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**Suffolk Psychology and Therapeutic Service**

**Educational Psychologists work with others, using their knowledge of psychology to promote positive change and wellbeing for children, young people and families in Suffolk**

Our practice in Suffolk is underpinned by our belief in:

* working together to find solutions;
* helping others to solve their problems in their own unique ways;
* early intervention;
* the rights of others to be involved in decision making;
* assessments and interventions that acknowledge the whole needs of the person.

**OUR SERVICE GUIDANCE FOR RESPONDING TO CONCERNS ABOUT DYSLEXIA and / or READING DIFFICULTIES 2021**

**Mission statement:**

*This document seeks to explain the rationale behind our service’s approach to supporting children, families and schools to overcome difficulties in acquiring literacy.*

**Audience:**

*It is intended to support teaching staff and other education and psychology colleagues.*

**Contents:**

* Reading difficulties and dyslexia: considerations and implications related to the choice of terminology
* The current context in Suffolk
* The importance of teacher knowledge and a whole school approach.
* Assessment and intervention: what should a setting do if they are concerned about a pupil’s progress with reading?
* The future
* Contact details and references

# Reading difficulties and dyslexia: considerations and implications related to the choice of terminology.

In Suffolk we recognise that there are a group of children and young people who struggle with learning to read, and that this is irrespective of their general intelligence, and that they can sometimes retain these difficulties in spite of exposure to appropriate teaching and learning opportunities*.* Furthermore, we acknowledge that dependent on which definition and underlying theoretical model is chosen, either some or all of those falling into the above group may be described as having ‘dyslexia’.

As research into reading difficulties continues and develops, so attempts to try and define the exact nature of dyslexia evolve.

The most widely accepted recent attempt is probably that included in The Rose Review of 2009:

* Dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling.
* Characteristic 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.

However, also included under this definition is the observation:

… this review recognises that dyslexia is not ‘categorical’ – it is not a question of dyslexia, yes or no… What matters most is to ensure that children’s difficulties with literacy learning are identified and addressed in ways that advance their progress, whether or not the difficulties are described in terms of dyslexia.” (Rose, 2009)

In other words, the concept of ‘*diagnosing*’ dyslexia as a distinct ‘condition’ with a clear diagnostic profile, has for the time being effectively been deemed meaningless. Instead, we are guided to use the term simply as a descriptive label that can be applied to a large group of people (estimates vary from around 1 in 30 people up to around 1 in 5; British Dyslexia Association and Government websites cite 10% as an average figure) who, whilst having very real difficulties in acquiring literacy, may in effect have very varying profiles of strengths and weaknesses.

In their report entitled “The human cost of dyslexia: The emotional and psychological impact of poorly supported dyslexia” written by the All-Party Parliamentary Group for Dyslexia and other SpLDs in 2019, and supported by the British Dyslexia Association (BDA, 2019), they helpfully capture dyslexia in the following way:

Research tells us that dyslexia stems from differences in the way that the brain processes certain sorts of information, particularly, it is thought, language-based information. The key point here is that it is these physiological differences in the brain that lead to the challenges that dyslexic individuals experience, it is not lack of ability, poor parenting, or poor education. There is an underlying cause. We are really only just starting to understand a bit more about the brain and the complex nature of how it works, so there is a lot more research to be done on this area. …Whilst there may be some commonalities associated with dyslexia, each individual is likely to be different. **People are shaped not just by their dyslexia but by personality, experiences, parents, environment and numerous other factors. Therefore, it is not possible to either provide a template of what dyslexia is, nor is it possible to provide a full proof template of support. Each individual should be treated as an individual**.

