

## LEVEL 5 ASSESSMENT SPECIFICATION



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| Programme:                      | BA Primary Education with QTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                      |             |
| Module:                         | The Rights of the Child: Inclusion and Diversity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                      |             |
| Module code:                    | ECAD5003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Contribution to Overall Module Assessment (%):       | 100%        |
| Lecturer:                       | Nanna Ryder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Internal Verifier:                                   |             |
| Assignment Title:               | Based on evidence from current research and policy as well as on data gathered from a group questionnaire, critically discuss an inclusive approach to supporting the needs of a particular group of pupils. Focus on <b>one</b> specific learning difficulty, disability or additional need for your discussion. Use ICT skills developed within the module to present your findings.                                                                                                                                                                                                                                                                                                                                                                                                                                     | Word count (or equivalent):                          | 4,000 words |
| Submission deadline:            | 30/04/19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Return date of provisional marks & written feedback: | 30/05/19    |
| Submission method:              | <p>All written assessments, where practical and possible, must be submitted via <u>Turnitin</u>, unless otherwise instructed by the Lecturer. (Please DO NOT put this assessment specification into <u>Turnitin</u> or it will match many similarities with other students' submissions.)</p> <p><b>Alternative submission method (if applicable):</b></p> <ol style="list-style-type: none"> <li>1. The individual assignment to be submitted via <u>Turnitin</u>.</li> <li>2. A hard copy of the group evidence file to be submitted.</li> </ol> <p><b>Late submission of the assessment will result in a late penalty mark.</b> Penalties for late submission: Up to one week late, maximum mark of 40%. Over one week late, 0%. Only the Extenuating Circumstances Panel may approve a change to submission dates.</p> |                                                      |             |
| Academic honesty / referencing: | Academic honesty is required. In the main body of your submission you must give credit to authors on whose research and ideas your work is based. Append                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                      |             |

Based on evidence from current research and policy as well as on data gathered from a group questionnaire, critically discuss an inclusive approach to supporting the needs of a particular group of pupils. Focus on **one** specific learning difficulty, disability or additional need for your discussion.

Use ICT skills developed within the module to present your findings.

Inclusion can be defined as a process by which all pupils are involved in the learning that is taking place within a classroom (Department for Education, 2016). This process spans from whole-school policies, to individual practices within a lesson so all pupils are able to access every opportunity that is on offer to them. No pupil should be prevented from reaching their full potential by an Additional Learning Need (ALN). Using an inclusive approach to pedagogy is vital in order to encourage all pupils within a classroom to realise their potential.

Estyn inspectors are asked to monitor the support available for those with Additional Learning Needs using three 'Key Questions'. These 'Key Questions' are in relation to: the quality of outcomes; the quality of provisions; and the quality of the leadership and management. Inspectors will monitor the outcomes of pupils with ALNs by looking at the standards that they are achieving in comparison to their targets, and the wellbeing of the pupils within the ALN bracket (Estyn, 2013, pp. 3). The provisions available for pupils with an Additional Learning Need can be dissected into 4 sections: learning experiences; teaching; care, support and guidance; and learning environment. 'Key Question' number three can be split into four sections: leadership; improving quality; partnership working; and resource management.

The term 'Additional Learning Needs' replaced the term 'Special Educational Needs' by the passing of the 'Additional Learning Needs and Education Tribunal Act, 2017' (Welsh Government, 2018, pp. 3). This act was implemented to ensure that a fully inclusive education system is available for all learners. This act has 11 Aims, these include: the introduction of the term 'Additional Learning Needs', increased collaboration between agencies, and the ALN Code. The term 'Additional Learning Needs' is applicable to anyone aged 0 to 25 years of age who have sensory, learning or physical needs that make learning more challenging than it is for most children of the same age (Dewis Cymru, 2018).

Additional Learning Needs should usually be met within mainstream schools and early years settings (Chaney, 2012, pp. 28). However, there are specialist provisions available, for pupils aged 11 and over, in the form of 'Special Schools'. In these provisions, a child's specific learning need can be supported by a specialist practitioner.

