

Specific Learning Difficulties

Information and Guidance for Schools & Parents

Introduction

This guidance sets out the approach to the identification of Specific Learning Difficulties (SpLD), and the ways in which children and young people with SpLD should be supported in schools.

It is important to note that formal diagnosis will not always be necessary, and that the lack of any formal diagnosis should never be a barrier to an individual child being fully supported in the school environment. Instead, all schools should aim to create an inclusive environment, and encourage inclusive classroom and teaching practices that support the progress of all pupils, including those with SpLD.

Definitions

Specific Learning Difficulties

The Special Educational Needs and Disabilities (SEND) Code of Practice includes Specific Learning Difficulties (SpLD) within the broad area of 'Cognition and Learning' which affects one or more specific aspects of learning. This includes a range of conditions such as dyslexia and dyscalculia. Children or young people may experience co-existing conditions such as DCD (Developmental Co-ordination Disorder), DLD (Developmental Language Disorder), speech and language needs or autistic spectrum disorder.

Dyslexia

A working definition of dyslexia includes:

- A learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling.
- Features of dyslexia are difficulties in phonological awareness, verbal memory, working memory and processing speed.
- Occurs across a range of intellectual abilities despite appropriate learning opportunities – that is learning opportunities which are effective for the great majority of children.
- 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, mental calculation, concentration and personal organization, but these are not, by themselves, markers of dyslexia. (*Adapted from Rose, 2009 and The British Psychological Society, 1999*).

Dyscalculia

Dyscalculia is a specific learning difficulty for mathematics, or more appropriately, arithmetic. It is characterised by impairments in learning basic arithmetic facts, processing numerical magnitude and performing accurate and fluent calculations. These difficulties must be significantly below what is expected for an individual's chronological age and must not be caused by poor educational or daily activities or by intellectual impairments. (*Adapted from British Dyslexia Association*).

Developmental Co-ordination Disorder (DCD) – sometimes known as Dyspraxia

The essential feature of DCD is a significant difficulty in the development of motor co-ordination. These motor difficulties impact on the child's ability to manage everyday motor tasks (like dressing, pencil skills, riding a bike) and cannot be explained by intellectual delay or medical/neurological conditions.

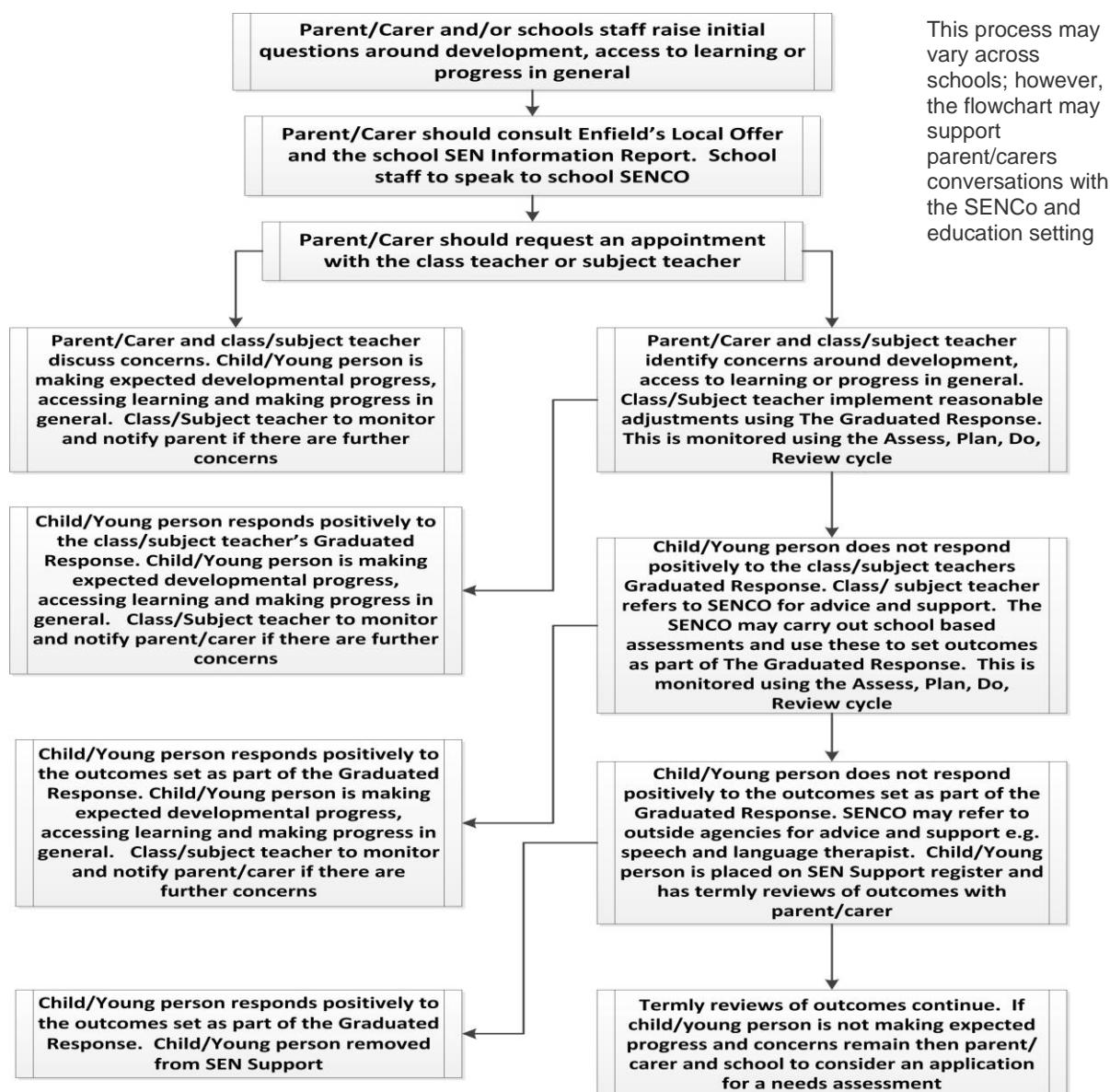
Developmental Language Disorder (DLD) previously known as Specific Language Impairment (SLI)

