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An Investigation into Teachers' Views on the Supports Required to Facilitate the Inclusion of Children with Chronic Illness in Irish Mainstream Schools

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Declaration

I hereby certify that this material, which I now submit for assessment on the programme leading to the award of the degree of Professional Master of Education, is entirely my own work and has not been taken from the work of others, save to the extent that such work has been cited and acknowledged within the text of my work. I further declare that this dissertation has not been submitted as an exercise for a degree at this Institute and any other Institution or University. I agree that the Marino Institute of Education library may lend or copy the thesis, in hard or soft copy, upon request.

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Abstract

In a school setting, teachers are a major source of support for their pupils. Therefore, it is crucial teachers feel prepared with the appropriate resources to support their pupils. Advances in the medical field allow many children with chronic illnesses to integrate into mainstream primary schools and participate in classroom activities alongside their peers. Inclusive education is essential to effectively overcome diverse realities in primary school classrooms. Children living with chronic illnesses are one group of children who may need to overcome such diversities throughout their schooling journey. It is imperative that teachers are professionally prepared and supported to promote inclusive, positive educational experiences for these children. The research question that drove this research study was 'What are teachers' views on the supports required to facilitate the inclusion of children with chronic illness in Irish mainstream schools?'.

The research design used was a qualitative method. Semi-structured interviews were conducted with 10 primary school teachers currently teaching in Ireland and each with experience in educating a chronically ill child. This research identified the deficit of education and training surrounding chronic illness evidently places an increased level of anxiety and apprehension on teachers, suggesting teachers are being placed in a position in Irish mainstream classrooms where they feel underprepared or incompetent in their role, potentially contributing to undesirable consequences for both chronically ill students and their teachers. Recommendations from the study include teacher education, the availability of accurate information and standardised documentation.

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Contents

Chapter 1 - Introduction

This chapter offers an insight into the background and motivation for the present study. Issues pertinent to the research area will be highlighted and an overview of the study provided. The value of this research to educational practice is explored, providing a rationale for the study, while also highlighting its relevance to inclusive education, future research and policy development.

Background to the Study

Muntaner, Forteza, & Salom (2014) define inclusive education as “a necessity for adequately and coherently responding to the diverse realities found in classrooms and 21st-century societies” (p. 74). One group of children who may need to overcome diversities throughout their schooling journey are those living with chronic illnesses. Their school experience can be interrupted as a result of the symptoms of their illness, the side effects of treatments, and their absenteeism from the classroom for frequent or extended periods of time placing them at an increased risk when compared with their healthy peers (McCarthy, Williams, & Eidahl, 1996). In a school setting, teachers are a major source of support for their pupils. Thus, it is imperative teachers are professionally prepared and supported to recognise these risks and contribute to positive educational experiences for these children.

In recent years, advances in the medical field have resulted in a higher survival rate in individuals with chronic illnesses. Such advances allow many children with chronic illnesses to integrate into mainstream primary schools, partaking in physical activities, and participating in classroom activities alongside peers (Lightfoot, Mukherjee, & Sloper, 2001; Mukherjee, Lightfoot, & Sloper, 2000). There are a wide range of chronic illnesses, and the severity of the illnesses differ greatly between children. This study aims to encompass all chronic illnesses encountered and will therefore avoid listing specific illnesses and instead utilise terminology such as long-term health needs, or chronic illnesses.

Rationale for the Study

This research was inspired by my own background and experience as a General and Paediatric Nurse. With years’ experience in an acute paediatric setting, this was an area I was keen to investigate within the education system. While it is worth noting that children with chronic illnesses have traditionally been educated in mainstream schools, in recent years a growing number of pupils with often complex illnesses have been integrated into mainstream classrooms (Selekman, 2016). This research study aims to examine if teachers feel appropriately equipped with knowledge, training, and expertise to not only educate these children but to support their additional healthcare needs simultaneously. The intention of this research project is to analyse teachers opinions and views on the supports required to facilitate the inclusion of children with chronic illnesses in mainstream schools and to determine if there is a growing demand for additional and ongoing teacher training to support these children in an educational context, or if current practice is sufficient. The research question that drove this research study was ‘What are teachers’ views on the supports required to facilitate the inclusion of children with chronic illness in Irish mainstream schools?’.

Organisation of the Study

This dissertation is made up of five chapters. The current chapter provides the context and rationale for the proposed study. Chapter 2 will provide a critical review of pertinent literature around the research topic. Chapter 3 outlines the methodological approach utilised for this study. The use of a qualitative research design and semi-structured interviews to collect data is presented. The measures taken to ensure the reliability and validity of the research, and ethical considerations are explored. Chapter 4 presents the findings using key themes which are discussed and analysed referring to relevant literature. The concluding chapter, chapter 5, presents a summary of the findings and offers recommendations based on the data gathered.

Chapter 2 - Literature Review

Introduction

This chapter explores the research question in the context of the literature. The research question driving this dissertation is: ‘What are teachers’ views on the supports required to facilitate the inclusion of children with chronic illness in Irish mainstream schools?’.

This literature review aims to examine current research surrounding the education of chronically ill children in mainstream education settings. Multiple definitions of chronic illnesses are evident throughout literature. Common definitions will be introduced to frame the research study. The prevalence of chronic illnesses in school-aged children will be explored, drawing on statistical figures where available and appropriate. Limited research has been carried out in this area in an Irish context, and as a result, relevant literature from international research will be explored and presented. The literature surrounding teachers’ perceptions of supporting children with chronic illnesses will be examined. For the purpose of reviewing the literature, level of schooling has not been specified in the research question, and therefore studies previously completed in both primary and secondary school settings will be included. The research question, however, specified mainstream schools indicating literature from special schools will be omitted. Studies which compare mainstream schools to special education settings will be included but only information and data gathered from mainstream schools will be drawn upon.

It is worth highlighting the clear distinction between Special Educational Needs (SEN) and chronic illnesses at this point. Some children with chronic illnesses may fall into the SEN category with a broad understanding of SEN being that the child encounters barriers to learning (National Council for Curriculum and Assessment (NCCA), 1999). However, the main focus and the distinguishing factor will include children who may, or may not, require additional supports as a result of a medical chronic illness.

Chronic Illnesses Defined

Most research studies surrounding children with chronic illnesses provide a definition of chronic illnesses from the beginning to indicate the parameters of their study. The definitions have the common distinguishing factor of being an illness that lasts for a period of time. Others, however, specify a period of hospitalisation or cognitive or physical impairment. Mokkink, van der Lee, Grootenhuis, Offringa, & Heymans (2008) define a chronic illness as a health problem with a duration of three months or more, that affects a child's normal activities, and requires frequent medical attention. Stanton, Revenson, & Tennen (2007) generalised chronic illnesses as being characterised by at least three important features - prolonged in duration, do not resolve without treatment, and are rarely cured completely. Van Cleave, Gortmaker, & Perrin, (2010) argue that "the phrase chronic condition might imply permanence, yet conditions change over time because of new treatments, environmental factors, and a child's development, in addition to the nature of the condition itself" (p.623). In addition to establishing parameters, most research studies provide specific examples of diseases that are either included or meet the criteria of chronic illness. Some include diseases such as diabetes, epilepsy, anaphylaxis, or asthma.

