

# [A an irish exemption. as i am](https://assignbuster.com/a-an-irish-exemption-as-i-am/)

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A topic ofprofessional interest which is relevant to the provision of diverse learners isthe educational experience of children with a specific learning difficulty.

Inan education system where inclusion is very relevant, I want to discover moreabout what children with a specific learning difficulty face. UNESCO 1994states that “ a more inclusive education system is recommended worldwide withless segregation of children with special education needs”. Where do childrenwith a specific learning difficulty fit into this inclusive education system? The Report of the Special Education Review Committee (SERC)(1993, p. 86) defines a specific learning disability as ‘ impairments inspecific aspects of reading, writing and arithmetical notation, the primarycause of which is not attributable to assessed ability being below the averagerange, to defective sight or hearing, emotional factors, a physical conditionor to any extrinsic adverse circumstances’.

The specific learning disabilitieslisted are dyscalculia, dysgraphiaand dyslexia. For the purpose of this assignment I will research dyslexia. I will look at theaffects of labelling and how inclusive or exclusive it is for the pupil. My currentthinking is that a dyslexia diagnosis is something that can be receivedpositively or negatively at first, yet generally through time is becomes morepositive. My thoughts are in no way definite and I am very open to researchingthe topic.

As I am a teacher in amainstream primary school my view point will be somewhat focused on that area. Having worked with infants for many years I have experienced many children presentingwith dyslexia type learning needs, some in later years received an officialdiagnosis. The youngest child I have dealt with who received a diagnosis hadjust turned eight. The reasons I have an interest in this topic is due to thefact that statistics report that 10% of the population are people withdyslexia, therefore as a special education teacher in an Irish school it iscurrently the most common learning need I deal with daily. I am also interestedin the supports that are available to children with dyslexia raning from ascribe in state exams to an Irish exemption. As I am researching this from anIrish teacher’s perspective I hope to also gain an insight into othercountries, their policies and procedures.

Interestingly depending on thecountry in question the percentage of people with dyslexia can be higher orlower than 10% as some languages are harder to learn and therefore the percentagemay differ. Currentpractice is Ireland for special education teaching has recently changed forPrimary Schools with the introduction of circular 0013/2017. What is nowreferred to as special education teaching was previously referred to aslearning support or resource teaching. The old model put an emphasis ondiagnosis and therefore a label to receive support whereas the new model hopesto move away from this to some extent, yet will it be effective? With thesequestions and queries in mind I will try to develop a deeper understanding andreflect using Borton’s Developmental Framework; ‘ What, So What, What Next?'(Borton 1970) This was then adapted by Rolfe and his colleagues as theFramework for Reflective Process. (Rolfe, 2001) Thefirst step of this framework – What?                                                                   Whilstreading I will focus on the first stage of the reflective framework – I havemany what questions with the main one being “ What research is there regardinglabelling and dyslexia?” “ What do children with dyslexia experience, is therea stigmatism to labelling, is labelling a positive or negative? How do you getthis label? The thoughts of parents and educators will also be to the forefrontof my mind whist reading.” Is a label of dyslexia a positive or negativeexperience for someone presenting with/diagnosed with the specific learningdifficulty of dyslexia?” The secondstep – So what? Nextthrough reading and analysing the relevant literature, research and policy Iwill decide what is important and relates to my queries about my “ what” question and others that may arise during reading. I will provide a summary ofthe literature. The finalstep – What now? In thefinal stage of Borton’s reflective model I will take into consideration howthis process of reflection will affect my mindset and in turn teaching.

This modelsuits me best due to its simplicity and recommendations for starting out on thereflective process. 716          LiteratureReview ‘ Dyslexia is a specificlearning difficulty which makes it hard for some people to learn to read, writeand spell correctly.’ (DAI, website) This is a description of dyslexia in itssimplest form. The DAI then give further detail ‘ Dyslexia is characterised bycognitive difficulties in (1) phonological processing, (2) working memory, and (3)speed of retrieval of information from long term memory. Dyslexic difficultiesoccur on a continuum from mild to severe and affect approximately 10% of thepopulation.

