

**TEACHERS' NARRATIVES OF THEIR EXPERIENCE OF TEACHING FETAL
ALCOHOL SPECTRUM DISORDERS (FASD) -AFFECTED CHILDREN IN
MAINSTREAM SCHOOLING.**

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By

MIHLALI MAKASI-SIMUKONDA

(OCR-ID 0001 8033 1173)

Supervisor:

Ms Nqobile Msomi

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Declaration

I, Mhlali Makasi-Simukonda, declare that this mini-thesis titled **Teachers' narratives of their experience of teaching Fetal Alcohol Spectrum Disorders (FASD)-affected children in mainstream schooling** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

Signature:

Date:

Abstract

This study considers the experiences of teachers working with Fetal Alcohol Spectrum Disorders (FASD)-affected children in mainstream schooling. FASD refers to a range of conditions in children resulting from maternal alcohol consumption during pregnancy. Prevalence rates in South Africa are said to be among the highest in the world. There is a paucity of research on FASD-affected children in the Eastern Cape. This study was thus conducted in the Buffalo City Metropolitan Municipality (BCMM). Teachers told stories of their experiences of teaching undiagnosed FASD-affected children in mainstream schooling. The stories reveal the quality of life for children in classrooms and socio-contextual influences of their experiences at school, as well as the responsabilisation of teachers in these settings.

This qualitative research is situated within a social constructionism paradigm. The social model of disability was utilised as a theoretical framework for this study to represent the systemic barriers against which FASD-affected learner support in the mainstream school can be conceptualised. A sample of five (5) Black female teachers were interviewed. Data gathering was done by conducting telephonic interviews using the single question inducing narrative, known as SQUIN. A thematic analysis of the data was conducted for the purpose of identifying themes within the data collected.

Four superordinate themes emerged from the data, viz. narratives of FASD-affected learners, narratives of parental involvement, narratives of the role of teachers and narratives of stakeholder support. This study reveals a significant level of responsabilisation of teachers. Teachers appear to play a bigger role than just being teachers and they positioned themselves as playing a parental role in relation to FASD-affected learners. FASD-affected learners were positioned as “the problem” in the mainstream classroom whereas the environment is a disabling factor to FASD-affected learners. There is a need for a holistic approach in working with FASD-affected learners from all relevant stakeholders.

Key recommendations are made for effective inclusion of FASD-affected learners in mainstream schooling. Future research recommendations include repeating this study in a different geographical area, a focus on senior phase learners and/or a more diverse sample. The findings assist in the development of policies of inclusive education in mainstream schooling and supportive strategies to enhance the developmental trajectory of FASD-affected children.

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List of Acronyms

BCMM	Buffalo City Metropolitan Municipality
DBE	Department of Basic Education
DoE	Department of Education
FASD	Fetal Alcohol Spectrum Disorders
HPCSA	Health Professions Council of South Africa
PLWD	People Living with Disability
WP6	White Paper 6
RPERC	Research Proposal & Ethics Review Committee
RUESC	Rhodes University Ethical Standards Committee
SA	South Africa

Chapter One: Context and Literature Review

1.1. Introduction

In this introductory chapter, definitional concepts around Fetal Alcohol Spectrum Disorders (FASD) are discussed, as well as the history of alcohol use in South Africa. The chapter discusses FASD within the school setting: it reviews FASD-related challenges within the South African public schooling system, as well as applications of inclusive education, both locally and abroad. Aspects of FASD-related learner profiles and the tensions between specialised and mainstream schooling are introduced. Parental involvement and the social model of disability as the guiding theoretical framework are discussed in the latter part of the chapter.

1.2. Fetal Alcohol Spectrum Disorders (FASD)

FASD are on the continuum of effects of prenatal alcohol exposure on the fetus in utero. The spectrum encompasses Fetal Alcohol Syndrome (FAS), the most severe form, as well as Partial FAS (PFAS), Alcohol-related Birth Defects (ARBD), and Alcohol-related Neurodevelopmental Disorder (ARND) (Lubbe et al., 2017).

FASD are known as one of the leading preventable causes of learning disabilities (Olivier, 2017). Alcohol exposure to the fetus during pregnancy puts children at risk of a range of negative impacts, including birth defects, neurodevelopmental disorders, neonatal death, low birth weight and premature delivery (Behnke & Smith, 2013). In addition to the effects on the development of the fetus, Chudley et al. (2005) have noted the adverse outcomes of drinking during pregnancy on women and children, as well as families and communities.

Many communities were exposed to a system known as the “tot” or “dop”, which is reported to have started in 1658, through the establishment of a slave society at the Cape of Good Hope (Williams, 2016). The largely African labourers were given wine as part of their salaries, and this entrenched heavy drinking for workers and their families for generations (May et al. 2019).

Colonisers used alcohol as a weapon of economic, political and socio-cultural domination, and to take over power. Elevated use of alcohol can also be traced back to the history of alcohol production in certain areas of South Africa (Watt et al., 2014). European farmers and traders arrived in the 1800s, leading to Africans drinking European liquor (Setlalentoa et al., 2010).

South Africa's apartheid system, which was a race-based legislation, created townships which were densely populated, with almost no opportunities for recreation and employment. According to Setlalentoa et al. (2010), informal alcohol-serving establishments, also known as shebeens, gained popularity as social outlets for township residents. This resulted in the abuse of alcohol as people would drink as much as they could, because they did not know when they would drink again.

The “dop” system was mainly utilised in the Western Cape, and it has managed to establish racial stereotypes and inferences that the problem of over-drinking is not socially constructed, but biologically determined (Setlalentoa et al., 2010). According to Russell et al. (2013), the South African government officially abolished the “dop” system in 1961, although the practice carried on until the Liquor Act of 2003 was signed in 2004 (Lubbe et al., 2017).

Research has also shown that alcohol abuse is associated with socio-economic effects such as violence, unemployment, sexual risk behaviour, crime, disruptions to family life, and work performance (Setlalentoa et al., 2010). The densely populated townships, originating from the apartheid system, highly disrupt the social fabric, which is characterized by fragmented families (Budlender & Lund, 2011) and community-level crime (Dinan et al., 2004). Also, existing patriarchal practices and beliefs have fostered an environment in which women face high rates of rape, abuse, sexual coercion and violence (Jewkes & Morrell, 2010).

These families send their children to mainstream schools built within their communities and closest to their homes. The practice of inclusive education happens within a context of alcohol misuse and its effects on school-going children.

1.3. Inclusive Education

Inclusive education, as a global movement, emerged in the past 30 years as a response to the exclusion of learners who were viewed as different by education systems (World Conference on Education for All, 1990). Implicit and explicit in the development of international legislation is the overall goal of full access to mainstream education, not only for learners living with disabilities, but also for learners from lower socio-economic backgrounds, learners of various genders, religions and cultural backgrounds (Smyth et al., 2014). This study focuses on FASD-affected learners in mainstream schooling.

Inclusion is seen as an attempt to address and respond to the diversity of needs of all children, by increasing participation in learning and eliminating exclusion (UNESCO, 2009).

Inclusive education is now regarded as the right of every child to be part of mainstream education. The focus is on access to, acceptance of, and participation in mainstream education (Srivastava et al., 2013).

The UNESCO Convention against Discrimination in Education (1960) prohibits exclusion and limitation to educational opportunities for children living with disabilities. Ninety-two countries signed the Salamanca Statement in 1994, supporting that all children should learn together within inclusive schools. This was an important step in recognising and responding to the various needs of learners (UNESCO, 1994). The Sustainable Development Goal 4 on Education, under the 2030 Agenda for Sustainable Development, conceptualises an inclusive education that accommodates the needs of the poor and the most disadvantaged, including children living with special learning needs (UNESCO, 2017). The Salamanca Statement addresses the fundamental human right for learners living with or without disabilities (Green and Engelbrecht, 2007).

The South African Education White Paper 6 (WP6) (DoE, 2001) acknowledges diversity, and the need for adaptations to teaching and learning strategies to accommodate and include all learners. The White Paper seeks to standardise the procedures of identifying, assessing and providing programmes for learners who need additional support. This seeks to promote FASD-affected learners' participation and inclusion in schools, making parents and teachers the centre of the support processes (DBE, 2014). The intention is to ensure that children who experience barriers to learning, including children living with disability, will be able to access inclusive, free, quality, primary and secondary education on an equal basis (DBE, 2014).

Learners experiencing disabilities are included in mainstream classrooms, and provided with opportunities to fully participate in the everyday activities (DBE, 2010). Schools are no longer supposed to apply the medical deficit model, since it is seen to promote stigmatisation, which is a discriminatory practice (DBE, 2010; DoE, 2001). However, in practice, placing learners living with disabilities and learning difficulties in separate classrooms is usually an attempt to provide what is believed to be the best possible learning environment. Within these specialised classrooms, teachers who have some training and experience in teaching learners with special needs facilitate the process of teaching and learning for children living with disabilities and learning difficulties (Engelbrecht et al., 2015).

The WP6 (DoE, 2001), as well as the guideline document (DBE, 2010) for full-service schools, indicate that the Department of Education will provide relevant education support services. This would include the modification of infrastructure and physical facilities to ensure access for learners living with disabilities. Further professional development of teachers, as

well as effective adapted learning material resources, would be provided. Such provisions would begin to appropriately address the disadvantages and limitations identified as barriers (Goodley, 2001). However, the vision of a truly inclusive education system in South Africa has been difficult to achieve, and results regarding the implementation of inclusive education remain questionable (Walton, 2017). Many of the challenges associated with the implementation of inclusive education are remnants of the history of South Africa's public schooling.

1.4. South Africa's public schooling

Bantu Education was formally introduced in 1953 and began the era of apartheid education. According to Morrow (1990), the schooling system was one of the major tools for the propagation of apartheid beliefs. Glaring inequalities were applied to buildings, per capita funding, teacher qualifications, equipment, teacher-pupil ratios, books, facilities, and stationery between the four schooling systems in South Africa. The four education systems were split according to racial groups and named as the White Education system, Indian Education system, Coloured Education system and Native/Black Education System (Fiske and Ladd, 2004). According to Ndimande (2013), the term White was used to refer to those who were originally from Western countries and Europe during the mid-1600, when South Africa (SA) was being colonised. The indigenous peoples of SA were referred to as Black, whereas people of 'mixed race' were referred to as Coloured. Indian, the peoples who were brought to South Africa from India in the 1800s by the British colonial government to work as indentured slaves in the sugar cane fields. The history of different education systems may have a direct effect on the challenges experienced by diverse learners after democracy.

1.5. FASD and educational challenges

FASD seems to be underestimated as a national education and public health challenge. FASD is known to be the leading cause of developmental disabilities in the world (Millar et al., 2017). A study conducted in 2011 also confirmed that FASD occurs as much as, or similar to, common learning disabilities like Autism Spectrum Disorder, Down Syndrome, Spina Bifida, etc. (Coles et al, 2011). FASD seems to be endemic in socio-economically marginalized communities facing poverty in the Northern and Western Cape provinces of South Africa (SA) (Olivier et al., 2013).

The global prevalence of FASD was 8 per 1000 children and youth in 2017 (Adebiyi et al., 2019). The Foundation for Alcohol Related Research (FARR) reported the highest recorded prevalence in any part of the world in 2016 and estimated that 6 million individuals were affected by FASD in South Africa, ranging from 29 to 290 per 1000 live births (Adebiyi et al., 2019). According to Olivier (2017), the table below shows that the prevalence of FASD is different in the various provinces. The Northern Cape, along with the Western Cape, are reported to be the most affected in SA.

FASD prevalence rates in South Africa are said to be among the highest in the world (May et al., 2013). Olivier (2017) published South African FASD prevalence rates which support that SA is among the highest in the world. According to Popova et al. (2017), South Africa also has the highest FAS prevalence in the world. FAS prevalence in South Africa is estimated to be five times higher than Croatia, which has the second highest prevalence in the world (Lubbe et al., 2017). This has serious implications on the educational, psycho-social and economic well-being of FASD-affected learners.

The diagram below shows SA prevalence rates (Olivier, 2017)

TABLE 1: SOUTH AFRICAN FASD PREVALENCE RATES

Province	Community	Prevalence Rate per 1000 Grade One Learners	Reference
Western Cape	Wellington (town)	89,2	(Viljoen, Gossage, Brooke, Adnams, Jones, Robinson, ... & May, 2005)
	Aurora (town)	100	(Olivier et al., 2013)
	Witzenberg Sub-district	96	(Olivier et al., 2016)
	Saldanha Municipality	67	(Olivier et al., 2016)
	Wellington. Montagu, Ashton, Robertson	135-208	(May et al., 2015)
Gauteng	Soweto, Diepsloot, Lenasia (towns)	26	(Viljoen, 2001)
Northern Cape	De Aar 1 (town)	119,4	(Urban et al., 2008)
	De Aar 2 (post intervention)	112,8	(Chersich, Urban, Olivier, Chetty & Viljoen, 2012)
	Upington I (town)	74	(Urban et al., 2008)
	Upington 2 (post intervention)	65,9	(Chersich et al., 2012)
	Kimberley (city)	64	(Urban et al., 2015)
	Renosterberg Municipality	283	(Olivier et al., 2017b)
Eastern Cape	Bethelsdorp. Port Elizabeth (city)	130	(Olivier et al., 2017a)

While SA has been at the forefront of FASD-related research, the Eastern Cape Province has not yet been the site of much research regarding FASD-affected learners. Studies have been conducted mostly in the Northern Cape and Western Cape provinces of South Africa regarding FASD-affected learners in schools (Kalberg et al., 2017). For this reason, this study occurs in the Buffalo City Metropolitan Municipality (BCMM).

It is hoped that the emerging narratives in this study will illuminate the quality of life for FASD-affected learners in mainstream schooling, the socio-contextual influences on their experiences at school, as well as the responsabilisation of teachers in school settings. It is hoped that what is revealed through the teachers' narratives will generate socio-contextual understanding that guides further inclusive education implementation efforts. In essence, this research seeks to contribute to a dialogue regarding the quality of life and participation of FASD-affected learners, so they can continue along their developmental trajectory within the local school setting.

1.6. Social model of disability

The social model of disability is the conceptual framework used as the point of departure of this qualitative research study. This model conceives of impairment not as an individualised pathology, but that consequences of impairment can be understood as a production of social barriers to disable (Goodley, 2001). The challenges experienced by People Living with Disabilities (PLWD) can be reduced by society through the removal of these barriers to allow more participation.

Befring (2014) highlights how the medical model of disability has given much attention to the diagnosis of FASD and remedying of impairment. Subsequently, problems and weaknesses in the individual are highlighted and followed by labelling and stigmatization. The focus is on defining the individual by their condition or the limitation of the individual. This may create obstacles to participation in society for PLWD (Shakespeare, 2017).

FASD requires a multidisciplinary assessment for a medical diagnosis (Chudley, 2005). The need for several professionals in a comprehensive multidisciplinary diagnostic evaluation results in only a fraction of those affected receiving a diagnosis. While the medical model mostly describes a paradigm of normalcy based on biology, the following Canadian and American guidelines are an example (Chudley, 2005) viz. 1. Screening and referral; 2. The physical examination and differential diagnosis; 3. Neurobehavioral assessment; 4. Treatment

and follow-up; 5. Maternal alcohol history in pregnancy; and 6. Diagnostic criteria for FAS, partial FAS and alcohol-related neurodevelopmental disorder. Teachers at school do not receive children with a diagnosis, but work according to their own understanding and knowledge of FASD.

