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|  | **DYSLEXIA** |

**Introduction**

The term **dyslexia** is still contentious, but there are now areas of agreement between the various stakeholders, that it may be identified by *substantial difficulties* with 1. below, and possibly other items from the following list:

1. Word reading, both sight words and decoding.
2. Phonological skills.
3. Spelling, writing and maths.
4. Visual processing, balance, coordination etc.

A widely accepted definition is from the Rose Report, 2009:

* Dyslexia is a learning difficulty that primarily affects the skills involved **in accurate and fluent word reading and spelling.**
* Characteristics features of dyslexia are difficulties **in phonological awareness, verbal memory and verbal processing speed.**
* Dyslexia occurs across **the range of intellectual abilities**.
* It is best thought of as a continuum, **not a distinct category**, and there are no clear cut-off points.
* **Co-occurring difficulties may be seen** in aspects of language, motor co-ordination, mental calculation, concentration and personal organisation, but these are not, by themselves, markers of dyslexia.
* A good indication of the severity and persistence of dyslexic difficulties can be gained by examining how the individual **responds or has responded to well-founded intervention**.

 (Rose, 2009, p. 32)

**Indications**

It can be seen that the definition is imprecise, and with ‘no clear cut off points’, and identification remains a judgement. Interpretation of ‘substantial difficulties’ can be problematic, as children may be working two or even three years below age expectations with no diagnosis of additional needs.

Poor single word reading is crucial. If a child can read, but can’t understand what they read, or make inferences, there may be a learning difficulty, but not dyslexia. Poor phonological skills usually contribute to poor phonics, which impacts on decoding, and so on, but sometimes word reading can be disrupted by poor visual processing. Reversing letters and numbers is not an indication of dyslexia.

Children with English as an additional language may struggle with English phonology at first, if their cradle tongue has different phonemes. This will impact on learning phonics, reading and spelling, but is not an indication of dyslexia.

**Causes**

Causes of dyslexia remain a mystery, although in recent years there have been some promising theories which attempt to draw together the apparently wide range of possible symptoms. However, they are only theories, so can only support us to understand what might be happening.

One of these theories is the **Delayed Neural Commitment Theory (Nicolson, 2019)**, which explains dyslexia as a disruption to ‘normal’ cognitive processing, causing a slight delay in forming the cognitive templates required for rapid and accurate interpretation of incoming stimuli, and creating responses. This delays the process of automatization, and if cognitive processes are not automatic, they drain cognitive resources, making processing even slower. Processing demands and speed may vary from time to time, even for the same or similar task, depending on what else is going on in the background. This accounts for inconsistency, which is a feature of dyslexia. This is a massive over-simplification, but an understanding of the fine details is not required.

**Assessment and Diagnosis**

Assessments take place at Dyslexia Tests UK premises in Orpington, but visits to a client’s home address can be arranged at an additional cost, depending on location.

Karen is a qualified and experienced teacher, with additional specialist qualifications in dyslexia tuition and assessment. She holds a current assessment practising certificate and is a member of the British Dyslexia Association, the Dyslexia Guild, PATOSS and the British Psycholgical Society.

Diagnostic assessments are a fairly lengthy process, and comprise several tests of ability and attainment, including underlying cognitive processes such as working memory and processing speed, as well as the usual tests of decoding, word reading, comprehension, spelling and writing. A Maths assessment can be included if required.

Identification is a judgement, and requires careful consideration of background history, educational history, and results of a wide range of tests. Questionnaires will be sent to parents to find out as much relevant information as possible, and school reports, records of interventions and a teacher questionnaire will also be requested. Administering the required tests takes a minimum of 2 ½ hours. After the assessment a face to face/Zoom verbal feedback session may be arranged, and the written report will follow with 10 working days.

Once confirmation of a diagnostic decision has been made, a report with a finding of dyslexia may be used for a number of years. The diagnosis is necessarily robust, so children are not over-identified as dyslexic. Although actual needs and targets will change over time, the underlying diagnosis should not. For this reason, dyslexia assessments may seem light on the details of family history or educational targets and teaching plans, because these details are unlikely to remain relevant over time. If a short term teaching plan with specific targets is required, please mention this at the time of assessment.

**Ways Forward**

Children with dyslexia will benefit from structured, systematic multi-sensory teaching, where each small step leads logically to the next, and there are many opportunities for revision and practice. This is not vastly different from everyday teaching, especially in the early years of primary school. It is sometimes called ‘precision teaching’. All teachers can do it, there is nothing special or different, just smaller steps, more repetiton, revision and patience.

It is not necessary to have a diagnosis of dyslexia to access appropriate help, as this should be matched to observed needs. Conversely, a diagnosis of dyslexia may not necessarily trigger additional support in school, if satisfatory progress is being made with the current level of support. However, interpretation of ‘satisfactory’ may be problematic.

Children displaying sensory motor problems should be referred to the Occupational Therapist, as conventional dyslexia therapy will not impact on sensory problems, and it may be necessary to work on these first.

**Working Memory**

Children with dyslexia may also have poor working memory. As working memory is crucial for learning, it may be useful to take action to improve working memory capacity, rather than to find ways to work around it. If working memory is very poor, it is difficult to teach strategies, even simple rehearsal.

New Cogmed Working Memory Training is available to improve working memory capacity, which will strengthen your child’s cognitive platform and make it easier for them to learn and retain new information.

Please visit the New Cogmed site ([www.cogmed.com](http://www.cogmed.com)) to find out more about this exciting product.

**Stronger Working Memory Helps Children to Learn How to Learn**

Learning how to learn has a high impact for a very low cost. Learners will be able to monitor their own progress as they increasingly take control of their learning, and develop problem-solving skills, but this is very difficult when working memory capacity is poor.