

Dyslexia and Your Child

A brief guide for Parents



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1. What is dyslexia?

'Dyslexia' literally means 'difficulty with words' (from the Greek *dys*, difficulty and *lexis*, word).

Dyslexia is a problem in the acquisition of reading, spelling and writing, sometimes known as a '*specific learning or language difficulty*'. Occasionally, arithmetic and aspects of spoken language are affected. These difficulties contrast markedly with the child's facility in other areas of intellectual skill.

The term '*developmental dyslexia*' is often used to describe children who fail to acquire written language easily and whose written language is delayed.

The Rose report describes dyslexia as a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling.

2. What other terms are used to describe dyslexia?

There are many terms used and the terminology can be hotly disputed!

These include: *dyslexia; specific dyslexia; developmental dyslexia; specific learning difficulty; specific reading difficulty; specific language difficulty*. Other less often used terms include *word-blind, strephosymbolia* and *acute dyslexia*.

It is important to differentiate between dyslexia and other developmental disorders such as autism, Aspergers Syndrome or Attention Deficit Disorder.

The important point is that the difficulty is relatively specific to spelling, reading, writing and some other cognitive skills. It does not mean low intelligence, poor hearing and vision, primary emotional problems or bad teaching.

In relation to the 1981 and 1993 Education Acts, the dyslexic child clearly comes under the 'special educational needs' category. In the Code of Practice on the identification and assessment of special educational needs, dyslexia is exemplified under 'specific learning difficulties'.

3. What are the features of dyslexia?

The Rose report on dyslexia (2010) describes the following features of dyslexia.

'Characteristic features of dyslexia are difficulties in phonological awareness, verbal memory and verbal processing speed'.

Difficulties in these areas can be thought of as reflecting disorders in the systems that are involved in processing information about word sounds (phonology). In practice, this means that children with dyslexia often find it hard to:

- retain spoken information within their short-term memory systems;
- access spoken information from long-term memory
- reflect on the units of sounds within words.

It is not difficult to see how such a set of difficulties would impact on the learning of vital aspects of reading and writing, such as encoding, decoding, segmenting and blending.

4. How do I know if my child is dyslexic?

An assessment of your child by an educational or clinical psychologist is required.

This might include evidence from other sources: medical, speech therapist, teacher or parent. However, crucial evidence comes from a full assessment of intelligence and abilities, attainments in reading, writing and spelling and diagnosis in phonological (sound) coding, memory and other perceptual skills. These are obtained from a psychologist.

An assessment may be obtained through the Local Educational Authority via the Schools Psychological Service, an agency specialising in such assessments (e.g. East Court Assessment Service, Dyslexia Action) or another independent educational psychologist.

A psychologist will be looking for a discrepancy between intelligence and attainments, a particular pattern of intellectual skills, certain types of reading, including weak decoding skills and spelling errors, weak phonological and short-term memory skills and so on. A detailed report describing the findings should be made available to you.

5. How do I know if I should arrange for an assessment?

Parents may observe many assorted features that provide clues.

These include:

- A puzzling gap between written language skills and intelligence.
- Delayed and poor reading and spelling, often with persistent reversals and disordering of letters, syllables and words (d/b, was/saw, place/palace), 'bizarre' spelling (raul/urchins, kss/snake, tars/trumpet) and others which are more recognisable (wayt/wait, pant/paint, boll/doll).
- Confusion of left/right direction.
- Sequencing difficulties, such as saying months of the year in order; poor directional scan in reading; weak sequential memory.
- Poor short-term memory skills (repeating digits; following complex instructions).
- Problems in acquiring arithmetical tables.
- Problems in repeating polysyllabic words (sas'tis'cit'al for statistical, per'im'ery for preliminary).
- Difficulties in expressing ideas in written form.
- Difficulties in dividing words up or recognising sound/symbol associations.

Other associated factors may include late language development and continued pronunciation difficulties; ambidexterity or mixed handedness; similar problems in other members of the family; clumsiness, poor graphic (writing) skills; dyspraxia.

6. Can my child's difficulties be overcome?

Yes, if appropriate, teaching help is given. If not, the reading, writing and spelling of dyslexic children lag further behind their chronological age.

The problems can be difficult to overcome and expectations should be realistic, particularly in relation to complex spelling and written expression. If the right help is given, however, there is no reason why the dyslexic child should not be able to fulfil his or her own educational potential and read and write competently.

