



Focus on Specific Learning Difficulties



**CReSTeD
Old Post House
Castle St
Whittington
Shrophshire
SY11 4DF**

email: admin@crested.org.uk

website: www.crested.org.uk

telephone: 01691 655783

or 0845 6015013 (a low rate number often free from BT and other landlines)

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Focus on Specific Learning Difficulties

Introduction

Parents contact CReSTeD all the time with questions about learning difficulties, we couldn't begin to explain everything over the telephone the subject is just too complex.

To help we scoured the web and asked the experts, this leaflet goes some way to helping parents to understand, a little, about what we mean by Specific Learning Difficulties: SpLD.

We have provided links to information available on the internet, if you find a link that no longer works please let us know by emailing:
admin@crested.org.uk



What are Specific Learning Difficulties?



[ADD/ADHD](#)

[Dyscalculia](#)

[Dysgraphia](#)

[Dyslexia](#)

[Dyspraxia](#)

[Pragmatic & Semantic Language Difficulties](#)

Let's Talk About Autism

[Autism/Asperger Syndrome](#)

Introduction to SpLD

Every parent will be very aware of the challenges children face in school. Whether to join the Drama group, the Chess Club or play on the Football Team can be important questions for a child.

Sometimes parents find there are more difficult questions to face:

- Why isn't my child reading as well as other children?
- Why does my child have difficulties in sport?

The answer might be that a child is coping with a Specific Learning Difficulty – otherwise known as SpLDs. These include Dyscalculia, Dysgraphia, Dyslexia, Dyspraxia, Attention Deficit Disorder and, by association, Autism Spectrum Disorder.

What are Specific Learning Difficulties?

The umbrella term “Specific Learning Difficulties” (SpLD), more positively referred to as “Specific Learning Differences”, is used to cover a wide variety of difficulties.

Many people use it synonymously with dyslexia (a difficulty with words), but it is now generally accepted that dyslexia is only one of a group of difficulties which affect the way a person processes information and, therefore, affects their ability to learn. ^{1,2,3,}

How might one (or more) SpLD affect your child in School

It is also important to note that the difficulties described influence the strategies developed by an individual in order to cope with their studies, and that stress and anxiety also have an impact.

Attention deficit disorder ⁴, (ADD) or attention deficit hyperactivity disorder (ADHD):

Characterised by disruptive or inappropriate behaviours. Students may have difficulty focusing their attention to complete a specific task, possibly hyperactive and impulsive and can suffer from mood swings and 'social clumsiness'.

Attention deficit disorder (ADD) is a sub-type of ADHD.

Common symptoms of ADHD include:

- a short attention span
- restlessness or constant fidgeting
- being easily distracted

ADHD can occur in people of any intellectual ability. However, many people with ADHD also have learning difficulties. They may also have additional problems such as sleep disorders.

Symptoms of ADHD tend to be first noticed at an early age, and may become more noticeable when a child's circumstances change, such as starting school.

Young children are naturally active and easily distracted. However, if these features are excessive for a child's age and general developmental level and affecting their daily life, they may indicate ADHD.

Diagnosing ADHD

ADHD is normally diagnosed between the ages of three to seven, although in some cases it may not be until much later. It is more commonly diagnosed in boys.

Read about the symptoms of ADHD for a full list of possible symptoms and associated conditions: <http://www.nhs.uk/Conditions/Attention-deficit-hyperactivity-disorder/Pages/Symptoms.aspx>

There are several criteria that must be met for a child to be diagnosed with ADHD. Adults are harder to diagnose because there is no definitive set of age-appropriate symptoms.

Read more information about how ADHD is diagnosed: <http://www.nhs.uk/Conditions/Attention-deficit-hyperactivity-disorder/Pages/Diagnosis.aspx> .



Dyscalculia:

Students with dyscalculia have a normal language ability for the printed word, but have difficulties with mathematical skills such as addition, subtraction, multiplication, division and mental arithmetic. They do not notice their common mistakes such as transposing, omitting and reversing numbers.

