

Dyslexia

The NHS (2022a) describe Dyslexia as a specific learning difficulty that effects the reading and writing abilities of individuals. One in 10 people living within the UK, are considered to suffer from Dyslexia. Often people will define Dyslexia as a person seeing letters jumbled up or backwards, However, Wireman (2017) express that Dyslexia is more about how the brain processes language and the ability to recognize sounds that make up word formation, Greeley (2018) supports the view that, it is how the brain processes information and states that pictures of the brain indicate that when people with Dyslexia read, they use different parts of the brain to that of others.

Identification and Diagnosis

The British Dyslexia Association (2022a) state that children can display signs of Dyslexia from the early years right through to adulthood. Early signs include difficulties learning nursery rhymes, sitting still and paying attention to stories, difficulties learning the alphabet and sequencing. As children reach primary school indicators can be poor concentration, spelling, writing, and reading progress along with other signs.

The NHS (2022b) express that only a certified assessor can diagnose Dyslexia. However, there are certain tools and checklists available from websites such as (The British Dyslexia Association, 2022) that will give an indication if Dyslexia could be present, although they do not give a formal diagnosis. The Dyslexia Research Trust (2022) express that diagnosing Dyslexia without a formal diagnosis can be difficult as often symptoms can present similar symptoms of other Additional Learning Needs such as ADHD, Dyspraxia and Autistic Spectrum Disorders.

Dyslexia - Supporting Children with Additional Learning Needs – ECEY6006



If a parent is worried that their child might have Dyslexia, then the NHS (2022b) recommends the first point of contact to be the child's teacher and the schools ALNCO to discuss such concerns. And if there are still doubts ask for them to be referred to an educational psychologist for an assessment, who will also be able to provide a diagnosis and an analysis of the child's strengths and weaknesses.

(Source: Wierman, M. 2017)



Benefits of Early Diagnosis

Lovett *et al.* (2016) emphasizes that early diagnosis is key to optimizing children's outcomes and to allow the brain enough time to learn what words look like. However, according to Davies (2020) often many assessors like to wait many years before assessing children, because some diagnostic tests are not aimed at younger children and therefore, they would be assessing a child's skills that have not been yet learnt. Despite this information Lovett *et al.* (2016) express that waiting for diagnosis can also mean waiting to fail, therefore early intervention is needed straight away.

Barriers to Learning

There are many barriers to children's learning for instance, Handler (2016) states that Dyslexia can often be overlooked as it is not related to intelligence or a person's IQ and therefore difficult to detect in an otherwise bright child. Often dyslexic children are perceived as being lazy however they work longer and harder than their peers. Cuningham (2021) suggests that most children with Dyslexia are not identified or identified too late which can lead to a reduction in child outcomes, contributing to low self-esteem. Nixon (2012) supports this view and states that late diagnosis can affect children's confidence, leading to further distress in children's learning and achievement.

Inclusion

Blue (2021) suggests that developing an inclusive and supportive environment for children with Dyslexia will help them feel more included. The Child Mind Institute (2022) agree and further state that children's efforts should always be acknowledged by praise in order to help with their self-esteem, even if mistakes are spotted within the child's work, then the child's strengths still need to be pointed out in order to develop a pathway for future learning. Nutbrown Clough and Atherton (2013) suggest that introducing playground buddies can support inclusion and help with children's self-esteem, children that feel included and have a support network around them are less likely to feel stigmatized for having an additional learning need. Behrmann (2016) states that Teachers can help children feel included by not asking them to read in front of the class, not giving them lists of words to spell but instead one word at a time.

Support Strategy

Denton and Meindl (2016) suggest that coloured filters are often used in classrooms to assist with reading issues, these include both lenses and overlays. Coloured overlays are plastic sheets that are placed over text for reading and coloured lenses are worn in glasses. Slocombe (2021) expresses that coloured filters work by making text bolder by creating the illusion that the text stands out, some colours will be more effective on some children than others, therefore it is important that they are tried and tested. However, Smith (2018) suggests that such visual aids are only effective on children who have visual Dyslexia, therefore have no benefit to some children. Wilson (2015) agrees with this notion and expresses that some visual aids can cost hundreds of pounds and have no advantage.

Conclusion

Dyslexia is a lifelong condition that effects 10% of the population, this means that one in three children in a class can have some form of Dyslexia. Early intervention is important with children with this condition, so that they have time to learn and gain the right level of support which will contribute to better academic outcomes. Supporting inclusion at home and in the classroom is essential to ensure that a child does not feel stigmatized for having an additional learning need and good parent and teacher partnerships are also important so that everyone is working towards the same goals. Using visual aids may help some children with Dyslexia, However, their effectiveness is yet to be acknowledged in some publications therefore it is important that such aids are tested out, before spending unnecessary funds.

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