When comparing special schools to mainstream schools, it can be observed that special schools do not provide pupils with a high level of attainment in Language and Mathematics (García-Carrión, et al. 2018, pp. 2). In addition to this, Vygotsky (1978), theorises that interactive learning contexts are beneficial toward pupils with disabilities, encouraging them to strive toward higher learning levels and advancing to further stages of development. Furthermore, pupils with Additional Learning Needs have been known to benefit from interacting with peers of higher academic attainment, as this makes the curriculum more accessible to them. Students within the same learning environment without Additional Learning Needs have also been observed to benefit from a more interactive approach to pedagogy (García-Carrión, et al. 2018, pp. 2).

The specific ALN to be discussed is dyslexia. Dyslexia has long been classified as a 'language based' disorder, fixating on phonological difficulties as a key component (Adlof, 2018). However, through a combination of primary research, secondary research, and observations, it became apparent that dyslexia is a far more complex disorder than simply struggling to read and write.

Dyslexia is caused by issues within the left temporal lobe of the brain, regarding phonological processes. This holds direct links with articulation and the analysis of words to decode meaning (Ted-Ed, 2013). It is vital that adequate steps are taken to ensure that all pupils with an ALN within a classroom are able to work independently as far as possible. This is one of the UN Convention on the Rights of the Child acts, so therefore a legal obligation (UN Convention on the Rights of the Child, 1992. Article 23).

In order to complete this assignment, a group of 6 was formed to ensure that all bases of our chosen ALN were covered effectively. A range of ALNs were discussed and researched, eventually deciding to deepen our understanding of dyslexia as an Additional Learning Need. Meetings were held to ensure that everyone was on-track and that there was a consistent level

of understanding across the group. It was my role within the group to take minutes for each meeting to ensure that all of the action points were recorded for future reference.

The selected methodology for primary research was a combination of observations and a questionnaire. The intention of this was to form a triangulated approach by linking our findings from primary research to academic literature and theory found through secondary research. This allowed for a well-rounded understanding to be formed before any critical analysis took place. Whilst the triangulation between the aforementioned methods of research allowed for a more immersive insight into the struggles faced by learners with dyslexia, it was a far more time-consuming approach than relying on academic theory alone.

A questionnaire was created, combining questions based on the different ways in which Dyslexia could affect a child. These topics included: difficulties in reading and writing; memory issues; behavioural issues; and emotional issues. Within the cover letter, it was made clear to respondents that their responses were completely anonymous and they were free to withdraw from our research at any point. The University Ethics form was completed and it was agreed with the Module Lead that our research was ethical.

The chosen demographic was practitioners in different counties across Wales. Choosing a select demographic ensured that all respondents were qualified to provide a response and were likely to have been in direct contact with a learner with Dyslexia, as recommended by Norris, J. et al (2015). The questionnaire was electronically dispersed to Head Teachers whom were asked to forward the link onto their staff.

An issue associated with the use of questionnaires for primary research was receiving responses. There are many reasons for which people may not respond to a questionnaire. The number of questionnaires that people are being asked to fill in may be overwhelming (Hubbard, 1939). Hubbard (1939) also highlights concern in relation to the reliability of questionnaires, if they were re-circulated for a second time, would the results be the same?

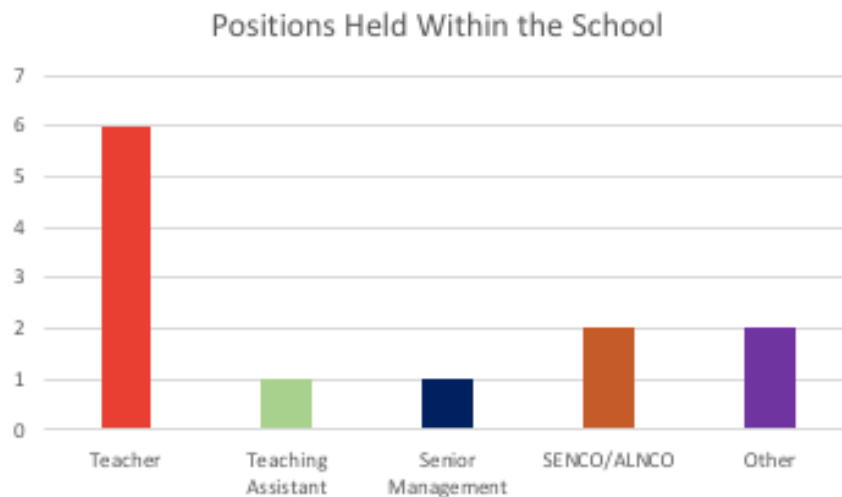


Figure 1: Question 2 Results

The responses received were from a range of job roles within the school (Figure 1). It may have been beneficial to add a text box where respondents were able to select 'other' as an option as it is not clear what role 16.6% of respondents hold within their schools.