They also have difficulty with abstract concepts of time and direction, sequences of events and memory for names. They lack 'big picture' thinking, are confused by timetables and may often be late. They may have a poor sense of direction and can get lost.

Dysgraphia:

Students with dysgraphia will have a difficulty in writing, resulting in written work which may be illegible and inaccurately spelled. This difficulty may exist in varying degrees and does not match with either the person's intelligence, often appearing at variance with the their intelligence and ability to read. Dysgraphia can also present with a lack of coordination and fine motor skills (such as are needed for hand writing).

Dyslexia:

Students with dyslexia may have difficulty with the use of both written and oral language. It is believed this is due, in part, to difficulties in certain brain functions, including visual and auditory perceptual skills, and is not necessarily related to prior education. They may also find some learning tasks problematic because of difficulties with short-term memory (as little as a few seconds), concentration and organisation.

Dyslexia varies between individuals, and can occur in people of all academic abilities. Its effects on study can be mitigated by the use of a variety of approaches and strategies.

Dyslexic people often have distinctive talents as well as typical clusters of difficulties.

Dyslexia should be recognised as a spectrum disorder, with symptoms ranging from mild to severe. In particular, people with dyslexia have difficulties with:

- phonological awareness
- verbal memory
- verbal processing speed

These terms are explained in more detail.

Phonological awareness

Phonological awareness is thought to be a key skill in early reading and spelling development. It is the ability to identify how words are made up of smaller units of sound, known as phonemes. Changes in the sounds that make up words can lead to changes in their meaning. For example, a child with a good level of phonological awareness would understand that if you change the letter "p" in the word "pat" to "s", the word would become "sat".

Verbal memory

Verbal memory is the ability to remember a sequence of verbal information for a short period of time. For example, the ability to remember a short list such as "red, blue, green", or a set of simple instructions, such as "Put on your gloves and your hat, find the lead for the dog and then go to the park."

Verbal processing speed

Verbal processing speed is defined as the time it takes to process and recognise familiar verbal information, such as letters and digits.

For example, having difficulty writing down unfamiliar words when they are spelled out, or telephone numbers.

Dyslexia and intelligence

Even though dyslexia is classed as a learning difficulty, there is no connection between dyslexia and a child's intelligence. Children of all intellectual abilities, from low to high intelligence, can be affected by dyslexia.

Similarly, a child's difficulty with reading and spelling is not determined by their intelligence, but by how severe their dyslexia is. Children with average intelligence and mild dyslexia are likely to be more skilled at reading and writing than children with high intelligence and severe dyslexia.

How common is dyslexia?

Dyslexia is thought to be one of the most common learning difficulties. It is estimated that 4%-8% of all school children in England have some degree of dyslexia.

Dyslexia appears more common in boys than girls. For example, it is estimated boys are one-and-a-half to three times more likely to develop dyslexia than girls.

Dyslexia affects people of all ethnic backgrounds, although a person's native language can play an important role. A language where there is a clear connection between how a word is written and how it sounds, and consistent grammatical rules, such as in Italian and Spanish, can be more straightforward for a person with mild to moderate dyslexia to cope with.

However, languages such as English, where there is often no clear connection between the written form and sound, as in words such as "cough" and "dough", can be more challenging for a person with dyslexia.

Identifying dyslexia

It can be difficult to diagnose dyslexia in young children as the signs may not always be obvious. If you are concerned your child has dyslexia, the first step is to speak to their class teacher, or other staff at their school.

If additional teaching and support are not helping your child's reading and writing skills to improve, your school may request a more in-depth assessment. It is also possible to request an assessment through other organisations if necessary.

Dyspraxia,⁶ also known as Developmental Dyspraxia:

Dyspraxia affects a pupil's movements and co-ordination. Characteristics can also involve difficulties with spatial awareness, perception, language and short-term memory.

Although the exact causes of dyspraxia in children are unknown, it is thought to be caused by a disruption in the way messages from the brain are transmitted to the body.