People with dyslexia may experience greater stress and frustrationas they endeavourto learn, resulting in heightened anxiety, particularly in relation to literacyacquisition. People with dyslexia may also have accompanying learningstrengths.’ (DAI, website). Currently in Ireland Dyslexiaexists; people are being diagnosed daily, yet for many years there has been anongoing debate regarding dyslexia, which is appropriately referred to as thedyslexia debate. Interestingly theAmerican Psychiatric Associations Diagnostic and Statistical Manual (DSM-5), inits final version (APA 2013) used “ Specific Learning Disorder” as opposed todyslexia.

There was conflicting interests regarding the DSM-5 no longerregarding dyslexia as a diagnostic term and many people wishing to reversethis. This is due to a lack of agreement on its definition but acknowledgingthat international conceptions and understanding of dyslexia exist. (Passe, 2015) Fletcher and Lyon (2010) look further into why it is difficult to define, they refer to is as an “ unobservable construct” and that it is “ dimensional” this leads to the continuum which we see so often in special education. Theliterature refers to the bigger picture of labeling that it is not a straightforward topic and that it will vary hugely for everyone involved. Riddick liststhree positives and three negatives, positives include appropriate treatment, enabling further research and getting attention for a difficulty which can inturn lead to more funding and therefore gain better resources.

The negatives Riddick mentions refer toprofessionals labelling for its own sake and not being of benefit for support, labelling “ as a way of maintaining status quo by keeping minoritygroups at the bottom of social hierarchy” (Riddick 2000, p653) and as keepingthe focus on within child problems and not the other factors which may haveenabled the problem. Pre 2017in Ireland labelling was not only encouraged but required for a child to gainaccess to resource hours in school. In circular 02/05 the labels are listed andthe resource available e. g.

Autism 5 hours, moderate general learningdisability 3. 5 hours. These hours were also cut by 15% by the government. Inthis allocation model there were no specific hours given for a dyslexiadiagnosis they would have to gain support through the general allocation model.

This is where children falling under the 10th percentile instandardized tests received support. Therefore if you were having a specificdifficulty with reading but you were still attaining above the 10thpercentile you would not be receiving support if following the recommendationsof the model. Hence a diagnosis of dyslexia was seen as necessary by parent andteachers for a child to get extra support within school. In Ireland to get adiagnosis of dyslexia you need to be in the average range of intelligence.

Research in Northern Ireland states that this was also the case there yet theDECP (1999) had different views and it is noted by Long and Mc Polin that ‘ thedefinition of dyslexia proposed bu the DECP (1999) does not have suchexclusionary criteria’ (Long & McPolin, 2009) The criteria referred to isthat of an exclusion from a diagnosis of dyslexia on the basis of lowintelligence. Today this is a common viewpoint but is not yet in policy inIreland. The discrepancy model is used in Ireland today yet for a dyslexiadiagnosis the IQ test has to give results in the average range. If the samediscrepancy is there but the IQ score is below average a dyslexia diagnosiswould not be feasible. The extra supports that go with that diagnosis inIreland would also not be feasible. As cited in Kavale 2005 ‘ When unexpectedlearning failure is acknowledged as a critical element of SLD, one may concludethat discrepancy is a necessary component in making decisions about thepresence or absence of SLD’ (Kavale, 2002) Kavale investigates an SLD diagnosiswithout IQ testing where interventions are put in place and if the childresponds then the interventions are no longer needed, if not more intensiveinterventions are required and if it is ongoing then an SLD diagnosis would be imminent, yet he fails to mention whether this would use IQ testing eventually or not. A diagnosis is effectively a label ‘ Labelling is sometimes treated as a unitary construct as somethingthat can be simply described as good or bad. However, as soon as it isinspected in any detail it becomes apparent that there are many aspects to thisprocess and that there can be negative and positive consequences of labelling or not labeling.