In addition, we also note that in Suffolk, having a ‘formally assigned’ dyslexia label does not, as far as we know, enable access to any different provision or resources for learners below the age of 18\*. We also note that irrespective of whether a dyslexia label is given, to the best of our knowledge there is no specialist intervention to teach someone with a diagnosis of dyslexia that is different to one that might be implemented for another individual who also has persistent and severe reading difficulties, but who has not been given this diagnostic label.  **For us, the focus of involvement should always be on using assessment to inform intervention and support for the individual.**

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*\* There remains an anomaly in terms of* ***provision post 18****. Universities and other higher education establishments provide support services for students with literacy difficulties based on need. They may, for example, continue to provide exam access arrangements that have previously been granted for external exams whilst at school or offer individual tutorial sessions that can be booked by students with literacy difficulties. However, funding for equipment (such as laptops and additional software), more regular support and some other services is via the Disabled Student Allowance (DSA). To qualify for DSA, students need to provide ‘a diagnostic assessment from a practitioner psychologist or suitably qualified specialist teacher’. Therefore, it may be that the dyslexia label is given more value for students pursuing higher education.*

*Universities will generally arrange subsidised assessments, after registration, and there is advice about possible help to meet the cost of diagnostic assessments at* [*www.gov.uk/extra-money-pay-university/universtiy-and-college-hardship-funds*](http://www.gov.uk/extra-money-pay-university/universtiy-and-college-hardship-funds)*.*

*We would recommend that young people keep copies of documents relating to the support they have received in school, enquire about support arrangements for dyslexic students when deciding which universities to apply for and contact their university as soon as they have a confirmed place to discuss the support and assessments they will need.*

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In Suffolk we do however recognise that the word ‘dyslexia’ is still widely used as a way of helpfully co-locating research, advice and provision for all people with reading difficulties.

It is also accepted that, for some people, the use of the term ‘dyslexia’ to capture their profile of difficulties has proven helpful. In his chapter on the dyslexia ‘label,’ (Glazzard, 2012) notes:

The mainstream pupils with dyslexia whom I interviewed were all very confident and they attributed this to the diagnosis and ownership of the label. For these pupils, the label helped them to explain their difficulties. They realised that they had a specific difficulty and that this was unrelated to intelligence. Prior to the diagnosis their self-esteem was significantly lower than it appeared to be after.

Similarly, in an article written by Rosa Gibby-Leversuch called, “Dyslexia Or Literacy Difficulties: What Difference Does A Label Make? Exploring The Perceptions And Experiences Of Young People.” (2019), she noted that in her research, young people

saw the dyslexia label as an important factor in gaining appropriate support for difficulties and highlighted the potential for discrimination in terms of access to diagnosis and therefore access to support. The dyslexia label led to changes in perceptions and helped to remove the sense that a young person may be to blame for their difficulties, as dyslexia was seen as having a biological origin.

F. Lauchlan and C. Boyle (2007) nicely summarise the arguments for and against the use of such labels in their article, noting that, whilst labels used in many contexts can be unhelpful and in some cases damaging, “It could also be argued that a sensitive approach to labelling is to provide the child and his or her family with the opportunity to accept or reject the label, prior to a decision being made.”

Therefore, in Suffolk in line with the SEND Code of Practice (2015) and the drive towards person-centred practice, psychologists will use the term ‘dyslexia’ to capture a child’s literacy difficulties, after consultation with the young person / parents / carers and the school, if there is sufficient agreement that the term will be helpful to the child or young person, so long as those it impacts are made aware that **it is a ‘description’ and not a diagnosis**; an alternative term (effectively currently synonymous with dyslexia), would be ‘Specific Literacy Difficulties’.

# The Current Context in Suffolk

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The Educational Psychology Service now operates as part of the Psychology and Therapeutic Service within Suffolk County Council’s Inclusion Service, which includes within its wider structure, a Speech, Language and Communication Team (SLCT) and a Dyslexia Outreach Team (DOT). For details of what the DOT service offers and how these are accessed see: <https://infolink.suffolk.gov.uk/kb5/suffolk/infolink/advice.page?id=brho3niZilY>

The Psychology and Therapeutic Service have a published core and traded offer outlining how referrals are made into our service. For more information see: <https://www.suffolk.gov.uk/children-families-and-learning/pts/>

We work with children / young people (up to age 25), their families, educational staff and other professionals using our knowledge of psychology and therapy to promote positive change and well-being. This could involve us in both individual assessment and intervention work, as well as consultation, wider systemic work and training.