Dyspraxia is characterised by difficulty in planning smooth, co-ordinated movements. This leads to clumsiness and lack of co-ordination. Often, it can lead to problems with language, perception and thought.

The symptoms of dyspraxia in children are normally noticeable from an early age. The condition used to be known as clumsy child syndrome.

Who is affected?

Dyspraxia is more common in boys and sometimes runs in families. It may also occur alongside other conditions, such as:

- attention deficit hyperactivity disorder (Attention Deficit Hyperactivity Disorder) - a group of behavioural symptoms of inattentiveness, hyperactivity and impulsiveness
- a specific learning difficulty such as dyslexia - which affects the skills involved in reading and spelling words
- autistic spectrum disorder - a range of developmental disorders
- other chromosome disorders

Many children with dyspraxia also have Attention Deficit Hyperactivity Disorder.⁷

It is hard to estimate exactly how many children are affected by dyspraxia. Some studies have argued around 1 in 50 children are affected. Others think the true figure could be as high as 1 in 12.



Pragmatic and Semantic Language Difficulties:⁸

Pragmatic language impairment (PLI) is an impairment in understanding pragmatic areas of language. This type of impairment was previously called semantic-pragmatic disorder (SPD). Pragmatic language impairments are related to autism and Asperger syndrome, but also could be related to other non autistic disabilities such as Attention Deficit Hyperactivity Disorder and mental retardation. People with these impairments have special challenges with the semantic aspect of language (the meaning of what is being said) and the pragmatics of language (using language appropriately in social situations).

Let's Talk About Autism

Autism Spectrum Disorder:⁵

Also known as both Asperger syndrome and high functioning autism. A child can exhibit a variety of characteristics along a range of severity which may include difficulty dealing with change and difficulty reading non-verbal clues. A pupil with may become preoccupied with a particular subject of interest, or develop obsessive routines. However, a students with AS whose obsessive interests include their subject can be an asset. They have a high attention to detail, and can be punctual, reliable and dedicated.

Autism and Asperger syndrome are both part of a range of related developmental disorders known as autistic spectrum disorders (ASD). They begin in childhood and last through adulthood.

Please remember that CReSTeD does not profess to offer advice to parents as regards schooling for a child with autism, when we visit schools we are looking at the provision for Specific Learning Difficulties.

ASD can cause a wide range of symptoms, which are grouped into three categories:



- problems and difficulties with social interaction – including lack of understanding and awareness of other people's emotions and feelings

- impaired language and communication skills – including delayed language development and an inability to start conversations or take part in them properly

- unusual patterns of thought and physical behaviour – including making repetitive physical movements, such as hand tapping or twisting (the child develops set routines of behaviour and can

get upset if the routines are broken)

There is currently no cure for ASD. However, a wide range of treatments, including specialist education and behavioural programmes, can help improve symptoms. Read more about treating ASD.

In England, it is estimated that 1 in every 100 children has an ASD. The conditions are more common in boys than girls. Boys are three to four times more likely to develop an ASD than girls.

Types of ASD

The term "spectrum" is used because the symptoms of autistic spectrum disorder (ASD) can vary from person to person and range from mild to severe.

It is also common for children with ASD to have symptoms or aspects of other conditions such as:

- attention deficit hyperactivity disorder (Attention Deficit Hyperactivity Disorder)
- Tourette's syndrome or other tic disorders
- epilepsy

- dyspraxia (developmental co-ordination disorder)

There are three main types of ASD:

- autistic disorder, sometimes known as "classic autism"
- Asperger syndrome
- pervasive developmental disorder – not otherwise specified (PDD-NOS), also known as "atypical autism"

Autistic disorder

Children with autistic disorder usually have significant problems with language, social interaction and behaviour. Many children with autistic disorder also have learning difficulties and below-average intelligence.

Asperger syndrome

Children with Asperger syndrome have milder symptoms that affect social interaction and behaviour. Their language development is usually not affected. However, they often have problems in certain areas of language, such as understanding humour or figures of speech ("It's raining cats and dogs", for example).

Children with Asperger syndrome usually have intelligence within the normal range. Some children have particular skills in areas that require logic, memory and creativity, such as maths, computer science and music.

