

ECIE4003

Additional Needs in Context

Portfolio

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Element 1

*Poster – Outlining good practice in terms of supporting learners
with a specific learning need*

Gestalt Language Processing.

Gestalt Language Processing (GLP) is recognised as a natural developmental style through which some children acquire language. Rather than beginning with single words, these learners acquire and use larger chunks of language or scripts that they have previously heard (Blanc, 2012). Over time, these gestalts are gradually broken down into smaller units and recombined to generate flexible and original speech (Blanc, 2022). For example, a child may say "I need a band-aid" to signal a need for comfort, such as a hug—demonstrating the use of a memorised phrase in a context that does not match its literal meaning (Prizant, 1983).



How to recognise GLP?

- Children who are Gestalt Language Processors often use whole phrases or scripts instead of single words (Blanc, 2012).
- Echolalia is common:
 - Immediate: repeating what was just said.
 - Delayed: repeating lines from a book, TV show, or song heard hours or days earlier (Prizant & Rydell, 1984).
- Speech may include unusual intonation or rhythm, as phrases are repeated exactly as they were heard (Blanc, 2022).

How to support a learner with GLP?

- Acknowledge their communication: by nodding, smiling, or repeating their words to validate their attempts.
- Be a detective: to understand the meaning behind their phrases, as they are often linked to an emotion or experience rather than being literal.
- Follow the child's lead: in play by engaging with their interests, which can motivate them to communicate.
- Model language: using intonationally rich phrases and from the child's perspective, for example, using "I'm thirsty" instead of "Do you want juice?".
- Use visual aids and AAC devices: to reinforce language and concepts.
- Keep a record of the child's gestalts: to identify patterns and understand the underlying meaning. (Center, 2023)

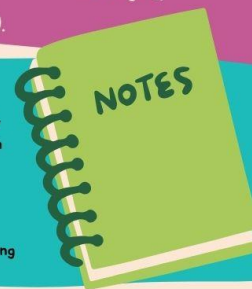
Inclusivity and Policies.

The Additional Learning Needs (ALN) Code for Wales 2021 emphasizes the importance of supporting learners to communicate in ways that are meaningful to them.

- Adopting a Total Communication approach: This involves using a combination of methods such as speech, symbols, sign language, gestures, and other visual supports to facilitate communication.
- Individual Development Plans (IDPs): These plans should detail the communication needs and preferences of the learner, ensuring that appropriate strategies and resources are in place to support effective communication.
- Collaboration with families and professionals: Engaging with families and relevant professionals is crucial to understand the learner's communication needs and to implement suitable support strategies. (GOV.WALES, 2021).

Theories to support GLP.

- The Natural Language Acquisition (NLA) model (Blanc, 2012, 2022) explains how some children, especially those on the autism spectrum, learn language using whole phrases ('gestalts') before breaking them down into smaller parts and creating their own sentences.
- It is a highly individualised approach, recognising that each child's language journey is unique.
- NLA works best with multi-agency support—educators, speech and language therapists, and families working together to provide consistent and meaningful strategies.



For further information and free resources visit: www.meaningfulspeech.com (Meaningful Speech, n.d.)

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Element 2

Essay - Explore the wide and complex spectrum of additional needs

This essay will explore the difference between the social and medical models of disability. Disabilities are complex and wide-ranging, and the way they are understood and perceived within society has changed over time. Two of the most influential ways of thinking about disability are the medical model and the social model. These models offer very contrasting ideas about where disability comes from and how disabilities should be addressed. Over the years, society's perceptions of additional needs have also evolved. Understanding these models and changing attitudes is important for teachers, healthcare workers, and policymakers who aim to create more inclusive and supportive environments for everyone.

The medical model of disability sees a disability as something that exists within the individual, as a problem caused by physical, cognitive, or psychological impairments. From this point of view, the main goal is often to “fix” or “cure” the person through medical treatment or therapy. For a long time, this model strongly influenced both healthcare and education systems. For example, a child with a hearing impairment might have been viewed mainly in terms of what they couldn't do, with the focus being on hearing aids or cochlear implants rather than on adapting the classroom. While these interventions can be useful, the medical model often fails to consider the role of society and the environment in creating barriers. This approach can lead to stigma, loss of independence, and a focus on what a person *lacks* instead of what they can do (see Smith et al., 2020; Johnson & Lee, 2021). In previous decades, children identified as having additional needs were frequently placed into separate schools or therapy-only groups, rather than being educated alongside their peers in mainstream classrooms. This segregation often limited their opportunities not only for academic development but also for social interaction with non-disabled classmates. For instance, a pupil with a learning difficulty educated in a special school might have had fewer chances to form friendships with children without disabilities, join mainstream extracurricular clubs, or be exposed to the same curriculum and expectations as their peers, all of which can restrict opportunities for social belonging, peer modelling, and positive identity development. Such segregation reinforces the idea that the child is “other”, often associated with lower expectations of achievement and fewer pathways to full participation in school life.

