

Key messages for Parents:

1. Dyslexia is a difference in the way the brain works which brings strengths as well as difficulties.
2. Many dyslexic children, with good teaching, learn to read adequately or even well - but their underlying dyslexia will always remain and they may still experience problems during later school years or as adults.
3. All children should be screened for dyslexia, early in their schooling. They should be screened again later if they start to fall behind or are not reaching their potential.
4. If children do not understand why they are struggling with tasks that most children have no problems with, they may feel frustrated with themselves and/or the learning environment and may give up trying to learn.
5. If you think your child needs additional support and might be dyslexic:
 - Persist in getting a full assessment of all their learning differences and their strengths
 - Pursue a dual strategy of assessing, celebrating and working with dyslexic strengths as well as working on the difficulties
6. If the focus is primarily on a dyslexic child's weaknesses, particularly in the absence of early interventions or attention to the child's strengths, the child may lose confidence, ambition and self-esteem. This has implications for the child's future attendance and engagement with education, possibly leading to significant mental health problems including substance abuse. Such negative outcomes are best avoided by early interventions and supportive schooling, focusing on strengths and abilities, as well as difficulties.

1. Introduction

Cambridgeshire and all local authorities by law have to produce a Local Offer which covers information on the local provision for Special Educational Needs (SEN) and Disability. All Local Authorities are required to provide their own Local Offer. A Local Offer has two main purposes:

- To provide clear, comprehensive, accessible and up-to-date information about the available provision and how to access it; and
- To make provision more responsive to local needs and aspirations by directly involving disabled children and those with SEN and their parents and service providers in its development and review.

This guide for parents is being developed by parents; we will continue to work with parents and carers of children with dyslexia, young people with dyslexia and professionals working in dyslexia, to ensure it is up-to-date and provides answers to parents' questions. It aims to provide easy access to information relating to dyslexia for parents, carers and professionals who may not be specialists in this field. This includes an outline of the services available to identify, assess, diagnose, teach and support children and young people with dyslexia in Cambridgeshire to ensure they can reach their potential.

On a day-to-day basis, schools are responsible for most services for pupils with dyslexia in Cambridgeshire and each school describes their provision in their Special Educational Needs (SEN) Reports; these can be found on the school's website.

2. The Dyslexia Pathway Overview

The Dyslexia Pathway describes the route a child or young person with possible dyslexia and their family can expect to follow from the time at which concerns are first noticed (at whatever age these become apparent 0-25 years), and covers identification, assessment, diagnosis, teaching, support and transition into adulthood.

It includes provision from services including schools and other educational settings, the local authority, health, and the voluntary and community sector. It shows how professionals should work together, with the child or young person and their family at the centre of all planning and decision making.

The Cambridgeshire Dyslexia Pathway Overview

First concerns (or screening suggests likelihood of dyslexia) and support

If a child or young person's (up to 25 years) progress starts to falter on literacy related skills - especially where there is discrepancy between their written and oral ability or their behaviour deteriorates - or from Phonics Checks or screening - assessment should be made to understand the problem and what needs to be done. This should follow a cycle of 'Assess, plan, do, review'. It is important that the plan has clear outcomes that can be reviewed after 6 weeks to see if appropriate catch-up progress is being made. If not the child should be reassessed and the interventions revised. Parents and teachers should both be involved in this process.

The young person or child, and their family continue to plan and review outcomes together with professionals.

Is expected catch-up progress being made and the child achieving their potential with or without continued additional classroom support?

Yes

No

Specialist support required

For some pupils, targeted support is not enough to enable them to 'catch up' with their literacy related skills and they require additional support. It is likely that in-depth assessments to unpick underlying difficulties will be appropriate and this support can be accessed through SEND Specialist Services via a CAF (Common Assessment Framework) if pupils meet the thresholds for support. Interventions at this stage are likely to involve one to one teaching.

Will they require special arrangements for exams in the next 3 years?

Yes

No

Is expected catch-up progress being made and the child achieving their potential?

Assessment and diagnosis

The SENCo at the child or young person's school starts the process for an assessment from a Specialist Teacher or Educational Psychologist with at least Level 7 Dyslexia Training. An assessment using a Common Assessment Framework (CAF) may be used if the child has co-occurring problems such as dyspraxia; the family should be fully involved at all stages. If problems are severe an application may need to be made for an Education, Health and Care Plan (see Cambridgeshire Local Offer for more details of EHC Plans)

Yes

Is a diagnosis of Dyslexia made?