Disability may be defined as the restriction of activity or disadvantage against the physically impaired by excluding PLWD in the way that the environment is organised. The World Health Organization (WHO) redefined disability in 2001, identifying negative attitudes, systemic barriers, and exclusion by society as the contributing factors in disabling people (Dodd et al., 2010). Disability is described as an environmental and social issue that deals with accessibility, equity and accommodations (Shakespeare, 2017). Disablism limits the lives of people with impairment through prejudices and exclusionary practices. Impairment is seen as private and individual, but disability as public and structural (Shakespeare, 2017). According to the social model, people are not disabled by their bodies, but by society.

1.7. FASD-affected learners' profiles and challenges in schooling

Every FASD-affected learner presents with different challenges in the classroom, which include, among others, speech and language difficulties, behavioural problems and executive function difficulties (Lubbe et al., 2017). Stevens et al. (2010) found that attention deficit hyperactivity disorder (ADHD) was a common co-morbidity in FASD-affected learners. Lubbe et al. (2017) conducted a study to provide a prevalence estimate of FAS and to examine the effects of FAS on learners' educational outcomes. One hundred and sixty Grade 1 to 4 learners were observed over a seven-month period in a rural Western Cape school. They found that hyperactivity in FASD-affected learners is a co-morbidity which is often mistaken for ADHD.

Caregivers have reported FASD-affected learners' difficulty with understanding single-step instructions or retaining information, lacking fear of judgement, lacking an understanding of the consequences of their actions, being hyperactive, destructive, aggressive, and having a high pain tolerance (McDougall et al., 2020). FASD-affected learners require educational assistance, and tend to experience school negatively, as demanding and challenging (Poth et al., 2014). According to the social model, the adaptations that are made by teachers to accommodate FASD-affected learners in the classroom may have an effect on how learners

experience the school environment. Negative experiences may cause learners to see themselves in a negative light and to lack self-confidence.

According to Siklos (2008), FASD-affected learners often struggle to generalise from one situation to another, which results in considerable challenges in understanding concepts such as time, space, figurative language, and cause and effect. Siklos (2008) indicates that FASD-affected learners experience difficulties in functioning in areas such as organisation, planning and schedule-adherence, although they mostly have average or above-average IQ scores. FASD-affected learners mostly rely on routine, due to an inability to plan ahead, and also struggle to understand time (Lubbe, 2017).

Stevens et al. (2010) conducted a study to examine social information processing as a contributing factor to behaviour impairments and social skills in FASD-affected learners. Forty-three children, including 20 FASD-affected learners, were assessed for problem solving in relation to social dilemmas. Because of a reduced hippocampus, FASD-affected learners experience challenges with social skill development, evident in the form of being inattentive, having low moral maturity, aggressiveness, and lack of social judgment (Stevens et al., 2010). Solving social problems requires an episodic memory and an intact hippocampus. FASD-affected learners struggle to understand the emotions and mental states of others, and are unable to recognize the consequences of their actions (Stevens et al., 2010). Stevens et al. (2010) continues to state that solving social dilemmas needs one to construct events from past experiences.

FASD-affected learners may show a reduced ability to generate solutions for social dilemmas (Stevens et al., 2010) and behaviours like stealing, lacking guilt and lying. In later life, secondary disturbances have been found, such as mental illness, trouble with the law, suicide, alcohol, inappropriate sexual behaviours, and drug problems. Various researchers (Poth et al., 2014) confirm more challenges and vulnerabilities that may occur during adolescence e.g., depression, addiction problems and suicidal ideation. According to Van Schalkwyk & Marais (2017), learners' behavioural difficulties sometimes lead to imprisonment, school expulsions, illegal practices and disruptive home experiences. According to Lubbe et al. (2017), FASD-affected learners may repeat grades, have a high dropout rate, experience discipline problems at school, and many are progressed to the next grade without meeting the requirements. The WP6 (DoE, 2001) specifically mentions Foundation Phase because early identification of learners with learning barriers is encouraged and identified as significant in order for support to take place.

It is expected that a significant number of FASD-affected learners will experience some disruption in their education (e.g. suspension, drop out or expulsion) before the age of 18 (Poth et al., 2014).

The challenges faced by FASD-affected learners may be a result of the circumstances they are born and raised into. Schools were supposed to cater for diverse learners, and attention to be given to inclusive values for all learners (Swart and Pettipher, 2009). Ntombela and Raymond (2013) highlighted that not all teachers are equipped to work with learners with specific learning challenges. Stofile and Green (2007) recommend a paradigm shift for teachers to be effective in implementing inclusion. Teachers also need support in order to implement inclusive education in the classroom.

1.8. Teachers' experiences in the classroom

According to the South African Department of Education WP6 (DoE, 2001), teachers are able to teach big numbers of FASD-affected learners in the classroom environment (van Schalkwyk & Marais, 2017). However, despite these policy recommendations, research describing the experiences of teachers teaching FASD-affected learners in mainstream school settings is framed within a deficit model. Van Schalkwyk and Marais (2017) conducted a study in a South African school community, investigating teachers' relational experiences with FASD-affected learners. The 14 teachers interviewed were from a rural Western Cape school community, and raised frustrations, including the stress of teaching FASD-affected learners in a mainstream environment. Teachers expressed negative feelings resulting from disturbances caused by FASD-affected learners in the classroom.

Van Schalkwyk and Marais (2017) reviewed other research, and noted that teachers experience FASD-affected learners as difficult to manage, uncooperative and disruptive in class. According to Stevens et al. (2012), children that are FASD-affected are also said to have cognitive, behavioural, and social skills that are not well developed. Teachers experienced FASD-affected learners as having developmental delays, indicating a functional level that is below the norm for their age (van Schalkwyk & Marais, 2017). Some FASD-related difficulties among learners may be first discovered in the classroom setting. Teachers will be the ones to help affected children to understand their different learning profiles (Millar et al., 2017). As learners develop, teachers would also help identify learners' strong points and interests to strengthen learning, future employment and relationships. The actions of teachers may also

help to reduce stigma, increase understanding and acceptance among non-affected children and the community.

One of the reasons for the continuation of this persistence of a medical deficit model practice is that schools and teachers have not yet been supported to change perceptions of barriers to learning and development. Teachers have to change their traditional classroom practices to implement inclusive practices that reflect acceptance, participation and social change. Teachers, therefore, attempt to provide what they believe is the best possible learning environment for learners who experience barriers to learning, by placing FASD-affected learners in separate classrooms with teachers who have some training and experience in teaching learners experiencing barriers (Engelbrecht et al., 2016).

The teacher-learner relationship is of significant importance in the learning environment. Relationships have been identified as an important factor in the process of developing knowledge (Gergen, 2009). FASD-affected learners may also develop a sense of belonging from experiences in the classroom, and of being acknowledged by teachers. These relationships have to be considered in the performance of FASD-affected learners in school.

Information about the home background of learners identified with FASD symptoms facilitates teachers' interactions and the building of trust in the learning environment. Teachers tend to display compassion for FASD-affected learners, taking into account the context of learners' home background (Van Schalkwyk & Marais, 2017). However, frustrations with the implementation of inclusive education have been reported, one commonly cited is the lack of training of teachers (de Boer et al., 2011). Teachers may not necessarily be trained or experienced to work with children experiencing disabilities (Van Schalkwyk & Marais, 2017). Teachers' negativity and lessened job satisfaction may imply greater vulnerability regarding their own personal wellbeing and work performance (Rothmann, 2013).

Teachers may need to adapt classrooms and practices to accommodate the needs of children with different abilities (Coles et al., 2011). Poth et al. (2014) conducted a qualitative study through focus groups and interviews to explore the influences and experiences of classroom practices for FASD-affected learners. Their results indicated that it is important for teachers to have knowledge of the needs of individual learners, and to use various educational and behavioral strategies when working with FASD-affected learners.

Canada has been innovative and developed effective strategies for educating children that are FASD-affected (Millar et al., 2017a). Millar et al. (2017) reported on a study they conducted to reach consensus and identify lessons and strategies learned in FASD education programmes.

The study further consisted of 36 FASD-experienced teachers who described their specialised FASD classrooms, and results were presented in a consensus-generating workshop.

According to Millar et al (2017), a FASD advisory committee was set up in Canada to work on professional development relating to FASD in schools. Parallel to this, a FASD educational programme was created for kindergarten scholars. Millar et al. (2017) continue to say that since 1995, the FASD programme expanded from one classroom to three by 2004. As the article was published in 2017, there were two primary classrooms, three intermediate classrooms, three junior high classrooms. In 2010, two senior high school classrooms were established. One hundred and sixty-four scholars were enrolled in the 10 FASD classes, and 66 students in the 2013–2014 calendar year.

Poth et al. (2014) recommended three themes that suggest positive outcomes for classroom strategies, viz. respond to the influences on the learner's complex environment, gain a holistic understanding of the learner and lastly, supportive programmes for learning and development. This requires teachers to intentionally take action based on the varying needs of FASD-affected learners and the environment learners function in.

Bronfenbrenner (1979) describes the Ecological Systems Theory (EST), which refers to the mesosystem, which is the interaction and connection of people in the different microsystems around the child. An example is a learners' teacher visiting parents where learners live. The interaction between the microsystems around children influences their wellbeing and learning. The exosystem refers to the broader community children live in, including everything from neighbours, extended family members, family friends, mass media, parents' workplaces, health, social welfare services and education, as well as political systems and policies. Children are not in direct contact with the exosystem, but children are affected because the people in the systems closer to them (children) are affected by the exosystem (Bronfenbrenner, 1979). Teachers operate within these systems as they interact and reach out for support to enhance the learning of FASD- affected learners.

It is beneficial for teachers to be supported in accommodating for variance among children in the school setting. This needs teachers to receive ongoing training and support to equip them and strengthen their skills. There is a need for ongoing training in teacher training colleges to ensure that mainstream teachers are able to meet the needs of FASD-affected learners in their classrooms (Yssel et al., 2007).

1.9. Troubling the specialised and mainstream schooling divide

Inclusive education is a response to the exclusion of learners experiencing disabilities, who were viewed as different by education systems (Engelbrecht et al., 2015). Student behaviour in education, and the conceptualization of difficult behaviour in school, have been interpreted as individual deficits, and categorized within the system of medical diagnostics (Harwood & McMahon, 2014).

However, the complication of barriers to learning may arise from external or internal factors, or a combination of both (Walton et al., 2009). External barriers to learning, such as poverty, unemployment and an unstable economy, add to the difficulties hampering the provision of quality education and support for learners with internal barriers to learning e.g., low self-esteem, lack of focus, inability to concentrate, etc. (Prinsloo & Gasa, 2011).

There is a view that FASD-affected learners should be removed from crowded classrooms to a special environment (Lubbe et al., 2017). Children affected by FASD are left to struggle at schools that cannot meet their specific developmental needs, and this greatly limits their chances of becoming productive members of society.

Special education has traditionally been centred upon the concept of PLWD, dubious or deviant child (Knudsmoen & Simonsen, 2016). The referral process usually relates to learners' academic performance, personal development and social adaptation in the classroom. The learner is described according to what people think is good for the child, how people frame their views about a learner, and in the ways the system expresses the optimal educational outcome at a particular time.

Discipline is facilitated by structured special education systems, controlling and observing the ambiguous, dubious and deviant child. Division of learners by labelling is a critical concern in special-education practices and research (Harwood & McMahon, 2014). Medicalization and diagnosing of learner conduct in special education today has shaped special education understanding of disability and impairment (Harwood & McMahon, 2014; Knudsmoen, 2015).

While internationally the shift is towards inclusive education, is it possible that in the local context inclusive education could add to learning problems for FASD-affected learners (van Schalkwyk & Marais, 2017)? It is critical to meet the criteria of inclusive education as described in the policy documents, e.g., smaller classes, special training for teachers and the availability of support staff.

1.10. Parental involvement

Legislation, such as the Education WP6 (DoE, 2001), has officially recognised the important role of parents in the education of children with learning difficulties. Statistics South Africa (Stats SA) (2016) has reported that children who live in poor households grow up in less stimulating home environments, as parents are less able to spend money or time to feed and educate them (children).

The social model highlights the view that FASD-affected learners, mothers, families and communities have to live with the barriers constructed by society (Chudley et al., 2005). The challenges experienced by FASD-affected learners may be associated with being dependent in various ways. Some children may require help in interacting with the world that others do not require. As a result of a lack of access to resources that are also inadequate, FASD poses several educational challenges (Chudley et al., 2005).

The participation of parents is considered to be of importance in the education of children, especially FASD-affected learners (Yssel et al., 2007). It is of interest whether the narratives of teachers in this study will show involvement of parents in the education of FASD-affected learners. Parental concerns regarding inclusive education were identified in a comparative study conducted in South Africa (Western Cape and Gauteng provinces) and the United States (Yssel et al., 2007). In this study, South African and United States parents of children experiencing disabilities participated in focus group interviews regarding inclusive education. The study was comparing the perceptions of parents regarding inclusion across these three geographical and cultural regions. The prominent concerns that were raised in the study included availability of qualified educators and a lack of expertise in implementing inclusion.

Duquette and Stodel (2005) conducted a study to investigate the educational experiences of FASD-affected individuals, including elements that are important for a successful school experience. Data was collected from seven children and 11 parents using semi-structured interviews and questionnaires. Caregiver support was identified among the most important

factors contributing to perceived educational success. Caregivers' perceptions of educational success were correlated with actual educational persistence. Schools that are committed to good performance would make an effort to involve parents (Soodak & Erwin, 2000). Do parents get involved in the schooling of FASD-affected learners, or is it other caretakers who get involved?

A study was conducted by Cleversey et al. (2017), investigating what caregivers need in order to help FASD-affected youth to succeed in school. Sixteen caregivers raising FASD-affected youth were interviewed by telephone. In the study, a few important factors were identified by caregivers, viz. (1) being heard by educators, (2) FASD-informed educators, (3) involvement in child's education, (4) resources and accommodation, (5) supportive knowledge base, and (6) support and understanding at home. According to Lubbe et al. (2017), the home environment is usually lacking parental support, as parents mostly may not have a strong school background due to historical disadvantage. Soodak (2004) noted that parents are the primary stakeholders in the success of inclusive education, and therefore shifting to inclusive education must include parents' perspectives. A family-centred approach to FASD would protect the human rights and decolonise the approach of seeing women as perpetrators, instead of victims of the problem (Adebisi et al., 2021). Soodak (2004) continues to emphasise the need to create an empowering context for professionals and parents at school.

1.11. Conclusion

FASD is a preventable but irreversible condition, and affected learners have different learning challenges and profiles. South African educators' challenges with FASD-affected learners in the classroom were highlighted. The benefits of inclusive education, as well as the challenge of special needs education, were raised. This challenges the education system, caregivers, and community to implement and design social justice informed programmes as identified by the social model.

The following chapter is a detailed explanation of the theory and methods used in this study.

Chapter Two: Theory and Methods

2.1. Introduction

This chapter begins by looking at the social constructionism paradigm, proceeding to the aims and research questions guiding this study. I will discuss the methods used for recruiting participants, data collection, and analysis procedures. The research ethics applicable in this study are discussed. A section on evaluation and validation is included, discussing the strategies used to ensure trustworthiness in carrying out this research.

2.2. Theory

2.2.1 Social Constructionism

Social constructionism is concerned with understanding the ways in which people construct 'reality' through language and other cultural resources in a particular social context (Willig, 2013). The social constructionist approach does not search for a 'true' account of what happened, taking the view that there are multiple versions of reality or 'truth'. According to Burr (1995), social constructionist approaches emphasise that knowledge is determined by the culture where one lives in the world, and the time in which they lived. Knowledge is, therefore, regarded as being constructed in everyday interactions between people (Burr, 1995).