Prevalence of Childhood Chronic Illnesses

There is limited data on the prevalence of childhood chronic illnesses among school-aged children in Ireland. Figures throughout international research vary widely depending on methods and definitions used. However, research overwhelmingly maintains the prevalence of these conditions in children is rising (Compas, Jaser, Dunn, & Rodriguez 2012; Hamlet, Gergar, & Schaefer, 2011). Approximately 20% of all school-age children have a significant medical condition and research indicates that this rate will most likely increase, because diseases that were once fatal are now treatable (Compas et al., 2012). The Growing Up in Ireland study, a cohort study commenced in 2006 which collected data on 8,568 nine-year-old children through the Irish national school system, identified 10.2% of the parents in the sample reported their child had a chronic illness (Layte & McCrory, 2013). It is important to note, however, that 15% of this figure includes mental health illnesses and behavioural conditions. In 2008, the Centre for Disease Control and Prevention in the United States identified approximately 20% of school-age children living with chronic illness and these prevalence rates continue to rise as medical care improves (Hamlet et al., 2011).

Other studies on this topic focus exclusively on one condition and its prevalence. Asher and Weiland (1998) identified Australia, UK, New Zealand, the Republic of Ireland and Australia as countries with the highest prevalence patterns for asthma in the world in a study completed on behalf of The International Study of Asthma and Allergies in Childhood (ISAAC) Steering Committee. Greally (2012) labels the burden of asthma in Ireland as high, highlighting one in five Irish schoolchildren as having asthma symptoms. A study completed by Farrell et al. (2007) determined the incidence of Cystic Fibrosis in the Irish population is the highest among other developed regions including Western European and North American countries. This is a significant figure given that the research identifies extended school absences in children with Cystic Fibrosis (Fowler, Johnson, & Atkinson, 1985; Grieve, Tluczek, Racine-Gilles, Laxova, & Albers, 2011). The incidence of children suffering from allergies is also on the rise. Canon, Gharfeh, Guffey, Anvari, & Davis (2019) recognised approximately 6 million children as suffering from a food allergy. More strikingly, they identified that 16% to 18% of these pupils experience their first food allergic reaction while attending school or day care.

Impact on Education Settings

Common sense would indicate that good health is a prerequisite for optimal learning (Forrest et al., 2011). There are a wide range of chronic illnesses, and the severity, stability and predictability of the illnesses differ greatly between children. Ireys (2001) estimated that there are more than 200 different types of chronic illnesses that may affect school-aged children. In recent years, advances in the medical field have resulted in higher survival rates among children with chronic illnesses. Diseases that were once fatal are now successfully treated as a result of early detection and diagnosis (Compas et al., 2012; Halfon & Newacheck, 2010). In an education setting, these advances have allowed many children with chronic illnesses integrate into mainstream primary schools and participate in classroom activities as normal (Lightfoot et al. 2001; Mukherjee et al. 2000). Forrest, Bevans, Riley, Crespo, & Louis (2011) report pupils with chronic illnesses often experience a wide variety of social, academic, and physical issues while attending school. They highlight these pupils as being at risk of losing interest in their academic work and becoming socially isolated within the school community if their needs are not met sufficiently by teachers.

The increased prevalence of childhood chronic illness is of consequence to our education system. While some children with chronic illnesses have traditionally been educated in mainstream schools, in recent years a growing number of pupils with often complex illnesses have been integrated into mainstream classrooms. As a result, teachers are often faced with a number of pupils in their classroom with specific health requirements and are then expected to take on roles which could be deemed as outside their scope of practice, including the administration of medication or life-saving treatment (Selekman, 2016). The administration of medications is one of the most fiercely debated issues with respect to the needs of students with chronic diseases in educational settings (Hinton & Kirk, 2015). Bannon & Ross (1998) highlighted the absence of legal requirements for schoolteachers to administer medicines to children at school and identified many teachers expressed anxieties when accepting liability for what they consider to be a medical issue, rather than an educational issue. Selekman (2016) maintains that children spend half of their waking hours in the school setting and when a significant number are diagnosed with a chronic health illness, healthcare becomes a part of life in schools.

Rights of the Chronically Ill Child

Muntaner et al. (2014) define inclusive education as "a necessity for adequately and coherently responding to the diverse realities found in classrooms and 21st-century societies" (p. 74). Inclusion is a term which articulates a commitment to educate each child, to the maximum ability, in the school and classroom he or she would otherwise attend, regardless of the degree of severity of their SEN (Meegan & MacPhail, 2006). The SERC report (1993) identified students with SEN as any student whose "circumstances prevent or hinder them from benefiting adequately from the education which is normally provided for pupils of the same age" (p. 18). It appears that students with a chronic illness would fit that definition. However, Muntaner et al. (2014) state that no specific legislative documents exist surrounding the education of students with chronic diseases at the international or national levels. The Education Act (1995) emphasises the right of all young people to education and they place a responsibility on education, health, and social services to ensure that no child is excluded from schooling. Therefore, in order to provide effective inclusive education to these children, research suggests there are obstacles that schools must overcome (Irwin & Elam, 2011).

Teachers' Perceptions and Knowledge

It is vital for pupils with long-term conditions to receive appropriate care and support in schools, not only to ensure their safety, but to encourage integration with their peers and to allow them to achieve their academic potential (Shiu, 2001). Research suggests almost every teacher will have interactions with a pupil with a chronic illness at some point in their career. Clay, Cortina, Harper, Cocco, & Drotar (2004) highlights 98.7% of their 476 respondents reported knowing a student with chronic illness. Despite this, the literature overwhelmingly addresses the need for further teacher training in this area. Numerous studies reveal many teachers are poorly informed about chronic illnesses and feel inadequate to deal with any situations that may arise as a consequence of a pupil's chronic illness (Clay et al., 2004).

Clay et al. (2004) examined teacher perceptions of their academic preparation for caring for children with chronic illnesses and over 50% of a sample of 480 teachers indicated it was inadequate. Similarly, a study performed by Olson, Seidler, Goodman, Gaelic, & Nordgren (2004) highlighted more than half of the 384 teacher participants in their study recognised the need for more training and education to meet the needs of the chronically ill pupil. Mukherjee et al. (2000) observed the need by teachers to access advice and information relating to chronic illnesses and their desire for improved communication with health professionals. Kliebenstein & Broome (2000) found in-services relating to specific illnesses and student-specific teaching on an individual basis was a priority for teachers when teaching chronically ill children. These results identify a shortfall in professional development and teacher preparation with regard to educating chronically ill pupils.