One of our core values is inclusion, and in light of this it is our goal and expectation that unless there are other exceptional circumstances, the needs of dyslexic students / students with specific literacy difficulties (SpLD) can be met in mainstream schools in Suffolk**.**

We would again re-iterate that:

Students do not need a diagnosis of dyslexia to access additional support for dyslexia / SpLD in primary or secondary schools in Suffolk. Therefore, we would recommend that efforts and resources are directed towards establishing good quality assessments of needs that directly inform intervention.

# The importance of teacher knowledge and whole school approaches

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The ethos and organisation of learning within the classroom and across the whole school makes a big difference to outcomes for students with literacy difficulties. The Dyslexia and Literacy Difficulties Policy and Practice Review (Action, Dyslexia. "Dyslexia and literacy difficulties: Policy and practice review." (2013) available at: [dyslexia-and-literacy-difficulties-policy-and-practice-review.1381764954.pdf (thedyslexia-spldtrust.org.uk)](http://www.thedyslexia-spldtrust.org.uk/media/downloads/inline/dyslexia-and-literacy-difficulties-policy-and-practice-review.1381764954.pdf) provides a helpful summary of good practice for schools (see section 5 of the document). In summary, effective learning for children with dyslexia depends on:

1. A whole school ethos that respects individuals’ differences, maintains high expectations for all and promotes good communication between teachers, parents and pupils.
2. Knowledgeable and sensitive teachers who understand the processes of learning and the impact that specific difficulties can have on these.
3. Creative adaptations to classroom practice enabling children with special needs to learn inclusively and meaningfully, alongside their peers.
4. Access to additional learning programmes and resources to support development of key skills and strategies for independent learning.

The same document includes some helpful summary tables of considerations for school ethos, values, policies, staff knowledge and inclusive teaching practices through universal, targeted, specialist and complex levels of need (see section 6 of the document).

We would also note that the Dyslexia Outreach Team in Suffolk offer a rolling programme of training; the module ***Dyslexia Awareness and the Primary School Classroom*** is one of those available, helping schools to understand what is meant by a ‘dyslexia friendly classroom’, with associated teaching practices (see the Dyslexia Outreach Team’s page on the Suffolk Infolink website for further details).

A truly successful adoption of a whole school approach would see the acceptance by all staff of different learning styles, with the normalisation of the use of assistive technology, and a programme of emotional support for those pupils who are still struggling to come to terms with their difficulties and find ways of overcoming the associated challenges.

# Assessment of and intervention related to reading difficulties: what should a school do if they are concerned about a child’s progress with reading?



It should be noted that schools can use their own assessment tools to analyse a student’s progress and attainment with literacy. We believe that school staff should be best placed to both assess and support their pupils with regards to literacy development, and a key aim of both our service and that of the Dyslexia Outreach Team is to promote teacher knowledge of literacy acquisition, and how best to nurture this.

We would anticipate that in the majority of cases, Educational Psychology involvement would only be sought for a pupil with literacy difficulties, after the school have used their current knowledge and resources to make a sustained attempt to help a pupil to progress with literacy and, where appropriate, have sought consultation with the Dyslexia Outreach Team.

What follows is a flow chart which should hopefully clarify what is a typical route to eliciting educational psychology involvement for a pupil when there is a concern over progress with reading.

For information about Dyslexia Outreach Team referral processes please refer to their page on the Suffolk Infolink site [Dyslexia Outreach Team | Community Directory (suffolk.gov.uk)](https://infolink.suffolk.gov.uk/kb5/suffolk/infolink/advice.page?id=brho3niZilY). Please note that a recommendation by an Educational Psychologist that a school refer to the Dyslexia Outreach Team will not *guarantee* involvement, and that each referral is considered in accordance with the D.O.T. referral criteria. Where there is confusion over service involvement and referral, both teams are happy to respond to queries and questions.

