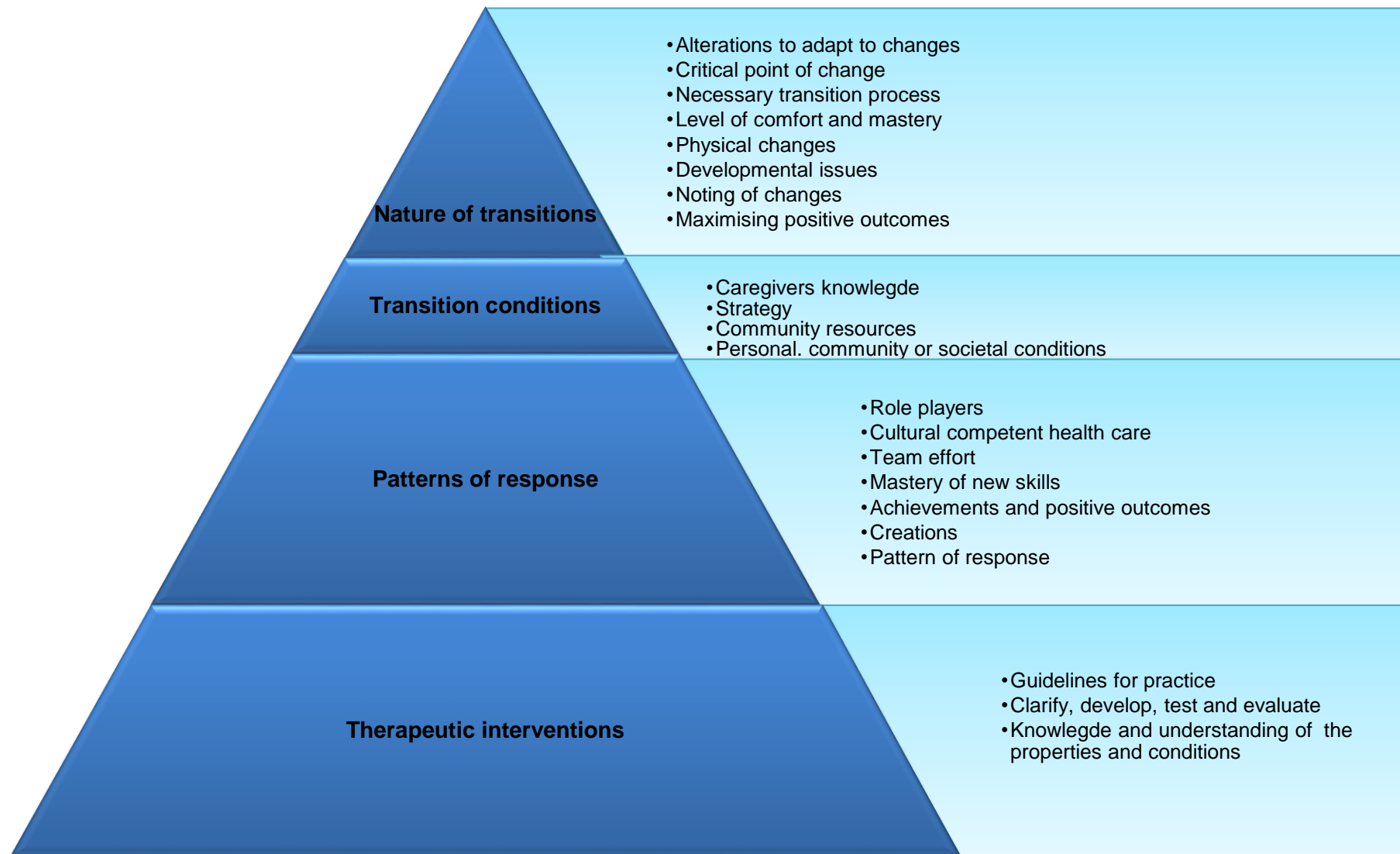
Figure 6.3   Phase 2: Major findings

6.4 MERGING AND INTEGRATING CENTRAL/KEY THEMES

As discussed previously, major findings from both the qualitative and quantitative were highlighted in order to identify and prioritise key/central themes that will facilitate the transition of adolescents with ID into adulthood. A schematic representation of the key themes was illustrated in Figure 6.3. Evidence from both results suggested the following key themes to facilitate the transition process:

6.4.1 Transition possibility

Findings from this study suggested that transition is necessary. Moreover, 74.20% of the participants confirmed that transition possibility is necessary as shown in Figure 6.4. It is within this possibility that the study aims to develop transition strategy that suggests how transition strategy could be made possible. Furthermore, findings from this study proposed the two key issues that need to be taken into consideration that is the role of the caregivers, parents and teachers in the facilitation of the transition process as shown in Figure 6.4. In accordance with Joly (2016:1251), the study concluded that nurses need to take a leadership role in the transition process as information regarding transition process is quite limited. In this study, a collaborative effort of caregivers, health professionals, parents and teachers will be taken into consideration.

6.4.2 Role of the caregivers and health professionals in the provision and development of working skills

Teachers, parents, caregivers, health professionals and other stakeholders to act as role players for the development/provision of working skills as illustrated in Figure 6.4. Slightly over two-thirds (67.5%) of the respondents indicated the need for role players in the transition process. Previous studies reported that transition planning should be started at an early age (Pandey & Agarwal 2013:43). Furthermore, there is a need for development of opportunities and preparations for future career as research regarding employment issues is very limited more especially in the South African context. In addition, role players should provide a supportive role to individuals and families of persons with intellectual disability. Teachers and caregivers should play an active role in the healthy development of the children. In light of this view, Ramalhal et al (2013:164) assert that nurses should be at the forefront to facilitate healthy transition process as they are more closely linked

to the families. Transition partnerships and collaboration is essential in order to achieve healthy transition process.

In integrating the Meleis' Transition Theory, the development and provision of working skills will situate these individuals into adulthood. According to Meleis' Transition Theory, the nature of transition can take various forms such as developmental, health-illness, situational or organisational (Meleis et al 2000 cited in Joly 2016:1254). Against this background, this study recommends the provision and development of working skills in order to develop and situate these individuals enter into the adult world. This will assist these individuals and their families to feel more connected and interactive with others outside the family environment. In turn, this will boast their confidence and promote independence. It is of paramount importance that different role players are prepared, vigilant and knowledgeable to deal with the stressors associated with the transition. In accordance with Forte et al (2011:398), transition is associated with worries. Anxiety, fear of frequent failures and concerns over a number of decisions they have to make about their future. This will require constant observation, assessment, preparedness and interventions to deal with these worries and concerns as they arise. The anticipated interventions should consider the uniqueness of each individual and their families taking into considerations the different cultural belief systems. It is within this reason that a more cultural competent care as shown in Figure 6.4 is necessary in order to gain cooperation.

6.4.3 Caregivers' knowledge and understanding of the guidelines

Findings from this study revealed that 68.3% of participants suggested that caregivers' knowledge and understanding of the guidelines would facilitate the transition process. In addition, knowledge, understanding and provision of the cultural competent care will be beneficial and meaningful as shown in Figure 6.4.3. Therefore, it is within this study that the findings propose the development of transition strategy that would enhance caregivers' knowledge, cultural diversities and understanding of the transition process. In accordance with Joly (2016:1251), the study concluded that transition to adulthood is necessary through direct care, case management, education and research. Furthermore, knowledge and understanding of the clients' needs are necessary through continuous assessments and preparations for transition.

6.4.4 Alterations to adapt to the changes related to the transition process

About 58.3% reports that alterations to adapt to the changes related to the transition possibility are necessary as illustrated in Figure 6.4 (6.4.4.). According to Meleis' Transition Theory transition cited in (Ramalhal et al 2013:164), transition is a process of significant change. Therefore, the transition strategy to be developed in this study should produce significant change. Merged findings from this study suggested that prioritising the provision and development of working skills would bring about change and alterations. Therefore, the findings of the study infer that necessary adjustments and alternations should put in place by role players in order to facilitate the successful healthy transitions. This requires an interdisciplinary and integrated focus as proposed by (Miles & Hilditch-Davis 2003, Bronfenbrenner & Morris 2006 cited in Joly 2016:1255). To bring about this necessary alterations and adjustments, this study suggested on developing transition strategy that takes into consideration the provision and development of working skills as illustrated in Figure 6.4 (6.4.4). A number of alterations are necessary to facilitate the transition process. In accordance with Ramalhal et al (2013:165), new roles, development tasks and responsibilities are expected from different role players as shown in Figure 6.4 (6.4.1) in order to make transition process a success and a moment of satisfaction. In addition, Tugli et al (2013:347) underscore that this will assist individuals with IDs to achieve their highest potential, as historically these individuals have been disadvantaged, side-lined and deserving special care (Foundation of Tertiary Institutions of the Northern Metropolis (FOTIM). Recently in 2016, a number of South African individuals with IDs and their families were faced with many challenges and concerns where multitudes of individuals with IDs lost their lives owing to improper treatment and poor quality care. This study proposes to develop the transition strategy that takes into consideration the influences of education and policy development. It is within the anticipated strategy that this might facilitate the transition of adolescents with IDs into adulthood and for the betterment of their lives. Therefore, alterations to adapt to the changes should be implemented locally and internationally. The World Health Organization (WHO) should consider the provision and development of working skills as a priority in order to bring about change to the lives of individuals with IDs and their families. Furthermore, this also needs to be given a priority in the Global Burden of Diseases (GBD).

Figure 6.4   Conceptual framework of the merged themes

6.5   CONCLUSIONS

Findings of this study suggested ways and means related to the transition process into adulthood. Key factors necessary for the transition possibility were highlighted. In the next chapter, the development of transition strategy into adulthood will be discussed in order to give clarity and guidelines.

CHAPTER 7

DEVELOPMENT OF STRATEGIES FOR TRANSITIONING ADOLESCENTS WITH INTELLECTUAL DISABILITIES INTO ADULTHOOD

7.1   INTRODUCTION

This chapter discusses the process of developing strategies for transitioning adolescents with IDs into adulthood. This was dependent upon information obtained from individual interviews, focus group interviews, field notes, observation, narratives and survey questionnaire. Information shared by participants from both the qualitative and quantitative findings contributed toward the development of strategies for transition into adulthood.

For the purpose of this chapter, major findings indicated that essential factors should be in place for the development of strategies for transition of adolescents with ID. Merged findings suggested that the provision and development of working skills need a collaborative effort of the educators, parents, caregivers and health care professionals. Although the process of transition is perceived as complex, participants suggested valuable interventions that could benefit these individuals achieve successful healthy transitions. In the South African context, Venter (2014:10) defines strategy as a human activity with a stream of decisions that stipulates what people should do in an organisation on a daily basis. In addition, a good strategy should be sustainable and must inspire, unite and motivate members of the organisation. It was for this reason that this study aimed at developing strategies appropriate and relevant for transition of adolescents with IDs. In this study, transition strategy to be developed should benefit the teachers, caregivers, health care professionals, societies, agencies, individuals and families of persons living with ID achieve that sense of hope and fulfilment. Furthermore, the developed strategy should be appropriate, applicable, practical, sustainable and user-friendly.

7.2   SETTING STRATEGIC GOALS AND CHOICES

Venter (2014:175) underscores that the plan for the formulation of the strategic goals and choices should include the ending point and the plan as to whether is suitable for the needs of the individuals. In this study, the plan is towards the development of strategy that aims to promote and develop working skills among individuals with IDs in order to promote positive outcomes. The primary goal is to promote independence and quality of life among individuals with IDs through the development of transition strategy from adolescents into adulthood. The anticipated strategy should take into consideration the provision and development of working skills among individuals with IDs as informed by information that arose from the merged findings. Furthermore, the proposed strategy should also meet the needs of the individuals with IDs. According to Venter (2014:175), it is important that the strategic choices be evaluated as to whether they are suitable, feasible and acceptable. Therefore, the proposed strategy needs to be evaluated if they are suitable, feasible and acceptable to the needs of the individuals with IDs and their families

7.3   FORMULATION OF STRATEGIES

Formulation of strategies will take place in two functional legs in order to address the major priorities identified from the merged findings. The two functional legs include the education and policy development leading to the provision of and development of working skills among individuals with IDs as shown in Figure 7.1.
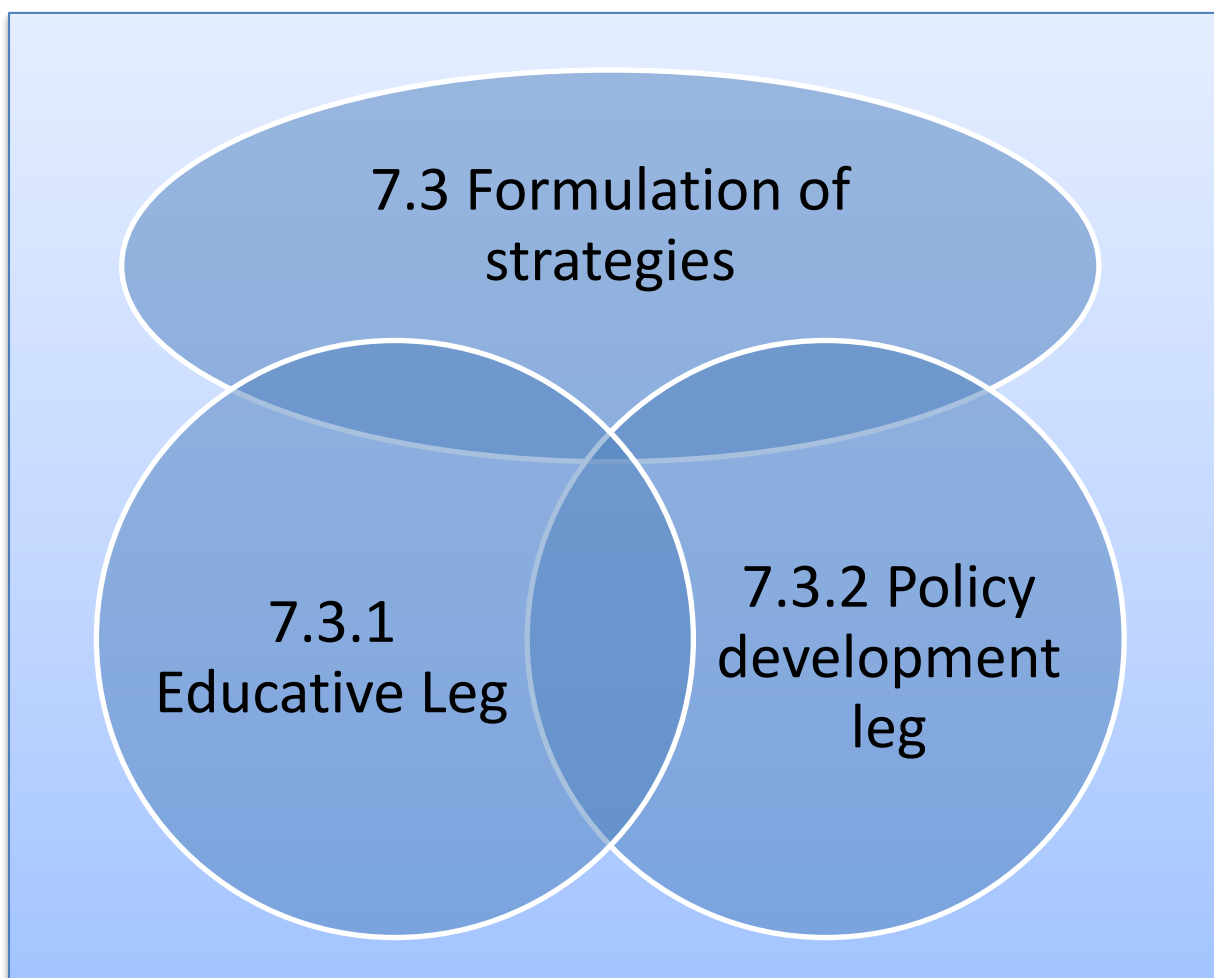
Figure 7.1   Two functional legs

7.3.1   Educative leg

Educative leg will include a range of information, resources, actions and decisions to be undertaken. The proposed strategies to be developed should provide information to be cascaded to different role players in order to equip them with knowledge, skills and attitudes that enable the transition of adolescents with intellectual disability into adulthood. In accordance with South Africa, National Department of Health (2003:02), five general intervention strategies were developed in order to protect the children and adolescents with mental illness and IDs which are as follows:

- **Providing a safe and supportive external environment strategy**

This includes recognising and upholding the rights of the individuals with intellectually disability. The environment where these individuals live should be child-friendly, safe and

stimulating to enable maximisation of their potentials. Although education for a safe environment has been articulated, a conducive environment for the provision and development of sustainable working skills has been neglected. Therefore, the current strategy prioritises a conducive environment that emphasises the need for the working skills to be developed. This calls upon a collaborative and partnership effort of different role players such as caregivers, parents, families, government, departments, NGOs, special schools, communities, rehabilitation centres, homes, industrial and other business stakeholders.