No

Yes

No

Diagnosis is uncertain. Further assessment may be carried out.

Continued support is offered in line with needs and strengths identified

Additional needs recognised but dyslexia is not diagnosed.

Continued support

- Professionals continue to work alongside the child or young person and their family.
- Further strategies and support are put in place as appropriate and continue to focus on strengths.
- Any co-existing needs are also addressed.

- Professionals continue to work alongside the child or young person and their family.
- They review to address additional or complex needs
- They may explore other assessments and pathways where appropriate.

- The team in the school +/- other professionals support the child or young person through transitions and identify ongoing and new needs and to focus on strengths.
- They ensure that follow up assessments with the child or young person and family are organised where necessary.
- Services in Further and Higher Education +/- Adult Transition and employment Services become involved as the young person approaches 16 years.

3. What is Dyslexia?

Dyslexia is often classified as a disability but may be more accurately described as a 'learning difference'. The brains of people with dyslexia have been shown to process information in a different way. This often manifests most obviously as a difficulty with reading, writing and spelling, but is generally a more complex combination of strengths and weaknesses.

For example, people with dyslexia may have weaknesses in short term memory, sequencing and the speed at which they process information. However, many have strengths in other areas, such as design, problem solving, strategic thinking, creativity, and interactive and oral skills.

The working definition of dyslexia used in Cambridgeshire is taken from the Rose report 2009¹:

- *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 coordination (including dyspraxia), mental calculation the 'sense of number' (dyscalculia), 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.*

While this definition recognises that dyslexia is a spectrum condition, and that it occurs across the range of intellectual abilities, there are problems with this and most definitions:

- Dyslexia is not just difficulty reading and spelling. Writing well can also be a real problem in later school years and poor short term working

¹ Rose, J. (2009) *Identifying and Teaching Children and Young People with Dyslexia and Literacy Difficulties*. Nottingham: DCSF

memory is often the major life-long issue. Note that this is not to be confused with Rose's 'difficulties in ...verbal memory', which refers to poor automatic recognition of words.

- Although many dyslexics successfully learn to read, they are always likely to require far greater concentration and effort for literacy tasks. Their performance on these tasks may never equal that of non-dyslexics. Any other difficulties associated with their dyslexia will also remain.
- The Rose Report and similar definitions do not recognise the potential strengths of dyslexics, which should be capitalised on as likely keys to good long-term outcomes.
- Interventions for dyslexia may be ineffective, if these interventions have been designed without considering their effect on common so-called 'co-occurring difficulties' (e.g., dyspraxia or dyscalculia), as these difficulties may require different approaches. The child's needs should be assessed holistically and interventions developed to suit the child's full learning profile.

4. First concerns

Common signs and symptoms of dyslexia are varied, numerous and, critically, depend on the age, ability and experiences of the child. As such, it is beyond the scope of the present document to provide a comprehensive list here.

The BDA website provides lengthy lists of signs and indications in children of pre-school, primary school, and secondary school age². The below list constitutes a brief and generalised summary of common indications in school age children, but the reader is directed to more in-depth documentation at the BDA website:

Literacy

- Slow to learn to read and remains a slow reader
- May mis-hear or mis-pronounce words
- Easily loses place in text, may miss words or lines;
- Comprehension may be poor when reading
- May struggle to learn to write and may confuse b and d, p and q or 6 and 9
- May struggle with correct punctuation and use of capital letters
- Falls behind peers in reading and/or writing, grammar and spelling
- Has difficulty getting thoughts down on paper or organising answers
- Poor speller and may write the same word in different ways in the same paragraph
- Discrepancy between oral and written ability

² <http://www.bdadyslexia.org.uk/educator>

Numeracy

- May struggle with learning times tables
- May use unconventional methods to reach the answer and struggle with showing how the answer was worked out

Time

- May struggle to tell the time and have difficulty with time management

Sequencing

- May struggle to remember days of week or months of year in correct order, or the corresponding month numbers (eg June=6, October =10)

