Exploring how educators deal with the challenges of teaching foundation phase learners with Fetal Alcohol Spectrum Disorder

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July 2015

DECLARATION BY RESEARCHER

I, Rachelle Burger, hereby declare that *Exploring how educators deal with the challenges of teaching foundation phase learners with Fetal Alcohol Spectrum Disorder* is my own work and that all the references used or quoted have been indicated and acknowledged.

_____ July 2015

SIGNATURE DATE

Mrs Rachelle Burger

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DECLARATION BY LANGUAGE PRACTITIONER

I hereby declare that the thesis, *Exploring how educators deal with the challenges of teaching foundation phase learners with Fetal Alcohol Spectrum Disorder* by Rachelle Burger, has been language edited by me.

After a career as editor-in-chief at a leading publishing house, I now work as a freelance text editor.

Lambert Daniel Jacobs (BA Hons, MA, BD, MDiv)

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So do not fear, for I am with you;

do not be dismayed, for I am your God.

I will strengthen you and help you;

I will uphold you with my righteous right hand.

Isaiah 41:10

SUMMARY

The aim of this study was to explore and describe how educators deal with the challenges of teaching foundation phase learners with Fetal Alcohol Spectrum Disorder (FASD) in the Cape Peninsula and Cape Winelands of the Western Cape, South Africa (SA).

A literature review was conducted in order to understand the various concepts that formed part of the research problem. The literature study focused on the causes of FASD as well as the physical, cognitive and behavioural symptoms of FASD. An investigation was done into the development of the neurologically typical child between the age of 7-9 years in terms of the development of motor skills, behavioural development, emotional development, social and cognitive development. As the study was done within a South African context with a unique political history, it was found necessary to explore how educators deal with Inclusive Education as per Education White Paper 6 in local schools. In this regard, the researcher focussed on barriers to Inclusive Education and how these have contributed to challenges educators experience when implementing Inclusive Education.

Internationally, educators have adopted various strategies on how to deal with the challenges of teaching learners with FASD. The researcher explored these strategies in the literature review with the purpose of verifying findings from the study with the literature review.

Due to the nature of the study, a qualitative approach was employed. The researcher made use of a qualitative descriptive design as this design brought together the focus and described how educators deal with the challenges of teaching learners with FASD. Participants were selected by means of non-probable purposive and convenience sampling. A semi-structured interview and two focus group discussions gave participants opportunities to explain how they deal with the challenges of teaching learners with FASD in the foundation phase. The researcher made use of an independent transcriber to transcribe the data verbatim. The researcher analysed

the data by means of Tesch's method of data analysis. Main themes and subthemes were identified where after the researcher tried to find the most descriptive quotes to describe the meaning the participants attached to how they deal with the challenges of teaching foundation phase learners with FASD.

The findings showed that educators implement their experiences gained over years to help them deal with the challenges that teaching learners with FASD in the foundation phase pose to them. Educators apply basic teaching procedures, constructively keep learners occupied with varying activities, they continually repeat the curriculum and instructions and build positive relationships with the learners. The importance of support from fellow colleagues, other professionals and family members, as well as spending time on leisure activities have been emphasised.

KEYWORDS

Behavioural problems
Cognitive problems
Developmental milestones
Educators
Emotional problems
Fetal Alcohol Spectrum Disorder
Inclusive Education
Learners in Foundation Phase

TITEL: ’n Ondersoek na hoe opvoeders die uitdagings hanteer wat die onderrig van leerders in die grondslagfase met Fetale Alkohol Spektrum-Versteuring bied

OPSOMMING

Die doel van hierdie studie was om te verken en te beskryf hoe opvoeders die uitdagings hanteer om leerders in die grondslagfase met Fetale Alkohol Spektrum-Versteuring (FASV) in skole in die Kaapse Skiereiland en Kaapse Wynlande-distrik van die Weskaap, Suid-Afrika (SA) te onderrig.

’n Literatuuroorsig is gedoen met die doel om die verskillende konsepte wat deel gevorm het van die navorsingprobleem beter te verstaan. Tydens die literatuuroorsig is daar veral gefokus op die oorsake, asook die fisiese, kognitiewe en gedragsimptome van FASV. ’n Ondersoek is ook gedoen na die ontwikkeling van die neurologies tipiese kind tussen die ouderdom van 7 en 9 jaar ten opsigte van motoriese vaardighede, gedrags-, emosionele, sosiale asook kognitiewe ontwikkeling. Die studie is gedoen binne ’n Suid-Afrikaanse konteks met ’n unieke politieke geskiedenis. Die navorser het dit daarom nodig geag om onder meer te verken hoe opvoeders Inklusiewe Onderwys soos per die Witskrif 6 tans in plaaslike skole hanteer. Daar is gevolglik gekyk na die hindernisse met betrekking tot Inklusiewe Onderwys en hoe dit bydra tot die uitdagings wat opvoeders ervaar in hulle toepassing van Inklusiewe Onderwys.

Op ’n internasionale vlak maak opvoeders van verskillende strategieë gebruik om die uitdagings wat die werk met leerders met FASV bied, die hoof te bied. Die navorser het in die literatuuroorsig ondersoek ingestel na hierdie strategieë sodat die bevindinge van die studie geverifieer kan word met die inligting van die literatuuroorsig.

Die aard van die bepaalde studie het ’n studie met ’n kwalitatiewe aard geïmpliseer Die navorser het van ’n kwalitatiewe beskrywende benadering gebruik gemaak aangesien hierdie ontwerp die fokus saamvat en dus beskryf hoe opvoeders die uitdagings hanteer om leerders in die grondslagfase met FASV te onderrig.

Deelnemers is deur middel van ’n nie-waarskynlikheid-, doelgerigte en gerieflikheidsteekproef geselekteer. Tydens ’n semi-gestruktureerde onderhoud en twee fokusgroepbesprekings is aan deelnemers die geleentheid gebied om aan te dui hoe hulle die uitdagings hanteer wat die onderrig van leerders in die grondslagfase met FASV bied. Die navorser het gebruik gemaak van ’n onafhanklike transkribeerder om die data woordeliks te transkribeer. Data-analise is uitgevoer met die hulp van Tesch se data-analise metode. Hooftemas en subtemas is geïdentifiseer waarna die navorser gepoog het om die mees beskrywende aanhalings te vind om die betekenis van die deelnemers se uitdagings van onderrig aan leerders met FASV te beskryf.

Die bevindinge het getoon dat opvoeders ervarings wat hulle oor die jare opgedoen het implementeer om hulle te help om die uitdagings wat onderrig aan leerders met FASV in die grondslagfase aan opvoeders stel, te hanteer. Opvoeders maak gebruik van basiese onderrigprosedures, hou leerders konstruktief besig met wisselende aktiwiteite, deurlopende hersiening van die kurrikulum en opdragte en die bou van gesonde verhoudings met leerders. Daar is klem gelê op die waarde van ondersteuning wat hulle ontvang van kollegas, ander professionele persone en familielede asook vryetydsbesteding.

SLEUTELBEGRIPPE

Emosionele probleme

Fetale Alkohol Spektrum-Versteuring
Gedragsprobleme
Inklusiewe Onderwys
Kognitiewe probleme
Leerders in die Grondslagfase
Ontwikkelingsmylpale
Opvoeders

PREFACE

This dissertation is submitted in fulfilment of the requirements for a MA Psychology degree. Section A consists of the introduction to the research, a discussion of the research problem and a literature review. Section B is presented in an article format for submission to the *South African Journal for Education.* The article has been prepared in accordance with the guidelines for the purpose of publication (Please refer to Appendix C). Section C consists of an overview of the research topic and problem statement, a summary of the findings, the limitations to the study, recommendations and final comments. The researcher used the Harvard referencing method for Section A, Part 1 and Part 2, and Section C, based on the guidelines of the referencing methods by North-West University. The Harvard referencing method in Section B was used as indicated in the guidelines by the *South African Journal for Education* (Refer to Appendix C). The *South African Journal for Education* uses a Harvard method without any page numbers and does not use italics to indicate 'et al.' Tables are not numbered in terms of a chapter indication as for A.1, but cleanly as for an article. For examination purposes, the article is longer than specified by the *South African Journal for Education* and this will be adjusted according to the guidelines after examination.

The researcher was uncertain of the Afrikaans term used for FASD as it seems as if there is no consensus between different Afrikaans resources with regards to an 'approved' Afrikaans term for the FASD. The researcher therefore used the term "*Fetale Alkohol Spektrum-Versteuring*" (FASV) as used in a recent paper by Michaels in 2014 for a Master's Degree in Educational Psychology conducted at the University of Stellenbosch.

Before the research was conducted, approval to conduct the research was obtained from the North-West University under ethical number NWU-00060-12-A1. Approval was also obtained from the Western Cape Education Department, and from the principals and teachers of the selected schools (Please refer to Appendix A).

TABLE OF CONTENTS

SECTION A

SECTION A
Part 1: INTRODUCTION TO THE RESEARCH

1.1 ORIENTATION AND STATEMENT OF THE RESEARCH PROBLEM

The World Health Organisation (WHO) (2011:398) states that Fetal Alcohol Spectrum Disorder (FASD) has become a universal concern, with incidence being exceptionally high in certain developing countries such as South Africa. Approximately 7 to 8% of babies born in the Western Cape have FASD. This is distressing, considering that the prevalence of FASD in developed countries ranges from 0.1 to 0.2%. The incidence of FASD can increase depending on socio-demographic, behavioural, clinical and other risk factors involved in communities (WHO, 2011:398).

Davis, Desrocher and Moore (2010:143) point out that maternal alcohol consumption during pregnancy is known to adversely affect the development of the fetus. Children exposed to alcohol prenatally tend to present with a range of physical, cognitive, emotional and behavioural characteristics and disabilities defined as FASD (Green, 2007:104). Cognitive impairment in children with FASD is specifically caused by the dysfunction from the decline of the developing brain due to maternal alcohol consumption (Woollard, 2012:6). Inappropriate behaviour by a child with FASD is therefore believed to often be due to an underlying brain dysfunction (Woollard, 2012:6). Adnams, Sorour, Kalberg, Kodituwakku, Perold, Kotze, September, Castle, Gossage and May (2007:404) point out that FASD is a spectrum disorder residing along a continuum according to the diversity of possible effects on the child due to different levels of prenatal alcohol exposure. The spectrum includes Fetal Alcohol Syndrome (FAS), Alcohol-related Neuro-developmental Disorder (ARND) and Fetal Alcohol Effects (FAE) (Duquette, Stodel, Fullarton & Hagglund, 2006:28). Coles, Lynch, Kable, Johnson and Goldstein (2010:899) state that children with FASD present with the following symptoms: facial dysmorphia, growth deficiency and central nervous system abnormalities which may include a small head circumference and neurological problems. For the purpose of the study, the term ‘learners with FASD’ includes the entire range of FASD.

Language and various forms of non-verbal communication are the primary means by which a child aged 7-9 learns and by which social relationships are established (Coggins, Timler & Olswang, 2007:117). The Centre of Disease Control and Prevention (CDCP) (2013:1) has pointed out that healthy social development in the foundation phase entails a child forming complex friendships and peer relationships. Children with FASD in the foundation phase, however, have difficulty building and maintaining appropriate social relationships and communication skills with people, specifically due to their language development and means of communication being affected (Coggins *et al.*, 2007:119). Due to these developmental milestones not being achieved, children with FASD are labelled as being impulsive and they experience difficulty with perceiving consequences. They often experience difficulty identifying and naming their own and others' feelings, exercising social judgment, interpreting social cues and understanding cause-and-effect (Duquette *et al*., 2006:29).

The inappropriate behaviour of children with FASD, as referred to by Woollard (2012:6), also contributes to the fact that these learners in the foundation phase frequently have disrupted school experiences which include being suspended and expelled (Howell, Lynch, Platzman, Smith & Coles, 2006:116; Kellerman, 2003:1). Kellerman (2003:1) discusses common school problems that learners in the foundation phase with FASD experience, such as:

- Not paying attention,
- Not completing their homework,
- Disobeying school rules,
- Talking back to the educators,
- Fighting and
- Playing truant.

Furthermore, in a study done by Howell *et al.* (2006:116), it was found that half of the participants with FASD that were surveyed had failed a grade and 40% of the participants had specialised education at some point. It is thus pointed out that

behavioural problems of learners with FASD are of great concern to educators as they are challenged by and have to deal with these learners' behaviour differently from the behaviour of learners not affected by FASD (Healthy Child Manitoba (HCM), 2010:11).

Studies done internationally on educational and support strategies for learners across different ages with FASD have shown that many educators working with learners with FASD are already employing a wide range of special strategies to effectively deal with the challenges of teaching learners with FASD (Edmonds & Crichton, 2008:56; HCM, 2010:23). The studies have not highlighted strategies specific to an age group. These strategies include using positive and negative reinforcement, educating learners on how to regulate emotions and behaviours (for example anger management, coping skills, identifying their own emotions, decision making skills), linking consequences to action, linking cause-and-effect relationships through visual cues, and teaching communication, social and life skills (Edmonds & Crichton, 2008:56). Struggling academically can cause high levels of frustration and anxiety in learners with FASD (Green, 2007:103; Harpur, 2001:24) and these learners therefore need on-going emotional and behavioural support (Duquette *et al.,* 2006:29). Other strategies that educators indicated to be helpful include: differentiated instruction; focusing on vocational skills; integrating all sensory modalities when teaching; breaking down tasks; reducing the scope of lessons, using cognitive modelling; using hands-on activities and concrete examples; using visual and verbal prompts; providing one-on-one or small group assistance; teaching self-directed speech and problem solving; helping students to recognise personal learning style and challenges; and repeating instructions and slowing down the instructional pace for processing (Edmonds & Crichton, 2008:55; HCM, 2010:27). It has also been indicated by Edmonds and Li (2005:1104 that using technology with learners with FASD is beneficial due to the controlled pace, multimodal applications, immediate and private feedback from activities, and the potential for scaffolding learning. Duquette *et al.* (2006:29), however, highlight the fact that educators should take these learners' special interests/strengths and likes/dislikes with regards to activities, routines, materials and friends into consideration when they intend to employ strategies to deal with the behavioural challenges that learners with FASD present with.

Rendall-Mkosi, London, Adnams, Morojele, McLoughlin and Goldstone (2008:65) indicate that international studies on how educators deal with the challenges of working with learners with FASD have mostly been done with class sizes ranging up to 20 learners per class. Within the South African context with its unique political history and due to adopting a policy of Inclusive Education, educators face the challenge of teaching one curriculum to an average of 40 learners. In instances like these, classes could range from learners with good learning abilities to learners with learning disabilities due to FASD and who struggle to learn (Rendall-Mkosi *et al.,* 2008:65). The big challenge, therefore, is to attain scholastic success in an environment where learners with FASD not only struggle to keep up with the presented curriculum due to Inclusive Education, but also present with behavioural challenges posing an ever bigger challenge when trying to teach successfully (Rendall-Mkosi *et al.,* 2008:58).

