

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.

The aim of this assignment will be to consider how to implement an inclusive teaching approach to support pupils with additional learning needs (ALN). A child with ALN requires extra support within their learning; this could be due to a difficulty in learning compared to the majority of children their age or a disability which hinders them from using educational facilities commonly supplied to pupils their age (Welsh Government, 2004). The particular ALN focused upon throughout this essay will be dyslexia. Dyslexia has been defined as a “processing difference experienced by people of all ages, often characterised by difficulties in literacy, it can affect other cognitive areas such as memory, speed of processing, time management, coordination and directional aspects” (Reid, 2004 cited in Hall, 2009, p.7). Dyslexia is thought to be a genetic neurological condition which a person will have through their entire life; although this is the case by using suitable teaching methods the effects it has can be reduced (Welsh Government, 2012b). During the following discussion on the topic, different aspects of the ALN will be taken into consideration. This not only includes the academic difficulties associated with dyslexia, but also the behavioural and emotional impacts it may have. As well as this the writer will consider the rights of the child, how to ensure there is an inclusive environment within the classroom and why this can be beneficial. The evidence displayed within this essay will not only include current research; there will also be a link to data gathered from a group questionnaire sent out to schools from PTE in order to gain the perspectives of those working in education.

In a group of five, each individual researched a different ALN and read back to the group an overview of the topic, difficulties and challenges the child may be faced with related to the ALN and best ways to support the child's needs. Together it was decided upon that the ALN we would look into further would be dyslexia. The members of the group felt that when researching and sending out a questionnaire it was best to look into something that the participants of the questionnaire would have experience with. According to NHS (2018) on average an estimate of 1 in 10 people have dyslexia in the UK. Lawrence (2009) states that it would be realistic to suggest that a practitioner would come across one or two children with dyslexia within each class. Although this is the case, not all respondents had experience with dyslexia (see Figure 1). The figure does, however, demonstrate that dyslexia is a very common ALN as 75% of the participants have experience.

Figure 1. Pie Chart conveying whether or not the respondents had experience with dyslexia.



Due to dyslexia being such a common ALN, each member had a certain degree of experience with it which increased our interest in learning about the topic. After this decision was made the group was able to move forward with meetings, researching different aspect of dyslexia individually and feeding the information back to the whole group. During this time there were minutes kept for each meeting and examples of our research added to a file. This allowed us to begin the questionnaire and decide what information we wanted to gather.

While creating the questionnaire it was essential that the group adhered to certain guidelines in order to display good ethical conduct. The British Educational Research Association (2018) guidelines on consent and right to withdraw were followed; there was a cover letter to the questionnaire explaining that the participants had the option to not take part in the research at all and it was made clear that if they chose to withdraw at any stage after this, their data would be removed from the research. As well as this, participants were told the aim of the questionnaire, what the research would be used for and were given contact details to reach a member of the group if they wanted to be informed of the results. One of the reasons a questionnaire was chosen as our research method in order to gather data on dyslexia was due to its anonymity for participants. General Data Protection Regulation (GDPR) was taken into consideration and the members within the group ensured that the data gathered would be kept responsibly on secure files, as well as this it was decided that the data submitted by participants would be completely anonymous (GDPR, 2018). The questionnaire was created to find out information about what experience different practitioners have had with dyslexia. Overall the group received twelve responses off practitioners located from five different Local Authorities (LA). This is a good balance of responses from different areas as having responses from only one LA would be slightly bias as all experience and approaches may be similar. As well as this, although the majority of respondents are teachers, other practitioners working within schools also took part in the questionnaire (see Figure 2) which gives the opportunity to see if there are differing responses depending on the respondents role within the school.

Figure 2. Pie Chart depicting the role of the respondents within their schools.



