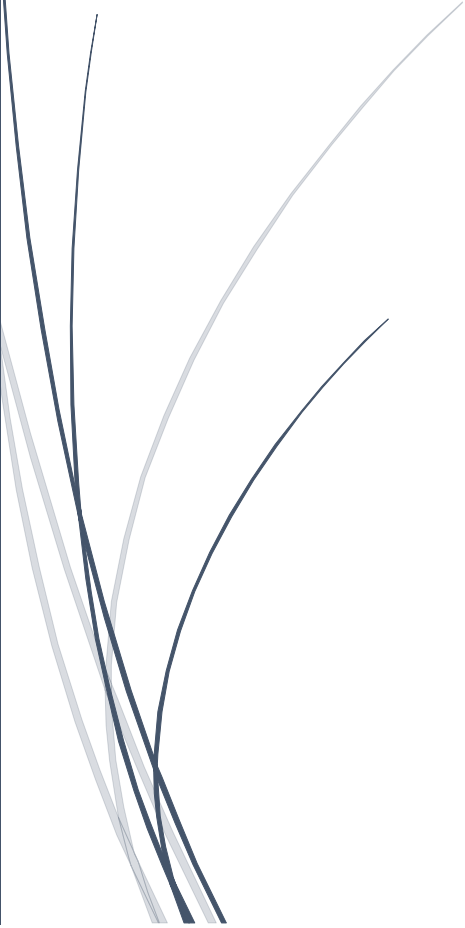




Portfolio

Additional Needs in Context

ECIE4003



Zoe Williams
Student Number: 2309079

How to support students with Low Literacy Levels.

What is Low literacy Levels?



Low literacy levels in children refer to difficulties or delays in their ability to read, write and understand written language at a level appropriate for their age.

(National Early Literacy Panel 2008).

Children with low literacy levels may struggle with:



- Reading comprehension
- Decoding words
- vocabulary
- Writing
- Fluency

(Murnane, Sawhill, & Snow 2012).

What causes a child to have Low Literacy Levels?



Low Literacy Levels can be caused by various factors including but not limited to:

- Lack of access to books or educational resources.
- limited exposure to language-rich environments at home or in early childhood.
- Additional learning needs like dyslexia.
- inadequate school support.

(Carver 2000).

How to support a child with Low Literacy Levels in the classroom?



- Provide differentiated instructions.
- Incorporate multi-sensory learning
- provide visual and contextual support
- Encourage collaborative learning and peer support
- Ensure all staff are aware of any pupils with an IDP and their individual targets

(Purcell-Gates & Dahl 1991).

Targeted Interventions to support a child with Low Literacy Levels.



- Guided reading
- Interactive read-aloud sessions
- Explicit phonics and vocabulary sessions.
- Targeted one-to-one literacy sessions.

(Vernon-Feagans, et al 2012).

Technology and literacy support.



A study conducted by Schladant, et al. (2022) concluded that "Ensuring access to high-quality learning experiences in inclusive classrooms requires that teachers and their support staff provide individualized Assistive Technology to support young children with disabilities."

This can be provided using Laptops with speech to text technology, audio books or reader pens

Literacy At home, Does it matter?



In 2012 a study was conducted by Baroody & Diamond to investigate links between home literacy environment and emergent literacy skills in pre-school children.

The study reported "*significant association between child-reported literacy interest and children's letter-word identification scores*" (Baroody & Diamond 2012).

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Understanding the Broad and Intricate Range of Additional Needs: A Holistic Approach to Inclusivity and Support.

By Zoe Williams

This essay will examine the wide and complex spectrum of additional needs. It will also provide a definition of additional learning needs, and it will examine the medical and social models of disability as well as drawing links between relevant theory, legislation, and school policy. The Welsh government defines Additional learning needs as “*A person has additional learning needs if he or she has a learning difficulty or disability (whether the learning difficulty or disability arises from a medical condition or otherwise) which calls for additional learning provision.*” (ALN Act 2021). The concept of additional needs refers to any condition or circumstance that requires extra support or adjustments beyond what is typically provided. Additional needs are not limited to disabilities but also include temporary or situational factors, such as mental health issues, emotional difficulties, or challenges related to language or social integration. The broadness of this definition highlights that additional needs can arise at any point in a person’s life and that support must be flexible and individualized (Knight & Crick 2022).