A diagnosis of Developmental Language Disorder (formerly known as Specific Language Impairment) refers to children with language difficulties that create obstacles to communication or learning in everyday life which is not associated with a known condition such as autism spectrum disorder, brain injury, or a genetic condition such as Down's syndrome or sensori-neural hearing loss. There is no clear cause for DLD and difficulties with learning and using language will be long term.

Identification (not diagnosis) of SpLD Needs

If a parent/carer has concerns about the educational progress of their child, they should initially discuss these concerns with the class teacher. Alternatively, a teacher may raise concerns about a child's progress.

In either case, the teacher will discuss the concerns with the parents and with the school's SENCO and consider what interventions (reasonable adjustments) can be made to support the child's progress. The approach is summarised in the following flowchart. Timescales for review should be discussed and jointly agreed.



How schools support pupils with SpLD

The SEND Information Report on each school's website will tell parents/carers how the school supports pupils with SpLD. Schools should consider what provision they have in place to meet SpLD needs in terms of classroom practice (e.g. how the classroom is arranged) and targeted interventions.

High quality teaching, tailored to individual needs, is the first step in responding to pupils who have, or may have, SpLD. Classroom practices should be designed to support pupils who have SpLD. For example, using appropriate font, multi-sensory learning approaches or using coloured filters and over-lays.

Schools will seek to provide Special Educational Needs (SEN) support interventions and resources for pupils who experience difficulties consistent with SpLD or are identified as having traits consistent with SpLD. This should involve an educational support plan. The school will work with parents/carers, and may also work with other agencies, to support the pupil's learning journey so they are able to progress.