Throughout the literature, emergency events in the classroom are cause of great concern for teachers. A study completed by Shiu (2004) suggests teachers were concerned about the risk of medical emergencies in the classroom and their ability to recognise or respond appropriately to a life-threatening situation. Similar results are reflected in a study completed by Olson et al. (2004) in which 53% of 384 participants acknowledged their concern surrounding an emergency event occurring in the classroom. In a study completed by Selekman (2016) a teacher indicated she was given a handout on how to administer medication for seizures and was instructed to keep the medication in her desk drawer, while another watched a video on EpiPen use but did not have a practice session and reported a lack of confidence in the skill.

The incidence of chronic illnesses is increasing rapidly worldwide. Debates in the literature frequently discuss quality of life versus quantity of life and often draw upon individuals with chronic illnesses as examples. Teachers are among the group of professionals accountable for ensuring quality of life experiences for pupils living with chronic illnesses (Irwin & Elam, 2011). However, throughout the literature teachers' attitudes vary towards pupils with chronic illnesses. In a study completed by Gawwad (2008), 56.5% of a 177-participant group demonstrated an unfavourable attitude towards having a child with a chronic illness in their classroom. Gawwad (2008) considers that these findings may reflect teachers' concerns in caring for these pupils. However, Gawwad (2008) also highlights that these findings could be attributed to the reluctance of teachers to add further duties to their already overwhelming workload, perhaps suggesting the demand for the role of a healthcare professional to assist in caring for these children. Similarly, Olson et al. (2004) state chronic illnesses have a great impact on the teacher. Their survey highlighted that though, overall, teachers display a positive attitude towards children with chronic health illnesses in their classroom, teachers' apprehensions included the increased demands placed upon them such as added time pressures and the liability or risk associated with chronic illnesses.

School Attendance

A primary concern for teachers is the inconsistent attendance of the chronically ill student. Literature highlights that even when a chronic illness itself does not result in cognitive impairment, children with chronic illness are noted to perform less well academically than their healthier peers. Evidence suggests that absence is one factor behind this discrepancy (Lightfoot, Wright, & Sloper, 1999). This includes absence from school, time away from the classroom for medically related procedures, and fatigue in students who are physically present but unable to fully participate in class projects and activities (McCarthy et al., 1996). Reviewing literature surrounding school attendance, it is evident that students with chronic illness are absent more frequently than their peers (Irwin & Elam, 2011; McCarthy et al., 1996). Shiu (2004) identified 21.9% of 480 school personnel were specifically concerned with absenteeism in children with chronic illnesses. Drawing on the Growing Up in Ireland national longitudinal study, which was established in 2006, Thornton, Darmody, & McCoy (2013) identified children with a chronic illness as being twice as likely to have attendance issues as those without chronic illness.

Muntaner et al. (2014) identified intermittent absenteeism as the greatest academic difficulty that students with chronic illness face. While Shiu (2004) identified these pupils as being at an increased risk of social isolation and becoming disconnected from their peers due to recurrent absenteeism. Interestingly, Shiu (2001) found teachers of students with chronic illnesses were more likely to assume that when that particular child is absent from school, the absence is associated with the illness, and less attention is therefore paid to the absence. Irwin & Elam (2011) acknowledge that although educating children who are chronically ill in light of frequent and/or intermittent absences can be challenging, it is the obligation of the school to educate the child regardless of these challenges. Hinton & Kirk (2015) emphasis further research is needed to understand teachers' concerns about communicating with pupils with long-term conditions when they are absent from school and how to help teachers develop effective strategies to manage recurrent and long-term absenteeism.

Student Support

Due to the nature of chronic illnesses, the services and supports required may change frequently and must be continuously monitored (Hamlet et al., 2011). However, it is crucial that these young people, who have fought to survive medical challenges, have every opportunity to complete their education to the best of their ability. Shiu (2001) highlights that school can rapidly become a place of failure for children with chronic illnesses if their needs cannot be appropriately attended to. There is evidence in the literature to suggest the classroom teacher plays a pivotal role in attending to these needs. Thus, equipping teachers with the appropriate knowledge should be a priority. However, evidence from the literature does not reflect this. A study completed by Clay et al. (2004) indicated that 60% of their participants received no formal training in educating children with chronic illnesses. In a narrative review of the literature, Hinton & Kirk (2015) found several educational programmes were developed, some in conjunction with healthcare professionals, to improve the knowledge and confidence of teachers in caring for pupils' chronic illnesses. Though these resulted in positive outcomes in small groups, they emphasise that further research is necessary to assess whether teacher education programmes could improve teachers' perception and management of chronic illnesses in mainstream schools. Nabors, Little, Akin-Little, & Iobst, (2008) suggest further education would increase teacher confidence, in turn improving their ability to meet the pupils academic and social needs. Teachers who acknowledge that they are the person who is aware of the pupil's condition, who believes and understands its impact on school life and who makes special arrangements for individual pupils are of vital importance (Lightfoot et al., 1998).

Healthcare and Education

Forrest et al. (2011) highlighted that the pathways linking child health with academic achievement are not well established and indicate that is unlikely we will ever have enough research to link chronic illnesses and academic outcomes, due to the vast array of childhood illnesses. In contrast, an American study completed by Baisch, Lundeen, & Murphy (2011) identified the link between student health and academic achievement as becoming more evident. They highlighted the designation of a school nurse as pertinent to effectively expanding pupil’s academic capacity by freeing teachers to devote their time and expertise to teaching and learning. Some education systems, including the American education system, have health support structures in place, including school nurses, however they vary widely in how they are provided and resourced across schools (Baisch et al., 2011). Muntaner et al. (2014) emphasised that students have the greatest requirements for adult assistance during primary school, remaining dependent on adults with respect to chronic illnesses, and becoming more autonomous as they get older. Given this, they found the presence of a health personnel in the school as beneficial. Clay et al. (2004) identified school nurses as primary sources of information. Baisch et al. (2011) demonstrate in their study that school staff perceived that having a school nurse in the school improved the health of students, helped reduce absenteeism and relieved other staff members from time-consuming duties when managing students’ health concerns. Nabors et al. (2008) highlighted school nurses as a resource for medical knowledge and information to assist teachers, emphasising if the school nurse is not available on a daily basis, written care plans should be developed so teacher needs for support are addressed. McCarthy et al. (1996) identified teachers’ concerns about medical emergencies as being greatly reduced if a school nurse was present. On the other hand, Gawwad (2008) suggests schoolteachers could be a useful source of health information for the students if they possessed accurate and adequate knowledge of the illness. However, Irwin & Elam (2011) argue it is not best practice to place this responsibility on educators who lack knowledge of the illness and highlight that few teacher training programmes include training for childhood illness (Irwin & Elam, 2011).

