

Inclusive practice is described as practice that values children's differences such as race, gender or additional needs, giving them the opportunity to access services, participate in learning while providing the support they need to help them progress in their education and development (Petriwskyj, 2010). According to Nutbrown et al. (2013) inclusive practice has many advantages and challenges when providing children with additional learning needs like dyslexia the support they require. The aim of this essay is to critically evaluate the advantages and disadvantages of inclusive practice, legislation, policies and the use of Assistive Technology for dyslexic children. The NHS (no date) and Bohl and Hout (2016) describes Dyslexia as a specific learning disability where people may have difficulty with processing information, phonological awareness and memory affecting their reading, spelling and writing skills.

According to Boyle and Topping (2012) children with disabilities were called offensive names and Devarakonda (2013) mentions they were segregated during education and taught in specialised settings. However, the term Special Educational Needs (SEN) was introduced and used for many years to describe children with a disability and they can now attend mainstream education alongside their typically developing peers (Boyle and Topping, 2012: Justice et al. 2014). The reason for this is the Warnock report 1978, this report highlighted the importance of inclusion and stated, that children with disabilities should be educated in mainstream schools when possible instead of being segregated in specialised provisions (Armstrong and Squires, 2012). The report also provided recommendations which aimed to encourage settings to change their attitudes and practice to provide an enabling environment for all children to learn in (Armstrong and Squires, 2012: Smith, 2012).

The Warnock Report recommendations influenced the Education Act 1981 and Education Act 1993 as they state that all local education authorities (LEAs) have a responsibility to meet the needs of all children in their care, they are also required to create a SEN Code of Practice enabling children with disabilities to attend mainstream education (Devarakonda, 2013: Dauncey, 2015). The SEN code of practice was produced to provide information and practical advice on how the LEAs and settings can support children with SEN (Welsh Assembly Government, 2004). However, in 2005, Warnock revealed a problem in the current schooling system for children with SEN, findings showed that early year practitioners could not cope with the behaviours

of SEN children, they felt uncertain about how to support their SEN while providing a curriculum for all children, which may result in SEN children not receiving appropriate support and teachers experiencing high levels of stress (Warnock & Norwich, 2010: Smith, 2012). This resulted in Warnock stating that integration may not suit all children with SEN and some children may need to attend specialised schools with practitioners qualified to support their individual needs (Smith, 2012).

The first SEN code of practice for Wales was published by Jane Davidson and implemented in 2002, it outlined the creation of policies related to SEN, how to support children with SEN in mainstream education and stressing the importance of parent and child participation (Dauncey, 2015). However, the 2002 SEN code of practice is outdated and the Welsh Government identified it needed updating to include any changes that have happened in children's education and lives (Welsh Government, 2018). This led to the Additional Learning Needs and Education Tribunal (Wales) Act 2018 (Welsh Government, no date). This act provides a new framework and code of practice which will support young people between 0-25 years, along with increased collaboration/participation, new assessment procedures, procedures to avoid disagreements and the right to appeal (Welsh Government, no date). Also, the term SEN is changing to Additional Learning Needs, however, Wearmouth et al. (2018) mentions the term SEN has been used for many years in academic resources which could affect practitioners who qualified many years ago, but the Welsh Government (2017) are providing support services to ensure that settings are able to transition smoothly.

Settings create their policies and procedures based on current legislation and code of practice, simplifying the language for practitioners in their setting so they have a better understanding of their role and responsibilities (Chalmers, 2016). Bubpha (2014) believes for a setting to achieve a high-standard of inclusion, the setting must have an environment that promotes active co-operation, keeps their policies and procedures up-to-date and have knowledgeable staff who have a good understanding of the policies and procedures and are aware of any changes. However, Nutbrown et al. (2013) mentions that practitioner's attitudes and work ethics can have an influence on how policy is carried out and maintained. This means that if the manager does not keep up to date or review their policies and procedures frequently, this could have an

effect any new or current staff's knowledge and practice when supporting children in their care (Crutchley, 2018).