7. What is 'appropriate' or the 'right' help?

Teaching should match task to learner by the careful development of an individual programme based on the child's particular need. For example, linking sounds for spelling or blending would require a different emphasis for a child with problems in copying or visualising spelling patterns. Of course, some children may have all of these problems.

There are, however, some general principles. Teaching needs to involve the overlearning (i.e. thorough teaching) of English orthography. This implies teaching the structure of sound-symbol patterns and rules in a programme that is sequential: that is, at a level appropriate to the child's attainments, becoming more complex in a systematic fashion. A multi-sensory, structured, phonic approach is a key feature.

The Rose report lists the following as agreed teaching requirements for dyslexics:

- Multisensory methods
- Planning/ delivering lessons to: experience success
meet individual needs
- Using a structured phonic program
- Regular consolidation and refinement
- Good relationship/rapprochement with learner
- Helping self awareness in learning and developing e.g. concentration, working memory, learning strategies.

8. Research shows that dyslexics do improve with:-

- ✓ Small group (or 1 to 1) teaching.
- ✓ As early identification and help as possible.
- ✓ Understanding and encouragement.
- ✓ Multi-sensory techniques - tracing sound-symbol association and simultaneous oral spelling.
- ✓ A structured approach based on established phonic principles.
- ✓ Matching task to learner e.g. individualising instruction based on careful assessment.

- ✓ Teaching to strengths and remediating weakness where appropriate.
- ✓ Mnemonics and 'concrete' aids.
- ✓ Sequential, progressive, small steps.
- ✓ Help in organisation
- ✓ Constructive, supportive, exciting classroom experiences.
- ✓ Whole school approach.

9. Dyslexics do not improve with:-

- x Unspecific remedial methods or "more" unfocused reading and spelling.
- x Extra attention and psychotherapy alone.
- x Being left to "grow out of it".
- x Training visual or auditory perception alone, unless within written language itself.
- x "Patterning" or other "neurological" exercises to develop laterality, although a careful motor development programme will help the "dyspraxic dyslexic".
- x Punishment or threats.
- x Inappropriate labelling, such as 'thick', stupid, lazy, maladjusted.

10. How can my child obtain help?

Initially, you may require a diagnosis of your child's difficulties. This might be a diagnosis of 'dyslexia' or 'specific written language difficulty'. It would also be helpful to get your child recognised as requiring special educational treatment by the statementing procedure under the 1993 Education Act. Your Local Education Authority, Councillor, M.P. or Dyslexia Association can advise here. The teaching help your child requires may be obtained from:

- Attending a school which has a Remedial Teacher or Special Unit dealing with dyslexic difficulties. Sessional or in-class help may be given.
- Attending a local centre specialising in dyslexic problems, usually on a sessional basis. (Conversely, a specialist teacher may visit the school).
- Attending a school catering specifically for dyslexic children, which provides a programme of special help geared to their needs. Schools specialising in helping dyslexic children can give intensive and full-time help.

The choice of option will depend on your child's particular personal circumstances and his or her degree of dyslexia. It is important, however, to obtain help from a person experienced and trained in teaching dyslexics.

11. Current Provision

The following is the current LEA provision for SEN

The Three Waves of Provision

Wave 1 - Quality First Teaching - The majority of children achieve well through high quality classroom teaching. When children are being taught to read, Quality First Teaching provides high quality, systematic phonic work as part of a broad and rich curriculum that engages children in a range of activities and experiences to develop their speaking and listening skills and phonological awareness.

Wave 2 - Small group and one to one interventions - Some children require additional support to achieve well. This can often be provided through small group, time limited intervention programmes delivered by a member of the school's classroom based support team that will advance children's progress and help them achieve in line with their peers.

Wave 3 - Intensive support - This is for those children who require the personalised approach of a programme that is tailored to their specific, often severe, difficulties. It is usually taught as a one to one programme by a teacher or a member of the support staff who has undertaken some additional training for teaching children with reading difficulties.

12. Is dyslexia a rare phenomenon?

No. On the contrary, there are many dyslexic children ranging from those who are completely unable to master the alphabet to those with problems in written expression alone.

Estimates vary, depending on the criteria used, and range from 1 to 25% of the population. A reasonable estimate, based on research using reading criteria of 2½ years or more behind that expected by age and intelligence, would be 4%. Thus, in a class of 25 there may be two dyslexic children; in a primary school of 250 ten or more, and in a comprehensive school of 1,500, around sixty children. Based on child population statistics (children aged between 5 and 16 years), there would be some 394,300 dyslexic children in the U.K. alone!

