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Educators' relational experiences with learners identified with fetal alcohol spectrum disorder

Izanette Van Schalkwyk and Sandra Marais
Centre for Child, Youth and Family Studies, COMPRES, North-West University, Potchefstroom, South Africa
20977026@nwu.ac.za

Between 2009 and 2011 a prevalence study on Fetal Alcohol Spectrum Disorder (FASD) was conducted in a rural area of the Western Cape in South Africa by Prof. Phil May from the University of North Carolina, USA with his FASER team from Stellenbosch University. The preliminary rates for Fetal Alcohol Syndrome were estimated at between 9.4 and 12.9% amongst the Grade One learners and these rates are regarded as high (an estimated one in 10 Grade One learners has full-blown fetal alcohol syndrome). The rates for FASD are estimated to be even higher. Although no results on individual learners were communicated to the educators, it is known that educators tend to identify learners with severe learning disabilities as 'learners with FASD.' In this article, FASD learners will refer to learners identified by educators to include those learners identified by a full medical and health worker team, as having FASD.

Abstract
The focus of this research is educators' relational experiences with learners presumed to have Fetal Alcohol Spectrum Disorder (FASD) in a South African school community. Although relational interaction (usually seen as trusting and caring) is an integral aspect of the learning environment, relational functioning within this context is seriously challenged when educators are working with FASD learners. A qualitative approach was used and 14 educators were selected as participants from a rural school community in the Western Cape Province. Data were collected via semi-structured individual interviews and two focus groups. Thematic analysis of the data revealed that the relational quality of educators' experiences is determined by their practical knowledge of the limited intellectual abilities, and impaired social functioning within the learning environment of learners with FASD; the negative impact of these experiences on educators' personal resources and job satisfaction; and, educators' relational experiences with learners identified with FASD entail a unique blend of challenges and competencies. Recommendations include specialised training for all South African educators to deal with the particular educational requirements of learners with FASD, and the requisite relational competencies, so as to actualise these learners' full potential.

Keywords: educators; learners identified with Fetal Alcohol Spectrum Disorder (FASD); learning environment; relations; social skills; wellbeing

Introduction
While quality relationships in the school setting is key to personal and holistic wellbeing (Benade, 2013; Grimova & Van Schalkwyk, 2016; Rawatlal & Petersen, 2012), extreme expectations are placed on educators to educate learners at all learning levels within the inclusive education policies in South Africa (Walton, KL, Avenant & Van Schalkwyk, 2016). Since schools tend to be the first environment where children with complex learning difficulties and disabilities are identified (Millar, Thompson, Schwab, Hanlon-Dearman, Goodman, Koren & Masotti, 2017), it is commonly assumed that educators are able to educate large numbers of learners with Fetal Alcohol Spectrum Disorder (FASD) in regular classrooms in rural areas of South Africa. This qualitative study aims to shed light on this systemic issue from the educator's perspective, where the focus of this article is the relational experiences of educators with FASD learners. FASD is an umbrella term used to classify a range of disabilities caused by prenatal alcohol exposure including physical, cognitive, emotional, and behavioural deficits (Poth, Pei, Job & Wyper, 2014). While Kitching, Roos and Ferreira (2012) posit relational functioning to be one of the significant facets for healthy development, learners with FASD lack the capacity and social skills to relate positively (Paley & O'Connor, 2011). Education cannot be considered without taking into account the potential for relational participation, since all knowledge and reason develop through relationships with others (Gergen, 2009). In this sense, education can be understood as relational achievements. While the educator-learner relationship is of key importance within the learning environment (Theron & Dunn, 2010), relational functioning within the South African context is at a serious disadvantage when educators work daily with FASD learners.

Research aimed at a better understanding of the intricacies of how educators relate to FASD learners is ultimately directed toward optimised learning for FASD learners (Poth et al., 2014). FASD is a worldwide phenomenon, so this information is of universal importance, since schooling tends to be a negative experience for children with FASD (Morojele, London, Olorunju, Matjila, Davids & Rendall-Mkosi, 2010). Intellectual and learning disabilities, executive dysfunction, speech and language delays, behavioural and emotional difficulties, poor social skills, and motor deficits have been reported among people with FASD (Paley & O'Connor, 2009, 2011; Rasmussen & Bisanz, 2009; Walthall, O'Connor & Paley, 2008; Willoughby, Sheard, Nash & Rovet, 2008). These children are over-active, distractible, 'flighty', have poor fine motor coordination, attention deficit,

and poor short term memory, requiring educational assistance (Morojele et al., 2010). In other words, educators often experience FASD learners as uncooperative, difficult to manage, and disruptive in class.