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| Continue to: help the pupil to gain enjoyment from listening to text on a regular basis; help the pupil to access the rest of the curriculum without being held back by their literacy difficulties; help the pupil to understand that reading difficulties are not associated with intelligence and that they simply 'got unlucky in terms of their ability to process written text quickly, and that they can get better at it, but will just have to work a little bit harder than some of their peers…… | **Progression from concern to referral (graduated response):** | |
| 1. Child does not appear to be progressing with reading in line with their chronological age (note that in the early years, progress with speech and language should be viewed as a key indicator; guidance on responding to results of the Year 1 phonics screener can be found at: [Phonics screening check: responding to the results - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/phonics-screening-check-responding-to-the-results) – we would emphasise the importance of planning an attuned and appropriate early intervention for those children who do not pass the screener). | Staff or parents are very concerned about a pupil’s emotional well-being as a result of their poor progress with literacy  *and / or* pupil is presenting with complex needs of which lack of progress in literacy is only one  Collect evidence  Make referral to Educational Psychology Service using request for EP involvement form |
| 1. School to check whether sight and hearing tests have been completed within last 2 years and any speech and language needs have been addressed. |
| 1. School need to assess *at least*:    1. Accuracy of whole word reading (when presented singularly and / or in text)    2. Fluency of whole word reading    3. Ability to segment words with regular spelling patterns (e.g. CCVCC words, and extending to use of letter combinations / digraphs such as ‘th’, ‘sh’, ‘ing’)    4. Ability to synthesise words with spelling patterns as above    5. Ability to spell words with spelling patterns as above    6. Ability to read independently for meaning    7. Ability to extract meaning from text that is read to them by someone else    8. The pupil’s general speech and language presentation (e.g. pronunciation / articulation, vocabulary, ability to respond to verbal instructions / give explanations) |
| 1. School selects structured, evidence-based intervention to address the identified areas of weakness and delivers the intervention via a well-trained member of staff, for a sustained period of time |
| 1. School re-assesses pupil to look at progress made in response to the intervention and decides whether enough progress has been made (so intervention stops and monitoring ensues); whether some progress has been made but not enough (so school tries to tweak intervention plan accordingly and then carry on); whether very poor progress has been made (go on to step 6) |
| 1. School attempts to identify the possible contributory factors to poor progress and re-plan intervention; if school feels confident with their new plan then go back to step 3. If school feels at a loss to know what to do next, go to step 7. |
| 1. School calls in the Dyslexia Outreach Team for consultation; appropriate course of action agreed |
| 1. If after consultation and / or work with the DOT, there are still significant concerns around this child’s progress which people feel need further investigation, then consider making a referral to the Educational Psychology Service. |

# The Future:

The British Psychological Society (BPS) has been invited to place a representative on the Specific Learning Disabilities Assessment Standards Committee (SASC) Group on guidance for the Assessment of Dyslexia and Specific Learning Disabilities (SpLDs). SASC exists to support and advance standards in SpLD assessment, training and practice and encourage improvements in best practice in the assessment of specific learning difficulties.

They intend to update their guidance on the assessment of dyslexia/SpLD so as to:

1. To describe common ‘confounding’ factors e.g. other linguistic, developmental and/or socio-cultural difficulties, that may affect the identification, and assessment, of dyslexia / SpLD.
2. To describe briefly the key information that a range of tests can contribute to the identification of dyslexia/ SpLD. This should include a critical look at common misconceptions and beliefs about the diagnostic potential of tests held by assessment practitioners.
3. To list the range of potential interventions and reasonable adjustments most commonly and likely to be required following an identification of a learner as dyslexic or with an SpLD.
4. To describe briefly the qualifications and experience necessary to reach a diagnostic decision regarding the identification of a child or adult as dyslexic / SpLD.
5. To provide a list of key up-to-date references and resources that underpin current research into the identification of dyslexia/ SpLD.

SASC Group meetings begin in January 2021 so when the outcome of their review is published, this can be used to review the current document.

