



The identification of and effective intervention for literacy difficulties in children and adults. Implications for the assessment of dyslexia.

Practitioners respond: views from the third consultation phase.

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Biographical information



Caroline is a Specialist (SpLD) Teacher and Assessor with twenty-three years' experience assessing, teaching and supporting individuals with SpLDs. She has taught and/or assessed at all levels of the education system, from primary to tertiary. She has a further twenty-two years' prior experience as a teacher at secondary and further education levels. A member of SASC's Specific learning difficulties Test Evaluation Committee (STEC) for seven years, Caroline joined the SASC board in 2017, where she now acts as vice-chair and has an additional role as assessment issues coordinator.

In her role at SASC, she has led and/or helped coordinate the development of updated SASC guidance on visual difficulties, dyscalculia, developmental co-ordination disorder (DCD)/dyspraxia, EAL and assessment issues, ADHD, assessment via remote video platform and the New Report Formats.

INTRODUCTION

- The **SASC consultation**, the **paper** and the **online survey**.
- **Key trends** – see the separate paper with responses, in graphic and statistical form, to the closed questions.
- **Key issues. What do the comments sections of the survey reveal?**
- **What next?**
- **Questions.**

‘The Elliott in the room.’ SASC Working Group composition and consultation phases.

- The **Working Group**
- **Effective Assessment and Intervention Consultation Group**
- The role of **Second Phase consultants**
- **Third Consultation Phase** and **SASC survey**
- Other **written responses** to the SASC survey.
- The role of the **SASC Board**.

The consultation paper

- **Context**
- Short **summary** and **full** versions.
- **Structure, length** and **accessibility**.
- **Content**: varying perspectives; age-ranges covered; critical questions; controversial issues.

The survey: question construction, bias and interpretation

- **35 questions** designed to elicit responses to key aspects of the paper.
- Average survey response time **42 mins**.
- Most questions 'closed' but comments boxes provided.
- **3252** separate comments, many lengthy and considered.
- Perceived bias in consultation paper and survey design.
- Wide variation in paper interpretation and survey question responses.

You can please some of the people...