Attention & concentration

- Has difficulty remembering a list of instructions
- Easily distracted and tires quickly with literacy related tasks
- May be very fidgety when reading

Behaviour

- May think they are stupid and lose self-confidence
- May start to mess around or become the class joker
- Teachers may repeatedly say the pupil 'just needs to try harder'

5. Early Identification

Identification of dyslexia should begin when children start school. Phonics testing in Year 1 (aged 6)³ can be part of this process, but it is not sufficient to identify all children with dyslexia. Phonics testing will simply identify those children who need additional support in learning to read; some children will be dyslexic, while others may have different issues such as poor hearing, difficulties with visual processing, poor organisational skills, motor co-ordination difficulties, poor attendance or teaching that is not of sufficiently high quality. If a child is having problems it is important to have their literacy and learning needs identified early, assessed properly and addressed, whether or not their difficulties are considered dyslexic in nature. Effective interventions can make a dramatic difference, as was shown in the Sound Check project⁴, which has a downloadable booklet for parents and carers to support their child with reading, spelling and writing.

Screening and Checklists (see below) are other ways of identifying children with dyslexia or other Specific Learning Difficulties early.

³ <https://www.gov.uk/government/statistics/phonics-screening-check-and-key-stage-1-assessments-england-2015>

⁴ <http://www.bdadyslexia.org.uk/about/projects/sound-check>

Early identification helps to ensure that interventions are offered as soon as possible. Successful outcomes are more likely if support is offered early and a full assessment made of the underlying causes and associated strengths. Additionally, behaviour difficulties and complications arising from loss of self-esteem are more likely to be avoided if support is early and appropriate and focuses on strengths as well as weaknesses. It is important to keep the literacy progress of all children under constant review as the continuum nature of dyslexia means that a child's difficulties may not become evident until later on in their schooling as demands and expectations of literacy skills increase.

6. If my child might be dyslexic, what should happen?

Although one in ten of the UK population is estimated to be dyslexic, dyslexia awareness is not currently part of initial teacher training. The BDA are advocating early identification and are campaigning for dyslexia awareness to be a compulsory part of initial teacher training. It is hoped this would help teachers feel better enabled to identify and support students with dyslexia from a young enough age and that appropriate coping strategies could be put in place.

If the class teacher does pick up indications of dyslexia, they should discuss their concerns with parents. Alternatively, if you have concerns about your child, you should initiate a discussion with the class teacher and ask for your child to be screened or assessed for dyslexia. You could also ask to speak to the SENCo (Special Educational Needs Coordinator) and look on the school's website to see what their SEN Report says about dyslexia. If none of these produce satisfactory responses you could also try asking the school's parent governor to help you. If your child is falling more than a year behind their peers, especially if they have co-occurring difficulties, you could ask for an assessment for an Education, Health and Care Plan, but few children with just dyslexia will meet the criteria, as schools should be able to support the vast majority of dyslexic children from their own resources and SEN budgets.

If the school insists your child is not dyslexic, or won't offer screening or assessment, you could pay for a private assessment (see below) but these are expensive; however it should give you definitive answer on whether your child is dyslexic, describe their profile of difficulties and strengths and give advice on the support required.

The BDA have lots of information on resources⁵ and Ealing Dyslexia Association have a Top Ten Literacy Resources and Websites for Children with Dyslexia.⁶

7. Is there screening in schools?

There are screening tools available but few schools use them routinely to screen all children. The SEN budget for a school could be used to purchase an annual licence for a computer based screening programme which could then be used to screen all children. Alternatively the Pupil Premium⁷ for one child could pay for it. These funds could also be used to pay for training a teacher or TA in dyslexia to advise on or implement effective strategies.

A cautionary note on screening tests

- Screening tests are designed to give an indication of possible dyslexic difficulties. They are not a diagnosis and are not 100% accurate.
- Where the test indicates a moderate or high probability of dyslexic difficulties, the best course of action may be to follow up with a full diagnostic assessment. This would determine the precise nature of dyslexic and related difficulties. However if this is not possible, it should not prevent the child from receiving appropriate specialist tuition.
- There are many different types of screening tests: Some are delivered on computer, others need to be administered by a teacher. It is best to have them done with a specialist teacher as much information can also be gained by observing how the child completes each item. Some tests just give an estimate as to whether the child/person is likely to have dyslexic difficulties. A few offer a more detailed profile of strengths and weaknesses which help inform an appropriate teaching strategy.