The social model of disability on the other hand, shifts the focus from the individual to society and what society can do to include individuals with disabilities. It suggests that disabilities are created by external barriers such as, inaccessible environments or

negative attitudes rather than by a person's impairment (Shakespeare, 2014). In other words, it is not the wheelchair user who is inherently the problem, but rather the built environment that lacks ramps, appropriate lifts, door widths or curb-cuts. When a building is designed without these accessible features, the person with mobility impairments becomes disabled by the environment rather than defined by their impairment (Welsh Government, 2019). The social model encourages changes in society, like more inclusive policies, better access to public spaces, and flexible teaching methods. For example, children with speech or language difficulties can be excluded by rigid classroom routines or tests. However, using augmentative and alternative communication (AAC) systems, visual supports, and integrated speech and language therapy can make learning accessible and inclusive for them (Blanc, 2012; 2022). This approach highlights that real inclusion happens when the environment adapts to the child — not the other way around.

Over time, society's perception of disability and additional needs has become more positive and inclusive. In the past, children with additional needs were often separated from others or taught in isolation (Lindsay, 2007). Today, inclusive education aims to celebrate diversity and provide equal opportunities for all learners. Policies such as the *United Nations Convention on the Rights of the Child* (UNCRC, 1989) state that “a child with a disability has the right to live a full and decent life with dignity and, as far as possible, independence and to play an active part in the community” (United Nations, 1989, Article 23). Similarly, the *Special Educational Needs and Disability (SEND) Code of Practice* (2015) supports every child's right to access education and participate fully in school life. These policies reflect the social model of disability, focusing on how systems can adapt to meet the needs of the child, rather than expecting the child to adapt to rigid systems.

Maslow's Hierarchy of Needs (Maslow, 1943) also helps us understand the broader experiences of children with disabilities. Maslow explained that people need to have their basic physical and safety needs met before they can focus on belonging, self-esteem, and personal growth. For children with additional needs, barriers in school or society can affect not just their learning, but also their confidence and sense of belonging. For instance, a classroom that isn't physically accessible or a lack of understanding from peers can make a child feel isolated. To support all learners, teachers can deploy strategies such as Universal Design for Learning (UDL), (Lohmann, M.J., Hovey, K.A. & Gauvreau, A.N. 2023) differentiated instruction and collaborative learning, which together address children's emotional, social and academic needs. UDL encourages planning lessons so that students can engage in different ways (e.g., through hands-on tasks, group discussions, digital tools), receive information in multiple formats and express their understanding via different means (e.g., verbally, visually, physically) rather than being constrained to a single route.

While the social model has greatly influenced modern thinking, the medical model still plays an important role. Some individuals do need medical or therapeutic support, and it would be unrealistic to ignore this. A balanced approach that combines both models often works best. For example, a child with cerebral palsy might benefit from physiotherapy (a medical need) but also from accessible classrooms and inclusive play opportunities (a social need). This combination recognises both the medical and environmental sides of disability. Working together through collaboration between educators, healthcare professionals, families, and policymakers ensures that support is holistic and meaningful.

In conclusion, the medical and social models of disability offer two very different perspectives, but both are important. The medical model focuses on treatment and individual needs, while the social model challenges society to create more accessible and accepting environments. When these models are used together, they provide a more complete understanding of disability. Inclusive policies, psychological theories such as Maslow's, and practical classroom strategies all help promote equality and participation. Although each model has its limits, both have made a lasting, positive difference in how we understand and support people with disabilities. By combining the strengths of both models, society can move closer to creating a world where everyone can reach their full potential.

References

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Element 3

Explore and summarise the additional learning needs of a pupil using a person centred planning approach.

(Based upon Section 1C IDP : Profile (About me)

and

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

Section 1C: Profile (About me)

- **What is important to the learner**
 - **My toy shark (also used as a transitional objects)**
 - **The snapping crocodile/ pop up pirate.**
 - **Watching story bots/ Bing/ Snail and the whale.**
 - **Playing with adults 1:1 (singing and making silly noises) Singing and counting songs and having a number jigsaw so i can see the numbers.**

- **What is important for the learner**
 - **I find transitions tricky and need to know what I am doing next. Please show me on a core board or use an object of reference.**
 - **I don't like to hold hands, but I can follow clear simple instructions when moving throughout the school.**
 - **I don't like loud and unexpected noises, please be patient with me if someone screams or the fire alarm goes off.**
 - **At times I will bang my head, I am usually overwhelmed when this happens. Please cover my ears with your hands this helps to calm me.**

- **What is working and should be built on**
 - **Feeling more confident entering new areas of the school.**
 - **Happy to follow the routine of the classroom.**
 - **Using a mix of core boards and objects of reference is working well. But we will look to focus on core boards and widgets in future.**
 - **Having ear defenders available in the event of loud noises.**

- **What is not working and needs to change.**
 - **Unable to focus on tasks for more than 5 minute intervals.**
 - **Not joining in with circle time if seated next to specific others.**

- Unable to join in with certain activities due to holding toy shark in hand.