Taylor and Littleton (2006) refer to narratives as stories constructed by people for a specific purpose, around a particular consequence and sequence of events. Social constructionism, as a paradigm, examines how social reality can be constituted in various ways in particular cultures (Willig, 2013). Willig (2013) continues to argue that social constructionism examines the conditions that allow for particular constructions of reality, and the consequences of these constructions for human experience and social practice.

2.2.2 Narrative Psychology

Narrative psychology is involved with the stories told in social interactions, and how these stories are structured, the contents, and the function of the stories (Murray, 2003). The story would be narrated by a person who is sharing their experiences with others, explaining their

own place in the story, and the place of others (Wong & Brenhey, 2018). Riessman (2008) also describes stories as an organised set of events to give meaning and explanation of who the storyteller is, and how they should be seen by others.

Murray (2015) defines a narrative as a sequence of events as organised by the narrator. According to Murray (2015), causal links are inferred between events, and agency is attributed to the characters in the narrative. In telling a story, the narrator tries to give meaning to events, and tries to organize information that is disorganized. The contents of a story would identify important events for the storyteller, organising the events into a particular order to make sense to the listener.

Telling a story is also an opportunity for a person to present their own version of who they are, and shaping how they would like to be viewed. According to Murray (2018), a specific understanding of how social life does and should work are used to build stories. The usually unspoken rules for reacting to, and interacting with the world give insight to the stories (Crossley, 2008). According to Crossley (2008), broader narratives of social life absorbed are reflected by these unspoken rules.

The narrative approach points out what shapes identity and consciousness (Wong & Breheny, 2018). Stories are made up of events, while narratives are made up of wider accounts of social life that are drawn upon to tell a story. When participants tell their stories, they use widely available narratives to tell these stories. The process of analysis does not just look at what is told in the story, but also the meaning and how it links to other stories. People tell their personal stories shaping them, using structures that do not belong to them alone (Riessman, 2008).

Narrative psychology refers to a way of collecting stories from people about personal life experiences (Anderson & Kirkpatrick, 2016). Willig (2013) describes narratives as stories people tell about their experiences from their social world. The “small personal stories” told in research interviews are known as micro-narratives (Fok, 2011). These are usually multiple, small and interrelated stories told to construct a narrative. Herman and Vervaeck (2019) explain that narratives are never a copy of direct reality, as participants will still leave out some aspects of their experience. Narratives may not only be about the choice of events that happened, but also focus on the effects of these events. Narratives are concerned with the means by which humans make sense (Murray, 2015), including the use of language. This is the common understanding within a group of making sense of the world.

When stories are analysed, something about the social world beyond the immediate story is revealed. An understanding of social life and identity is derived from a detailed analysis of

narratives. An analysis of teacher narratives may reveal how teachers construct categorisation of FASD-affected learners, and others who play a role in mainstream schooling.

2.2.3 *Positioning theory*

Positioning theory emerged as a social constructionist approach (Slocum & Van Langenhove, 2003), and is a tool utilised to study different social situations (Baert et al., 2015).

Positioning is defined as a process by which people locate themselves and others when telling stories (Davies & Harré, 2007). Positioning also reveals the patterns of reasoning that are reflected in the way that people act towards others (Harré et al., 2009). This means locating people in narratives told through conversations.

Positions and roles can be confused, and the difference between them is that roles are fixed, while positions are seen as changing within a conversation (Baert et al., 2015). The participants are seen as taking up certain positions in the story that is being told, and their actions are given meaning by the storyline (Baert et al., 2015). Positioning is discontinuous in that an individual can assume contradictory and multiple positions even without awareness (Davies & Harré, 1990).

According to Warren and Moghaddam (2018), positioning theory involves power dynamics, and is based on the assumption that storylines can be negotiated, transformed and challenged in social interactions. Storytellers construct reality through a process of (Schiller, 2016) assigning characters and parts as a positioning process. Positioning involves reflexive positioning, which refers to when a person positions themselves, and interactive positioning, which refers to when a person positions another (Davies & Harré, 1990).

Positioning depends on the individual who is telling the story, and also on their status. Baert et al. (2015) continues to explain self-positioning whereby the storyteller and the positioned party coincide. Self-positioning goes with the positioning of other individuals or entities. The storyteller does not have to position themselves as a sole individual, but as a collective or a group. In addition, the positioned party can also be an individual or an entity. Positioning may sometimes be contested when the self-proclaimed position is challenged for any reason e.g., being erroneous, outdated, insignificant or misrepresentation. Individuals who position themselves may be compartmentalised differently by others through such criticism.

According to Baert et al. (2015), the positions held by the participants in the storyline carry certain obligations or expectations about how to behave. Labels can be used to flag own positions, but can also be used to blame others. Positioning is a relational and contextual

phenomenon (Arvaja, 2016), and in this study, looking into positions provides a focus on making sense of the interactions in the mainstream school context.

2.3. Methods

2.3.1 Narrative Interviewing

Researchers use different strategies to approach qualitative research determined by their respective research questions. Narrative research is one of five strategies to conduct qualitative research identified by Fouché and Schurink (2011). This study is using the narrative approach, instead of the other approaches, namely, case study, grounded theory, ethnography and phenomenology, because it allows for an in-depth exploration of the meaning people make of their own experiences. According to Wong and Breheny (2018), the narrative approach helps as a way to understand the reasons why a story has been told, and the broader meaning of the story.

Narrative interviews are not conducted with a fixed agenda but instead the content, direction and pace is controlled by the participant (Anderson & Kirkpatrick, 2016). The research participant is asked an open-ended question, and they choose what to include in the story they tell. Anderson and Kirkpatrick (2016) highlight that this approach challenges the researcher to play a listening and encouraging role, and handover the control to the participant. The researcher may have gathered knowledge about the topic from their literature review, yet the participant knows their story better. This study is particularly using an established type of narrative interview, which allows the participant to respond to one open ended question as described by Wengraf (2001).

Wengraf's (2001) Narrative Interviewing

The narrative approach was chosen in order to allow teachers to tell their stories in-depth, and to give them an opportunity to reveal their truth and reflect on their experiences (Newby, 2014).

According to Wengraf's (2001) method of interviewing, each interview consists of three sub-sessions. In the first interview, two sub-sessions take place. During the initial narrative sub-session, the interviewer poses one narrative question called a Single Question Inducing Narrative (SQUIN), which enables the participant to start telling their story. Wengraf (2001) continues to explain that during the first and the second sub-session, two researchers would be present. One asks the SQUIN and the other takes notes. In this study, however, only one

researcher was present, due to the telephonic approach and the risks posed by the covid-19 pandemic.

The participants were informed, prior to the interview, that the researcher is interested in their experiences of teaching FASD-affected learners, and as such: 1) there were no right or wrong answers to the question 2) they could take all the time they needed to answer the question, and could start wherever they liked, and 3) when telling their stories, they would not be interrupted (Wengraf, 2001, 2004). Further, participants were also encouraged to speak as long as they wanted to when telling their stories.

The SQUIN used for this study was as follows, “Please tell me stories of your experiences of working with FASD-affected learners. You may include as many examples as you would like”.

The researcher conducted all the interviews after the participants agreed to the dates and times of the interviews. All interviews were conducted by telephone and a recorder. All the participants were isiXhosa first language speakers, but could also speak English. The SQUIN was asked in English and, because both the participants and the researcher are bilingual speakers, the participants codeswitched between isiXhosa and English in their responses.

I (the researcher) introduced myself to the participants, who agreed to take part in this study during the recruitment of participants’ stage. I introduced myself again before the start of each interview, reminded them about the objectives of the study, and verbally confirmed their consent on the recording. I also explained to the participants how the two interview sessions would happen.

Each interview was started by asking the SQUIN, and each of the participants was interested to share their stories. The participants were encouraged to continue as I offered prompts such as ‘hmm’ or ‘yes’, to give an indication that I followed their stories. The narration was allowed to continue until the participant was finished by being silent or saying they are finished. Wengraf (2001) suggests asking the participant to leave the room at the end of the narration, but in this setting the telephone call was ended instead.

After completing the first telephonic sub-session, which took an average of 14 minutes, the researcher spent 15 minutes composing further questions based on the notes taken during the interview. During the break, the researcher summarised the narratives and considered aspects that seemed unclear. The researcher composed questions starting with ‘please speak more about’, ‘I was really interested when you mentioned x; could you tell me more about it?’ to encourage the participants to elaborate more about events or experiences they previously mentioned during the initial interview.

During the second sub-session, which lasted about 27 minutes on average, most of the participants seemed comfortable with being asked questions and spoke for as long as they thought was necessary. Over the telephone it was difficult to know if a participant had finished answering a question when they remained silent for some time. The decision of how to use silences posed the challenge of losing some opportunities for gaining good quality data by not allowing the participants to think and speak more in these instances. Sometimes there would be silences which caused uncertainty of whether the participant was thinking or an indication of having nothing more to say. The researcher allowed long silences in order to provide the participants with a chance to say more. Participants also seemed to be aware of the silences and would mostly indicate when they had finished.

After conducting the first interview (two sub-sessions) with the participants, the researcher transcribed each interview (verbatim) in preparation for the third sub-session of interviews. After completing the transcription, the researcher read through each transcript while also listening to the interview recording to ensure accuracy. This process enabled the researcher to reflect on the content of the interviews and become more familiar with the data. This process also assisted with the decision of which aspects of the narratives to follow up on before conducting the third sub-sessions.

During the third sub-session of interviews, which lasted 15 minutes on average, the same type of story-eliciting questions used in the first round were asked. The questions were unique to each participant's narrative. These questions were based on the research questions guiding this study and the analysis of the compiled transcripts. My research supervisor had suggested formulating general questions for the interviews based on what emerged in the literature and related to the particular participant's narrative. The time and date of each participant's interview was organised as was done for the first round of interviews.

Interviews conducted during the third sub-session had a set number of questions for each participant, and the interviews were expected to be longer than those of the first sub-session. This was the last opportunity to interview the participants, and it was important to ask any important and interesting follow up questions. During this round of interviews, the researcher was somewhat familiar with each of the participants, and also had some idea of what to expect in the interviews.

Limitations of Narrative interviewing

The limitation of the narrative approach is that some participants may find it difficult to just tell a story, preferring to be asked direct questions. One participant in the study seemed to be struggling with this, and kept asking the researcher for further points she could speak to during sub-session one. She, however, gave more information during sub-session two, when specific questions were asked. This study uses the SQUIN format which places participants in a position of responding to one question and telling their many stories. Some participants would tell a story that is not detailed, and the details would be provided during sub-session two and three, when questions were asked by the researcher.

The SQUIN format is designed to have two researchers playing different roles, however, in this study, only one researcher conducted the study. A recorder was used to capture the information, whereas a face-to-face interview would have required a dedicated researcher as a scribe. The interviews were conducted by telephone due to the concerns regarding the spread of the covid-19 virus, and minimising costs for unfunded scholarly research on a limited budget. The telephone presented less challenges when compared to online tools that are dependent on network connectivity. Difficulty in connectivity, due to unfamiliarity with the required tools on the part of the participants, could also have been a challenge if other online-platform interviews were conducted.

Body language and behaviour are not observable during telephone interviews, and some data may be lost in this circumstance. The interviews, therefore, only relied on the use of verbal communication. As a researcher who has been trained in micro listening skills, and with experience in online therapy work, it was still possible to pick up on any hesitancy, evasive, loaded statements and unsaid issues.

The narrative interview consists of shared past experiences (Jovchelovitch & Bauer, 2000) and participants overproduce, change their story or tell stories that they think the researcher wants to hear. Narratives cannot be judged, and are not open to evidence, as they are an expression of someone's point of view at a specific time and place (Jovchelovitch & Bauer, 2000). Narrative interviewing generally uses a small set of interviews, and therefore is not intended for generalising (Anderson & Kirkpatrick, 2016).

2.3.2 Research questions and aims

The main aims of this study are to collect teachers' narratives of their experience of teaching FASD affected learners. The study seeks to address the following specific research questions:

- 1) What narratives do teachers construct about FASD affected learners in the school setting?
- 2) How do teachers position themselves, and others, in these narratives?

It is envisioned that the research may contribute to the literature on inclusive education and FASD-affected learners in South African psychology, with a specific focus on the quality of life of FASD-affected learners in mainstream schools.

2.3.3 *The Study*

Sampling

Non-probability sampling suited this study, where participants are intentionally chosen to reflect specific features of a sampled population (Ritchie et al., 2014). Participants were chosen because of specified features or characteristics which enable detailed exploration of the central themes intended for the study.

In this study, convenience and snowball sampling are used to select teachers who meet the following specified criteria: 1. a teacher by profession; 2. has taught in the foundation phase for more than a year; 3. in the Buffalo City Metropolitan Municipality area; 4. teaching in no-fee schools in Quintile 1, 2 and 3.

Snowball sampling is a type of non-probability sampling, and it is the approach used in this study. This type of sampling was chosen due to the need for a particular kind of participant, and the ease of availability of participants. Snowball sampling is the process of selecting an individual who has the required experience or characteristics (Ritchie & Lewis, 2009). This individual is then asked to refer others who meet the same sampling criteria. Each identified individual may in turn identify other potential participants. This process is applied until the specified number of participants is reached.

The Participants

Recruitment of participants commenced with telephonic contact of teachers in the Buffalo City Metropolitan Municipality (BCMM). These teachers are known to the researcher in general, through networking. The intention was to select teachers working in communities that could possibly be identified as high alcohol use areas.

An invitation was made telephonically to the individual teachers identified to participate in the study. Their email addresses were requested and a written information sheet was sent to them by email. It was understood that some of the invited teachers who meet the criteria would decline the invitation to participate. The teachers who agreed to participate were asked to refer other teachers they know.

A total of 07 potential participants, all isiXhosa speaking Black females, were recruited for this study. 02 participants declined, citing time constraints, and 05 accepted the invitation to participate.

Beneficence

The researcher took every precaution to avoid anything that will do harm to the participants, as directed by the Health Professions Council of South Africa (HPCSA) (2016). Doing no harm extends to considering the person in relation to their communities, their social and political systems in which the participant and researcher exist (Speight & Cadaret, 2018).

Avoidance of harm was considered during the process of research. Participants were not subjected to any physical, psychological or emotional harm.

Informed consent was sought by the researcher during the collection of data, by first explaining the ethics, and clarifying the purpose of the study prior the interview, so as to acquire the participant's permission to partake in the study.

Privacy, anonymity and confidentiality of data

Confidentiality shows an awareness and recognition of the rights of the participants by the researcher, and ensuring that they are not linked to their responses. The researcher was careful not to reveal the identities of the participants. The real names of the participants and schools were not specified in order to maintain confidentiality (Lancaster, 2016). Confidentiality was ensured as pseudo-names were utilized to ensure the anonymity of the participants.

All information from interviews was recorded and any hand written notes were kept securely by the researcher to ensure confidentiality.

Transferability

The findings of the study cannot be generalized to other areas due to sample size, however, the findings of the study can be compared to other studies. The limitations of the study included the fact that the sample used represented only the Buffalo City Metropolitan Municipality (BCMM).

Credibility and confirmability

Credibility is also referred to as “validity and reliability” in quantitative research, and the purpose is to establish confidence in the “truth” of the findings (Nieuwenhuis, 2015).

One of the criticisms of the qualitative research approach is that of researcher bias, which can compromise data collection (Gray, 2013). The researcher may not be seen as objective in qualitative research, but instead will bring his or her own assumptions, biases and beliefs to the analysis. The reasons why the participant tells their story, and the particular impression they may wish to convey to the listener, may also impact the credibility of the story. This had to be considered when doing the analysis of the narratives.