Pervasive developmental disorder – not otherwise specified

PDD-NOS is diagnosed in children who share some, but not all, of the traits of autistic disorder or Asperger syndrome.

Most children with PDD-NOS have milder symptoms than children with autistic disorder, but they do not share the language skills and normal range of intelligence associated with Asperger syndrome.

Autism in children

Autism can normally be diagnosed in children at around the age of two. However, it can be difficult to diagnose as the symptoms will often only become more noticeable as they get older.

See your GP if you notice any of the symptoms of ASD or if you're concerned about your child's development. You can discuss your concerns together in depth before deciding whether your child should be referred for a specialist assessment. Read more about diagnosing autism.

If your child is diagnosed with ASD, there will be many things to consider as a parent, including coping with daily life at home and choosing the right school. Read a parent's guide to autism for more information about coping with your child's diagnosis.

Autism in adults

Some people with ASD grow up without ever being diagnosed, sometimes through choice. However, getting a diagnosis of autistic spectrum disorder (ASD) as an adult can often help people with ASD and their families understand the condition and work out what kind of support they need.

A range of autism-specific services is available to help adults with ASD find advice and support, get involved in leisure activities and find somewhere they are comfortable living.

Some adults with ASD may also have difficulty finding a job because of the social demands and changes in routine that working involves. However, they can get support to help them find a job that matches their abilities and skills.

Read more about living with autistic spectrum disorder (ASD) as an adult.

Are rates of autism increasing?

The number of diagnosed cases of ASD has increased over the past 20 years, but this does not necessarily mean that the condition is becoming more widespread.

Some experts argue that the rise in diagnosed cases may be due to health professionals getting better at diagnosing cases correctly. In the past, many children with an ASD may have been incorrectly labelled as "slow", "difficult" or "painfully shy", and not given the treatment they needed.

Some campaigners believe that the rise in cases is due to the MMR (mumps, measles and rubella) vaccine.

The MMR vaccine has been investigated extensively in a number of major studies around the world, involving millions of children. Researchers have found no evidence of a link between MMR and ASD.

In 2009, one of the country's leading ASD charities, the National Autism Society, released a statement supporting the claim that there is no link between MMR and ASD.

In the US, a compound containing mercury called thiomersal, which is used as a preservative in some vaccines, has also been claimed to cause ASD.

Thiomersal has been extensively studied and no evidence of a link to ASD has been found. Furthermore, thiomersal was removed from vaccines in the US after 1999, yet the rates of ASD have continued to rise.

Read more information about the causes of autistic spectrum disorder (ASD).

Outlook

Children with moderate symptoms who have average or above-average intelligence often grow up to be independent adults with jobs, long-term relationships and children.

Children with more severe symptoms who have below-average intelligence are likely to find it difficult to live independently as adults and may need additional care and assistance. However, there is no reason why they cannot enjoy a good quality of life.

Next Steps

What you do next depends on whether or not you are sure your child has an SpLD.

If you are unsure:

Approach your child's teacher. This may lead to School Action, or Action Plus, which are programmes within the school to help.

If this is not enough, then you may decide with the school Special Educational Needs Co-Ordinator (SENCo) to apply for an assessment by an Educational Psychologist.

If you are sure:

CReSTeD acts as a source of school names which parents can use as their first step towards making a placement decision critical to their child's educational future and is a valuable resource for parents, educational advisers and schools.

The CReSTeD Register covers all levels of provision for pupils with one or more Specific Learning Difficulties. Although there are several lists of schools offering such provision, only CReSTeD actually visits schools to ensure they meet the basic criteria set by the Council. Schools are subsequently re-visited every three years to ensure adherence to the criteria is maintained.

What can you expect from your child's school to help students with SpLD's?

Making 'reasonable adjustments' in how teachers engage with pupils will help them move towards equality of access to learning. This will vary depending upon the specific needs of each student. Differentiation by teachers is crucial.

