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Education



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

In an education system where inclusion is very relevant, I want to discover more about what children with a specific learning difficulty face. UNESCO 1994 states that “ a more inclusive education system is recommended worldwide with less segregation of children with special education needs”. Where do children with 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 in specific aspects of reading, writing and arithmetical notation, the primary cause of which is not attributable to assessed ability being below the average range, to defective sight or hearing, emotional factors, a physical condition or to any extrinsic adverse circumstances’.

The specific learning disabilities listed are dyscalculia, dysgraphia and dyslexia. For the purpose of this assignment I will research dyslexia. I will look at the effects of labelling and how inclusive or exclusive it is for the pupil. My current thinking is that a dyslexia diagnosis is something that can be received positively or negatively at first, yet generally through time it becomes more positive. My thoughts are in no way definite and I am very open to researching the topic.

As I am a teacher in a mainstream primary school my view point will be somewhat focused on that area. Having worked with infants for many years I have experienced many children presenting with dyslexia type learning

needs, some in later years received an official diagnosis. The youngest child I have dealt with who received a diagnosis had just turned eight. The reasons I have an interest in this topic is due to the fact that statistics report that 10% of the population are people with dyslexia, therefore as a special education teacher in an Irish school it is currently the most common learning need I deal with daily. I am also interested in the supports that are available to children with dyslexia ranging from a scribe in state exams to an Irish exemption. As I am researching this from an Irish teacher's perspective I hope to also gain an insight into other countries, their policies and procedures.

Interestingly depending on the country in question the percentage of people with dyslexia can be higher or lower than 10% as some languages are harder to learn and therefore the percentage may differ. Current practice in Ireland for special education teaching has recently changed for Primary Schools with the introduction of circular 0013/2017. What is now referred to as special education teaching was previously referred to as learning support or resource teaching. The old model put an emphasis on diagnosis and therefore a label to receive support whereas the new model hopes to move away from this to some extent, yet will it be effective? With these questions and queries in mind I will try to develop a deeper understanding and reflect using Borton's Developmental Framework; 'What, So What, What Next?' (Borton 1970) This was then adapted by Rolfe and his colleagues as the Framework for Reflective Process. (Rolfe, 2001) The first step of this framework - What? Whilst reading I will focus on the first stage of the reflective framework - I have many what questions with the main one being "What research is there

regarding labelling and dyslexia?" " What do children with dyslexia experience, is there a stigmatism to labelling, is labelling a positive or negative? How do you get this label? The thoughts of parents and educators will also be to the forefront of my mind whilst reading." Is a label of dyslexia a positive or negative experience for someone presenting with/diagnosed with the specific learning difficulty of dyslexia?" The second step - So what? Next through reading and analysing the relevant literature, research and policy I will 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 of the literature. The final step - What now? In the final stage of Borton's reflective model I will take into consideration how this process of reflection will affect my mindset and in turn teaching.

This model suits me best due to its simplicity and recommendations for starting out on the reflective process. 716 Literature Review ' Dyslexia is a specific learning difficulty which makes it hard for some people to learn to read, write and spell correctly.' (DAI, website) This is a description of dyslexia in its simplest form. The DAI then give further detail ' Dyslexia is characterised by cognitive difficulties in (1) phonological processing, (2) working memory, and (3) speed of retrieval of information from long term memory. Dyslexic difficulties occur on a continuum from mild to severe and affect approximately 10% of the population.

People with dyslexia may experience greater stress and frustration as they endeavour to learn, resulting in heightened anxiety, particularly in relation to literacy acquisition. People with dyslexia may also have accompanying learning strengths.' (DAI, website). Currently in Ireland Dyslexia exists; people <https://assignbuster.com/a-an-irish-exemption-as-i-am/>

are being diagnosed daily, yet for many years there has been an ongoing debate regarding dyslexia, which is appropriately referred to as the dyslexia debate. Interestingly the American Psychiatric Association's Diagnostic and Statistical Manual (DSM-5), in its final version (APA 2013) used "Specific Learning Disorder" as opposed to dyslexia.

There were conflicting interests regarding the DSM-5 no longer regarding dyslexia as a diagnostic term and many people wishing to reverse this. This is due to a lack of agreement on its definition but acknowledging that 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 it as an "unobservable construct" and that it is "dimensional" this leads to the continuum which we see so often in special education.

The literature refers to the bigger picture of labeling that it is not a straightforward topic and that it will vary hugely for everyone involved.