“Dyslexia is evident when a child continues to demonstrate great difficulty in acquiring accurate and fluent word reading and/or spelling over a period of time” (Welsh Government, 2012a, p.5). Lawrence (2009) suggests that teachers are commonly the first to identify the signs and characteristics of dyslexia, however these signs are often missed or overlooked as not all children show obvious attributes; some characteristics that commonly manifest include the child becoming easily distracted, displaying a lack of confidence, having difficulty remembering a sequence of events in order, slow reading, poor handwriting and unpredictable spelling (NHS, 2018). It is also likely a child may be able to express what they are thinking in relation to a topic of work orally but struggle to express what they want to when trying to write it down (Welsh Government, 2012b). These are similar to some of the responses given by the participants of the questionnaire (See Figure 3).

Figure 3. Comment from respondent about what characteristics may lead to screening for dyslexia.

We screen a number of factors at this age. These might include memory (visual, verbal and auditory), organisational skills, levels of independence, phonic awareness and discrimination, letter naming, digit naming as well as manual dexterity.

When asked about the process of screening, the majority of schools responded that although some sort of assessments take place that teachers are often capable of identifying difficulties and screening certain children if required; this will then reveal whether the child may need further assessment related to a specific ALN such as dyslexia (Welsh Government, 2012a). Computer based screening can be beneficial as it is less demanding of the teacher however if it is given by the teacher it is likely more information will be learned about the child (Welsh Government, 2012b). According to Welsh Government (2012a) screening tends to begin when the child is 7-8 and will occur each year to test for any ALNs the child may have until they reach year 7. This lines up with what the age many of the respondents said they began screening.

According to Miles and Miles (1983) there is one of two ways that a child with dyslexia commonly reacts in uncomfortable situations in which they are not in control; they may sit near the back of the class, avoid eye contact and become quiet or they may behave in the opposite way and act up in an attempt to gain acceptance from their friends and peers. As the child's classmates begin to work at a higher level than them it can lead to a development of frustration and the child feeling they are unable to achieve their goals (Ryan and International Dyslexia Association, 2004). While the child ages it is likely their anger and frustration, amplified by their ALN, will grow with them (Miles and Miles, 1983). A child with dyslexia may be physically and socially immature in comparison to the other pupils their age which can contribute to the development of a negative self image; often the child will become fearful of school life and the confusion it brings, new situations become difficult as the child may anticipate failure (Miles and Miles, 1975). An average learner is likely to consider succeeding in school a result of hard work and if they fail or make a mistake they know to try harder; contrastly a child with dyslexia will consider class success due to luck and fail or mistake makes them consider themselves as stupid Thomson (2001).

All children have rights, a child with dyslexia has a unique insight to how the ALN impacts them and what help they may need during their learning; it is important that the child participates in decisions within education such as personal targets and always feels they are being listened to in order to involve them in their learning which can improve self image (Welsh Government, 2004). As a practitioner it is important to remember the importance of support and encouragement. Listening to the child's feelings and rewarding the effort they have put into something, not only the result they have received, is essential; it is important to remember not to discourage the child, certain words such as 'lazy' or 'careless' can damage self image and lead to a serious lack of confidence (Miles and Miles, 1975). According to (Ryan and International Dyslexia Association 2004) there is research to suggest that the majority of young children with dyslexia, of the nursery age, are happy and well adjusted individuals; the aforementioned emotional impact that the ALN can have tends to begin when the child begins to read and the instructions they receive do not match the style which would best support their learning. Another aspect that may cause difficulty for a child with dyslexia is handwriting. Miles and Miles (1975) suggests that using writing patterns can help significantly with this as it allows the child to practice movements used to write letters in an enjoyable activity that allows them to be creative.

If a child is struggling with reading and this is continuing when he reaches the age of 7 it is beneficial to use specific strategies to help their development even if they have not

been diagnosed; certain strategies to help a child with dyslexia can be used as a whole class (Miles and Miles, 1983).

“Links have been made between reading ability and emotional and behavioural difficulties. Children with behavioural difficulties may present as avoiding reading, and may miss significant time in lessons. Children with dyslexia may have lowered self esteem and when being asked to read out aloud, or do tasks where their reading level is not sufficient to access materials, they may ‘act out’ their feelings. This may result in their behaviour being targeted for support” (Welsh Government, 2012b, p. 26).