The medical and social models of disability provide differing viewpoints on how disability is perceived and managed. The medical model views disability as a problem within the individual, focusing on impairments that require medical treatment or rehabilitation. This model prioritizes healthcare intervention and often leads to social views of disabled people as passive recipients of care. (Bunbury 2019). In contrast, the social model frames disability as a result of societal barriers, such as inaccessible environments and discriminatory attitudes, rather than an individual’s impairment. It emphasizes the need for societal changes to promote inclusion and equal rights, empowering disabled people as active agents in advocating for accessibility and social participation (Goering 2015). While the medical model focuses on managing the individual’s condition, the social model calls for transforming society to accommodate diverse needs, leading to a more inclusive and equitable approach. (Scope 2022)

In mainstream schools, the social model of disability promotes inclusivity by focusing on removing societal and environmental barriers that hinder students with disabilities. (Chatzitheochari & Butler-Rees 2023). Montessori’s Educational Philosophy (1973) aligns closely with the social model of disability, both emphasizing the importance of creating inclusive environments that focus on abilities rather than limitations. Montessori’s child-

centred approach views students as active agents in their learning, with individualized instruction that adapts to each child's development stage. This method fosters independence and removes barriers to learning (Marshall 2017). This is achieved through differentiated instruction and Universal Design of Learning (UDL). UDL is an educational framework that seeks to make learning accessible to all students by providing multiple means of engagement, it recognises that learners are diverse, it proactively designs learning environments to accommodate a wide range of abilities ensuring lessons are accessible to all students (Sewell, Kennett, & Pugh 2022). Schools make physical adaptations and use assistive technologies to create accessible environments, while supportive policies, like Individual Development Plans (IDPs), foster inclusion in general classrooms. (Lourens, McKinney & Swartz 2016). Collaboration with multi-disciplinary teams and families further addresses students' needs holistically. Social integration is encouraged through peer support, inclusive activities, and disability awareness programs, while flexible assessments accommodate diverse learning abilities (Nolan, Doyle, Lewis, Treanor 2022).

The social model of disability offers numerous benefits to pupils with disabilities by shifting the focus from individual impairments to the societal and environmental barriers that hinder participation (Scope 2022). This model promotes inclusive education, ensuring that students with disabilities are integrated into mainstream classrooms and have equal access to learning opportunities. (Gov.UK 2010). By focusing on removing barriers rather than "fixing" the individual, the social model helps reduce stigma, fostering a culture of acceptance and respect for diversity. (Right to Education 2022). Pupils feel empowered in environments where the responsibility for change lies with the school system, not the individual, boosting their confidence and sense of belonging. Additionally, this approach encourages schools to provide personalized support through individual development plans and accommodations, ensuring that the unique needs of each pupil are met (Scior & Werner 2015). As a result, positive peer relationships are nurtured, as all students learn to interact and collaborate in inclusive settings, breaking down social barriers and encouraging mutual understanding. (Mencap 2022). In the long term, this model cultivates more inclusive attitudes, teaching students to view disability as a normal aspect of human diversity, thereby contributing to a more accessible and accepting society in the future. (National Centre for Social Research 2024).

The use of the social model in schools can be achieved in many ways, one of them being the use of scaffolding. Scaffolding is a pedagogical technique rooted in Vygotsky's sociocultural theory (1997). Scaffolding can take various forms such as asking leading questions, modelling

behaviours or providing hints and prompts (Taber 2018). The Education Endowment's Foundation (EEF) Special Educational Needs in Mainstream School's guidance (Cullen, et al, 2020), names scaffolding as one of five essential strategies that are an essential component of high-quality teaching, evidence suggests that this approach has the potential to benefit the learning of all pupils, including those with an Additional Learning Need.