Conclusion

The research examined in this literature review suggests there is a wide gap between current professional training and the essential knowledge teachers need to teach, and care for, children with chronic illness. It identifies the need for further studies to investigate teachers’ views on the supports required to facilitate the inclusion of children with chronic illnesses in mainstream schools. The prevalence of chronic conditions in children is rising (Canon et al., 2019; Layte & McCrory, 2013). Children spend a significant amount of time in school and with these rising numbers, healthcare becomes a part of life in schools (Selekman, 2016). Focused studies are required on the views' of the classroom teacher regarding their readiness to educate the chronically ill students (Clay et al., 2004).

Understanding teachers' views on the supports required to facilitate the inclusion of children with chronic illnesses in mainstream schools is crucial to improving outcomes for these students. The views and opinions of these teachers will aid and direct us in developing policies and training programs that will directly benefit students.

Chapter 3 - Methodology

Introduction

This chapter presents an overview of the methods that were employed to collect and present the data for this study. The guiding aim of this study is outlined, and the research approach highlights the methods undertaken to collect data. The rationale for adopting a qualitative research design is discussed. The methods of data analysis are then presented. Ethical procedures adhered to and the researchers positionality are outlined to conclude this chapter.

Aim of research

The aim of this study is to investigate teachers' views on the supports required to facilitate the inclusion of children with chronic illnesses in mainstream schools. This research aims to identify and acknowledge primary school teachers' experiences of and recommendations in educating a chronically ill student in Ireland that could be utilised in the creation of future policies in the educational context surrounding this topic.

Research Design

This research followed a systematic, controlled approach as outlined by Creswell (2013). It adopted a qualitative design to acknowledge the experience and recommendations of the classroom teacher who has taught a chronically ill student. As this research focused on the experience of the classroom teacher who educates chronically ill students a phenomenological approach was appropriate. Creswell (2013) identifies phenomenological research as fitting when it is important to understand several individuals' common or shared experiences of an issue in order to develop practices or policies, or to develop a deeper understanding. The contextual information obtained from qualitative research is invaluable for translating results into practical recommendations. By recognising the teachers experience, a qualitative research method will provide an alternate viewpoint to that presented by quantitative studies. Additionally, qualitative studies are appropriate when a deeper understanding of an experience can only be determined by empowering participants to tell their story while obtaining a detailed understanding of the issue at hand (Creswell, 2013). As this study's focus is on the views of the teacher a qualitative approach is fitting.

A qualitative constructivist, interpretivist framework was utilised (Denzin & Lincoln, 2008). The goal of constructivist research is to rely as much as possible on the participants' views and to interpret their opinions surrounding the topic (Creswell, 2013). Researchers acknowledge that their interpretation of the data is shaped by their own background. Therefore, researchers must recognise how their interpretation stems from their own personal, cultural, and historical experiences (Creswell, 2013). This can be achieved through acknowledging positionality which will now be examined.

Positionality

Positionality requires the researcher to both acknowledge and locate their views, values and beliefs in relation to the research process and the research outputs. Reflexivity is the idea that researchers ought to acknowledge and disclose their own selves in the research in an attempt to recognise their part in, or influence on, the research which in turn informs positionality (Cohen, Manion & Morrison, 2007). Greenbank (2003) states reflexivity requires a clear self-assessment by the researcher about their own views and positions and how these might have influenced the design, implementation and interpretation of the research data findings. Foote and Bartell (2011) identify "the positionality that researchers bring to their work, and personal experiences through which positionality is shaped, may influence what researchers may bring to research encounters, their choice of processes, and their interpretation of outcomes" (p. 46). Therefore, it must be acknowledged that I come from a background in healthcare having previously attained an undergraduate degree in General and Paediatric Nursing. This influenced the choice of research topic and acted as a personal motivation for this study.

Semi Structured Interviews

Punch (2004) identify interviews as the most common data collection strategy in qualitative research. Semi-structured interviews were designed to specifically obtain data required to address the research question and to generate qualitative data. Cohen et al. (2007) recommend semi-structured interviews for gathering data on the more intangible aspects of the schools including their values, assumptions, and beliefs. The interview questions were informed and refined by the literature review. Semi structured interviews were conducted via an online platform. The interview was structured using 10 open ended questions. The interview started by gaining an insight to the teachers general teaching experience and progressed to their understanding of chronic illness, their experience of educating children with chronic illness and their recommendations going forward. Follow up questions and prompts were prepared for each question in order to obtain good quality in depth information. Rubin and Rubin (2012) highlight the need for open ended questions to avoid restricting the participant’s response. The use of semi-structured interviews also allowed participants to raise issues they deem important. As a researcher it is important to remain unbiased throughout the interviews, being mindful not to express an opinion but instead to remain open minded, listen carefully and observe interactions with the participants.

Pilot Interview

Conducting a pilot study increases the reliability, validity and practicability of the interview protocol (Cohen et al., 2007). Completing a pilot interview enabled me to alter the interview protocol, adjusting questions to obtain more scope and depth of information. The pilot study was conducted with a primary school teacher from my locality who did not participate in the study. Modifications to the interview protocol were required following the pilot study. These changes included clarity in the wording of questions and the structure of the interview protocol. Completing a pilot interview also highlighted the importance of adhering to the interview protocol to ensure results are comparable and to maintain efficient timekeeping.

Population and Sample

Between November 2020 and March 2021, 10 teachers were recruited from primary schools in Ireland using a purposive sampling approach. Purposive sampling intentionally researches selected participants who can best inform the researcher about the topic being investigated (Creswell, 2013). As a result, data gathered will not represent the wider population. Cohen et al., (2007) highlight that there is little benefit in seeking a random sample when the majority of the random sample may be largely ignorant to the particular issue being investigated and therefore unable to comment. Limiting the research to teachers in primary school settings allowed deeper insight into the experience of teaching chronically ill children at an age where they may require greater assistance in comparison to those in second level education. Secondly, the professional training and in-school resources that are available to primary and secondary level teachers differ, and therefore by limiting the research to primary school teachers it allowed for a more focused exploration of teacher views within that context. Similarly, teachers working in a special school setting were not included in this study as often their students would require, and receive, greater supports. All teachers involved had experience educating children with chronic illness in a mainstream setting. Table 1 details the years of teaching experience each participant has. Finally, all teachers interviewed were currently teaching in an Irish primary school setting. The research design did not include teachers working in an international setting. This eliminated the potential for conflicting data as policies and procedures may differ between Irish schools and international settings.

I drew on contacts I had collected while completing school placements in various school settings to gather participants for the study. Primary school teachers and principals were contacted by phone and by email. Once participants agreed to partake, a consent form was emailed to them to complete. The interviews then took place in the following days at a scheduled time that suited the participant. The sample size of 10 participants provided an in-depth reliable viewpoint of the experience of teaching chronically ill students.