It is also important for the researcher to reflect carefully on their interpretation of the narrative, and consider how the narrative was co-constructed. According to Willig (2013), this could mean the outcome of the study can be negatively impacted. To mitigate and minimise researcher bias in this study, research procedures were applied in a standardised manner (Merriam & Tisdell, 2015). Some direct quotations from data collected are included as a means of showing transparency and dependability (Castleberry & Nolen, 2018).

The participants were interviewed over three telephone calls which verify and expand on information provided by the participants in their first interview. Participants were given their interview transcripts and research reports to confirm whether their responses were captured correctly by the researcher during the initial telephone interviews. The original voice recorded data was used as references to check on credibility of findings.

Confirmability refers to how much the findings apply to other settings or contexts (Cohen & Crabtree, 2006). To ensure credibility and confirmability, ongoing debriefing sessions between the researcher and supervisor were done and feedback was received through this engagement. Feedback was offered to the researcher, providing new perspectives and challenging assumptions made by the researcher (Shenton, 2004). This guarded against the

researcher being overly influenced by her own assumptions, biases and beliefs when analysing the data.

2.3.4 *Data analysis*

Thematic analysis was used as a method of analysis. This strategy was used to organise and recognise patterns in meaning and content in qualitative data (Castleberry & Nolen, 2018). A thematic analysis can address realist, phenomenological or social constructionist research questions (Willig, 2013). It can be used for any qualitative theoretical approach; however, the researcher decides what exactly the identified themes represent. The analysis of the data, in this study, was conducted for the purpose of identifying, analysing and reporting patterns within the data received.

Researchers who use thematic analysis, mostly use interviews and focus groups as data collection methods (Joffe, 2012). According to Joffe (2012), these methods impose an interview agenda through the questions asked by the researcher. The questions are seen as possibly imposing structure and content on the participants' thinking, whereas engaging in free association could be the alternative. Free association would enable the participants to construct their own relevant themes and subjects to the topic. The SQUIN used in this study addresses the concern raised by Joffe (2012).

Transcription was done using the verbatim transcription method. Interviews were recorded and transformed into text word for word prior to coding and analysis. This method was useful to the researcher to ensure that no information was missed and for rigorous engagement of the data (Loubere, 2017). Although there was the option to outsource the transcription, the transcription process helped the researcher to become quite familiar with the data. A number of working transcripts were produced by breaking the interview material down into specific units of analysis viz. themes (Willig & Rogers, 2017). After the researcher transcribed the text, data was assigned according to emerging themes. Coding the data involved working through the text line-by-line to identify themes. The thematic analysis took an inductive approach, where the analysis is not grounded in the theoretical commitments, but on the data (Boyatzis, 1998).

Themes were identified according to the research questions and theoretical frame identified in the literature. Through coding, the researcher created groupings by identifying differences and similarities in the data (Castleberry & Nolen, 2018). The researcher used an open coding scheme by asking specific questions of the data, and then allowed it to develop during the coding process. Definitions for each code or groups of codes were developed as the

researcher was coding. Themes were also organised in hierarchies, providing a visual tool to articulate how the emerging themes were subordinate or superordinate to one another. Similar codes were clustered together in hierarchies to produce higher-order codes. Themes, emerging concepts, data sources, variables and participant roles were organised in matrices. These are rows and columns that provided a visual representation grounding the findings in the context and the data (Castleberry & Nolen).

Empathic interpretation was used to connect patterns and relationships to better understand how language is used to construct own reality in the school setting (Willig, 2013). The first research question is concerned with the social and psychological consequences of the stories that participants tell. The second question of the research is an examination of the way participants position themselves and others in relation to the meanings in the stories. The researcher examined which positions participants challenge, and which they claim. The discourses used by participants will be analysed to understand how their interests at school are served.

Identities and relationships are constructed in positioning oneself or others when telling the story. The positioning of subjects in narratives and discourses show how discourses embody power, the power to include or exclude subjects depending on the subject positions they take up or reject. The position also determines what an actor is entitled to say as positions also originate from traditions and customs (Moghaddam et al., 2008). The actions of those in the story are limited by the rights and duties according to how they are positioned.

Interpretation of positions depends on the storylines, as subjects position themselves and positioned by others' acts of other-positioning in return (De Fina & Georgakopoulos, 2019). Self and other- positioning are seen as different by Harre and Langenhoven (1991), as positions can be complementary to each other in the same act.

2.3.5 *Ethical Considerations*

Ethical considerations ensure the dignity and the welfare of all the participants. This study used humans as study participants in its investigation, and care had to be exercised to protect the rights of those individuals.

To uphold key ethical principles, and to build trust with the participants, the researcher paid close attention to recruitment, respect for participants, benefit and harm, as well as privacy, anonymity and confidentiality of data. All participants were allowed to make the choice of participating and formulating opinions. The full nature of the study was described to

the participants, and they were informed that they had the right to ask for clarification when they were not sure about any aspect.

The researcher has been careful about keeping the identity of participants anonymous. The researcher applied for ethical clearance (Approval number: 2021-1449-5916) from the Rhodes University Ethical Standards Committee (RUESC), which was granted, prior to commencement of data collection. Consent forms were distributed to the participants, including the research procedure, purpose, and informing participants about opting out of the research without prejudice.

2.4. Conclusion

This chapter started by looking at the social constructionist paradigm underpinning this research. The point being made was that, in this paradigm, reality is constructed, and that knowledge of the world is historically and culturally specific. The discussion was followed by a detailed explanation of the narrative interview, and the specific technique used to collect data. The SQUIN was used particularly because this study deals with interaction between front-line professionals and FASD-affected learners.

After providing the aims and research questions guiding this study, the methods used for recruiting participants are discussed. Research ethics and strategies have been used to ensure trustworthiness in this study, with reference to the criteria of transferability, confirmability and credibility. Lastly, the discussion also outlined data analysis methods adopted in this study. After outlining the methodology of this study, the next chapter will be setting out the findings and a discussion of those findings.

Chapter Three: Findings and Discussion

3.1 Introduction

This chapter is an analysis and discussion of the qualitative data gathered through telephonic interviews. Teacher interviews highlight the challenges experienced by teachers and their needs to be effective in an inclusive classroom.

This chapter includes qualitative data that will be presented according to identified superordinate themes and subordinate themes. Four superordinate themes emerged from the data: ‘FASD-affected learners’; ‘parental involvement’; ‘teachers’; and ‘stakeholder support’. The superordinate themes and their subordinate themes are provided below in Table 2.

TABLE 2: SUPERORDINATE AND SUBORDINATE THEMES

Superordinate themes	Subordinate themes
3.1 Narratives of FASD-affected learners	<ul style="list-style-type: none">○ Variance on the spectrum○ Impact of food insecurity○ Behaviour in the classroom○ Performance in the classroom○ Interpersonal relations
3.2 Narratives of parental involvement	<ul style="list-style-type: none">○ Alcohol Misuse○ Absence of parents○ Other caretakers
3.3 Narratives of the role of teachers	<ul style="list-style-type: none">○ Identification of affected learners○ Impact on the teachers○ Classroom Strategies
3.4 Narratives of stakeholder support	<ul style="list-style-type: none">○ Features of the Communities○ Government services○ Other learners

It is to be noted that these themes are one way of looking at teachers' experiences of teaching FASD-affected learners. The interpretation of the themes may be done differently by different researchers. The themes were generated through a process of assigning preliminary codes to the data, and searching for patterns in the codes across. The themes were corroborated and discussed with the supervisor to strengthen validity. Pseudonyms have been used in place of real names in order to protect the identities of the participants. The findings are presented in verbatim responses of the participants to show emergence of themes.

3.2 THEME 1: Narratives of FASD-affected learners

South Africa (SA) acknowledges learners with special educational needs through the Education WP6 (DOE, 2001). Learners in this study are described as experiencing a variation of learning barriers attributed to women drinking alcohol during pregnancy. A closer look at their (learners) unique characteristics is required in order to provide support to affected learners in inclusive classrooms. The definition of FASD indicates that children affected by alcohol use during pregnancy are born with a range of conditions (Buxton, 2009).

3.2.1 Variance on the spectrum

***Extract:** Yhooo, yes, the children's ability is not the same (Sthoko, 216).*

***Extract:** Depending on how much this has affected them. They will be different from one another, to find that the one is affected too much compared to the others, depends how badly it has affected the child, maybe the parent drank too much as development happened inside (Mpume, 285-290).*

The teachers acknowledged diversity as an important factor in the classroom, and that it cannot be ignored in the classroom, as well as among humans in general. The teachers expressed that in their experience, children can never be the same, and this does not just relate to FASD-affected learners, but to all children. In the extracts above, Sthoko and Mpume spoke to the uniqueness of children and in particular, referring to FASD-affected learners.

The teachers narrated that the diversity of children in the classroom challenges them to use different approaches for different children. This raises concerns regarding the skills of the teacher and the time available for the teacher to implement the different approaches. Some of

the learning difficulties may not be apparent or visible, and this may be a challenge for teachers in mainstream schools.

Mpume and Lindo spoke to the variance among FASD-affected learners. Mpume shared her understanding that the condition of a child is dependent on how much a woman drank during the development of the pregnancy. Sthoko, Mpume and Lindo agreed with literature about the effects of prenatal alcohol exposure being on a spectrum. Lubbe et al. (2017) referred to FASD as being on the continuum of effects of prenatal alcohol exposure on the fetus in utero.

3.2.2 *Impact of food insecurity*

Extract: *Eeeh, some or someone, you will find that they are withdrawn, weak, not active, not growing, looks younger than their age eeehhh, they are small. You will see that she is not well fed, you see. You can see from the head that the hair is not rich. They are wide eyed like the eyes are going to pop out, eyes that are dull sometimes. As they are dull, they are also watery, looks like she will blink and tears will come out but no tear comes out. (Lindo, 22-42)*

Extract: *First they usually have small like features like (“abantwana sithi batsolo”/ bumpukurha), they are the children that are skinny in body size, those children that are “mouse like” they have small eyes, ears and they are tiny... they are so tiny when you see them nhe, meaning that they have signs of malnutrition because even if the baby is still inside, they did not come out in good condition, no nutritious diet which will result in the baby not being in a good condition, which means that their bodies are tiny they have big heads at certain times with big eyes it depends, but most of the time they are so tiny. They are strong in nature, because these babies are strong in bad conditions they cannot be easily affected by any kind of diseases (Mpume, 13-22).*

In the extract above, Lindo provided a physical description of FASD-affected learners. Lindo spoke to how FASD-affected learners tend to look like “they are not well fed, weak, hair that is not rich, and look younger than children of their age”. Her physical description of FASD-affected learners implies lack of access to consistent feeding, diet or lack of food; these are indications of living in poverty-stricken environments. Mpume’s physical description also mentioned a disease that she identified as “pellagra”, which she described as cracked cheeks caused by inadequate nutrition. Further to this, Mpume’s physical description of FASD-affected learners in the extract, included words like “tiny”, “skinny”, “malnutrition”, “not in a good condition”.

Phinda referred to how teachers have to make a plan to provide food even during the school day, in order for the children not to look destitute in comparison to others. She specifically mentioned teachers making plans for lunch boxes when some FASD-affected learners will not have such provisions from home. Sthoko spoke to the same point regarding how they have to ensure that children are given food in the morning session in order to be able to concentrate in the classroom. Sthoko referred to the teacher strategy of providing for the children beyond the school hours. She indicated that as teachers, they get to know the home situation, and they send children home with packaged meals from the school feeding scheme.

The nutritional challenges for the children bring out how some of the deficiencies come about for FASD-affected learners. Poverty, unemployment and caregiving challenges are implied in the physical description of FASD-affected learners. The effect of this nutritional challenge leads to the responsabilisation of teachers. Teachers position themselves as providers for children who come to school on empty stomachs, and go home where there will be no food for the evening.

According to Olivier et al. (2013), FASD seems to be endemic in socio-economically marginalized communities facing poverty. The teachers in this study confirmed that they encounter conditions like malnutrition in the schools they are teaching in with FASD-affected learners. Poverty is presented as a social problem that is present in the communities, and affects the children in the classroom, specifically the impacts of poverty on food security for children's nutritional needs; these impact on children's ability to engage in the process of learning. Mpume said FASD-affected learners are resilient and can withstand harsh conditions of living because they are raised in such an environment from infancy. Mpume described the resilience of FASD-affected learners based on the environmental and physical conditions they are raised in.

The medical model of disability approaches FASD from an individualistic perspective, and pathologises FASD-affected learners, describing normality in biological terms (Chudley et al., 2005). The social model looks at disability as a result of societal oppression, identifying flaws in the environment. Teachers in this study describe FASD-affected learners' physical features (medical model) in terms of environmental factors (social model). The words used by Lindo in the extract, "weak" "dull eyes" "withdrawn" "not active" "watery eyes" may sound like physical descriptions, however, they are pointing to the background of children. For example, malnutrition interferes with physical growth and learning. Also, dull eyes are mostly associated with heavy alcohol use (during pregnancy), which often affects the central nervous system. The health of learners, their ability to concentrate and to learn, are likely to be affected.

Health challenges negatively affect motor and physical development, which is implied in descriptive words from Lindo e.g., “withdrawn, not active, weak”.

Teachers spoke about FASD-affected learners with an understanding of their home background, which implied compassion for FASD-affected learners (Van Schalkwyk & Marais, 2017). This shows the difficulty experienced by teachers who have to face the reality of FASD-affected learners and their (teachers’) limited capacity to help. This also reflects the circumstances of FASD-affected learners who struggle to develop vital skills due to the environments they are raised in.

3.2.3 *Behaviour in the classroom*

Extract: *While she is laughing, she will feel as if she’s doing something wrong. You see it?* (Lindo, 145-146).

Extract: *As a result, when they are amongst other children, they disturb them. Attention must always be on them* (Tebeyi, 46-47).

Self-esteem issues are raised by Lindo and Mpume, referring to a child laughing, even when not feeling good about what is happening. This extract describes FASD-affected learners as anxious, and the teacher notices the child’s emotional experience. Bowlby’s attachment theory (Hook et al., 2002) is useful in reading this; it identifies inadequate or deficient caregiving as a contributing factor to negative feelings about self and others. Thus, the anxiety referenced by the teacher may be an environmental shortcoming, according to Bowlby’s attachment theory. While the nature of the infant influences caregiving, the caregiving experience transforms the basic nature of the infant (Sroufe, 1996). FASD-affected learners may not have attached securely to a primary caregiver in the circumstance of alcohol use during pregnancy. This highlights the challenges faced by FASD-affected learners who have neurological problems, and parents who have socio-contextual and substance misuse influences. Also, it highlights the experience of FASD-affected learners and the attachment difficulties they may have experienced. Also, according to Shakespeare (2006), the social model of disability emphasises social barriers as contributing to low self-esteem and lack of confidence among PLWD. FASD-affected learners may be treated differently in the community and when among other children, and they develop self-esteem problems.

Phinda also referred to how FASD-affected learners seem to suffer from other underlying sicknesses. Tebeyi and Lindo specifically spoke about how they have observed hyperactivity

and what they view as attention seeking behaviour in FASD-affected learners. Some of the neurological challenges addressed by the medical model are not accounted for in the social model e.g., concentration span, hyperactivity as confirmed by literature and in this study. According to Clerversey et al. (2018), high rates of co-morbid disorders were found, with 60% of FASD-affected youth diagnosed with attention deficit hyperactivity disorder. Hyperactivity in learners with FAS resembles attention deficit hyperactivity disorder (ADHD), for which it is often mistaken (Lubbe, 2017). Morojele et al. (2010) confirm that the learners are experienced as distractible, over-active, ‘flighty’, attention deficit, have poor fine motor coordination, and poor short-term memory. Thus, narrative descriptions by teachers in this study corroborate findings by Cleversey et al. (2018), which identify ADHD as a suspected comorbidity in FASD-affected individuals.

