

London Borough of Barnet Guidelines for Literacy Difficulties

Developed: May 2017

Barnet Educational Psychology Team and Specialist Inclusion Services

These guidelines have been informed by current research and debate into reading, writing and spelling (literacy) difficulties. The aim of this document is to summarise our thinking and develop a shared understanding of what constitutes best practice for supporting children and young people with literacy difficulties. It can inform the basis of support for professionals, parents / carers and young people working and living in Barnet.

1. Many people across the world have difficulties acquiring the ability to read and write, regardless of the languages they speak. The proportion of people with English language reading difficulties involving decoding print is thought to be between 5-10%¹. This figure may be higher with some estimating it as 20% of the population, although this depends on the criteria used to define the level of difficulty. Difficulty with literacy skills makes it more challenging to participate fully in modern life.
2. The specific causes of people's individual difficulties are researched by scientists from varying backgrounds, including cognitive psychologists, educational psychologists, neuroscientists, educationalists and policy developers. There is widespread agreement amongst researchers that difficulties with literacy, particularly reading difficulties, can be present amongst people across the full range of intellectual abilities². Research has indicated that reading and / or writing difficulties often occurs within families and, in many cases, have a genetic basis³.
3. Learning to read and write relies on the integration of a number of cognitive functions and is not mapped to one single brain area or ability⁴. Achieving automaticity and fluency takes a number of years and is also affected by various aspects of an individual's instructional and cultural experience. When thinking about an individual's difficulty, it is important to consider a range of factors, including environment, learning opportunities, exposure to language, emotional well-being, experience of intervention and the quality of support.

¹ Lyon, 1996.

² Stuebing, K.K. et al. (2002)

³ Pennington, B. F. et al. (1991).

⁴ Wolf, (2008).

4. Literacy difficulties are sometimes known as ‘dyslexia’. Within the UK, several definitions for dyslexia are in use (British Psychological Society (BPS), 1999; Rose, 2009; British Dyslexia Association). There are some problems with the definitions, leading Elliott and Gibbs (2008) to conclude that “there appears to be no clear-cut scientific basis for differential diagnosis of dyslexia versus poor reader” (p.488). There are currently no biological tests for a dyslexia diagnosis. It is not possible to use assessments to identify individuals who are considered to have this condition by the presence of particular cognitive deficits or other bio-markers⁵. There are some difficulties that may accompany literacy difficulties such as difficulties with motor coordination, working memory or organisation (known as co-morbid difficulties), but these do not constitute diagnostic criteria.

5. For some, use of the term ‘dyslexia’ can appear to provide an explanation for learning difficulties and lead to gaining help otherwise not available. It is our position that access to appropriate support and intervention should not be dependent on the use of this diagnostic label. There is also evidence that use of the label ‘dyslexia’ can have a negative effect. For example, Gibbs and Elliott (2015) found that use of the term ‘dyslexia’, when compared with the term ‘reading difficulties’, negatively affected teachers’ sense of efficacy in tackling children’s problems. It is important to note that, currently in the UK, public exam access arrangements⁶ do not require diagnosis but are available to those who require reasonable adjustments to be made in order to access the assessments.

6. Every educational setting needs to incorporate practice that promotes literacy skills for all within a whole-school policy and philosophy, including for those with literacy difficulties. All children and young people should be able to access appropriate setting-based assessment, intervention and support, from the time their difficulties become apparent. The ‘*assess, plan, do, review*’ approach is a graduated response which provides a model of action and intervention for identifying pupils with a range of learning difficulties, including literacy.

7. The first response for educational settings occurs when staff notice individual differences and adjust their teaching. Differentiated strategies are used to support a child or young person with their learning. This is referred to as high quality teaching which ensures the effective inclusion of all children. This would include ensuring that materials are age appropriate and conceptually relevant. Barnet schools have agreed to implement provision that is ordinarily available in schools and emphasises the importance of early intervention.

⁵ (Peterson & Pennington, 2012).

⁶ Joint Council for Qualifications, (2016).

<https://www.barnet.gov.uk/citizen-home/children-young-people-and-families/the-local-offer-and-special-educational-needs/education-in-the-local-offer.html>

8. On-going monitoring and assessment should form the basis of identifying pupils with or at risk of literacy difficulties, so as to intervene early. High quality, specifically targeted and evidence-based interventions should be available to all those who need them. This is in line with national guidance for schools, local authorities, parents / carers and professionals⁷.

9. Children's responses to more targeted and systematic teaching approaches need to be monitored to establish their progress and response to intervention. It is important that interventions utilise a pupil's interests and strengths, and that structured and robust programmes are selected to target identified specific skills. When thinking about whether an intervention is effective and useful we refer to systematic reviews of evidence-based interventions. These are reported by Brooks (2016), Department for Education (2012), The Sutton Trust and the Education Endowment Foundation (EEF), amongst others. Evidence-based programmes should be delivered with the stated frequency, pupil to staff ratio, fidelity and quality, and by staff with necessary skills and training. Parents or carers should be involved in discussions about a child's difficulties and reviews of progress. Opportunities presented by advances with assistive technologies may also be useful to explore.