‘ (Riddick, 2000, p653) Riddick looks atthe belief that a label a can be harmful, lead to negative connotations andstigmatizations. She also looks at the ‘ further argument is that each child isan individual and as such has an individual profile of educational needs whichwill not be fully indentifies if they are simply assumed to have the needs thatare held to go with a particular label.”(Riddick 2000, p654) The profile ofeducational needs that Riddick refers to links with the new and current modelof Special Education Teaching (circular 0013/2017) in Ireland today. Thiscircular no longer promotes labellingas much as the previous one did as hours are now to be used as the school seesfit to best support pupils. Is it the hope that with this model a child withlearning needs will be given support whether they have a label or not. Thatcould then lead to another debate over parents and how much they query teachersand principals regarding the support their child is or isn’t receiving and howthis in turn may alter how hours are used.

Aspreviously mentioned the dyslexia debate is a topic or great interest over manyyears in special education so much that recently there was a book written onthe topic “ The Dyslexia Debate” by Elliot and Grigorenko (2014). Both writershaving previously wrote about the topic many times. This book looks atinterventions put in place for people with dyslexia. The point of view is thatsince supports used for people with dyslexia are the same as those who areviewed as poor readers that therefore the term dyslexia should not be used. Thislead to a lot of discussion (Bishop 2014) around the term dyslexia and whetherit should continue to exist as a term, leading to also looking at other labelling terms and whether they should be used too. Passe looks atthe implications that go with the being labeled dyslexic or being labeled as apoor reader. The term ‘ poor readers’ leads readers to assume that suchdifficulties could be fixed through more effort and quality teaching, whereas ‘ dyslexia’suggests something different, long-term and requiring specialist intervention.(Passe, 2015 p214)  TheEuropean Journal of Special Needs Education article does not use Passe’s termpoor readers but instead refers to children with ‘ reading difficulties’ -anotherterm used to describe the same needs? This journal article describes thedifference in opinions of teacher’s when they are presented with a student withdyslexia and a student who is a poor reader.

The aim of the investigation is toillustrate the effect of an interaction between efficacy and essentialistbeliefs and the implications this might have for teachers’ practice andeducational policy in regard to children’s reading’ (Gibbs & Elliott, 2015, p326) To do this two questionnaires were used each of two variants, one variantused the word ‘ dyslexia’ the other used ‘ reading difficulties’ in place ofdyslexia. The research then ‘ suggests that the different labels for thesupposed difficulty were associated with significant differences in teachers’reported efficacy beliefs.'(Gibbs & Elliott, 2015, p329) The results alsoshow that the label of dyslexia lead to greater efficacy regarding’implementing appropriate strategies, and enabling individual and groups ofchildren, but significantly less efficacy motivating and engaging children.'(Gibbs& Elliott, 2015, p329) The authors are of the opinion that the label ofdyslexia is unhelpful to teachers and that the strategies a teacher would usefor reading difficulties are essentially the same. Linking to Passe’s articleon the stigma associated with the label of Dyslexia it differs as thequestionnaire completed by people diagnosed with dyslexia showed that althoughover half of the people surveyed felt dyslexia affected their daily lives asmall percentage ‘(9. 1%) would want to get rid of their dyslexia’ (Passe, 2015p320) This questionnaire did not look at getting rid of the label as such buttheir dyslexia, which may have had a different outcome. The use oflabels can be formal or informal and this in itself can lead to various viewsand implications. People with dyslexia can also suffer with a variety ofnegative labels e.

g. lazy or stupid, especially before they were given a formallabel. Yet does the formal label cut out these negative labels? No it does not. Labelling can in turn lead to a self fulfilling prophecy whetherformal or informal.

There is more research on formal labels than informal, andeven by want of not labelling are you also already somehow labelling? There are issues with the specificity of labels as Riddickdiscusses, one of the main ones being the broadness, ‘ the labels are so broadand inclusive and include such a heterogeneous group of individuals that theyend up conveying little more than the fact that a child is thought to have aproblem of some kind’ (Riddick, 2000. P662). A mother surveyed by Riddick isquoted as referring to ‘ special needs’ as an umbrella term, other may see thisas a want to distance themselves from others who they view in a more negativesense than themselves. Regardingownership of labels Riddick referred to Bogdanowicz (1996) to state that hefound when different members of the public were surveyed about the understandingof the term dyslexia that the ‘ best informed group were parents of dyslexicchildren, rather than educationalists’ (Riddick, 2000, p662). With dyslexiamany parents have fought for its existence whereas many educationalprofessionals have denied its validity. This links to the current DSM-5description of the term which is now classes under specific learningdisorder.  A significant amount ofeducational professional rather using the term specific learning difficultiesas they say it put the children on a continuum of special needs rather than anexclusive category. Riddick states that this term in not without criticism asit is ‘ coined to fit the conceptualizations of educationalists and has not beennegotiated with individuals with dyslexia’ yet isn’t this the case for alllabels and not simply dyslexia? A dated example of Riddick’s previous writingstate that university students with dyslexia found writing cheques highly stressful.