Riddick lists three positives and three negatives, positives include appropriate treatment, enabling further research and getting attention for a difficulty which can in turn lead to more funding and therefore gain better resources.

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

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Autism 5 hours, moderate general learning disability 3.5 hours. These hours were also cut by 15% by the government. In this allocation model there were no specific hours given for a dyslexia diagnosis they would have to gain support through the general allocation model.

This is where children falling under the 10th percentile in standardized tests received support. Therefore if you were having a specific difficulty with reading but you were still attaining above the 10th percentile you would not be receiving support if following the recommendations of the model. Hence a diagnosis of dyslexia was seen as necessary by parents and teachers for a child to get extra support within school. In Ireland to get a diagnosis 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 the DECP (1999) had different views and it is noted by Long and McPolin that 'the definition of dyslexia proposed by the DECP (1999) does not have such exclusionary criteria' (Long & McPolin, 2009) The criteria referred to is that of an exclusion from a diagnosis of dyslexia on the basis of low intelligence. Today this is a common viewpoint but is not yet in policy in Ireland. The discrepancy model is used in Ireland today yet for a dyslexia diagnosis the IQ test has to give results in the average range. If the same discrepancy is there but the IQ score is below average a dyslexia diagnosis would not be feasible. The extra supports that go with that diagnosis in Ireland would also not be feasible. As cited in Kavale 2005 'When unexpected learning failure is acknowledged as a critical element of SLD, one may conclude that discrepancy is a necessary component in making decisions about the presence or absence of SLD' (Kavale, 2002) Kavale  
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investigates an SLD diagnosis without IQ testing where interventions are put in place and if the child responds then the interventions are no longer needed, if not more intensive interventions 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 something that can be simply described as good or bad. However, as soon as it is inspected in any detail it becomes apparent that there are many aspects to this process and that there can be negative and positive consequences of labelling or not labeling.

' (Riddick, 2000, p653) Riddick looks at the belief that a label can be harmful, lead to negative connotations and stigmatizations. She also looks at the ' further argument is that each child is an individual and as such has an individual profile of educational needs which will not be fully identified if they are simply assumed to have the needs that are held to go with a particular label.' (Riddick 2000, p654) The profile of educational needs that Riddick refers to links with the new and current model of Special Education Teaching (circular 0013/2017) in Ireland today. This circular no longer promotes labelling as much as the previous one did as hours are now to be used as the school sees fit to best support pupils. Is it the hope that with this model a child with learning needs will be given support whether they have a label or not. That could then lead to another debate over parents and how much they query teachers and principals regarding the support their child is or isn't receiving and how this in turn may alter how hours are used.

As previously mentioned the dyslexia debate is a topic of great interest over many years in special education so much that recently there was a book written on the topic "The Dyslexia Debate" by Elliot and Grigorenko (2014). Both writers having previously written about the topic many times. This book looks at interventions put in place for people with dyslexia. The point of view is that since supports used for people with dyslexia are the same as those who are viewed as poor readers that therefore the term dyslexia should not be used. This led to a lot of discussion (Bishop 2014) around the term dyslexia and whether it should continue to exist as a term, leading to also looking at other labelling terms and whether they should be used too. Passe looks at the implications that go with the being labeled dyslexic or being labeled as a poor reader. The term 'poor readers' leads readers to assume that such difficulties could be fixed through more effort and quality teaching, whereas 'dyslexia' suggests something different, long-term and requiring specialist intervention. (Passe, 2015 p214) The European Journal of Special Needs Education article does not use Passe's term poor readers but instead refers to children with 'reading difficulties' - another term used to describe the same needs? This journal article describes the difference in opinions of teachers when they are presented with a student with dyslexia and a student who is a poor reader.

The aim of the investigation is to illustrate the effect of an interaction between efficacy and essentialist beliefs and the implications this might have for teachers' practice and educational policy in regard to children's reading' (Gibbs & Elliott, 2015, p326) To do this two questionnaires were used each of two variants, one variant used the word 'dyslexia' the other used 'reading



difficulties' in place of dyslexia. The research then ' suggests that the different labels for the supposed difficulty were associated with significant differences in teachers' reported efficacy beliefs.' (Gibbs & Elliott, 2015, p329) The results also show that the label of dyslexia lead to greater efficacy regarding 'implementing appropriate strategies, and enabling individual and groups of children, but significantly less efficacy motivating and engaging children.' (Gibbs & Elliott, 2015, p329) The authors are of the opinion that the label of dyslexia is unhelpful to teachers and that the strategies a teacher would use for reading difficulties are essentially the same. Linking to Passe's article on the stigma associated with the label of Dyslexia it differs as the questionnaire completed by people diagnosed with dyslexia showed that although over half of the people surveyed felt dyslexia affected their daily lives a small percentage '(9. 1%) would want to get rid of their dyslexia' (Passe, 2015 p320) This questionnaire did not look at getting rid of the label as such but their dyslexia, which may have had a different outcome. The use of labels can be formal or informal and this in itself can lead to various views and implications. People with dyslexia can also suffer with a variety of negative labels e.