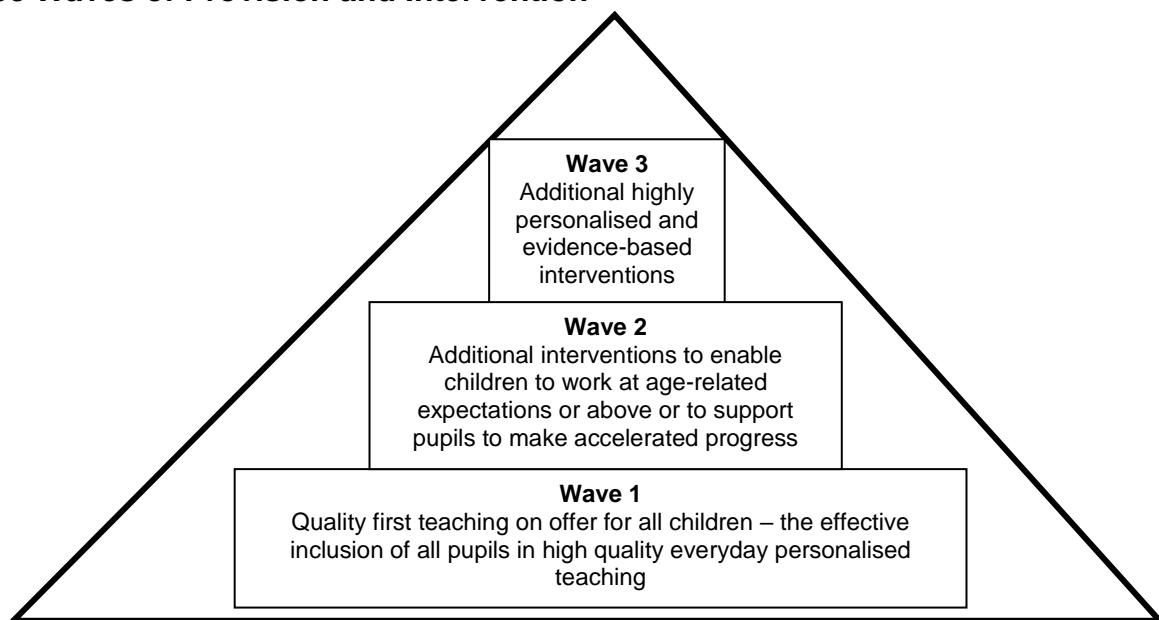
The educational support plan is part of the graduated response: "assess, plan, do, review" cycle that is used to assess and understand a pupil's needs. The plan should be implemented and reviewed in partnership with parents/carers at least termly. Holistic assessments can include observations, group work and a range of appropriate in-school assessments (where a school is able to provide these). Many SENCos will have access to screening tools and checklists that will enable them to identify if a pupil is showing difficulties that might indicate a SpLD. Any assessment and provision will be based on a needs model, and formal diagnosis is not required for pupils to be supported with appropriate strategies and interventions, and is not a requisite for an Education Health Care Plan (EHCP) to be put into place.



Following school assessments, the pupil should receive additional input including targeted interventions. In most cases, this input will be provided by the school from within the funding they receive to support children with SEND.

In the event that parents feel that their child's learning is not being supported at school, they should raise this matter via the school's complaints process.

The Three Waves of Provision and Intervention



The primary purpose of an intervention is to accelerate progress and prevent the pupil from falling behind their peers. Some children and young people may need more than high quality teaching (Wave 1), such as an evidence-based, time limited, small group intervention programme(s) to help bridge the gap (Wave 2). Targeted interventions may include:

- Interventions to support speech, language, communication and social skills to help children
- Programmes to help pupils with their motor skills, so they have more control over writing, playing instruments, artistic expression and craft work
- Literacy and Maths interventions e.g. Catch Up Literacy and First Class at Number

A small percentage of children and young people may need more help for them to make the required progress. This might involve a more structured and intensive programme that is tailored to their specific difficulties (Wave 3).

Success with some pupils with the most severe problems may be difficult. It is usually this small group of pupils who show a poor response to evidence-based interventions and who may benefit from specialised support and advice from relevant professional(s) in regard to these needs— see next section and flowchart in Appendix 1. Factors that can place pupils at risk of not responding to interventions include:

- Low underlying cognitive ability
- Other co-existing conditions, e.g. autistic spectrum disorder
- Presenting with the lowest levels of phonological skill at the start of the intervention (dyslexia)
- Being rated low on measures of attention and behaviour
- Adverse socio-economic circumstances
- Insufficient staff training for the intervention
- Insufficient frequency of access to the intervention

A good indication of the severity and persistence of specific learning difficulties can be gained by examining how the pupil responds or has responded to well-founded intervention. Further investigations for pupils not responding to interventions are recommended.

Pupils identified with SpLD are not automatically entitled to access arrangements (i.e. adjustments made to enable them to participate in examinations in a fair way) e.g. additional time, access to a scribe or ICT for school and public examinations. However, those who have been identified with a SpLD or who have SpLD type difficulties should be considered for access arrangements and assessed for access arrangements as appropriate and on a needs basis. This is usually done via the school. Most schools will have an individual policy on access arrangements, usually based on the guidelines at <https://www.jcq.org.uk/exams-office/access-arrangements-and-special-consideration> and <https://ncatools.education.gov.uk/>

Schools should note that when they apply for exam concessions (such as extra time, a reader or an amanuensis) for formal exams (e.g. GSCES or A levels) it is helpful if they can show that such arrangements have previously been offered to that pupil for internal exams and tests, and will also be beneficial for the pupil to become used to such alterations. Schools should also be advising pupils, if required, how to use extra time.