3.2.4 *Performance in the classroom*

Extract: *All we do is just take the child to the next grade ...and get stuck at the last grade and they are now unable to proceed to high school. This is how serious the situation is (Phinda, 44-47).*

Extract: *These children are really in need, they end up being dropouts, our children as black people (Phinda, 371-373).*

According to the Assessment Guidelines for Inclusion (DOE, 2002a), a learner should not spend more than four years in a phase. The problem identified by teachers in this study is that FASD-affected learners drop out of school because the school policy requires that they be promoted to the next grade without meeting the academic requirements. Mpume attributed this to the fact that even the parents and family members in these communities have not gone far with their schooling, and this does not encourage the children. This is an environmental factor, as it raises the historical disadvantage of the poor communities in townships and informal settlements. FASD-affected learners imitate the behavior they see out of school, as there are no expectations to live life in the community, whereas the classroom poses performance expectations.

Phinda implied mental capacity or challenges experienced by FASD-affected learners in the process of tackling academic activities. However, Lindo raises the same concern, but views it as an imbalance regarding “black” people who are disadvantaged and in need. She positions “black” people as victims and lacking resources in the provision of education, which results in

FASD-affected learners dropping out of school. This further implies the historical imbalances in SA, which are social justice issues, as raised by the social model of disability as the cause of disablism.

The social model of disability describes disability in terms of environmental barriers and social oppression (Shakespeare, 2006). The environmental barriers may be flights of stairs, rigid work routines, inadequate transport, lack of adequate equipment and others. The teachers in this study agree with the social model of disability as their observations point out further environmental barriers.

Phinda, Lindo and Mpume further raise low IQ as a performance barrier for FASD-affected learners in the inclusive classroom. Teachers in this study do not agree with the literature as they believe that performance of FASD-affected learners is due to low IQ scores. According to Rasmussen (2005), IQ scores in FASD-affected learners fall within a wide range, and many have average or above-average scores. Accordingly, educational difficulties are typically ascribed to deficits in functioning in areas such as planning, schedule-adherence, and organization (Siklos, 2008) rather than to low IQ scores (Clerversey et al., 2018). The common understanding of the teachers in this study regarding IQ levels of FASD-affected learners contradicts what literature indicates.

While teachers are able to assess the needs of FASD-affected learners, they seem to need more information on the causes of FASD-affected learners' challenges. Training workshops could be a vehicle used to provide information and create awareness for teachers.

3.2.5 *Interpersonal relations*

Extract: *We have a child eee at school he is doing Grade 6 this year. He will abuse other learners, doing all sorts of things even stab other children with a pen. He will bring a knife at school and then he is chased away by the principal, or when some other learner reported him to the teacher and he will threaten the one who reported him (uzamfungela loomntana). He will threaten to wait for the other child outside the school gate with a knife. He would even say that he is not afraid of the teachers [laughs] he would even mention the school teachers by name (Sthoko, 65-71)*

Extract: *She disturbs them in that way. She drags the desk whilst the other learner is writing (Green, 513-514).*

The above extracts point to environmental issues which result in how FASD-affected learners relate socially to others. Mpume, Sthoko and Lindo have shared an observation of anger in FASD-affected learners, which they attribute to being neglected and watching other learners being mothered. The teachers also spoke to FASD-affected learners displaying emotional dysregulation and communication difficulties. The emotional dysregulation referenced may be caused by FASD-affected learners' attachment type, which came from how they were cared for by parents or how parents handled their own emotions. Mpume and Phinda spoke about how FASD-affected learners imitate what they see and how they learn in their family environment as indicated by the teachers in this study.

It is evident that there is a difference in how the children present as teachers refer to FASD-affected learners who do not hit others and also some who hit others. Challenged emotional control and impulse control is evident in the behaviour described in how some swear, insult and threaten others.

Lindo and Tebeyi highlighted the interpersonal difficulties in how FASD-affected learners struggle with reading the emotions of others and understanding who owns property, and how to relate cordially with others. Lindo spoke openly about how FASD-affected learners are wounded. She spoke to how a learner would be taking others' property and disturbing in class. This implies that the learner is expected to adapt in the school environment, and that the learner is seen as the problem. Tebeyi raised a point about how some of these challenges are sometimes caused by the absence of a family environment that is nurturing and stable (Grimova & van Schalkwyk, 2016). A number of the participants have described how the children seek attention by disturbing activities in the classroom.

Some FASD-affected individuals struggle with executive functioning, which can cause problems with decision-making, impulsivity, and judgment (Malbin, 2004). They also often exhibit challenges with impulse control and social perception, which is consistent with what the teachers have expressed above. They struggle with befriending others, and do the opposite of what others are doing during play and in the classroom. This points to how some FASD-affected learners experience challenges with self-monitoring, which is a symptom of problems with the executive functioning.

The challenges of the executive functioning of the brain cannot be explained as an environmental barrier or the discrimination by society. The social model of disability talks to the exclusion of the impaired from participation. The nature of the games and the classroom environment (WHO, 2001) would need to be interrogated further to determine whether the

inclusion presents barriers for the children. Whereas FASD-affected learners may be included in the games, the content may not be accommodative of their needs.

The teachers in this study and literature have also agreed with the social model in presenting environmental factors that lead to FASD-affected learners struggling with interpersonal relations e.g., attachment challenges, neglect, learned behavior, etc. This points to the need of stakeholder support services to capacitate both FASD-affected learners and teachers in the area of interpersonal relations. Education authorities should offer programmes and psychological services for FASD-affected learners who experience interpersonal challenges. A multidisciplinary approach may be needed in this regard in order to take the solutions to the home environment.

3.3 THEME 2: Narratives of Parental Involvement

The involvement of parents is important in the education of all children (Soodak, 2004). Teachers mostly rely on parents for information regarding the nature of a child's emotional or intellectual difficulties to learning. Parental involvement is one of the suggested solutions for educational disadvantage, especially literacy and numeracy underachievement (Voorhis et al., 2013).

3.3.1 Absent Parents

Extract: As the teacher we call the parents, you find that the parents do not care and you will not get any attention from them. They don't show any interest in reasoning with us (Phinda, 27-28).

Extract: The child is born but still there is no care even when the child is out (ngoku sele engaphandle), if the mother was in a tavern, for example, she will stay there till 00:00am. You as a neighbour, will pick up and care for the neglected 5-year-old and keep the child in your house, you see? And the parent does not see anything funny when you talk to them about their child. There was an incident where a child once tried to cook rice the other time, she cooked rice for herself when her mother was in a tavern because she was hungry. She used to see her mother pouring rice in a pot but now she did not know that you also need to add water when you are cooking rice, the pot burned (kwamnyama kwancancaza) and the house became pitch black. These children are on their own they take care of themselves (Mpume, 79-90).

Teachers understand that parents of FASD-affected learners are usually away and leave their children alone or with other caregivers. Mpume and Tebeyi speak to the emotional effect this has on the children when they see the mother living elsewhere and not attending to them. The same effect is considered on the children when they experience other parents caring for their children. Mpume referred to the feelings of anger and abandonment seemingly harboured by FASD-affected learners and not being able to speak out. She referred to this as traumatic for the children. The teacher reported that in the classroom, she has to take the position of someone who understands what the child is going through. Teachers also reported that children suffer from the absence of the parents who are in close proximity. Teachers positioned women who leave FASD-affected children behind as irresponsible and neglectful.

Parental involvement is an important interaction and connection of people in the different microsystems around the child. According to Bronfenbrenner (1979), it is important to have an understanding between the child, teacher and parent to maximise the learning of the child. Sthoko mentioned that neighbours of a FASD-affected learner come in to inform the teacher about the home situation. This visit from a neighbour, caregiver or parent helps the teachers to know and make informed decisions while it also saves teachers from doing the investigative work.

Sthoko, Tebeyi and Mpume spoke to their responsibility as teachers which goes beyond just teaching, choosing a role to play because there are many roles and the parent is not available to play their own role. According to teachers in this study, some parents of FASD-affected learners are known to be unwilling to go and reason with teachers, and what is then produced in their (parents') absence is the responsabilisation of the teachers. As applied here, responsabilisation is the expectation placed on an employee to play more than one role in a job e.g., teachers as professionals who must take responsibility for a learner and school performance, parental care, inclusion, etc. (Done & Murphy, 2016). This is widely documented in the literature. Teachers in this study spoke of how they have learners in front of them, see the needs of the learners and feel the need to find solutions. Teachers said they end up making the decisions regarding the schooling of FASD-affected learners when a parent arrives under the influence of alcohol or does not arrive at all.

Teachers positioned themselves as decision-makers in their narratives, as they reported that parents fail to avail themselves to discuss what will benefit their children. Teachers again positioned parents as irresponsible, and not interested in meeting with teachers to resolve their (parents) children's educational difficulties. Teachers find themselves faced with the (parental) role of having to decide how they can help the child. The teacher went on to explain how they

even have to ensure that a child gets food for home and having to carry food from school when going home. Teachers have to be prepared to play any role that is necessary in the life of FASD-affected learners and therefore, Sthoko and Tebeyi spoke of making a decision in terms of what role to play. Teachers positioned themselves as protectors and saviours of children who are vulnerable. Mpume spoke about how she had ended up taking care of one FASD-affected learner in her home. She reported how she felt the need to take another role and be a whistleblower to the police by reporting the parents who neglected a child.

Both Sthoko and Mpume raise the lack of care for FASD-affected learners, and how children end up being the caretaker in the home environment. Responsibility taken by FASD-affected learners in the absence of the parent includes house chores like cooking. Mpume made an example of a house that almost burnt down while a child was trying to make food in the absence of the parent. This indicates that FASD-affected children are exposed to danger in the absence of care at home.

Teachers in this study have positioned FASD-affected learners as victims of neglect and have spoken about the absence of parents as a disadvantage to FASD-affected learners. This highlights the need for social workers and other stakeholders as necessary and critical resources to improve the lives of FASD-affected learners.

3.3.2 *Alcohol Misuse:*

Extract: *These people get drunk saying they are taking away their stresses which is wrong for a parent, you see? (Mpume, 179).*

Sthoko: *It's the mother who comes and she would cry shame. The alcohol is causing her to cry. She is not able to come to school and find out her child's problem in her sober senses (Sthoko, 73-75).*

The above extract implies that Mpume has engaged in conversation with women to talk about their drinking, and why they drink. The teacher in this instance positioned herself as an authority and took a judging position (“these people”) by blaming the women for their drinking. Teachers work with FASD-affected learners and are closer to the challenges and daily lives of FASD-affected learners. The response of the teachers may be to take sides and find fault with drinking women. Women who drink are seen as being in the wrong and as problematic. Teachers see FASD-affected learners as a construction of women who create a “problem” for teachers. Women are blamed for FASD without consideration of the contextual factors facing many South Africans, many of which are produced by our socio-political history.

Tebeyi talked about a parent who comes to school regularly for no significant reason, and always under the influence of alcohol. This could be interpreted as a parent who is fond of her child, and finds reasons to go and check up on her child at school. According to Sthoko, parents come to school under the influence of alcohol even when the teacher has called them. There is a parent who comes and cries at school, who may be unable to face the teacher and the problems encountered by their child, and gets courage from the alcohol. It is possible that women drink to deal with pain and inability to face their reality and problems (Macleod et al., 2020).

Teachers show their ability to contextualise alcohol use for the women, which signifies some level of engagement between teachers, women and caregivers. Teachers may be implying that women who are present and drinking are effectively absent in the lives of FASD-affected learners. Social services are, therefore, critical in the lives of FASD-affected learners even outside the classroom.

3.3.3 *Other Child Caretakers*

Extract: *The shirt sometimes that a child was wearing last week will be worn even two weeks without ever being washed, the smell from that child will remain lingering behind when standing next to him. I sometimes wish I had air freshener (Mpume, 246-249).*

Extract: *For example, there is a home where this other child comes from, when you get there all of them are drunkards, the aunties and the mother. All of them drink and the child also came out like that (Tebeyi, 238-241).*

The above extract talks to the physical appearance of children at school, pointing to challenges with caregiving and/or absence of basic resources like washing powder and water. The children are consistently in the classroom with basic hygiene challenges, and this in turn affects the teachers who have to manage the consequences of challenges with hygiene-related practices. Things like a bad smell in the classroom affects the teacher and other learners. The teacher might seem like they are discriminating against FASD-affected learners who present with such challenges. Mpume is positioning herself as the victim of this circumstance as well as other learners who have to endure the smell of a learner who is wearing a dirty shirt in class. These sentiments have potentially stigmatising effects, as children who live in poverty-stricken areas may struggle with basic hygiene-related practices, whether they are FASD-affected or not.

The quality of care provided by the caretaker is important. Family is the environment where children learn unconditional love, respect, gain empathy, understand right from wrong, and self-regulation (White Paper on Families in South Africa, 2013). In the absence of the parent, the caregiver is likely to be self-assigned. People living in close proximity to FASD-affected learners would find themselves taking the responsibility by virtue of being the present adult. Mpume narrated how she, as a teacher, took in a child as the child was roaming around without proper care. The willingness of the caretaker may have an impact on the type of care provided to FASD-affected learners in the home setting. Sometimes the caretakers, even grandparents, are also drinking alcohol heavily, as mentioned by Lindo and Tebeyi.

Lindo spoke about how a mother to one of the children in her class drank alcohol, and this was cited by family as the cause of her death. This exposes the extent of the alcohol use problem and that women do not just drink during pregnancy. They may even be unable to stop the drinking during their life time. Lindo's experience implies an emotional connection with the child. She spoke about how adorable the child is, and this shows the attachment of the teachers towards FASD-affected learners.

Tebeyi, Lindo, Phinda and Mpume spoke about the quality of care given to FASD-affected learners by other caretakers in the absence of the parent. Grandmothers, grandfathers and aunts are mainly cited as the people who remain to care for the children when the mothers are gone. Tebeyi gives an example of a chaotic family, where the whole family drinks heavily, and the lack of care for the child. A primary school child is dependent on a mother and family who are labelled as "drunkards" by the teacher. The language used by the teacher communicates her disapproval of this behaviour, and conditions under which FASD-affected learners live. She positions herself as a better person and these family members as irresponsible and "drunkards".

In the absence of parents, caregivers take responsibility on their own initiative to provide for FASD-affected learners. The quality of care given to FASD-affected learners at home contributes to their well-being, although it is also affected by scarcity of resources to provide, as shown by the social model of disability. It is recommended that teachers deploy the asset-based approach in these circumstances; teachers are encouraged to acknowledge and work with the available caregivers to enhance the learning of FASD-affected learners.

3.4 THEME 3: Narratives of the role of teachers

Teachers have a role to play in the development of an inclusive culture at schools. It is important for teachers to recognise the educational needs of all learners, including FASD-affected learners. The interpretation and design of learning programmes and materials for the use of the diverse learning needs of learners is a necessary skill for teachers. Provision should be made for learners with intellectual barriers as part of the diversity. Some teachers may have been employed before the advent of inclusive education. Teachers need assistance to develop an understanding of the principles of inclusive education in order to contribute to the elimination of the exclusionary practices of the past. This, again, highlights the ongoing training needs of teachers in mainstream schooling, through continuous teacher development programmes for example.

3.4.1 *Identification of affected learners*

Extract: *These are the cases that prompt us to look for the parent, and get information about the child when they can't read or when we see that they are not doing well with school work.* (Sthoko, 180-181).

Extract: *This means that you as a teacher must be observant and be able to identify the problem and get help, and for a child to quickly get assisted* (Mpume, 275-277).