Table 1

Participants Profiles

Years Teaching Experience	<5 years	5 - 10 years	<10 years
Emma		✓	
Ronan		✓	
Conor		✓	
Margaret	✓		
Luke		✓	
Adrienne			✓
Shane			✓
Michelle		✓	
Brian		✓	

Rachel	✓		

Data Collection

The interviews were the primary instrument in the collection of data for this qualitative study. Each interview was scheduled to last 30 minutes. The interview was recorded digitally using two methods, the researchers personal laptop and a digital recorder. The participant was made aware of this prior to commencing the interview. The interviews were each transcribed immediately following their completion. The information was entirely confidential and stored on a password protected personal computer. It was accessible only to the researcher. Participants were given the choice to create their own pseudonym and for those who did not wish to do so, a pseudonym was selected on their behalf.

Ethical Considerations

The considerations of ethical issues are crucial when conducting research. Hammersley and Traianou (2012) argue that qualitative research raises “distinctive ethical issues” (p.8) as the research design is flexible and usually includes gathering unstructured data in familiar environments to the participant. To ensure integrity and transparency this study was approved by the Ethics Committee in Marino Institute of Education following submission of a research proposal. Ryen (2016) maintains that the researcher is responsible for obtaining informed consent and protecting their research participants. The study was explained to participants in detail, both verbally and in writing using a research information page. They were asked to voluntarily take part in the study. Participants were made aware that they had the right to exit the study at any time if they so wished. Participants in this study were fully informed about the purpose and intended use of the research. Participants were required to complete a consent form prior to the interview identifying as willing to partake in the research study. Participants were purposively selected but their anonymity was assured. Ryen (2016) highlights that it is the obligation of the researcher to protect the identity and location of the participant.

Data Analysis

Thematic analysis (TA) was utilised for this qualitative research study (Braun & Clarke, 2006; Hansen, 2006). TA identifies recurrent ideas across a data set by focusing on what participants say and how they say it (Hansen, 2006). The six step TA approach set out by Braun and Clarke (2006) was followed. I became familiar with the data gathered by reading and re-reading data transcripts, highlighting ideas and points of interest. Initial codes were then generated before being collated and analysed to produce overarching themes (Braun & Clarke, 2006). Codes were combined to create potential themes. These identified themes were then reviewed and refined to identify clear core concepts and allow for comparison across individual respondents (Braun & Clarke, 2006). These themes allowed for relevant discussion surrounding the research question.

Validity and Transferability

Validity describes the extent to which a measure represents the concept it claims to represent (Cohen et al., 2007). It refers to how truthful the reader can deem a study to be. Maxwell (2005) identifies bias as a threat to validity. The researcher followed a structured interview protocol, with the same format and sequence of words and questions for each respondent as outlined by Silverman (1993). Verbatim scripts of all data gathered were transcribed to ensure internal validity. Internal validity refers to the description of data within a research study being confirmed by the data (Cohen et al., 2007). This validity will allow for transferability of the research findings and the application of the study findings beyond the context in which this study was completed (Malterud, 2001). Due to the small participant size, generalisation of this research study would not be appropriate. Instead, rich descriptions of the data gathered have been detailed to provide context to facilitate readers to make a transferability judgement of the findings.

Limitations

While this study highlights pertinent information relating to teachers' experiences of supporting children with chronic illness, limitations must be acknowledged. The primary limitation of this research study is the small sample size used. 10 participants represent a small-scale project, and therefore I was vigilant in avoiding generalisations. While I acknowledge this limitation of the research study, the findings are worth consideration to encourage and facilitate teachers in educating the chronically ill in the primary school context. Future research with a larger pool of participants would be beneficial to generalise findings in an Irish context.

Conclusion

This chapter presented an account of the research methodology that was used to gather data for this study. A qualitative method of data collection was employed to investigate the guiding aim of this study. Ethical considerations and limitations were outlined to conclude this chapter. Chapter 4 will present the findings of the research alongside discussion and analysis of the findings.

Chapter 4 - Analysis and Discussion of Research Findings

Introduction

Adopting a qualitative approach, this research study collected rich data which will be presented, analysed and discussed in this chapter. The literature reviewed in Chapter 2 will be drawn upon, alongside other relevant literature. The findings provide an insight into primary school teachers' perceptions and experience of educating children who are chronically ill. The results are consistent with international findings and highlight teachers views on issues surrounding educating chronically ill children. Teachers' professional development is explored, and key findings relating to teachers' experiences are discussed. The results are presented using three key themes which were identified through the process of TA and further discussed using subthemes. The themes and subthemes are as follows:

<u>Teachers Readiness to Educate a Chronically Ill Child</u>

- Teachers' understanding of chronic illness
- Teachers' views on prevalence of chronic illness in mainstream classrooms
- Teacher education
- Obtaining Information

<u>Teacher Concerns</u>

- Additional pressure
- Ill equipped with appropriate skills
- Student absenteeism

<u>Teacher Recommendations</u>

- Ongoing communication
- Education, training and in school supports

- The development of policies, protocols or guidelines

Teachers’ Readiness to Educate a Chronically Ill Child

The teachers readiness to educate chronically ill children identifies the personal experiences and understandings of educating a chronically ill student, as described by the participants. Shaped by their own experience, education and personal encounters participants were able to define their knowledge and the impact this knowledge had on the experience of educating a chronically ill student.

Teachers’ understanding of chronic illness.

In a study completed by Mukherjee et al. (2000) teachers reported that a better understanding of chronic illnesses could increase the level of support school staff provides for a child. To obtain a level of comprehension among this studies participant’s, their understanding of chronic illness was identified at the outset of the interview. Participant definitions are outlined in Table 2. While some participants understanding was more evident than others, most emphasised the duration of a chronic illness as prolonged or lifelong.

Table 2

Understanding Chronic Illness

Participant	**Understanding of Chronic Illness**
Emma	An “illness which is serious enough and prolonged enough for the child to miss out on everyday activities and opportunities”
Ronan	A “lifelong illness” and is “something the child will always have and have to live with” … “can impact certain aspects of the child’s

	life, not only their academic but their personal and social life in years to come as well”
Conor	“something that is for life or a long time” … “on an ongoing basis rather than a short-term illness”.
Margaret	“a child has for a long time or over a year”
Luke	“long lasting, possibly over 2 years, which affects the person regularly with their life and requires regular treatment”
Adrienne	“one that could cause the child severe discomfort of pain possibly at some stage requiring hospitalisation”
Shane	“conditions that are ongoing, prolonged in duration. Conditions that will not get better on their own, require ongoing treatment and can be well managed”
Michelle	“one which lasts at least a year but in reality, is usually a lifelong condition in a child”
Brian	“which would affect a child for a long time”
Rachel	“something that might affect day to day learning or facilitating of a child in your class”

To follow up on these descriptions, participants were asked how they arrived at this understanding. Brian stated that “most teachers know about chronic illness from wither the parent of the child or through completing their own research and contacting professionals”. Participants also drew on knowledge gained from previously teaching a chronically ill child. Adrienne highlighted that “experience defines your interpretation of chronic illness of children". This statement was echoed by other participants as outlined below in Table 3. This is consistent with research conducted by Bishop & Boag (2006) who found teachers use the internet, leaflets, personal experience and conversations with parents to gather information about their pupils' health conditions.