Poth et al. (2014) state that educators struggle to find practices and effective strategies to deal with FASD learners in the learning environment. Paley and O'Connor (2011) indicate that professionals do not fully comprehend the nature of these children's disability, and that therefore, there is inadequate social support. Also, educators' negativity and lessened job satisfaction may imply greater vulnerability regarding their own personal wellbeing and work performance (Rothmann, 2013).

Although prevalence rates in South Africa are amongst the highest in the world, health and education issues linked to FASD is not limited to this country. It is well-known that FASD is the leading cause of developmental disabilities world-wide (Millar et al., 2017). First world countries, for example, the United States, continue conducting research about learners identified with FASD, since these learners face grave challenges, such as, significant social skills deficits, substantial lifelong impairments in neurocognitive and socio-emotional development (Paley & O'Connor, 2009). Further to this, FASD prevalence rates in South Africa prove to be a significant and underestimated national health problem. Fetal Alcohol Syndrome (FAS) and the less severe group of disorders resulting from maternal alcohol consumption can be considered endemic in impoverished communities in both the Western and Northern Cape provinces of South Africa (Olivier, Urban, Chersich, Temmerman & Viljoen, 2013). May, Blankenship, Marais, Gossage, Kalberg, Barnard, De Vries, Robinson, Adnams, Buckley, Manning, Jones, Parry, Hoyme and Seedat (2013) estimated the prevalence of FASD in a Western Cape area at between 135.1 and 207.5 per 1000. Thus 4-11% of schoolchildren in these areas have full blown FAS. While 14–21% have effects as a result of alcohol abuse by their mothers. From amongst the many consequences related to the prevalence of FASD, such as the health issues of FASD youngsters, this research emphasises the educational concerns.

Since the new Constitution's Bill of Rights secures the right of all South Africans to basic education (Stofile & Green, 2007), and since the South African government accepted the policy of inclusive education, learners with internal barriers to learning, such as FASD children are part of mainstream schools (Green & Thorogood, 2004). In this regard, the Special Education and Disability Act (Department of Education, 2001) states that it is a learner's right to be educated in mainstream classes. Within the South African context, increasing learner diversity, larger class sizes and intensive needs of learners in an inclusive classroom, raise the challenge to provide the required support to ensure quality education for all learners (Oswald, 2007). While recognising the international shift towards inclusive education and thereby the learners' right to education free of discrimination and prejudice, the authors posit that inclusive education could currently add to learning problems for FASD learners. Although South Africa, a developing country, has embraced inclusive education, it cannot be assumed that the essential strategies required (such as teacher aids and coordinators) to support education for learners with barriers have as yet been incorporated. Though it is not the intent to criticise the system of inclusive education, the authors assert the importance of positive relations between learners and educators, noting that this relationship could be severely hampered by the high presence of FASD learners in classes. It is thus crucial to adhere to the criteria of inclusive education as indicated in the policy, i.e. special training for teachers, smaller classes, and the availability of support staff. This is not the case in South Africa at present. In other words, in addition to a percentage of children who need special attention because of learning disabilities, South Africa has an additional burden of an extremely high prevalence of FASD children.