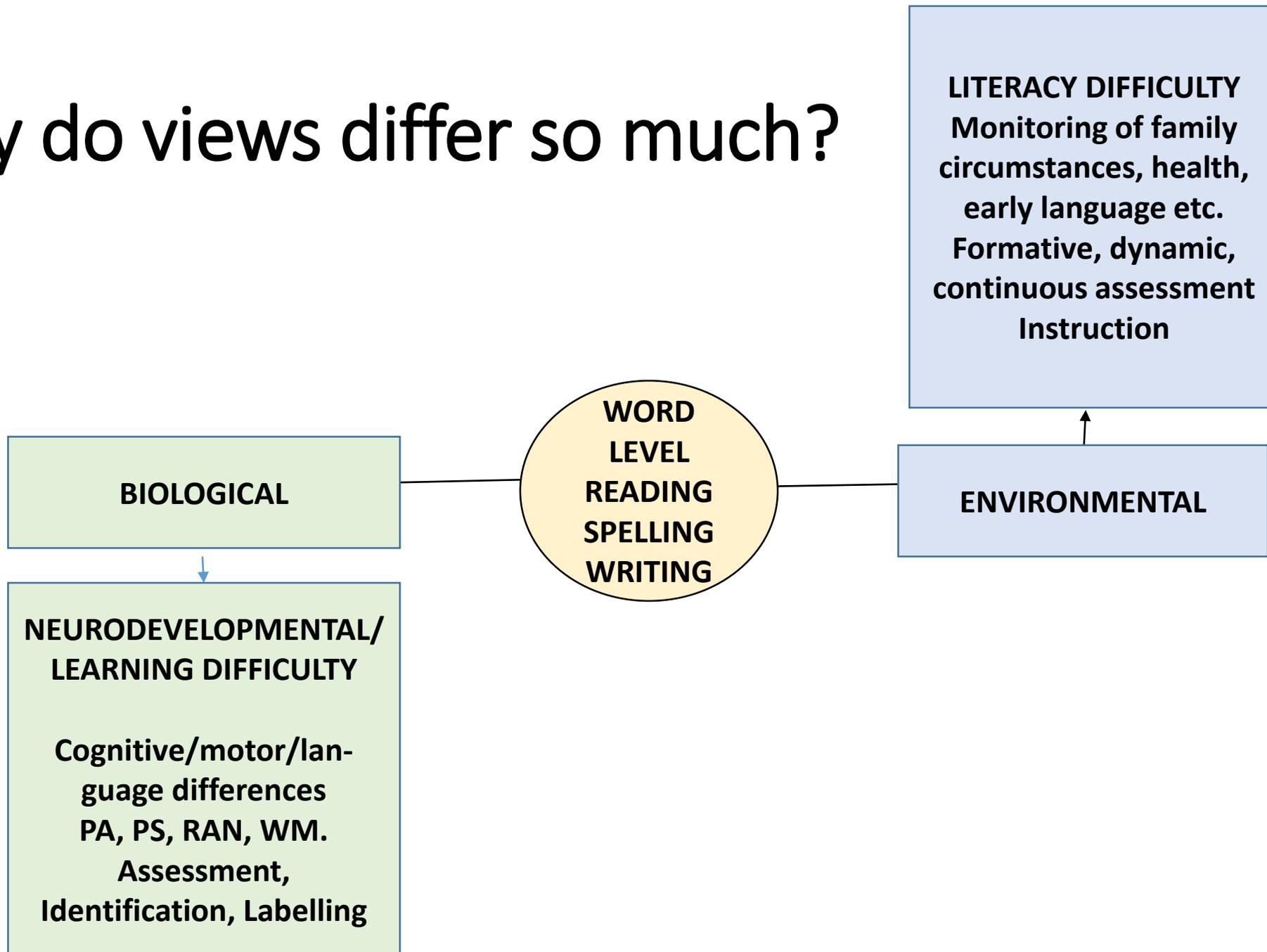
- ‘This is the most useful thing I have read during the 2 years of dyslexia specialist teacher and assessor training that I have recently completed.’
- ‘An excellent paper with very thorough coverage of all the issues with evidenced based research.’
- ‘I am really pleased to see this paper. It's the most promising development I've seen in the world of dyslexia for a very long time.’
- ‘This is an extraordinary and very, very welcome project and report. It has highlighted so many of the issues of doubts and inconsistency that are prevalent in the world of diagnostic assessing at present and drawn together many different viewpoints in a really balanced way.’