Rendall-Mkosi *et al.* (2008:58), however, state that there is very little support available for learners with disabilities in such big classes. Learners with FASD might therefore miss out on developing to their fullest potential in a big class where educators sometimes fail in the challenge to supply learners with individual attention as a consequence of the number of learners in one class. Knowing how educators deal with these challenges might provide valuable information which might be used to deal better with these challenges and to help learners with FASD develop to their fullest potential.

The researcher was not able to find any studies done in South Africa (SA) on how foundation phase educators, teaching learners aged 7-9 years in classes accommodating up to 40 learners, deal with the challenges of teaching learners with FASD in an Inclusive Educational setting. A need was therefore indicated to do research on this phenomenon in a South African context, where Inclusive Education and big class sizes present with specific challenges. Investigating how educators deal with such challenges in a South African classroom setting, might provide the researcher with rich psycho-educational knowledge. This could be used as guiding principles to support educators who teach foundation phase learners with FASD.

The research question that was formulated to guide this study was therefore as follows:

How do educators deal with the challenges of teaching foundation phase learners (aged 7-9) with FASD?

1.2 RESEARCH AIM

The aim of the study was to explore and describe how educators deal with the challenges of teaching foundation phase learners with FASD.

1.3 METHOD OF INVESTIGATION

1.3.1 Literature review

A literature review was conducted in order to provide a clear depiction of the important concepts, theories and data at hand that are relevant to the phenomenon of the study (Bloomberg & Volpe, 2008:46). The literature gathered focused on: how FASD influences the behaviour, cognition and emotions of children aged 7-9 years; the development of children with FASD aged 7-9 years; the development of the neurological typical child aged 7-9 years; educators' experiences with foundation phase learners with FASD; and existing research on how educators deal with the challenges when teaching foundation phase learners with FASD in a primary school setting.

The researcher made use of relevant books, articles, journals, dissertations, theses and internet resources relevant to the research problem in the field of psychology and education. The databases used to obtain the information are PsychINFO®, Public Library of Science, Biomed Central, Community of Sciences, EbscoHOST, Google Scholar, JSTOR, Medline, PsychArticles and ScienceDirect Journals.

1.3.2 Research design

The researcher made use of a qualitative research method as the researcher intended to explore and describe the meanings that the participants attached to the topic under investigation (Fouché & Delport, 2011:67; Henning, Van Rensburg & Smit, 2004:3). A qualitative descriptive design (Sandelowski, 2010:78), focussing on providing findings which are closer to the data supplied by the participants and which rely less on the interpretations of the researcher, was adopted for the purpose of the research. In the study at hand, the researcher used direct quotations in order to credibly describe the meanings given by the participants. The design aimed to

describe how foundation phase educators deal with the challenges of teaching learners with FASD. The nature of this study was ontological as the researcher explored the multiple realities of educators teaching learners with FASD in the foundation phase.

1.3.3 Research context

There are many challenges in South African schools when it comes to the classroom context. The biggest challenge probably involves the adoption of an Inclusive Education policy which often results in classes with more than 40 learners per class, including learners with learning disabilities due to FASD (Rendall-Mkosi *et al.,* 2008:58). In many instances, school communities lack important resources needed for teaching, such as chairs, paper, books, chalk and blackboards. Participants from the study at hand also taught learners from different grades (for example grade 1 and 2 learners) in one classroom due to a lack of classrooms and educators. These educators had more than 40 learners in a class with different cognitive and learning abilities. The context for this particular study involved educators who teach big classes in poverty stricken areas (Africa Institute of South Africa, 2012:4). A poverty stricken area is seen as an area that lacks a certain amount of material possessions, money and basic everyday needs such as sanitation, proper education and housing (South African Human Rights Commission, 2014:17-18).

Learners with FASD are diagnosed by regional clinics where after they are referred to schools in their residential areas. Two of the schools that partook in the study have an estimate of 70% of learners with FASD and the third school has an estimate of up to 60%. When teaching learners with FASD in an Inclusive Educational context, educators need the support of specialists in the area to support their teaching strategies. Education for Learners with Special Educational Needs (ELSEN) specialists serve as support for educators by advising them on teaching strategies for learners who have learning disabilities within a class with mostly neurologically typical learners. Two of the schools from the sample indicated the support from ELSEN specialists, in the form of a school nurse, a speech therapist and an occupational therapist. One school indicated a lack of support from any other professional staff. There, however, seems to be a lack of ELSEN specialists in general. Cowley (2015), from the Western Cape Education Department, has, for

instance, indicated that there are only approximately 600 ELSEN specialists for the 1 572 schools in the province.

1.3.4 Procedure to recruit participants

The researcher obtained approval from the North-West University's (NWU) Internal Research Panel, the Faculty Board, Western Cape Education Department (WCED) and the principal of each school to conduct the study. Choosing a site for the study and gaining access and rapport is a crucial part of information gathering in qualitative descriptive designs. The procedures involved in the study and how the ethical issues were to be managed were communicated to the WCED in the form of an informative document in order to seek access to suitable schools (Refer to Appendix A). After the WCED identified schools in the Cape Peninsula and Cape Winelands where learners with FASD are being taught, the researcher contacted all these schools, but only the principals of three of these schools indicated that they were willing to participate and recommended prospective educators to participate in the research. The researcher scheduled an appointment with the principals and prospective educators of the three schools to explain the purpose and essence of the study. Prospective participants were given the opportunity to ask questions after which consent was obtained from willing educators as per the signing of an informed consent form (Refer to Appendix B). Only one educator in one of the schools indicated that she was willing to participate in the study and five educators from each of the other two schools gave their consent. The researcher contemplated whether or not to involve the one educator in the research, but decided to go ahead due to the educator's years of experience which could contribute to valuable information on the research phenomenon. Logistically it was not possible to involve this educator in any one of the two focus groups and therefore the researcher decided to involve the particular educator in a one-on-one semi-structured interview.

1.3.5 Sampling

The population for this study can be described as all educators in the Cape Peninsula and Cape Winelands in the Western Cape teaching learners with FASD. Two primary schools in the Southern suburbs of the Cape Peninsula, as well as one

school in the Cape Winelands, as indicated by the WCED, were included in the study.

A sample is a portion included in a study which not only possesses characteristics that represent the population but characteristics which will also answer the research question (Strydom, 2011b:224). Non-probability purposive (Bloomberg & Volpe, 2008:69; Teddlie & Yu, 2007:78) and convenience sampling (Farrokhi, 2012:784) were used to seek educators who were easily accessible and willing to participate in a study. Convenient sampling was chosen as the researcher herself works full day and stays in Cape Town, which is in close proximity to the schools included in the sample. From a financial point of view it was also not possible to include schools in other areas of the Western Cape, let alone in the rest of SA. Selection of participants was based on the following inclusion criteria:

- Participants must have at least 2 years teaching experience as this is seen as sufficient time to have developed strategies to help deal with challenges presented by foundation phase learners with FASD.
- Participants must be foundation phase educators from primary schools in the Cape Peninsula and Cape Winelands area of the Western Cape.
- Participants must be able to understand and communicate in either Afrikaans or English as these are the languages the researcher can speak and understand fluently.
- Participants must understand and accept the information provided in the consent form (Refer to Appendix B).

Even though more valuable information could have been obtained by including isiXhosa speaking educators, the researcher decided against this option due to a lack of funds to employ a translator and for fear of educators' descriptions on how they deal with challenges being lost through translation. Van Nes, Abma, Jonsson and Deeg (2010:313-314) are of the opinion that "… language differences may have consequences, because concepts in one language may be understood differently in another language." Language is furthermore used to express meaning, but at the same time influences how meaning is constructed. Therefore, giving words to the viewpoints of participants is a complicated process as the true and valid meanings of

such viewpoints are often not completely accessible for participants and difficult to express in language (Van Nes *et al.,* 2010:314).

In Table A.1, a summary of the participants is outlined, with reference to the type of data collection method in which the participant participated as well as the type of school where the participant teaches.

Table A.1: Summary of participants

Group	Participants	Type of school and learners	Code
Interview	1	State school, southern suburbs of Cape Peninsula. Grade 3 educator.	INT
Group 1	1	State school, Cape Winelands, Grade 1 & 2 educator.	G1-P1
	2	State school, Cape Winelands, Grade 1 & 2 educator.	G1-P2
	3	State school, Cape Winelands, Grade 1 & 2 educator.	G1-P3
	4	State school, Cape Winelands, Grade 1 & 2 educator.	G1-P4
	5	State school, Cape Winelands, Grade 2 & 3 educator.	G1-P5
Group 2	1	State school, southern suburbs of Cape Peninsula. Grade 1-3 educator.	G2-P1
	2	State school, southern suburbs of Cape Peninsula. Grade 1-3 educator.	G2-P2
	3	State school, southern suburbs of Cape Peninsula. Grade 1-3 educator.	G2-P3
	4	State school, southern suburbs of Cape Peninsula. Grade 1-3 educator.	G2-P4
	5	State school, southern suburbs of Cape Peninsula. Grade 1-3 educator.	G2-P5

1.3.6 Data collection methods

Tong, Sainsbury and Craig (2007:351) are of the opinion that focus groups are semi-structured discussions aimed at exploring a specific set of issues. The researcher conducted two focus group discussions on the topic under study at two different schools, the one being in the Cape Peninsula and the other one in the Boland Wine area. The researcher also conducted one semi-structured interview with a participant with vast experience in the field of teaching learners with FASD but who was unable to form part of a focus group discussion. A semi-structured interview is defined as an

interview that aims to get a "… detailed picture of a participant's beliefs about, or perceptions, or accounts of, a particular topic" (Greeff, 2011:351).

In the focus group discussions and semi-structured interview, the researcher commenced by asking a broad series of questions about the participants' understanding of FASD, the challenges they experience and how they deal with these challenges. Tong *et al.* (2007:351) are of the opinion that focus groups encourage participants to not only explore and clarify individual perspectives but to also share these perspectives.

As suggested by Bryman (2012:447) and Schurink, Fouché and De Vos (2011:406), the researcher made use of field notes. The following aspects were included in the field notes as suggested by Biklen and Bogdan (in Schurink *et al*., 2011:406):

- emerging themes, patterns and connections between data;
- ethical concerns of which the researcher became aware throughout the study and
- personal thoughts and feelings encountered during the study.

The researcher recorded the focus group discussions and semi-structured interview by using the voice recorder application on an iPhone. The voice recordings were used for the purposes of transcribing data by an external transcriber. Consent had been obtained from the participants at the beginning of each session for the audio recordings and field notes to be made.

1.3.7 Data analysis

Schurink *et al.* (2011:397) explain that data analysis is considered to be the process of making sense of what has been observed. They further state that qualitative data analysis gives structure and meaning to the data obtained, but it is considered also to be an ongoing process during the data collection (Schurink *et al.,* 2011:401).

Data from the focus group discussions and semi-structured interview were analysed using Creswell's application of Tesch's method, which involves the following steps (Creswell, 2009:186):

- The researcher performed a preliminary analysis by first organising the data and then by reading through the transcriptions while trying to understand the underlying meanings. Notes were made in the margin of the documents of ideas (topics) coming to mind.

- In the next step all transcriptions were read through again. The researcher made a list of all possible topics and grouped together those that were similar and/or related. The researcher put these topics into columns and thus ordered the major themes, the less usual or more unique topics, and those arising only once.

- The researcher then looked for a pattern or specific themes that had arisen. The researcher tried to find the most descriptive wording for the topics drawn from the transcriptions in order to make sense of the meaning that the participants attached to how they deal with the challenges of teaching foundation phase learners with FASD.

- The themes identified were 'taken back' to the data in order to decide whether the wording fitted with what was expressed in the data and whether or not any wording had to be changed.

- The final step involved the researcher organising all the topics and ideas into themes and subthemes which were then used to describe the meaning that the participants attached to the research topic.

1.4 TRUSTWORTHINESS

The researcher strived to achieve trustworthiness by utilising Lincoln and Guba's constructs of trustworthiness. The aim of trustworthiness in a qualitative study, according to Lincoln and Guba (1985:290), is to support arguments that the findings of a particular study are "worth paying attention to". Four issues of trustworthiness require attention in any qualitative research project namely: credibility, transferability, dependability and confirmability.

Credibility: This involves evaluating whether or not the research findings represented are a "credible" conceptual representation of the data drawn from the participants' original data (Lincoln & Guba, 1985:296). The researcher put aside everything she

knew about the phenomenon and listened to the viewpoints of the educators to better understand the true value of how they deal with the challenges of teaching foundation phase learners with FASD. During the interview and focus group discussions, continuous reflection was done in order for the researcher to verify whether her understanding of the participants' views was accurate (Schurink *et al.,* 2011:420). The audio-recordings helped the researcher to reflect on the data that were obtained.

Confirmability: Lincoln and Guba (1985:296) state that confirmability is a measure of confirming the findings of this study with those of other studies. Lincoln and Guba (1985:289) suggest engaging in triangulation to establish confirmability. Richardson (2000:934), however, argues that triangulation is suitable for more rigid and modernist contexts and therefore recommends crystallisation which is used in post-modern and mixed-genre texts. Crystallisation illuminates the perspective that no one universal truth exists, but that there are multiple truths from multiple participants (Bryman, 2012:392; Richardson, 2000:934). The researcher, therefore, made use of crystallisation through involving various participants in a focus group discussion and one semi-structured interview on the challenges of dealing with foundation phase learners with FASD.

The researcher did member checking as suggested by Harper and Cole (2012:510) by phoning back educators to clear up any uncertainty about the wording and result during the course of conducting the study. This allowed for participants to review the accuracy of what they had shared with the researcher.

Confirmability could also have been ensured had the researcher made use of a critical reader. The researcher, however, had two research supervisors who independently oversaw all aspects of the research.

To further ensure the confirmability of the study the researcher also guarded against entering the study with any preconceived ideas. Findings, therefore, were not influenced by the subjectivity of the researcher, but depended solely on the data itself (Schurink *et al.,* 2011:421).

Transferability: Transferability is the degree to which the findings of the study can apply or be transferred beyond the bounds of the project. The researcher strived for

transferability by using two focus group discussions and one semi-structured interview, which in total involved eleven educators from three different sites as a method of data collection to strengthen the study's appropriateness to other settings (Schurink *et al.,* 2011:420).

The researcher attained data saturation as themes gathered from the data started to re-emerge (Mason, 2010:1), which further ensured the transferability of the study. Participants in other words started expressing similar ways of dealing with the challenges of teaching foundation phase learners with FASD.

Dependability: The researcher ensured dependability by keeping complete records of all stages of the research process and collaborating with research supervisors (Creswell, 2009:192). The quality of the integrated processes of data collection and data analysis was assessed through the process of coding and re-coding. The researcher further made use of the research supervisor as a co-coder to ensure that the data analysis occurred logically (Schurink *et al*., 2011:420). All information in the document was well documented from the beginning to the end of the study and there is a full audit trail which therefore ensures dependability.