Dyslexia is seemingly a common learning difficulty. 75% of respondents have experience with dyslexia according to the questionnaire (Figure 2).

It can be estimated that 1 in every 10 people in the United Kingdom suffers with some degree of dyslexia (National Health Service, 2018). This is supported by the responses given to 'Question 4' of the questionnaire, with  $\frac{1}{3}$  of respondents having supported more than 10 pupils with dyslexia throughout their careers. However, despite  $\frac{3}{4}$  of respondents having supported at least one child with dyslexia, 58.3% of respondents had received no official training in how best to support this group of learners.

Respondents With Experience With Dyslexia

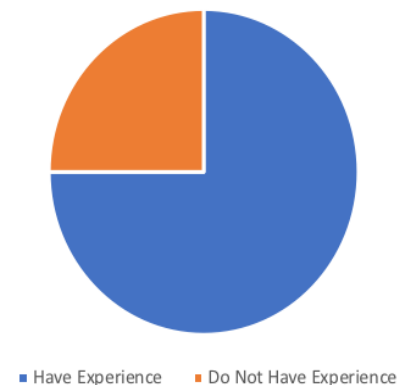


Figure 2: Question 3 Responses.

These findings are supported by Hogan (2018), who stated that many speech-language pathologists have no formal training in dyslexia and literacy. There are many organisations that specialise in supporting children with dyslexia, for example, Dyslexia Wales (2010). Dyslexia Wales offers a bilingual helpline, dyslexia screening, tutoring, courses, and events. It could be recommended that in order to fully support pupils who suffer with dyslexia, all staff within a school should be formally trained, especially when considering the prevalence of dyslexia within schools. Montessori's theory supports this idea as she stated that children

enjoy learning within an environment that is designed to cater to their specific needs (Pound, 2006).

One training programme that was mentioned in the questionnaire was 'Hands-On Literacy'. This is a programme based on five principles: using objects instead of pictures; using active games; using a range of textures; utilising a myriad of media when completing activities that are similar; and linking activities to topical themes and projects that are being carried out within the classroom (Pembrokeshire – SPLD, 2018).

This method of learning is supported by Dewey, who theorises that children learn by doing (Pound, 2006). In addition, Froebel theorises that play is vital in the development of children, fostering enjoyment and promoting emotional well-being (Pound, 2006).

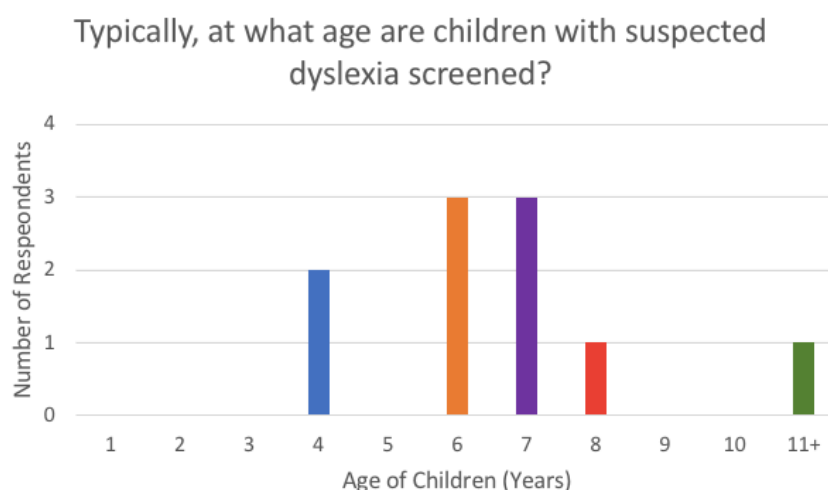


Figure 3: Question 8 Responses

When asked to identify the typical age at which pupils with suspected dyslexia begin the screening process (Figure 3), the results received were varied. 2 respondents stated that their school begins to screen pupils for

dyslexia when they begin reception at the age of 4. These schools use testing software that are able to identify symptoms of dyslexia before the child reaches the reading stage. The most common ages to begin dyslexia screening seem to be at 6 and 7 years of age, around Year 2 in the Foundation Phase.

