

A critical evaluation of the advantages and disadvantages of early intervention for young children with additional learning needs.

Children have the rights to be educated, to have the rights to suitable care and supports, and to have the rights to be supported to develop their personalities, abilities, and endowments to the best they can (UNICEF, 2010 and UNICEF UK, 1990). Approximately, there are 15,698 children in Wales that were believed to have a learning disability, which around one in five learners in mainstream schools in Wales has Additional Learning Needs (ALN), according to the report from the Office for National Statistics (2017). In order to support children with ALN, providing supports and practices that are inclusive and non-discriminating are indispensable, besides, conducting early interventions are also essential (Welsh Assembly Government, 2004). Providing equal opportunities and inclusive practices are to recognize the needs of each individual child, to respect their unique differences, and to support every child inimitably to allow them to access and achieve the same goals as others. Furthermore, inclusive practice also defines as the development of understanding of child, positive attitude, clear and suitable strategies and approaches within the holistic provision to each individual child (Department for children, schools and families, 2011). Early intervention services are to identify and diagnose the necessity for specialized supports to children and families as early as possible, so as to ensure children meet their care and learning needs, therefore, to fulfill their holistic development (National Assembly for Wales, 2015; NAW, 2016; WAG, 2015b and WAG, 2017).

Additional learning needs include a numerous range of learning disabilities. Emotional and Behavioural Disorders (EBD), or called emotional disturbance and/or behavior disorders is one of the major learning difficulty in the area (National Council of Special Education, 2014). EBD is an emotional disability defined as the lack of interpersonal ability to build or maintain successful relationships with others; or the difficulty to achieve learning which could not be explained by any intellectual, sensory or physical health issues. Children who have EBD consistent with diverse types of inappropriate behaviour or feelings under normal conditions. For example, a continuing displayed tendency of hyperactivity, depression, self-harm, anxiety, physical confrontation or aggression and so forth. Children with EBD often struggle

to control their emotions and behaviour on their own. They often have a lack of impulse control on actions and performances that affects their socialisation and/or their learning in school (British Medical Association, 2013).

Under the umbrella of EBD, there are variety types of conditions. Including psychiatric disorders such as emotional disturbance, psychotic disorder, bipolar disorder, depressive disorders, obsessive-compulsive disorder (OCD), anxiety disorder or adjustment disorder. And behaviour disorders including oppositional defiant disorder (ODD), conduct disorder (CD), attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD) (Hanover Research, 2013). Children with EBD could be recognized into one or more of the above disorders, often because of neurodevelopmental disorders that children's brain receives and processes information differently to children who do not have EBD. However, some EBD could be caused by genetic, experiences, psychological or environmental factors (BMA, 2013 and Fanti et al., 2011). EBD affects the way how children perceive and comprehend messages in situations, besides it also affects children's cognitive system on controlling or recovering emotions, which often cause children with high emotional turbulence (NCSE, 2014). Ryan (2008) explains that there are four main categories that children with EBD often perform, which are the off-task behaviour, disruptive behaviour, aggressive behaviour and social difficulties. All these behaviors could cause children the lack of participation in class or social interactions which may affect their opportunities on learning and as well on their development of social and emotional well-being (Fanti et al., 2011). And to avoid or decrease these impacts on children's learning and daily basis, early intervention for children are indispensable.

Early interventions include the diagnosing services from specialist, the supports which cover individual development plans and strategies that could support children and families to meet their needs, as well as medical treatments or psychotherapy if children have the needs to access these needs (Hanover Research, 2013). Under the requirements from the Education Act 1993 and 1996, the Welsh Government launched a set of legal procedure named the SEN Code of Practice for Wales, to identify the statutory duties of what and how local education authorities (LEAs), early years institutions and maintained schools (ALNCo) should be carrying out to assess

whether a child has ALN and to place interventions to support the child (NAW, 2004; NAW, 2015 and NAW, 2016). The code analysed a few general principles, which includes the importance and procedure of how children with ALN should have their needs met by all people that have the related statutory duties. The rights and essentialness for children and parents' view and contributions while supporting the interventions. The equal opportunities and inclusive practice that should be provided to children with ALN, as well as how collaboration work within specialist and primary carers/practitioners should be enhanced (NAW, 2004; NAW, 2015 and NAW, 2016).