Schools and teachers can take simple steps such as:

- Avoid making assumptions about your child's skills
- Provide feedback in a confidential manner on an individual basis
- Avoid drawing attention to the your child, in respect of their learning difficulty

On a more practical level you could ask your child's teacher(s) to:

- Provide handouts at the end of lessons. Although for more advanced lessons, providing notes prior to the lesson will help a student prepare.
- Produce hand-outs on tinted paper. People with an SpLD often also experience a visual-perceptual discomfort and disturbance known as Meares-Irlen syndrome or scotopic sensitivity which causes black print to "dance" or blur on white paper. There isn't a correct colour, but a pale buff shade seems to be helpful to many.
- Produce hand-outs without using "justified" text. Justified text can create large uneven spaces between letters and words, sometimes referred to as the river effect. You can avoid this effect by using left aligned text.
- Allowing students to record lesson.
- Avoid asking students to read aloud or asking specific individuals to respond to questions.
- Ensure all guidelines for assignments or practical sessions are unambiguously written and clearly presented.
- Whenever possible, provide notes in electronic form, this will enable students to use "text-to-speech software.

Other Terminology

Differentiation is the process by which differences between learners are accommodated so that all students in a group have the best possible chance of learning. We used to teach subjects and classes - now we teach students.

Gifted & Talented: Gifted and Talented is a phrase used to describe high ability children. The gifted are those with high ability in one or more academic subject, and the talented are those with high ability in sport, music, visual arts and/or performing arts.

Further reading : <https://www.education.gov.uk/publications/eOrderingDownload/Getting%20StartedWR.pdf>,

<http://www.potentialplusuk.org>

Independent School: a school which is independent in its finances and governance; it is not dependent upon national or local government for financing its operations, nor reliant on taxpayer contributions, and is instead funded by a combination of tuition charges, gifts, and in some cases the investment yield of an endowment. It is governed by a board of directors that is elected by an independent means and a system of governance that ensures its independent operation. It may receive government funds. However, its board must be independent.

Some schools may have a religious affiliation, many but not necessarily all will offer bursaries.

Source: http://www.rcslt.org/speech_and_language_therapy/what_is_an_slit

SALT: Speech and Language Therapy is concerned with the management of disorders of speech, language, communication and swallowing in children and adults.

Citations

1 Visser, J. (2003). Developmental coordination disorder: a review of research on subtypes and comorbidities. *Human Movement Science*. Volume 22 (Issues 4–5), p479–493.

2 Jeffrey W. Gilger, Ph.D., Bruce F. Pennington, Ph.D., John C. DeFries, Ph.D.. (1992). A Twin Study of the Etiology of Comorbidity: Attention-deficit Hyperactivity Disorder and Dyslexia. *Journal of the American Academy of Child & Adolescent Psychiatry*. Volume 31 (Issue 2), p343–348.

3 Pauc, R. (2005). Comorbidity of dyslexia, dyspraxia, attention deficit disorder (ADD), attention deficit hyperactive disorder (ADHD), obsessive compulsive disorder (OCD) and Tourette's syndrome in children: A prospect. *Clinical Chiropractic*. Volume 8 (Issue 4), p189–198.

4 Source: <http://www.nhs.uk/Conditions/Attention-deficit-hyperactivity-disorder/Pages/Introduction.aspx>

5 Source: <http://www.nhs.uk/Conditions/Autistic-spectrum-disorder/Pages/Introduction.aspx>

6 Peters, J., Barnett, A. and Henderson, S. (2001), Clumsiness, Dyspraxia and Developmental Co-ordination Disorder: how do health and educational professionals in the UK define the terms?. *Child: Care, Health and Development*, 27: 399–412. doi: 10.1046/j.1365-2214.2001.00217.x

7 Fliers EA, Franke B, Buitelaar JK (2011). "[Motor problems in children with ADHD receive too little attention in clinical practice]" (in Dutch; Flemish). *Ned Tijdschr Geneeskd* 155 (50): A3559. PMID 22186361.

8 Source: http://en.wikipedia.org/wiki/Pragmatic_language_impairment