1.5 ETHICAL MEASURES

Ethics is all about the conduct of the researcher towards the participants in the study and a set of widely accepted moral principles apply which offer rules and behavioural expectations on the correct conduct (Strydom, 2011a:115). As human beings were participants in this study, ethical issues arose. The researcher was, therefore, required to put forward ethical guidelines to ensure that no information would be obtained at the cost of a participant (Strydom, 2011a:113).

Ethical approval (refer to Appendix F) for the study was obtained from North-West University, Potchefstroom campus and was registered under the project: "Developing sustainable support to enhance quality of life and well-being for children, youth and families in South Africa: a trans-disciplinary approach" and with the following Ethics number: NWU-00060-12-A1.

Data collected are stored on the researcher's laptop and guarded by a password. After completion of the research process the data will be stored at the offices of CCYF in Wellington for five years.

The researcher adhered to the following ethical considerations throughout the study:

Informed consent and freedom from exploitation: The researcher obtained written informed consent from all participants in the study. This was done after the participants were informed on the goals of the research, the expected duration of their involvement in the study and possible advantages or disadvantages. Involvement in the research, therefore, did not place participants in any situation for which they had not been explicitly prepared. Participants were, furthermore, legally and psychologically competent to give consent.

Anonymity and confidentiality: The researcher ensured that recognisable and sensitive personal characteristics were not made known. The researcher kept the names of participants in the focus groups and the schools anonymous by using code names for the participants so that no-one will be able to link specific data to a specific person or institution (Strydom, 2011a:119). Participants were asked to keep information shared during focus group discussions confidential. Audio recordings are locked in a cabinet at the CCYF offices and will be destroyed after 5 years. Notes were drafted on the researcher's laptop which is guarded with a password. The researcher is the only person with access to the laptop.

Avoidance of harm: Physical harm within the context of research was improbable as participants did not take part in any physical activities. It was, however, very difficult to prevent emotional harm as participants were asked to discuss how they deal with the challenges of teaching foundation phase learners with FASD. The researcher, therefore, ensured that the participants had the contact details of a registered counsellor should they want to see someone to talk to about what they had experienced during the interview/discussions. The researcher also gave them the freedom to withdraw from the study if it became too emotionally distressing for them. Participants involved in the study, therefore, participated on a voluntary basis (Strydom, 2011a:116).

The findings will be shared with the participants upon completion of the study via email. The researcher will compile a document sharing the main themes and sub themes from the data obtained and will give a summary of each of these. Participants will also be given the opportunity to make contact with the researcher to discuss any of the findings as represented in the dissertation.

1.6 CHOICE AND STRUCTURE OF RESEARCH REPORT

The research is presented in article format with the title:

Exploring how educators deal with the challenges of teaching foundation phase learners with Fetal Alcohol Spectrum Disorder.

The guidelines for authors of the *South African Journal of Education* were followed in preparing the article for examination purposes. These guidelines are placed in the Appendix C.

Research document layout:

Section A: Part 1: Introduction to the research

Part 2: Literature review

Section B: Article

Section C: Evaluation of the research, limitations, conclusion and recommendations.

1.7 SUMMARY

The researcher focussed the statement of the research problem on the developmental difficulties in foundation phase learners with FASD and research that has been done on an international level on how educators deal with the challenges of teaching learners with FASD. The researcher was unable to find any research on how educators deal with foundation phase learners with FASD in South Africa. The aim of the research was stated. A discussion followed on the research methodology of the study at hand which included a literature review, the research design and context, procedures and sampling, as well as methods of collecting and analysing data. The researcher discussed the trustworthiness and ethical measures of the study to ensure the study would be valid and reliable and would not cause harm to any participants.

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Part 2: LITERATURE REVIEW

2.1 INTRODUCTION

Prenatal alcohol consumption is, according to Banakar, Kudlur and George (2009:1173), Carpenter (2011:37) and Dybdahl and Ryan (2009:185), one of the leading and most common preventable causes of an intellectual disability known as Fetal Alcohol Spectrum Disorder (FASD). Forty years ago, a diagnosis of FASD or other alcohol related birth defects was almost unheard of, however such a diagnosis has become more prevalent nowadays (Ryan & Ferguson, 2006a:32). Even though it is difficult to establish and compare the prevalence and characteristics of FASD among populations due to the wide variation in research methodologies, a study done by the World Health Organisation (WHO) (2011:398) has set the prevalence of FASD at 7 to 8% of babies born in the Western Cape. Urban, Chersich, Fourie, Chetty, Olivier and Viljoen (2008:1) in this regard point out that the prevalence is especially high in Wellington, where FASD was detected in 40.5 and 54 per 1 000 births.

The researcher wished to, in this literature review, obtain more clarity on the key concepts that form part of the study. For this reason, attention was focused on different aspects pertaining to FASD, such as defining FASD, discussing the causes and symptoms of FASD; the developmental milestones of the neurologically typical foundation phase child of age 7-9 years compared to those of the child of the same age with FASD; the role of the foundation phase school educator; Inclusive Education and how educators deal with the challenges of teaching learners with FASD on an international level.

2.2 FETAL ALCOHOL SPECTRUM DISORDER

In order to grasp the scope of FASD, it is important to not only define and understand the diagnosis of FASD, but to also pay attention to aspects such as causes of FASD, physical symptoms of FASD, different problems that the child with FASD presents with and problems with regards to cognition. These aspects will be discussed below.

2.2.1 Definition and diagnosis of FASD

FASD is a term used to describe the range and severity of physical, cognitive and behavioural outcomes caused by prenatal alcohol exposure (Berk, 2009:98; Carpenter, 2011:37; Dybdahl & Ryan, 2009:185; Ryan & Ferguson, 2006b:363) and reflects the entire continuum of effects associated with in utero alcohol exposure (Edmonds & Crichton, 2008:54; Paley & O'Connor, 2011:64). Fetal alcohol syndrome (FAS), partial FAS (pFAS), alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects (ARBD) are therefore all included in the spectrum of diagnoses (Bertrand, 2009:987; Carpenter, 2011:37; Paley & O'Connor, 2011:64; Ryan & Ferguson, 2006b:363). Ryan and Ferguson (2006b:363) point out four primary clinical diagnostic criteria for FASD: (1) growth deficiencies that inhibit prenatal and/or postnatal growth; (2) permanent neurological damage resulting in neurological abnormalities, delays in development, intellectual impairment, behaviour disabilities and learning difficulties; (3) abnormal facial features including a short eye opening, a thin upper lip and a reduced or absent philtrum and (4) maternal alcohol consumption during pregnancy.

FASD is characterised by slow physical growth, craniofacial abnormalities, a small head circumference, epicanthal folds around the eyes, a thin upper lip, and a smooth, flat philtrum or lack of indentation running from the bottom of the nose to the centre of the upper lip (Berk, 2009:98; Carpenter 2011:37; Koren, Nulman, Chudley & Loocke, 2003:1181; Ryan & Ferguson, 2006a:32; Ryan & Ferguson, 2006b:363). Other defects that may also be present involve defects of the eyes, ears, heart, throat, genitals, urinary tract and immune system (Berk, 2009:98; Carpenter, 2011:37; Ryan & Ferguson, 2006a:32).

2.2.2 Factors associated with the causes of FASD

The problem with alcohol consumption during pregnancy is a controversial one as there are different arguments on what is acceptable or not. In her book, "Expecting better: why the conventional pregnancy wisdom is wrong — and what you really need to know," Oster (cited in Astley, 2014:1), on the one end of the continuum, states that having one drink a day is entirely safe for the expectant mother as it is not enough to cause any damage to the fetus.

On the other end of the continuum, Jacobson *et al.* (cited in Berk, 2009:100) are of the opinion that even mild drinking has been associated with reduced head size and body growth in children. Kobor and Weinberg (2011:29) have found that alcohol consumption during pregnancy, even right before fertilisation, may contribute to changes in the actual epigenetic make-up of a mother, causing alcohol to be metabolised differently than usual and therefore influencing the developing fetus. Berk (2009:99) explains that large quantities of oxygen are needed to metabolise alcohol in the human body. When consuming alcohol, an expectant mother draws away crucial oxygen needed by the fetus for healthy cell growth and development. Damage to the fetus may therefore occur within the first few weeks after conception before the woman knows she is pregnant (Adeyiga, Udofia & Yawson, 2014:157; Centre of Disease Control and Prevention, CDCP, 2014:1). Beijers, Burger, Verbeek, Bockting and Ormel (2014:980) and Carpenter (2011:37) probably summarise the controversy that exists around alcohol consumption during pregnancy by stating that it is unclear what amount is needed for fetal damage to occur and whether there is a threshold where alcohol does not harm the fetus.

Not all children exposed to alcohol in utero will however be affected to the same degree. One possible reason could be linked to a mother's physical build (her weight, length and body mass index) which, according to May, Tabachnick, Gossage, Kalberg, Marais, Robinson, Manning, Buckley and Hoyme (2011:18), determines the influence of prenatal alcohol consumption. According to these indications, women of small and slight build who consume alcohol are believed to have an increased risk of having a child with FASD above women of bigger build. Other aspects that may aggravate the impact that alcohol has on the developing fetus include the pattern, quantity, frequency and timing of alcohol consumption, the developmental stage of the fetus, as well as social behavioural factors such as poverty, using drugs and smoking (Carpenter, 2011:38; May *et al*., 2011:18; Paley & O'Connor, 2011:64).

Alcohol consumption during pregnancy is, according to Edmonds and Crichton (2008:54) and Paley and O'Connor (2011:64), not the only cause of FASD. FASD may also be caused due to genetics, the nutritional history of the mother, the number of pregnancies she has had, the length of time between the pregnancies and whether the mother has used polydrugs. Foley (2014:8), for instance, states that a

mother's nutrition has a big influence on how strong the developing fetus is to resist the effects of alcohol. Sadly, ignorance and unawareness are also seen as contributing factors of FASD as many pregnant women indicated that they were not aware that drinking may cause harm to their unborn babies (Adeyiga *et al.,* 2014:157; Ryan & Ferguson, 2006b:369).

There are numerous factors believed to contribute to maternal alcohol consumption. These include the level of education, being multiparae, being single, experiencing anxiety or depression, personality traits, socio-economic status, ethnicity, religion, occupational status, age, residence, self-efficacy and interests, and the availability of alcohol (Adeyiga *et al.,* 2014:153; Beijers *et al.,* 2014:981; May, Gossage, Marais, Hendricks, Snell, Tabachnick, Stellevato, Buckley, Brooke & Viljoen, 2008:739; May *et al.,* 2011:18). A higher prevalence of FASD has for instance been recorded in poverty stricken rural areas and villages (Beijers *et al.,* 2014:981; Paley & O'Connor, 2011:64; Ryan & Ferguson, 2006a:32), probably because women living in poverty have been found to be more prone to binge drinking (Carpenter, 2011:38). Maternal alcohol consumption has also been found to be higher amongst African women (Adeyiga *et al*., 2014:153) and it has further been indicated that women of a younger age tend to show higher levels of alcohol consumption (Adeyiga *et al.,* 2014:160; Beijers *et al.,* 2014:982).

2.3 THE CHILD IN THE FOUNDATION PHASE WITH FASD

Within the South African school context, Grade 1-3 is known as the foundation phase and these grades are attended by children aged 7-9. Children aged 7-9 are also within the developmental phase that is known as middle childhood (Berk, 2009:6).

In the section below, the researcher will discuss the developmental milestones of neurologically typical children aged 7-9 in comparison with the developmental problems experienced by children with FASD. The developmental problems children with FASD have may present as challenges to the educators working with these children.

2.3.1 Motor development

Motor development is accompanied by the physical development in a child and can be classified in two categories known as 'gross motor' and 'fine motor' development.

Gross motor development is defined as the development of control over the large muscle groups that enable a child to move around. This includes crawling, standing and walking (Williams & Monsma, 2007:397). Fine motor development is defined as the development of control a child has over smaller muscle movements like pinching or grasping (Williams & Monsma, 2007:397). Children aged 7-9 increasingly master their gross and fine motor skills (Learning Seed, 2008:2). They learn how to balance, master hand-eye coordination, do jumping jacks, skip, do somersaults, and stop and change direction while running (Ackermann, Singer & Falbel, 2004:143; Destefanis & Firchow, 2008:11; Learning Seed, 2008:2). Children's stamina increases, helping them to run and swim further, ride a bicycle, roller-skate and jump rope (Destefanis & Firchow, 2008:14; Grobler, 2011:5; National Institute of Open Schooling (NIOS), 2012:100). As fine motor skills develop, children learn how to touch each finger with the thumb in a continuous pattern, improve drawing abilities, type on a keyboard and use scissors (Grobler, 2011:42).

Children with FASD are, according to Berk (2009:99), developmentally delayed from infancy on and very few of these children reach the milestones needed to function optimally on a physical level by school-going age. Due to their developmental delays, children with FASD may for instance experience difficulty with activities which require coordination, such as running, dancing and playing ball games (Healthy Child Manitoba (HCM), 2009:18). Children with FASD further have abnormal muscle tone which affects their ability to balance themselves, but could also cause them to move around continuously in order to maintain their balance and prevent them from falling over. This explains why these children either constantly move in their chairs, avoid sitting or only remain seated for short periods of time (HCM, 2009:18). Children with FASD have poor body awareness which results in a decreased understanding and experience of body position and movements, clumsiness, decreased muscle control and poor coordination. This leads to children being unable to use the right amount of pressure to do an activity such as controlling their muscles properly in order to hold a pen gently, touching a friend without hurting them, or throwing a ball to a friend with the right amount of force (HCM, 2009:19).

Motors skills become automatic with neurologically typical children, yet children with FASD seem to take longer to reach such an automatic state as they tend to forget skills previously learnt. These children also have immature grasp and manipulation

patterns, a decrease in hand strength and low muscle tone in their hands, fine motor tremors, poor bilateral use and are not able to establish hand-dominance (HCM, 2010:20).

2.3.2 Socio-emotional and behavioural development

By the age of seven, a child has typically developed a sense of self-worth and self-esteem (Ackermann *et al.,* 2004:144). Throughout the foundation phase and middle childhood, children's self-esteem is attached to their perceived competence in those areas important to them and in their experience of social support (Destefanis & Firchow, 2008:12; Grobler, 2011:25). Emotional self-regulation occurs as children develop more varied, sophisticated and flexible strategies to cope with emotions (Berk, 2012:410). Children's focus and concerns move away from themselves and towards others. They are capable of communicating and reflecting on their experiences and talk about their thoughts and feelings in order to manage these (Ackermann *et al.*, 2004:151; Berk, 2012:410). Berk (2012:410) further points out that by the age of seven, children can settle conflicts when explaining the emotions of others and they are aware that people may exhibit mixed feelings. Their empathy increases as their emotional understanding and perspective taking of others' emotions improve. Berk (2012:410), Charlesworth, Wood and Viggiani (2011:196) and NIOS (2012:107) state that as the foundation phase child develops more advanced language skills, their communication becomes more effective and their social skills improve, enabling a better understanding of the thoughts and feelings of others.