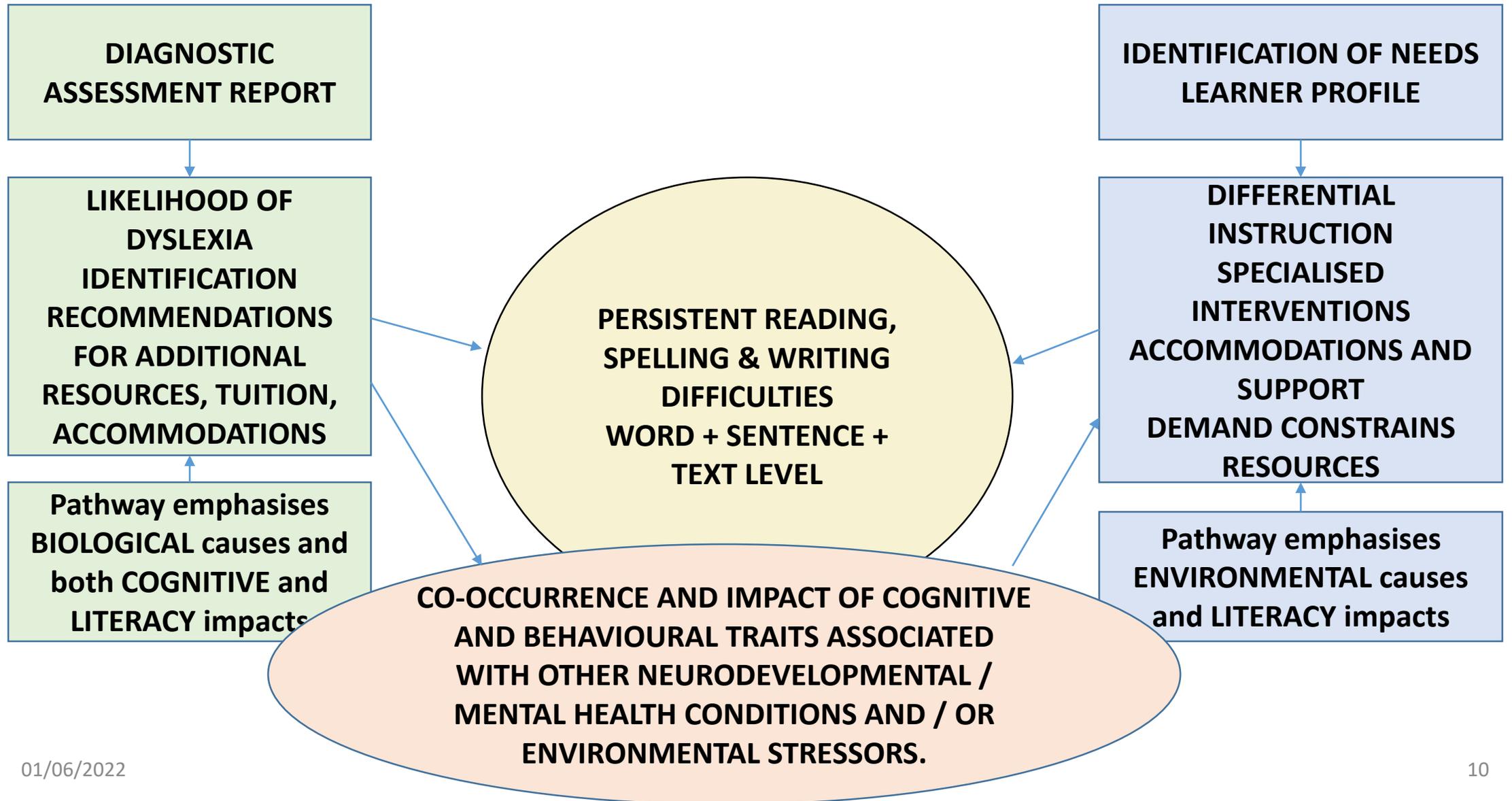
You can't please all the people...