According to Bojuwoye, Moletsane, Stofile, Moolla and Sylvester (2014), several challenges, including those associated with learners, schools, families and policies characterise education in South Africa. These challenges have been known for many years, such as FASD learners being taught in a language other than their mother tongue; inflexible curriculum; too little individual attention available in the classroom; and inappropriate and inadequate support (Department of Education, 2001). The complexity of barriers to learning may arise from internal or external factors, or a combination of both (Walton, E, Nel, Hugo & Muller, 2009). External barriers to learning, such as poverty, unemployment and an unstable economy add to the long list of difficulties hampering the provision of quality education and support for learners with internal barriers to learning (Prinsloo & Gasa, 2011). Furthermore, Carpenter (2011) states that, despite the attention given to diagnosing FASD and describing the children's characteristics, there has been no systematic investigation of the educational needs of these children, or of the best educational strategies for effective teaching and learning. Evidently, a core component of this challenge to optimise learning for FASD learners is their relational interactions with educators. Therefore, this study sought to attain an in-depth understanding of a group of South African educators' relational experiences with FASD learners in a rural area.

The study was conducted from a positive psychology approach, because South African researchers working within this theoretical framework, placing emphasise on the importance of relational, personal and collective wellbeing (Geldenhuys, 2016; Prilleltensky, 2012). Positive psychology as a strengths-based approach recognises the full spectrum of human experience, from the negative to the positive. Within this framework, it is necessary to state that considering relational interacting does not imply the mere eradication of the "dysfunctions" regarding daily connecting, but additionally the deliberate development and implementation of relational functionality is required (Grimova & Van Schalkwyk, 2016). The mechanisms of healthy relational functioning, for example, in the learning environment, are dissimilar to the absence of "the bad" or "the ugly" associated with dysfunctional relating or "damage-control" (Keyes, 2007).

Therefore, the research question directing the study was formulated as follows: what is the nature of educators' relational experiences with FASD learners?

Methodology

In collecting data, a qualitative research approach was chosen, as this approach creates a deeper understanding of the meaning of experiences (Rubin & Babbie, 2014).

Participants and Setting

Purposive sampling was employed to intentionally select participants with specific features (Strydom, 2011). For the purpose of the current study, fourteen participants were invited, who are educators with the needed experience of working with FASD learners, since they were regarded as holders of the data necessary for the study (Maree & Van der Westhuizen, 2009). Inclusion criteria entailed that these participants were educators at one primary school in the Cape Winelands District of South Africa. The particular school is situated in a rural area where the incidence of FASD is extremely high. The clinical diagnosis of FASD learners was conducted by FASER (May et al., 2013, see preamble). Issues regarding age and gender did not exclude any participants. The sample comprised of 11 female and three male educators. The home language of the participants was Afrikaans. The sample was drawn from educators who teach in classes with presumed FASD learners in the selected primary school. The selected educators were a homogenic group, as they are all part of the same learning environment in the Western Cape Province (Ritchie, Lewis & Elam, 2009).

Data Gathering

Qualitative techniques were utilised, namely personal interviews and focus groups, for this preliminary investigation into an unfamiliar research area, so as to gain a better understanding of educators' relational experiences of FASD learners (Durrheim, 2006).

Individual interviews

Data was firstly gathered via individual semi-stuctured interviews, as the main purpose of these person-to-person conversations is to access specialised information (Merriam & Tisdell, 2016:108). During the personal interviews participants responded to five open-ended requests, namely: 1. Please tell me about your relational experiences with FASD learners; 2. Please tell me about the obstacles regarding your relational experiences with these learners; 3. According to your experience, what is the impact of these relational experiences with learners identified with FASD regarding your work as an educator; 4. How do you cope with the negative impact of teaching learners with FASD; and, 5. Please tell me about the positive aspects of your relational experiences with FASD learners. Participants were asked to provide examples to illustrate their responses, and some probing questions were used if needed (see Greeff, 2011).

Next, focus groups were conducted, and Merriam and Tisdell (2016:114) describe the important difference between focus group research and other types of research as "... data collection that occurs in, and is facilitated by a group setting."

Focus groups

Focus groups are a form of group interview that capitalise on communication between research participants in order to generate data (Kitzinger, 1995). This form of group interaction allowed the educators to comment on each other's experiences and points of view. The same participants who took part in the individual interviews also participated in two focus groups (seven participants per focus group). The focus group discussions of approximately 90 minutes each were held with the participants. Questions used for the focus group interviews were linked to the information obtained during the personal interviews, such as: what are the challenges associated with your relational experience with FASD learners, particularly regarding their behaviour e.g. aggressiveness in the classroom, and, please tell me about positive relational experiences with FASD learners in the classroom, with the additional probing question: in what ways do these experiences add to your job satisfaction?