Table 3

How Teachers Arrived at their Understanding of Chronic Illness

How Teachers Arrived at their Understanding	**Percentage of Participants**
Experience	80%
Internet	30%
Previous Career	20%
Information from Parents	10%

Teachers views on prevalence of chronic illness in mainstream classrooms.

Participant opinions towards the prevalence of these illnesses in mainstream classrooms were then investigated. Luke stated, "it is difficult to know … my experiences would suggest there will be a child in about a quarter of all classes", while Shane highlighted that "most years you will have at least one child in your class with a chronic illness". Interestingly, Rachel pointed out "the way chronic illness and allergies are going, increasing year on year, in a few years there might be twice as many". Though statistics are difficult to determine in an Irish context, as highlighted in Chapter Two, the literature overwhelmingly maintains the prevalence of chronic illness in children is rising globally with Compas et al. (2012) identifying approximately 20% of all school-age children as having a significant medical condition.

Teacher education.

The literature has identified a shortfall in teacher education and professional development with regard to educating chronically ill pupils (Clay et al., 2004; Kliebenstein & Broome, 2000; Mukherjee et al. 2000; Olson et al., 2004). Consistent with these findings, 90% of participants in this study reported their teacher education, both initial and ongoing, did not and do not provide adequate preparation on how to create an inclusive classroom for chronically ill children. Ronan commented that it was “completely overlooked and never even discussed” during his undergraduate degree recognising that “there is a gap in the training process”. Similarly, Luke stated, “there is little to no training regarding chronic illnesses” while Adrienne highlighted receiving no “formal training” and Michelle identified no “professional development” in this area. Conor, when asked his opinion on the education and training he has received, replied “it’s bad, really bad. I haven’t received anything”. These findings are crucial as Hinton & Kirk (2015) found a lack of education and training can contribute to undesirable consequences for both students and teachers.

Obtaining information.

Mukherjee et al. (2000) observed the need by teachers to access advice and information relating to chronic illnesses. Participants in this study shared their experiences in relation to receiving information about a child in their class with a chronic illness. Results differed amongst the participants. Rachel explained how child health is “not something that’s checked up on, so if a child didn’t have an illness but was under investigation, we often wouldn’t be told until it is actually diagnosed”. Research suggests in order to achieve the best outcomes for chronically ill students, communication between healthcare and educational services, and issues including the sharing of medical information between different agencies must be addressed (Mukherjee et al. 2002).

Other participants highlighted the crucial role played by previous class teacher in relaying information. Luke identified them as "a huge help with the information they provided" while Michelle stated, "other than an informal chat with the teacher from the previous year, I didn't receive any other information". These are similar to findings by Mukherjee et al. (2002) who found teachers favoured direct face-to-face contact for relaying information. In contrast, the associated problems with this approach were also pointed out by participants. Rachel described taking over a class whereby the previous class teacher had left the school and therefore was unable to "ask them for any information" while Conor stated being uneasy gathering information through the previous class teacher as they are "not qualified" to advise on such issues. Eyong et al. (2012) agree that obtaining information from such informal sources may lead to misconceptions and even further stigmatisation of illnesses.

Teacher Concerns

Various teacher concerns emerged through the interview process and participants were given the opportunity to expand on those concerns. Participants shared stories to emphasise their concerns. The additional pressures placed upon teachers responsible for educating a chronically ill student, their feeling of possessing an inadequate skill set and the implications of higher absenteeism rates for their pupils were the three main concerns that occurred in the data gathered.

Additional pressure.

In other research studies, teachers highlighted a number of concerns including apprehension surrounding the additional time, resources and attention required to assist these children and young people (Olson et al. 2004; Gawwad 2008). Participants in this study overwhelmingly identified with these concerns. Ronan described the additional pressure associated with recognising symptoms of the deteriorating child “I don’t come from a medical background so the thing I was always most afraid of was recognising symptoms”. Margaret described “the pressure of knowing something could happen” while Adrienne stressed the challenge in “striking that balance of allowing the child to participate and achieve as much as possible, while keeping them safe at all times”. Similarly, Shiu (2004) found teachers were concerned about the risk of medical emergencies in the classroom and their ability to recognise or respond appropriately to a life-threatening situation. These additional demands and pressures placed upon teachers are worth addressing as Gawwad (2008) suggests an unfavourable attitude towards teaching chronically ill children may arise from teachers concerns in caring for these pupils. This unfavourable attitude did not transpire in interviews with participants. Though they expressed their concerns, no participants communicated an aversion to educating these children.

Ill equipped with appropriate skills.

It is unacceptable for any teacher to be placed in a position where they feel underprepared or incompetent in their role. Participants highlighted their personal lack of training, professional development and education in the area of chronic illness was a cause of concern in the classroom setting. The anxiety surrounding being ill equipped to manage an emergency situation arose frequently among participants, with their lack of understanding about medical conditions being a contributing factor. Conor stated, “I read up on [the condition] but I would still be worried I don’t know enough”. Rachel pointed out “My qualification is in teaching, I don’t have any medical skills, so I would have anxieties over an emergency situation arising”. Shane believed “training by a medical professional” would be beneficial in equipping teachers “especially where the administration of medication is required”. By ignoring these concerns and the need for equipping teachers with appropriate skills, students with chronic illness could be prevented from participating in school excursions and activities. This is echoed by Kliebenstein & Broome (2000) who found in-services relating to specific illnesses and student-specific teaching on an individual basis was a priority for teachers when teaching chronically ill children.

Student absenteeism.

Participants expressed concerns related to absenteeism, academic performance, and school participation pertaining to the child's illness. This perhaps highlights a growing demand for clear guidance on how to address the school absences and maintain ongoing communication throughout the absence. Emma highlighted the "extra demand if the child has to be off school for a prolonged period, I have to assign work and teach them remotely online after school". Ronan identified concerns surrounding their academic achievement, "where they are more prone to being sick and being absent from school more often, are they going to miss out important pieces of schoolwork". These concerns regarding absenteeism and its associated risk to academic performance and social inclusion are reiterated throughout the literature (Clay et al., 2004; Shiu, 2004). Drawing on the Growing Up in Ireland national longitudinal study, commenced in 2006, Thornton et al. (2013) identified children with a chronic illness as being twice as likely to have attendance issues as those without chronic illness.