- **Providing information strategy**

This includes providing information to the adolescents, caregivers, parents, families, teachers and other providers on promotion of mental health and prevention of mental illness with special attention on the physical and psychosocial development of the child and on specific health issues. Therefore, it is within this study that strategy to provide information that promotes and develop working skills need to be developed.

- **Building skill strategy**

This includes training of adolescents, caregivers, parents, families, teachers and other providers on how to recognise and manage mental health issues related to social skills, life skills, cognitive skills, health related skills, academic skills and industrial skills. The skills that promote the transition strategy were lacking. Therefore, in order to bridge this gap, the study suggested on the provision and development of working skills.

- **Counselling strategy**

This includes providing counselling to the individuals with IDs to bring them closer to reality when solving problems. No specific mention of problem-solving related to the working skills. Therefore, it is important to develop strategy that will assist individuals with ID cope with the transition strategy related to the provision and development of working skills.

- **Accessibility of heath care services strategy**

This includes the provision of affordable and accessible high quality care that reduces high morbidity rate and mental health related problems. Therefore, it is important to develop a strategy that promotes the accessibility and availability of working skills.

In this study, the proposed educational strategies should cover the major priorities identified in this study as illustrated in Figure 7.2.

7.3.1 EDUCATIONAL STRATEGIES

| 7.3.1.1 Transition possibility | 7.3.1.2 Different role players |

7.3.1.3 Provision and development of working skills

| 7.3.1.4 Caregivers' knowledge. understanding of guidelines | & Cultural competent health care |

7.3.1.5 Alterations to adapt to changes
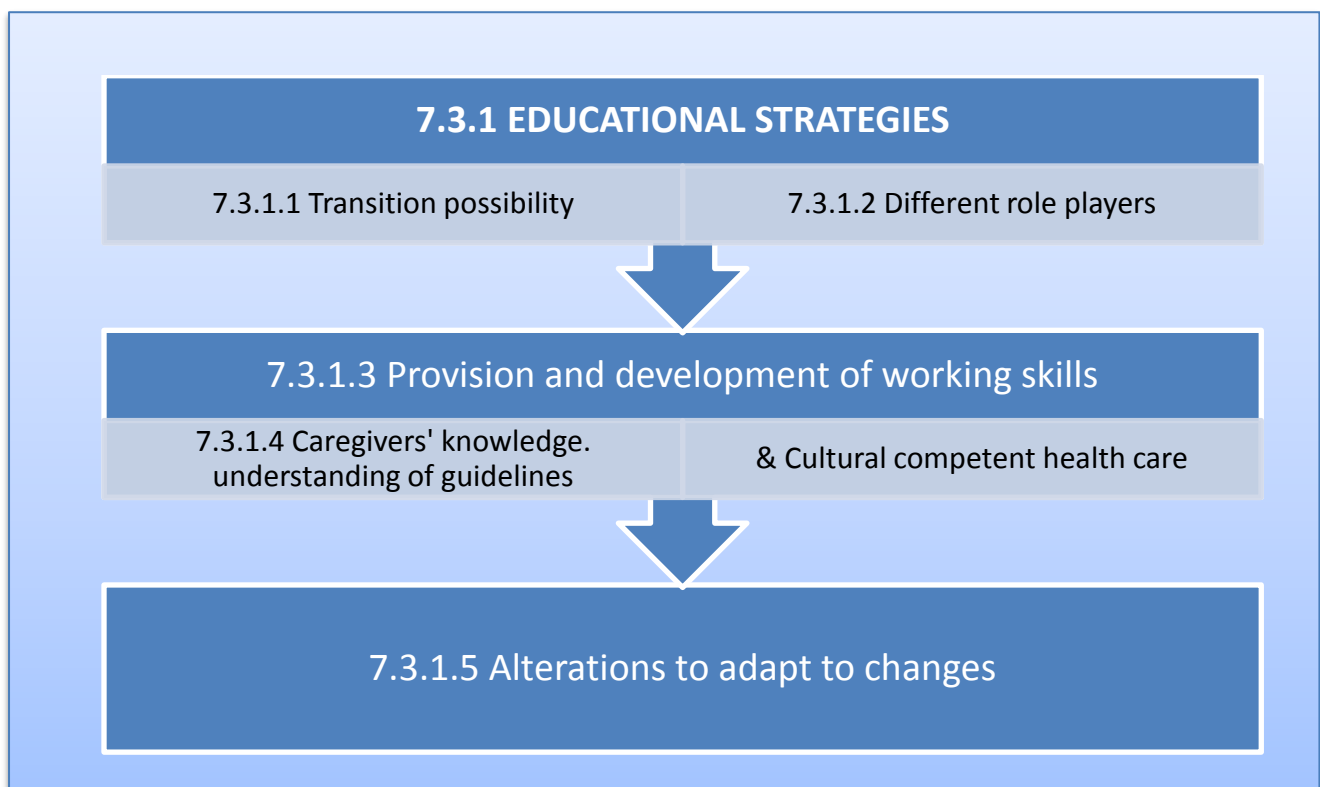
Figure 7.2   Educational strategies

- **Transition possibility strategy**

  - Transition possibility to be inclusive to all individuals with IDs.
  - A Positive Practice Environment that considers a safe transition possibilities.
  - A collaborative and partnership effort from various government departments. NGOs and various private sectors.
  - Educators to take the leading role and be in the forefronts in the provision and development of transition possibilities.

- Threats and barriers to transition possibilities to be well-identified so that they are accordingly dealt with.
- Periodic assessment is key in order to promote successful transition possibilities.
- Awareness campaign that emphasizes on the transition to all individuals with IDs.
- Identification of the transition possibility for the individuals with ID.
- More emphasis on the transition possibilities irrespective of colour, gender and race.
- Transition possibility to be individualised considering the uniqueness of the individuals with ID.
- Curriculum development to focus more on transition possibilities.
- Specific curriculum adaptation that considers the transition possibilities.

- **Different role players' strategy:**

  - Creation of platforms where different role players can share to distribute their roles and responsibilities.
  - This calls upon the collaborative roles of adolescents, families, communities, teachers, nurses, health care workers, occupational therapists, speech therapists, physiotherapists, social workers, medical doctors, psychiatrists, psychologists, priests and dieticians.
  - Frequent meetings should be held on a quarterly basis by different role players to assess and evaluate progress regarding the transition possibilities.
  - Educators to coordinate such meetings in order to plan and discuss transition possibilities.
  - Coordination of activities and actions that need to be undertaken that considers the provision and development of working skills.
  - To come up with different initiatives that promotes progress and possibilities.
  - Proper recording to be kept to provide evidence of the activities.
  - Rewards to be given to role players that act in the best interest of promoting the development of working skills.

- **Provision and development of working skills strategy**

  - Firstly, individuals with ID to go through a thorough psychological assessment and observation to assess various possibilities and readiness for the provision and development of working skills.
  - Provision and development of working skills to take place in the special schools, rehabilitation centres, homes and community centres.
  - A safe and stimulating environment that promotes working skills to be established.
  - Continuous regularly checking and observation of the environment to identify health threats and hazards that might negatively influence the provision of the working skills.
  - Counselling to be provided to the individuals with IDs on a continuous basis.
  - Lay counsellors to be introduced to offer support and counselling.
  - Early introduction of working skills at an early age.
  - Working skills should not be generalised but individualised based on the uniqueness of the individuals with ID.
  - Human and material resources to be available to ensure successful working skills.
  - Working skills should be Relevant, Appropriate, Accessible, Affordable and Practical (RAAAP).
  - Relevant according to the available resources and needs of the individuals with ID and their families.
  - Appropriate in the best interest of the individuals with ID and their families.
  - Accessible rehabilitation centres, special schools and institutions that promote the provision and development of the sound working skills.
  - Affordable services that make the provision and development of working skills possible.
  - Practical skills that could be implemented and practiced on a daily basis.
  - Patience is key in assisting the individuals with ID develop working skills.
  - The provision and development of working skills will assist these individuals gain self-confidence and self-worth.
  - The provision of the working skills will assist these individuals to connect and be closer to the community.

- In turn, the connection and closeness to the community will reduce stigma and discrimination amongst these individuals.
- Compliments and rewards to be given to individuals and their families that carries the mandated working skills forward.
- Source of help to be made available where difficulties and challenges are encountered regarding the development of working skills.
- Referral routes to be made available to offer assistance and support.

- **Caregivers' knowledge strategy:**

   - More in-service training and workshops on how to provide and develop working skills.
   - An appropriated working skill that consider the cultural beliefs and gender differences.
   - Caregivers to treat each individuals with ID as unique and dignified as far as possible.
   - Relevant policies and guidelines to be instituted that promotes the culture of working skills.
   - Caregivers to be equipped with knowledge and skills to carry the provision and development of the working skills.
   - Knowledge and skills to assess the capacity for working skills.
   - Caregivers to be creative and initiative to come up with new ways that promotes sound working skills.
   - Periodic assessment to assess the progress regarding the working skills.
   - To be equipped with knowledge and skills on how to deal and address challenges associated with the transition possibilities.
   - Continuous development to advance the knowledge and skills is beneficial.
   - Compliments and rewards to be awarded to caregivers for the best practices regarding the transition possibilities.

- **Alterations strategy**

   - Turnaround strategy that considers the transition possibilities for individuals with ID.

- A shift focus from the school based academic performance to the provision and development of working skills.
- Curriculum change that focuses not only on school academic performance but also on the provision and development of working skills.
- Institutions that deal with intellectually disabled individuals to consider the provision and development of working skills as a priority.
- Policies, guidelines and acts to be adapted to changes related to the transition possibilities.
- Alterations that consider positive outcomes and change are key.

7.3.2 Policy development leg

Policy development leg will include a range of policies and procedures to be followed. In accordance with the policy guidelines for the child and adolescent mental health and Mental Health Care Act (MHCA No 17, 2002), a number of policies has been instituted to protect and develop adolescents with IDs. According to the MHCA. No 17, 2002:Chapter II (3ai), the Act regulates that the mental health care should provide the best possible mental health care, treatment and rehabilitation services available to the population equitably and efficiently in the best interest of the mental health care users within the limits of the available resources. The need for prioritising the provision and development of working skills was neglected. The proposed policy development should take into considerations the major priorities that emerged from the merged findings as shown in Figure 6.4 and Figure 7.3.

7.3.2 **POLICY DEVELOPMENT LEG**	
7.3.2.1 Transition possibility	7.3.2.2 Different role players

7.3.2.3 Provision & development of working skills	
7.3.2.4 Caregivers' knowledge. understanding of guidelines	& Cultural competent health care

7.3.2.5 Alterations to adapt to changes
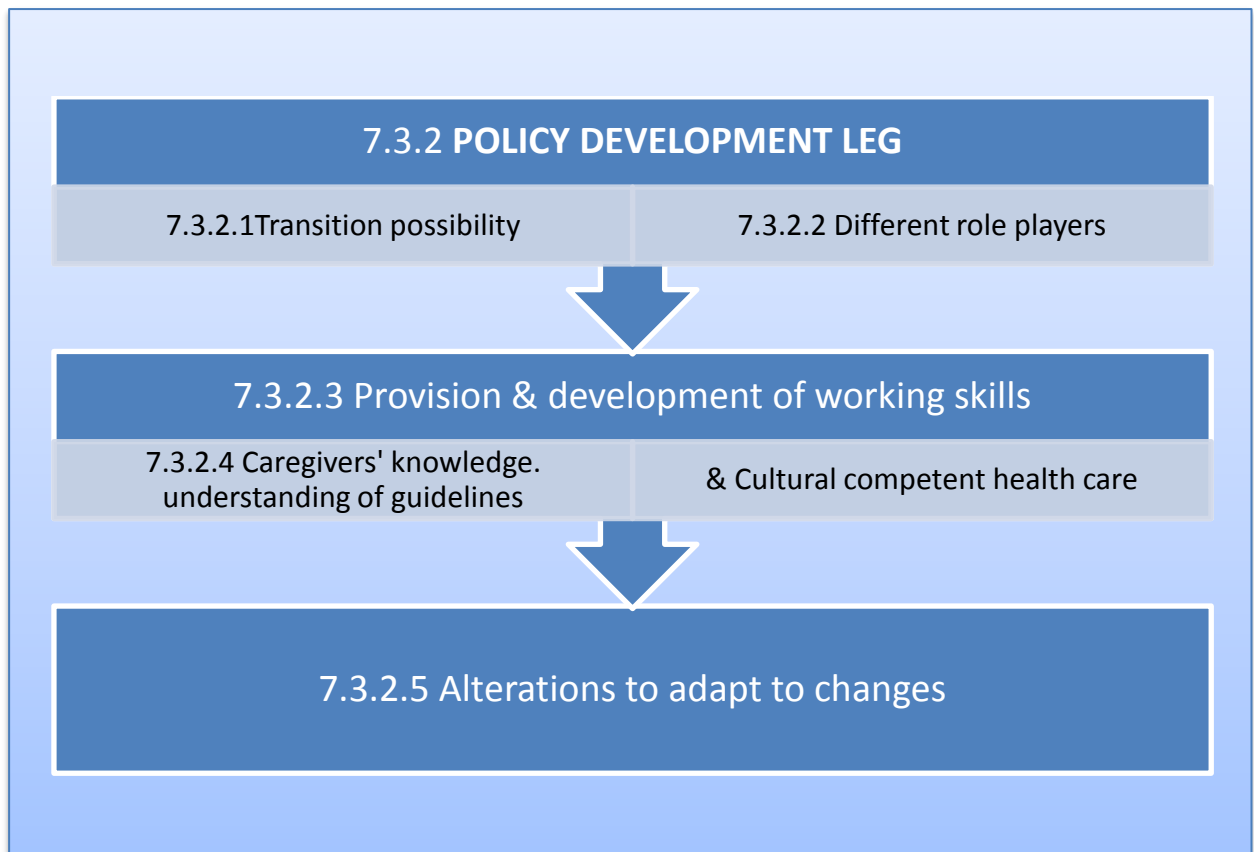
Figure 7.3   Policy development leg

- **Transition possibility strategy**

Transition possibility should be inclusive to all individuals with IDs. The need for policy development that caters for the transition possibility to all should be prioritised and taken into consideration. To achieve this curriculum change and adaptation in special schools and nursing schools has to be instituted. Therefore, specific curriculum development that caters for transition possibility to all individuals with IDs need to be prioritised.

- **Different stakeholders involvement strategy:**

Policies that consider collaborative and partnership of different role players such as individuals with IDs, families, parents, teachers, different caregivers, government departments, various business sectors, industries and NGOs should be taken into consideration in order to make transition possibility a success.

- **Provision and development of working skills strategy:**

Policy development that influences the need for the provision and development of working skills is essential.

The working skills should take the severity of the disability and the ability of the individuals with IDs into consideration.

Although the provision and development of working skills is inclusive to all, the uniqueness, talents and willingness of each an individual with ID plays a major role.

The development of the working skills should be individualised, this calls upon a thorough assessment of the individuals with ID by different role players such as families, teachers, nurses, occupational therapists, speech therapists, medical doctors, dietician, physiotherapists, social workers, psychiatrists, psychologists, priests, communities and health care workers.

- **Caregivers' knowledge strategy**

Policies on training and development of working skills for individuals with IDs should be more relevant, appropriate, accessible, affordable and practical. Different caregivers should be equipped with different knowledge and skills to promote and develop working skills. Caregivers need to implement changes according to the set policies. Therefore, continuous development and training of caregivers with relevant knowledge and skills is crucial.

- **Alterations strategy**

Alterations should be made to policies. Such policies must consider a shift to bring about change in the provision and development of working skills.

Policies should emphasise on the periodic review to evaluate changes and to make necessary adjustments where possible.

7.4 STRATEGIC INITIATIVES FOR THE TRANSITION POSSIBILITIES

Strategic initiatives are undertaken in order to give direction for implementation of change. To ensure successful strategic initiatives, there must be a set of objectives to achieve the strategy (Venter 2014:254). According to Venter (2014:257), to propose the strategic initiatives, the following information should be taken into consideration:

- Description of the initiative.
- Support of the strategic agenda.
- Expected impact or outcome.
- Capital and resource requirements.
- Human resource requirements, people and skills.
- Revenues and expenses.

In this study, the proposed strategic initiatives include the following information in line with the strategic goal:

- Strategic priority.
- Leg structure.
- Objectives.
- Role players.
- Actions to be undertaken.
- Resources needed.

An illustration of the proposed strategic initiatives is shown in Table 7.1 below.