This is significant as this is the stage where pupils should be able to use and link all graphemes and phonemes in order to segment and blend polysyllabic words (Welsh Government, 2015, pp. 19). Pupils who are at risk of dyslexia will, by now, be displaying more obvious symptoms, e.g. forming certain letters backwards. This may be a more reliable age to begin screening as the symptoms of dyslexia are less subtle by this point. However,

leaving screening until a later stage may have an impact on the child's self-esteem (Figure 4) where they will experience failure as a result of their disorder that no-one is aware of yet.

However, a respondent who encourages early screening referred to the 'Dyslexia Early Screening Test – Second Edition' (DEST-2). This is a programme containing screening tests for both ability and attainment, mainly in the areas commonly difficult for children with dyslexia. This programme will produce an 'at risk' score to indicate which pupils should undertake further testing. There are 12 sub-tests within the programme, including: rapid naming, bead threading, letter naming, and rhyme (Pearson Clinical, 2019).

Dyslexia has a Negative Impact on a Child's Self Image

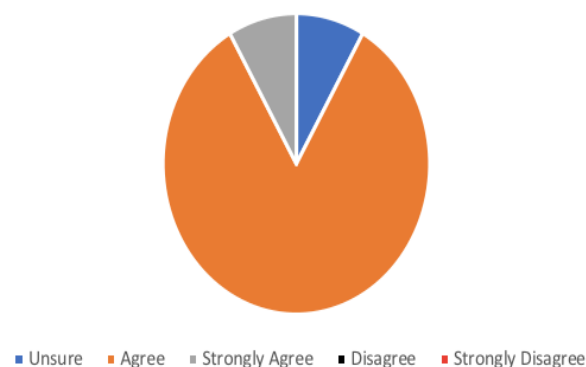


Figure 4: Question 18 Results

The importance of early identification of pupils with dyslexia has been discussed at length. Ozernov (2018) explains that when left unidentified, the years of failure caused by dyslexia can be detrimental to a pupil's self-esteem. This supports the findings of 'Question 18' in the Questionnaire. 'Figure 4' illustrates that over 90% of respondents agreed with the statement in question. It was

also evident during observations that pupils who

were struggling to achieve academically were significantly less confident than those who were not.

In addition to this, identifying pupils who may have dyslexia at an earlier age allows for them to receive earlier support in the form of interventions. Interventions are most effective when introduced at an earlier stage of development (Torgesen, 2000). It is suggested that when combined with effective intervention methods, early intervention could prove critical in improving the reading outcomes of many pupils.

One challenge associated with identifying dyslexia in a reception-aged pupil is that these pupils may not yet have the knowledge to know the correct way to form letters, making it difficult to identify if that pupil is 'at risk'. When completing early dyslexia screening, the warning signs of dyslexia are very subtle as the child is very young. As a result of this, 'false positives' are often produced. This occurs when a child performs poorly on the dyslexia

screening test but still develops typical literacy skills (National Center on Improving Literacy, 2018).

However, it can be argued that the early identification of children with dyslexia would allow for far earlier intervention. This, in turn, should ensure that support is available for those who require it before their education suffers as a result. As previously mentioned, dyslexia can be a catalyst for poor self-esteem, under achievement and poor motivation. Early intervention is designed to 'catch' a pupil before they enter this downward spiral (Snowling, 2013, p.7).

It has been noted that dyslexia has an impact on the left temporal lobe of the brain. As a result of this, it is thought that it may be possible to detect dyslexia in the brains of young children before they even begin to read using brain imaging (BBC, 2013). However, it has been said that 'At this present time, we do not think that brain imaging can be helpful for the early detection of children at risk' (Reading Rockets, 2019). It was further discussed that the technology available today would be too expensive to be implemented in schools, along with having the low specificity of the equipment making results unclear.