Grobler (2011:25) and Weideman-Matodes (2009:176) are of the opinion that during the foundation phase, children become aware of rules and what behaviour is acceptable and unacceptable in both individual and group settings, which helps them to play in a socially acceptable way. The desire to belong is strong during this stage of development. Being part of a peer group helps a child learn and appreciate others' points of view, understand social roles, foresee outcomes when conflicts arise and build friendships (Charlesworth *et al*., 2011:197; NIOS, 2012:106). Charlesworth *et al.* (2011:198) highlight that "positive peer relationships reflect and support social competence" as these relationships "discourage egocentrism, promote positive coping, and ultimately serve as a protective factor during the transition to

adolescence". Healthy development during the foundation phase can be seen as a crucial aspect in order for children to function optimally physically, cognitively and emotionally.

Bertrand (2009:989), however, reports that children with FASD experience problems understanding social cues, display indiscriminate social behaviour, have difficulty respecting social boundaries and rules and have problems communicating in a social context. It is further stated that children with FASD may experience social withdrawal, teasing and bullying (Kully-Martens, Denys, Treit, Tamana & Rasmussen, 2012:568; Rasmussen, Andrew, Zwaigenbaum & Tough, 2008:187). This may in turn lead to social rejection and trouble expressing themselves which may further be responsible for difficulties with their self-esteem, emotional regulation, anxiety, depression, suicide ideation, academic problems and anti-social behaviours (Carpenter, 2011:41; Edmonds & Crichton, 2008:55; Kully-Martens *et al.,* 2012:569).

They are often inappropriately friendly or stubborn, brag constantly, have difficulty building and maintaining peer relationships, are described as being erratic, unpredictable, hyperactive and inattentive, failing to consider consequences for their actions, overreacting emotionally to situations, having trouble completing tasks, showing poor judgement and having the desire to be the centre of attention (Carpenter, 2011:41; Duquette, Stodel, Fullarton & Hagglund, 2006:219; Ryan & Ferguson, 2006a:32). It therefore seems evident that children with FASD experience behavioural difficulties due to the impairment of their social skills and their problems with communication (Bertrand, 2009:988; Kully-Martens *et al.,* 2012:568; Wacha & Obrzut, 2007:224). These social skills and emotional deficits have been known to continue into adulthood and become more apparent with age (Bertrand, 2009:989; Koren *et al.,* 2003:1182; Ryan & Ferguson, 2006b:364).

Children with FASD seemed not to learn from their mistakes and were found to frequently engage in risky behaviour including lying, stealing, running away and having problems with alcohol and drug abuse (Duquette *et al.*, 2006:219; Edmonds & Crichton, 2008:55; Paley & O'Connor, 2011:65; Ryan & Ferguson, 2006a:32; Ryan & Ferguson, 2006b:372). Studies done by Green (2007:104) and Kodituwakku, Coriale, Fiorentino, Aragon, Kalberg, Buckley, Gossage, Ceccanti and May (2006:1558), further state that children with FASD present with psychiatric and

emotional dysfunctions, causing inconsistent behaviour and performance. This is evident in their impulsiveness and the trouble they have expressing themselves, their inability to distinguish between public and private behaviours and the difficulties they experience with living independently (Kodituwakku *et al*., 2006:1558).

2.3.3 Cognitive development

The California Department of Education (2015:1) defines cognitive development as a process of growth and change in the intellectual abilities. These abilities include thinking, reasoning, understanding and the "acquisition and consolidation" of knowledge. Their temporal concepts improve as they start to understand the passage of time and the date, they acquire basic cognitive and linguistic concepts necessary to sufficiently communicate, and by this age they can copy adult speech patterns. During this time, children develop their memory, conceptual knowledge, language, logical mathematics, perception and reasoning (Grobler, 2011:22; Learning Seed, 2008:18; NIOS, 2012:105). Their development in this area helps children to execute fairly complex operations such as to consider numerous aspects of a problem, mentally reverse a process, concentrate on more than one aspect or sequence of a situation at a time, and also helps to solve concrete problems using logical problem-solving strategies (Charlesworth *et al.,* 2011:187; Cook & Cook, 2005:18; The University of Sheffield, 2006:2). Destefanis and Firchow (2008:12) state that during this phase of development, children develop the ability to use a vocabulary of several thousand words, pay attention for longer periods of time, understand reasoning, make the right decisions and understand the concept of time.

Established clinical diagnostic criteria state that children with FASD suffer from permanent brain damage, resulting in neurological abnormalities, intellectual impairment and learning difficulties (Berk, 2009:98; Carpenter, 2011:38; Pei, Job, Kully-Martens & Rasmussen, 2011:290; Ryan & Ferguson, 2006a:32; Ryan & Ferguson, 2006b:363). Due to permanent brain damage, children aged 7-9 with FASD have impaired cognitive functioning and problems with executive functioning (which involves planning, working memory, visual spatial memory, set maintenance, attention, organisation and self-monitoring), they make poor decisions, lack judgemental skills, and experience difficulty with abstract thinking, deductive reasoning, problem solving and concept formation (Bertrand, 2009:988; Carpenter,

2011:38; Pei *et al.,* 2011:291; Ryan & Ferguson, 2006a:32; Ryan & Ferguson, 2006b:364). Learning difficulties in children with FASD, according to Howell, Lynch, Platzman, Smith and Coles (2006:117), specifically include problems with pre-math and reading skills. The cognitive problems in children with FASD also affect the way in which a child is able to control emotions and behaviours, communicate with others and use language, apply basic knowledge, process and comprehend information, and think logically (Green, 2007:105; Kodituwakku *et al.,* 2006:1558).

2.4 THE FOUNDATION PHASE EDUCATER, INCLUSIVE EDUCATION AND TEACHING THE LEARNER WITH FASD

The problems presented by learners with FASD in the foundation phase are linked to the challenges that educators teaching these children have to deal with. In this section, the researcher will first engage in a general discussion on the role of the foundation phase educator. Thereafter a discussion will follow on inclusive education which in itself may present with challenges that educators have to deal with when teaching learners with FASD.

2.4.1 The role of the foundation phase educator

Harden and Crosby (2000:4) and the British Columbia Education Department (2009:4-9) state that an educator undertakes the role of supporting the ideals and policies of the school, has to implement the school's objectives and philosophies, has to be familiar with the new developments and methods available for teaching and has to keep records of their work. Educators further have the responsibility to assist in ensuring the safety of all children, keep accurate records of each learner's progress and follow up with professionals working with each learner. Educators need to keep records of learners' absence, lateness and disciplinary problems, take care of the classroom by ensuring it is well equipped and attractive, remain positive, ethical and respectful, and maintain good working relationships.

The South African Department of Education (2003:6-10) points out that educators in the foundation phase have the responsibility of developing learning programmes, working out schedules and lesson plans, selecting learning outcomes and being aware of each learner's individual need. Career online (2015:1) describes the foundation phase educator as someone who aids in and develops interests and

abilities in learners, who is available for meetings with parents, guides and supervises work done in a class, maintains discipline and order in a class, prepares, conducts and marks tests, supervises student educators and attends all relevant school meetings, conferences and other programmes.

An interesting study done by Marais and Meier (2010:42) explains that educators have the challenging role of developing proactive measures in an attempt to deal with disruptive class behaviour. Disruptive behaviours could include bad language, fighting, vandalism, disruption of the class (talking while the teacher explains work and talking while they must do activities), shouting, stealing and disrespect towards educators (Marais & Meier, 2010:50-52). Educators hold the lack of parental involvement and a lack of sufficient role models for children responsible for the difficult task they have to maintain good behaviour at school. Educators who participated in the study by Marais and Meier (2010:53) therefore voiced a need to educate parents on what behaviour is viewed as appropriate both within the school and home environments. In order to ensure consistency in appropriate behaviour at school and at home with regards to learners' respectful behaviour for authority, persons and property, educators also volunteered to assist parents to work towards achieving this consistency.

Educators are overwhelmed by the amount of work they need to do on an administrative level, as well as by the fact that they need to deal with disrupting behaviours in the class. They are further expected to teach in classes which sometimes exceed 40 learners per classroom (Rendall-Mkosi, London, Adnams, Morojele, McLoughlin & Goldstone, 2008:65). Educators face even more pressure with the added responsibility of teaching in a context of Inclusive Education, which in itself is a very challenging context. Inclusive Education and the added challenges it contributes to already burdened educators will subsequently be discussed.

2.4.2 Inclusive education

Engelbrecht (2006:254) is of the opinion that the prominent aspect differentiating South Africa (SA) from other countries with regards to the provision of education is the racially entrenched attitudes and institutionalisation of biased practices during the Apartheid years which led to inequalities in delivering education. During this time, learners were separated on grounds of race and disability. Schools accommodating

white disabled learners, for instance, were well equipped, while the few schools for black disabled learners were relatively under-resourced (Donohue & Bornman, 2014:2; Walton & Lloyd, 2011:2). Black children with disabilities, therefore, had trouble gaining access to education as very few special needs schools existed and those available were limited to admitting learners according to the inflexibly applied categories (South African Department of Education, 2001:9; Walton & Lloyd, 2011:2).

In 2001, the Education White Paper 6 on Inclusive Education was introduced in SA, which aimed to create public awareness on inclusive education, develop curriculum in schools, and change the structure of schools to accommodate disabled children (Walton & Lloyd, 2011:2), street children, children in poverty and children affected by HIV/AIDS (Eloff & Kgwete, 2007:352). This document "outlined the government's new policies for a single, undivided education system for all learning", including learners with special needs (Donohue & Bornman, 2014:2). Nel, Müller, Hugo, Helldin, Bäckmann, Dwyer and Skarlind (2011:76) define inclusive education as a practice that allows all learners, including those with special needs, to be included in the learning process in the mainstream class in order for them to develop to their full potential. The aim of the Educational White Paper 6 therefore was to build an integrated educational system for all learners (Donohue & Bornman, 2014:2; Kuyini & Desai, 2007:104), implying the inclusion of children with cognitive and physical disabilities such as children with FASD (Donohue & Bornman, 2014:8; Nel *et al.,* 2011:85). According to the Educational White Paper 6, inclusive education and training acknowledges that all children can learn and need support. It further states that the educational system must meet the needs of learners, and their differences must be acknowledged and respected while building on their similarities (South African Department of Education, 2001:9; Walton & Lloyd, 2011:2).

2.4.2.1 Barriers to and support of inclusive education

Teachers today have inherited an educational system based on segregation and exclusion of racial groups and disabilities. However, even though the "lines of exclusion are more permeable" nowadays, the "conceptual underpinning" that maintains segregation seems to have an ongoing effect on the support for inclusive education as well as support for educators (Eloff & Kgwete, 2007:351). Hay, Smit

and Paulsen (2001:213), Pottas (2005:59), Radiæ-Šestiæ, Radovanoviæ, Milanoviæ-Dobrota, Slavkovic and Langoviæ-Miliæviæ (2013:11) and Walton and Lloyd (2011:13) are of the opinion that educators have expressed many concerns about the implementation of the new initiatives in inclusive education due to challenges of bringing on change in the curriculum, learner support services, class management and lack of knowledge.

Eloff and Kgwete (2007:352) state that educators now, with inclusive education, have to struggle with, and include learners in large classes (50-80 learners per class) with "limited educational resources, language diversity", the effects of HIV/AIDS on learners and their families, as well as learners with disabilities. These disabilities may include physical and cognitive disabilities as well as learners from different backgrounds who may or may not have been previously disadvantaged (South African Department of Education, 2001:9). Educators, therefore, have to teach and include all these learners from different backgrounds, with different abilities and disabilities and help them develop to their fullest potential. Hay *et al.* (2001:213) and Pottas (2005:62) are also of the opinion that the implementation of inclusive education was done too hastily and without adequate training of educators as educators have reported not having sufficient time, skills training and resources needed.

Successful practice of inclusive education is characterised by positive attitudes and actions, sufficient knowledge and skills in the field of teaching, adequate provision of facilities, classes that are not too full and support services (Donohue & Bornman, 2014:4; Hay *et al.,* 2001:214; Pottas, 2005:63). Unfortunately negative attitudes and a lack of knowledge and resources have become barriers for inclusive education to be effective (Donohue & Bornman, 2014:4; Dybdahl & Ryan, 2009:189; Pottas, 2005:64; Ryan & Ferguson, 2006b:371). A study done by Engelbrecht (2006:82) possibly summarises the complexity of inclusive education with regards to learners with learning problems. In this study, four stressors were identified which could affect the success of implementing inclusive education for SA educators. These stressors were identified as administrative issues (adapting the curriculum and adjusting lesson plans), the behavioural issues of learners with learning problems (poor communication skills and short attention span), an educator's perceived level of

competence (training to prepare for the stressors) and the parents of the disabled learner who lack understanding of the child's capabilities (Engelbrecht, 2001:82).

Foundation phase educators are therefore faced with numerous challenges. They have to adhere to the basic administrative and teaching demands of being a foundation phase educator, teach in an inclusive educational context where they are expected to include learners with disabilities in their already big classes, adapt programmes and teach learners with FASD in a way which will optimise each and every individual's development along with dealing with the behavioural, emotional and social challenges these learners present.

2.5 HOW EDUCATORS INTERNATIONALLY DEAL WITH THE CHALLENGES PRESENTED BY FASD

International studies done have pointed out ways in which educators cope with the challenges of working with children with FASD (Bertrand, 2009:990; Carpenter, 2011:39; Dybdahl & Ryan, 2009:186; Edmonds & Crichton, 2008:56; Job, Poth, Pei, Caissie, Brandell & Macnab, 2013:42, 52). These are:

- Providing the child with a calm and structured environment free of clutter;
- Breaking larger tasks down into smaller sections;
- Repeating of tasks and activities;
- Giving enough time for activities followed up by encouragement and praise;
- Focussing on the development of social skills;
- Setting rules for social behaviour;
- Providing learners with a predictable schedule with clear and consistent rules;
- Providing individual attention;
- Establishing a positive relationship with the child with FASD;
- Facilitating partner work with the child with FASD;
- Providing visual structuring for activities;

- Providing frequent and short exercising opportunities;
- Allowing for multisensory learning;
- Using visual and sensory cues;
- Having regular team meetings to discuss learning styles.

In the United States, educators have developed self-learnt strategies in order to support the academic growth of learners with FASD and to cope with behavioural challenges of these learners. The first step was for educators to admit that by being informed and educated regarding the challenges learners with FASD face, they themselves were better able to cope with the challenges (Donohue & Bornman, 2014:4; Dybdahl & Ryan, 2009:192; Hay *et al.,* 2001:214; Pottas, 2005:63). Due to the fact that educators struggled with the distractibility of learners with FASD in the class, they had to help them to refocus their attention on an activity. This was done by repeating directions, or using a gentle reminder like the touch of a hand or shoulder. Dybdahl and Ryan (2009:192) further stated that educators in their study stressed the importance of individual attention in a class setting, facilitated partner and group work, establishing a positive relationship and the promotion of self-control.