The field of neuroscience is an exciting area of growth and may, in the future, yield discovery that will directly inform teaching practice with regards to dyslexia / reading difficulties. However, to the best of our knowledge, there is not yet a body of research evidence on the brain which can be meaningfully translated into practice, and thus our advice and guidance must be based on knowledge of reading interventions, and the variables affecting their success. (e.g. via documents such as that put together by Greg Brooks in 2016 [What-Works-5th-edition-Rev-Oct-2016.pdf (interventionsforliteracy.org.uk)](http://www.interventionsforliteracy.org.uk/wp-content/uploads/2017/11/What-Works-5th-edition-Rev-Oct-2016.pdf) and evidence based websites such as [Effective educational intervention database - Evidence 4 Impact](https://www.evidence4impact.org.uk/) and [interventions | Interventions For Literacy](http://www.interventionsforliteracy.org.uk/home/interventions/) or <https://www.educationendowmentfoundation.org.uk>).

It is expected that this current policy will be reviewed in light of any research updates (next planned review is September 2021). Any changes to thinking and practice shaped by evidence from the research base will be reflected in this policy, with yearly reviews of the document planned.

# Contact details:



Website:

<https://infolink.suffolk.gov.uk/kb5/suffolk/infolink/advice.page?id=brho3niZilY> where you can download a referral form.



<https://www.suffolk.gov.uk/children-families-and-learning/pts/>

# References (listed in order of appearance within the document)

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3. Glazzard, Jonathan. "Dyslexia and self-esteem: stories of resilience." *Edited by Taeko N. Wydell and* (2012): 163.
4. Gibby-Leversuch, Rosa. *Dyslexia or literacy difficulties: what difference does a label make? exploring the perceptions and experiences of young people*. Diss. University of Southampton, 2018.
5. Lauchlan, Fraser, and Christopher Boyle. "Is the use of labels in special education helpful?." *Support for learning* 22.1 (2007): 36-42.
6. Special educational needs and disability code of practice: 0 to 25 years:Guidance on the special educational needs and disability (SEND) system for children and young people aged 0 to 25, from 1 September 2014. Department for Education & Department of Health and Social Care DFE-00205-2013
7. Dyslexia and literacy difficulties: Policy and practice review.(2013) available at: [dyslexia-and-literacy-difficulties-policy-and-practice-review.1381764954.pdf (thedyslexia-spldtrust.org.uk)](http://www.thedyslexia-spldtrust.org.uk/media/downloads/inline/dyslexia-and-literacy-difficulties-policy-and-practice-review.1381764954.pdf)
8. Brooks, Greg. "What works for children and young people with literacy difficulties." *The effectiveness of intervention schemes* (2013). (available at: [www.interventionsforliteracy.org.uk/home/interventions/](http://www.interventionsforliteracy.org.uk/home/interventions/))

# Recommended further reading:

1. British Psychological Society. Division of Educational and Child Psychology. "Dyslexia, literacy and psychological assessment." Leicester: British Psychological Society, 1999.
2. Cambridgeshire Literacy Difficulties / Dysleixa Guidance, 2019 (available at: https://www.cambridgeshire.gov.uk/asset-library/imported-assets/CAMBRIDGESHIRE%20DYSLEXIA%20GUIDANCE%20FEBRUARY%202019.pdf)
3. Cambridgeshire Dyslexia / Literacy Difficulties Guidance – A Quick Guide, 2019 (available at: <https://www.cambridgeshire.gov.uk/asset-library/imported-assets/QUICK%20GUIDE%20FOR%20PARENTS%20DYSLEXIA%20%20FEBRUARY%202019.pdf>)
4. Cambridgeshire Dyslexia Guidance – Research Basis (available at: https://www.cambridgeshire.gov.uk/asset-library/imported-assets/CAMBRIDGESHIRE%20DYSLEXIA%20GUIDANCE%20RESEARCH%20DOCUMENT%20FEBRUARY%202019.pdf)
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