The Netherlands have introduced the Dutch Dyslexia Programme with an element dedicated to early intervention. Children who have a genetic history with dyslexia are known as being at familial risk of developing dyslexia (FR). The Dutch Dyslexia Programme aimed to investigate if implementing phoneme awareness training and highlighting letter-sound association in the pre-reading stage could inhibit the development of dyslexia (Leij, 2013, pp. 241). This study showed that early intervention was highly beneficiary to children at familial risk of dyslexia. Early intervention ensured that FR pupils did not fall behind their peers and were able to reach their expected targets when tested.

As previously discussed, dyslexia is not simply a 'language based disorder'. Appendix 1 shows that  $\frac{2}{3}$ <sup>rds</sup> of respondents believe that there is a direct correlation between children with dyslexia and children with dyscalculia. Dyscalculia refers to difficulty acquiring skills in relation to arithmetic, more so in the retention of number facts and the formation of numbers (Landerl, et al. 2009, pp. 309). When asked for reasons, respondents disclosed that they have observed children to reverse both letters and numbers, stating that any memory and processing challenges would remain regardless of the content of the task. However, this is not fully supported as Landerl, et al. (2009, pp. 321) explain that many children with dyscalculia

display deficits in numerical processing, but demonstrate good phonological awareness. It is the belief of Landerl, et al. that any correlation between the two disorders in one pupil is purely down to the presence of both disorders in that specific pupil. Disproving the response from the questionnaire further, the symptoms of dyscalculia are different to that of dyslexia. Symptoms of dyscalculia include: struggling to count backwards, having difficulty reading analogue clocks, and finding it challenging to place values (Dyslexic.com, 2016).

Additionally, there are social, emotional and behavioural difficulties that are associated to this ALN. Question 21 asks respondents to indicate what behavioural traits the children with dyslexia, that they have supported, demonstrated. 100% of respondents said that learners with dyslexia will sometimes try to avoid the task. Meanwhile, 81.8% of respondents stated that children with dyslexia will sometimes become quiet and avoid answering questions. When asked if dyslexia had a negative impact on a child's self-image, 83.3% of respondents agreed that it did. Following this, respondents were asked to describe and explain any strategies that they find beneficial in supporting the social implications associated with dyslexia. These support strategies include: Social groups, nurture group and memory club.

These opportunities hold strong links to one of the UN Convention on the Rights of the Child, the freedom of association (The UN Convention on the Rights of the Child, 1992, Article 15). Each child has the right to congregate with other children of similar interests. Providing learners with dyslexia with the opportunity to meet with other children who face similar challenges may normalise the ALN for these pupils, having a lesser effect on their self-image.

Dyslexia is an ALN that holds strong associations with literacy. When asked to identify what specific areas within literacy are the most challenging to children with dyslexia, the results were varied (Figure 5). As mentioned previously, the use of 'Other' in the question has left some discrepancies as to what the 'Other' area was.



Figure 5: Question 14 Results

However, it was clear that Oracy was not an area that is typically found challenging by children with dyslexia. Oracy is an area of the Language, Literacy and Communication Area of Learning where many children with dyslexia seem to excel (Peer and Reid, 2007, p. 66). Peer and Reid (2007) state that a learner with dyslexia should always be given the opportunity to discuss their ideas formally and informally before being asked to complete a written literacy task.

Children with dyslexia may feel more engaged in the task when they are able to discuss it with their peers first as an oral task is likely to threaten their confidence less than a written one (Peer and Reid, 2007, p.66). This is in agreement with Vygotsky's theory of Social Constructivism where children's ideas begin using social interaction before internalising what they have learned to be used individually (Waters, 2014).

However, Piaget's Constructivism theory states that the child is a 'lone scientist' who's learning should be a result of their exploration of the world. Piaget states that children should interact with their environment to make meanings for themselves (Waters, 2014). This removes the interaction between peers and any use of oracy as a literacy skill. Piaget would instead encourage the use of physical materials to support a child with dyslexia in their learning.