Even although the importance of individual attention is well known in teaching children with learning difficulties, most educators in SA do not have the luxury of small classes where one-on-one attention is possible. Educators have to deal with the roles and responsibilities of dealing with learners with FASD in classes of more than 20 learners (Rendall-Mkosi *et al.,* 2008:65). Beijers *et al.* (2014:981), Paley and O'Connor (2011:64) and Ryan and Ferguson (2006a:32) state that many learners with FASD are based in poverty stricken areas where they and in turn their educators are confronted by additional social problems due to their circumstances. The role of educators, therefore, does not stop at just teaching, but stretches further in the sense of emotional assistance for those learners with FASD.

2.6 SUMMARY

Prenatal alcohol consumption is a big social problem in SA with many women consuming alcohol prenatally due to numerous social and emotional factors. Learners with FASD are faced with several challenges which hinder optimal learning.

The review focussed on the symptoms of FASD and how these might influence the learning capabilities of learners in comparison to the abilities and developmental milestones of neurologically typical children. The researcher continued to discuss Inclusive Education and the effects on teaching learners with disabilities. Strategies were explored on how educators deal with the challenges of teaching learners with FASD internationally. The discussion was concluded with the challenging roles and responsibilities educators face. A focus on how educators cope with these challenges in an inclusive system could provide additional insight on areas that are lacking in educational support.

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SECTION B: ARTICLE

Exploring how educators deal with the challenges of teaching foundation phase learners with Fetal Alcohol Spectrum Disorder

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Abstract

Fetal Alcohol Spectrum Disorder (FASD) is defined as the physical, cognitive, emotional and behavioural problems caused by prenatal alcohol exposure, and all these problems hold severe challenges for the educator. The purpose of the study was to explore and describe how educators in South Africa (SA) deal with the challenges of teaching learners with FASD.

A qualitative research approach was adopted, using a qualitative descriptive design. Participants were selected based on non-probability purposive and convenience sampling. Data collection comprised of two focus group discussions and one semi-structured interview. A thematic analysis was performed using Tesch's method of data analysis. The results showed that the participants were highly creative in identifying ways to constructively deal with the challenges of teaching learners with FASD, chiefly using constructive occupation and continual repetition. Many years of teaching learners with FASD proved to be the main source from where educators drew their expertise to teach learners with FASD. In order to know how to deal with the unique challenges each learner with FASD presents with, participants emphasised the importance of building a relationship with these learners through getting to know them and their interests. Participants further stated the importance of utilising accessible support networks.

Keywords: Behavioural problems, Class size, Cognitive problems, Emotional problems, Fetal Alcohol Spectrum Disorder, Inclusive Education, Teaching challenges, Teaching strategies, Special educational needs

Introduction

Fetal Alcohol Spectrum Disorder (FASD) is a condition involving physical, cognitive emotional and behavioural difficulties caused by maternal alcohol consumption during pregnancy (Berk, 2009; Kully-Martens, Denys, Treit, Tamana & Rasmussen, 2012). FASD is described as one of the leading and most preventable causes of intellectual disability worldwide (Banakar, Kudlur & George, 2009; Carpenter, 2011). The prevalence and characteristics of FASD vary across populations. The World Health Organization (WHO) (2011) has established that 7 to 8% of babies born in the Western Cape, South Africa (SA), have FASD.

Risk factors contributing to maternal alcohol consumption include lack of proper education, relationship status, anxiety, depression, socio-economic circumstances, age, personality traits, ethnicity, religion and interests (Adeyiga, Udofia & Yawson, 2014; Beijers, Burger, Verbeek, Bockting & Ormel, 2014; May, Gossage, Marais, Hendricks, Snell, Tabachnick, Stellavato, Buckley, Brooke & Viljoen, 2008). It seems that FASD appears to have a higher prevalence in poverty stricken communities (Beijers et al., 2014; Paley & O'Connor, 2011) where these risk factors are more prevalent.

Children aged 7-9 have normally acquired the necessary physical, cognitive, emotional and behavioural skills to function optimally in a school environment (Ackermann, Singer & Falbel, 2004; Berk, 2012; Destefanis & Firchow, 2008; Grobler, 2011; Learning Seed, 2008; The National Resource Centre for Family-Centered Practice and Permanency Planning, 2009; Williams & Monsma, 2007). Children with FASD, however, are mostly developmentally delayed regarding these aspects, with very few reaching milestones at the age-appropriate time (Berk, 2009). Learning difficulties are therefore common in learners with FASD as they experience problems with memory, attention, planning, organising, decision-making, information processing, the ability to work independently and problem-solving (Coles, Lynch, Kable, Johnson & Goldstein, 2010; Pei, Job, Kully-Martens & Rasmussen, 2011; Ryan & Ferguson, 2006a; Ryan & Ferguson, 2006b). Associated behavioural problems include inattention, failing to complete homework, disobeying school rules, back-talking the educator, fighting, playing truant, being suspended or expelled and dropping out of school (Howell, Lynch, Platzman, Smith & Coles, 2005; Kellerman, 2003). These numerous problems pose specific challenges for educators teaching learners with FASD (Howell et al., 2005).

Research done by Bertrand (2009), Edmonds and Crichton (2008) and Job, Poth, Pei, Caissie, Brandell and Macnab (2013) explored how educators deal with the challenges of teaching learners with FASD. The two chief strategies identified involve providing learners with a peaceful and organised environment free of clutter and breaking tasks down into smaller segments. Rendall-Mkosi, London, Adnams, Morojele, McLoughlin and Goldstone (2008), however, point out that these strategies are applied internationally in class settings with up to 20 learners, that include one or more learners with FASD.

Due to the Inclusive Education Policy adopted in 2001 in SA, the educational context of SA differs as learners with FASD are included in mainstream classes often containing more than 40 learners, many with various other forms of special educational needs (Nel, Müller, Hugo, Helldin, Bäckmann, Dwyer & Skarlind, 2011). The implication in other words is that educators have to include and teach all these learners from different backgrounds, with different abilities, disabilities and needs in their classes (The Educational White Paper 6, 2001) and help them develop to their fullest potential while teaching the same curriculum (Eloff & Kgwete, 2007).

The researcher, therefore, aimed to explore and describe how educators deal with the challenges of teaching learners with FASD in the foundation phase within a South African context. The purpose of the study was to gain rich psycho-educational knowledge to support educators when dealing with the challenges of teaching these learners in inclusive classes with 40 or more learners.

Method

A qualitative approach with an explorative and descriptive nature was followed (Ivankova, Creswell & Plano Clark, 2010; Sandelowski, 2010) in order to provide findings which are close to the data provided by the participants and which therefore relies less on the interpretations of the researcher (Creswell, 2013; Durrheim, 2006).

The sample consisted of foundation phase educators from two primary schools from the southern suburbs of the Cape Peninsula, and one primary school in the Winelands district of the Western Cape. Selection of the participants relied on non-probability purposive (Bloomberg & Volpe, 2008; Teddlie & Yu, 2007) and convenience sampling (Farrokhi, 2012). A summary of participants is indicated in Table 1, with references to the type of data collection method as well as the type of school where the participant teaches.

Table 1: Summary of participants

Group	Participants	Type of school and learners	Code
Interview	1	State school, southern suburbs of Cape Peninsula. Grade 3 educator.	INT
Group 1	1	State school, Cape Winelands, Grade 1 & 2 educator.	G1-P1
	2	State school, Cape Winelands, Grade 1 & 2 educator.	G1-P2
	3	State school, Cape Winelands, Grade 1 & 2 educator.	G1-P3
	4	State school, Cape Winelands, Grade 1 & 2 educator.	G1-P4
	5	State school, Cape Winelands, Grade 1 & 2 educator.	G1-P5
Group 2	1	State school, southern suburbs of Cape Peninsula. Grade 1-3 educator.	G2-P1
	2	State school, southern suburbs of Cape Peninsula. Grade 1-3 educator.	G2-P2
	3	State school, southern suburbs of Cape Peninsula. Grade 1-3 educator.	G2-P3
	4	State school, southern suburbs of Cape Peninsula. Grade 1-3 educator.	G2-P4
	5	State school, southern suburbs of Cape Peninsula. Grade 1-3 educator.	G2-P5

The consenting principals of selected schools were asked to identify educators proficient in Afrikaans/English, who taught learners with FASD aged 7-9. The educators' informed and voluntary consent to participate in the research was requested in writing, as well as their permission to use an audio recorder and field notes during the data collection process (Bryman, 2012; Schurink, Fouché & De Vos, 2011). Anonymity and confidentiality were ensured as participants' names were kept confidential. Avoidance of harm to the participants was of great concern to the researcher and special attention was given to this aspect throughout the study. Participants were given the details of a counsellor would they need to see one following their participation in the study (Strydom, 2011).

Participants were informed on the goals of the research, the duration of their involvement in the study, as well as the possible advantages or disadvantages of the study (Wiles, Heath, Crow & Charles, 2005). Participants were, therefore, not placed in any situations for which they had not been explicitly prepared and they had the option to withdraw from the study at any time.

Two focus group discussions and one semi-structured interview were conducted (Greeff, 2011; Tong, Sainsbury & Craig, 2007). In both processes, the researcher began by asking participants a wide sequence of questions about the challenges experienced in having to teach learners with FASD, before asking how they dealt with these challenges. The focus group discussions and semi-structured interview were transcribed verbatim by an independent transcriber.

A thematic analysis was performed using Tesch's method of qualitative data analysis (Creswell, 2009). The researcher read through the data several times while grouping together related topics. The researcher identified frequent and less frequent topics and ideas and those arising only once, and tried to find the most descriptive wording in order to describe the meaning the participants had attached to each. The topics and ideas were ordered into main themes, sometimes containing subthemes and categories.

Throughout the research process, the researcher adhered to Lincoln and Guba's (1985) constructs of trustworthiness. Multiple educators were included in the data collection process in order to strengthen the appropriateness of the study (Schurink et al., 2011), to gain rich and detailed information (Greeff, 2011; Nieuwenhuis, 2010), as well as to be able to produce "thick descriptions that conveyed research findings and enhanced transferability of data descriptions" (Lincoln & Guba, 1985, p. 289). Crystallisation, which is in line with Bryman's (2012) perspective that no one universal truth exists, and that multiple truths from multiple participants together constitute the findings, was achieved through involving multiple educators and three runs of data collection.

The researcher collaborated frequently with the research supervisors for the purpose of reviewing and asking questions about the study. As suggested by Bryman (2012) and Creswell (2009), the researcher kept reflective documentation so as to reduce any subjective influences which might contribute to bias in the research findings. The researcher endeavoured to put aside all knowledge on the research phenomenon, to listen to the experiences of educators and better understand how they deal with the challenges of teaching learners with FASD (Creswell, 2003; Schurink et al., 2011). Audio recordings further enabled the researcher to verify findings without making biased assumptions (Letts, Wilkins, Law, Stewart, Bosch & Westmorland, 2007). As suggested by Creswell (2003) and Krefting (1991), the

researcher ensured dependability of the study by making use of member checking. Identified themes were discussed with participants to ensure accuracy and dependability (Letts et al., 2007). The researcher finally sought to confirm the findings of this study with those of other studies as suggested by Lincoln and Guba (1985). The results are summarised in Table 2.

Results

Table 2: Main themes, subthemes and categories

Main theme 1: Tapping in on knowledge and skills gained from years of working in the field of teaching learners with FASD	Subtheme 1.1: Apply basic teaching procedures	• Adapting the curriculum • Individual attention • Stories • Building positive relationships
	Subtheme 1.2: Constructive occupation	• Structured games, songs and rhymes • Giving chores • Reward systems
	Subtheme 1.3: Continual repetition of teaching procedures and routines	
Main theme 2: Utilising accessible support networks	Subtheme 2.1: Support from colleagues	• Support from other professionals • Support from other educators
	Subtheme 2.2: Parental support workshops	
	Subtheme 2.3: Interpersonal support	• Support from families • Leisure activities • Entertainment

Main theme 1: Tapping into knowledge and skills gained from years of working in the field of teaching learners with FASD

Participants indicated that one of the biggest challenges of teaching learners with FASD is the fact that learners with FASD are subjected to the same curriculum as those who do not have FASD. Information given in the curriculum, for instance, was seen by G2-P2 as too much and “impossible to grasp” due to the short attention

span of learners with FASD (INT). G2-P3 stated that she had learned to adapt the curriculum by “breaking down tasks” and “simplifying the work” to “suit the child’s abilities”.

The Educational White Paper 6 (2001) and the Screening, Identification, Assessment and Support (SIAS) policy (Department of Basic Education, 2014) state that training and information sessions have been held in order to prepare educators for inclusive education and adapt the curriculum to suit the individual needs of learners with barriers to learning. Participants from Focus Group 1, however, emphasised that due to big classes with “multiple-grades” (G1-P2), they found it hard to find the time to prepare for, and adapt the curriculum, to meet the learning needs of learners with FASD. Participants also indicated that their lack of training at times caused them to feel helpless as they did not know how to deal with the challenges posed by learners with FASD. This correlates with findings where educators from three independent studies done in SA linked their inability to deal with learners with intellectual difficulties with a lack of training, time, facilities and teacher experience as well as large classes (Engelbrecht, Oswald, Swart & Eloff, 2003; Hay, Smit & Paulsen, 2001; Scheepers, 2009). Participants, however, found that tapping into their own knowledge and skills gained from years of teaching learners with FASD enabled them to deal with the challenges that teaching these learners pose. The theme of utilising personal experience in dealing with the challenges of FASD in the class was found to contain four subthemes.

Subtheme 1.1: Applying basic teaching procedures

Tapping into previous knowledge and skills involved applying basic teaching procedures, paying individual attention to the learners with FASD and focussing on building a unique relationship with these learners. G2-P1 shared that she did not follow the curriculum strictly as she strongly felt that the curriculum needed to be adapted to suit the learners’ particular needs. G1-P3 mentioned that she followed the curriculum, but gave learners with FASD in her class “easier tasks” than prescribed by the curriculum in order to “motivate them”. G1-P5 agreed that activities needed to be made “as easy as possible” and added that they had to be broken down into steps, “for example; Step 1, Step 2, Step 3”. Interestingly, studies by Bertrand (2009), Carpenter (2011), Edmonds and Crichton (2008) and Job et al. (2013) also

indicate that educators simplify and shorten activities to deal with the learning problems of learners with FASD.

SIAS is aimed at improving the “access to quality education for vulnerable learners and those who experience barriers to learning” (Department of Basic Education, 2014:9). This policy states that educators must help learners attain their fullest abilities by adapting the curriculum to suit each individual learner’s needs. Decisions about the way of teaching these learners and the adaption of the curriculum should therefore be made in the best interest of each individual learner (Department of Basic Education, 2014). As a further reason why the curriculum had to be adapted, INT mentioned that learners with FASD had a poor comprehension of questions and the need was therefore indicated for more “black and white questions”. INT indicated that for her, “it is important that he [the learner with FASD] has to do the same type of work as the others, but the questions that are posed to him will be on a much lower level. I will simplify the questions for him”. INT argued for shorter activities and “no prolonged activities and lessons where you know you’re going to have problems with their [learners with FASD] concentration.”