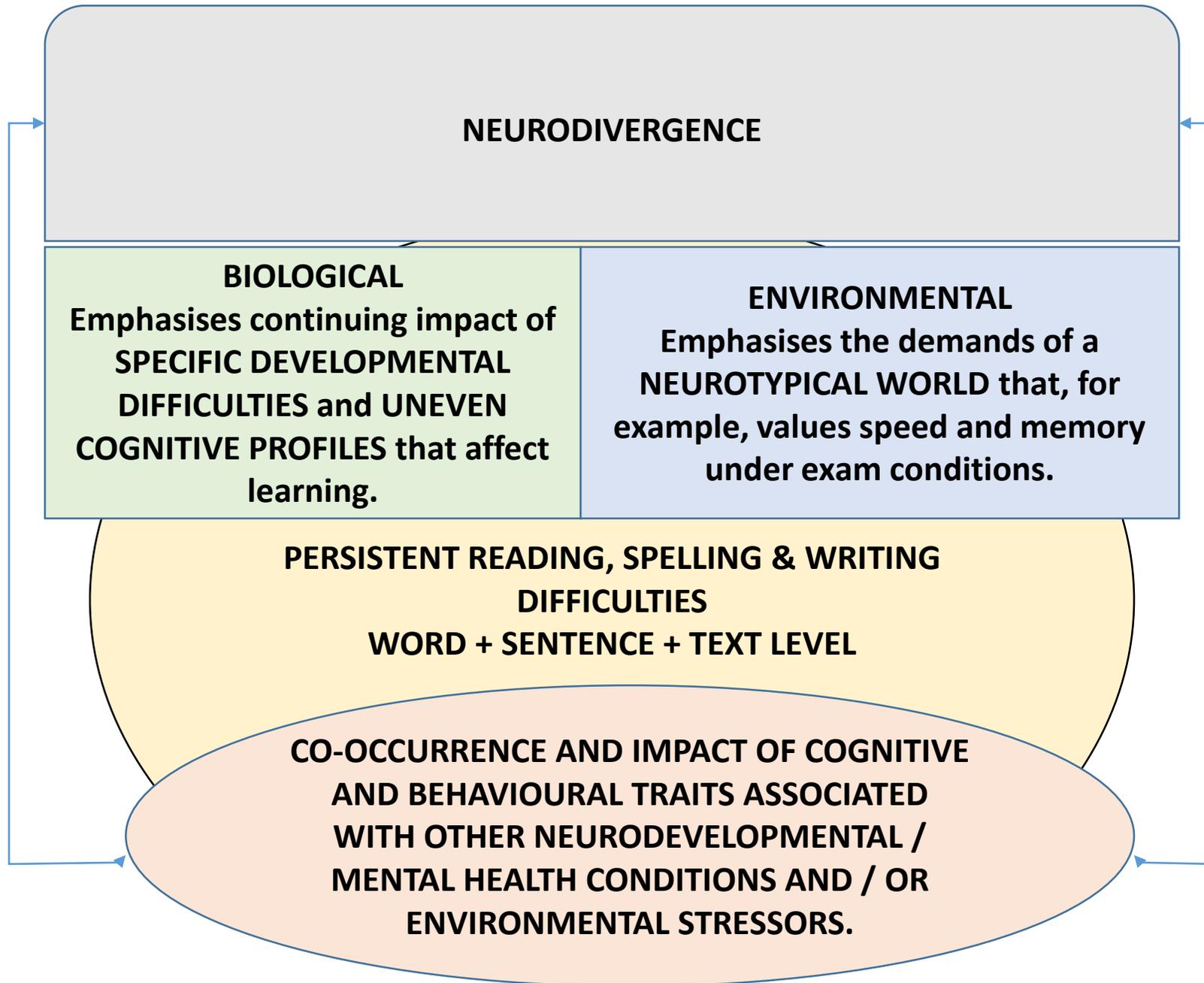


- 'I am not at all in support of this consultation paper.'
- 'I am angry that this consultation has got this far before assessors have been made aware of it and consulted.'
- 'I had high expectations for this consultation but I feel very sad and angry.'
- 'It has taken me nearly 3 hours to work through this consultation paper. General statements are made without being referenced (see page 11) and comments like 'Some English local authorities' are backed up with only one example. It therefore lacks academic credibility. It also comes across as biased and with a clear agenda to move towards a position espoused by one academic who does not reflect the views of staff working in the field.'

Why do views differ so much?







GENERAL TRENDS SECTION A

- Considerably greater **agreement** than disagreement with all or most of the **seven key messages** of the consultation paper.
- Variation in diagnostic practice, the role of assessors as gate-keepers in access to resources and issues of labelling seen as **highly or moderately relevant** to most people's practice.
- Most respondents **agree** that greater clarity in defining and identifying dyslexia supports public understanding, improves assessor confidence and enables clearer policy-making.

GENERAL TRENDS SECTION B

- **Most people** found the **research update**, the **proposed definition** of and **suggested criteria** for the identification of developmental dyslexia and the discussion of '**what is not dyslexia**' useful (to varying degrees).
- **Persistence** and **developmental trajectory** were concepts **most often ticked** as useful. **Dimensionality** and **risk accumulation** ticked the **fewest** times.
- Most people **disagreed with** or **were unsure about**, in assessment, a **proposed SS cut-off point of 1 SD below the mean** in one of more tests of reading accuracy, reading fluency and spelling.

GENERAL TRENDS SECTION B

- **Most people** felt it was extremely or very important to achieve consensus over the use of diagnostic labels.
- The diagnostic labels **most preferred** as best describing persistent problems in reading, writing and spelling were developmental dyslexia and specific learning difference (or difficulty or disability). **Least preferred** were neurodivergence and neurodevelopmental difficulty.
- There was **wide variation** in views over the purpose of testing underlying cognitive ability, and over the issues of discrepancy and 'unexpectedness' in the assessment of dyslexia.

