**“How can I best support pupils with Foetal Alcohol Spectrum Disorder in the primary classroom?”.**

Introduction: Background and Rationale

Foetal Alcohol Spectrum Disorder can be understood as a range of congenital birth abnormalities along a spectrum, caused by prenatal alcohol exposure (Carpenter, 2011). Further, FASD has been described as the “Hidden Disability”, due to physical characteristics not always being present (Millar et al, 2014:3). Throughout pregnancy the central nervous system of the foetus, is extremely sensitive to the teratogenic effects of alcohol. If a foetus is exposed to alcohol there can be major implications on the wellbeing of the baby (Guerri et al, 2009). Foetal Alcohol Syndrome (FAS) can be the most identifiable within the spectrum of disorders, as individuals with FAS hold distinctive facial abnormalities such as thin upper lip, epicanthal folds, indistinct philtrum and flat nasal bridge (Blackburn and Whitehurst, 2010:124). FASD is now one of the largest most ubiquitous, non-genetic and preventable classification of disability (May & Gossage, 2001).

FASD can lead to major lifelong implications on the cognitive, emotional and social domains of an individual (NOFASD, 2020). In relation to this, Gibbard et al (2003) and Kodituwakku (2001) have shown primary FASD constitutional deficits in cognition through neuropsychological research. The research showed difficulties in executive functioning and lack of conceptualisation of cause and effect. Moreover, pupils with FASD may show poor academic achievement throughout core subjects within the curriculum. This is supported by Kopera-Frye et al (1996), where they explain why children with FASD may find maths challenging. This is due to the parietal lobe, which control numeracy and computational activity, having insufficient brain function. Lastly, memory can be majorly impacted, this can lead to children confusing reality and fictional events (Greenbaum et al, 2009).

Popova et al (2016) estimate a prevalence rate of up to 5 in every 100 births on a global scale. However, there is an unknown nature surrounding prevalence rates. This is linked with lack of knowledge combined with the hiddenness of the condition, which place children with FASD at a major disadvantage. Additionally, in the UK there are no accurate prevalence figures for FASD, as they are not consistently recorded by the British Paediatric Surveillance Unit (BMA, 2020). Thus, there is a gap in reliable and consistent data on FASD incidence within the UK. Consequently, BMA (2020) state it is vital that awareness of FASD in the UK is raised among the general public and healthcare professionals. Within the educational sector, there has been very little systematic research conducted on the needs of children with FASD which provides a base for developing effective strategies and interventions within the primary classroom (Ryan and Ferguson, 2006). A study in UK, which involved surveys, explored practitioner knowledge and awareness of FASD to frame supportive measures. The study showed 78% of staff held insufficient knowledge of FASD and agreed that this would negatively reflect their ability to meet the needs for impacted children (Blackburn et al, 2010:143).

Early identification is a key message from the Scottish Government as a strategy for FASD. In recent years, NHS Ayrshire & Arran received funding from the Scottish Government, which allowed the creation of an assessment clinic, to provide diagnostic support to children and families with concerns of FASD (Brown et al, 2018). Additionally, the Scottish Government stands by the statement *‘No alcohol, no risk’*, this is part of the FASD toolkit made available to the general public (Scottish Government, 2013:4). The Scottish Government believes in effective partnership and collaboration between schools and families as a way to support learners with FASD. Congruently, parents and guardians are core members of the school community, who should have the opportunity of being active contributors in creating efficacious educational plans for their child (NHSAAA, 2019). This directly links with Scotland’s Parental Involvement Act (2006), which holds core beliefs in families and schools being a joint force of support for a child’s active development (Scottish Government, 2006).

Learners with FASD may show lack of confidence and have a damaged conceptualisation of ability, which impacts academic performance. Therefore, it is important for educators to implement positive and nurturing teaching and learning strategies to transform and boost self-actualisation (Education Scotland, 2020). The Scottish Government outlines 3 areas to creating resilient children which is linked to educating learners with FASD: a secure base, self-esteem and self-efficacy (Scottish Government, 2012:22). Lastly, through reflecting standards such as SPR 2.1.2 – *‘understanding how to match the level of curricular areas to the needs of all learners’* (GTCS, 2012:7), we are enabled to evaluate the impact we place on learning through applied policy and pedagogical practices and adapt approaches accordingly, as we as teachers grow our own professional values and beliefs.

The rationale for my enquiry topic is based on many factors which I believe prove this enquiry to be worthwhile and valuable for my personal development and growth as a teacher. Hidden aspects of FASD and lack of knowledge, combined with a growing number of children attending schools with unidentified needs, presents an immense necessity for schools and educators to provide effective and appropriate support to children and families (Blackburn and Whitehurst, 2010). Therefore, awareness and knowledge coupled with a range of strategies, interventions and adaptive teaching techniques will aid in children impacted in achieving the best outcomes for learning and development. Additionally, better understanding of FASD and the implications on learning and teaching can ultimately inform the requirement for adequate school resources and support effective delivery. Throughout this enquiry, I aim to learn on being an integral role of support for learners with FASD. I seek to develop knowledge on interventions that can be put into place to address the challenges FASD brings to teaching and learning. As discussed previously, early identification of FASD, is vital to provide adequate support to help those affected reach their potential. Guralnick (2004:13) states intellectual development can be substantially boosted when systematic intervention is implemented and evaluated at early stages of life. Therefore, I wish to broaden my understanding on FASD, to aid in having the confidence to identify children if required in the future.

Research Question:

“How can I best support pupils with Foetal Alcohol Spectrum Disorder in the primary classroom?”.

Aim:

To investigate Foetal Alcohol Spectrum Disorder and explore teaching interventions and strategies that will best support pupils with FASD in the primary classroom.

Objectives:

1. To understand the learning needs of pupils with FASD and identify effective strategies to support their learning.
2. To design an enquiry that gathers and analyses evidence showing the effectiveness of the strategies in practice.
3. To consider how the knowledge gained can support my development as a teacher.

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