In conjunction with adapting the curriculum to suit the needs of learners with FASD, participants were also of the opinion that each learner with FASD required different methods of learning due to the fact that their abilities differed immensely. Educators teaching learners with FASD, therefore, did not have a choice but to constantly adjust activities and tasks to suit each individual learner’s needs and way of learning. According to INT, the FASD learner, therefore, “becomes your one-on-one child”. G2-P5 shared that “seeing [these] learners individually and giving them individual attention” have helped her to deal with their tendency of being hyperactive in the class. This participant mentioned that she had these learners sit next to her and gave them a task to do or a toy to play with while she interacted with them. The importance of providing individual attention to learners with FASD has been stressed by Dybdahl and Ryan (2009) and also Edmonds and Crichton (2008) as it helped educators to touch base with learners, respond to their questions, supply individual support and supply learners with FASD with additional explanations needed for work.

Participants had learnt from past knowledge that learners with FASD in particular loved to listen to or watch stories and they, according to G1-P3, especially

“love listening to stories they have never heard”. Participants, therefore, incorporated stories as a tool or teaching activity to teach the curriculum to learners with FASD. Both G2-P2 and G2-P1 were of the opinion that these stories must at all times be “as interesting and magical as possible”. The value of utilising stories as a way to deal with challenges posed by learners with FASD lies in the fact that stories not only grabbed the attention for lessons, but also helped learners to understand situations and events that were considered to be too overwhelming (Healthy Child Manitoba (HCM), 2009; Rasmussen, 2005). HCM (2009) further suggested that educators should record stories for learners to listen to and read along.

Participants indicated that watching stories on TV, such as *7de Laan,* seemed to have an impact on learners with FASD in their classes. According to INT, these learners “are very interested in the activities involving the series (*7de Laan*)”. Due to the popularity of *7de Laan*, participants shared that they now included details from the series into their learning programme as part of oral discussions and comprehension (INT & G2-P3) to make activities in the class more fun and interesting for the learners. Utilising aspects of the TV series and incorporating these into the learning programme had proven some success in the learning process with learners with FASD.

Years of teaching also seemed to have taught participants the value of having positive relationships with learners with FASD. Studies done by Bertrand (2009), Edmonds and Crichton (2008) and Job et al., (2013) all found similarly that establishing positive relationships with the FASD learner was helpful to educators when dealing with the challenges of teaching these learners. Participants in the study agreed and, according to G2-P1, the importance of “getting to know the learner(s) better” was “to know what interests them and the activities they like”. G2-P1 further stated that as learners were different, so their behaviour, interests and what motivated them were also different. Participants indicated that using stickers and dots as reward systems and motivators in order to get learners to behave appropriately and to participate in activities in the class, might work for one learner as he/she had a special interest in stickers, yet might not work for another learner who preferred to be rewarded with a toy he/she liked.

The value of building positive relationships with learners, according to Fox, Dunlap, Hemmeter, Joseph and Strain (2003), not only guarantees effective

teaching, but also helps with the management of the class. A positive relationship between an educator and learner helps a learner to develop a positive self-concept, confidence and a sense of safety which in turn reduces the occurrence of negative and challenging behaviour.

Subtheme 1.2: Constructive occupation

The participants were of the opinion that one of the biggest challenges with regards to teaching learners with FASD involved keeping their attention in order for them to learn. Participants dealt with this challenge by occupying all learners in a class constructively with activities such as structured games, songs and rhymes, giving them chores and using a reward system.

Participants indicated the importance of play as part of the learning process to help learners pay better attention. “Exercise and playing games”, according to G1-P1, specifically helped to restore learners’ attention and by using games, the learning process, according to G2-P1, was made fun and learners’ attention was therefore captured to help them complete activities. Participants also used games and movement breaks when “transitioning from one area of learning to another” (G1-P1). According to G1-P1, learners found it hard to, for example, start doing Afrikaans after they had spent time before that doing Mathematics. Movement breaks were, therefore, used to help learners “regain attention” (G1-P1) and focus on the new activities at hand. These games included movement activities like “on the wall, in the water” (G1-P3), where learners were expected to focus on the teacher’s voice to know what action to do next, and also using movement “shake breaks” (G1-P2).

Participants further emphasised the use of play and using songs and rhymes in an outdoor learning programme to help maintain learners’ attention and at the same time teach them for instance the alphabet and numeracy (G1-P1). Learners with FASD were reportedly very restless (G1-P1) in class and the importance of these outdoor programmes and making use of structured games were, therefore, emphasised by Group 1. Learners with FASD were unable to sit still in a class and pay attention for long periods of time and therefore they needed frequent movement breaks in order to learn and pay attention. Learners would form letters with their bodies which in turn had to be identified by other learners. Learners were also divided into groups of different sizes in order to practise counting (G1-P1). The

participants made games out of everything, "… whether it is names, numbers or whatever, you try and make it fun" (G2-P1).

Literature and previous studies have also indicated the importance of rhymes and songs specifically when teaching early literacy and language skills (Dunst, Meter & Hamby, 2011; KBYU Eleven, 2010, Kenney, 2005; Monro, 2013). Through the repetition of rhymes and songs learners not only learn the sounds of the language they use, but it also helps with sentence development, to learn new words they would not usually hear in everyday language and it helps with recall and memory (KBYU Eleven, 2010; Kenney, 2005; Monro, 2013). The National Organisation on Fetal Alcohol Syndrome of South Dakota (NOFAS-SD, 2009) states that including games and songs in teaching procedures has helped learners with FASD to learn successfully.

Participants indicated that by giving learners with FASD chores and using reward systems also helped them deal with the challenges of these learners who did not complete tasks, who were inattentive and who presented with behavioural problems. Participants, however, used rewards systems with the entire class in order to motivate good behaviour. Learners, including those with FASD, were rewarded with stickers or dots on a visual chart for good behaviour, paying attention, partaking in, and completing activities and listening. Reward systems were, therefore, used as a motivation to help learners to work toward the desired learning outcome. The researcher herself identifies with this strategy as she also uses visual reward systems with the learners with FASD in her class. This system works well as it serves as a visual reminder for learners to do what is expected of them. This system further works well as these learners struggle with making sense of spoken language due to auditory processing difficulties. They, however, seem to react well when they can visually follow their good or bad progress. G1-P2 pointed out that "to keep them (the learners) busy and give them work helps" as learners enjoyed chores like cleaning the classroom. The learners, therefore, behaved as desired in order to be "rewarded chores" (G1-P5), as well as stickers, dots or toys (G2-P1; G2-P5). According to G1-P4, the chores included activities such as "taking up books, sweeping the classroom, collecting pencils". Participant G1-P4 further stated that learners "do not like their chores being taken away" and therefore cooperated with activities in the class for the purpose of being rewarded a chore. According to G2-P2

“the reward systems works” as learners would “tell each other, ‘focus’, because then they get a dot”. G2-P5 rewarded learners with toys they liked when they adhered to class rules, paid attention and finished activities given to them. Learners were allowed to play with these toys in the classroom once they had completed their work.

Reward systems have been used successfully as a teaching procedure and to deal with behavioural challenges brought on by inattention and poor memory (NOFAS-SD, 2009). According to Edmonds and Crichton (2008), learners enjoy being rewarded for work they have done. Rewards include showing the class their work, receiving praise or getting a book or toy of their choice. Educators should, however, reward learners immediately after the desired behaviour has been displayed by the learner, after successful completion of a task or after following the rules in order to show positive recognition and promote positive behaviour within learners (NOFAS-SD, 2009). Situations should, therefore, be structured to induce desired behaviours in learners by means of immediate rewards and consequences.

Subtheme 1.3: Continual repetition of teaching procedures and routines

Participants from group 2 emphasised the challenge of teaching “big classes with multiple grades” (G2-P1). These participants were expected to teach two grades (grade 1 and grade 2) at once as well as deal with the barriers learners with FASD have to learning. G2-P5 stated that she was “always behind” with regards to “teaching work from the curriculum”. She (G2-P5) accounted this due to the fact that she constantly had to “repeat work done prior” to learners with FASD due to their difficulties to recall information learnt in a previous lesson. All participants, however, emphasised the effectiveness and importance of making use of continual repetition through utilising teaching procedures and teaching routines in order to address the challenge of these learners’ inability to pay attention and remember information from one moment to another. G2-P2, for instance, highlighted the procedures that they used by mentioning that,

> We have a procedure for how we do our toilet training; we have a procedure for how we come into the class; we have a procedure for how we hand out the books. I find that the routine really helps in the class. If you teach the procedures they all have to do it in that way. You show them how it must be done and they need to follow my example.

G1-P2 emphasised the importance of establishing routine in order to teach certain skills in a class setting, especially for learners in the foundation phase. “Each morning they have to stand in a row, wash their hands and go to the toilet. Now we do this, then we do that.” HCM (2009) stresses the fact that structure and routine are of utmost importance in the class as it is considered to be the backbone approach to effectively deal with FASD memory issues. Because learners with FASD, according to Alberta Learning (2004) and The University of South Dakota (USD) (2013), experience difficulties with their memory and as a result find it hard to recall the steps of procedures, educators are forced to provide regular reviews on the procedures taught. It is, therefore, suggested that educators start each day with previously learnt skills and ideas.

G1-P3 shared that, “instructions need to be repeated a couple of times” during activities in the class as learners struggled to pay attention, remember information and to make sense of what was expected of them. G1-P2 stated that “the effort to repeat work a lot” was a choice made by the educators in an attempt for learners to reach the curricular outcomes. It was further pointed out by G2-P1 that by continually calling learners “on their names” and “asking them to listen” helped to control learners’ distractibility in a large class. Continual repetition of instructions of work and activities had to be done in order to assist educators to deal with the distractibility in learners with FASD. A study done by Dybdahl and Ryan (2009) also revealed the need for continual repetition. Dybdahl and Ryan (2009) are of the opinion that repeating concepts and information helps ensure that learners with FASD are able to take in what is taught.

The methods by which the participants taught procedures did, however, differ from those of prior research done by Bertrand (2009), Edmonds and Crichton (2008) and Job et al., (2013), where educators relied on visual support systems such as visual cards for structuring activities and teaching procedures. Participants in the current study indicated that the learners they taught were expected to listen and look at the actions of what was being presented by the participant (as opposed to using visual support cards), after which they were expected to imitate the behaviour of the participant. G2-P2 defined this method of teaching as exercising a listening skill, “because everyone can tell you our children don’t really have listening skills.”

Main theme 2: Utilising accessible support networks

Talmor, Reiter and Feigin (2007) found that there was a higher rate of burnout amongst educators who taught learners with special needs. These authors at the same time found that there was a direct correlation between burnout and the amount of support available. It was further highlighted that the level of burnout could be improved when educators dealt successfully with the challenges they faced and indulged in self-fulfilment activities. Participants in the current study considered the support they received from support networks as crucial in order to teach and deal with the challenges posed by learners with FASD. They indicated that they received support on a professional level, and on both inter- and intra-personal level.

Subtheme 2.1: Support from colleagues

The value of involving other professionals like occupational therapists (OTs) and Education for Learners with Special Educational Needs (ELSEN) specialists in the challenges pertaining to teaching learners with FASD was highlighted by G2-P2 and INT. G2-P2 is of the opinion that educators called on the available OTs and nurses when they struggled to deal with the behavioural challenges posed by learners with FASD. These professionals would assess the child and his/her behaviour and when necessary applied procedures to put the child onto medication or removed the learner from the classroom and involved the child in an appropriate programme. Scheepers (2009) is of the opinion that educators teaching learners with FASD indicated a continual need for support from other professionals such as OTs, speech therapists, physiotherapists and support educators in their classes. OTs in particular seemed to be of big help to the participants teaching learners with FASD as they not only assessed behavioural problems of these learners but were also involved in the drawing up of learning strategies for learners with FASD. In this regard, the Edmonton and Area Fetal Alcohol Network (EFAN) (2007) advises educators to consult with OTs for specific methods of dealing with these learners' unique hypo- or hyper-sensitivity levels.

The "vital role" that ELSEN specialists played at their school was specifically emphasised by INT. ELSEN specialists were individuals with whom educators could "liaise" and who specialised in supplying special teaching techniques and strategies on how to cope with challenges when teaching neurologically typical learners and

learners with FASD in the same class. INT further stated that “you know they studied things you didn’t, they know things we don’t. We always work on a trial and error basis. We don’t have the expertise. Ours come from experience over the past years”. The input from the ELSEN specialist was therefore considered to be valuable.

Participants teaching learners with FASD also seemed to realise the importance of supporting one another and “talk(ing) about the challenges experienced at work” (G2-P5). They, therefore, considered themselves to be a “very close knit” (INT) group who shared the same challenges. Participants from Focus Group 1 indicated that they got together once a term (G1-P3) to “exchange knowledge and ask each other’s opinions and help” (G1-P4) on how to deal with the challenges they experienced. INT is of the opinion that educators at her school had “interlinked” problems as learners more or less presented with the same learning challenges. They, therefore, considered it important to “constantly speak of the problems [they] face in the class” as this was “where solutions come from” (INT). Participants further indicated that they tended to form friendships with fellow educators probably because these colleagues related to their experiences. G2-P1 stated that “they [fellow colleagues] just understand. They know what you want, you don’t have to explain”.

Subtheme 2.2: Parental support workshops

Olsen, Rudo-Stern and Gendler (2011) state that children with FASD often need more input to develop than neurologically typical children, but many parents do not know how to cope with their children’s needs. Getting parents involved in the learning process was indeed seen as being both a challenge and as being crucial, since educators “cannot teach the child for six hours in the class” without any support from the parents (G2-P2). A number of strategies had been adopted to deal with this challenge. Participants from both the focus groups had developed workshops for parents, to educate them on “how to do homework with their children” (G1-P2) and teach them that “they do not need special apparatus to help their children, but that they can use anything at home” (G1-P2). Participants had also compiled readers for parents, attached in the homework books of the learners, on how they should help their children to learn and follow through the skills they had acquired at school.

These workshops had proved to be valuable and supportive in the teaching of learners with FASD. Workshops further supplied opportunities to create parent support groups (G2-P2), where participants were awarded the opportunities to build good relationships with parents. These relationships were valuable as participants shared their concerns with the parents and parents seemed to be willing to assist the educator and to help their children.

Participants indicated that when facing challenges, they repeatedly had to remind themselves that the learners were functioning on a lower level than their chronological age. Continual self-reflection, therefore, helped them to understand the child and accept that the child was struggling due to a disability. G2-P4 highlighted the fact that “the behaviour that the child presents is absolutely normal” and that “sometimes you tend to forget that”. To forget that the child with FASD has a disability could, according to G2-P4, possibly be linked with the fact that “physically the child is developing like every other so-called ‘normal’ child, but the brain is not.” It was therefore necessary that “you need to remind yourself constantly that even though that child is 9 years old, he’s only functioning on a 2, 3, 4 year old level and what he’s doing is absolutely normal” for a child with FASD. G2-P3 indicated that “once you understand them you end up accepting them”. A study done by Dybdahl and Ryan (2009) has pointed out that knowing a learner with FASD contributed to their being more patient towards that learner. Donohue and Bornman (2014), Hay et al. (2001) and Pottas (2005) in this regard have found that educators who were informed about the challenges that learners with FASD face, were themselves better able to cope with the challenges.