Table 7.1   Strategic initiatives for the transition possibilities

Strategic priority	Leg structure	Objectives	Role players	Actions	Resources
7.4.1 Transition possibility	Educative Leg	To enable different role players to be able to understand/know the transition possibilities for adolescents with ID into adulthood	- Nurses - Educators	- Preparations and planning for the transition process. - Create a harsh free and healthy Positive Practice Environment to facilitate the transition process - Create transition awareness	- Venue. - More human resources for assistance - Family support - Transition team - Time - Budget - Equipment, tools and materials - Interdisciplinary support - Interdepartmental support
	Policy Development Leg	To enable policy developers to influence the development of transition possibilities that promotes healthy transition process for adolescents with IDs into adulthood	- Policy-makers	- Create policies on transition process - Curriculum to enforce transition possibilities - Hold regular meetings. workshops and in-service training on transition possibility	- Policy and curriculum development task teams - Budget
7.4.2 Different roles of key player	Educative Leg	To establish the different roles played by each player in the facilitation of healthy transition of adolescents into adulthood	- Families - Nurses - Health care workers - Educators - Social workers - Physiotherapist - Occupational therapists - Psychologists	**Adolescents' roles** - To cooperate and be willing to learn. **Families' roles** - To provide a healthy home environment without any prejudice. - Provide a supportive role by being available and giving assistance where necessary.	- Venue for meetings - Time - Resources (material and human resources) - Budget

156

Strategic priority	Leg structure	Objectives	Role players	Actions	Resources
			- Speech therapist - Priest - Community - Dietician - Medical Doctors - Psychiatrist	- Acceptance of the children disability's and providing love and care for the children to realise their own potential and strength. - .A collaborative effort is necessary - Hold collaborative meetings with other role players about the transition process. **Health care workers' roles** - To provide ongoing support. - To provide basic needs of individuals with ID. - To advocate for the needs of the individuals with IDs. **Nurses' roles** - To assess the health status and to identify health threat that might influence the transition process negatively. - To promote the health status of the individuals with ID. - To provide the basic needs of children with ID so that they can feel loved and accepted. - To protect individuals with IDs against any form of stigma, abuse and discrimination. **Educators' roles** - To provide educational background that enables individuals with ID to develop working skills. **Social workers' roles** - To conduct home visits in order to assess risks/threats to the transition process.	

157

Strategic priority	Leg structure	Objectives	Role players	Actions	Resources
				- Create a platform for all role players to share and distribute roles that enables healthy transition process. - To play an advocacy role for individuals with ID. - To bring about social just and fairness that promotes the lives of the individuals with IDs. **Dietician** - To assess the nutritional status and to provide nutritional information that promotes physical and mental well-being. **Physiotherapists' roles** - To provide activity that promotes physical and psychological strength. **Occupational therapists' roles** - To provide activity for the psychomotor that strengthens the fine motor and gross motor abilities/skills. **Psychologists' roles** - To provide counselling in order to allay anxiety and fears associated with the transition process. **Speech therapists roles** - To provide activities that address the communication difficulties. **Priests roles** - To provide the spiritual support and encouragement that facilitates the healthy transition process.	

Strategic priority	Leg structure	Objectives	Role players	Actions	Resources
				Community roles - To provide a nonthreatening environment that facilitates healthy transition. - A non-judgemental society free from stigmatisation and discrimination. **Medical doctors roles** - To assess, diagnose and treat medical condition that affect the transition process. - To assess, diagnose and treat mental health condition that affect transition process.	
	Policy Development Leg	To influence the development of different roles played by each player in the facilitation for the healthy transition of adolescents with ID into adulthood	- Policy-makers	- Policy on different roles played by each members. - Policy to rule out expectations and requirements.	- Human resources - Time - Budget
7.4.3 Provision and development of working skills	Education leg	To be able to provide activities that promote the provision and development of working skills	- Team players in families, Homes, special schools, Rehabilitation centres, NGOs, Interdepartmental sectors and other stakeholders.	- Curriculum change that enforces the provision and development of working skills. - Community awareness campaign that addresses the needs of the individuals with ID. - Establishment of the support groups for individuals with ID and their families - Continuous in-service training for caregivers dealing with intellectually disabled.	- Time - Human resources - Budget - Materials - Venue
	Policy development leg	To be able to influence policy that promote the	- Policy-makers	- Policy reviews to ensure that provision and development of working skills is a priority	- Time

Strategic priority	Leg structure	Objectives	Role players	Actions	Resources
		provision and development of working skills		in the Policy guidelines for child and adolescents mental health Mental Health Care Act No.17 of 2002. SA Federation of Mental illness,17 Sustainable Developmental Goals (SDGs), National Development Plan (NDP) 2030, Global Burden of Disease (GBD) and World Health Organization (WHO).	- Human and material resources - Budget
7.4.4 Caregivers knowledge	Educative leg	To be able to equip caregivers with knowledge and skills in order to facilitate the transition process	- Educators, nurses, health care workers and parents.	- Continuous development is necessary to update knowledge and skills. - Offer care, treatment and rehabilitation that acts in the best interest for the individuals with ID	- Equipment, materials, time, budget and people with skills.
	Policy leg	To be able to influence policies that will facilitate equipping caregivers with knowledge and skills	- Policy-makers	- Policy guidelines to be developed to equip caregivers with knowledge and skills. - Policies to advocate for the provision of quality care and services to the individuals with ID. - Skills to be reviewed to stay abreast with current trends.	- Resources - Time - Budget - Venue - People with policy development skills.
7.4.5 Alterations	Educative leg	To be able to develop alterations that promote healthy transition process and possibilities	- Parents, health care workers, nurses, educators, social workers, psychologists, Dietician, Occupational therapists, physiotherapists and speech therapists.	- A curriculum change that facilitate healthy transitions. - All institutions that are at the forefront in the care, treatment and rehabilitation process to facilitate the development of the working skills.	- Time, resources, people with skills. budget and venue

Strategic priority	Leg structure	Objectives	Role players	Actions	Resources
	Policy leg	To be able to influence policies that consider alterations which promotes healthy transition process.	- Policy-makers - Interdepartmental collaboration - NGOs - Business sectors	- Amendments of the policy guidelines for children and adolescents mental health and Mental Health Care Act to prioritize the sound working skills - A new curriculum that recognises working skills beyond academic school performance.	- Budget, time, equipment, resources and policy specialists.

7.5   CONCLUSION

This chapter focused on the process of developing transition strategy that is two-legged with more emphasis on the education and policy-making aspects. Strategic priorities were outlined which facilitate the healthy transition strategy. The next chapter will focus on the conclusions, contributions and limitations of the study.

CHAPTER 8

CONCLUSION, JUSTIFICATIONS, CONTRIBUTIONS, IMPLICATIONS, LIMITATIONS AND DISSEMINATION OF THE RESULTS

8.1   INTRODUCTION

This chapter discusses the summary of the entire study. It also covers the unique contributions made by the study implications, limitations and dissemination of the results. The conclusions of this study were based on the information obtained from participants using a triangulation of data collection methods of observation, field notes, narratives, in-depth interviews, focus group interviews and questionnaires. Findings from this study resulted in merged themes as informed by the mixed method undertaken in this study. It is within these merged findings and themes that the significance, contributions. Implications, limitations, and dissemination of the results were derived.

8.2   CONCLUSION OF THE STUDY

Evidence from this study concluded on five key merged themes. The five themes were the transition possibility, the role of different stakeholders, the provision and development of working skills, caregivers' knowledge and understanding of guidelines and alterations to adapt to changes.

The study concluded that prioritisation of the provision and development of working skills as the central theme that might facilitate the strategy for the transition of adolescents with IDs into adulthood. According to Meleis' Transition Theory cited in (Ramalhal et al 2013:164; Pandey & Agarwal 2013:41) transition involves significant time of change in one's life. Therefore, the researcher hopes to steer change amongst individuals with IDs and their families.

Previous studies recommended the need for research that considers transition process of individuals with IDs into adulthood as it is limited and needs further attention (Joly 2016:1253). Therefore, the study proposes and suggests the provision and development of working skills as a means and ways to bring about positive change amongst individuals

with IDs and their families. In conclusion, this study fills the significant gap on knowledge by identifying the strategy for transition of adolescents with IDs into adulthood.

8.3 JUSTIFICATIONS OF THE STUDY

What is already known about this topic?

- Research regarding the transition process is limited.
- Generally, there has been paucity of research regarding the transition strategy for individuals with ID.
- Research regarding the transition process of adolescents with ID into adulthood has been highly demanded and recommended.
- Nursing involvement in the influence of successful transition to adulthood is very minimal.
- Transition is regarded as a stressful and anxious period due to fear of the unknown such as frequent failures, being bullied, getting a job, rejection and making future plans.
- Parents showed concern about the future plans for their children with ID.
- Historically, individuals with IDs have been disadvantaged, discriminated, stigmatised and isolated by the community.
- Individuals with ID remained one of the marginalized and poorest when it comes to their needs being met.
- Caring for individuals with ID was regarded as a burden; hence, the need for transition was a demand.

What this study adds toward this topic

- Firstly, this study draws strength from the mixed method undertaken in this study that enhanced the study findings. The use of mixed method in this study rigorously enabled the development of the transition strategy to adulthood, which was highly demanded and regarded as a complex situation with far reaching consequences.
- The use of various population settings and data collection methods in this study facilitated in gaining insight on the experiences of parents, teachers, nurses, health

164

care workers and other health professionals with regard to caring for individuals with IDs.

- The integration of Department of Health (DoH), Department of Education (DoE) and NGOs to acquire more information regarding the transition process to adulthood was unique in this study as studies that promote interdepartmental collaboration were lacking.

- The interpretation and merging of the research findings enabled the development of strategy for the transition of adolescents with IDs into adulthood.

- Prioritising the provision and development of the working skills as the key theme that will facilitate the transition process for the betterment of individuals with IDs and their families.

- Putting more emphasis on the partnership and collaborative efforts of different role players in the facilitation of transition strategy of adolescents into adulthood.

- The development of strategy for the transition of adolescents with IDs into adulthood in the South African context was of great significance to this study, as similar strategies have not been found within the African and South African context.

8.4   CONTRIBUTIONS OF THE STUDY

The study has contributed to research in two key areas of adolescents' studies and intellectual disability studies. Current studies in adolescents (Thupayagale-Tshweneagae 2012-2015; Seloilwe. 2010-12012) have emphasised the need for research that concentrate on the experiences of caregivers. IDs individuals and their families in order to understand the complexities of the transitional experiences of adolescents with IDs. Current study further demonstrated that there is more information from those that are directly affected; hence, this makes a unique contribution to the study.

Findings of this study suggest that there is a need for partnership and collaborative effort in the facilitation of transition strategy into adulthood. The study suggests on the need for prioritising the provision and development of working skills among individuals with IDs. This study uniquely contributed to the development of the strategy for the transition of adolescents with IDs into adulthood. Literature search has revealed the need for a transition strategy as such studies have been limited more especially within the African and South African context. Personal observation made by researcher from the community also promoted the need for the development of the transition strategy to adulthood for

individuals with IDs. This study bridged a gap regarding the need for the transition strategy. The study added theoretical knowledge towards the Meleis' Transition strategy by identifying the provision and development of working as key informants for the development of transition strategy for adolescents with IDs. The study suggest on the testing and implementation of the suggested transition strategy in order to enhance the quality of the proposed strategy. Furtherance of research regarding the transition strategy still needs further attention in order to improve the Quality of Life (QOL) for individuals with IDs and their families.

8.5   IMPLICATIONS

The study has implications for the following:

8.5.1 Family

Evidence from this study suggests that family involvement and support is the cornerstone for the provision and development of working skills. Family should play a supportive role in order to ensure successful transition process. In addition, families should join family support groups within the community for source of help and support.

8.5.2 Educators

This study indicates the need for support and resources in order to facilitate the transition process. More in-service training and workshops should be conducted to improve knowledge and skills. The use of sign language is crucial in order to address the communication difficulties. Moreover, educators need to take the lead in the provision and development of the working skills. This also calls for the need for educator assistance in class.

8.5.3 Nursing education

There is a need for nursing education to influence the provision and development of working skills among individuals with IDs. The transition strategy should be included in the nursing school curriculum. This inclusion to be fitted in the new curriculum as part of the provision of general nursing care. According to the new curriculum, a three-year

course will only include general nursing excluding midwifery and psychiatry. More emphasis should be placed on strengthening partnerships and collaborative efforts to facilitate the transition process.

8.5.4 Clinical practice

Evidence from this study suggests the need for clinical practice to support and influence the provision and development of working skills among individuals with IDs without undermining the promotion of high quality care. More in-service training and workshops that encourage the promotion of working skills should be introduced. Clinical practitioners should work together with other sectors and stakeholders to carry forward sound working skills. The establishment of Positive Practice Environments (PPE) will facilitate the transition strategy for individual with ID into adulthood. Clinical Teaching Department (CTD) should facilitate institutional policies that consider meaningful transition process.

8.5.5 Non-Governmental Organizations (NGOs)

Evidence from this study suggests that NGOs need to go beyond the provision of basic needs and also consider the provision of working skills as a priority. Partnership and collaborative efforts to be taken into consideration. More in-service training and workshops to be conducted to ensure that health care workers are well equipped with knowledge and skills.

8.5.6 Community care

Evidence from this suggests the need for community involvement and support in carrying the working skills forward. Communities need to be more accessible and useful in the support of individuals with IDs. In addition, communities should identify and establish community learning centres that promote working skills. Community centres should be affordable and appropriate to meet the needs of individuals with IDs. Community awareness campaign should be established to raise awareness about the transition process.

8.5.7 Department of Basic Education

Evidence from this study suggests that transition possibilities to be inclusive to all. More resources and support should be provided to the service providers and role players to ensure successful transition. The Department should establish in-service training and workshops that considers the need for working skills. There is a need for curriculum change and curriculum adaptation that focus on the provision of the working skills and transition strategy. The DOE should take the leadership role in strengthening interdepartmental collaboration and partnership efforts. The initiation of compliments and rewards to special schools that implement sound and meaningful working skills. Monitoring and evaluation programme of the provision and development of working skills to ensure progress and to make necessary adjustments.

8.5.8 Department of Health

Evidence from this study suggests that interdepartmental collaboration and partnership is key for the provision and development of working skills. Funding and support need to assist successful transition. The DOH needs to liaise with other departments about the establishment of in-service training and workshops that promote successful transition process. More awareness campaign need to raise awareness of the transition process. More importantly, rewards and compliments should be given to institutions that promote transition possibilities.

8.5.9 Department of Labour (DoL)

Evidence from this study suggests the establishment of labour market to ensure successful transition possibilities. The DoL should ensure that each department carry out the mandate in terms of the Employment Equity Act, which postulates that 2% of job opportunities should be awarded to individuals with IDs.

8.5.10 Department of Agriculture (DoA)

Evidence from this study suggests that provision and development of working skills taking into consideration the agricultural aspects is key. Integrated approach with other

departments is needed in order to equip individuals, families and caregivers with necessary knowledge and skills regarding the agricultural issues.

8.5.11 Department of Justice (DOJ)

Evidence from this study suggests the need for prevention of discrimination and stigma. The DoJ should ensure strict law enforcement to prevent discrimination and to ensure that provision and development of working skills takes place in the best interest of the individuals with IDs and their families. More importantly, any form of harm and abuse towards these individuals to be regarded as a crime with a fine and a sentence of not more than five years.

8.5.12 Department of Social Development

This Department should advocate for the needs of the individuals with IDs towards the successful transition process. Monitoring and evaluation of unlawful and unethical acts that may put the lives of the individuals with IDs into danger.

8.5.13 Department of Transport

This Department should provide user-friendly transport in order to ensure successful transitions. Evidence from this study raised a challenge regarding transportation of individuals with IDs from one place to the other.

8.5.14 Department of Housing

The provision of affordable houses to individuals will assist in the achievement of successful transition process. Evidence from this study suggests that individuals with IDs suffer from discrimination and stigma.

8.5.15 Policy-makers

There is a need for policy makers to be involved in harnessing new guidelines, rules, regulations, policies and relevant acts that support the provision and development of sound working skills. The need for amendments of policy guidelines. Mental Health Care

Act, curriculum and regulations should prioritize for persons with IDs in order to promote successful transition process.

8.5.16   Business sectors

Evidence from study indicates the need for government departments to collaborate with business and private sectors to equip intellectually disabled individuals with sound working skills. Therefore, the provision of job opportunities by business sectors for individuals with IDs will be beneficial.

8.5.17   Future researchers

There is a high need for transition strategy that promotes positive change and outcomes. Evidence from this study suggests the need for the development of transition strategy in order to render quality care for these individuals more especially within the South African context. Therefore, furtherance of research on the transition strategy is crucial so that results can be generalised on a larger scale. This study provided the basic foundation for the development of strategy for transition of individuals with IDs into adulthood that can be utilised by future researchers to build on.

8.6   LIMITATIONS OF THE STUDY

Generalisations of this study was limited to specific regions where the research was conducted to obtain information from various population settings in order to develop the strategy for transition of adolescents with IDs into adulthood. Although the refusal and non-response rate was minimal, this limited the generalisations of this study. The decline of one of the NGOs to participate in this study provided limited information that might have been utilised to develop the transition strategy for transition into adulthood. However, findings from this deserve the potential to be adopted by other settings not involved in the study.