Procedure and Ethical Considerations

Ethical approval for the study was granted by North-West University (NWU-00060-12-A1) and the Western Cape Education Department. Permission was given by the principal of the school to conduct the research (data collection) at the particular school chosen in the selected community. Also, complying to ethical guidelines directed the entire research process, for example, written informed consent was obtained prior to data collection; participants were furthermore informed that the data would be treated confidentially, and that only relevant people would have access to the data.

Data Analysis

Collecting data in two phases using different methods ensured the richness of the data and credibility of the information gathered (Ellingson, 2009; Tracy, 2010). The qualitative data collected via semi-structured interviews and focus groups, formed the "text" for analysis. Using 14 participants allowed for data saturation and diverse perspectives. As an interpretation trustworthiness check, interpretations were checked with the individuals who were interviewed (Merriam & Tisdell, 2016).

A thematic analysis, as described by Braun and Clarke (2013), was conducted, which involved repeatedly going through the entire data set in order to discern patterns of meanings. This involved six steps: becoming familiar with the data; generating initial codes; searching for themes; reviewing themes; defining and naming themes; and producing the report. In the final stage, written thematic analysis was utilised. Verbatim statements from the respondents were used, where appropriate, to illustrate and explicate the main themes.

Findings

The findings of this qualitative research are presented as themes and sub-themes, supported by congruent findings between the current research and existing literature. Verbatim quotes, used to exemplify the findings, were translated into English for the purposes of this article, since Afrikaans is the mother tongue of the participants.

Three main themes were identified. The first theme indicates the relational qualities of educators' experiences with FASD learners. The first sub-theme includes the educators' experiential knowledge of working with FASD learners; the second sub-theme relates to educators' practical knowledge of the limited intellectual abilities of FASD learners, and efforts to connect with them in the learning environment. The second main theme indicates the risks regarding educators' personal resources, functioning, and job satisfaction, resulting from their relational interactions with FASD learners. The third main theme entails unique obstacles educators encounter and competencies they require to maximise their relational interactions with FASD learners.

Theme 1: Relational Qualities of Educators' Experiences with FASD Learners

Qualities of positive interconnectedness were indicated, namely the presence of positive relational qualities such as trust, compassion and the absence of negative relating, such as violence and abusive relations.

Sub-theme 1.1: Educators' experiential knowledge of FASD learners

Participants stated that their practical knowledge of FASD learners greatly influenced their positive relational qualities, such as compassion for these learners. Although they were extremely aware of the disabilities and learning difficulties of FASD learners, they also took into account the context of the learners' home background, namely a poor rural community with a high incidence of unemployment; while fathers and/or mothers who are employed, were mainly farmworkers, with little or no formal education, and a high likelihood of alcohol abuse. Information about the home background of learners identified with FASD symptoms facilitates the educators' interacting and the building of trust in the learning environment.

> PP: "*When you have information about their circumstances, it is easier for them to trust you*."

These positive relational qualities fuelled educators' efforts to connect in a supportive manner with the learners, for example, participants' sincere daily efforts to encourage the learners towards some academic achievement. These efforts take place with the knowledge of accumulated internal and external barriers to learning. Such caring attitudes and efforts were described as:

> PP: "*I have a soft spot* [for FASD learners], *more so than for the other learners. It is the little things that we try to teach them, basic stuff*."

Participants also mentioned that these learners often come to school uncared-for and untidy.

Clearly, positive interconnectedness was integral to the educators' relational experiences with FASD learners.

Sub-theme 1.2: Educators' practical knowledge of the limited intellectual abilities of FASD learners, and efforts to relate to them

The educators mentioned that FASD learners show developmental delays, which indicates their functional level to be below the norm for their age; as well as reflecting immature and inappropriate social skills. Educators repeatedly referred to the learners' mental challenges, such as poor sustained attention to tasks; impaired impulse control and delay of gratification; and, their excessive activity and physical restlessness.

> PP: "*Busy, and restless and sometimes, most of them sit and dream … no concentration – they will*

> *jump up and sharpen pencils, often go to the toilet. Lie down, have little energy to work. Fight and be disruptive*."
>
> PP: "*They cannot formulate sentences* […] [they] *cannot write down sentences from the blackboard … they cannot read*."