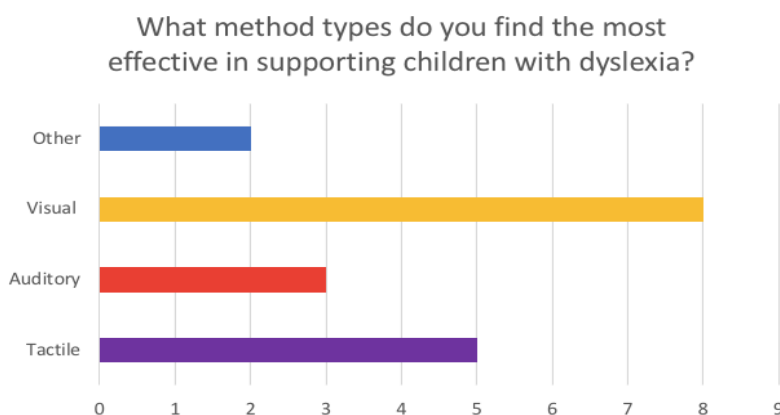


Figure 6: Question 10 Responses

'Figure 6' illustrates the responses received in relation to the methodology of supporting children with dyslexia. It is evident that visual methods were preferred by the respondents. Attaching an image to a word assists a child in remembering its meaning and spelling (Nessy, 2016).

In addition to this, it is recommended that large fonts, dyslexia friendly fonts; such as Times New Roman, Comic Sans, and Century Gothic, are used. When producing a worksheet, pupils with dyslexia should be asked which font they would rather read in order to create a

more comfortable reading experience for them. Images should be used to highlight the key topic of the lesson, and key-words should be highlighted in a different colour to draw attention to them.

Conversely, it could be argued that in order for a child with dyslexia to fully engage in a task, it should be multi-sensory (Bogdanowicz, 2016, p. 265). There is very little evidence to suggest that pedagogy based on learning styles is beneficial to the learner (Obaid, 2013, pp. 75). Commonly, a multi-sensory approach to pedagogy has been associated with reinforcing memory and increasing pupil engagement.

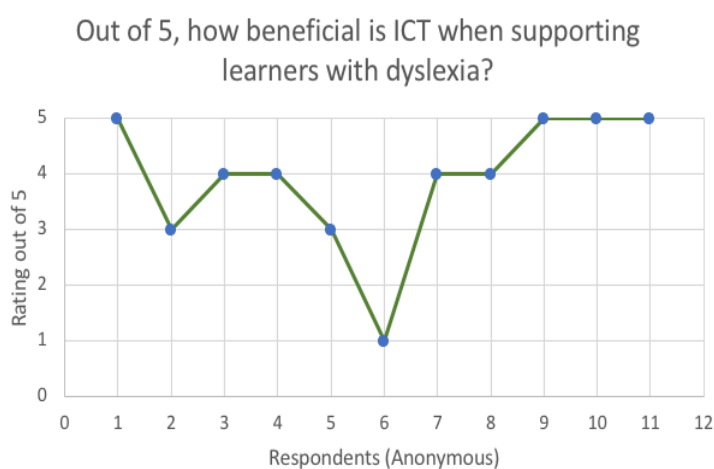


Figure 7: Question 16 Responses

Technology is a possible method of forming a multi-sensory approach. 'Figure 7' illustrates the value credited to the use of ICT by the practitioners involved in the questionnaire. The mean rating was 3.9/5. One third of respondents rated ICT as a 5-star resource. However, one respondent gave a rating of 1-star, this is potentially an anomalous result as it is 2-stars below the next nearest rating.

ICT can be utilised to support children with dyslexia through the means of Assistive Technology (AT). AT refers to devices and services that significantly reduce any barriers to achievement by enhancing the ability of the pupil, highlighting their strengths (Rose, et al. 2013, pp.7). AT is designed to enhance the performance of an individual, this is not necessarily exclusive to those with an Additional Learning Need (Zabala, 2010).

Opposing this however, it could be argued that ICT is not beneficial in supporting those with dyslexia, in agreement with 'Respondent 6' in 'Figure 6'. Dyslexia is an extremely varied disorder that does not have a 'one-size-fits-all' support mechanism. Different children with dyslexia struggle to grasp different skills within literacy and language. For this reason, a completely individualised program would be vital to provide every child with personalised

software to enhance their understanding of the topics that they find challenging (Rose, et al. 2013, pp. 8).