Subtheme 2.3: Interpersonal support

INT and participants from Group 2 indicated the importance of interpersonal support when dealing with challenges of teaching learners with FASD. INT stated that inter-personal relationships with her family supplied her with a lot of “input” on how to deal with the challenges of teaching learners with FASD. G2-P2 found that spending time with her own children helped her to relax and gain strength for another day at work.

Participating in leisure activities seemed to be of great help when teaching learners with FASD. According to participants, music helped them relax (G1-P2) and “unwind” (G1-P1) after a challenging day at school. Various other activities helped

participants cope after a long day of dealing with the challenges of teaching learners with FASD. Other participants listed “going for a massage, taking a drive around town, taking a bath, having a glass of wine” (G1-P1), “having a braai, doing some gardening” (P3-G1) or “going to bed” (G1-P1) as ways to relax and feel better after a challenging day at school. G1-P4 indicated that after a challenging day she went to the mall as she “enjoy(s) walking in the mall and trying on the latest fashion”. Numerous participants (INT; G1-P3; G1-P5; G1-P1) indicated that they relaxed when watching television. INT stated that her day was “enlightened” by discussions she had with fellow colleagues about the television series they watched at home. Thus, receiving support on an inter- and intra-personal level was considered as very important by the participants (Riffel 2011).

Discussion

With the high incidence of FASD in South Africa, and especially in the Western Cape, there is a need to pay more attention to the education of learners with FASD. Due to the Inclusive Education policy that has been adopted as well as insufficient specialised training to prepare educators on how to deal with the challenges of teaching learners affected by FASD, many educators experience an immense amount of pressure that at times even cause burn-out. Big class sizes, the Inclusive Education policy and the Curriculum Assessments Policy Statements (CAPS) especially seem to contribute to the challenges that educators teaching learners with FASD in the foundation phase have to deal with. CAPS was indicated by many participants to be too complex and difficult for learners with FASD. Even though this could be adapted to suit each individual learner’s needs, it is apparent that the challenges that big classes present with sometimes make it difficult for educators to find the time needed to constructively adapt the programme to suit each individual learner’s needs in order to help them develop to their fullest potential.

It seems that with experience, participants have over the years creatively adjusted by applying basic teaching procedures such as adapting the curriculum, paying individual attention to learners, using popular stories on TV that the learners are fond of and building positive relationships with learners. The participants have achieved all of this with limited support structures from the WCED, mainly due to limited availability of professional services. The amount of support provided to

schools and educators from the WCED, therefore, is worrying, especially in those areas with higher prevalence of FASD where more support would be expected in the form of ELSEN educators and therapists such as OTs, psychologists and speech therapists. Not only would learners with FASD and the educators benefit from such support, but also those learners with whom they share a class who are not affected by FASD.

Due to the lack of support from the WCED, great emphasis was, therefore, placed on the support participants received from colleagues, other professional staff and from their family members. After school, participants seemed to find it hard to relax as they were normally exhausted and stressed after a day of teaching learners with FASD. Participants, therefore, found it necessary to occupy themselves with other tasks and activities outside of the school environment in order to wind down.

It has been made evident that a support network at school is crucial for participants to learn how to successfully deal with the challenges posed by teaching learners with FASD. Not only do these support networks serve as support with regards to trying new strategies, but they also serve as a pillar of emotional support through the trying times of teaching learners with FASD in big classes.

The challenges caused by teaching learners with FASD seemed to challenge participants on both a professional and personal level. Participants are expected to think innovatively in order to find ways to successfully deal with the challenges of teaching these learners as well as helping them develop to their fullest potential on an academic level. They also seemed to go the extra mile to help equip the parents of learners with FASD with the necessary information to help them deal better with their children’s special educational needs, as well as supply support and strengthen the hands of their fellow educators.

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SECTION C:

EVALUATION OF THE RESEARCH, LIMITATIONS, CONCLUSION AND RECOMMENDATIONS

1. INTRODUCTION

The research question of the current study was formulated as follows: How do educators deal with the challenges of teaching learners in the foundation phase with FASD? The purpose of this section is to determine whether the research question has been answered. In this section, the researcher will provide a brief overview of the research topic and the problem statement and an evaluation of how the research question was answered. The limitations of the existing study will be discussed and a brief summary and conclusion will be given on the research findings. The researcher will make recommendations based on the results from the research.

2. OVERVIEW OF THE RESEARCH TOPIC AND PROBLEM STATEMENT

This research was motivated by the researcher's work in the field of special needs education. The prevalence of Fetal Alcohol Spectrum Disorder (FASD) in South Africa (SA), and especially in the Western Cape, is indicated to be the highest globally. Educators teaching learners with FASD experience numerous challenges when working with these learners. Even though researchers have explored how educators deal with these challenges of teaching learners with FASD on an international level, the researcher was unable to find any research done on this phenomenon in SA. The researcher was, therefore, motivated to explore how these challenges are being dealt with within a South African context with its unique historical background of Apartheid and Inclusive Education.

3. SUMMARY OF THE FINDINGS

It seems evident from the data that participants deal with the challenges of teaching learners with FASD by using professional and interpersonal strategies, but with little special training and limited specialised support and resources. Playing structured games and using songs and rhymes have helped educators make teaching learners with FASD fun and thus help learners pay attention for the process of learning.

Chores are used as part of behaviour modification strategies, as learners are effectively rewarded classroom chores for good behaviours. Learners reportedly cooperate with activities, behave appropriately and pay attention in the class for the purpose of being rewarded a chore. Learners are also rewarded for positive behaviour with stickers, dots and toys to play with for a set time.

Continual and individually focussed repetition as a way to deal with the challenges posed by learners with FASD has also been emphasised as important during the teaching process. Participants would constantly repeat instructions, procedures and routines in order to ensure the ongoing engagement of the learners with FASD who have difficulties with memory and attention.

Due to the implementation of the Inclusive Education policy, learners with FASD obviously do not have the same abilities as the neurologically typical learners in their classes. Educators have to constantly plan ahead for the learners with FASD as the curriculum is seen as being too complex for them to learn successfully. By planning ahead, participants are prepared to deal with each learner on his or her level. The participants, therefore, emphasised the importance of shortening and simplifying activities.

Participants emphasised the use of activities outside the classroom to keep learning interesting for learners. This involves learners using games for the purpose of learning mathematics, literacy and working on attention. Using stories has been seen as an important strategy when teaching learners with FASD. These learners seem to enjoy stories and this method is therefore frequently used to teach lessons. Getting learners with FASD to pay attention and partake in activities is hard, as they struggle with a short attention span. Participants have, therefore, used television series watched by these learners as part of oral discussions and activities as these have been seen to be of special interest to learners with FASD, which helps draw their attention to activities. This interest would actually seem to suggest that learners with FASD might have more potential for understanding and engaging with content than often expected, and thus underlines the importance of using material that they find relevant – and this in turn emphasises the importance of relating to them personally and getting to know what appeals to them.

According to participants, giving individual attention to learners has indeed helped them deal with behavioural challenges, the complex curriculum and learning difficulties as suggested in the paragraph above. Participants stressed the importance of building a positive relationship with each learner with FASD. Positive relationships enable educators to get to know each learner's specific needs and interests. This enables educators to formulate activities and learning outcomes in a way that will grab the learner's attention and help motivate learners to learn better. By getting to know the FASD learners, educators have come to understand that one-on-one attention is important to help these learners learn certain skills and complete certain activities. It has further been reported that by building positive relationships with learners with FASD, educators have learnt about special interests these learners might have, which has helped educators deal better with behavioural problems as these special interests are then used as rewards for work done and good behaviour.

Participants stated that their training had not prepared them for the challenges they experienced in the class. Participants attached great value to support from parents, their colleagues and other professionals for guidance when dealing with the challenges of teaching learners with FASD. OTs, nurses and ELSEN specialists provide support to educators who have to deal with the problems of poor attention, inadequate learning strategies and bad behaviour.

Participants shared their challenging experiences with colleagues and had found that exchanging knowledge helped them cope better with the challenges of teaching learners with FASD. A further emphasis was placed on interpersonal support from the families of participants and hobbies to help them relax after a challenging day at work.

Workshops for parents had helped educators share the workload with other individuals involved in the learners' lives. The aim of the workshops was to educate parents on how to deal with their children, but also for participants to build relationships with parents and gain their support.

4. OTHER IMPORTANT DATA RELEVANT TO TEACHING LEARNERS WITH FASD

Participants in the study referred to other important information that correlates with the challenges of teaching learners with FASD. The researcher has therefore found it relevant to include this information.

Participants reported that learners fell so far behind in their work due to classes being too big and too much being expected of educators, that it became impossible to catch up. This contributes to the stress and burn-out of educators who are unable to cope with the workload and expected outcomes of the curriculum. As many educators struggle to attend to learners with FASD the way they want to, it has been suggested that more special schools are needed to develop skills that would prepare these learners for careers in workshops once they have finished school. Participants were of the opinion that due to inadequate training, a complex curriculum and lack of community-based support, learners dropped out of school and fell into risky social behaviour. Participants reported that learners became pregnant and used alcohol while still in school. Participants even went as far as to blame child support grants given by the government for the continuation of this vicious cycle of FASD.

Even though the data supplied above does not address the research question at hand, it is seen as relevant information that should be taken into account by the WCED and National Education Department to improve on the quality of training educators and supply adequate support to help them deal better with the teaching challenges with regard to learners with FASD.

5. LIMITATIONS OF THE STUDY

The following limitations have been identified in the existing study:

- The findings of a qualitative research design are not generalisable due to the small sample sizes and the importance accorded to the influence of context on data, but as this research was conducted in a fully trustworthy manner, the findings could possibly be transferable to comparable contexts.
- Most participants were female. Transferability of the findings to the wider or other comparable contexts are therefore unfortunately limited.

- The small sample size in itself presents a further limitation. The researcher struggled to find educators to participate in the study. Therefore only three schools and five participants per focus group were included, again limiting the possibility to apply the results to other contexts.
- Many learners do not carry a formal diagnosis of FASD due to a lack of resources and professionals. Many of these learners' parents are addicted to drugs, having made it hard for participants to distinguish between challenges from FASD and challenges from the consumption of drugs during pregnancy. Tapping into their knowledge and experience gained over years, however, seemed to help educators to creatively adjust in order to successfully teach learners with FASD, but also those learners with global developmental delay due to maternal drug use.

6. RECOMMENDATIONS

6.1 Support from the WCED and communities

Many educators are of the opinion that Inclusive Education was enforced too quickly without supplying educators with the proper training on how to deal with the challenges posed by learners with special needs. It is, therefore, recommended that the WCED supply more training in the form of workshops to educators on how to deal with the challenges of teaching learners with FASD successfully.

It has been indicated that the curriculum in its current form is unsuitable for learners with FASD as it is too complex, too difficult and does not attend to the basic needs of functionality for learners with FASD. As the Educational White Paper 6 states that learners with FASD should not be excluded for the purpose of inclusive education, it will be seen as unethical to exclude these learners from mainstream schools and the CAPS curriculum due to their special educational needs. In some areas, schools have, however, developed classes for learners with higher needs (such as learners with FASD) due to developmental and/or intellectual delays. It is, therefore, recommended that the WCED further develop classes in this sense which will enable learners with FASD to be part of an inclusive schooling environment for some learning activities but take part in an adjusted curriculum for essential learning areas and skills as indicated by SIAS (2014). Learners will in this sense benefit from a

curriculum adjusted for their special educational needs, but also enjoy taking part in other activities with other mainstream classes where they are capable. This might in turn help learners with FASD develop to their fullest potential in an inclusive environment.

A need for smaller classes has been expressed by participants to enable them to give more one-on-one attention to learners. Big classes and the challenges of teaching learners with FASD in such big classes have contributed to too many educators reaching burn-out which directly affects their involvement with the learners and the learning process.

Uninvolved parents are considered a big challenge when teaching learners with FASD. Educators cannot take on the challenges of teaching these learners alone, and, therefore, need the support from parents to assist in the teaching process after school. Suggestions have been made for the WCED to become more involved in the process of educating parents and other individuals in the communities about FASD, the challenges presented by FASD and putting in place support systems to help support those families affected by FASD. This could, for instance, be done by presenting workshops at schools for parents in order to educate them on how to deal with the challenges that accompany having a child with FASD and how they can help their children learn. More school social workers should also be employed to create awareness as a preventative strategy for young adults and also for parents on resources available for children with FASD.

6.2 Recommendation for further research

Schools have started developing programmes to support and inform parents about FASD, yet many parents do not attend these programmes. Participants have pointed out that the lack of involvement might be due to a lack of community support from social workers. It has, therefore, been suggested that the WCED and government become more involved in the process of getting parents involved in their children's learning process. The researcher, therefore, recommends that further research be done to explore the value of community-based support for parents with children with FASD.

Participants were of the opinion that their training had not prepared them for dealing with the challenges of teaching learners with FASD. Even though the WCED supplies courses for educators to enhance teaching, participants indicated that very few of these courses had been helpful in their classes. The researcher, therefore, recommends that research be done to explore what needs to be included in the training of educators who will teach learners with FASD and to also assess the current courses available to educators who teach learners with FASD.

Literature suggests that many learners with FASD have disrupted schooling experiences as learners fail and many drop out of school. Participants indicated that most of the learners in their schools had absent parents. The researcher, therefore, recommends that further research be done on the correlation between the pass rates of learners with FASD who have parents that are active role-players in their schooling experiences. The results can be used to promote parental involvement strategies in order to assist learners with FASD in the learning process.

7. FINAL COMMENT

Teaching learners with FASD is an extremely challenging process. Many educators have stated that they have not been adequately prepared to deal with the challenges of teaching learners with FASD, yet they desire success for the learners they teach. In light of the results of the study, the researcher concludes that the strategies used to cope with the challenges of teaching learners with FASD have been applied successfully and therefore recognition should be given to educators who work under challenging circumstances, yet still put the need of their learners first and work towards successful learning.

SECTION D:

APPENDICES

APPENDIX A

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REFERENCE: 20130917-17613
ENQUIRIES: Dr AT Wyngaard

Mrs Rachelle Cloete
C204 Nightingale Close
Nightingale Way
Pinelands
7405

Dear Mrs Rachelle Cloete

RESEARCH PROPOSAL: EXPLORING HOW EDUCATORS DEAL WITH THE CHALLENGES OF TEACHING FOUNDATION PHASE LEARNERS WITH FETAL ALCOHOL SPECTRUM DISORDER

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.

2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators' programmes are not to be interrupted.
5. The Study is to be conducted from **01 April 2014 till 30 August 2014.**
6. No research can be conducted during the fourth term as schools are preparing and finalising syllabi for examinations (October to December).
7. Should you wish to extend the period of your survey, please contact dr AT Wyngaard at the contact numbers above quoting the reference number.
8. A photocopy of this letter is submitted to the principal where the intended research is to be conducted.
9. Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.
10. A brief summary of the content, findings and recommendations is provided to the Director: Research Services.
11. The Department receives a copy of the completed report/dissertation/thesis addressed to:

    The Director: Research Services
    Western Cape Education Department
    Private Bag X9114
    CAPE TOWN
    8000

We wish you success in your research.

