



DYSLEXIA

FOR RAINBOW PRIMARY SCHOOL



WHAT IS DYSLEXIA?

- A learning difficulty affecting one or more of **reading, spelling & writing** (Peer, 2001)
- A **continuum** ranging from mild to severe, not a distinct category (Rose, 2009)
- A **heterogeneous** syndrome, meaning that whilst many children show some of the following difficulties, these can vary between each child (Taylor, Hume, & Welsh, 2010)

DIFFICULTIES YOUR CHILD MAY BE EXPERIENCING:

- Phonological awareness
- Verbal memory
- Verbal processing speed
- Sequencing information
- Maintaining attention
- Coordinating motor movements

(Wood, Littleton, & Sheehy, 2008)

What
causes
it?

van Bergen, van der Leij and de Jong
(2014):
No single
explanation can
account for dyslexia

Which
interventions
work?

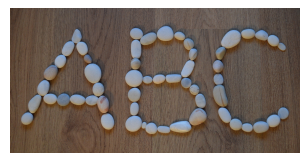
ESI steps to Effective Intervention:

Explicit:

Indicate patterns in
texts:

" The **br**own **c**ow
saw a **f**lower "

,instructor modelling,
multi-modality
learning:



Systematic:

Logical
progression of
material, in small
steps

Intensive:

Frequent practice
and feedback,
smaller groups

(Al Otaiba, Rouse, &
Baker, 2018)

Reading ability has a
genetic basis (Grigorenko, 2004)
but the influence of
genes are not indicative
of a differential dyslexia
diagnosis (Elliot, 2015)

Teaching method is
likely to **exacerbate**
reading difficulty rather
than cause it (Elliot, 2015)

Despite suggestions that
symptoms of dyslexia
are due to auditory,
visual and cerebellar
deficits, the
phonological deficit
theory remains the
dominant explanation.
However, **not all** with
dyslexia show this
deficit (White et al., 2006)

Only **phonological training*** is
statistically proven to improve reading
and spelling performance in children
with difficulties (Galuschka, Ise, Krick, & Schulte-Körne, 2014)

Intensive, explicit phonics based
interventions can lead to **enduring**
gains in reading skills (Torgesen et al., 2001; Vadasy,
Sanders, & Abbott, 2008)

Be mindful of articles advocating
coloured overlays, as there is **no**
reliable evidence for their role in
alleviating reading difficulty (Suttle, Lawrenson, &
Conway, 2018)

Parents can help children to improve
their reading ability by **listening to**
them read and **tutoring them in**
specific literacy skills (Sénéchal & Young, 2008)

To make home-tutoring more **effective**,
parents may want to implement '**ESI**'
principles

*Phonological training teaches letter-sound correspondence
(F = 'fuh') and the segmentation and blending of phonemes
(fl-ow-er = flower) (Rose, 2009)

THE DIAGNOSTIC LABEL

N.B. Although debate around this topic is controversial, it is important that parents are provided with an understanding that is based on **scientific** research

A diagnosis will determine the support my child needs and enable them to access it

Efficacious reading interventions are designed and suitable for **any** child who struggles with reading, it thus follows that a child does not need a diagnosis of dyslexia to determine or access the appropriate support at school (Elliot, 2015). It is now widely advocated that children receive resources, not on the basis of a diagnosis, but on the basis of efficacy (Response To Intervention (RTI)) (Hayes & Frederickson, 2015), as this welcomes a more socially just system of resourcing (Elliot, 2015). Moreover, Ho (2004) suggested that labelling may cause schools to overlook problems that exist within their teaching systems, which may hinder a child's progress rather than support them.

A diagnosis is a relief

A diagnosis may be a relief to parents, firstly as they might believe it will aid their understanding of their child's condition (Ho, 2004). However, research into the cause of dyslexia is inconclusive (Elliot, 2015), thus a diagnosis may merely confirm parents' pre-existing knowledge that their child has literacy difficulties. Secondly, as the label is still associated with a discrepancy between reading achievement and IQ, parents may believe that it will protect their child's intelligence from being negatively perceived (Elliot & Grigorenko, 2014). However, it is now understood that dyslexia occurs across a range of intellectual abilities (Rose, 2009). Recent research has also shown that children with and without this discrepancy show the same cognitive ability, RTI (Stuebing et al., 2002, 2009) and prognosis (Flowers, Meyer, Lovato, Wood & Felton, 2001) - therefore questioning the need for a separate dyslexia label altogether (Siegel, 1992).

The label is empowering

It has been argued that a label may cause people to overlook the individuality of those with a condition, this may elicit negative expectations and stereotypes (Ho, 2004), which, given the heterogenous nature of dyslexia, is extremely problematic. It is recognised though, that those with dyslexia may experience high self-esteem due to the label providing a positive outlook on one's difficulties (Taylor et al., 2010) - however, Educational Psychologists (EPs) advocate that a label isn't required to celebrate everyone's uniqueness!

Can an Educational Psychologist help?

If your child is struggling despite school staff's best efforts to implement accommodations & extra support from a Special Educational Needs Coordinator (SENCo), the next step may be to involve an EP. EPs support schools, teachers, parents and children by drawing on psychological research to understand learning difficulties. The 5 main services that EPs offer are: consultation, assessment, intervention, training & research. They deliver these across 4 levels to help young people reach their full potential:

individual

Examining the child's strengths and weaknesses, using complex problem solving to identify how the child's needs can be met

group

Supporting parents and friends, delivering intervention programmes to groups of children

organisation

Aiding schools in their improvement, training school staff to support children, sharing good practice across different schools

system

tem

Offering knowledge to the wider community, informing policies

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