These experiences are supported by Hendrickson (2015), who emphasises that the expectations of the educator (and parent) must be *shifted*, from seeing a child with FASD symptoms as someone who "won't" or is "bad" or "mean", to understanding the child as someone who "can't" or who is frustrated, and defensive.

Furthermore, educators have also noticed that the behaviour of these learners after a weekend is more intense than during the rest of the week.

> PP: "*Monday mornings – after the weekend – the children are even more difficult. After the second break, they are not interested in working; it seems that they are only interested in going home. Tuesday mornings – then they are calm again and not as* [hyper]*active as on the Monday*."

In addition to the challenging 'Monday behaviour' of FASD learners, participants mentioned that the learners' lack of concentration is worse when they are hungry, when they tend to fall asleep. Carpenter (2011) has found that sensory integration difficulties, particularly lack of co-ordination, were one of the severe difficulties identified by educators within the learning environment.

The limitations of FASD learners within the learning environment have grave implications, and participants emphasised their feelings of constant worry about the future of these learners, since if these vulnerabilities and challenges are not addressed (also within the learning environment) there is a greater probability that during adolescence secondary disabilities, such as depression, addiction problems, and suicide ideation may occur. Various researchers (Carpenter, 2011; Edmonds & Crichton, 2008; Poth et al., 2014) confirm these legitimate fears and caution that concerns about FASD learners' need to be addressed for them to progress to their full potential. If this does not happen, these learners' behavioural difficulties could lead to school expulsions, disruptive home experiences, illegal practices, and at times, imprisonment.

Theme 2: Risks Associated with Educators' Personal Resources, Functioning and Job Satisfaction

Educators emphasised that teaching FASD learners as part of the mainstream classes and meeting the demands of the "normal" curriculum was very stressful. They reported that their daily emotional experiences include a range of negative emotions, for example: frustration within the classroom when the FASD learners disturb the class routine, as well as having to manage regular problematic behaviour. These experiences are supported by Franklin, Deitz, Jirikowic and Astley (2008), who note the higher levels of aggressiveness of FASD learners and their troublesome behaviour, for instance, taking items from other learners. Continuously dealing with these additional difficulties threatens the social, psychological and emotional functioning of educators within the learning environment (Jirikowic, 2013). Nash, Rovet, Greenbaum, Fantus, Nulman and Koren (2006, cited in Edmonds & Crichton, 2008) specified that these children lack any remorse for misbehaving, and tend to lie and steal (Lourens, Lourens, Warner & Marais, 2012). This improper behaviour could be viewed as a dispiriting absence of moral reasoning. Participants described these incidents in the following manner:

> PP: "*Learners cannot control their emotions … then they become furious easily, and then deny their part in the fights*."
>
> PP: "*I have increased levels of stress and would have enjoyed the task more if the CAPS instructions did not make it so difficult*."

This is supported by various researchers who identified a range of cognitive, behavioural and physical impairments associated with FASD (Paley & O'Connor, 2009, 2011; Rasmussen & Bisanz, 2009; Walthall et al., 2008; Willoughby et al., 2008). These stressful situations are of immense importance when we consider the decrease of relational participation that damages the educator-learner relationship, with serious implications for learners' school performance (Cronjé-Malan & Van Schalkwyk, 2015; Gergen, 2009).

Evidently, these continuing negative experiences and associated hindrances are a serious impediment to educators forming quality bonds with these learners.

> PP: "*Children give so many problems that it is difficult to bond with them*."

Educators' experiences of helplessness and low levels of job satisfaction were linked to weariness, due to the fact that teaching children with alcohol related deficiencies involves "many repeated teachings" (Harwood & Klienfeld, 2002, cited in Hendrickson, 2015:4; Rothmann, 2013).

> PP: "*No job satisfaction and feelings of powerlessness, as they (FASD learners) cannot fulfil the CAPS standards*."
>
> PP: "*The children take a lot from you. They cannot understand many assignments. The information they've learned is quickly forgotten*."