One important factor concerning incidence is the ratio of boys to girls, which is around 4:1, although this varies slightly. The higher incidence of dyslexia among boys may be due to the generally slower development amongst males but is more likely to be due to the greater facility shown by girls (on average) in verbal skills, many of which underlie written language.

13. What causes dyslexia?

Research is still being undertaken on this perplexing question but it is clear that dyslexia is not a 'disease' or 'defect' to be 'cured'. The problem is an individual difference in learning style resulting in some children finding the acquisition of written language inordinately difficult. The following are some associated "causes":

- A delay or difference in the way the brain specialises for language; in other words, a brain organisation not favouring symbolic and sound-symbol processing. This is not brain damage or defect but relates to individual differences in lateralisation of language function. In another culture or language, the dyslexic child might be 'normal' and the rest of us 'different'. There is also evidence that dyslexics process phonological (sound) coding in a different part of the brain from non-dyslexics.
- Problems in processing speech sounds, particularly in segmentation of sounds and in awareness of the phoneme (sound unit) structure.
- Difficulties in phonological (i.e. sound) coding (i.e. translating and storing) of written language information into sounds.
- Wider difficulties give rise to problems in learning alphabetical names, internalising and remembering spelling patterns, reading phonically, giving letters and words verbal meanings, sequencing and direction. In other words, these difficulties give rise to dyslexia.

Other theories include (i) difficulties with automaticity of sound coding linked to the cerebellum (ii) tracking problems associated with the magnocellular component of the visual system associated with tracking.

14. Where can I obtain further information?

Other publications are available from:

The British Dyslexia Association, 98, London Road, Reading, Berks RG1 5AU
Tel: 0118 966 2677

Council for the Registration of Schools Teaching Dyslexic Children (CreSTeD), The Administrator, Greygarth, Littleworth, Winchcombe, Cheltenham, Glos GL54 5BT. Tel/Fax: 01242 602689

Dyslexia Action, 133, Gresham Road, Staines, Middlesex TW18 2AJ
Tel: 01784 463851

The Helen Arkell Dyslexia Centre, Frensham, Farnham, Surrey GU10 3BW
Tel: 01252 792400

There are other agencies and local associations who give information. The addresses may be obtained from the British Dyslexia Association.

Further reading may be obtained from:

The Psychology of Dyslexia: A Teacher's Handbook by M. E. Thomson (Wiley, Blackwell, Chichester, 2nd edition 2009).

Dyslexia A Teaching Handbook by M. E. Thomson and E. J. Watkins (Wiley/Whurr, Chichester, 2nd edition 1999).

Developmental Dyslexia: Its Nature, Assessment and Remediation by M. E. Thomson (Whurr, London, 3rd edition 1990).

Counselling and Dyslexia by R. Scott (Whurr/Wiley, Chichester, 2004).

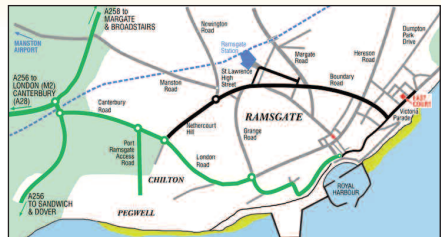
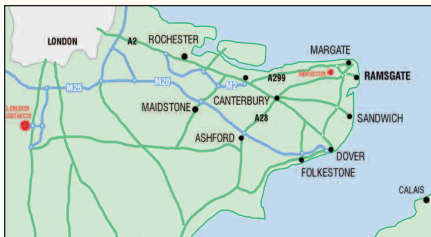
Developmental Disorders of Language Learning and Cognition by C. Hulme and M. Snowling (Wiley - Blackwell, Chichester, 2009).

Location

East Court Assessment Centre is ideally located on the sea-front in a quiet, residential part of Ramsgate. The Centre is situated in offices above the Orchard Nursery in Lyndhurst Road. Visitors to the Assessment Centre should go to The Orchard Office.

Ramsgate is very accessible. We are less than a two-hour journey by road from central London (it takes longer to cross London from East to West!)

The town has main line rail links to all parts of Britain. Dover and the Channel Tunnel are an easy 45-minute car journey away.



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