Inclusive practice has many advantages and disadvantages for children with dyslexia but there have been debates for many years on whether they should attend mainstream or specialised schools (Knowles, 2011). Dyslexic children are given the opportunity to socially interact and build relationships with a diverse group of children with different academic abilities when attending a mainstream school benefiting their education, social and language development (Armstrong and Squires, 2012); unlike being isolated in special schools and only interacting with children who have dyslexia (McMillian, 2008). Justice et al. (2014) agrees with this as their study results showed that children who had poor language and social skills during the autumn term and were given the opportunity to interact and observe other children with better skills, had stronger language skills during the spring term showing the benefits of inclusion on language skills. This relates to Bandura's Social Learning Theory, children learn through social interactions because they observe, imitate and model the behaviours they see which shapes their behaviours and attitudes (Johnston and Nahmad-William, 2009). However, Devarakonda (2013) mentions that some children who attend special schools may feel more confident socialising with children who have similar difficulties to them which can benefit their education, self-esteem and social skills. Also, Armstrong and Squires (2012) highlight that dyslexic children could be placed in a mainstream school but they may not be truly integrated, this is because they could be withdrawn from the classroom to attend one-to-one sessions with their support teacher and miss out on learning opportunities and social opportunities that are taking place in the class.

Inclusive practice could benefit other children in the class, allowing children to work alongside children with dyslexia can help them become aware that everyone is different and socially accept those differences (Devarakonda, 2013). This helps children to have more tolerance which can help to remove stereotypes and ignorance (McMillian, 2008; Devarakonda, 2013). This relates to the social model of disability, stating that people's attitudes towards disability create barriers to the opportunities disabled people can have, the model challenges people to become more inclusive by encouraging development of knowledge of disability and to use this knowledge to

support disabled people to have a full life (Hodkinson, 2016). It also relates to Maslow's hierarchy of needs theory, there are different levels to his hierarchy and one level is love and belonging, Maslow believed for children to grow and learn they must achieve each level (Huitt, 2007). Children need to feel loved and part of society, if children with disabilities feel a part of the setting this can benefit their education, relationships, confidence and development (Dimitriadi, 2015). However, McMillian (2008) mentions that becoming socially accepted by peers can be difficult, dyslexic children may experience bullying when they enter the setting because the children may have not seen or experienced children with a disability which can affect the child's education, confidence and self-esteem.

Nutbrown et al. (2013) believes that inclusion can benefit children with dyslexia but may not work for all children. Mather and Wendling (2012) highlights that there are many different types of dyslexia which can affect children in different ways, this means that every child with dyslexia has their own needs which may require different methods of support during their time in school (Devarakonda, 2013). However, if the setting has difficulty providing this support, the child may avoid doing their work by misbehaving which means that the practitioners time is spent dealing with the child's behaviour instead of teaching which can affect other children's learning (Cooper, 2013). Devarakonda (2013) and Boyle and Topping (2012) believe that it is important to consider the child's individual needs before deciding on what early intervention programme the child needs. It is also important to consider the parents views because they may prefer to place their child into a special school and feel their child would receive the appropriate support/resources to meet their needs (Boyle and Topping, 2012).

Early intervention is described as providing a variety of support and services as early as possible to families with children who are at risk or have been diagnosed with an additional learning need, to minimize long-term developmental and educational difficulties (Keilty, 2016). Nutbrown et al. (2013) highlights the important of the early years of a person's life because their early experiences influence for their future development and education. The Special Educational Needs code of practice emphasises the importance of early identification, the code states it can help to improve the learning experiences for children with additional learning needs as it can

help to meet their individual needs and remove any barriers allowing them to reach their full potential (Welsh Assembly Government, 2004: Dauncey, 2015).