Participants' responses were another limitation. Patterns of answering the questionnaires might have been subject to guesswork. To bridge this gap, the researcher utilised a triangulation of data collection methods.

Time of data collection was considered a limitation as this negatively influenced the prolonged engagement that could have benefited this study in gaining an in-depth understanding for the development of strategy for transition of adolescents with IDs into adulthood. The non-availability of psychologists, speech therapists and dieticians limited this study in gaining insiders' perspectives of these professionals. As a result, this impacted on gathered information in order to develop strategy for transition of adolescents with IDs into adulthood. Furtherance of research that delimits the generalisation of the results on a larger scale is recommended.

8.7   DISSEMINATION OF THE RESULTS

Findings of this study will be presented in seminars, local and international conferences. Publication of the research article will be done in the approved journal so that research findings are made known. Moreover, copies of completed dissertation will be sent to relevant institutions where the study was undertaken so that they can implement change.

8.8   CONCLUSION

The objectives of this study were three-phased with the purpose of developing strategies for transition of adolescents with IDs into adulthood. Based on information and findings acquired from participants both from the qualitative and quantitative phases, strategies were developed for transition of adolescents with IDs into adulthood. The strategy for transition of adolescents with ID into adulthood was developed as informed by a variety of data collection methods undertaken in this study. Therefore, it is important that families, individuals with IDs, caregivers, educators, government departments, NGOs, special schools, rehabilitation centres, communities and relevant stakeholders take into cognisance the proposed strategic initiatives. The study recommends the prioritisation of provision and development of working skills as the determining factor for facilitating the strategy for transition of adolescents with IDs into adulthood. The need for the furtherance of research is key in order to evaluate the transition strategy and to ensure generalisation of results on a larger scale.

LIST OF REFERENCES

Aldersey, HM. 2012. Family perceptions of intellectual disability. Understanding and support in Dar es Salaam. *African Journal of Disability* 1(1); Art. #32. 12 pages.

Al-Yateem, N & Docherty, C. 2015. Transition: A concept of significance to nursing and health care professionals. *Journal of Nursing Education and Practice* 5:1-7.

Belmont Report. 1979. Ethical principles and guidelines for the protection of human subjects or research. [Online]: Available at: http://ohsr.od.nih.gov/guidelines /belmonthtml (accessed 2 July 2014).

Bless, C, Smith, CH & Sithole, SL. 2013. *Fundamental of social research methods: An African perspective.* 5th edition. Cape Town: Juta.

Bostrom, PK & Broberg, M. 2014. Opennness and avoidance – a longitudinal study of fathers of children with intellectual disability. *Journal of Intellectual Disability Research* 58(9):810-821.

Botma, Y, Greeff, M & Mulaudzi, FM & Wright, SCD. 2010. *Research in health studies.* 2nd edition. Cape Town: Heinemann.

Bruce, JC, Klopper, HC & Mellish, JM. 2011. *Teaching and learning the practice of nursing.* 5th edition. Cape Town: Heinemann.

Calitz, FJW. 2011. Psycho-legal challenges facing the mentally retarded rape victim. *South African Journal of Psychiatry* 17(3):66-70.

Chick, N & Meleis, AI. 1986. Transitions: A nursing concern. In P.L. Chinn (Ed.). *Nursing research methodology*: 237-257. Boulder. Co: Aspen.

Creswell, JW. 2014. *Research design: Qualitative. Quantitative and mixed methods approaches.* International student edition. 4th edition. London: Sage.

Davis, AM, Brown, RF, Taylor, JL, Epstein, RA & McPheeters, ML. 2014. Transition care for children with special health care needs. *American Academy of Pediatric* 134(5):900-908.

De Vos, A, Strydom, H, Fouché, CB & Delport, CSA. 2011. *Research at grassroots for the social sciences and human service professions.* 4th edition. Pretoria: Van Schaik.

Deroche, CB, Holland. MM, McDermott. S, Royer. JA, Hardin, JW, Mann, JR, Salzberg, D, Ozturk, O & Ouyang, L. 2015. Development of a tool to describe overall health, social independence and activity limitation of adolescents and young adults with disability. *Research Development Disabilities* 38:288-300.

Forte, M, Jahoda, A & Dagnan, D. 2011. An anxious time? Exploring the nature of worries experienced by young people with a mild to moderate disability as they make the transition to adulthood. *British Journal of Clinical Psychology* 50:398-411.

Gaede, RJ & Surujlal, J. 2011. Through the lens of the learner: Using photo-elicitation to assess the recreational needs of learners with intellectual disabilities. *African Journal for Physical, Health Education, Recreation and Dance (AJPHERD)* Supplement 1:344-355.

Grove, SK, Burns, N & Gray, JR. 2013. *The practice of nursing research appraisal, synthesis and generation of evidence.* 7th edition. Philadelphia: Elsevier.

Gunther, DF & Diekema, DS. 2006. Attenuating growth in children with profound intellectual developmental disability: A new approach to an old dilemma. *JAMA Pediatrics Adolescent* 160(10):1013-1017.

Horsfall, J, Cleary, M & Hunt, GE. 2010. Stigma in mental health: Clients and professionals. *Issues in Mental Health Nursing* 31:450-455.

Hsin-Tzu, SL, Ching-Ron, L & Wen-Yu, H. 2011. A conceptual analysis of role transition: An example for becoming nurse practitioners. *Tzu Chi Nursing Journal* 10(2):66-73.

Joly, E. 2016. Integrating transition theory and bioecological theory: A theoretical perspective for nurses supporting the transition to adulthood for young people with medical complexity. *Journal of Advanced Nursing* 72(6):1251-1262.

Keller, TE, Cusick, GR & Courtney, ME. 2007. Approaching the transition to adulthood: Distinctive profiles of adolescents aging out of the child welfare system. *Social Service Revenue* 81(3):1-26.

Kirton, B. 2011. *Brilliant dissertation what you need to know and how to do it.* 1st edition. London. Prentice Hall: Pearson.

Lancaster, RL, Balling, K, Hastings, R & Lloyd, TJ. 2014. Attributions, criticism and warmth in mothers of children with intellectual disability and challenging behaviour: a pilot study. *Journal of Intellectual Disability Research* 58:1060-1071.

Lennox, N, McPherson, L & Van Dooren, K. 2015. Caring for persons with intellectual and developmental disabilities. *Journal of Religion and Society* 12(2015):110-121.

Lindgren, E, Söderberg, S & Skär, L. 2014. Managing transition with support: Experiences of transition from child and adolescent psychiatry to general adult psychiatry narrated by young adults and relatives. *Psychiatry Journal*: Article ID 457160. 8 pages.

Marshall, C & Rossman, GB. 2016. *Designing qualitative research*. 6th edition. Los Angeles: Sage.

McIntosh-Scott, A, Mason, T, Mason-Whitehead, E & Coyle, E. 2014. *Key concepts in nursing and healthcare research.* 1st edition. Los Angeles: Sage.

McNally, A & Mannan, H. 2013. Perceptions of caring for children with disabilities: Experiences from Mosh. Tanzania. *African Journal of Disability* 2(1):21.10 pages

Meleis, AI, Sawyer, LM, Im, EO, Messias, DKH & Schumacher, K. 2000. Experiencing transitions: An emerging middle range theory. *Advance Nursing Science* 23(1):12-28.

Mudhovozi, P, Maphula, A & Mashamba, T. 2012. Caring for children with mental retardation: The experiences of Vhavenda mothers. *African Journal for Physical. Health Education. Recreation and Dance (AJPHERD)* (Supplement 2):148-159.

Nkuepo, H. 2011. Women with disability. *Economic and Social Rights (ESR) Review.* 12(3):6-9.

Pallisera, M, Vila, M & Fullana, J. 2014. Transition to adulthood for young people with intellectual disability: Exploring transition partnerships from the point of view of professionals in school and post school services. *Journal of Intellectual and Developmental Disability* 3(4):333-341.

Pandey, S & Agarwal, S. 2013. Transition to adulthood for youth with disability: Issues for the disabled child and family. *JOSR Journal of Humanities and Social Science (IOSR-JHSS)* 17(3):41-45.

Patton, MQ. 2015. *Qualitative research and evaluation methods, integrating theory and practice.* 4th edition. London: Sage.

Parker, V, Lieschke, G & Giles, M. 2017. Ground-up-top down: A mixed method action research study aimed at normalising research in practice for nurses and midwives. *BioMedical Central (BMC) Nursing* 16(52):1-18.

Parley, FF. 2010. What does vulnerability mean? *British Journal of Learning Disabilities* 39:266-276.

Patja, K, Livanainen, M, Vesala, H, Oksanen, H & Ruoppila, I.2009. Life expectancy of people with intellectual disability: a 35-year follow-up study. *Journal of Intellectual Disability Research* 44 (5):591-599.

Polit, DF & Beck, CT. 2008. *Nursing research: Generating and assessing evidence for nursing practice.* 8th edition. Philadelphia: Wolters Kluwer; Lippincott. Williams & Wilkins.

Polit, DF & Beck, CT. 2012. *Nursing research: Generating and assessing evidence for nursing practice.* 9th edition. Philadelphia: Wolters Kluwer; Lippincott. Williams & Wilkins.

Portney, LG & Watkins, MP. 2014. *Pearson new international edition. Foundations of clinical research. Applications to practice.* 3rd edition. London: Pearson.

Ramalhal, T, Lagarto, A, Matos, A, Cruz, H & Ribeiro, H. 2013. Transition to parenthood: Nursing intervention to promote paternal competences. *NERP* 5:164-169.

Read, S & Cartlidge, D. 2012. Critical reflection on end-of-life care for people with IDs: a single case study approach: *International Journal of Palliative Nursing* 18(1):23-27.

Rogers, C. 2011. Mothering and intellectual disability: Partnership rhetoric? *British Journal of Sociology of Education* 32(4):563-581.

Shaw, TM & DeLaet, DE. 2010. Transition of adolescents to young adulthood for vulnerable populations. *Pediatrics in Review* 31(12):1-4.

Shogren, KA & Plotner, AJ 2012. Transition planning for students with intellectual disability autism or other disabilities: data from the National Longitudinal. *Intellectual and Developmental Disabilities*: 1-34.

Sidani, S & Braden, CJ. 2011. *Design evaluation and translation of nursing interventions*. New York: Wiley-Blackwell.

South Africa. National Department of Health. 2002. *Mental Health Care Act (Act No 17 of 2002)*. Pretoria: Government Printers.

South Africa. National Department of Health. 2003. *Policy guidelines child and adolescent mental health.* Pretoria: Government Printers.

Stewart, D, Freeman, M, Law, M, Healy, H, Burke-Gaffney, BA, Forhan, M, Young, N & Guenther, S. 2010. Transition to adulthood for youth with disabilities: Evidence from the literature. In: *International Encyclopedia of Rehabilitation* edited by JH Stone and M Blouin: 1-18. [Online]: Available at: http://cirrie.biffalo.edu/encyclopedia/en/article/110/ (accessed 18 March 2016).

Stewart, L, Einfeld, MD, Piccinin, AM, Mackinnon, A, Hofer, SM, Taffe, J, Gray, KM, Bontempo, DE, Hoffman, LR, Parmenter, T & Tonge, BJ. 2006. Psychopathology in young people with intellectual disability. *Journal of the American Medical Association* 296(16):1981-1989.

Sullivan, GM & Artino, Jr. AR. 2013. Analyzing and interpreting data from Likert-Type Scales. *Journal of Graduate Medical Education*: 541-542.

Townsend, MC. 2012. *Psychiatric mental health nursing concepts of care in evidence based practice.* 7th edition. Philadelphia: FA Davis.

Tugli, AK, Zungu, LI, Ramakuela, NJ, Goon, DT & Anyanwu. FC. 2013. Perceived challenges of serving students with disabilities in a historically disadvantaged tertiary institution. South Africa. African *Journal for Physical health Education. Recreation and Dance (AJPHERD)* (Supplement 1:2):346-355.

Van der Linde, J & Casteleijn, D. 2016. A comparison of two assessments of levels of functioning in clients with intellectual disability between occupational therapists and nursing staff within a long-term mental health care facility in South Africa. *Curationis Journal of the Democratic Nursing Organisation of South Africa* 39(1):10 pages.

Venteer, P. 2014. *Practising strategy: A Southern African context.* 1st edition. Cape Town: Juta.

Vermeer, A & Magyarszeky, Z. 2014. *Disability care in Africa community based rehabilitation in rural regions.* 1st edition. VU University Press. Netherlands: Amsterdam.

Werner, S. 2012. Individuals with intellectual disabilities: A review of the literature on decision-making since the Convention on the Rights of People with Disabilities (CRPD). *Public Health Reviews* 34(2):1-27.

Weiten, W. 2013. *Psychology themes and variations.* 9th edition. Wadsworth: Cengage Learning.

Zhou, H., Roberts, P, Dhaliwal. S & Della. P. 2016. Transitioning adolescent and young adults with chronic disease and/or disabilities from paediatric to adult care services - an integrative review. *Journal of Clinical Nursing* 25(21-22):3113-3130.

ANNEXURES

ANNEXURE A

ETHICAL CLEARANCE CERTIFICATE: UNIVERSITY OF SOUTH AFRICA. HEALTH STUDIES HIGHER DEGREES COMMITTEE

UNISA | university of south africa

RESEARCH ETHICS COMMITTEE: DEPARTMENT OF HEALTH STUDIES

REC-012714-039 (NHERC)

5 October 2016

HSHDC/540/2016	
MS Rakgadi Grace Malapela	
Student:	3235-747-8
Supervisor:	Prof GB Thupayagale-Tshweneagae
Qualification:	D Tech
Joint Supervisor:	-

Dear MS Rakgadi Grace Malapela

Decision: Ethics Approval

Name: MS Rakgadi Grace Malapela

Proposal: Strategy for transition of adolescents with intellectual disabilities into adulthood.

Qualification: DPCHS04

Thank you for the application for research ethics approval from the Research Ethics Committee: Department of Health Studies, for the above mentioned research. Final approval is granted for the duration of the research period as indicated in your application.

The application was reviewed in compliance with the Unisa Policy on Research Ethics by the Research Ethics Committee: Department of Health Studies on 5 October 2016.

The proposed research may now commence with the proviso that:

1) The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.

2) Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Research Ethics Review Committee, Department of Health Studies. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa

3) The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.

4) [Stipulate any reporting requirements if applicable].

Note:

The reference numbers [top middle and right corner of this communiqué] should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the Research Ethics Committee: Department of Health Studies.

Kind regards,

Prof L Roets
CHAIRPERSON
roetsl@unisa.ac.za

for Prof MM Moleki
ACADEMIC CHAIRPERSON
molekmm@unisa.ac.za

Approval template 2014

INFORMATION FOR STUDY PARTICIPANTS

Title Strategy for transition of adolescents with intellectual disabilities into adulthood

Principal Investigator: Ms RG Malapela. Doctoral of Philosophy in Nursing student. University of South Africa. (3235-747-8).

Background and purpose of the study: Caring for adolescents with intellectual disabilities remains a complex issue. Worldwide, there is a widespread need for transition care of adolescents with intellectual disabilities into adulthood. Therefore, strategies for transition of adolescents with intellectual disabilities need further attention. Previous studies and literature reviews worldwide recommended furtherance of research regarding more attention on these populations and little is known on how they evolve over time or on how they transit into adulthood.

The purpose of this study is to develop strategies for transition of adolescents with intellectual disabilities into adulthood incorporating Meleis' Transition Theory.

Procedure: Caregivers, teachers and mothers dealing with intellectually disabled adolescents at the care and rehabilitation centre, training centres and children's home will be the key informants. Participants will reflect on their thoughts, experiences, feeling and challenges about the strategies for transition of adolescents with intellectual disabilities into adulthood during the narratives, digitally recorded interviews, observation and questionnaire. Thereafter, they will hand in narratives and in-depth interviews will be conducted in their natural settings to ensure privacy. The interview will be tape recorded and field notes will be taken during interviews. Participants will also answer structured questionnaires and hand in to the researcher after completion.

Those interested in taking part in the study more information will be explained in full. If you are interested in taking part, you will give a written consent by completing the consent form. Questions will have to be answered before signing the consent. If you have trouble understanding any of the questions, the researcher will be available to answer your questions. If you agree to participate, please complete the question sheet and sign the

consent. Return the consent form within two weeks in a provided envelope with address at any time.

At any time, you may refuse to answer any questions or if you choose, you may withdraw from the study.

Benefits: If you take part in this study, there may be no immediate direct benefit for you. You will not receive any payment for taking part in this study. Participants will be interviewed, issued with structured questionnaires and note books for narrative practices. However, by taking part in this study, the researcher hopes to learn more about their experiences. Results of this study may lead to further research that may enhance individuals with intellectual disabilities; clinical practice and nursing education in order achieve positive outcomes.

Risks: There are no direct risks to you by taking part in this study. During interview, questions asked may be upsetting to you and this is considered to be an indirect risk. Participants will be referred to the employee and wellness clinic and for counselling with prior arrangement should any indirect risk be experienced. There are no monetary costs to you associated with taking part in this study.