Generally speaking individuals who areviewing as disabled are highly aware of the difficulties created for them byfactors in the environment, whereas with a Riddick refers to dyslexia as a’hidden disability’ where ‘ you first have to prove that you have a disabilitybefore you have the legitimacy to go on and challenge the society that ishelping produce the disability’ (Riddick, 2000, p664) 1924             CriticalReflectionFor thefinal stage of the Borton’s model I will reflect on what I have read and askmyself the final question – What now? What are my thoughts now, have theychanged? Is the label of dyslexia a positive or negative? Throughoutthe literature the main thing I noticed was the different labels for the samelearning needs. Dyslexia, specific learning disorder, specific learningdifficulty, poor reader, reading difficulties and so on. All these termswhether they are viewed as politically correct or not are all used in Irelandtoday, the view point from the course being that ‘ a child with dyslexia’ is thecurrent inclusive accepted term. Therefore the child is first and then theneed/diagnosis.

I agree with this that first and foremost we must look at thechild. In my opinion a child needs to be happy to learn and therefore self-esteem is high on my list of priorities. Although many of the authors spokeabout stigmatism it often referred to what others thought about people withdyslexia, e. g. educators, parents rather than what they thought themselves. Some of the literature focused on the person and I found it very interesting tosee that only a very small percentage (9.

1%) of people with dyslexia wouldprefer not to have it. It would be interesting to see would their parents andeducators agree. Although Ihad previously heard of the dyslexia debate I wasn’t aware of the amount ofmedia and coverage it had received. It is an interesting topic and one where Ican see the argument both for and against, but I cannot say that I wholly agreeor disagree with it. It links a lot to inclusion too, when you think of othersenabling disability are others enabling dyslexia? It is intriguing to see theownership people have on a label.

People diagnosed with dyslexia often feelthat it is an answer, that they are not stupid and have a difficulty withreading and writing. Often a diagnosis can be a relief and a way to explaintheir needs to others. Another interesting point from the literature is the responsivenessto intervention model as a means of making decisions about the presence of anSLD, which is detailed by Kavale. This was something that I had not previouslyheard of and it was good validation for the Irish system that the recommendedmodel was that of discrepancy, albeit the Irish model requires an average IQscore and the article was dated 2005.

In Ireland a diagnosis may be given by aneducational psychologist whereas in the UK teachers with a qualification canassess and diagnose.  This is a positivechange in my opinion and one that is echoed by many teachers. We are theeducators who intervene and support these children so why not let us alsoassess?  When you think about it whetheryou are an educator, parent or psychologist would it be a better or worsesystem if someone already familiar to the child was the one carrying out theassessment? Of course there are many arguments here, when carrying outassessments with a child you know and have a previous knowledge of theirstrengths and needs will you be more lenient or even more stringent? Anotherpoint of view is as the psychologist as doctor and traditionally who gave you adiagnosis, of course a doctor.

Why would it matter that a child only meets thisperson for a brief time to complete assessments? These are all things that cameto mind during the reading of the literature. Again putting the pupil’s voiceat the centre here is preferential but how can this be done? Is it as simple asconsenting to an assessment? Something that may give you a label for the restof your life? Boyle’s research on this springs to mind where he look at theviewpoint that for some a label really help to them to understand themselveswhilst for others it was a negative experience leading to a life of stigma andjudgement.          Boyle C., (2013). Labelling in special education: Where do the benefits lie? In A.

17 Holliman(Ed.)Educational Psychology: An international perspective. London Routledge