Early interventions in the Special Educational Needs (SEN) Code of Practice for Wales, include three graduated stages of intervention. The first type of intervention is the additional supports that are carried out by the schools themselves, this is called the School Action. The second type is by the collaborative work from both schools and external agencies and specialist, which is called the School Action Plus. And the last type of additional support only happens when there has identification of the necessity to make a statutory assessment or statement to let LEAs to provide a specified package of support for individuals (NAW, 2004). The legal right for schools and early years education providers to request statutory statements of children only came in to force in the 2004 version of the SEN code of practice, which was inspired by the SEN provisions in the Special Educational Needs and Disability Act 2001 (NAW, 2004; NAW, 2015). On one hand, this provide a more effective and simpler opportunity to allow children with ALN to access their needs, as schools and early years practitioners observe and have a better understanding on the individual child and the supports they need. This right then could allow children to have their needs being accessed and meet quicker and simpler (NAW, 2004; NAW, 2015). However, it could be seen as the only practitioner and schools are having the responsibilities to always make that request to authorities in order to have the supports provided to children.

According to the SEN Code of practice for Wales (2004), the responsibility to acknowledge and conduct early assessments to decide whether a child has ALN and needs School Action or Early Years Action are depended on all practitioners that work with the child, the SENCOs and the headmaster of the setting. In WAG (2004) it

stated that the assessments should be conducted by the built up of knowledge and observations of the child's strengths and weakness. The system for observation and assessment of individual child usually begin by the observation on children's progression on learning (WAG, 2015a). For primary schools, children's progression in learning will be considered with the expected level of progression according to children's stage and age on the National Curriculum programmes of study for key stage 1 and 2, where children will be assessed whether they are achieving the general standard of learning and development targets. Practitioners and SENCOs would then conduct a review of the strategies that are currently being used. This would include the consideration of the teaching style and methods that are presented to the child, the specific task or learning area that has called the attention of practitioners, the learning environment and the individual child's learning characteristics (WAG, 2004). And for children who 'fall significantly outside the expected range may have SEN/ALN' (WAG, 2004:43). The consideration of providing School Action or Early Years Action will then be reviewed. However, as the assessment is based on the comparison to learning and development stages for areas, for some children with EBD this could be hard to recognise, as some of them might only feel hard to follow instructions or to maintain high concentrations on learning, which could have no specific area of learning that they seem to be left behind at the learning areas. Some children might only struggle in emotion and social aspects that make it hard for them to learn in some situations, but not constantly or only struggling in one area of learning (House of Commons, 2017). Which these could be hard for practitioners to acknowledge or to assess whether they need ALN or not.

The first type of ALN supports is provided by the school itself according to the SEN code of practice (2004). Although this could benefit children by providing a quicker and straight forward supports to children, the progress of provision might not be accurate as it depends the most on the knowledge of the ALNSOs or SENCOs' knowledge and experiences on the specific types of ALN. Which in another word, if the practitioner or the ALNSO do not process enough knowledge on the type of ALN, the support provided for children might not benefit children in their learning, but could result children feeling under pressure to follow another strategy that is not suitable for their needs (House of Commons, 2017). Furthermore, a policy review of early intervention and identification for ALN provision indicated that the second stage

of support, which is the School Action Plus or Early Years Plus is facing a shortage of specialist staff, where some children with less common ALN might have less opportunity to gain the best appropriate supports from specialist. There were also many considerations about the long waiting lists for therapy (NAW, 2004). Children who have EBD, they need to have long-term supports such as clinical behavior therapy, rational emotive therapy, and anger management, the shortage of availability of specialist could decreasing the opportunity for children to gain extra supports more efficiently. Besides, there is also opinion about the lack of co-operations between agencies are affecting children with ALN on receiving the best supports they can (NAW, 2004). Accordingly, the Welsh Government have taken this into account and has decided to provide a more integrated process of assessment, planning and services, with a more effective intervention to meet the needs of the child, named the Additional Learning Needs and Education Tribunal (Wales) Act 2018 (NAW, 2018).