The code of practice also emphasises the importance of providing all children with a high-quality setting which is safe, stimulating, motivating and adapts to suit the needs of all children in the setting (Dauncey, 2015). Mitchell (2014) mentions that providing children with a high-quality setting which removes barriers and enables children to learn has many benefits to their learning and development. It allows children who have dyslexia the opportunity to socialise, learn independently and have their health needs met which can boost their academic achievements and benefit their holistic development (Pavey, 2016). It can also benefit families too, as the support services can provide them with information and methods to support their child which can reduce stress within the family (Squires and McKeown, 2006). However, settings may have limited finances which can affect service provision as they cannot afford to buy, maintain or update the services or equipment they need to support dyslexic children and families which can have a negative impact on the child's learning and development (MacBeath, 2006).

The NHS (no dateA) and Snowling (2013) both emphasise the importance of early diagnosis of children with signs of dyslexia, as it can provide the child with better educational outcomes in the future. This is because the earlier children are diagnosed such as primary age where they are still developing skills; educational psychologists can identify children's current strengths and weaknesses and provide recommendations to the schools on areas for support, which they take into consideration and makes adaptations to their practice to support the child's individual learning and development needs (Mather and Wendling, 2012: International Dyslexia Association, 2017). Hadders-Algra (2011: 54) agrees with this statement as the results from their paper stated that 'early intervention in infants biologically at risk of developmental disorders is associated with improved cognitive development in early childhood'. However, children are not assessed for dyslexia until the age of seven to eight years old, the British Dyslexia Association (no date) states the reason for this is that it gives children the chance to mature making the results more reliable and meaningful. Lawrence (2009) and Pavey (2016) argue with this statement because due to the development in digital technology, it enables children as young as four years

and six months to be tested for dyslexia using the dyslexia early screening test which assesses children's fine motor and language skills allowing them to receive support earlier than waiting until they are seven or eight years old.

Alongside this, Reid and Guise (2017) and NHS (no dateA) mention that identifying young children with dyslexia can be difficult because the signs are not visible, professionals do not notice the signs or due to the nature of the school curriculum and assessments which may not suit the child's individual needs, could result in them being placed in lower ability groups. Reid (2013) emphasises the importance of early years' professionals being aware of the signs of dyslexia, to ensure that the child is assessed, receives support and make changes to their practice to suit the child's individual needs. This is shown in the Effective Provision of Pre-school Education study, it showed that staff who were highly qualified in early years had a big influence on the practice and learning experience provided to the children (Sylva et al. 2010). This suggests that an early years practitioner's knowledge influences how effectively they carry out support strategies (Snowling, 2013). However, practitioners have difficulty finding time to research or attend training to develop their knowledge and understanding of dyslexia due to their responsibilities and prioritising tasks that are considered more important (Smythe et al. 2004: Peer and Reid, 2016).

Another issue that could occur is the setting could have limited finance or flexibility for practitioners to attend training, this may mean having to attend in their own time or paying for training themselves (Brown, 2016). Practitioners are unable or do not want to attend the training because they cannot afford to attend the course or have a negative attitude towards training as they feel it is extra work that they must do in their own time (Deiner, 2013: Brown, 2016). Because of this, practitioners may not feel confident and this can affect their practice and how they provide support to children with dyslexia (Lindsay, 2007).

Hewitt (2008) describes support strategies as a method, adaption to practice or resource that is used to support children with an additional learning need. According to Bohl and Hoult (2016) there are many support strategies that can be used to help children with dyslexia such as multi-sensory, one-to-one support and structured literacy learning; however, this essay will focus on Assistive Technology. Rose et al.

(2013) states that Assistive Technology (AT) is an electronic device or service that can help children to enhance skills they have difficulty with and reduce the barriers they face from their learning difficulty. According to the British Dyslexia Association (2013) technology has become an important part of people's lives, which has led it to becoming an essential skill for young children to learn in their education (Adebisi et al. 2015). Donaldson (2015) agrees with this point, as the Successful Futures Report emphasises the importance of children developing their digital skills, but it also emphasises the importance of inclusion and ensuring that all children have the appropriate support to allow them to progress in their education.