GENERAL TRENDS SECTION C

- **Most people** found the FAQs regarding the practical implications of the model presented in Section B for the assessment of dyslexia useful (to varying degree).
- **Most people** found the examples in the paper of onward referral to specialist services helpful (to varying degree)

GENERAL TRENDS SECTION D

- Most people **agreed** (to varying degrees), that with the 'right' form of instruction, it is possible to teach all children to read competently, whatever heritable or biological traits they bring to the process of learning to read, and irrespective of the complexity of the English language.
- Most people **disagreed** (to varying degrees) with the statement: 'It is currently not possible, in any age-group, to differentiate between dyslexic and most other poor readers'.
- Most people **agreed** (to varying degrees) that the dyslexia label is effective in raising levels of literacy and associated academic attainment.

GENERAL TRENDS SECTION D

Most people agreed that:

1. Summative, diagnostic assessment should not, as happens now in some areas of the UK, be seen as the prerequisite to the allocation of support but should be seen **as part of a progressively specialist plan for assessment and intervention.**
2. Before referral for diagnostic assessment, the **school should have carried out a series of literacy assessments and interventions** and the child's progress through these assessments and interventions monitored, recorded and evaluated.

GENERAL TRENDS SECTION D

- Most people **agreed** that If no significant age-related progress is made after six to twelve months' intervention and targeted teaching regarding literacy difficulties, **referral should be made for a state-funded diagnostic assessment carried out by an appropriately qualified psychologist or specialist teacher-assessor.**
- Most people **agreed** that **identifying dyslexia** offers valuable information that **can inform and guide appropriate forms of intervention.**
- Most people **disagreed** that 'Identifying a poor reader with dyslexia **endangers the equitable allocation of resources** to support all struggling readers.'