Educators explained their experiences of helplessness and discouragement, stating that FASD learners suffer due to their learning problems. This situation is aggravated when they do not receive support at home in this particular rural community. This frustration with parents of FASD learners was expressed as intense anger towards the parents:

> PP: "*I blame the parents; I feel I want to punch the mother and father.* [*sic*] *Parents do not care for their children*."

Researchers (Edmonds & Crichton, 2008; Hendrickson, 2015) emphasise the importance of primary support of the parents of learners who suffer from cognitive and behavioural deficits across the fetal alcohol spectrum disorder continuum. Also, Lourens et al. (2012) indicate that parental support of FASD learners could make an enormous difference to the behaviour and potential learning of these learners.

The continuous difficulties within the learning environment were described as the experience of extreme exhaustion and disappointment after the school workday, as well as the feeling of incompetence, since the FASD learners demand extra-ordinary input from the educators, while the other learners are neglected as a result.

> PP: "*The learners demand 100% of your attention – they cannot be left alone and cannot work on they own. This means that the other learners do not get the attention that they deserve and you feel that you do not achieve your goal*."

In summary, the second theme involves the continuous eroding or exhaustion of educators' personal resources, for example, emotional distress, due to their daily experience of many frustrations and limitations when educating FASD learners. Moreover, educators' physical fatigue and the negative impact on their personal wellbeing, job satisfaction, as well as competence, cannot be denied (Rothmann, 2013).

Theme 3: Educators' Unique Competencies and Challenges with FASD Learners

Educators' strategies to deal with daily difficulties are based on their practical knowledge of how to accommodate the particular challenges of teaching FASD learners, such as learning difficulties and impaired social skills. As a result of their experience, educators made alternative plans aimed at mostly positive interactions with these learners, for example, encouraging them to do tasks that are within their ability. Other plans included the planning of the school day, and focusing on a strict routine, the telling/reading of stories that is a favourite of these learners, as well as group singing-and-dancing activities. Educators used these strategies intentionally to enhance FASD learners' learning experience within the school community.

> PP: "*The educator knows of the disorder, and treats the learners according to their needs. She supports the child to be part of the normal children*."

Edmonds and Crichton (2008) found that environmental considerations such as providing daily routines and rules, visually and effectively managing a quiet non-distracting place are important factors to teach FASD learners more effectively. Also, the educators mentioned practical plans by paying attention to the classroom as an enabling space, such as, for example by playing peaceful music, and a friendly atmosphere. This was expressed as follows:

> PP: "*Provide a friendly classroom – soft music, toys, old clothes, sweets*."

Educators mentioned that their strategies also involve additional efforts to encourage the FASD learners towards school activities in the learning environment. This was explained as proactively motivating these learners, by rewarding them with some encouragement like sweets. When the educators saw some improvement, they reported being touched and encouraged by the FASD learners' loyalty and friendliness after many months of consistent effort. These enabling facets of healthy modes of relation involved the intentional use of positive emotions to encourage the FASD learners towards learning activities, such as expressing pride when these learners show progression, and motivating them to keep on trying. This was explained as:

> PP: "*Learners with FASD want to be involved; they want to do something to feel that they are part of the class*."
>
> PP: "*They must be disciplined; otherwise they disrupt/disturb the whole class*."

Finally, the educators expressed their sincere desire to empower the FASD learners to achieve their potential. They also emphasised their lack of professional knowledge for this task, and the need to be better equipped for teaching FASD learners toward optimal functioning.

Discussion

From the data, it is clear that educators value relational participation within the learning environment. Although human interconnectedness between individuals is central to positive development and school success, this perspective is limiting when considering educators' relational experiences with FASD learners. Further limitations due to the disorder and irreversible brain damage, namely, the learners' impaired social, psychological and emotional skills, imply immense challenges to relating and learning, for which the teachers are not necessarily equipped. The significance of this study was to show the severe stress the teachers experience in classes with FASD learners, due to the frustration of not having enough time to spend with the other children to fulfil the CAPS targets. Although South Africa's current policy of inclusive education allows learners with FASD to be part of mainstream schools, some serious reframing is needed within the learning environment. Therefore, it is clear that improved levels of interacting and relational functioning comprise the reframing of behavioural difficulties, viewed in the light of the complete "package" of sensory, emotional, social and psychological functioning. In this sense, the contribution of professional persons such as occupational therapists is indicated, since enduring efforts towards academic performance are very

limited. Despite their compassion, educators can experience fatigue, and threats to their personal wellbeing. While a description of wellbeing in the context of the workplace refers to those activities that encourage healthy behaviour by enabling people to develop control over their overall health (Rothman & Magee, 2016), seemingly, risks related to educators' overall functioning and job satisfaction could restrain their positive relational experiences with learners (Kitching et al., 2012).