Confidentiality: Every attempt will be made to maintain your confidentiality during and after the study. As part of maintaining confidentiality, you will be identified by a number. All information will be held confidential, except when professional code of ethics or legislation requires reporting.

The information you provide will be kept for at least five years after the study is done. The information will be kept in a secure area (i.e. locked filing cabinet). Your name and any other identifying information will not be attached to the information you gave. Your name will never be used in any presentation or publication of the study results.

The information gathered for this study may be looked at again in the future to help answer other study questions. If so, the ethics board will first review the study to ensure the information is used ethically.

The results of this study may be included as part of a thesis or published in a scientific journal. Your name will not be mentioned in any of these documents. No participant in this study will be identified by name in either a presentation or publication.

Freedom to withdraw: If at any time you do not wish to continue in the study, for whatever reason, you may withdraw. You do not have to give a reason for no longer continuing in the study. If you withdraw from the study, it will not impact your employment.

You have the right to learn about the results of this study.

Should you have any question or problems feel free to contact **Ms RG Malapela at 082 598 6881 and alternative office number at work 012 319-5769 Monday to Thursday 07h00-16h00 and Friday 07h00-13h00 only.**

_____ _____ _____
Signature of research participant   Printed name   Date

_____ _____ _____
Signature of the Researcher   Printed name   Date

ANNEXURE C

PERSONAL INFORMATION FOR PARTICIPANTS

Title: STRATEGY FOR TRANSITION OF ADOLESCENTS WITH INTELLECTUAL DISABILITIES INTO ADULTHOOD

Principal Investigator: Ms RG Malapela. Doctoral of Philosophy in Nursing Student. University of South Africa. (3235-747-8)

SECTION A: RESPONDENT DEMOGRAPIC PROFILE
INSTRUCTIONS

- Tick the most appropriate answer applicable to you. For example ☒

1. AGE: 21-29: ☐ 30-39: ☐ 40-49: ☐ 50-59: ☐ 60+: ☐

2. GENDER: Female: ☐ Male: ☐

3. RACE: Black: ☐ Coloured: ☐ Indian: ☐ White: ☐

4. EDUCATION BACKGOUND: Certificate: ☐ Diploma: ☐ Degree: ☐ Post Graduate: ☐ other: ☐ specify_____

5. EMPLOYMENT STATUS: Health worker: ☐ Nursing Assistant: ☐ Enrolled Nurse:☐ Registered Nurse with Psychiatry: ☐ Registered Nurse without Psychiatry: ☐ Non Nurse: ☐ other: ☐ specify: _____

6. ALLIED WORKERS: Occupational therapists: ☐ Physiotherapists: ☐ Social worker: ☐ NONE: ☐

7. TYPE OF AN INSTITUTION: Community Day Care Centre: ☐ Home: ☐ Care and Rehabilitation Centre: ☐ Special School

8. State the name of the institution:_____

9. Number of years caring for intellectually disabled adolescents: 0-2ys: ☐ 3-5yrs: ☐ 5-7Yrs: ☐ 7-10yrs: ☐ Above 10yrs: ☐

10. How many adolescents with intellectual disabilities: 0-1: ☐ 2-3: ☐ 3-5: ☐ 5-10: ☐ 10+ ☐ 20+ ☐

_____ _____ _____
Signature of research participant   Printed name   Date

_____ _____ _____
Researcher's signature   Printed name   Date

ANNEXURE D
INFORMED CONSENT FORM

Title: STRATEGY FOR TRANSITION OF ADOLESCENTS WITH INTELLECTUAL DISABILITIES INTO ADULTHOOD

Principal Investigator: Ms RG Malapela. Doctoral of Philosophy in Nursing Student. University of South Africa. (3235-747-8)

Questions:

Do you understand that you have been asked to be in a research study? Yes   No

Have you read and received a copy of the attached information sheet?   Yes No

Do you understand the benefits and risks involved in taking part in this research study? Yes No

Have you had the opportunity to ask questions and discuss the study?   Yes   No

Do you understand that you are free to refuse to participate or withdraw from the study at any time? You do not have to give a reason and it will not affect your employment. Yes   No

Has the issue of confidentiality been explained to you?   Yes   No

Do you know that you can discuss with the researcher any negative or difficult feelings or experiences as a result of participating in this research study?   Yes No

Do you understand who will have access to your information?   Yes No

This study was explained to me by:_____

I agree to take part in this study.

_____   _____   _____
Signature of research participant   Printed name   Date

_____   _____   _____
Researcher's signature   Printed name   Date

I believe that the person signing this form understands what is involved in the study and voluntary agrees to participate.

_____   _____   _____
Signature of witness   Printed name   Date

ANNEXURE E

INFORMATION LETTER ON GRAND TOUR QUESTION TO BE ASKED

IN THE NARRATIVE DOCUMENTS

Write down your thoughts feelings and experiences of "Strategy for transition of adolescents with intellectual disabilities into adulthood" and the challenges thereof.

Should you have any queries regarding the questions to be answered, feel free to contact Ms RG Malapela at 082-598-6881 and during office hours Work Tel: (012) 319-5769 Office No: A303-2

_____ _____ _____

Participant's Signature   Printed Name   Date

Doctoral of Philosophy in Nursing student. University of South Africa.

_____ _____ _____

Researcher's Signature   Printed Name   Date

ANNEXURE F

INFORMATION LETTER ON GRAND TOUR QUESTIONS TO BE ASKED DURING INDIVIDUAL AND FOCUS GROUP INTERVIEWS

The question to be asked during one to one in-depth interviews:

Tell me about your strategy for transition of adolescents with intellectual disabilities into adulthood and the challenges thereof.

Should you have any queries regarding the questions to be answered, feel free to contact Ms RG Malapela at 082-598-6881 and during office hours Work Tel: 012 319-5769 Office No: A303-2

_____   _____   _____

Participant's Signature   Printed Name   Date

Doctoral of Philosophy in Nursing student. University of South Africa.

_____   _____   _____

Researcher's Signature   Printed Name   Date

ANNEXURE G

INTERVIEW GUIDE FOR INDIVIDUAL AND FOCUS GROUPS INTERVIEWS

TOPIC/THEMES	INTERVIEW QUESTIONS
Experiences	• Tell me about the experiences of caring/teaching for persons with intellectual disabilities? • How did it feel like?
Definition Causes Characteristics	• What is intellectual disability? • What are the causes of intellectual disability? • What are the characteristics of adolescents suffering from intellectual disability? • Do you think adolescents with intellectual disabilities have common characteristics? • If your answer is "yes" tell me more about those characteristics?
Challenges	• What are the challenges faced by adolescents with intellectual disabilities not to transit into adulthood?
Strategy	• How do you deal with those challenges?
Influential factors	• Tell me your strategy to assist adolescents with IDs transit into adulthood? • What are the most influential factors toward the transition of adolescents with intellectual disabilities?
Roles of caregivers	• What are the roles of the caregivers/parent/teachers in the transition of adolescents with IDs into adulthood?
Roles of the adolescent	• What are the roles of the adolescents with IDs toward the transition process?
Satisfying aspects	• What are the most the satisfying aspects about the transition of intellectually disabled adolescents to adulthood?
Dissatisfying aspects	• What are the most dissatisfying aspects about the transition of intellectually disabled adolescents to adulthood?
Possibilities of transition	• Do you think is possible for adolescents with intellectual disabilities to transit into adulthood? Answer with a Yes or No and motivate your answer.
Recommendations	• What are your recommendations in assisting adolescents with intellectual disabilities transit into adulthood?

ANNEXURE H

QUANTITATIVE QUESTIONAIRE

TITLE: STRATEGY FOR THE TRANSITION OF ADOLESCENTS WITH INTELLECTUAL DISABILITIES INTO ADULTHOOD

RESEACHER: Ms RAKGADI GRACE MALAPELA; DOCTORAL STUDENT AT THE UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: Prof G THUPAYAGALE-TSHWENEAGAE (UNISA)

KINDLY TAKE 30-45 MINUTES AND COMPLETE THE ATTACHED QUESTIONAIRE.

INDICATE WITH A CROSS X INTHE APPROPRIATE ANSWER BOX

QUESTIONAIRE CONSISTS OF SIX (06) SECTIONS AS FOLLOWS:

- Section A: Respondent demographic profile
- Section B: Information about adolescent living with intellectual disabilities
- Section C: Nature of transition
- Section D: Transition conditions
- Section E: Patterns of response
- Section F: Therapeutic interventions

QUANTITATIVE QUESTIONNAIRES TO BE ASKED FROM HEALTH PROFESSIONALS AND CAREGIVERS WHO ARE AT THE FOREFRONT IN THE CARE. TREATMENT AND REHABILITATION OF INTELLECTUALLY DISABLED ADOLESCENTS.

SECTION A: RESPONDENT DEMOGRAPIC PROFILE

INSTRUCTIONS

- Tick the most appropriate answer applicable to you. For example x ☒

1. AGE: 21-29: ☐   30-39: ☐   40-49: ☐   50-59: ☐   60+: ☐

2. GENDER: Female: ☐   Male: ☐

3. RACE: Black: ☐   Coloured: ☐ Indian: ☐   White: ☐

4. EDUCATION BACKGOUND: Certificate: ☐ Diploma: ☐ Degree: ☐ Post

   graduate: ☐ other specify_____

5. EMPLOYMENT STATUS: Health worker: ☐ Nursing Assistant: ☐ Enrolled Nurse:☐

Registered Nurse with Psychiatry: ☐ Registered Nurse without Psychiatry: ☐ Non Nurse:

☐ other specify_____

6. ALLIED WORKERS: Occupational therapists: ☐ Physiotherapists: ☐ Social worker: ☐

NONE: ☐

7. TYPE OF AN INSTITUTION: Community Day Care Centre: ☐ Home: ☐ Care and

Rehabilitation Centre: ☐

8. State the name of the institution:_____

9. Number of years caring for intellectually disabled adolescents: 0-2ys: ☐ 3-5yrs: ☐ 5-

7Yrs: ☐ 7-10yrs: ☐ Above 10yrs: ☐

10. How many adolescents with intellectual disabilities: 0-1: ☐ 2-3: ☐ 3-5: ☐ 5-10: ☐

10+ ☐ 20+ ☐

SECTION B

INFORMATION ABOUT ADOLESCENTS LIVING WITH INTELLECTUAL DISABILITIES

Age of persons with ID: 12-15: ☐ 16-19: ☐ 19-21: ☐

Mental age: 0-3 months: ☐ 4-7months: ☐ 7-10 months: ☐ 10-12 months: ☐ 1-5 yrs: ☐

5-10 yrs: ☐ 10-15yrs: ☐ 15yrs-20yrs: ☐ 20yrs+☐

Other disabilities: Hearing Impairment: ☐ Speech impairment: ☐ Visual impairment: ☐

Hearing impairment: ☐ Physical impairment: Other: ☐

 Other. please specify:_____

SECTION C

NATURE OF TRANSITION

Tick the most appropriate answer: Strongly Agree (SA) Agree (A) Not Sure (NS) Strongly Disagree (SD) Disagree (D)

TOPIC	SA	A	NS	SD	D
Transition process assists with the developmental issues, situating from adolescent to adulthood.	☐	☐	☐	☐	☐
Transition is necessary for situating adolescent to adulthood	☐	☐	☐	☐	☐
Transition process assists with the promotion of health and prevention of illness	☐	☐	☐	☐	☐
Transition process assists organization achieve positive outcomes	☐	☐	☐	☐	☐
Clients awareness of the transition process will assist with the healthy transition	☐	☐	☐	☐	☐
The level of clients awareness will influence the level of engagement	☐	☐	☐	☐	☐
Clients awareness of physical changes is key to experience transition i.e. physical appearance and hormonal changes	☐	☐	☐	☐	☐

Clients awareness of emotional changes has an influence on the transition process i.e. mood swings, feeling happy, sad and hurt	☐	☐	☐	☐	☐
Noting of changes and difference as these individuals interact with other people is vital	☐	☐	☐	☐	☐
Families do come to terms with the clients' diagnosis, treatment and the transition process	☐	☐	☐	☐	☐
Alterations made to adapt to the changes related to transition process is helpful	☐	☐	☐	☐	☐
Adequate transitional process will benefit families and organizations dealing with clients with IDs	☐	☐	☐	☐	☐
The transition process be useful for caregivers to consider individual's level of comfort and mastery	☐	☐	☐	☐	☐
Transition process is characterized by flow and movement over time depending on the type of intervention and time spent	☐	☐	☐	☐	☐
The transition experienced involve critical turning points or events in new routines, skills, lifestyles and self-care activities	☐	☐	☐	☐	☐
Each critical point requires the nurses' and other health professionals' attention, knowledge and experience in different ways	☐	☐	☐	☐	☐

SECTION D

TRANSITION CONDITIONS

Tick the most appropriate answer: Strongly Agree (SA) Agree (A) Not Sure (NS) Strongly Disagree (SD) Disagree (D)

TOPIC	SA	A	NS	SD	D
Personal and environmental conditions facilitate progress toward achieving a healthy transition	☐	☐	☐	☐	☐
Personal and environmental conditions hinder progress toward achieving a healthy transition	☐	☐	☐	☐	☐
Personal. community or societal conditions may constrain the process of healthy transition	☐	☐	☐	☐	☐
Transition outcomes depend upon the personal. community or societal conditions	☐	☐	☐	☐	☐
Transition will assist the caregivers attain intense sense of enjoyment of being responsible, protective. and supportive and being needed	☐	☐	☐	☐	☐
Transition experience is associated with stigma	☐	☐	☐	☐	☐
Transition process is a lonely experience without any public discussion	☐	☐	☐	☐	☐
Transition process should be publicly discussed	☐	☐	☐	☐	☐
Socioeconomic status have an impact on the transition process	☐	☐	☐	☐	☐
Anticipatory preparation facilitate healthy transition	☐	☐	☐	☐	☐

Knowledge is helpful in managing transition process. expectations and strategies	☐	☐	☐	☐	☐
Caregivers who have knowledge are more likely to follow suggestions. treatment and other alternatives	☐	☐	☐	☐	☐
Availability of community resources and level of conditions will facilitate transitions.	☐	☐	☐	☐	☐
Adequate community support will facilitate healthy transitions during critical times	☐	☐	☐	☐	☐
Insufficient resources or contradictory information will inhibit healthy transition	☐	☐	☐	☐	☐
Transition process is to be regarded as a societal problem and a health problem	☐	☐	☐	☐	☐

SECTION E

PATTERNS OF RESPONSE

Tick the most appropriate answer: Strongly Agree (SA) Agree (A) Not Sure (NS) Strongly Disagree (SD) Disagree (D)

TOPIC	SA	A	NS	SD	D
Nursing to be involved with the facilitation of the transition process and the healthy outcome	☐	☐	☐	☐	☐
Nurses in collaboration with other team players to identify process indicators that move clients either in the direction of health or toward vulnerability and risk	☐	☐	☐	☐	☐
Early assessment and interventions by nurses and other role players will facilitate healthy outcomes.	☐	☐	☐	☐	☐
Collaborative observations of patterns of response would characterize healthy transitions	☐	☐	☐	☐	☐
Patterns of response will include feeling connected, interacting, being situated, developing confidence and coping strategies.	☐	☐	☐	☐	☐
A positive transition experience should include feeling connected and closer to health care professionals	☐	☐	☐	☐	☐
Social and kinship networks with other important sources of information such as families and social development is key for social support.	☐	☐	☐	☐	☐
Continuous relationship between health care providers, clients and families in order to achieve culturally competent care and healthy transition	☐	☐	☐	☐	☐

Interaction and dyads* can create a context that promote effective self-care and care giving	□	□	□	□	□
Creation of new meanings and perception is one of the characteristics of transition e.g. comparing their new life with the old life.	□	□	□	□	□
Making comparisons as one of the strategies to transit in terms of time, space and relationships; justifying how, why, where they came from and where, what, who they are now.	□	□	□	□	□
Development of confidence and coping strategies will assist with the transition process.	□	□	□	□	□
Utilization of available resources will be depended upon client's level of usage	□	□	□	□	□
Mastery of new skills is needed to manage the transition smoothly	□	□	□	□	□
Time of completion of transition is flexible depending on the nature, event, pattern of transition	□	□	□	□	□
Transitions should have the beginning and ending point	□	□	□	□	□
All transitions should assist client achieve sense of identity and positive healthy outcomes of the transition process	□	□	□	□	□
A positive healthy transition should demonstrate mastery of skills and behaviour to manage their new situations/environments. for example at end of six (06) months client should be	□	□	□	□	□

able to feed herself during mealtimes with minimal assistance					
Transition experience should be identified as fluid like and dynamic rather than stable and static	☐	☐	☐	☐	☐
Transition framework should be bicultural* rather than monocultural	☐	☐	☐	☐	☐

*Dyads: one on one interaction

*Bicultural: both African and western culture

SECTION F

THERAPEUTIC INTERVENTIONS

Tick the most appropriate answer: Strongly Agree (SA) Agree (A) Not Sure (NS) Strongly Disagree (SD) Disagree (D)

TOPIC	SA	A	NS	SD	D
Knowledge, understanding the properties and conditions of the transition process will lead to the development of therapeutic interventions	☐	☐	☐	☐	☐
Therapeutic interventions should be congruent with the unique experiences of clients and their families in order to promote healthy responses to transition	☐	☐	☐	☐	☐
Understanding complex situations such as vulnerable clients' processes and responses to transitions will provide framework for the development of therapeutic interventions	☐	☐	☐	☐	☐
A comprehensive view of transitions with more specific guidelines for practice and driving more systematic and coherent research questions	☐	☐	☐	☐	☐
Each transition should be characterized by its own uniqueness, complexities and multiple dimensions	☐	☐	☐	☐	☐
Therapeutic interventions should reflect the diversities and complexities of the transition experiences	☐	☐	☐	☐	☐
Each transition should reflect the need identified	☐	☐	☐	☐	☐
The transition experience should clarify, develop, test and evaluate strategies to promote healthy transition	☐	☐	☐	☐	☐

Any possibility for transition among adolescents with intellectual disabilities into adulthood? Indicate with Yes ☐ or No ☐

Any additions/comments related to the transition process:_____

_____

_____

_____

_____

_____

_____

_____

_____

Should you have any queries regarding the questions to be answered, feel free to contact Ms RG Malapela at 082-598-6881 and during office hours Work Tel: 012 319-5769 Office No: A303-2

_____   _____
    Unique No: Date

Doctoral of Philosophy in Nursing student. University of South Africa.