It is suggested that a cooperative partnership between schools, parents and others such as local education authorities (LEAs) is an important factor of helping a child with dyslexia or a differing ALN achieve their goals (Welsh Government, 2004). It is important to work with parents as they can have a significant impact on the child's education by taking on an active role to progress learning with activities at home. By actively discussing things with parents it can allow practitioners to draw on the parents knowledge of the child's strengths and weaknesses outside of the school setting and help identify to parents which areas the child needs more support; good communication can lead to improved provision and learning for the child and help everyone around them develop a detailed plan on how best to support the individual (Welsh Government, 2004). By giving a child plastic or wooden letter that they can hold, acting out the sounds with them at home and helping the child to use their fingers to draw the letters in the air or in sand, it can increase their familiarity with letters, the sounds they make, the way they look and their shape; this is multisensory learning as it allows the child to link what they see, feel, hear and touch and can make things seem clearer to them (Miles and Miles, 1983). Another way parents can help is by reading out loud to the child with dyslexia; due the difficulty they face when encountering reading a child will attempt to avoid this task however if they are being read to aloud it opens the door to the enjoyment reading can bring instead of a cause for anxiety (Miles and Miles, 1970).

If a child begins to fall behind and have difficulties in school it can cause vulnerability and add to a lack of motivation and negative self image (Miles and Miles, 1983). Research suggests that these feelings of inferiority develop by the age of 10 and after this point it can be very difficult to help a child develop a positive self image; this is an important factor to consider when discussing early intervention (Ryan and International Dyslexia Association, 2004). Miles and Miles (1983) suggest that if it is not explained to a pupil with dyslexia that there is a reason for their difficulties with learning, they will often label themselves as stupid or dumb. Only one respondent from the questionnaire

mentioned early intervention (see Figure 4) and underlined that every child in their school have early screening.

Figure 4. Comment from respondent about what age children begin to be screened for dyslexia.

We do the DEST screen at the start of their reception year which is a screening designed to flag up those children that may show signs that dyslexia may be a risk. we then give them early intervention in the form of Hands on Literacy program. They are reassessed throughout the Foundation phase and if they still show signs of Dyslexia they have a more in-depth screening.

Wood and Shears (1986) underline the importance of observing children with ALN in differing circumstances and lessons in order to track their progress or identify what approaches and methods develop their learning most. There are many techniques such as this that allow practitioners to identify the child's abilities in different areas, however, it is also important to have specific training related to specific ALNs such as dyslexia in order to provide the correct support. "Head Teachers are responsible for making sure their staff have adequate levels of training in the identification and support of pupils with learning difficulties. Where funding is delegated to the school, the Head Teacher is required to employ suitably qualified dyslexia specialist teachers" (Welsh Government, 2012a, p.22). Although this is the case a large 58% of respondents to the questionnaire had undertaken no training at all (see Figure 5), 33% had undertaken 5 hours or less of minimum training which one respondent stated they remembered none of (see Figure 6). This left only 1 respondent who had over 10 hours training.

Figure 5. Pie Chart displaying the amount of training respondents have had in relation to dyslexia.



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Figure 6. Comments from respondent specifying what kind of training they have undertaken in relation to dyslexia .

1	anonymous	Hands on literacy - interventions to support the development of early reading skills. DEST2 - dyslexia early screening tool. Supporting pupils with dyslexia in the classroom - general INSET.
2	anonymous	Ways to support Dyslexic pupils
3	anonymous	I no-longer remember
4	anonymous	Local authority twighlights
5	anonymous	In-house training within staff meetings

Two main issues found with training are a lack of funding which makes it difficult to ensure teachers are making use of training programs, secondly there is a concern about

Newly Qualified Teachers (NQTs) having a lack of confidence in their ability to teach literacy and relying heavily on intervention from a specialist teacher instead of providing support themselves (Welsh Government, 2012a).

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