According to Jensen (2005), children with EBD could be benefit by four types of theoretical models, which includes the behavioural model, cognitive-behavioural model, systemic (or ecological) model and strategies that based on psychotherapeutic supports. One of the most common strategy that early years settings implement is the rewarding system. Besides, self-monitoring behaviour strategy is also ordinary to be used for supporting children with EBD (Rosenberg et al., 2004). The rewarding system is a behavioral strategy that based on modifying children's behaviour by the use of awarding children a price when they presented positive behaviors, and sanctions when they misbehaved. The rewarding system could be presented in different ways including the most common token/ coin system, the earning activities or privileges system, or the price system (Lukowiak, 2010). This strategy could be implement targeting on only the child with EBD or with the whole class of children.

The aim of the strategy is to modify children's behaviour by the use of rewards and sanctions, which is based on the study of Skinner (1938 and 1963) about reinforcements and Operant Conditioning. His study discovered that children will repeat actions or behaviors when it was responded with reinforcements, such as rewards and incentives, or with a satisfying and pleasurable attitude from others, which he named this repetition of behavoiur as the operant conditioning. Usually,

the earning certain prearranged activities or privileges system and the token system based on children gaining rewards by accomplishing the set criteria of appropriate behaviors set by the teachers. This could be a straightforward reward in the happening, or a build-up system or everyday reward to a weekly or monthly reward (Payne, 2015). Scheuermann and Hall (2008) defeminated that there are three requirements that must be undertaken in order to conduct an effective rewarding strategy, which includes the reinforcements, specified regulations and a target. Evans et al. (2004) explain that while implementing the rewarding system, providing some visual reinforcement such as graphs or symbols could help children understand their progression, which was believed to help enhance their confidence and have empowerments on the event. Besides, implementing sanctions are also essential in the system, the General Teaching Council for England (2004) suggested that the set of negative behaviors should be defined in the set of criteria and should be explained to children the consequence, such as withdrawing tokens from their chart or missing some free/ play time in class to do work and so forth if they performed those behaviors.

Beaman and Wheldall (2000) analyzed that the rewarding system is effective to children with EBD as they could modify children's behaviour easily and the consequents of the strategy could also be seen straightforward. However, the Hanover Research (2013) defined that children with EBD often perform inappropriate behaviors mainly because their lack of emotional control and recovering skills which cause challenging behaviors and emotional turbulence. Farley et al. (2012) argue that the rewarding system is mainly concentrating on modifying the behavior but does not focus on developing any skills for children with EBD to learn to control or recover their emotions. Although children might behave to achieve the set positive behaviors in the criteria, they might still be unsure about the reasons behind those behaviors and will only present those behaviors because of the rewards and reinforcements. As because of the neurodevelopmental disorders that cause children's brain receives and processes information differently, children with EBD often have a lack of understanding in those unspoken rules if it is not explained to them clearly (Jones and Jones, 2004). Which Farley et al. (2012) argue that the most essential support the practitioner should provide children should be the opportunity to develop controls and recovering skills on own emotions, as well as the opportunity for

children to understand other's point of view and feelings in order to develop skills such as respecting. The rewarding system focuses on adjusting children's off-task behavior and disruptive behavior, but does not cover the support when aggressive behavior occurs. Besides, it does not encourage much opportunity for social interactions and the development on children's social skills (Ryan et al., 2008).