The use of the social model of disability in schools can also be achieved with the use of differentiation. Differentiation refers to the practice of tailoring instructions to meet the individual needs of students, recognising that students vary in their abilities, interests, learning styles, and current knowledge (Eikeland & Ohna 2022). John Dewey's educational philosophy (1917) aligns closely with the principles of differentiation in the classroom. Dewey emphasized the importance of child-centred learning, he believed education should be focused on the individual needs, interests and experiences of each child. Differentiation has become a part of many school's policies, Tonyrefail Community Schools Equal Opportunities policy (2024) states *"Differentiation should be planned over time to ensure a quality first approach which meets the needs of all students and groups and maximises the use of any additional adults in the room."*

This essay has explored the wide and complex spectrum of additional needs. It has included a definition of additional learning needs and has discuss the medical and social models of disability as well as drawing links between relevant theorists such as Dewy, Vygotsky and Montessori, and school policy. Overall, the social model emphasizes equality and full participation by addressing barriers rather than focusing on impairments.

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Section 1C: Profile (About me)

- **What is important to the learner**

My family is important to me, especially my dad. I love sock puppets and interaction games. I like to show people what I can do. Routine is important to me, I like familiarity.

It is important to me to have set boundaries

- **What is important for the learner**

It is important for me to have appropriate attention and support. It is important for me to have a safe space I can access when I need it. Using prompt cards to regulate my emotions are important to me. It is important when I am in the wrong for people to support me and understand the incidents.

- **What is working and should be built on**

I like to be listened to and have time to speak to you about everything that excites me or interests me, I have an orange notebook that I carry with me. If I become "stuck" in a train of thought, ask me to write it down so I can share it with someone at an appropriate time.

- **What is not working and needs to change.**

Encourage me to build friendships with my classmates. Sit me away from distractions such as windows, Chunk my work into bite sized pieces so that I can complete a task before moving on to the next, Give me handouts and worksheets rather than me copying from the board

Section 2A: Description of the child or young person's additional learning needs (ALN)

Child A is a happy and interesting person. Their attendance at school is excellent and they enjoy coming, which is evident by the smile on their face as they enter in the morning. Child A is a keen gamer and will often have a favourite character or game that they will talk about. At present this is Sonic the Hedgehog. Child A loves the Courtyard and can often be found there interacting with the rabbits. They love to play 'tag' with the staff who supervise the area. Child A has been involved with external agencies since they were in Reception and received a diagnosis of ASD in 2022.

Cognition and Learning

Child A is an excellent reader with a vivid imagination, and their reading age surpasses their chronological age. However, they struggle with comprehension, which affects their ability to understand instructions and impacts all areas of their learning. This has been proven in their low WellComm, GL Exact and Language Link scores. Child A has difficulty with all areas of math. They require concrete resources to understand and develop all concepts. Child A finds it hard to organise themselves and often only wants to pursue their own interests, making it difficult for them to complete tasks set by their teachers. This lack of understanding and task avoidance often leads to behaviour points. When upset, Child A says things like “I don’t know”, “I can’t remember”, “I’m tired”, or “I miss Daddy”.

Communication and Interaction

Child A is very literal in their communication. They will talk at length to staff about subjects They enjoy, such as Sonic the Hedgehog, and will happily engage in conversations that interest them, often speaking rapidly and with an American accent. If asked a question, they may answer briefly before quickly returning to their preferred topic. Child A has a high CARS score, indicating challenges in social communication. They find it difficult to make and maintain friendships, preferring adult interaction and often spending time alone. Despite this, they have a sense of humour and enjoy sharing jokes with staff, frequently repeating them.

Behaviour, Emotional and social development

Child A often experiences meltdowns during the school day for several factors – work demands, lack of routine, sensory overload, unable to have their own way. These meltdowns can build up gradually, as indicated by their rocking back and forth, or occur suddenly and intensely, like a rocket. During these episodes, they may run through the corridors, hide, or cover their head with their coat. They can become easily upset, which may escalate into more challenging behaviours, requiring a long time to calm down. Child A often blames others and is reluctant to accept responsibility for their actions. They tend to become fixated on specific events and finds it challenging to move past them, holding onto grievances for extended periods and repeatedly bringing them up. They sometimes confuse reality with their imagination, previously believing they had superpowers and now frequently reliving negative events. Child A has made significant progress in managing the increased daily transitions to lessons, interventions, and breaks/lunch periods. However, there are still occasions when they struggle to navigate these transitions seamlessly and without incident. Despite their improvements, they occasionally find it challenging to adapt to the changes in their routine, resulting in moments of difficulty.