Teacher Recommendations

Participants were asked what additional information or supports, if any, they would find beneficial in meeting the school-based needs of these children. The most common recommendations were for more readily accessible information, particularly from those directly involved with the child, for further education and training on chronic illness and for clear guidelines on the role of the teacher in facilitating these students in mainstream classrooms.

Ongoing communication.

Poor communication has been highlighted in the literature as a barrier that hinders teachers' ability to provide effective support to pupils with chronic illnesses (Hinton & Kirk, 2015; Shiu 2004). Ronan recalls an experience of being totally unaware that a child in his class was undergoing a nut allergy assessment and a feeling of needing "to be more informed".

Teachers need access to advice and information relating to chronic illnesses (Mukherjee et al., 2000). Communication between healthcare professionals, parents and teachers emerged as a desire of participants in this study. Several methods to facilitating these sessions were suggested ranging from online forums to one-to-one meetings. The willingness of participants to learn new information through these means became evident. Brian highlighted "clear and honest communication" as one of the "most crucial elements" in educating a child with chronic illness.

Adrienne acknowledged the benefits of meeting a parent before the school year began, to discuss the impact of their child's chronic illness and emphasised it "should happen every year with any parents of children with potentially damaging illnesses". In contrast to these findings, in a study completed by Mukherjee et al. (2002) respondents expressed concerns surrounding parents' reliability as a source of information, arguing they may be "reluctant to pass on some information; may not remember all the details; may not see the relevance of the information for schools" (p.24).

Education, training and in school supports.

It is striking that 90% of participants in this study report inadequate education for supporting chronically ill children given that all participants have previously, or are currently, facing these children in the school setting on a daily basis. Adrienne believes "college courses could definitely run through dealing with asthmatic and diabetic children to give a basic understanding of these common illnesses”. Participants also expressed their dissatisfaction at current supports in place, or lack thereof, for both students and teachers in Irish mainstream primary schools. All participants interviewed suggested ongoing training as a means of resolving the current gap in knowledge. Conor suggested “as soon as you know you’re having someone in your class with a particular illness or problem, you check that you have that training. And then eventually you’ll find that every teacher has a certain level of training”. Similarly, Michelle conveyed that professional development would aid teachers in being more “comfortable and confident” when dealing with chronic illness. Literature similarly identifies in-services relating to specific illnesses and student-specific teaching on an individual basis as a priority of teachers (Kliebenstein & Broome, 2000). These results identify a shortfall in professional development and teacher preparation with regard to educating chronically ill pupils.

The need for non-teaching support in schools has been highlighted in the literature. Research recommends that schools have a designated non-teaching role, with specialised training, who takes responsibility for organising care and raising awareness about chronically ill pupils (Mukherjee 2000). This was further reiterated in the data. Emma suggested “a classroom assistant” to overcome challenges faced by teachers, while Rachel believes “online supports, like a nurse online, or a nurse on call” would alleviate concerns “instead of maybe going to Google”.

The development of policies, protocols or guidelines.

Drawing on recommendations made by participants in this study the findings demonstrate the need for clear policies and guidelines within schools to inform ad guide teachers when educating chronically ill children. Margaret praised care plans utilised in her school which are completed by parents and co-signed by the classroom teacher and detail “what to do and who to call should something happen in school”. Similarly, Nabors et al. (2008) identified care plans, with input from physicians, nurses, and other appropriate specialists in addition to information from parents, to inform school plans and educate teachers.

Other participant’s schools maintain files in which children’s details are listed with their varying needs, however Brian states that “the current set up is very much a shared understanding between staff and there is no exact procedure in place”. Brian believes “every school having a clear procedure of steps to take if a situation arise would be very helpful”. Interestingly, Rachel compared guidelines for chronic illness to those of other emergency protocols “We have a fire drill procedure laminated, so maybe that’s what we need for chronic illness pathways, because if something happens, it is just as serious as a fire”. It can be assumed from the clear absence of such guidelines chronically ill children in mainstream Irish primary schools are often overlooked.

Conclusion

Key themes that emerged from the data were teachers readiness to educate a chronically ill child, teacher concerns and teacher recommendations. These themes and their subsequent subthemes identify inadequacies in the education, training and supports that are available to teachers in Irish mainstream schools regarding learners with chronic illness. Where additional information and support are required, teachers do not have a guideline to follow to obtain this information. Teachers identified their increased anxieties when educating a chronically ill child and stressed the need for improved communication between parents, teachers and medical professionals. Recommendations to enhance the school experience for those who are chronically ill are presented in the next chapter, along with the limitations of this study and opportunities for further research.

Chapter 5: Recommendations and Conclusion

Introduction

Using a qualitative research approach, this study explored teacher views on educating chronically ill children in Irish mainstream classes. Based on the findings of that data gathered, a number of recommendations for practice and policy are presented in this chapter. Opportunity for further research is suggested, while the limitations of this research project are established.

Key Findings

The results of this study were consistent with international findings in the literature (Clay et al., 2004; Forrest et al. 2011; Hinton & Kirk, 2015; Nabors et al., 2008; Selekman, 2016; Shiu, 2004) and highlight that teachers receive limited formal education surrounding teaching children with chronic illness. Instead, teachers appear to acquire knowledge about the needs of these children through their own teaching experiences. This research identified that although teachers demonstrated a good understanding of chronic illness, they were less informed about the ramifications of such illnesses. It was evident that teachers understanding was developed through their own personal and teaching experiences, self-guided research and informal conversations with parents and other teachers. The deficit of education surrounding chronic illness evidently places an increased level of anxiety and apprehension on teachers. These findings suggest teachers are being placed in a position in Irish mainstream classrooms where they feel underprepared or incompetent in their role, which could potentially contribute to undesirable consequences for both chronically ill students and their teachers.

Recommendations

Acknowledging the findings of this study and previous international studies completed in this area, several recommendations are being put forward by the researcher. The leading recommendation is for the provision of teacher education regarding chronic illness.

Information about chronic illness and their potential consequences in the school environment should be included during initial teacher education, while professional learning and development should be provided for all teachers working directly with a child with a chronic illness (Hinton & Kirk, 2015). This teacher education should address the implications of the child’s illness, and how and where teachers may access support when necessary. Input should be included from both health and education professionals during these educational sessions.

Secondly, accurate, clear and concise information needs to be made easily accessible for teachers. Teachers in this study, consistent with international studies, depended on multiple resources including the internet when determining the needs of children with chronic illness. Often sourcing information from third parties can lead to obtaining inaccurate or outdated information. Creating a resource in which teachers could access reliable information would be of invaluable benefit.

