

Supporting children with Dyslexia

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Introduction

One of the most common forms of additional learning needs diagnosed and as many as 10% of the population are believed to be dyslexic (British Dyslexia Association, 2022).

It is defined as a specific neurological learning disability. It is characterized by the difficulty of accurate and / or fluent word recognition and poor spelling and decoding skills. Secondary consequences are reading comprehension problems and poor reading experience (International Dyslexia Association, 2017).

This definition is widely used by other organisations such as the British Dyslexia Association and is a definitive current definition (British dyslexia association, 2022).

Dyslexia is a difficulty in learning to decode, meaning read aloud, and to spell, classifying it as a form of neurodevelopmental disorder Snowling, Hulme and Nation (2020).

However the history of dyslexia is complex, and there may be several 'species' of dyslexia and it reflects a family of disabilities. It is clear there is a history of confusion regarding dyslexia which shows in how it is identified and diagnosed (Snowling, Hulme, Nation, 2020).

Identifying and diagnosing

The earlier dyslexic difficulties are identified the better the chances of putting the child on the road to success. It is critical that practitioners are aware of symptoms of dyslexia to ensure swift intervention (Rose, 2009).

The signs and symptoms of dyslexia differ in individuals, and each child will have a unique pattern of strengths and weaknesses (NHS, 2018). There are several common symptoms that parents can spot (NHS, 2018). These include delayed speech and showing little understanding or appreciation of rhyming words or nursery rhymes. However, these symptoms are not necessarily enough to identify dyslexia, as these can be the result of other factors (NHS, 2018).

Symptoms can get clearer as children start school, due to them focusing more on learning to read and write. These are when the most known symptoms of dyslexia can begin to present, including confusing the order of letters in words, problems learning the names and sounds of letters and struggling to learn sequences amongst others.

These symptoms are used to encourage early intervention and diagnosis, however, Siegel (2006) argues that many people wrongly believe that the defining symptom of dyslexia is writing letters and words backwards and this has been discredited by research from Lieberman et al amongst others. (Siegel, 2006, p. 581-587)

Ellis (2016) argues that backwards reading seems to be a graded thing, and it is not possible to divide the population into dyslexic and those who are not. Therefore it seems unlikely that there will exist a symptom that will quantitatively distinguish dyslexics and non-dyslexics (Ellis, 2016).

Barriers

Significant barriers exist surrounding dyslexia that includes staff not having the correct training or support with how to recognise symptoms, identify, and support the diagnosis of dyslexia. Practitioners should receive training on not only the main characteristics of dyslexia but also regarding how to refer pupils for evaluation and taking the next steps. This will lead to better detection of dyslexia (Cunningham, 2021).

Well trained, aware and effective practitioners are critical to the success of inclusion and breaking down supposed barriers. (Kormos and Neejakawska, 2017).

Indrarathne (2019) states correct teacher training has a positive impact on how to accommodate dyslexic learners into the language teaching process. The attitudes of teachers has long been recognised as a decisive factor for the successful implementation of good practice in education, and practitioners with negative attitudes towards dyslexia seem to be those linked with a lack of awareness and knowledge of dyslexia (Indrarathne, 2019).

Martan, Mihic and Matosevic (2017) studied how negative attitudes and a lack of training has led practitioners to create barriers for children with dyslexia. They recommended a more systematic education for practitioners, in particular on how to adapt teaching materials so students with dyslexia have no barriers towards their learning (Martan, Mihic and Matosevic, 2017).

Children with dyslexia are also subject to bullying and discrimination through stereotyping leading to emotional consequences (Abbot-Jones, 2021). In addition to this the author states that anxiety related symptoms have been common findings in case studies of children with dyslexia. Research by Novita (2015) supports these findings, as results confirmed children with dyslexia have anxiety and self-esteem issues, however they are keen to point out that not all children with dyslexia display these symptoms as they vary individually (Novita, 2015).

Strategy

Henderson, Tsoka and Snowling (2012) state visual stress is alleviated by the use of coloured overlays, and due to studies linking visual distress with dyslexia, coloured overlays are widely distributed to individuals diagnosed.

Coloured overlays help as visual stress results in hypersensitivity in the visual cortex causing it to overreact. The coloured overlays then distribute the excessive excitation and therefore mitigate the symptoms of visual stress (Uccula, Enna and Mulatti, 2014).

The use of coloured overlays for individuals diagnosed with dyslexia remains a controversial topic. This is supported by Denton and Meindl (2015) that suggest coloured overlays are a common but controversial intervention as some research suggests they are not useful for those diagnosed with dyslexia. However they are commonly used by educators as there is research to suggest they make a difference.

On one side, certain colour overlays are more effective than others. For example a yellow background with turquoise overlay was beneficial for those with dyslexia, as it helped shorten the time duration for the task compared to other coloured overlays used (Jackovlevic *et al*, 2021) Research shows both pastel and intense overlays are beneficial for reading of children with dyslexia (Jackovlevic, *et al*, 2021).

However, research conducted by Stagg and Kiss (2021) found that no reading benefit was found for dyslexic students by using coloured overlays as it did not reduce the number of reading errors or increase reading speed.

In an attempt to clear confusion Wilkins *et al* (2016) found that using coloured overlays are an effective way of helping reduce the impact of visual stress, however the authors stress that coloured overlays should not be expected to reduce reading difficulties that stem from poor linguistic and phonetic processing, difficulties that define dyslexia.

Using coloured overlays has a positive effect on helping those that suffer with visual stress, but practitioners must be aware that simply using coloured overlays with an individual diagnosed with dyslexia is not going to enable them to read more fluently or with greater accuracy.

Conclusion

Dyslexia is an incredibly complicated but common additional learning need. It is vital that practitioners receive the best training possible to understand exactly what dyslexia is and how best to identify the signs at a young age.

Numerous studies support the idea that early intervention is vital to support children with dyslexia and to ensure they retain full access to the curriculum.

Through this, barriers caused by dyslexia are removed and enable children diagnosed to realise their full potential. Strategies such as coloured overlays can be useful, but must be used with other strategies for maximum effect.

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