Check sheets

There is also a wide range of check sheets, many freely available, to download from specialist websites. These offer a very useful starting point in collecting evidence towards a range of Specific Learning Difficulties, such as dyslexia, dyspraxia, ADHD, dyscalculia, and visual sensitivity / stress (see section at end on this). They can also be useful when preparing for a full assessment. SENCOs in schools can advise on and may be able to administer these.

⁵ <http://bdatech.org/learning/supporting-writing-with-ict>
<http://bdatech.org/what-technology/small-portable-devices/apps>

⁶ <http://www.ealingdyslexia.org.uk/links-and-resources/>

⁷ Pupil Premium is given to schools for children whose families have or had very low incomes or have other issues and is worth between £300 and £1,900 per pupil per year to schools

8. Assessment and diagnosis

Diagnostic Assessments can be arranged by schools but they may have to pay for these or have a limited number of sessions for all children with SEND, so a child with dyslexia may not be considered a high enough priority for an early or full assessment. Assessments should always be conducted by a certified person, such as:

- A Chartered Psychologist specialising in Specific Learning Difficulties registered with the Health Care Practitioners Council (HCPC)
- A Specialist Teacher/Assessor with an Assessment Practising Certificate.

However, when choosing an assessor the purpose of the assessment should be taken into consideration. For example:

- For school aged children, a screening tool should give a good indication of likelihood of dyslexia to allow early interventions, but a full assessment with or without a diagnosis may be required in order support the case for special arrangements for exams such as extra time or a reader.
- If the report is needed to support an application for the Disabled Student Allowance it should be conducted post 16 years of age and carried out by an accredited assessor who also holds a Practising Certificate.
- If it is for the workplace, ideally it should be by a Chartered Psychologist who is competent to act as an expert witness if called upon.

If you want more information Ealing Dyslexia Association have a good summary page on Assessments at <http://www.ealingdyslexia.org.uk/assessments/>

9. Assess, Plan, Do, Review

The Code of Practice for the Children and Families Act 2014 describes the process for children with SEND who are not achieving as well as their peers, as a cycle of 'Assess, Plan, Do, Review'. However support is provided, a clear date for reviewing progress should be agreed, and the parent, pupil and teaching staff should each be clear about how they will help the pupil reach the expected outcomes. If after 6 weeks an intervention is not producing any improvement, the child's needs should be reassessed and a different intervention considered in order to achieve the expected outcomes.

10. Dyslexia Friendly Schools

A whole school approach is the most successful way to ensure all children and young people with dyslexia achieve their potential.

'Dyslexia friendly' schools are able to identify and respond to the "unexpected difficulties" that a dyslexic learner may encounter. In these situations, teaching staff are expected to support a range of diverse learning needs in mainstream settings and are empowered to do this by school procedures and systems. Dyslexia friendly schools recognise that teaching staff, as individuals, are key to the success of students overcoming their difficulties.

Dyslexia friendly policies and procedures are integrated into the whole school development plan and progress towards these goals and targets is the responsibility of a member of the Senior Management Team. This means that all staff are proactively led to:

- Demand excellence
- Have a zero tolerance of failure and take action when targets are not met
- Promote whole staff awareness
- Adopt flexible approaches - "if children don't learn the way we teach, we will teach them the way they learn".

This would include using dyslexia friendly multi-media teaching methodologies, screening all pupils and focusing on strengths - what the child can do well - and celebrating these abilities - not just focusing all the time on what they can't do.

This in turn is likely to lead to greater levels of achievement and retention for all learners. Becoming a dyslexia friendly school requires a review of the implementation of major whole school policies, focusing upon teaching and learning, monitoring and assessment, differentiation and inclusion across the range of ability and need.

The philosophy underpinning the Dyslexia Friendly Quality Mark is that changing practice to accommodate individuals with dyslexia often results in good practice for everyone. In the case of educational institutions, the BDA recognises that the majority of moderately dyslexic students will be taught in mainstream classrooms and by non-specialist tutors. Therefore it is important that, as well as employing appropriate teaching methods, all environments are dyslexia friendly. The BDA website has more information about the 'Dyslexia Friendly School Quality Mark' and Standard⁸.