Rios (2016) explains that the rewarding system does not provide long-term support for children with EBD, as most of the time if the rewards and sanctions are withdrawn, the child's behavior will change back to the beginning or even more challenging to handle as they are already used to respond to particular stimuli and behave in particular ways to achieve rewards. Where the major aim of the strategy might be varied when the rewards are more important than modifying the main issues that are affecting children (Rosenberg et al., 2004). However, Beaman and Wheldall (2000) explained that if practitioner provide opportunities for children to reflect and think about own performance and experience in each situation, such as allowing children to monitor their own behaviors and decided the reward or how many tokens they should earn after an incident, which could still develop children's ability to define own emotions and learn about positive behaviors while reflecting. Besides, they also recommend practitioner to remove tangible reinforcements in the system but increase more verbal reinforcements during the event, such as praising. Which are believed to enhance children's sense of achievement straightaway and provide them positive reinforcements and confidence to repeat the performance, and at the same time, decrease the possibility of the vacillation of the aim of the strategy (Evans et al., 2004).

In contrast to the rewarding system, the self-monitoring behaviour system provides a more effective approach on supporting children to understand themselves, including their own behaviors and emotions Hanover Research (2013). The self-monitoring behavior strategy could be demonstrated in diverse ways, including the documented self-monitoring of behaviors such as the level system or the check system. Besides, it could also be provided as a form system that children fill in daily (Alberto and Troutman, 2005). For the level system, it is similar to the rewarding system that is based on calculating and recording how the child is behaving, and to record the progression of their behaviors. However, the calculating and recording will be based

on children's reflection and their decisions on own behaviors, besides reinforcements will not be as often as in the rewarding system. The check system is similar to a tick box system that allows children to reflect and record what they have and have not achieved during the day. And at last the self-monitoring forms which allows children to record own behaviors and feelings in different situations, such as after an activity, a task or daily experiences (Farley et al., 2012).

The aim of the self-monitoring system is to provide the opportunities for children to observe and reflect on own behaviors and feelings. Children are encouraged to determine own performances and experiences and to see whether they achieved their targeted behaviors or not (Evans et al., 2004). The self-monitoring strategy is effective for children with EBD as it provides the opportunities for children to learn and develop the abilities on reflecting own behaviors and experiences. Children will develop awareness on their own types of emotions and develop understanding on their behavioural patterns. As children with EBD often perceive and comprehend messages differently to other children without EBD, so in order to allow them to understand what types of behaviors they should be modifying to, the abilities to understand their own emotions and behaviors are essential (Beaman and Wheldall, 2000). Besides, this strategy also allows children to develop empowerments on modifying own emotions and behaviors, which is believed that children will possess a better intention on their own development these aspects. Both of the strategies provide opportunities for modifying children's off-task behaviors and disruptive behaviors, but does not support much for children's aggressive behaviors. Beyond, both strategies focus more on the modification of behaviors in class but lack of supports on enhancing children's social well-being and the recovering skills from any emotional turbulences.

According to the Hanover Research (2013), peer's supports and reinforcements are essential in supporting children with EBD. Children with EBD will maintain a positive emotional well-being and feel happier and be more confidence when there are supports from peers. The inclusive approach to allow children with EBD to learn and develop with children who do not have EBD are essential (Choate, 2004). Children with EBD could learn to modify own behaviors and emotions by observing and copying how other children act and recover themselves during different kinds of

emotional turbulences, and their behaviors in class. Besides, children without EBD could also possess a better understanding about EBD to decrease the possibility of stereotyping, discriminations or bullying on children with have EBD (Katz and Mirenda, 2002).

As a conclusion, early interventions for children with EBD are essential under the legal requirements of the SEN Code of Practice for Wales (2004) and the Additional Learning Needs and Education Tribunal (Wales) Act 2018 (NAW, 2018). Children with EBD could be benefit by the types of strategies that are based on the behavioral model, cognitive-behavioral model, systemic model and strategies that based on psychotherapeutic supports (Hanover Research, 2013). In the two discussed strategies, children's off-task behavior and disruptive behaviors are supported to modify by both practitioner based system and children based system. However, both of the strategies do not provide much supports on helping children to modify the aggressive behaviors and social difficulties (Ryan, 2008).

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