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

Cognition and Learning

- Will repeat immediate and delayed echolalia. But is unable to communicate needs, feeling or ideas meaningfully. Will use some verbal communication, however this can often be learnt or repetitive phrasing that do not make sense to others in the context they are used.
- Limited interaction, engagement or interest in the environment surrounding them. Consistently on own agenda with fleeting attention and concentration.

Communication and Interaction

- High social communication difficulties observed. Not yet initiating interactions with peers or adults and prefers to play in isolation. Not tolerant of peers in personal space and can result in lashing out. E.g. hitting or pinching.

Sensory and/or Physical

- Presents with Avoidant/Restrictive Food Intake Disorder, which includes a significantly restricted range of accepted foods.
- Experiences difficulties with sensory touch. Ranging from refusal to wear a jumper or coat throughout the year and will also exhibit extreme anxiety during sensory play.

Behaviour, Emotional and social development

- Outbursts of anger and frustration, due to being unable to regulate and communicate needs or feelings.

Element 4

Discuss the potential support provided to your chosen pupil (utilising the key principles, approaches and policies that guide inclusive practice).

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

I have provided 4 section boxes in this template 2B1, 2B2, 2B3, 2B4.

This will provide space for 4 ALPs

If you require more, copy and paste the section box as needed – each ALP should be contained in its' own individual section box.

n.b. Each section box contains 858 title words – these do not count towards your word count for this element

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).	Child will be able to recognise when they need sensory input to help calm or focus.			
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:
• A sensory-rich environment: spaces or materials that stimulate touch, sight, hearing, smell and (where appropriate) taste and movement. • Individualised to the child's needs: what their sensory preferences and sensitivities are, their goals (attention, self-regulation, motor skills, communication.) • Structured but flexible: there is some routine or predictability, but also opportunities for choice, exploration and regulation. • Facilitated with purpose: the adult supports the child with appropriate prompts, modelling, scaffolding and gradually fades support as child becomes more independent. • Sensory sessions to be carried out daily by LSA, whilst always having sensory toys available around the class.	Yes / No	• Teacher input • 1:1 intervention with LSA • Input from advisory teacher.	September 2025	September 2026
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).	Child will create positive associations with food, while removing pressure to eat. Increasing child's exploration of food and expand food tolerances.			
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:
- Sensory food play sessions will be run 3 times per week by LSA. These sessions are to include a range of activities including messy food play, food-based arts and crafts, construction using food items, as well as role play with toy foods. - Sensory triggers will be managed at lunch and snack times by removing any other strong-smelling foods for the area, creating a quiet eating area or allow the use of ear defenders. - Other foods (non-safe foods) from the daily menu will be offered for at least 5 minutes before 'safe' foods are offered.	Yes / No	- Teacher input - LSA 1:1 and group interventions.	September 2025	September 2026
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> Mum believes that child should be allowed to eat in the sensory room, while able to walk around and come back to the food as and when they wish. Also to give child an iPad with 'the Gruffalo, happy birthday song' playing on YouTube during mealtimes. At this time, it has been decided that eating in the sensory room will not be possible. But we will look at reviewing this before September 2026 if eating safe foods within school has not increased.				

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).	Child will work towards using core boards and visual aids to communicate.			
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:
• A communication rich environment: core boards should always be available and visible, with symbols that support key vocabulary for everyday requests. • Adults are to scaffold communication by modelling functional language on the core boards, at every opportunity throughout the day. Using aided language input, waiting for responses, offering choices and gradually reducing prompts as independence develops. • Structured but flexible communication opportunities: routines encourage regular use of the core board- during play, snack time, transitions and learning activities. While still allowing space for spontaneous communication and choice making. • Core boards are to be used every day for as many tasks as possible, they can be used alongside objects of reference if needed.	Yes / No	All school staff who interacts with child.	September 2025	September 2025.
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> Childs mum has asked for copies of regularly used core board to be sent home so they can continue the use at home. It was also agreed that the teacher will make some more personalised core boards including home words (bed, brush teeth, get dressed) to be provided for at home use.				