10. Personalised specialist support should be made available to those children and young people who require a more intensive approach tailored to their specific difficulties. Where a pupil continues to have severe and persistent difficulties, in spite of high quality teaching and access to evidence-based, specifically targeted interventions, further in-depth assessment may be necessary. This could be provided by an educational psychologist or specialist teacher. Further assessments examine more closely the child's individual strengths and difficulties. Nicholson (2016) advocates that assessment may take the form of identifying an individual's barriers to learning, describing the various learning abilities, establishing the state of executive development, establishing reading development and general likes, dislikes, preferred activities and strengths (p71). Other professional groups may choose to use the term 'dyslexia' to refer to a child with literacy difficulties. In these cases, we will use the assessment information gathered to contribute to thinking about the child's needs and plan appropriate intervention.

11. In a small number of cases an Education Health and Care (EHC) Plan may be required, where needs and provision have been identified over time using the graduated

⁷ Department for Education, (2015).

approach. An EHC Plan would ensure the provision of a level of support over and above the amount provided by the school from their notional SEN budget and where the pupil's needs are identified as complex and long-standing despite access to appropriate intervention.

12. Educational psychologists and specialist teachers can supplement the professional skills of school staff in clarifying the learning needs of an individual and identifying provision to address these needs based on knowledge and understanding of evidence based interventions, the psychology of teaching and learning, child development and knowledge of school systems. Support can be provided to schools through consultation, which may lead to further assessment, or training to school staff. Establishing the effectiveness of interventions is a challenge facing the education sector, as apparent in publication bias and the limitations of research designs. Educational psychologists and specialist teachers can support school staff to understand these limitations when planning and monitoring interventions.

13. There is a group of individuals for whom difficulties with literacy remain severe and persistent despite the monitoring of quality and evidence-based interventions. Elliott and Grigorenko (2014) indicate that the group who seem to be resistant to treatment may be in the region of 2-4% of the population. Some have argued that the label 'dyslexia' could be used to apply solely to this group, but there is no current consensus amongst professionals and academics on this issue. When there is further published and peer reviewed evidence that develops the research, knowledge and thinking in this area, we will respond to this research and review these guidelines.

Summary

Underlying these guidelines is the understanding that access to intervention and support is the most important action for a child or young person with literacy difficulties. This support and intervention is not based upon a diagnosis, but on identification, assessment and appropriately planned and monitored intervention. The advantage of this approach is that it ensures that all children with literacy difficulties are identified and provided with interventions geared to their needs.

References

Barnet Local Offer. <https://www.barnet.gov.uk/citizen-home/children-young-people-and-families/the-local-offer-and-special-educational-needs/education-in-the-local-offer.html>

British Dyslexia Association (2006) <http://www.bdadyslexia.org.uk/dyslexic/definitions>.

British Psychological Society (BPS) (1999). *Dyslexia, literacy and psychological assessment: Report by a working party of the division of educational and child psychology*. Leicester: BPS.

Brooks, G. (2016). *What works for children and young people with literacy difficulties?* The Dyslexia-SpLD Trust.

Department for Education (2012). *Literacy and numeracy catch-up strategies*.

Department for Education, (2015). *Special educational needs and disability code of practice: 0 to 25 years*.

Elliott, J. G., & Gibbs, S. (2008). Does dyslexia exist? *Journal of Philosophy of Education*, 42, 475-491.

Elliott, J. G. & Grigorenko, E. L. (2014). *The dyslexia debate*. Cambridge University Press.

Elliott, J. G. & Nicholason, R. (2016). *Dyslexia: Developing the debate*. Bloomsbury.

Joint Council for Qualifications, (2016). <http://www.jcq.org.uk/exams-office/access-arrangements-and-special-consideration>.

Lyon, G. R. (1996). Learning disabilities. *The future of children*, 54-76.

Pennington, B. F., Gilger, J. W., Pauls, D., Smith, S. A., Smith, S. D., & DeFries, J. C. (1991). Evidence for major gene transmission of developmental dyslexia. *Jama*, 266, 1527-1534.

Peterson, R. L., & Pennington, B. F. (2012). Developmental dyslexia. *The Lancet*, 379, 1997-2007.

Rose, J. (2009). *Identifying and teaching children and young people with dyslexia and literacy difficulties: An independent report*.

Stuebing, K. K., Fletcher, J. M., LeDoux, J. M., Lyon, G. R., Shaywitz, S. E., & Shaywitz, B. A. (2002). Validity of IQ-discrepancy classifications of reading disabilities: A meta-analysis. *American Educational Research Journal*, 39, 469-518.

Wolf, M. (2008). *Proust and the squid. The story and the science of the reading brain*. Icon Books, London.