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

There is more research on formal labels than informal, and even by way of not labelling are you also already somehow labelling? There are issues with the specificity of labels as Riddick discusses, one of the main ones being the broadness, ' the labels are so broad and inclusive and include such a

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heterogeneous group of individuals that they end up conveying little more than the fact that a child is thought to have a problem of some kind' (Riddick, 2000, p662). A mother surveyed by Riddick is quoted as referring to 'special needs' as an umbrella term, other may see this as a way to distance themselves from others who they view in a more negative sense than themselves. Regarding ownership of labels Riddick referred to Bogdanowicz (1996) to state that he found when different members of the public were surveyed about the understanding of the term dyslexia that the 'best informed group were parents of dyslexic children, rather than educationalists' (Riddick, 2000, p662). With dyslexia many parents have fought for its existence whereas many educational professionals have denied its validity. This links to the current DSM-5 description of the term which is now classes under specific learning disorder. A significant amount of educational professional rather using the term specific learning difficulties as they say it put the children on a continuum of special needs rather than an exclusive category. Riddick states that this term is not without criticism as it is 'coined to fit the conceptualizations of educationalists and has not been negotiated with individuals with dyslexia' yet isn't this the case for all labels and not simply dyslexia? A dated example of Riddick's previous writing state that university students with dyslexia found writing cheques highly stressful.

Generally speaking individuals who are viewed as disabled are highly aware of the difficulties created for them by factors in the environment, whereas with a Riddick refers to dyslexia as a 'hidden disability' where 'you first have to prove that you have a disability before you have the legitimacy to go on and challenge the society that is helping produce the disability' (Riddick,

2000, p664) 1924 Critical Reflection For the final stage of the Borton's model I will reflect on what I have read and ask myself the final question - What now? What are my thoughts now, have they changed? Is the label of dyslexia a positive or negative? Throughout the literature the main thing I noticed was the different labels for the same learning needs. Dyslexia, specific learning disorder, specific learning difficulty, poor reader, reading difficulties and so on. All these terms whether they are viewed as politically correct or not are all used in Ireland today, the view point from the course being that 'a child with dyslexia' is the current inclusive accepted term. Therefore the child is first and then the need/diagnosis.

I agree with this that first and foremost we must look at the child. 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 spoke about stigmatism it often referred to what others thought about people with dyslexia, e. g. educators, parents rather than what they thought themselves. Some of the literature focused on the person and I found it very interesting to see that only a very small percentage (9.

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

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People diagnosed with dyslexia often feel that it is an answer, that they are not stupid and have a difficulty with reading and writing. Often a diagnosis can be a relief and a way to explain their needs to others. Another interesting point from the literature is the responsiveness to intervention model as a means of making decisions about the presence of an SLD, which is detailed by Kavale. This was something that I had not previously heard of and it was good validation for the Irish system that the recommended model was that of discrepancy, albeit the Irish model requires an average IQ score and the article was dated 2005.

In Ireland a diagnosis may be given by an educational psychologist whereas in the UK teachers with a qualification can assess and diagnose. This is a positive change in my opinion and one that is echoed by many teachers. We are the educators who intervene and support these children so why not let us also assess? When you think about it whether you are an educator, parent or psychologist would it be a better or worse system if someone already familiar to the child was the one carrying out the assessment? Of course there are many arguments here, when carrying out assessments with a child you know and have a previous knowledge of their strengths and needs will you be more lenient or even more stringent? Another point of view is as the psychologist as doctor and traditionally who gave you a diagnosis, of course a doctor.

Why would it matter that a child only meets this person for a brief time to complete assessments? These are all things that came to mind during the reading of the literature. Again putting the pupil's voice at the centre here is preferential but how can this be done? Is it as simple as consenting to an assessment? Something that may give you a label for the rest of your life?

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Boyle's research on this springs to mind where he look at the viewpoint that for some a label really help to them to understand themselves whilst for others it was a negative experience leading to a life of stigma and judgement. Boyle C., (2013). Labelling in special education: Where do the benefits lie? In A.

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