⁸http://www.bdadyslexia.org.uk/common/ckeditor/filemanager/userfiles/Services/QM/BDA_Dyslexia_Friendly_Quality_Mark_for_Individual_Schools.pdf

11. Dyslexic strengths

There are many highly successful dyslexics - from Einstein to Richard Branson, but there is also a high proportion of the prison population who are dyslexic. If children continuously fail at school or do less well than their peers, they can start to think they are stupid, hate school and learning, lose self-confidence and stop engaging in learning; this can be particularly true if they don't understand why they are falling behind. Even if they know they are dyslexic, if the focus of their lessons is always what they can't do rather than what they can do, it can be very disheartening and repeated failure can lead to behavioural and mental health problems.

Rod Nicholson, a Psychology Professor from The University of Sheffield, with others has coined the term 'Positive Dyslexia'. In his recent book of that name⁹, he states that 'Curing the Negatives does not Produce the Positives' and describes a 'Temple' representing 10 Dyslexic Strengths with 3 pillars:

1. **Social strengths:** Teamwork; Empathy; and Communication
2. **Cognitive strengths:** Big Picture; Visualisation; and Creativity/Innovation
3. **Work strengths:** Determination/Resilience; Proactivity; and Flexible Coping

These pillars are capped and integrated by a strength in **Unconventional Thinking**.

Nicolson argues that these strengths can underpin successful individuals and successful organisations and describes the 'Positive Dyslexic Journey', starting with assessment of the positives, with positive role models and ambitions, accelerating positive achievement and a positive and successful career.

12. Visual stress / visual sensitivity, colour overlays and tinted lenses

There is a lot of controversy and confusion about 'visual stress', but it seems clear that some people have visual processing difficulties that result in letters or words appearing to move on the page. Colour overlays, coloured paper or tinted lenses appear to help, but the exact colours that are helpful are specific to the individual. Visual stress may occur with or without dyslexia, but is more common in those with dyslexia. Black print on white paper or background seems to be particularly susceptible to problems, and using blue or green font on cream or off-white paper or changing the screen colour can make reading easier - as can certain fonts. Text reading software can help with reading on the computer

⁹ Positive Dyslexia. Roderick Nicolson Rodin Books Sheffield 2015

or other devices. If there are also problems with writing, dictation software can help. Some children may grow out of needing tinted lenses or overlays, others may not. Tinted lenses may also help with other issues such as poor concentration, hyperactivity or fidgeting.

13. Resources and acknowledgements

This guidance has been compiled by Fay Dutton¹⁰ and edited by Dr Jen Lewis. Much of the material in this guide has been copied from the following websites which have lots more information:

- BDA: <http://www.bdadyslexia.org.uk/>
- Dyslexia Action : www.dyslexiaaction.org.uk/
- Dyslexia SpLD: www.thedyslexia-spldtrust.org.uk/
- Positive Dyslexia. Roderick Nicolson Rodin Books Sheffield 2015: <http://positivedyslexia.org/positive-dyslexia.html>
- Peterborough and Cambridgeshire District Dyslexia Association (PaCDDA): www.pacdda.org.uk
- Ealing Dyslexia Association: www.ealingdyslexia.org.uk
- The codpast: <http://www.thecodpast.org/>
- Pinpoint (the parent carer forum for Cambridgeshire): www.pinpoint-cambs.org.uk

14. What you can do to improve dyslexia provision in Cambridgeshire?

If you have any recommendations for further improvements to this resource or to provision in your school or in Cambridgeshire, we would be grateful if you could fill in a contact form on www.pacdda.org.uk or contact Pinpoint.

If you would like to volunteer to set up or help with an after-school workshop, parent support group, help or fundraise or have other ideas, please contact your school's PTA, and / or PaCDDA or Pinpoint as above.

Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
BDA	British Dyslexia Association
PTA	Parent Teacher Association
SEN/SEND	Special Educational Needs (and Disabilities)
SENCo	Special Educational Needs Coordinator
SpLD	Specific Learning Difficulties
TA	Teaching Assistant

¹⁰ Fay Dutton is a trustee of both PaCDDA and Pinpoint and from 14/11/15 the BDA as well