_____ _____ _____
Researcher's Signature   Printed Name   Date

ANNEXURE I

DECLARATION BINDING FORM

Title Strategy for transition of adolescents with intellectual disabilities into adulthood

Principal Investigator: Ms RG Malapela. Doctoral of Philosophy in Nursing student. University of South Africa. (3235-747-8)

I_____Doctoral in Philosophy student researcher, student number 3235-747-8 at UNISA declare that every attempt will be made to maintain your confidentiality during and after the study. As part of maintaining confidentiality, you will be identified by a number. All information will be held confidential, except when professional code of ethics or legislation requires reporting.

The information you provide will be kept for at least five years after the study is done. The information will be kept in a secure area (i.e., locked filing cabinet). Your name and any other identifying information will not be attached to the information you gave. Your name will never be used in any presentation or publication of the study results.

The information gathered for this study may be looked at again in the future to help answer other study questions. If so, the ethics board will first review the study to ensure the information is used ethically.

The results of this study may be included as part of a thesis or published in a scientific journal. Your name will not be mentioned in any of these documents.

Should you have any queries regarding the questions to be answered, feel free to contact Ms RG Malapela at 082-598-6881 and during office hours Work Tel: 012 319-5769 Office No: A303-2

_____ _____ _____
Signature of research participant   Printed name   Date

_____ _____ _____
Researcher's signature   Printed name   Date

I believe that the person signing this confidentiality binding form understands what is involved in the study and voluntary agrees.

_____ _____ _____
Signature of witness   Printed name   Date

ANNEXURE J
PERMISSION LETTER TO CONDUCT STUDY ÁT SIZANANI CHILDRENS' HOME

13 June 2016

The General Manager

SIZANANI HOME TRUST

P O Box 1372

Bronkhorstspruit

1020

Tel: 013 935 7918

Fax: 013 935 7919

RE: Permission to conduct research with the caregivers of Sizanani Childrens' Home

Dear Sir/Madam

I am writing to seek permission and support for a study I would like to conduct within the caregivers of Sizanani Childrens' Home. The topic of my research is Strategy for transition of adolescents with intellectual disabilities into adulthood among caregivers in the Care and Rehabilitation Centre in Gauteng province, South Africa.

The purpose of this study is to develop a strategy for transition of adolescents with intellectual disabilities into adulthood incorporating Meleis' Transition Theory.

Findings of this study will be presented to you at the completion of the study. This study is not intended to impact your resources. My anticipated start date is March 2017. I will not proceed until I have received ethical approval. I will also provide you with a copy of the letter of ethics approval for your files.

I appreciate your time and attention to my research study. I look forward to hearing from you. Please do not hesitate to contact me at 082598 6881 and work telephone 012 319 5769 email gmalapela@gmail.com if you would like further information.

Supervisor: Prof G Thupayagale-Tshweneagae

University of South Africa

Tel: 012 429-2195

E-mail: tshweg@unisa.ac.za

Sincerely

Ms Rakgadi Grace Malapela. (Researcher)

Doctoral of Philosophy in Nursing student. University of South Africa.

Student number: 3235-747-8

ANNEXURE K
PERMISSION LETTER TO CONDUCT STUDY AT SIZANANI SPECIAL SCHOOL

13 June 2016

The Principal

SIZANANI SPECIAL SCHOOL

P O Box 1372

Bronkhorstspruit

1020

Tel: 013 935 7918

Fax: 013 935 7919

RE: Permission to conduct research with the teachers of Sizanani Special School

Dear Sir/Madam

I am writing to seek permission and support for a study I would like to conduct within the caregivers of Sizanani Special School. The topic of my research is Strategy for transition of adolescents with intellectual disabilities into adulthood among caregivers and parents in Care and Rehabilitation Centre.

The purpose of this study is to develop a strategy for transition of adolescents with intellectual disabilities into adulthood incorporating Meleis' TransitionTheory.

Findings of this study will be presented to you at the completion of the study. This study is not intended to impact your resources. My anticipated start date is March 2017. See attached copy of the letter of ethics approval for your files.

I appreciate your time and attention to my research study. I look forward to hearing from you. Please do not hesitate to contact me at 082 598 6881 and work telephone 012 319 5769 email gmalapela@gmail.com if you would like further information.

Supervisor: Prof G Thupayagale-Tshweneagae

University of South Africa

Tel: 012 429-2195

E-mail: tshweg@unisa.ac.za

Sincerely.

Ms Rakgadi Grace Malapela. (Researcher)

Doctoral of Philosophy in Nursing student. University of South Africa.

Student number: 3235-747-8

ANNEXURE L
PERMISSION LETTER TO CONDUCT STUDY AT UBUHLE SPECIAL SCHOOL

19 June 2017

The Principal

Ubuhle Christian School

Farm Vlakfontein 523 JR

Bronkhorstspruit

1020

Tel: 082 945 6727

RE: Permission to conduct research with the teachers of Ubuhle Christian School

Dear Sir/Madam

I am writing to seek permission and support for a study I would like to conduct within the teachers/caregivers of Ubuhle Christian School. The topic of my research is Strategy for transition of adolescents with intellectual disabilities into adulthood among caregivers. teachers and parents in Care and Rehabilitation Centres. Special Schools and Homes.

The purpose of this study is to develop a strategy for transition of adolescents with intellectual disabilities into adulthood incorporating Meleis' TransitionTheory.

Findings of this study will be presented to you at the completion of the study. This study is not intended to impact your resources. My anticipated start date is March 2017. See attached copy of the letter of ethics approval for your files.

I appreciate your time and attention to my research study. I look forward to hearing from you. Please do not hesitate to contact me at 082 598 6881 and work telephone 012 319 5769 email gmalapela@gmail.com if you would like further information.

Supervisor: Prof G Thupayagale-Tshweneagae

      University of South Africa

      Tel: 012 429-2195

      E-mail: tshweg@unisa.ac.za

Sincerely.

Ms Rakgadi Grace Malapela. (Researcher)

Doctoral of Philosophy in Nursing student. University of South Africa.

Student number: 3235-747-8

ANNEXURE M

PEREMISSION LETTER TO CONDUCT STUDY AT EERSTERUS TRAINING CENTRE

13 June 2016

The Principal

Eersterus Care and Training Centre

408 Oranje Avenue

Eersterust

0020

RE: Permission to conduct research with the caregivers/mothers of Eersterus Care and Training Care

Dear Sir/Madam

I am writing to seek permission and support for a study I would like to conduct within the caregivers of Eersterus Care and Training Care. The topic of my research is "Strategy for transition of adolescents with intellectual disabilities into adulthood".

The purpose of this study is to develop a strategy for transition of adolescents with intellectual disabilities into adulthood incorporating Meleis' Transition Theory.

Findings of this study will be presented to you at the completion of the study. This study is not intended to impact your resources. My anticipated start date is March 2017. See attached a copy of the letter of ethics approval for your files.

I appreciate your time and attention to my research study. I look forward to hearing from you. Please do not hesitate to contact me at 082 598 6881 and work telephone 012 319 5769 email gmalapela@gmail.com if you would like further information.

Supervisor: Prof G Thupayagale-Tshweneagae

University of South Africa

Tel: 012 429-2195

E-mail: tshweg@unisa.ac.za

Sincerely.

Ms Rakgadi Grace Malapela. (Researcher)

Doctoral of Philosophy in Nursing student. University of South Africa.

Student number: 3235-747-8

ANNEXURE N

PERMISSION LETTER TO CONDUCT STUDY AT QUMI HOMES

15 March 2017

The Chief Executive Officer

Qumi Homes

Naude Street 2

P O Box 837

Rayton

1001

RE: Permission to conduct research with the caregivers/mothers

Dear Madam

I am writing to seek permission and support for a study I would like to conduct within the caregivers of Qumi homes. The topic of my research is "Strategy for transition of adolescents with intellectual disabilities into adulthood among primary and parental caregivers in Gauteng province. South Africa.

The purpose of this study is to develop strategy for transition of adolescents with intellectual disabilities into adulthood incorporating Meleis Transition Theory.

Findings of this study will be presented to you at the completion of the study. This study is not intended to impact your resources. My anticipated start date is April 2017. Ethical clearance was granted for the undertaken study. See attached copy of the letter of ethics approval for your files.

I appreciate your time and attention to my research study. Information will be gathered from the participants through narrative documentation, face to face and focus group interviews and structured questionnaires. Participants are expected to share their opinions, thoughts, feelings and experiences. This will take 30-45 minutes of their time.

I look forward to hearing from you. Please do not hesitate to contact me at 082 598 6881 and work telephone 012 319 5769 email gmalapela@gmail.com if you would like further information.

Supervisor: Prof G Thupayagale-Tshweneagae

University of South Africa

Tel: 012 429-2195

E-mail: tshweg@unisa.ac.za

Sincerely.

Ms Rakgadi Grace Malapela. (Researcher)

Doctoral of Philosophy in Nursing student. University of South Africa.

Student number: 3235-747-8

ANNEXURE O

PERMISSION TO CONDUCT STUDY AT CULLINAN CARE AND REHABILITATION CENTRE

13 June 2016

Chief Executive Officer

Cullinan Care and Rehabilitation Centre

Private Bag x 1005

Cullinan

0001

Tel: 012 734-1038

Fax: 012 734-1040

RE: Permission to conduct research with caregivers placed at your institution.

Dear Madam

I am writing to seek permission and support for a study I would like to conduct within the caregivers and health professionals placed at your institution. The topic of my research is "Strategy for transition of adolescents with intellectual disabilities into adulthood among caregivers in the Care and Rehabilitation Centre in Gauteng province. South Africa.

The purpose of this study is to develop strategies for transition of adolescents with intellectual disabilities into adulthood incorporating Meleis' Transition Theory.

.

Findings of this study will be presented to you and the nursing staff at the completion of the study. This study is not intended to impact your resources. My anticipated start date is March 2016. See attached a copy of the letter of ethics approval for your files.

I appreciate your time and attention to my research study. I look forward to hearing from you. Please do not hesitate to contact me at 082 598 6881 and work telephone: 012 319 5769 email gmalapela@gmail.com if you would like further information.

Supervisor: Prof G Thupayagale-Tshweneagae

University of South Africa

Tel: 012 429-2195

E-mail: tshweg@unisa.ac.za

Sincerely.

Ms Rakgadi Grace Malapela. (Researcher)

Doctoral of Philosophy in Nursing student. University of South Africa.

Student number: 3235-747-8

ANNEXURE P

PERMISSION TO CONDUCT STUDY IN GAUTENG DEPARTMENT OF HEALTH

13 June 2016

Deputy Director

Nursing Education Department

Department of Health

Private Bag X085

MARSHALLTOWN

2107

RE: Permission to conduct research

Dear Sir/Madam

I am writing to seek permission of the study I would like to conduct within the caregivers of Cullinan Care and Rehabilitation Centre. The topic of my research is the strategy for transition of adolescents with intellectual disabilities into adulthood among caregivers in the Care and Rehabilitation Centre in Gauteng province, South Africa.

Title of the study is the strategy for transition of adolescents with intellectual disabilities into adulthood among caregivers and parents in the Care and Rehabilitation Centre in Gauteng province, South Africa.

The purpose of this study is to develop a strategy for transition of adolescents with intellectual disabilities into adulthood.

Objectives of the study:
- To explore the known facts about the developmental nature of the transition process of adolescents with intellectual disabilities into adulthood.
- To identify gaps associated with intellectually disabled adolescents' transition from adolescents into adulthood.
- To identify characteristics of adolescents suffering from intellectual disabilities.

214

- To investigate challenges that hampers with the transition process of adolescents with intellectual disabilities into adulthood.
- To recommend ways that facilitate the transition of adolescents with intellectual disabilities into adulthood.
- To develop evidence based strategy for transition of adolescents with intellectual disabilities into adulthood as formed by evidence gathered from participants.

Research instrument:

Participants will be given narrative documents to record about their experiences, thoughts and feelings regarding strategies for transition of adolescents with intellectual disabilities into adulthood. Individual and focus group interviews will be conducted and captured in the digital recorder. Field notes will be taken during the observation and interviews. Furthermore, participants will be asked to answer questionnaires.

Confidentiality:

A participation information leaflet explaining the title, background, purpose, procedure, benefits, risks, freedom to withdraw, voluntary participation, anonymity and confidentiality status of the research will be distributed to the participants.

Data collection:

Data will be collected from the caregivers at Gauteng province Tshwane district through narratives, field notes, observation, questionnaires, individual and focus group interviews digitally recorded.

Findings of this study will be presented to the academic staffs at the completion of the study. This study is not intended to impact government resources. My anticipated start date is March 2017. I have received ethical approval. See attached a copy of the letter of ethics approval for your files.

I appreciate your time and attention to my research study. I look forward to hearing from you. Please do not hesitate to contact me at 082 598 6881 and work telephone 012 319 5769 email gmalapela@gmail.com if you would like further information.

Co-supervisor: Prof G Thupayagale-Tshweneagae
                University of South Africa

                Tel: 012 429-2195

                E-mail: tshweg@unisa.ac.za

Sincerely.

Ms Rakgadi Grace Malapela. (Researcher)

Doctoral of Philosophy in Nursing student. University of South Africa.

Student number: 3235-747-8

ANNEXURE Q

PERMISSION TO CONDUCT STUDY IN GAUTENG DEPARTMENT OF EDUCATION

08 May 2017

Research Department

Department of Basic Education

111 Commissioner Street

Johannesburg

2001

RE: Permission to conduct research

Dear Sir/Madam

I am writing to seek permission of the study I would like to conduct within the caregivers/school nurse and teachers of Sizanani Special School (Bronkhorstspruit). The topic of my research is the strategy for transition of adolescents with intellectual disabilities into adulthood among caregivers and teachers in Gauteng province. South Africa.

Title of the study is the strategy for transition of adolescents with intellectual disabilities into adulthood.

The purpose of this study is to develop a strategy for transition of adolescents with intellectual disabilities into adulthood.

Objectives of the study:
- To explore the known facts about the developmental nature of the transition process of adolescents with intellectual disabilities into adulthood.
- To identify gaps associated with intellectually disabled adolescents' transition from adolescents into adulthood.
- To identify characteristics of adolescents suffering from intellectual disabilities.

- To investigate challenges that hampers with the transition process of adolescents with intellectual disabilities into adulthood.
- To recommend nursing therapeutics and actions that facilitate the transition of adolescents with intellectual disabilities into adulthood.
- To develop evidence based strategy for transition of adolescents with intellectual disabilities into adulthood as formed by evidence gathered from participants.

Research instrument:

Participants will be given narrative documents to record about their experiences, thoughts and feelings regarding strategies for transition of adolescents with intellectual disabilities into adulthood. Individual and focus group interviews will be conducted and captured in the digital recorder. Field notes will be taken during the observation and interviews. Furthermore, participants will be asked to answer structured questionnaires.

Confidentiality:

A participation information leaflet explaining the title, background, purpose, procedure, benefits, risks, freedom to withdraw, voluntary participation, anonymity and confidentiality status of the research will be distributed to the participants.

Data collection:

Data will be collected from the teachers and school health nurses at Gauteng province Tshwane district through narratives, field notes, observation, questionnaires, individual and focus group interviews digitally recorded.

Findings of this study will be presented to the academic staffs at the completion of the study. This study is not intended to impact government resources. My anticipated start date is from 01 May 2017. I have received ethical approval. See attached a copy of the letter of ethics approval for your files.