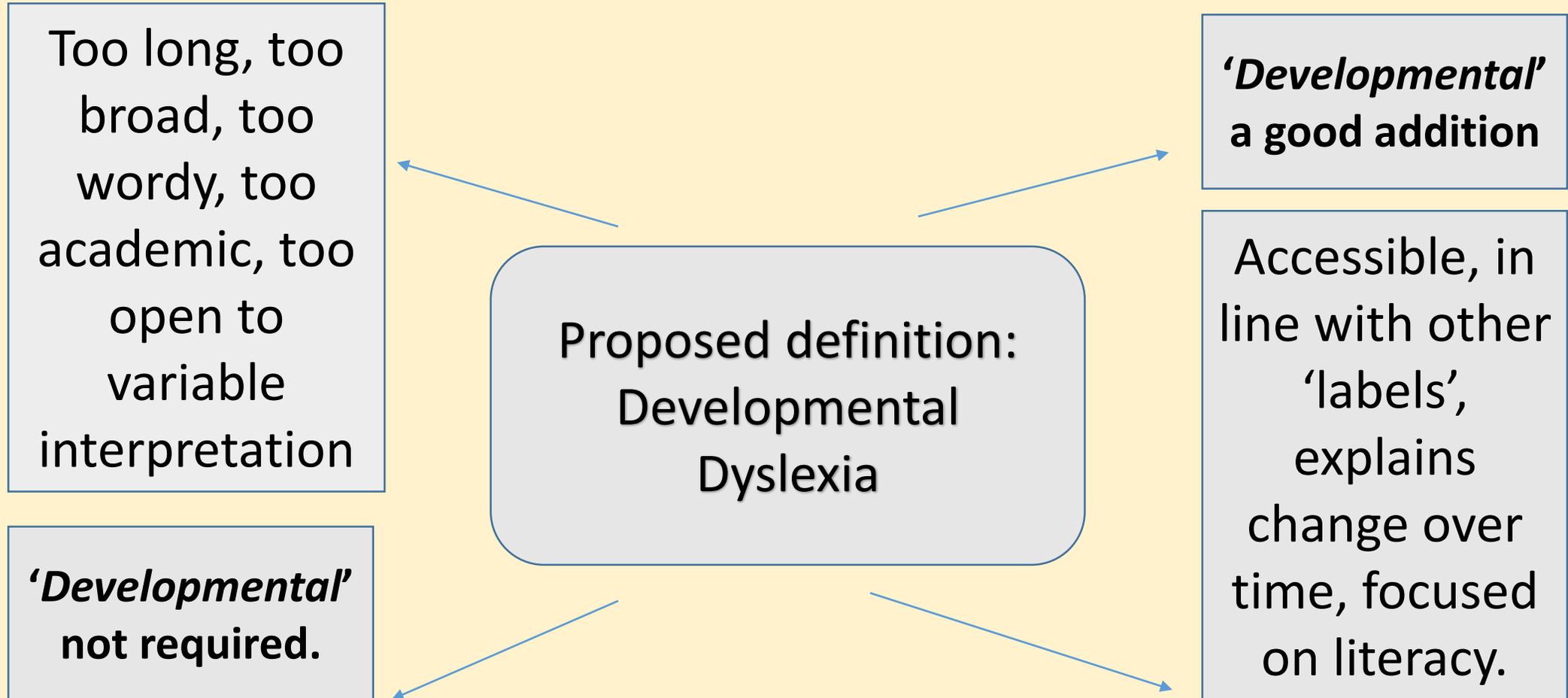
GENERAL TRENDS SECTION D

- 1. The majority of respondents agreed or agreed somewhat** that there is a **need to reconsider the evidence levels required for putting in place access arrangements** in school, college and university examinations.
- 2. Similar pattern in the responses** for the question of whether there is a need to reconsider the **evidence levels required for putting in place short-term 1:1 study support** at H.E. Level
- 3. Only 41** of the **115** responses to experience of working in the **youth offender and prisons sector** offered a relevant comment. Most people did not have any experience of this sector.

FURTHER COMMENTS SECTION

- **153** respondents gave a comment in this section....**254** did not.
- Many offered further **detailed commentary** on elements of the paper.
- Some **suggested content** or **questions** they felt the paper had not addressed.
- Some expressed **anger and/or anxiety** about some of the paper's recommendations.
- Some expressed **scepticism** about the likelihood of wider political and policy recommendations being acted upon.
- Some **welcomed and praised** the paper; others offered **a critique** of its format, content and aims.

KEY ISSUES 1. Labelling



KEY ISSUES 2. Diagnostic criteria

- Reading, spelling, writing, comprehension.
- Cognitive differences: working memory, phonological processing, orthographic processing, RAN.
- Discrepancy and unexpectedness
- Risk and resilience
- Cut-off criteria.

KEY ISSUES 4. The role of specialist (teacher) - assessors

- High levels of anxiety/anger about implications of recommendations for role of specialist-assessors.
- Concern about the role of privately-funded assessment.
- Questions of social justice, equity, funding and resourcing.

KEY ISSUES 5. Policy and Practice.

- Policy recommendations: 'real' and 'ideal' worlds.
- Primary and secondary schools
- Older school students and F.E. colleges
- H.E
- Adults and third space environments e.g. youth offender, prison systems, homelessness, trauma sufferers
- Training and CPD.

Other written responses to the consultation paper

11 written responses

- 2 from authors of research / materials mentioned in the paper
- 1 from BDA Accreditation Board
- 1 from Dr Valerie Muter
- 1 from Dr Gad Elbeheri and Eric Tridas of the International Dyslexia Association
- 1 from a team of assessors working with Janet Goring in Wandsworth.
- 1 from an anonymous group of assessors
- 4 from named specialist teacher-assessors.

What next?

- SASC response to SEND Green Paper....**by July 2022**
- Structured discussions with practitioners and stakeholders. **September-December 2022.**
- Further liaison with BPS working groups. **September – December 2022.**
- A re-draft of the consultation paper. Re-wording the proposed definition and diagnostic criteria for dyslexia. **November 2022 – April 2023**

To consider:

1. A protocol for a shorter report format for assessors carrying out formative/interim assessments in schools?
2. A protocol for a shorter report format for an optional post-16 *re-*assessment?
3. Guidance for independent assessors on opportunities for establishing closer links with schools.
4. Guidance on how to characterise profiles that do not meet the diagnostic criteria for dyslexia.
5. Exemplar assessment reports?