It is recommended that teachers who work with FASD-affected learners spend time on the identification of learning challenges, and their nature (Knoedsen & Simonsen, 2016). Sthoko spoke of having to make efforts to identify that a learner is experiencing learning difficulties, and what the difficulties could be, when there is no progress being made by a learner. This means that teachers have to take time to make enquiries, or take their own time after school to investigate the background of the child. According to Bronfenbrenner (1979), the mesosystem describes interaction between the teacher and parents e.g. a teacher going to the learner's home to investigate or discuss a problem experienced by the learner. Teachers do not receive disclosure on the conditions surrounding children during admission at school, except for clinic cards and immunization information.

According to Chudley (2005), FASD is not a diagnostic term, and requires a multidisciplinary assessment for a medical diagnosis. Therefore, many FASD-affected learners in schools have not been diagnosed. In this study, Sthoko and Mpume confirm that they have

to use their own knowledge to search for information based on the performance of the learner in the classroom. Sthoko and Mpume talk to some of the circumstances that prompt them to look for information. Teaching in the foundation phase, teachers say they have learnt to be observant, and are prompted to investigate from what they see in the classroom. Teachers speak of parents who come to school under the influence of alcohol, and this raises the eyebrow of a teacher considering the age of the learner. Sthoko says they are able to make a link to the condition of a child who is struggling in the classroom, and a parent who looks like they have been drinking for a long time (probably for longer than the child's age).

Teachers also narrated relying on information brought by relatives or neighbours to school. Sthoko mentioned that they sometimes invite the parent of a child who lives in the same neighbourhood. Sometimes a neighbour or relative will just come to school to explain to a teacher what is going on in the lives of FASD-affected learners they know. This helps teachers to make the necessary conclusions and know how to handle FASD-affected learners.

Teachers currently use their own understanding to identify FASD-affected learners based on their own experience. It is imperative for the DoE to take the initiative and provide teachers with the necessary information to help them identify FASD-affected learners. This information should also form part of teacher training qualifications as FASD is a significant challenge in mainstream schools.

3.4.2 *Emotional impact on teachers*

Extract: *Op*** [child's name] sometimes I say to her "please go out my child (khawuphume mntanam)" because she disturbs us sometimes. She doesn't want to sit on this desk she just wants to leave and go to another one. So I don't want to lie and make myself look like a saint. I chase her out and tell her to go out to the mothers who cook, there is a cottage where they cook. So I tell her to go there to tell them that I want such and such from them. I quickly call the mothers and ask them to keep her there. So she will stay there and play and play and they dish up food for her. And she will then come back later. But she belongs in my class (Lindo, 537-558).*

Extract: *It is a burden (ngumthwalo (Sthoko, 389).*

Extract: *This is really a painful situation and now it puts a lot of pressure (uxinzelelo) on teachers (Mpume, 165-167).*

Teachers reported that they feel guilty about how they lose their temper with FASD-affected learners sometimes. They spoke about how they (teachers) experience anger towards

the learners, whereas they are striving to teach the children with respect. The teacher here shows her need for assistance in the classroom by calling the feeding scheme staff to take care of the child, while she (the teacher) gets some momentary relief from the emotional distress experienced at that moment. Lindo acknowledged that the child belongs in her class, and she said this with pride and conviction. She gives the child a sense of belonging, even though at times the teacher becomes overwhelmed by the responsibility and amount of patience required from her (teacher).

According to the social model (Shakespeare, 2006), resources need to be provided to reduce the limitations experienced by PLWD, and this in turn reduces the amount of discrimination against PLWD. Teachers speak of developing close relationships with children in their classrooms, and they feel responsible for them. Teachers report that they feel emotionally disturbed by the condition of FASD-affected learners, and they expressed that they even feel a displacement of anger towards the children sometimes.

Tebeyi expressed that as a teacher she feels that she is in trouble because she has no choice but to deal with the child who is in front of her. Lindo expresses how she sometimes is so overwhelmed by the behaviour of FASD-affected learners to the point of sometimes removing a child from the classroom. Lindo explained that she does this to give herself some relief, however, she chose words (“not make myself look like a saint”) that imply feelings of guilt on her part.

Teachers and children both experience distress from the conditions of their work, and both parties do not benefit from this situation. Teachers can speak out about how they feel in this study, however, FASD-affected learners do not have the opportunity to present their own experience and what it does to them.

Teachers narrated their processes of building relationships with their learners and thus becoming emotionally involved in their work. Yoo and Carter (2017) refer to the emotional involvement of teachers as the centre of their work. In this study, teachers show their emotions by ensuring that children have access to meals during the day when they are at school, and make provision for meals again after school. The responsabilisation of teachers is again evident in how teachers play the role of mothering FASD-affected learners, which results in emotional attachments between the teachers and the learners. Sthoko, Mpume and Lindo referred to the emotional demands and the stressful emotions from their job, as corroborated in literature (Clerico, et al., 2019). According to Clerico et al. (2019), teachers face high professional and psychological risks in their work environment.

Teachers reported that they battle to decide between the different expectations placed upon them in the classroom ('slow learners', 'fast learners', 'disruptive learners', different learning profiles, etc.). Teachers are expected to ensure that each learner performs to full potential. Mpume and Sthoko narrated how they also have targets set for them, and timeframes to deliver their curriculum. Teachers in this study said it is frustrating for them to carry on with the lessons when there is a learner who is not following the lesson. Mpume expressed that in such a case the teacher has to stop and bring all learners on board. Tebeyi shared the same sentiments that this delays the whole class as FASD-affected learners are known to trail behind in the lessons.

To construct their narratives, teachers used such words as "painful", "puts a lot of pressure", "frustrated", "burdened", "saddened", "emotionally draining", and "conflicted" to describe how they feel about the condition of FASD-affected learners in their classrooms. This signifies how teachers are heavily affected emotionally by the environment they work in, and working with the learners under such circumstances. These emotions describe teachers who are positioned as victims of a lack of resources and assistance to function effectively, with less stress.

The Salamanca Statement (UNESCO, 1994) directed all governments to ensure that teacher education programmes provide special needs education in inclusive schools. The South African Education WP6 (DoE, 2001) states its vision of teacher training. The vision addresses the support for teachers in mainstream schools to help them to accommodate all learners in their classrooms. Teachers during this study lamented their need for training to be able to work with children who have special needs. Participants shared how their lack of training and experience in special needs education affected them emotionally as teachers. Sthoko talks about their need for help, which sounds like teachers take ownership of their work, and want to build their capacity with FASD-affected learners. The lack of the necessary skills affects them as they want to do better in working with FASD-affected learners.

This study was conducted during the international pandemic when the covid-19 virus was spreading rapidly. This led to the death of millions of people and schools being closed for a significant period of time. The return to school was gradual and learners going to school on alternate days. The covid-19 environment made it difficult for teachers to manage the situation, and Lindo and Phinda guiltily narrated how they used the opportunity to keep the FASD-affected learners away from school. Children are at school on alternate days, and this put teachers under a lot of pressure to finish the curriculum with less attendance days at school.

Teachers reported that they have to deal with learners who have unmet needs and family problems. These problems affect the FASD-affected learners at school and in return this affects

the teachers' mental health. Teachers reported that they always want to help resolve the problems experienced by FASD-affected learners, however, are unable to provide sustainable solutions. The changing environment at school requires teachers to be flexible and play different roles e.g., use of digital devices, academic performance, curriculum requirements, parental engagements, etc. All these responsibilities result in emotional stress, feelings of guilt, sadness and internal conflict as teachers have reported in this study. This requires teachers to engage in wellness programmes that help to balance their mental health e.g., physical and emotional fitness, mental health workshops, basic counselling skills training, etc. It may also be beneficial for teachers to have access to registered and/or school counsellors at district level. Registered counsellors would assist for referral of learners and as a support structure for teachers.

3.4.3 Classroom Strategies

Extract: *They work in groups, working as a group is sometimes encouraging the child who is struggling, and you would notice that they are also trying. Because they can see how the group is working. Yes, our groups are divided according to their abilities. So if I have group 5, in group 5 I know it's the children who can read fluently. Yes, they are on their own so that there will be no teasing because in reality they do tease each other. So it's nice in those groups, when they are in group 1, those are the children who have the work of the previous class. So all of them in the group they are not more than 8. Then we know they do the same work; they will progress now as you continue to take the group. This thing is done in the home language lesson because it involved reading (Sthoko, 234-256).*

Extract: *They need a lot of individual attention to complete their school tasks, they have little interest when there is a school lesson because they are not mentally fit (Mpume, 58-59).*

Gould (2010) highlights that teachers are positioned as responsible for the failure and success of the inclusivity of the classroom. This again shows responsabilisation of teachers in the implementation of inclusive education. Teachers are referred to as an important role-player in the inclusive classroom. Ntombela and Raymond (2013) note that not all teachers are equipped to teach learners with learning difficulties. A significant amount of literature concurs that teachers do not have adequate teacher training to handle an inclusive classroom.

In this study, teachers confirmed that their teacher training does not include working with special needs learners. Participants describe strategies of helping FASD-affected learners by going over their work from the previous grades. Policy does not allow children to be failed more than once in a phase, therefore learners progress to senior grades without meeting the academic requirements of each grade. As mentioned by Sthoko in the above extract, teachers here described the time they took to provide individual teaching to improve the learning for FASD-affected learners. Sthoko discusses a strategy she uses, known as ability grouping, to accommodate the diversity in class (de Vroey, 2016). Peer support is the basis of ability grouping, where the learners are grouped according to their capacity, and the struggling learners are in one group. Mpume explained how they took time to teach work from lower grades and did exercises that train the individual child how to do their tasks. This strategy works for some FASD-affected learners, and others are progressed without learning much of the work. The teachers said this approach helps learners, and they see improvement when children help each other.

Time management is identified by participants as a challenge in this study due to the need to attend individually to FASD-affected learners. Disability is defined as a matter of equity and accommodations by society (Shakespeare, 2017), and teachers are accommodating learners by finding ways to teach according to their needs. This implies a time problem for teachers who have to attend individually to FASD-affected learners without assistance in the class.

The teacher referred to an asset-based strategy they use in order to encourage the FASD-affected learners by speaking positive words to them. Mpume referred to how she intentionally speaks positively to FASD-affected learners, and about their future achievements in order to give hope to them. The teacher's intention is to help the child to see themselves building a life for themselves. The teacher positions herself as a motivator and someone different from the environment the child is used to.

The nature of the work of the teachers is demanding of them, and the needs of FASD-affected learners and other learners are difficult to meet simultaneously. Teachers are unable to do their work of teaching only and ignore the background that affects the learners. The nature of the teaching job becomes overwhelming to the teachers as they also spoke about their need for assistance in the classroom. Lindo spoke about how she does not want to make herself look like a saint, and how she loses patience with FASD-affected learners sometimes. This indicates that teachers are in an emotionally challenging position, need an avenue to offload their emotions, and learn coping skills. Registered counsellors and psychologists in the employ of

the Department of Education or a dedicated employee wellness unit within the department should be considered.

3.5 THEME 4: Narratives of stakeholder support

This superordinate theme focuses on the social context within which FASD-affected learners should be regarded. The theme captures the narratives of the kinds of support available for teachers who teach FASD-affected learners in mainstream schools, and what this support produces in the schooling and community setting. It is based on the narratives of community, narratives of various schools, narratives of government services and narratives of other learners.

3.5.1 Features of the Community

***Extract:** Where my school is located is a very disadvantaged community, gangsterism, drug abuse, alcohol abuse, all those things, all the different kinds of substance abuse. That's where we are, high rate of unemployment, high rate of pregnancy, you see. It's a community sick in all ways, but we are there (Lindo, 249-257).*

***Extract:** Friday the people who live in the shacks do not sleep there, they are paid every week. They do gardening, they do washing. Most of these shacks are built very close to where the parents work, you get it? So a shack is not a right place, it's just a place to have somewhere to put your head. So it's that full, they are very, very full and the things that are well known there are sex and alcohol (Phinda, 324-330).*

The teachers spoke about the FASD-affected learners in relation to the environment they are raised in, and how this affects the behaviour of the children. Macleod et al. (2020) identified violence, crime and other social problems as features of low-income communities, which Lindo referred to as a “sick community”. This study confirms the challenges experienced in the community and the features of the community. Social problems encourage disablism as defined by the WHO (negative attitudes, systemic barriers and exclusion), where people who are different are labelled as disabled and the environment does not accommodate such difference. This study confirms what the social model presents about social barriers. Teachers Lindo, Tebeyi and Phinda described their areas in terms of the parents, family members, workplaces and the problems experienced within this community.

The social model of disability argues that people living with impairments are disabled by society, not by their impairments (Shakespeare, 2006). Teachers in this study confirmed the social model view that PLWD are disabled by lack of resources and this is a matter of disablism.

3.5.2 Government Services

Extract:...*actually they start from the clinic, we are just in front of the clinic... the doctor will check them and say there is no problem, they can see and hear. Now we then go to a psychologist... then we get a psychological report... it's nice because the psychological report will have recommendations.* (Lindo, 377-416).

Extract: *There is a school called inclusive here in Mdantsane, it's called eBhotwe there in NU2. The teachers are just like us, they are not special teachers, they are not remedial teachers, they are not anything, they are the same with us* (Lindo, 496-501).

Extract: *Why don't they do that inclusive education for whites? Because when you go to College Street, they take the autistic children and put them alone in a special class. Those autistic learners are not planted in all classes, you see it? Because these students need a small class, so that they are attended to properly...*(Lindo, 1031-1041).

WP6 specifies the intention to identify learners that are 'at risk' and barriers to learning. There is also an intention declared to focus on learners who require support in the Foundation Phase (Grades R-3) (DBE, 2001). Lindo is acknowledging in the extract above that different stakeholders are brought on board to work with schools to identify the challenges and difficulties experienced by learners identified in schools. Lindo, Sthoko and Mpume spoke and referred to different stakeholders that they utilise actively e.g., police, social workers, clinics, doctors and psychologists. Whereas some of these resources are available, there seems to be a plea from teachers regarding the adequate availability of such resources. There is still a need to close the gap in the process of providing for FASD-affected learners to be placed in proper facilities of learning.

Teachers spoke about the processes of transferring FASD-affected learners to special needs schools and to inclusive schools. Mainstream schools were described by teachers as being meant for children with no known learning challenges, while inclusive schools cater for both children who have identified learning challenges and disabilities, and children who have no known learning challenges. Special schools are solely meant for children with learning challenges and disabilities. Teachers in this study construct inclusive education as dedicated to

allocated schools assigned by the Department of Education. They understand mainstream and special needs schools as non- inclusive schools. Teachers described an existing official referral process from mainstream school to special needs schools (where a learner has been identified as having learning challenges). The teachers' understanding of inclusive education is contrary to the inclusive education policy. The overall goal of inclusive education policy is full access to mainstream education for all children irrespective of their abilities.

Teachers raise how inadequate the resources are for inclusive schools and special needs schools. There are not enough of these schools and the transfer process is long and drawn out, according to the teachers. According to Phinda, Sthoko and Lindo, only one school in the whole area of Mdantsane is known as "inclusive", however, teachers believe that the teachers there are not trained for special needs education.

Lindo raises a concern about the introduction of inclusive education for "black" communities only and not for "white" communities. She makes an example of how autistic learners have special classes where they are not mixed with other learners in 'white' schools. This is a racial question in the South African context, where racial division is a matter of social justice as supported by the social model. This may be a remnant of segregated education and educational resourcing according to race categories.