A final recommendation is for the creation of a standardised document surrounding chronic illness to be devised, such as the care plan mentioned by a participant in this study. Opportunities for teachers to engage with parents and medical professionals need to be facilitated to enable teachers to feel confident in supporting their student’s success in school. Creating a care plan for each child with a chronic illness will allow for case-specific information to be gathered and presented in one document.

For the above recommendations to be prioritised, greater recognition needs to be given to enabling teachers to confidently educate chronically ill students in mainstream classrooms. Until the specific needs of teachers educating chronically ill children are recognised in policy, it is likely that teachers will continue to encounter these challenges.

Conclusion

The basis for this research was formed from the lack of research in an Irish context that focuses on teachers views of educating chronically ill children in Irish mainstream classrooms. Selekman (2016) highlights children with chronic illnesses have traditionally been educated in mainstream schools, however, in recent years a growing number of pupils with often complex illnesses have been integrated into mainstream classrooms. This research study demonstrates that when teachers are faced with chronically ill children in their classrooms, they have additional responsibilities placed upon them often leading to increased concerns and anxieties. Key themes that were apparent through the data gathered were teachers readiness to educate a chronically ill child, teacher concerns and teacher recommendations. These themes were analysed and presented.

I acknowledge that exaggerated claims should not be made based on small sample sizes, however, the findings from this research suggest that an improvement in formal teacher education surrounding chronic illness is necessary. Further qualitative research should be conducted on a larger scale to obtain additional information, promote inclusion and to aid the creation of policy within the Irish education system. Further research should determine if there is a growing demand for additional and ongoing teacher training to support these children in an educational context while supporting their additional healthcare needs concurrently.

Understanding teachers’ views on the supports required to facilitate the inclusion of children with chronic illnesses in mainstream schools is crucial to improving outcomes for these students. The views and opinions of the teachers in this research could aid and direct the future development policies and training programs that will promote an inclusive education that will directly benefit chronically ill children.

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Appendix 1 - Letter of Consent

INSTITIÚID OIDEACHAIS
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Fiona McDonald

087*******

Teachers' views on the supports required to facilitate the inclusion of children with chronic illnesses in mainstream schools

Dear Teacher,

I am writing to ask for your participation in a research study I am completing as part of the Professional Master of Education programme in Marino Institute of Education (MIE). The research project involves learning more about teachers' views on the supports required to facilitate the inclusion of children with chronic illnesses in mainstream classrooms. You will not be asked about your knowledge of particular conditions. The emphasis of this research is to identify if there are appropriate supports in place for primary school teachers or if further supports are necessary, and if so, could policies be developed from my findings.

The interview will take approximately 45 minutes. The interview will be recorded. The audio is solely for the transcription of the interview and will not be published for data results. At no stage will the audio recordings of the interviews be published. The findings, however, will be presented in my dissertation. Interviews will be conducted face-to-face, COVID 19 restrictions allowing, or over Zoom. If you have a preference, please let me know.

I hope you will be willing to participate as your responses are important and a valued part of the study. Your participation will remain strictly confidential. Pseudonyms will be used throughout, and you are welcome to choose your own pseudonym should you so wish. This research has been approved by the Research Ethics Committee in MIE.

If you agree to participate please contact me by email fmcdonaldpme19@momail.mie.ie or by phone 0877674820. Your participation in this project is appreciated.

Yours faithfully,

Fiona McDonald

You will be given a copy of this information to keep for your records.

Statement of Consent:

Please read the questions below and indicate whether or not you would be willing to participate in the study as described.

Do you consent to participate in the study by completing the interview described above? Yes No

Do you consent to have the interview audio recorded? Yes No

May I share the audio recording with my supervisor at Marino Institute of Education *should* they request them? Yes No

Signature: ___________________________________ Date: __________________

Signature of Researcher: _______________________ Date: __________________

Appendix 2 - Interview Protocol

Teachers' views on the supports required to facilitate the inclusion of children with chronic illnesses in mainstream schools

Introduction to the Interview

Purpose of the interview:

Thank you for participating in this interview, I am very grateful for your time. I am interviewing you because you are a qualified primary school teacher working in Ireland and you have experience of a child with a chronic illness in your classroom. The purpose of this interview is to better understand your experiences of and attitudes towards supporting children with chronic illnesses in mainstream schools. The aim of this research project is to place the voices of teachers in relation to educating these children at the heart of any development in this area, particularly in an Irish context and to influence policy on this issue.

Outline ethical considerations:

Participation in this interview is voluntary. The interview will take approximately 45 minutes. With your permission, I would like to audio record the interview for transcription purposes. All audio-recordings and interview transcripts will be stored safely and confidentiality, and pseudonyms will be used to protect that confidentiality. You may decline to answer any question or stop the interview at any time and for any reason.

At any stage if you have any questions, or concerns, please do not hesitate to interrupt me.

May I turn on the digital recorder?

Establishing Rapport and Background of the Teacher

Can you tell me a little about your background in teaching?

Prompts: How long you have been teaching? Why you became a teacher? What class are you currently teaching? Type of school you are teaching in?

Teachers Understanding of Chronic Illnesses

From your experience, what is a childhood chronic illness?

Prompts: What kind of illnesses may fall under the bracket of a chronic illness?

Follow up: How do you think you have come to that understanding? What influenced it? Do you think experience influenced your understanding?

Teacher's Experience

Could you tell me about your experience to date with chronically ill children in your classroom?

Prompts: What chronic conditions have your students had? What's your opinion on the prevalence of chronic illnesses in mainstream classrooms? What is your opinion on the education and training you receive regarding chronic illnesses?

Follow up: How do you think the diagnosis of a chronic illness impacts the way in which you educate a student?

Informed about Illness

From your experience, are you told about the diagnosis in advance of meeting a child with a chronic illness?

Prompts: What information do you wish you knew before having these children in your class? Is any training or professional development made available to you regarding children with chronic conditions in the classroom?

Challenges for Teachers

From your experience, does educating a child with a chronic illness place extra demand on you? If yes, can you explain how. If no, could you describe any additional requirements necessary for a child with a chronic illness in comparison to a child without?

Prompts: Could you draw on some of these factors? Why do you think it places these extra demands on you? How does it make you feel? Have you had to adapt your teaching for children with chronic illnesses?

Supports for Teachers

What concerns, do you think, surround educating a child with a chronic illness?

Prompts: If a medical situation arose in your classroom with a chronically ill child, is there a designated staff member to assist you as class teacher? Who, if anyone, do you contact should an emergency situation arise? Who can you discuss concerns with? What is your opinion on the current supports in place?

Follow up: What supports do you think would be effective in addressing these concerns? Would you like to see any changes to the current supports?

Recommendations

What would you suggest as a way of supporting teachers and helping them to overcome the challenges they face when teaching children with chronic illnesses?

Prompts: Why do you think that would be effective? How would it support teachers? How would it make things easier?

That has brought our interview to a close. I will stop the recording device now. I wish to thank you for your participation in my research.