Section 2B1: Description and delivery of the child or young person's additional learning provision (ALP)

2B1.1) Intended outcome: These outcomes should be SMART (Specific, Measurable, Achievable, Realistic, Timebound).	By March 2024, Child A will be able to identify the main idea of a paragraph and answer who and where questions about specific details in a text.			
2B1.2) ALP to be provided: <i>This should include how often (daily, weekly); the type of support; who provides the support. The description of the Additional Learning Provision (ALP) should be very clear and precise, the above could then be split into smaller goals and targets.</i>	2B1.3) Should the ALP be provided in Welsh?	2B1.4) Organisation/ Service to provide the ALP, (e.g. NHS, Inclusion Service, Specialist Teacher, etc.):	2B1.5) Start date:	2B1.6) End / Review date:
Child A will access 3 x 1 hr sessions in the Engage provision where they will access the following as a mixture of 1:1 and group activities: Bespoke Literacy interventions to develop their comprehension skills. An LSA will start with stage appropriate texts that are relevant to them e.g. Sonic and ask who and where questions/to summarise the passage. It may be helpful in the first instance to have pictures supporting the text. As Child A becomes more familiar with the task, the pictures can become eliminated.	No	School A & LSA	22/03/25	25/10/25
2B1.7) Rationale for the ALP listed above: <i>If there is a difference of opinion it should be recorded here e.g. a difference of opinion between the child, child's parent or young person and professionals. The section could explain how different opinions have been taken into consideration before a particular decision was reached.</i>				
Section 2B2: Description and delivery of the child or young person's additional learning provision (ALP)				

2B2.1) Intended outcome: These outcomes should be SMART (Specific, Measurable, Achievable, Realistic, Timebound).	By March 2024, Child A will be able to create number bonds to 20 using Numicon.			
2B2.2) ALP to be provided: <i>This should include how often (daily, weekly); the type of support; who provides the support. The description of the Additional Learning Provision (ALP) should be very clear and precise, the above could then be split into smaller goals and targets.</i>	2B2.3) Should the ALP be provided in Welsh?	2B2.4) Organisation/ Service to provide the ALP, (e.g. NHS, Inclusion Service, Specialist Teacher, etc.):	2B2.5) Start date:	2B2.6) End / Review date:
Child A will access bespoke 1 x 40-minute Maths interventions a week to develop their knowledge of number bonds. All concepts reinforced will begin with the use of multi-sensory resources such as numicon, blocks, counters, abacuses, etc before moving onto the abstract.	No	School A, LSA	22/03/25	25/10/25
2B2.7) Rationale for the ALP listed above: <i>If there is a difference of opinion it should be recorded here e.g. a difference of opinion between the child, child's parent or young person and professionals. The section could explain how different opinions have been taken into consideration before a particular decision was reached.</i>				
Section 2B3: Description and delivery of the child or young person's additional learning provision (ALP)				

2B3.1) Intended outcome: These outcomes should be SMART (Specific, Measurable, Achievable, Realistic, Timebound).	By March 2024, Child A will be able to complete a task not of their choosing for 10 minutes with adult support.			
2B3.2) ALP to be provided: <i>This should include how often (daily, weekly); the type of support; who provides the support. The description of the Additional Learning Provision (ALP) should be very clear and precise, the above could then be split into smaller goals and targets.</i>	2B3.3) Should the ALP be provided in Welsh?	2B3.4) Organisation/ Service to provide the ALP, (e.g. NHS, Inclusion Service, Specialist Teacher, etc.):	2B3.5) Start date:	2B3.6) End / Review date:
Child A will access 2 x 40 minutes bespoke literacy sessions a week, An LSA will start with stage appropriate texts that are relevant to them e.g. Sonic and use pictures to support enhanced vocabulary. As Child A becomes more familiar with the task, the pictures can be removed and the text not of something they are familiar with/enjoys. The LSA will support Child A to determine the meaning of unknown words. Child A can complete a drawing to symbolise these new words to develop their recall of them.	No	School A, LSA	22/03/25	25/10/25
2B3.7) Rationale for the ALP listed above: <i>If there is a difference of opinion it should be recorded here e.g. a difference of opinion between the child, child's parent or young person and professionals. The section could explain how different opinions have been taken into consideration before a particular decision was reached.</i>				