AT can support early years' practitioners to develop a diverse approach to learning (British Dyslexia Association, 2013), practitioners can use technology when planning to help make adaptations to suit the child's individual needs, for example, one piece of AT is text-to-speech devices, this can benefit children with dyslexia because they can use it to help process information from written text (Ahmad, 2015). From this, it could provide a positive planning/teaching experience for practitioners and a positive learning experience for dyslexic children (Ranaldi, 2003: British Dyslexia Association, 2013). However, practitioners may have little or no experience with technology (Adebisi et al. 2015), technology is continuously updating and practitioners may have difficulty keeping up with the changes (Ingle and Duckworth, 2013). This means that practitioners may have to attend training to improve their knowledge, however, practitioners may have limited time to attend training due to the demands of their profession (Arnott, 2017). Also, practitioners may have negative attitude towards technology, this means that practitioners may not see the value of developing digital skills (Adebisi et al. 2015), (Neaum, 2016) highlights the role of practitioners supporting children in their care and having a positive attitude to developing their professional skills which can help to expand their knowledge and improve their practice impacting on children's learning experiences.

Rose et al. (2014) believes that schools who provide AT can effectively support children dyslexia. Adebisi et al (2015) mentions that AT can provide children with a new option to learn to help them complete their educational tasks independently and support skills such as reading and spelling. Green & Reid (2016) agrees with this because they believe that AT can allow children to work at their own pace and

complete activities more independently, while improving their organisational skills and provide the opportunity to socialise with other children through AT. Ranaldi (2003) also mentions that AT can help to increase children's self-confidence and motivation to learn. In contrast however, the finding of a study by Maor et al. (2011) showed that, certain programmes saw no improvements in children's spelling, reading or writing when they used AT. However, this study describes the results of research-based studies that were published in the last six years (Maor et al. 2011), this suggests that they viewed result between 2005-2011 when technology was not as advanced as today's. Ingle and Duckworth (2013) mentioned earlier that technology is continuously updating which makes the results collected for this study outdated. More recent studies from Faith and Svensson (2015) and Schmitt et al. (2018) which show studies of current AT, believe it can benefit children with additional learning needs as their results showed that AT had a positive effect on children's literacy skills, it helped to improve children's reading/spelling skills and increased their self-esteem and motivation to read and write.

Erickson (2013) mentions that there are a variety of AT dyslexic children can use such as tape recorders, audiobooks and proof-reading/spell-checking devices which can help children with their learning. The British Dyslexia Association (2013) believe that the problems dyslexic children experience can become smaller if they use AT, boosting confidence as it gives them the opportunity to take risks in their learning and participate in the classroom through socialising with the practitioner and other children improving their social and emotional development. However, Adebisi et al. (2015) mentions that one piece of AT may not suit all dyslexic children because there are different varieties of dyslexia. Rose et al. (2013) and Walker (2018) believe that for AT to support children with dyslexia, schools must assess children carefully to ensure that the equipment provided for the child meets their individual needs. However, the cost of technology is high and technology is changing frequently (Rose et al. 2013), this means that equipment they provide to children now may become outdated when updates take place affecting the way they work in the future (Beltran et al. 2013). Rose et al. (2014) mentions for children to receive appropriate AT, it requires children, parents and professionals to communicate and work together. This is because, parents and professionals can provide information on how to support the child with their difficulties, the child can also provide information about their strengths,

weaknesses and how they would like to be supported to ensure that the child has the appropriate AT to support them with their learning (Crutchley, 2018). However, if practitioners do not have a positive working relationship with the child, parents or professionals, this could lead to the child having AT that does not meet their needs and negatively impacting their learning (Rose et al. 2014: Crutchley, 2018).

To conclude, inclusive practice can benefit children with dyslexia ensuring they receive support from an early age. There are many advantages and disadvantages to current policies and legislation which can influence today's early years practice and support strategies like AT which can have a negative or positive impact on their development and education.

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