It is often suggested that learners with dyslexia should be provided with coloured overlays in order to alleviate visual stress. This type of support would be identified as ‘Visual’ within ‘Figure 5’, which was deemed as the most effective method type for supporting learners with dyslexia. Visual stress causes distortion of words and great discomfort for children with dyslexia when reading for prolonged periods of time. Coloured overlays reduce the glare from the page, easing the strain on the user’s eyes (Henderson, et al. 2013, pp. 57). When involved in an experiment, it was observed that using coloured overlays allowed readers to read jumbled words faster than they were able to without.

When tested with a control group of learners who did not have dyslexia, it was evident that 58% of learners showed an increased reading rate. In comparison, a group of learners who did have dyslexia were also tested, with 75% of pupils showing an increased reading rate (Henderson, et al. 2013, pp. 60). If this study is to be believed, it would be considered good practice to implement coloured overlays within classrooms across the board. This would be considered inclusive practice and may assist a learner with dyslexia in feeling less ‘exposed’ to their classmates.

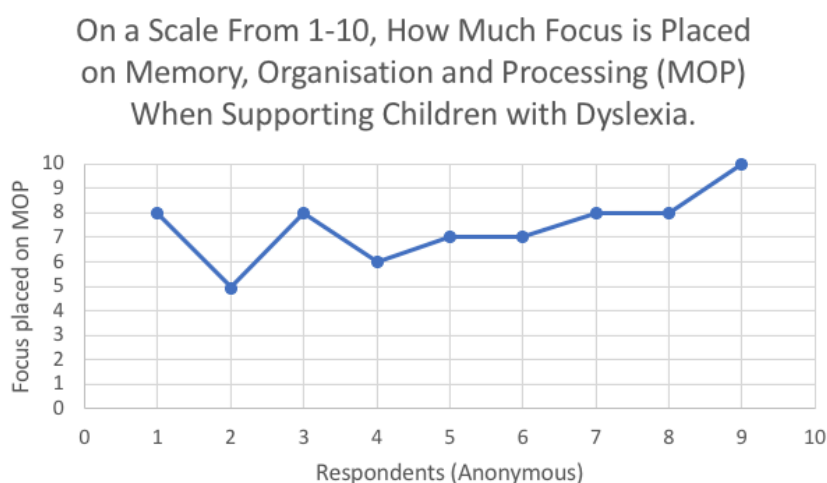


Figure 8: Question 17 Results.

‘Figure 8’ illustrates the focus given to memory, organisation, and processing (MOP), by practitioners when supporting children with dyslexia. It appears that MOP is given a relatively large focus by practitioners. It is common for children

with dyslexia to have difficulty retaining information in their short-term and working memory (Green and Reid, 2007). For this reason, it is vital that instructions are dissected into shorter steps so they can be easily retained by a learner with dyslexia. It may also be

beneficial to convert these small steps into a visual framework for the pupil to follow throughout the task. Breaking a task down will help pupils with dyslexia to focus on the more relevant information when forming their responses.

Inclusion is a human right for all children and should be the focus of all educational activities (Tilstone, et al. 2003, pp. 153). It could be believed that early intervention is the most essential element of inclusive practice with regard to dyslexia. 'Figure 3' illustrates that  $\frac{1}{5}$  of respondents advise the screening of all children before they begin to read, thus preventing the initial failure with an unknown cause. Identifying 'at risk' pupils and implementing interventions before they continue to learn to read can ensure that they receive a positive reading experience.

'Figure 4' supports the idea that dyslexia causes pupils to have a negative self-image. Early intervention has the potential to prevent children with dyslexia from experiencing lowered self-esteem as a result of an additional learning need that is out of their control. Wellbeing is paramount when considering the provision options for a child with Additional Learning Needs, as re-enforced by Estyn (2013) when it was included in the guidance for inspectors.

Whilst 'Early Intervention' may be vital in supporting pupils with dyslexia, it is equally important that a welcoming educational environment is created through the use of visual aids. Visual aids may include images, dyslexia-friendly fonts, and coloured overlays. The aforementioned research suggests that the use of such aids throughout the class will be nothing but beneficial to all pupils in the cohort. Additionally, providing this type of support to all pupils, not exclusively to those with dyslexia, demonstrates inclusive practice where the child with the Additional Learning Need is not made to feel different in a negative light.

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Appendices

Appendix 1

Is there a link between Dyslexia and Discalculia?