The findings also show a significant need for greater knowledge and skills-building in applying strategies to assist manage learner difficulties effectively, in order to understand and respond to the unique needs of FASD learners. Evidently, more is needed than relational skills to allow these learners to maximise their potential.

Participants reflected a good understanding of the FASD learners' behavioural problems and intellectual barriers to learning. In spite of various hindrances within the learning environment that threaten positive relational connectedness, the educators made alternative plans to deal with these daily difficulties. These strategies are mostly in accordance with international studies, for example, Carpenter (2011), who identified ten major teaching responses to learning needs, namely: to create a calm learning environment, free from clutter; to present focused tasks in small steps; to create personal space for the student with plenty of support and praise; to provide visual structuring; to undertake scripting/role play; to present short, key information-carrying word instructions; to achieve visual clarity and graphic simplicity; to structure frequent, short exercise programmes during the day; to provide a breakdown of tasks with visual and tactile clues, time given for the child to complete the task; and, to ensure multisensory learning – giving messages through a variety of sensory pathways. While some success was experienced with these environmental adaptations, alternative plans, and intentional support for these learners, educators' daily experience underlined their many frustrations, and ultimately the cry for assistance and additional training. It was clear that the educators' willingness to increase their education in this area reflects their understanding of the importance and challenges associated with the management and education of children affected by FASD.

Recommendation

This research confirms what is already known to the Department of Education, namely that the South African mainstream school environment does not yet provide the necessary structure to address learners with special educational needs (Pillay & Di Terlizzi, 2009). The intervention and support guidelines promulgated in the Policy on Screening, Identification, Assessment and Support (SIAS) (Department of Basic Education, Republic of South Africa, 2014) embraces the most important insights for changes in the mainstream school environment to meet the need for inclusion. It promises screening, identification, assessment and support in the following fields: teacher assessment and support; curriculum differentiation; school-based support teams; assessment of support needs and intervention; and district-based support teams and intervention. The policy implementation plan runs from 2015 to 2019. The implementation of these changes is crucial, and hopefully there will be the commitment to keeping to the implementation schedule. In the meantime, many learners and educators will struggle to understand each other, and to further the ideals of education.

Limitations

This study is limited to one primary school community located in a particular South African community, with a high prevalence of alcohol-affected children. The selection of participants could also have been biased because the educators were selected by the principal of the school.

Also, the lack of formal identification of learners with FASD entails significant methodological limitations. Although a prevalence study on Fetal Alcohol Spectrum Disorder (FASD) was conducted between 2009 and 2011 in this rural area by Professor Phil May from the University of North Carolina, the information of specific learners who were diagnosed with FASD by the medical team was not communicated to the educators, for ethical reasons. Nevertheless, the findings correspond with international studies regarding educators' frustrations regarding relational participation and FASD learners.

While this research has many limitations, it does provide preliminary answers to questions about the importance educators ascribe to the relational interactions they have with children with prenatal exposure to alcohol.

Conclusion

Relational interactions are vital to education. Threats and challenges to South African educators' personal health and wellbeing when working with FASD learners were highlighted. Since FASD is an irreversible condition, the educational system, caregivers and community are forced to intervene at the secondary level. The purpose at this level is to improve the long-term outlook for FASD learners, and reduce secondary disabilities that can occur. While the most protective factor for these children is a stable home, the second most important protective factor is early identification and appropriate diagnoses at school level.

The value of research-informed classroom practices is well recognised worldwide. This study provides a vital step toward better-prepared

educators able to meet the learning and developmental needs of learners with FASD.

Note

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