I appreciate your time and attention to my research study. I look forward to hearing from you. Please do not hesitate to contact me at 082 598 6881 and work telephone 012 319 5769 email gmalapela@gmail.com if you would like further information.

Supervisor: Prof G Thupayagale-Tshweneagae

        University of South Africa

        Tel: 012 429-2195

        E-mail: tshweg@unisa.ac.za

Sincerely.

Ms Rakgadi Grace Malapela. (Researcher)

Doctoral of Philosophy in Nursing student. University of South Africa.

Student number: 3235-747-8

09 May 2017

Research Department

Department of Basic Education

222 Struben Street

Private Bag x 895

PRETORIA

0001

RE: Permission to conduct research

Dear Sir/Madam

I am writing to seek permission of the study I would like to conduct within the caregivers/school nurse and teachers of Sizanani Special School (Bronkhorstspruit). The topic of my research is the strategy for transition of adolescents with intellectual disabilities into adulthood among caregivers and teachers in Gauteng province, South Africa.

Title of the study is the strategy for transition of adolescents with intellectual disabilities into adulthood among caregivers, teachers and parents in Gauteng province, South Africa.

The purpose of this study is to develop a strategy for transition of adolescents with intellectual disabilities into adulthood.

Objectives of the study:
- To explore the known factors about the transition process of adolescents with intellectual disabilities into adulthood.
- To identify gaps associated with intellectually disabled adolescents' transition from adolescents into adulthood.
- To identify characteristics of adolescents suffering from intellectual disabilities.
- To investigate challenges that hampers with the transition process of adolescents with intellectual disabilities into adulthood.
- To develop evidence based strategy for transition of adolescents with intellectual disabilities into adulthood as formed by evidence gathered from participants.

Research instrument:

Participants will be given narrative documents to record about their experiences, thoughts and feelings regarding strategies for transition of adolescents with intellectual disabilities into adulthood. Individual and focus group interviews will be conducted and captured in the digital recorder. Field notes will be taken during the observation and interviews. Furthermore, participants will be asked to answer structured questionnaires.

Confidentiality:

A participation information leaflet explaining the title, background, purpose, procedure, benefits, risks, freedom to withdraw, voluntary participation, anonymity and confidentiality status of the research will be distributed to the participants.

Data collection:

Data will be collected from the teachers and school health nurses at Gauteng province Tshwane district through narratives, field notes, observation, questionnaires, individual and focus group interviews digitally recorded.

Findings of this study will be presented to the academic staffs at the completion of the study. This study is not intended to impact government resources. My anticipated start date is from 01 May 2017. I have received ethical approval. See attached a copy of the letter of ethics approval for your files.

I appreciate your time and attention to my research study. I look forward to hearing from you. Please do not hesitate to contact me at 082 598 6881 and work telephone 012 319 5769 email gmalapela@gmail.com if you would like further information.

Supervisor: Prof G Thupayagale-Tshweneagae
       University of South Africa
       Tel: 012 429-2195
       E-mail: tshweg@unisa.ac.za

Ms Rakgadi Grace Malapela. (Researcher)
Doctoral of Philosophy in Nursing student. University of South Africa.
Student number: 3235-747-8

ANNEXURE R

APPROVAL LETTER TO CONDUCT RESEARCH FROM GAUTENG DEPARTMENT OF HEALTH

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Enquiries: Dr. Lufuno Razwiedani
Tel: +27 12 451 9036
E-mail: lufuno.razwiedani@gauteng.gov.za

TSHWANE RESEARCH COMMITTEE: CLEARANCE CERTIFICATE

PROJECT NUMBER: 50 /2017
NHRD REFERENCE NUMBER: GP_2017RP23_259

TOPIC: Strategy for transition of adolescents with intellectual disabilities into adulthood among caregivers in the care and rehabilitation Centres, Gauteng Province South Africa.

Name of the Researcher: Ms. Grace Malapela

Name of the Supervisor: Prof G Thupayagale-Tshweneagae

Name of the Department: Health Studies
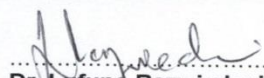
University of South Africa
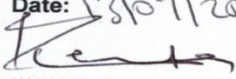
Name of facilities: Cullinan Care and Rehabilitation Centre

NB: THIS OFFICE REQUEST A FULL REPORT ON THE OUTCOME OF THE RESEARCH DONE AND

NOTE THAT RESUBMISSION OF THE PROTOCOL BY RESEARCHER(S) IS REQUIRED IF THERE IS DEPARTURE FROM THE PROTOCOL PROCEDURES AS APPROVED BY THE COMMITTEE.

DECISION OF THE COMMITTEE: APPROVED

Dr. Lufuno Razwiedani
Chairperson: Tshwane Research Committee
Date: 13/07/2017

Ms. M Lerutla
Acting Chief Director: Tshwane District Health
Date: 7/7/2017

ANNEXURE S

APPROVAL LETTER TO CONDUCT RESEARCH FROM GAUTENG DEPARTMENT OF EDUCATION
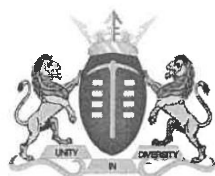
GAUTENG PROVINCE
Department: Education
REPUBLIC OF SOUTH AFRICA

	8/4/4/1/2

GDE RESEARCH APPROVAL LETTER

Date:	12 June 2017
Validity of Research Approval:	06 February 2017 – 29 September 2017 2017/138
Name of Researcher:	Malapela R.G
Address of Researcher:	25 Minjonet, street
	Riamarpark
	Bronkhorstspruit, 1020
Telephone Number:	082 598 6881
Email address:	gmalapela@gmail.com
Research Topic:	Strategies for transition of adolescents with intellectual disabilities into adulthood
Number and type of schools:	One LSEN School
District/s/HO	Tshwane North

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.

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:

12/06/2017

1

Making education a societal priority

1. 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.
2. 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 outlines 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

Ms Faith Tshabalala
CES: Education Research and Knowledge Management

DATE: 12/06/2017

2

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

224

ANNEXURE T

APPROVAL LETTER TO CONDUCT RESEARCH FROM CULLINAN

CARE AND REHABILITATION CENTRE
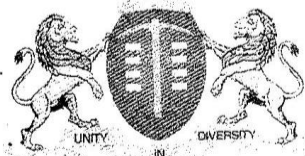
GAUTENG PROVINCE

REPUBLIC OF SOUTH AFRICA

UNITY IN DIVERSITY

CULLINAN CARE AND REHABILITATION CENTRE

Enquiries: JJ Ngcobo
Tel: 012 734
Fax: 012 734 1040
Fax2Email: 0864227427

To : RG Malapela
Student No. 3235-747-8, UNISA

From : Mr. JJ Ngcobo

Date : 26 May 2017

Subject: PERMISSION TO CONDUCT RESEARCH WITH CAREGIVERS - CCRC 2017

The above mentioned bears reference

1. This letter serves to inform you that permission to conduct research with caregivers at Cullinan Care and Rehabilitation Centre has been granted.

2. Please ensure that all ethical consideration and confidentiality is protected at all times.

Your cooperation in this regard is highly appreciated

Wishing you success in your study

Yours Sincerely

Mr J.J. Ngcobo
Acting Chief Executive Officer – CCRC

Date:

Office of the CEO: Cullinan Care and Rehabilitation Centre
Private Bag X 1055, Cullinan, 1000 Tel +27 12 734 7000 Fax +27 12 734 1040   Page 1

ANNEXURE U

APPROVAL LETTER TO CONDUCT RESEARCH FROM UBUHLE CHRISTIAN SCHOOL

Plaas Vlakfontein 523 JR

Bronkhorstspruit

1020

PO Box 1563

Bronkhorstspruit

1020

South Africa

Tel: Tel: 013 0040077

melanie@ubuhlecares.org.za

2015/053719/08 NPC   NPO: 156-066   www.ubuhlecares.org.za

EMIS NR: GN 700 400 449   **PBO: 930050736**

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21 June 2017

To whom it may concern;

PARTICIPATING IN STUDY OF MS RG MALAPELA

We hereby agree to participate in the study of Ms Malapela and give her permission to interview our staff working with learners with intellectual disabilities.

Please feel free to contact me if you have any questions.

Yours sincerely.

Melanie Prinsloo
PRINCIPAL

Directors: Mr   S   Mfene   (Chairperson).   Ms   MM   Prinsloo   (CEO).   Mr   JR
Headbush. Mr   LJ   Visser.   Mr   SR   Mohamme.   Ms   LR   Sentana.   Ms

ML   Langa

Qualitative Data Analysis

D Litt et Phil in Nursing Science

Grace Malapela

THIS IS TO CERTIFY THAT

Dr. Annie Temane has co-coded the following qualitative data:
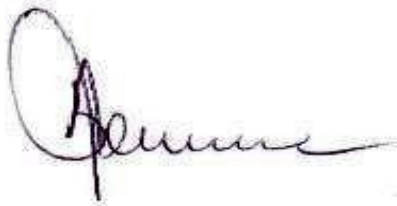
14 Individual Qualitative Interviews and 2 Focus Group Interviews

For the study:

STRATEGY FOR TRANSITION OF ADOLESCENTS WITH INTELLECTUAL DISABILITIES INTO ADULTHOOD

I declare that the candidate and I have reached consensus on the major themes, categories and codes reflected by the data during a consensus discussion. I further declare that adequate data saturation was achieved as evidenced by repeating themes.

Annie Temane

M.A.Temane (D.Cur; Research Methodology)
annie.temane@gmail.com

ANNEXURE W

CERTIFICATE OF VERACITY FOR INDIVIDUAL INTERVIEWS

I hereby certify that in as far as it is audible, the following is a true and accurate transcript of the audio recording provided by you in the matter

For purpose of confidentiality, privacy & anonymity. All the real names were substitute with the first letter of the name and the name of the real school replace with School X and town or area replaced with Town P

INTERVIEW 6

SCHOOL X PRINCIPAL WMA

18:03 MINUTES

Interviewer	Good morning. My name is R.G. Malapela, student at UNISA doing PHD. Our session for today is going to last for thirty to forty minutes depending on the time how fast we are. The purpose of this study is to develop strategy for transition for adolescent with intellectual disabilities into adulthood integrating the Meleis' transition theory. Feel free and relax, there is no wrong answer. Your inputs are much valuable. Tell me your experiences of teaching of persons with intellectual disabilities
Participant	Good morning
Interviewer	Morning
Participant	I am pleased to be one of your participants but the experience that I have with intellectual disability learners is that when you teach them you have to be positive and creative because what is done in the mainstream is not the same as when you are teaching these learners. They need more time, more patience from us and they also need someone who can support them so that they archive like other learners. So the experience is that when you are working at a *(inaudible)* school, you should also be ahem, a life -long learner.

	Whereby you look for new strategies to support them. Thank you
Interviewer	So, how did it feel like when you teach for this ahem persons with intellectual disability?
Participant	You feel ahem when you touch them you feel that you are reaching out to those learners who are not ahem supported like mainstream. So at the end of the day when we see the child achieving. You feel fulfilled and become happy that you are touching a life. you are building a nation in another ahem perspective
Interviewer	Thank you. What do you understand about this term. intellectual disability?
Participant	Yah. it's a *(laughs)* it's a it's a term that ahem presently I can just say these learners they don't grasp faster than other learners. They have difficulties either in remembering
Interviewer	Hmm
Participant	What has been taught, they also have difficulties in grasping too much of information in one time. So, others especially the severe ones they can't be grasped at all but. we have to teach them to be independent as long as they grasp that. then they are fine
Interviewer	Tell me which type of intellectual disability do you teach?
Participant	We have the severe and the moderate learners and some have multiple disabilities
Interviewer	What are the causes of intellectual disability?
Participant	Ahem. some are born having that. due to complication during the pregnancy or because when they were ahem…during birth something happened, some complications happened. And some are caused by diseases and lastly I can say some had accidents. Thank you
Interviewer	Do you think adolescents with the disability have common characteristics looking at what you are having at your school?
Participant	No
Interviewer	No?

Participant	No, they don't have common characteristics, they differ some can transit well into adulthood but.some have difficulties. Ahem, what we have realized especially with girls we find that they will then start running around with boys at an early age because. Sometimes they don't understand what is happening in their body and they fall prey into abuse.
Interviewer	What are the challenges faced by the adolescent with intellectual disabilities not transit into adulthood? Challenges. what are the challenges faced by this individuals with intellectual disabilities not to move into adulthood? What are the obstacles, limitations or the challenges?
Participant	Ok. Firstly, I will say that they don't grasp like any other person. I will give an example of a girl who has to know transition, it means there are changes in the body. So, when they start menstruating then they will just stand and look at whatever that is happening at the body and scream. They are unable to understand what is exactly happening due to the disabilities that they have. And then with the boys, they also have challenges also. Usually we look at girls only but, even boys they don't also understand their bodies and they are given wrong information concerning their changes. And they do things that are not proper. Yah
Interviewer	You have mentioned that girls when they notice those body changes they start screaming and they start doing funny things. How do you deal with those challenges?
Participant	Luckily, we have a nurse around and we also have sessions. whereby we use the NGO's and we also have life orientations and we then guide them during those sessions so that they then understand. The other issue is that they learn through repetition so, you have to repeat the topic time and again. Rather than saying that we have done it today and that's it. You have to repeat. until they grasp
Interviewer	Ok. Tell me your strategy in order to assist these individuals with intellectual disability transit into adulthood?

Participant	Our strategies to have ahem… sessions with them and if we see a learner having problems, we then have individual sessions and we refer to the sister, to assist in that regard. We have psychologists also, who comes to school
Interviewer	Hmm
Participant	And then we refer them. Then we have a form that we are using. We call it SNA 1 form. It assists us to identify those challenges that the kids have. And at the end they are assisted
Interviewer	What are the most influential factors toward the transition of adolescent with intellectual disabilities? What are the most positive aspects or factors that will influence this individual's move into adulthood?
Participant	It is when they see that we accept them in our society and it's also when we guide them with love. Rather than shouting at them, as they become confused. You rather be exemplary and come down to their level. It makes them feel accepted and they then transit better. The other thing is that when you look at adolescent, they will be sixteen, seventeen and eighteen. They also have problems, where are they going to be employed? So, we assure them that even though they are living with intellectual disability they can be employed as long as they are able to grasp what we are teaching them. Yah
Interviewer	What are your role as a teacher in the transition of adolescent with intellectual disability?
Participant	Making sure that our teaching on daily basis prepares them to be independent ahem adults. Rather than giving them information that does not prepare them. So, our curriculum is structured in such a way that ahem, it deals with the independent. We don't give them too much information, which won't assist them in their adulthood and ahem. We also take them to various working place so that they can see what is happening. And we also invite some of the learners

	to come and give them information concerning their working environment
Interviewer	So, what are the roles of the adolescent with intellectual disability towards the transition process. What role do they play in order to assist themselves in transition of adolescents into adulthood. What are their roles? What is it expected out of them?
Participant	As you know we are blacks
Interviewer	*(Laughs)*
Participant	We would like them to be able to work at home, now what they do is they will come and request duties, they will come and help with dishing up. Apart from this they also participate in our committees where they are taught leadership skills. So they/we call it the *(inaudible)* and for it ahem, then they become leaders. They discuss issues that are bothering them. They look at environment and come up with strategies so in that way they also participate fully into this ahem, transition of growing up. Because they see the other learners at mainstream how they behave? They also want to live like them so that's how they assist themselves by being available at all times.
Interviewer	Ok. you talked about certain forms that you are utilizing in your institution that is SNA 1and *SNA 2* ahem. Tell me more about the form.?
Participant	Yes
Interviewer	Thank you
Participant	The *Girl Educational Movement and Boy Educational Movement* is just a movement. It's a movement whereby they become part of being groomed up in a certain way and there is a responsible teacher for that. I will give you the teacher who is responsible for that. And then, they also look at the environment, they come and clean up. It's just that now they are doing some assessment but they will clean up. They will also identify spots where there are crisis. And they also look

	out for those severely intellectual disability if other people are bullying them. They are the ones that will report.
Interviewer	Hmm
Participant	Hmm
Interviewer	What are the most satisfying aspects about the transition of intellectually disabled adolescent into adulthood?
Participant	Is that ahem because i have mentioned that we have severe
Interviewer	Hmm
Participant	And mild
Interviewer	Hmm
Participant	The mild ones. We found that there are employeable. Even though they don't have matric, for the past two-four years our learners have been employed at various institutions. One employed at one of the companies being a housekeeper. doing household chores. Two are employed in a sheltered employment whereby are doing desks and tables, beautiful desks and tables. One has been employed in ahem wood work area where they do ahem furniture like kitchen units. So we feel we are doing something for these learners
Interviewer	They end up being independent ?
Participant	Independent. yes
Interviewer	Independent
Participant	Yah
Interviewer	So, what are the most dissatisfying aspects about the transition of intellectual disabled adolescent into adulthood?
Participant	Yah
Interviewer	Or the negative aspects, the dissatisfying aspects?
Participant	The don't have support at home and that makes us to find it difficult ahem because we support them on the other side but, when they arrive at home, families are dysfunctional. So, they leave, they become discouraged. Yah
Interviewer	So, do you think it's possible for adolescents with intellectual disabilities to transit into adulthood?
Participant	Yes it is. yes