3.5.3 *Other learners*

Extract: *The time for special attention is difficult but we have children who are fast learners, we ask them to sit with that child and assist them (Sthoko, 199-201). So you would see that it is better maybe when they are assisted by another learner who has quickly finished their work. At least he does try to write (Sthoko, 209-210).*

Extract: *So you find that they like to harm or abuse other learners by taking their lunch boxes and stealing stationery items. (Sthoko, 44-45).*

Sthoko indicated the assistance of other learners as part of the classroom strategies that improve social inclusion and peer support interventions (De Vroey et al., 2006) to reduce waiting time when class activities are being performed. This is a strategy that encourages learners to not compete with one another in the classroom, but learn to experience interdependence and peer tutoring. This approach enables FASD-affected learners with difficulties to engage more fully in the curriculum and in social activities at school. This is the

approach that addresses the concerns raised by the social model of disability, in situations when other learners include and do not discriminate against FASD-affected learners.

While teachers have found means of being productive in the classroom, it is evident that they require assistance on an ongoing basis in the classroom. As teachers attend to FASD-affected learners to catch up with work, other learners will be waiting for the same teacher to attend to them. Teachers in this study indicated the need for teacher assistants to help meet the diverse needs in the mainstream classroom.

3.6 Conclusion

This chapter is an analysis and discussion of the findings from the data collected through telephonic interviews. Four superordinate themes were identified and discussed. Illustrations were made from the participants' words to substantiate the identified themes. The social model of disability was used to make meaning of the findings of the narratives. Relevant literature was also used to situate the findings.

The narratives of the teachers in this study indicate that teachers cannot work with FASD-affected learners in isolation. There is a need for a holistic approach in working with FASD-affected learners from all relevant stakeholders. Teachers' narratives indicate that they would benefit from receiving training in inclusive education, as well as systemic support in the form of school counsellors and teacher assistants in the school environment. It is evident that teachers experience emotional stress due to their work environment and demands of their job, necessitating accessible programmes for mental health and wellness.

The following and final chapter will bring the findings together and discuss what has emerged from this study about teachers' narratives of their experience of teaching FASD-affected learners, and how teachers position themselves and others in the narratives. The limitations of the study will be presented with recommendations for future research.

Chapter Four: Conclusion

4.1 Introduction

The concluding discussion revisits the research questions, which were:

1. What narratives do teachers construct about FASD-affected learners in the school setting?
2. How do teachers position themselves, and others, in these narratives?

The study was conducted to explore the stories of teachers about their experiences of teaching FASD-affected learners at school, so as to understand relations regarding inclusive education imperatives. The study was initiated because there is a paucity of research regarding FASD-affected learners in the Eastern Cape. The intention was to contribute to the literature on situated inclusive education, and on FASD-affected learners from a South African psychology perspective, with a specific focus on their quality of life at school. A summary of the findings of the study is provided, followed by recommendations for interventions to address the challenges faced by teachers and FASD-affected learners in mainstream schooling. Lastly, limitations of the study are addressed, and recommendations for future research are made.

4.2 Summary of findings

This study was grounded on the social model of disability. The social model of disability was utilised as a theoretical framework to represent the systemic barriers against which FASD-affected learners support in the mainstream school classroom can be conceptualised. This theory proved invaluable in highlighting the physical, social and attitudinal barriers experienced by teachers and FASD-affected learners in mainstream schooling. The relational interactions between teachers, learners, parents, stakeholders and education authorities seem to be pointing to environmental barriers for both teachers and FASD-affected learners.

Mainstream schools are expected to provide the required resources, expertise and support for children with disabilities, including FASD-affected learners. The DoE policy needs to cater for FASD-affected learners and teachers in order to create a supportive environment in mainstream schooling. The policy should facilitate acceptance and accommodation of FASD-affected learners and teachers trained to be effective in mainstream classrooms.

4.2.1 *FASD-affected learners*

Teachers in this study positioned FASD-affected learners as victims of neglect by parents, and as reliant on other caregivers who are battling with their own problems, as well as “the problem” in the mainstream classroom. The social model of disability helps to show us that, in fact, this classroom environment is not designed to cater for variance, and thus FASD-affected learners’ needs. FASD-affected learners are expected to adjust to this environment and function as other learners, or be seen as disabled. The social model of disability highlights this environment as a disabling factor to FASD-affected learners.

4.2.2 *Parental and stakeholder involvement*

Through their narratives, teachers in this study positioned parents as being absent and constructed them as perpetrators of FASD by drinking alcohol during pregnancy and beyond. Teachers positioned themselves as saviours, carers and providers for FASD-affected learners inside and beyond the mainstream classroom. The government was constructed as a provider of “inadequate” services, which need to be enhanced both inside the mainstream classroom and other support services e.g., additional special needs and inclusive schools, assistance for teachers inside the classroom, psycho-support services, and training for teachers.

Teachers in this study highlighted the need for collaboration between parents, teachers and other stakeholders to create a support system for the learning of FASD-affected learners. This is also emanating from the social model of disability as a framework which emphasises the environment as a disabling factor in the lives of PLWD. It is evident that the social model of disability proved invaluable for the purposes of this study.

4.2.3 *Teachers*

This study also revealed a significant level of the responsabilisation of teachers. Teachers narrated their roles as greater than just being educators of FASD-affected learners. Four teachers in this study positioned themselves as playing a motherly role in relation to FASD-affected learners. This implies that mainstream teachers feel responsible both physically and emotionally for FASD-affected learners.

The narratives revealed that teachers would benefit from receiving guidance on the ethics and principles of an inclusive classroom. Within this inclusive environment, FASD-affected learners should not be compared to other learners who appear unaffected by

mainstream norms and practices. Mainstream classrooms should be constructed and adapted to be welcoming and inclusive. This will assist teachers to have appropriate expectations for all learners, including FASD-affected learners.

Teachers shared experiences of being committed to teaching FASD-affected learners, but also raised how emotionally demanding and overwhelming this work is. The expectation of delivering quality work on time for all learners in a mainstream classroom leads to possible feelings of guilt, stress and frustration for teachers. Teachers' wellness and mental health is a matter of importance, and accessible wellness programmes should be in place. The covid-19 pandemic added to this strain, where teachers were unable to provide for FASD-affected learners and experienced them as a burden in the mainstream classroom. Classroom assistance for teachers as well as psychosocial support clearly came out as a need in mainstream schools.

4.3 Recommendations for inclusion in mainstream schools

Teachers have raised their need for additional resources to assist them for the purpose of including FASD-affected learners in mainstream classrooms. The need for differentiated teaching, teacher assistants, psychosocial support, assessment practices and curriculum adaptation was raised in this study. Teachers further need a platform to express their experiences, emotions, and concerns in teaching children living with impairments and experiencing disability.

The DoE should design, implement and drive a co-ordinated system between schools and stakeholders such as private and/or public health professionals, institutions of higher learning, etc. Funding should be made available, and a working relationship should also be established between the Department of Education, Department of Health, Department of Social Development, private sector and relevant non-governmental organisations within the Eastern Cape. A structure or unit within the province should be set up as a referral system and allocated a budget to implement its activities.

There is a need to set up a training system, within existing continuous teacher development programmes, specifically for teaching FASD-affected learners in the mainstream classroom. A collaboration between schools and universities is necessary to equip teachers with the necessary knowledge for schools to accommodate FASD-affected learners in mainstream classrooms. Universities can design and offer short learning programs and other interventions to address the challenges of FASD-affected learners in

mainstream schools. This can be included in teacher professional training (i.e. post-graduate and Bachelor of Education programmes) as well.

4.4 Limitations and recommendations for future research

The diversity of participants in terms of racial, cultural and socio-economic identities is limited in this study. In the methodology chapter it was indicated that snowball sampling would be used to recruit the participants in the BCMM area. The referral process may have resulted in the sample being isiXhosa speaking Black females from the same group.

In closing, whereas the sample is meant to be the broader BCMM area, the actual sample covers only the diversity of East London and surroundings in particular. Therefore, recommendations for future research are as follows:

A repeat of this study can be done with teachers from a different geographical location to see if their experiences would be the same as the findings from this study.

A study can be conducted with FASD-affected learners in higher grades to gain insight into what their experiences are in mainstream schooling.

Research of the same study can be done with an emphasis on diversity of culture, race, and socio-economic identities in order to have a broader sense of teacher narratives of their experiences of teaching FASD-affected learners.

4.5 Final remarks

SA is still among the most unequal countries in the world, and is suspected to be more unequal than during apartheid (Statistics South Africa, 2014). The historical and ongoing high levels of unemployment and poverty throughout South Africa are among the highest in the world (Chopra et al., 2009). It is important to note the interconnectedness between inclusion and democracy. Inclusiveness means involving all children in education, rather than developing knowledge about the disability and deviancy of a child within education. Discourses about abnormality, deviances, and disabilities need to shift towards the resilience of a learner as inclusive education can also be exclusion (Garland-Thomson, 2011). This exclusion can be experienced internally as feelings of being undeserving, not being enough, never being included and being unwanted. Most FASD-affected learners may be left carrying harmful feelings towards the self and the world.

Teachers are seen as being in a position to assist the development trajectory of FASD-affected learners. Teachers receive some support from the Department of Education, however, they still need more of it. Enhanced and strengthened support will eliminate possible psychological distress for teachers and improve mental health in the teaching fraternity.

“All children can learn, not at the same time, not in the same way”. (Coles et al., 2011)

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Appendix A

(Proposal)

Title: Teachers' narratives of their experience of teaching Fetal Alcohol Spectrum Disorders (FASD)-affected children in mainstream schooling.

The proposed narrative research investigates the stories of teachers about their experience of teaching FASD-affected children at school so as to understand the relations between the teachers and children. The research will contribute to the literature on alcohol use during pregnancy and on FASD-affected children in South African psychology, with a specific focus on the quality of life at school.

Fetal Alcohol Spectrum Disorders (FASD) refers to a range of conditions in children resulting from maternal alcohol consumption during pregnancy (Buxton, 2009). FASD is associated with a variety of effects on children including physical deformities, some damage to the brain and neurological impairments, as well as several functional impairments (Chudley et al., 2005).

FASD is known to be the leading cause of developmental disabilities in the world (Millar et al., 2017). Prevalence rates in South Africa are also said to be amongst the highest in the world (May et al., 2013). In 2017, it was reported that globally 1 in every 13 prenatal alcohol-exposed pregnancies resulted in FASD, with a prevalence of 8 per 1000 children (Adebiyi et al., 2019). Adebiyi et al (2019) indicates that South Africa has a prevalence of FASD that ranges from 29 to 290 per 1000 live births. According to a study done by Olivier (2017) in Bethelsdorp, the Eastern Cape has a prevalence of 130 per 1000 grade 1 learners. FASD seems to be underestimated as a national educational and public health problem.

There is a paucity of research regarding FASD-affected children in the Eastern Cape. The Eastern Cape Liquor Board (ECLB), funded by the South African Breweries (SAB), commissioned a three year Fetal Alcohol Syndrome (FAS) prevalence study in 2013. The ECLB commissioned the study due to their concern about the lack of scientific data on FASD in the Eastern Cape. The study was conducted in Bethelsdorp and Helenvale across 14 primary schools (Olivier, 2017). Teachers were trained, as part of the study, on how to

identify learners with difficulties and adapt teaching methods to suit their specific needs (Olivier, Leana, 2017).

Despite epidemiological studies indicating high prevalence rates (Olivier, Leana, 2017), South Africa does not have a specific policy addressing FASD (Adebiyi et al., 2018). The Education White Paper 6 outlines and addresses the placement of learners with disabilities in inclusive schools where accessibility and support systems should be available (Department of Education, 2001). Mainstream schools are expected to provide the required resources, expertise and support for children with disabilities, including FASD-affected learners. However, the provision of adequate support has been shown to be challenging due to limited resources (Hodgson & Khumalo, 2016). For example, school principals have reported the challenges of stretching the little money received for inclusive education (Donohue & Bornman, 2014).

Advocates of inclusive education argue that it is the right of every child to be part of mainstream education (Engelbrecht et al., 2016). According to Engelbrecht et al (2016) it has been difficult to implement a truly inclusive education system in South Africa. Schools were to be accessible for all learners through the development of physical and material resources. Currently, the situation regarding inclusive education remains questionable as difficulties like overcrowded classrooms and negative school attitudes towards difference and disability exist (Engelbrecht et al., 2016) .

Some relatively well resourced countries like the United States continue conducting research about learners identified with FASD, since these learners face significant learning challenges in the classroom (Van Schalkwyk & Marais, 2017a). Some children with FAS struggle to understand figurative language and have visuospatial memory difficulties, amongst other difficulties (Lubbe et al., 2017; (Van Schalkwyk & Marais, 2017). Children affected by FASD have different profiles and do not all have the same learning disability (Coles et al., 2011). Strengths and challenges of individual children have to be identified in order to design suitable programs. Teachers find it difficult to cater for the needs of FASD-affected learners as they do not fully understand the nature of their disability (Poth et al., 2014).

The design of suitable programs requires a collaborative effort between caregivers, educators, and other professionals (Millians, 2015). Parental concerns regarding inclusive education were identified in a comparative study conducted in South Africa and the United States (Yssel et al., 2007). These concerns include availability of qualified educators and a lack of expertise in implementing inclusion. Schools that are committed to good performance would make an effort to involve parents (Soodak & Erwin, 2000). According to Van Schalkwyk & Marais (2017) teachers have expressed frustration about parents who are not supporting the learning of their FASD-affected children. The participation of parents is considered to be a necessity in the education of children with disabilities, it is of interest how these narratives of teachers will construct the involvement of parents.

Carpenter (2011) highlights that attention has been given to the diagnosis of FASD and getting to know its characteristics however, not much investigation has been done on the quality of life at school for FASD-affected children. The quality of relational interactions between FASD-affected learners and their teachers affect educational outcomes (Van Schalkwyk & Marais, 2017). A study conducted also raises a significant point of the levels of stress experienced by teachers in classes inclusive of FASD-affected learners, teachers cite being frustrated by not having enough time to spend with all the children in the class (Van Schalkwyk & Marais, 2017).

Children with disabilities are also likely to experience stress in environments which have many barriers (Watermeyer & Swartz, 2008). Challenges have been identified in the learners themselves, home, school and policies which become a barrier to learning (Van Schalkwyk & Marais, 2017).

This research takes a social model approach to disability. This orientation views disability from a socio-political, instead of the individualistic, level of analysis (Watermeyer & Swartz, 2008). The social model foregrounds the way our society is organized and constructed in ways which disable those living with impairments (Finkelstein, 2001). People with impairments are isolated and excluded from full participation in social life. The model shows that it is the environment (which includes physical, social, attitudinal barriers), and not the impairment, that disables people from participating fully in life (Oliver, 2013).

METHODS

This qualitative research is situated within a social constructionist paradigm. Social constructionism views language, speech and communication as being at the centre of the interactive process through which we understand the world and ourselves ((Willig, 2013). Further, the proposed research will be conducted within a narrative inquiry framework. This approach will be used to collect stories of teachers working with FAL (Svendby & Dowling, 2013). A narrative approach helps to create a deeper understanding of the meaning of experiences and making sense of the language used in the stories (Rubin & Babbie, 2014). Stories are usually told in a way that links the events together and an inferred cause is made from the links. The participants decide what stories to narrate and what stories to leave out, and in so doing are active in constructing their own positions in the story (Willig, 2013; Willig & Rogers, 2017).

RESEARCH QUESTIONS

The study aims to collect teachers' narratives of their experience of teaching FASD-affected children. The study seeks to answer the following questions:

1. What narratives do teachers construct about FASD-affected children in the school setting?
2. How do teachers position themselves, and others, in these narratives?