Kind regards.
Signed: Dr Audrey T Wyngaard
Directorate: Research
DATE: 28 March 2014

APPENDIX B

Exploring how educators deal with the challenges of teaching foundation phase learners with Fetal Alcohol Spectrum Disorder

STUDY INFORMATION

Thank you for your interest in participating in this study. This document hopes to answer some of your questions regarding the study and your potential participation in it.

Foundation phase learners

is the term used in this study to describe children with FASD aged 7-9 years.

WHAT IS THE PURPOSE OF THE STUDY?

As a special needs educator, the researcher has noticed that there are certain challenges when working with children with needs. Each educator has his/her own way of dealing with these challenges in order to be able to teach successfully. A need has been indicated by research on how educators deal with the challenges of teaching learners in the foundation phase, aged 7-9, with Fetal Alcohol Spectrum Disorder. The literature is unfortunately very limited and mostly in an American context. With this study the researcher aims to describe the challenges experienced by educators and how they deal with these challenges in a South African context. Understanding these factors may help professionals better understand the challenges and how they are dealt with. This may in turn help educators in the special needs field deal better with the challenges they experience in order to contribute to successful teaching and career satisfaction.

Fetal Alcohol Spectrum Disorder (FASD)

Fetal alcohol spectrum disorder is defined as alcohol-related birth defects caused by maternal consumption of alcohol during pregnancy.

HOW WILL THIS STUDY BE PERFORMED?

To collect the data for this study, focus groups will be used. Focus groups and interviews are specifically chosen as it is a comfortable, open discussion with the potential to get rich information from the participants. The researcher will conduct focus groups and/or interviews with educators teaching foundation phase learners with FASD. There will be at least 6 participants in a group. Participants can be of any

race, ethnicity, sex or gender. The focus groups will be conducted in English. The focus group will last between an hour and a half and two hours.

The interviews will be recorded with an audio recording device. All the recordings will be safeguarded and will only be used for the purpose of this study. The recordings will not be made public and only viewed by the research team.

WHERE DO I FIT IN?

You are asked to participate in this study as you fall within the population of this study. The study population includes all educators residing in the Western Cape. The participants of any study are the most crucial element as it is their insights that the researcher want to explore and understand. In order to participate in this study you need to meet the study criteria:

- You must be a qualified educator with at least 2 years teaching experience.
- You should be aware of reality and being able to interact appropriately.
- You should be proficient in English as verbal medium.
- You can be of any ethnicity, religion, sex or gender.
- You have to voluntarily agree to participate in the study and understand the ethical considerations of the study as well as carry knowledge that you may withdraw from the study at any given point.

WHAT WILL BE THE BENEFIT TO ME?

Although this study has no remuneration or incentives participating in a study can be a great learning experience. You will be able to interact with fellow educators and share similar experiences and knowledge. By participating in this study you will greatly assist in bringing insight about this topic and this insight may lead to positive change for the entire population. By participating in this study you will also be exposed to the research process and have an opportunity to personally experience the process of a focus group.

WILL I BE EXPOSED, VULNERABLE OR EMBARRASED?

The focus groups will be attended to with the utmost sensitivity. The researcher is skilled in assisting individuals to comfortably engage around a topic. The aim of the

focus group is not to make you feel vulnerable or exposed but to simply understand your viewpoint on how you deal with the challenges of teaching learners in the foundation phase with FASD. All the participants will be signing confidentiality agreements and the study is also conducted with a strict confidentiality policy. You are allowed to choose a pseudonym if this will make you feel more at ease. Material and data will only be used for the purpose of completing this research. You will be asked to sign an informed consent form that explains all the aspects of the study. This form also indicates that you have the right to withdraw from the study at any given time during the study.

WHAT IS THE PROCESS FURTHER?

If you are willing to participate in the study, please add your name and contact details to the participation list. You will be informed of the time, date and venue for when the focus group will take place. You will be reminded by text message or via email of the sessions and will then be required to punctually attend the session.

During the focus group, you will be informed of the purpose and process of the study, as well as how the focus group will be conducted. During the focus group process you are encouraged to raise questions related to the study purpose and procedure. The researcher will then ask a series of questions and will facilitate a discussion between the participants of the group. Towards the end of the study the researcher will summarise the data gathered. Refreshments will be served directly after the focus group.

WHAT WILL HAPPEN AFTER THE FOCUS GROUP?

After the focus group session the data will be transcribed and analysed to reach the aims of the study. This study is conducted towards fulfilling the requirements of a master's degree in psychology and will also be submitted for publication. The researcher will also provide feedback and recommendations to the university on how educators deal with the challenges of teaching foundation phase learners with FASD. Feedback will be given to the participants via email on the findings of the research.

THANK YOU AGAIN FOR YOUR WILLINGNESS AND TIME TO CONSIDER THIS STUDY.

Consent

Exploring how educators deal with the challenges of teaching foundation phase learners with Fetal Alcohol Spectrum Disorder.

Informed consent

You are invited to participate in a research study about how educators deal with the challenges of teaching children with Fetal Alcohol Spectrum Disorder (FASD). The goal of this research study is to gain insight in how educators deal with the challenges of teaching learners with FASD for the purpose of extending psycho-educational knowledge in this field. This knowledge might be used by the Western Cape Educational Department to develop strategies in order to help educators who teach learners with FASD. This study is being conducted by Rachelle Burger.

There are certain criteria involved to qualify for the participation in this study: The participant must have at least two years' experience in educating children with FASD. Participants should be proficient in English or Afrikaans.

Participation in this study is voluntary. You have the right to withdraw at any time. If you agree to participate, the researcher will make voice recordings of focus groups. The focus group will take about one hour and will be based on how you deal with the challenges of teaching children with FASD. Participating in this study may not benefit you directly, but it will help us learn how successful educators deal with the challenges of teaching children with FASD.

Voice recording: The researcher will make voice recordings of each interview in order to make a precise transcript of exactly what was discussed during the interview. The method of interviewing was chosen in order to gain a detailed picture of what you perceive to be the challenges working with children with FASD and how you successfully deal with the challenges. You have the right to refuse being voice recorded or to stop the recording at any time during the data collection. Recordings will be safely locked away on the researcher's laptop with only the researcher having access to the laptop and its password. These recordings will not be used for any purpose other than the research study.

The information you will share with us if you participate in this study will be kept completely confidential to the full extent of the law. Your information will be assigned a code number that is unique to this study. The list connecting your name to this number will be kept in a locked file on the researcher's computer and only the researcher will be able to see the list. The voice recording and interview you participated in will be accessible to only the researcher and her supervisors. When the study is completed and the data have been analysed, the list linking your names to study numbers will be destroyed.

If you have any questions regarding this study, please contact Rachelle Burger on rcloete13@gmail.com

YOU WILL BE GIVEN A COPY OF THIS FORM WHETHER OR NOT YOU AGREE TO PARTICIPATE.

_____ _____

Researcher's signature Date signed

_____ _____

Participant's signature Date signed

_____ _____

Research supervisor's signature Date signed

APPENDIX C: JOURNAL GUIDELINES

South African Journal of Education 1

Guidelines for contributors

Editorial policy

The *South African Journal of Education* (SAJE) publishes original research articles reporting on research that fulfils the criteria of a generally accepted research paradigm; review articles, intended for the professional scientist and which critically evaluate the research done in a specific field in education; book reviews, i.e. concise evaluations of books that have recently appeared; and letters in which criticism is given of articles that appeared in this Journal.

Indicate the relevance of the study for education research where the education system is characterised by transformation, and/or an emerging economy/ development state, and/or scarce resources. Research articles of localised content, i.e. of interest only to specific areas or specialists and which would not appeal to the broader readership of the Journal, should preferably not be submitted for consideration by the Editorial Committee.

Ethical considerations: A brief narrative account/description of ethical issues/ aspects should be included in articles that report on empirical findings. All articles will be submitted to referees (national and/or international). The consulting editors/ referees will have documented expertise in the area the article addresses. When reviews are received, an editorial decision will be reached to either accept the article, reject the article, request a revision (in some cases for further peer review), or request arbitration. As a rule not more than one article per author or co-author will be accepted per year for refereeing and possible publication. Authors bear full responsibility for the accuracy and recency of the factual content of their contributions. A signed declaration in respect of originality must accompany each manuscript. On submission of the manuscript, the author(s) must present a written undertaking that the article has not been published or is not being presented for publication elsewhere.

Plagiarism entails the use of ideas that have been published previously and is prohibited. Word-for-word copying of the work of others should be indicated by means of double quotation marks. When quoting, always provide the author's surname, year of publication and the page number, e.g. (Brown, 1997:40-48).

Redundancy/self-plagiarism is unacceptable. It may occur in the following ways:

1) Authors reproduce sections of their previously published papers without quotation.

2) Authors create several papers slightly differing from each other, submitting them to different journals without acknowledging this.[1]

In cases where redundancy is suspected, the Editor will investigate the matter, in collaboration with the Editorial Board.

Plagiarism and redundancy/self-plagiarism will be dealt with as follows:

1) With regard to papers already published: a formal notice of redundant publication will be issued to readers in the next issue of the journal. The Editor has the right to refuse to accept submissions from such authors for a certain period of time.[2]

2) In cases of major concern, authors will be denied the privilege of publishing the relevant paper in the *South African Journal of Education*.

3) In cases of minor concern, authors will be asked to rephrase the duplicated sentences.

It is expected of authors to cite materials that overlap with their work within the manuscript. Upon request by the Editor, the information shall be made available where applicable.[3]

The author(s) must ensure that the language in the manuscript is suitably edited and the name and address of the language editor must be supplied. Copyright of all published material is vested in the Education Association of South Africa (EASA).

Processing charges

Article processing charges (APCs): ZAR 4,500 per article. Authors will be invoiced for the required charges. Total number of pages should preferably not exceed 15 pages (± 5,500 words).

Preparation of manuscripts

The manuscript, including abstract, figure captions, tables, etc. should be typed on A4 paper and the pages numbered consecutively. Manuscripts should be typed in Microsoft. Word format with text in Arial font, 12 point, and 1.5 line spacing. Margins should be 2.54 cm all around. The title should be brief (max. 15 words), followed by the author(s) name(s), affiliation(s) (Department and University), and an e-mail address for the corresponding author.

An abstract in English (approximately 190 words) must be provided, followed by up to 10 keywords, presented alphabetically. The text of the article should be divided into unnumbered sections (e.g. Introduction, Method, Results, Discussion, Acknowledgements, References, Appendix, in that order). Secondary headings may be used for further subdivision. Footnotes, if any, will be changed to endnotes. Figures should be clear, black/white originals, on separate pages — not embedded in the text. Grey or coloured shading must NOT be used. Tables/figures should be numbered consecutively, with a brief descriptive heading/caption. Information should not be duplicated in text and tables. Each table/figure must be referred to in the text by number. Authors must use the decimal point in all numbers, in the text and tables, and not the decimal comma.

References

References are cited in the text by the author(s) name(s) and the year of publication in brackets (Harvard method), separated by a comma, e.g. (Brown, 1997).

If several articles by the same author and from the same year are cited, the letters a, b, c, etc. should be added after the year of publication, e.g. (Brown, 1977a).

Page references in the text should follow a colon after the date, e.g. (Brown, 1997:40-48). In works by three or more authors the surnames of all authors should be given in the first reference to such a work. In subsequent references to this work only the name of the first author is given, followed by the abbreviation et al., e.g. (Ziv et al., 1995).

If reference is made to an anonymous item in a newspaper, the name of the newspaper is given in brackets, e.g. (Daily News, 1999).

For personal communications (oral or written) identify the person and indicate in brackets that it is a personal communication, e.g. (M Smith, pers. comm.).

List of references

Only sources cited in the text must be listed, in alphabetical order, after the article.

References should be presented as indicated in the following examples. Special attention should be paid to the required punctuation.

Journal articles:

Johnson DW & Johnson RT 1999. Gifted students illustrate co-operative learning. Educational Leadership, 50:60-61.

Books:

Van Zyl R (ed.) 1994. Recent advances in classroom research. San Diego, CA: McGraw-Hill.

Chapters in books:

Dukzec S 1988. Gender issues. In D Hicks & J Brown (eds). Education for peace. London: Routledge.

Unpublished theses or dissertations:

Squelch J 1991. Teacher training for multicultural education in a multicultural society. MEd dissertation. Pretoria: University of South Africa.

Anonymous newspaper references:

Citizen 1996. Education for all, 22 March.

Electronic references:

Published under author's name: Wilson J 2000. The blame culture. British Educational Research Journal, 26. Available at http://www.govsources/gtp%access. Accessed 20 April 2005.

Website references: No author:

These references are not archival and are therefore subject to change in any way and at any time. If it is essential to present them, they should be included in a numbered endnote and not in the reference list.

Submission of manuscripts for publication:

Manuscripts may be submitted electronically by e-mail or via the internet.

Manuscripts should be submitted in MS Word format.

E-mail submissions:

Manuscript and covering letter must be e-mailed to Estelle.Botha@up.ac.za

Internet submissions:

Website: http://www.sajournalofeducation.co.za

Use the "Register as Author" link to register and submit an article. This will enable you to track the status of your article on the website. For inquiries contact Estelle.Botha@up.ac.za

1 Information adapted from Code of Ethics for the Journal of International Business Studies (n.d.). Available at http://www.palgrave-journals.com/jibs/author_instructions.html#Ethical-guidelines. Accessed 20 March 2013.

2 Information adapted from Redundant Publication: The Editorial Policy Committee of the Council of Science Editors (n.d.). Available at http://natajournals.org/userimages/ContentEditor/1256771128861/redundant_pub.pdf. Accessed 20 March 2013.

3 Information adapted from Code of Ethics for the Journal of International Business Studies (n.d.). Available at http://www.palgrave-journals.com/jibs/author_instructions.html#Ethical-guidelines. Accessed 20 March 2013.

APPENDIX D: INTERVIEW SCHEDULE

Opening

A. (Establish rapport) My name is Rachelle Burger. I am doing research for my Masters degree in Psychology through NWU.

B. (Purpose) I would like to ask you some questions about how you cope with the challenges of teaching learners with FASD.

C. (Motivation) I hope to use this information for the purpose of formulating guiding principles on how educators can be supported when teaching learners with FASD.

D. (Time line) The interview should take about 1 hour. Please feel free to respond to some questions during this time.

Body

1. How long have you been teaching learners with FASD?

2. What qualifications do you have?

3. How do you experience working with these children?

4. What are the challenges that you experience when teaching learners with FASD?

5. How do you deal with the challenges?

6. Anything else you would like to add?

7. These challenges are then further explored in detail based on what educators said.

Conclusion

1. What do you think could be done from outside the school to help you deal better with these challenges?

2. What support structures would you suggest be put in place to help you deal better with these challenges?

3. Thank you all for participating. Drinks and snacks are available.