Interviewer	All of them or some?
Participant	Some
Interviewer	Some. Do you think even the severe one can move into adulthood with proper support?
Participant	Yes. they will
Interviewer	Ok. So what are your recommendations in assisting adolescent with ahem. intellectual disability to transit into adulthood? What would you recommend?
Participant	I. you know the basic needs. There's that needs that is the sense of belonging, they need to belong somewhere. They also need love. All those things as long as we are human beings you know, we must *(inaudible)* and even the intellectual disabled, if they can have that. The problem is that our society if we can then make them aware of what is happening with the intellectual disability. They label them, which is not good. They are human beings, they need to be understood and then they will transit very well but, if they are labelled, they are unable to *(mumbles)* to be independent. because they
Interviewer	Hmm
Participant	Live from outside to the inside. yes
Interviewer	Thank you for all your in-puts. We are about to end our session. Thank you for all the in-puts
Participant	Thank you
Interviewer	And the recorder will be switched off
Participant	Thank you very much
Interviewer	Thank you so much.
	THE END

CERTIFICATE OF VERACITY FOR FOCUS GROUP INTERVIEWS

I hereby certify that in as far as it is audible. The following is a true and accurate transcript of the audio recording provided by you in the matter

For purpose of confidentiality. privacy & anonymity. All the real names were substitute with the first letter of the name and the name of the real school replace with School X and town or area replaced with Town P

FOCUS GROUP INTERVIEW 2
SIZANANI 3 CHILD CARE WORKERS WMA
15:09 MINUTES

Interviewer	Good morning we are starting. Good morning my name is Grace Malapela. I am from UNISA…
	(At the background people are talking and some children are crying)
Interviewer	… I am a student at UNISA doing doctoral study. Our session is going to last for some few minutes depending on how fast we are. Now do you still give permission to can participate in this study?
Participants	Yes
Interviewer	Thank you so much. Now participant number one. Participant number one, tell me your experiences. How does it feel like to nurse ahem kids with intellectual disability? What is your experience?
Participant 1	The experience is exciting, it's great and it's fun. You get to know the children
Interviewer	Hmm
Participant 1	Yah. it's fine
Interviewer	Hmm and you are coping very well?
Participant 1	Yes
Interviewer	So. I see. Number two how does it feel like and what is your experience?
Participant 2	I am feeling good with these children. Especially when I am spending my time here

Interviewer	Hmm
Participant 2	I just feel like I am at home
Interviewer	Hmm ok number three.
Participant 3	I am feeling good taking care of the children. playing and feeding them
Interviewer	Hmm
Participant 3	Feeding. yes
Participant 1& 2	Yah
Participant 3	Playing is good
Interviewer	You seem to enjoy playing with them neh?
Participant 3	Hmm
Interviewer	Ok…
	(Someone makes a funny noise at the background)
Interviewer	…ahem, according to your understanding what have you heard about this term intellectual disability? What do they say? What is it? Number two. What would you say?
Participant 2	About these children?
Interviewer	With intellectual disability?
Participant 2	With disability, yah we have different disability.
Interviewer	Hmm
Participant 2	Yah
Interviewer	Hmm. they are different
Participant 2	They are different
interviewer	Hmm
Participant 2	The others understand
Interviewer	Hmm
Participant 2	The others
Interviewer	What do you mean
Participant 2	Do not understand
Interviewer	Hmm thank you, participant number one, what would you say?
Participant 1	*(Big sigh)*
Interviewer	Ok what did you say?
Participant 3	Hmm. I am saying this child *(inaudible)*

	(Sound disturbance)
Participant 3	…participation in activities is poor
Interviewer	Hmm, If they say a person has got intellectual disability, what do they mean?
Participant 1	Ok. maybe like they are slow in *(inaudible)*
Interviewer	Yah. they are very slow in understanding
Participant 1	Yes. everything that they do they just slow
Interviewer	Hmm
Participant 1	So. you need to be patient with them
Interviewer	Ok. you need to be patient. Thank you so much and already you have mentioned that, they are different in terms of degrees.
Participant 2	Yes
Interviewer	Are they all different?
Participant 2	All of them are different. yes
Interviewer	Ok, now what are their problems in most cases or what are their challenges that make them not to be adult like us?
Participant 2	Others cannot talk
Interviewer	Hmm
Participant 2	The cause of this disability is different
Interviewer	Hmm
Participant 2	Most of them is due to what their mothers did, taking the drugs whilst they were pregnant.
Interviewer	Hmm
Participant 2	Others is because they were taking strong medication that ended up affecting the baby inside the mother's womb.
Interviewer	Ok
Participant 2	Hmm
Interviewer	Others develop intellectual disability because of their mothers?
Participant 2	Hmm
Interviewer	Oh do you mean it runs in the families.
Participant 2	Even alcohol
Interviewer	Alcohol abuse, you second that one?
Participant 2	Yes

Participant 1	In other instances, it was caused by use of alcohol by mothers whilst pregnant.
Participant 2	Hmm
Interviewer	Ok by alcohol intake?
Participants	Yes
Interviewer	I see. Other causes that you can think of.
Participant 1	The child
Participant 2	The mother
Interviewer	What do you mean
Participant 2	The mother. The father abuses the mother and the children physically.
Participant 1	Yes
Interviewer	Hmm you said they are very slow and they cannot act like adults. How do you deal with the faced challenge?
Participant 1	You need to understand these children
Interviewer	Hmm
Participant 1	You need to be very patient
Interviewer	Hmm
Participant 1	And loving
Interviewer	Hmm
Participant 1	In order to get your…
Interviewer	Hmm
Participant 1	To do your work on a daily basis
Interviewer	Hmm
Participant 1	Hmm
Interviewer	So, you need to be slow and patient when you are dealing with these individuals?
Participant 1	Yes
Interviewer	Love them un-conditionally
Participant 2	Hmm
Interviewer	Be patient

Participant 2	Be patient
Interviewer	Don't shout at them?
Participant 2	Yes
Interviewer	Ok. participant number three? What would you like to add?
Participant 3	I… *(inaudible)*
	(Someone clears their throat)
Interviewer	You support what has been said?
Participant 3	I support
Interviewer	Yes. number three
Participant 2	Even caring
Interviewer	Ok. you are adding caring?
Participant 2	Yes
Interviewer	Now tell me, what is your function on a daily basis in this center? What do you do?
Participant 1	In the morning
Interviewer	Yes
Participant 1	Is to wake them up, change their nappies and brush their teeth. You know all that stuff like
Interviewer	Hmm
Participant 1	Yes, give them breakfast you know. medication of course
Interviewer	Hmm
Participant 1	Yes
Participant 3	And after medication we go to practical. CE?
Participant 2	Yes
Participant 1	Yah
Interviewer	Hmm. what is CE?
Participant 2	Conductive education stimulation
Interviewer	Oh
Participant 2	Yes
Interviewer	After that, they go to CE, you call it CE?
Participant 2	Yes
Interviewer	Conductive
Participant 2	Education
Interviewer	Conductive Education which is stimulation

Participant 2	Yes
Interviewer	Can you tell us more about Conductive Education? What is it all about?
Participant 2	Ahem you have to massage them
Interviewer	Hmm
Participant 2	You have to read the story
Interviewer	Oh
Participant 2	You have to play with them with the ball outside
Interviewer	Hmm
Participant 2	So. you've got a crawling group
	(Phone rings and children are playing in the background)
Interviewer	Hmm
Participant 2	The Nazareth group.
Interviewer	Hmm
Participant 3	The table group
Participant 2	The table group.
Interviewer	The table group
Participant 2	Yes
Interviewer	And what do you do in the table group?
Participant 2	They are playing with the cars
Participant 3	Toys
Interviewer	They are playing with different puzzles
Participant 2	Hmm
Interviewer	So, how is the participation? Do they show or enjoy what they are doing.
Participant 1	Well it depends on the child
Interviewer	Hmm
Participant 1	Cause some of the children they do understand
Interviewer	Hmm
Participant 1	Just that. they can't talk
Interviewer	Hmm
Participant 1	Hmm
Interviewer	Others can't talk?
Participants	Hmm

Interviewer	But, in most cases they can participate?
Participants	Yes
Interviewer	They enjoy it?
Participants	Yes
Participant 2	Other can even notice other staff members if they are not feeling well
Interviewer	Hmm
Participant	They are able to spot that ..
Interviewer	Hmm
Participant 2	They can see you
Interviewer	Oh?
Participant 2	Yes
Interviewer	Ahem
Participant 2	They would ask how are you feeling today?
Interviewer	Hmm. hmm. hmm ok
Participant 2	Immediately. when you enter the gate
Interviewer	Yah
Participant 2	You have to know yourself
Interviewer	Ok
Participant 2	Now. I am going to teach this children
Interviewer	Hmm
Participant 2	Hmm
Interviewer	Ok, so this means that every time when you come on duty you need to show that smiley face
Participant 2	Smiling face
Interviewer	As you play with them different activities like puzzles and other play group activities with them. What are your expectations as you play with them?
Participant 2	Maybe sometimes. God can give us that power
Interviewer	Hmm
Participant 2	They can just go themselves
Interviewer	Hmm
Participant 2	Like *(inaudible)*

Interviewer	So at the end, your expectations out of them. You want them to be independent and to be actively involved. To feel loved.
Participants	Yes
Interviewer	They must feel loved that's most important?
Participants	Yes
Interviewer	And also to feel loved
Participant	Yes
Participant 1	Like normal treatment
Interviewer	Ok. What is it that will make you happy about them?
Participant 1	What do you mean about that?
Interviewer	Satisfying aspects, what is it that will make you happy when you see them maybe after ten years? What is it that you would like to happen that would make you happy?
Participant 1	Something that will make me happy
Interviewer	Yes
Participant 1	I will like to see one of the children maybe. to see them walking
Interviewer	Yes
Participant 1	Or maybe crawling
Participant 2	Hmm
Participant 1	That phase
Interviewer	Ok . ok number two
Participant 2	Because you can say. I want Elisa to go now
Interviewer	Hmm go where
Participant 2	They take long time to walk
Interviewer	Long time
Participant 2	Hmm
Interviewer	Ok. if you can see them walking by themselves or on their own.
Participant 2	Yes and them playing with other children outside that would be fine
Interviewer	Hmm
Participant 2	Yes
Interviewer	You have mentioned that seeing them playing and walking on their own would make you happy. So, what is it that will make you unhappy or sad when you look at them?

Participant 1	One of the kids maybe has died or being severely ill
Interviewer	Hmm. hmm
Participant 3	Yes
Participant 1	That is sad
Interviewer	Hmm
Participant 1	Or, if one kid has been taken away
Participants	*(All laugh)*
Interviewer	Ok. anything to add? Ahem number two?
Participant 3	Or if another kid is sick
Participants	Yah
Participant 2	You have to take them to the hospital
Participant 3	Yah
Participants	They all talk at once
Interviewer	Tell me any possibilities for others to be able to move from one stage to another?
Participants	Yes…
	(All talk together at once)
Interviewer	Maybe being able to take care of themselves like bathing. grooming and feeding themselves etc.
Participant 2	Our problem is that many of our children cannot do something on their own
Interviewer	Yes
Participant 2	Maybe as time goes on
Interviewer	Yes
Participant 2	After some months and years
Interviewer	Yah
Participant 2	They can start to walk
Interviewer	Hmm
Participant 2	Again and
Interviewer	Oh
Participant 2	In their mind, if they can start to be positive?
Interviewer	Ok. yes you think it's possible
Participant 2	Yes
Interviewer	So they can move from one stage to another

Participant 2	Another
Interviewer	You mentioned that it is quite a challenge for them to be independent and to walk on their own. They usually take time and physically they continue to grow.
Participant 2	yes
Interviewer	OK anything to add?
	(Moment of silence)
Interviewer	…ok, we are almost at the end of our session. Thank you for your participation. Now what would you recommend or advise to the center or maybe the community and government.
Participant 1	So far
Interviewer	Hmm
Participant 1	We do get the assistance that we need
Interviewer	Hmm
Participant 1	Because. people they come here and they give us donations
Interviewer	Hmm
Participant 1	Anything food. clothing
Interviewer	Hmm
Participant 1	Yah
Interviewer	Hmm. hmm. Ok. what else
Participant 1	Or if maybe
Interviewer	Hmm
Participant 1	If maybe people can come to the center and learn more
Participants	Hmm
Interviewer	Yes
Participant 1	Things will be better
Interviewer	Oh, you have observed that most of the people in the community lack information about the intellectual disability.
Participants	Hmm
Participant 1	Because if they do come. they become scared of the children
Participants	Hmm
Interviewer	Hmm
Participant 1	Because they don't know if they are crazy or what
Participants	Hmm

Interviewer	Hmm
Participant 1	So, they have to learn more about these children
Interviewer	So, you recommend more community involvement and awareness so that the community can be more enlightened.
Participants	Hmm. hmm. Yes
Interviewer	So, that they can know more?
Participants	Hmm
Participant 2	Even in our different homes, there is a need for homes that would take care of these children.
Interviewer	Hmm
Participant 2	More facilities needed. This will take time.
Hmm	Hmm
Participant 2	It will can take more time
Interviewer	Hmm
Participant 2	People should know about the special schools that caters for individuals with intellectual disabilities.
Participants	Hmm
Participant 2	Not in that
Interviewer	Hmm
Participant 2	These individuals need more exposure
Participants	Hmm
Participant 2	Never know what is happening outside the community
Interviewer	Hmm
Participants	Hmm
Participant 2	So, they have to take our children outside
Interviewer	Hmm
Participant 2	To the community
Interviewer	Ok
Participant 2	So, that the community will know them
Interviewer	Hmm
Participant 2	That school X
Participants	Hmm
Interviewer	They've got this kind of people
Participants	Hmm

Participant 1	Yes
Interviewer	Hmm. ok so but what do you think. How will they access those special schools.
Participant 2	Yes
Interviewer	These children needs to be transported to various institutions.
Participant 2	Hmm
Interviewer	So. that *(inaudible)*
Participant 2	If maybe Government can assist us
Participant 3	Yah
Participant 2	With the transport
Participant 3	Yah
Interviewer	Who must assist with transport?
Participant 2	Maybe. the Government
Interviewer	Yah
Participant 2	If they can assist us
Interviewer	Hmm
Participant 2	With ahem. transport
Interviewer	Hmm
Participant	Yes. So that we can take them outside
Interviewer	Hmm
Participant 2	Yah
Participant 3	Or to going to the Zoo
Interviewer	Hmm. hmm
Participant 2	To participate with other children
Interviewer	Hmm. Oh I thank you so much for all your information. We have come to the end of our session
Participants	*(All cheer and make noise sounding happy)*
Participants	*Laugh*
Interviewer	Thank you so much and enjoy the rest of your day. Thank you
	THE END

ANNEXURE Y
NARRATIVE DOCUMENTS

The first challenges that we are facing is that it is so difficult for the teacher to accomodate all learners with disabilities different disabilities in one class to reaching their full potential if there are no assistance teaching, and the assistance should have matric.

Secondly. The workshops and trainings that the Department of education are conducting are not relevant to us, or is not appropriate for ours

and for the learners level).

They should offer us with training, how to deal with 18 learners on a special school (resource centre) eg 5 learners are CP fine and gross motor are not functioning no toilet trained unable to feed themselves 4 are ADHD, 8 No speech at all. 3 epileptic 3 downSyndrome's 3 autism. Then the teacher is alone in that class. and how a teacher should accommodate all learners alone.

This means that teaching and learning cannot be effective.

There is a workshop that we usually attend in Jouberg Tirfontain they called it (Focus week). That workshop is not benefiting us at all. We sit and learners watching videos that there are 3 learners in class they are on wheel chairs they have no speech el fine motor not working but there is a teacher physioteraphy

ANNEXURE Z

EDITING CERTIFICATE

EDITING AND PROOFREADING CERTIFICATE

7542 Galangal Street

Lotus Gardens

Pretoria

0008

17 January 2018

TO WHOM IT MAY CONCERN

This letter serves to confirm that I have edited and proofread Ms RG Malapela's thesis entitled: **"STRATEGY FOR TRANSITION OF ADOLESCENTS WITH INTELLECTUAL DISABILITIES INTO ADULTHOOD."**

I found the work easy and intriguing to read. Much of my editing basically dealt with obstructionist technical aspects of language which could have otherwise compromised smooth reading as well as the sense of the information being conveyed. I hope that the work will be found to be of an acceptable standard. I am a member of Professional Editors' Guild.

Hereunder are my particulars:

JM Chokwe

_____

Jack Chokwe (Mr)

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Professional
EDITORS
Guild