Snowball sampling will be used in order to source experienced individuals who have worked with FASD-affected children during their teaching careers (De Vos et al., 2011). The criteria for participation will be a person a) who is a teacher by profession; b) who has taught in the foundation phase for more than a year; c) in the Buffalo City Metropolitan Municipality area; d) teaching in no-fee schools in Quintile 1, 2 and who have access to a telephone.

The sample will be found in the general population of teachers who meet the above mentioned criteria. Recruitment of participants will commence with telephonic contact of teachers in general through networking. An invitation will be made telephonically to the individual teacher/s identified to participate in the study. Their email address will be

requested and a written information sheet will be sent to them by email. It is understood that some of the invited teachers who meet the criteria may decline the invitation to participate. The teacher who agrees to participate will be asked to refer other teachers they know.

A sample size of 4-6 teachers will be selected which is sufficient for a narrative enquiry to find common themes and for an intensive analysis to be conducted (Robinson, 2014). The sample size is sufficient for a narrative approach as the intention is to focus on the meaning around the phenomenon of the FASD-affected children in the school setting (Dworkin, 2012; Finkelstein, 2001). Four interviews will be conducted and the researcher will increase this to 6 should there be a need to bring more data for incremental benefit.

Data gathering will be done by conducting lightly structured interviews using the single question inducing narrative, known as SQUIN (Wengraf, 2001). The interview will be conducted over three telephonic sessions (Wengraf, 2001). Interviews will be conducted by telephone to mitigate the risks posed by the existing covid-19 pandemic. A single question will be asked by the researcher to initiate the story-telling and allow the participant to narrate as many stories as they can remember.

The single question to be asked is “Please tell me stories of your experiences of working with FASD-affected children. You may include as many examples as you would like”.

Following the single question and response, the telephone call will be terminated. The researcher will spend some minutes listening to the recording and composing questions to ask the participant based on the recording taken with the participant’s consent. The researcher will call back, for the second sub-session and ask the participant for more narratives based on highlighted topics from the interview (Wengraf, 2001). The third interview will be conducted after the data has been transcribed. Further questions will be asked about any missing information or gaps noted in the previous interviews (Wengraf, 2001).

The interviews will be audio-recorded and then transcribed. A narrative analysis of the data will be conducted for the purpose of identifying, analysing and reporting patterns

within the data received (Willig, 2013). Empathic interpretation will be used to connect patterns and relationships to better understand how language is used to construct own reality in the school setting (Willig, 2013). A working transcript will be produced by breaking the interview material down into specific units of analysis e.g. episodes, events or moment (Willig & Rogers, 2017). The first research question is concerned with the social and psychological consequences of the stories that participants tell. The second question of the research is an examination of the way participants position themselves and others in relation to the meanings in the stories. The researcher will examine which positions participants challenge and which they claim. The discourses used by participants will be analysed to understand how their interests at school are served.

This study emerges from research conducted at the Critical Studies in Sexuality and Reproduction (CSSR) investigating alcohol-misuse and FASD-related factors in the Eastern Cape. To ensure credibility and confirmability, ongoing debriefing sessions between the researcher and supervisor will be done and feedback will be received through this engagement. Peer dialogue within the CSSR will be happening. Work in progress and presentations at unit colloquia will provide peer scrutiny of the research project. Feedback offered to the researcher at these presentations will provide new perspectives that will challenge assumptions made by the researcher (Shenton, 2004). This will guard against the researcher being overly influenced by his or her own assumptions, biases and beliefs when analysing the data.

Appendix B

Information Sheet



Dear Potential Participant

Thank you for showing interest in the research. This document serves to provide information about the research. Please feel free to ask any questions should you have any. The research project has been approved by the relevant ethics committee.

The research project of Mhlali Makasi-Simukonda is on **Teachers' narratives of their experience of teaching Fetal Alcohol Syndrome Disorders (FASD)-affected children in mainstream schooling**. The results of the study will contribute to a Masters mini- thesis, and may further contribute to academic publication(s), and conference presentation(s). The data collected in the project may also be used in future research projects.

The researcher is interested in the stories of teachers about teaching FASD-affected children so as to understand teachers' experiences. The research will contribute to the literature on alcohol use during pregnancy and on FASD-affected children in South African psychology, with a specific focus on the quality of life at school.

The details of all participants will be excluded from the write up of the research. Only the student researchers and project administrator will have access to raw data in which participants are identified. Pseudonyms will be used and any other identifying information will be disguised

If you agree to participate in the research, you will be asked to take part in three telephonic

sessions that will be recorded. You can withdraw from the session(s) at any time when you want to stop or feel uncomfortable. I will call you by telephone for the interview and will record (with your permission) the interview. The first session will be divided into two telephonic sessions. In the first session, I will ask a question for you to tell stories. Everything you tell me is anonymised. After you have told the stories the call will be terminated. I will spend 15 minutes coming up with questions to ask you in the second session based on the stories you told me. The first session will take approximately 30-45 minutes. The third and final session will only take place after I have transcribed the recordings and read over the transcripts from the first and second sessions. I will ask you questions about things that I believe have not been clear in your interview and any gaps identified. I will store the audio-recordings on our computers that are password protected. I will not use your name, the names of the children or names of schools in the research report and therefore no one will be able to identify you, the children or the school/s you speak about. There will be no payment or compensation for participating in this research study.

Taking part in this research is voluntary. If you decide to participate, what you have to say is very important. It will help others better understand the experiences of teachers in the classroom and the circumstances of children affected by alcohol use during pregnancy. If you are comfortable, I will proceed with the interview. You may contact the researcher at any time during the research.

Yours Sincerely,

Mihlali Makasi-Simukonda

Appendix C



Client Consent to Participate in Research

I (participant's name) _____ agree to participate in the research project of Mhlali Makasi-Simukonda on **Teachers' narratives of their experience of teaching Fetal Alcohol Syndrome Disorders (FASD)-affected children in mainstream schooling**. The results of the study will contribute to a Masters mini- thesis, and may contribute to academic publication(s), and conference presentation(s). The data collected in the project may also be used in future research projects.

I understand that:

1. The researcher is a student conducting the research as part of the requirements for a Masters in Counselling Psychology degree at Rhodes University. The researcher may be contacted on 0829282107 (cell phone) or g01m4299@campus.ru.ac.za (email). The research project is under the supervision of Ms Nqobile Msomi in the Psychology Department at Rhodes University, who may be contacted on 046 603 7417 (office) or n.msomi@ru.ac.za (email).

2. The researcher is interested in the stories of teachers about teaching FASD-affected children so as to understand the experiences of teachers at school. The research will contribute to the literature on alcohol use during pregnancy and on FASD-affected children in South African psychology, with a specific focus on the quality of life at school.

3. The details of all participants will be excluded from the write up of the research. Only the student researcher and supervisor will have access to raw data in

which participants are identified. Pseudonyms will be used and any other identifying information will be disguised.

4. My participation will involve taking part in three telephonic sessions. The first session will be divided into two sessions, both on the same day. The researcher will call me at the appointed time for the first session for about 30-45 minutes, I will try my best to tell the researcher my story. After I have told my story the researcher will end the call. The researcher will spend a few minutes developing follow-up questions to ask me based on the story I have told. The researcher will call me again for the second session after about 15 minutes. Session three will take place after the researcher has transcribed the recordings from session one and two and I will be asked questions about any missing information or further clarity questions.

5. Should I be asked to answer questions of a personal nature, I can choose not to answer any questions about aspects of my life which I am not willing to disclose.

6. I am encouraged to raise any concerns I have about my participation in the study with the researcher. Should the interview cause me any distress or raise any other consequences as a result of my participation with the researcher, I will voice these to the researcher and have these addressed to my satisfaction. Masithethe Counselling Services, located at no.3 St James Road, Southernwood may be contacted for support on 0437437266 or 084 091 5410 free of charge. Alternatively, kindly advise the researcher to arrange for a debrief session with the researcher who is a trainee Counselling Psychologist.

7. I am free to withdraw from the study at any time – however I commit myself to full participation unless some unusual circumstances occur, or I have concerns about my participation which I did not originally anticipate.

8. The report on the project may contain information about my personal experiences, attitudes and behaviour, but that the report will be designed in such a way that it will not be possible to be identified by the general reader.

9. The information above was described to me as the participant by the researcher in English, I am in command of this language. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

10. I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

Signed on (Date): _____

Participant: _____

Researcher: _____

Appendix D

Audio- Recording Consent Form



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USE OF AUDIO RECORDINGS FOR RESEARCH PURPOSES

PERMISSION AND RELEASE FORM

<i>Participant name & contacts (address, phone etc.)</i>	
<i>Name of researcher & level of research (Honours/Masters/PhD)</i>	<i>Mihlali Simukonda; Masters Research</i>
<i>Brief title of project</i>	<i>Teachers' narratives of their experience of teaching Fetal Alcohol Syndrome Disorders (FASD)-affected children in mainstream schooling.</i>
<i>Supervisor</i>	<i>Ms Nqobile Msomi</i>

Declaration <i>(Please initial/tick blocks next to the relevant statements)</i>		
1. <i>The nature of the research and the nature of my participation have been explained to me</i>	<i>verbally</i>	
	<i>in writing</i>	
2. <i>I agree to be interviewed and to allow audio-recordings to be made of the interviews</i>		

Declaration <i>(Please initial/tick blocks next to the relevant statements)</i>		
3. I agree to take part in and to allow audio-recordings to be made.		
4. The audio recordings may be transcribed	<i>without conditions</i>	
	<i>only by the researcher</i>	
	<i>by one or more nominated third parties:</i>	
5 I have been informed by the researcher that the audio recordings will be kept for five years after the study is complete and the report has been written.		
Signatures		
Signature of participant		Date
Witnessed by researcher		

Appendix E

Single Question Inducing Narrative (SQUIN)



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Single Question Inducing Narrative (SQUIN)

INTERVIEW FORMAT

INITIAL INTERVIEW (30-45 minutes)

“Please tell me stories of your experience of working with FASD-affected children. You may include as many examples as you would like”.

2ND INTERVIEW (telephone call a few minutes after the initial interview)

Participant will be asked questions based on the story told during the initial interview. Questions of clarity will be asked about certain things they mentioned and questions to highlight issues researcher wants to know more about.

3RD INTERVIEW (2 weeks later after transcription))

This interview will cover questions to highlight what was not clear during the previous interview and filling out blanks, absences or silences. Narrative questions relevant to the interests of the researcher and the researcher theories.

Appendix F



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Plagiarism Declaration

I, _____, declare that this research is as result of my own work, except where otherwise stated. I have given the full acknowledgement of the sources referred to in the text. This study has not been submitted before for any degree or examination at any university.

Signed on (Date): _____

Participant: _____

Researcher: _____

Appendix G

Research Publication Agreement

RESEARCH PUBLICATION AGREEMENT

A signed copy of this agreement must be submitted with all research proposals submitted to the Research Projects & Ethics Review Committee (RPERC). This document must also be signed by: (i) students undertaking Honours level projects and (ii) students and others acting as research assistants for staff members.

Name of student	Mihlali Simukonda
Name of supervisor/project leader	Nqobile Msomi
Provisional title of thesis/report	Teacher narratives of Fetal Alcohol Spectrum Disorders (FASD)-affected children in schooling.

A major task of a University is to provide the infrastructure necessary for the conduct of research and for the dissemination of findings through publication in academic journals or edited books. Those who enrol for a postgraduate degree (which includes any form of research) or act as research assistants become participants in this task. With regard to the former, this means that the University has the responsibility and right to take whatever steps may be appropriate to turn student's research work into one or more publications. In light of this, postgraduate students and those acting as research assistants in the Department of Psychology must sign the following agreement as a condition for undertaking supervised research or acting as research assistants.

1. I, _____ (name), undertake to plan and execute the research project referred to above under the supervision of the supervisor / project leader (named above) and to remain in regular consultation with the supervisor / project leader on all aspects of the research.

2. With regard to supervised research, I understand that I have the right to publish the research, that I must reach agreement with the supervisor regarding the nature of the publication and the publication medium (e.g., specific journal or book chapter), and that I should take active steps towards publishing it within six months of being informed by the University that the degree has been awarded.

3. With regard to supervised research, I understand that my supervisor has the right to prepare and submit the research for publication if either: i) I indicate that I do not wish to work on the publication of the research myself, or, ii) I do not provide adequate evidence of having taken significant steps towards submitting the material for publication within six months of being informed by the University that the degree has been awarded.

4. With regard to supervised research, I understand that when the research is submitted for publication my own affiliation and that of my supervisor should be given as 'Rhodes University'.

5. I understand that the following guidelines should be followed in assigning authorship when the work is submitted for publication. These include, that:

a. The student should normally appear as first author and the supervisor as second author.

b. In some cases other students or researchers may be included as additional authors (where they have made a contribution to the scientific value of the research).

c. Where the supervisor's preparation of the work for publication involves him/her in considerable additional work (e.g., updating the literature review, additional data analyses, responding to instructions for revision from journal reviewers, or where the student has had no involvement in the writing up of the article for publication), s/he has the right to appear as first author.

d. Where a student or other participates as a research assistant in a staff member's research project, such as in gathering and/or analysing the data, but this does not result in a thesis, the student's contribution should be acknowledged. If the involvement was only helping to collect the data, the acknowledgement would normally be given in the text.

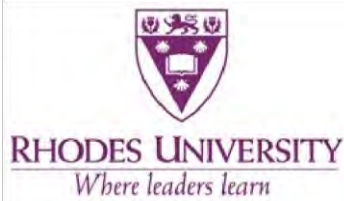
e. Should the student or other acting as a research assistant contribute substantially to the academic merit of the publication, then the student or other may be listed as a co-author. This is to be negotiated with the project leader.

f. Should there be uncertainty about the status of the student, research assistant, supervisor, or project leader with regard to authorship/co-authorship any one of these parties may approach the department's Research Projects & Ethics Review Committee (RPERC) for a decision.

Signature:	Date: 23 September 2020
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Appendix H

ERAS Ethical Clearance Letter



Rhodes University Human Ethics Committee
PO Box 94, Makhanda, 6140, South Africa
t: +27 (0) 46 603 7727
f: +27 (0) 46 603 8822
e: s.manqele@ru.ac.za
NHREC Registration number: RC-241114-045

<https://www.ru.ac.za/researchgateway/ethics/>

03/02/2021

Mihlali Simukonda

Email: g01m4299@campus.ru.ac.za

Review Reference: 2021-1449-5916

Dear Ms. Nqobile Msomi

Title: Teachers' narratives of their experience of teaching Fetal Alcohol Syndrome Disorders (FASD)-affected children in mainstream schooling.

Principal Investigator: Ms Nqobile Msomi

Collaborators: Ms Mihlali Simukonda,

This letter confirms that the above research proposal has been reviewed and **APPROVED** by the Rhodes University Human Ethics Committee (RU-HEC). Your

Approval number is: 2021-1449-5916

Approval has been granted for 1 year. An annual progress report will be required in order to renew approval for an additional period. You will receive an email notifying when the annual report is due.

Please ensure that the ethical standards committee is notified should any substantive change(s) be made, for whatever reason, during the research process. This includes changes in investigators. Please also ensure that a brief report is submitted to the ethics committee on the completion of the research. The purpose of this report is to indicate whether the research was conducted successfully, if any aspects could not be completed, or if any problems arose that the ethical standards committee should be aware of. If a thesis or dissertation arising from this research is submitted to the library's electronic theses and dissertations (ETD) repository, please notify the committee of the date of submission and/or any reference or cataloging number allocated.

Sincerely,

A handwritten signature in black ink, reading "Arthur Webb", is enclosed in a thin black rectangular border.

Prof Arthur Webb

Chair: Rhodes

University Human Ethics

Committee, RU-HEC cc:

Mr. Siyanda Manqele –
Ethics Coordinator