Specialist Support and Advice

Every school has a SENCo who works in partnership with parents/carers and those pupils who have been identified with SpLD, or who are experiencing difficulties that suggest a possible SpLD. They also liaise with teachers and support staff, help to coordinate provision for children, organise training for staff and liaise with outside agencies.

In addition, where a pupil has not responded to initial interventions, Enfield Schools have access to the following resources for specialist support and advice, subject to school funding, prioritisation and based on level of need. **Some services need to be purchased and decisions will be dependent on individual school budgets and priorities:**

- The Educational Psychology Service (EPS) works collaboratively with school staff, parents and professional partners within a 'consultation framework' of service delivery (this may or may not include direct work with the child or young person, as deemed appropriate) to achieve a better understanding of the factors that may be helping or hindering progress and to identify ways forward in reducing the barriers to effective learning. This process of assessment is usually undertaken, in partnership and in line with the graduated response to develop an overall understanding of the pupil's strengths and needs and jointly consider intervention strategies. Outside of its statutory role, this is a service that can be purchased by schools and access to involvement is dependent on whether the school trades with the EPS and the school's priority of need.
- The Occupational Therapy (OT) Service is provided by the NHS. The children's service accepts referrals from schools and other health professionals for children who are experiencing difficulties with everyday activities e.g. dressing, riding a bike, using scissors, pencil skills, participating in PE lessons etc. The OT will assess the child's difficulties with daily activities and will provide advice to parents and school staff to implement and direct intervention as appropriate.
- The Physiotherapy Service is provided by the NHS. The children's service accepts referrals from health professionals including GPs and School Nurses for children who are experiencing gross motor skill difficulties e.g. co-ordination, balance etc.
- The Speech and Language Service is provided by the NHS. If the school has identified specific difficulty with reading and writing, they should screen language using their usual tools to ensure there are no underlying language difficulties. If there are concerns, SENCos should discuss options (including traded options such as training, consultation or direct work) with the Clinical Lead Speech and Language Therapist from the NHS School's Speech and Language Service. If a SENCo is applying for a statutory assessment and there are concerns about speech, language or communication, they should include a referral to the Speech and Language Service in the application paperwork.

- Early Years Social Inclusion is a service that supports schools in meeting the needs of children with difficulties in language development, social skills, gross and fine motor skills, co-ordination and social, emotional, mental health. Schools can purchase evidence-based intervention models, which include support, training and consultation from education colleagues and SLT, OT and Physiotherapist. Schools can also opt to purchase bespoke school-based advice.
- Schools and Early Years Improvement Services provide training that can be purchased by schools for staff in different areas of SEND.
- The Dyslexia Base for School Staff is based at St Michael's CE Primary School. This is open to SENCOs, Teachers and Teaching Assistants one afternoon each term for training on how to support children with Dyslexia in the classroom, to view resources, and to seek advice from specialist teachers. All newly qualified teachers also receive training at the Dyslexia base.

Professionals involved will typically find out information about a number of areas including:

- The learning opportunities the child/young person has experienced;
- Evaluation of the impact of classroom teaching across the curriculum, additional support and interventions on the individual child with Specific Learning Difficulties;
- The severity and persistence and range of the difficulties;
- Cognitive and learning skills e.g. language, memory and processing skills;
- Social and emotional factors, including the child's self-perception and self-esteem that may be contributing to the difficulties

The assessment and identification process (including formal diagnostic pathways)

Assessment undertaken by professionals aims to:

- Focus on the child's strengths, needs and views in collaboration with the school, parents/carers and other relevant professionals;
- Provide the necessary evidence to inform any required intervention or recommendations;
- Consider the range of contributory factors or issues.

The above assessment varies across different professionals and the child's individual needs e.g. a speech and language therapist will use specialist assessments focussing on language and communication.

Qualified professionals will be well placed to make sense of the results from assessment/screens as analysis can be complex and needs to be considered within a broader context. This will support appropriate planning.

Outlined below are pathways for the formal diagnosis of dyslexia, dyscalculia, DCD and DLD. It should be noted that these pathways can be time consuming and expensive and that school budgets are unlikely to allow for formal diagnosis for individual pupils, but this should not hinder the process of support and intervention.

Dyslexia and Dyscalculia: Educational Psychologists undertaking any detailed assessment will make use of the most up to date research, assessment tools and professional guidelines. Specialist teachers with a level 7 diploma in teaching and assessing learners with dyslexia/SpLD can also identify dyslexia

It is difficult to identify dyscalculia by using a single diagnostic test. Diagnosis and assessment should use a range of measures to identify which factors are creating problems for the learner. The Dyscalculia Assessment (Emerson & Babtie, 2013) is a useful resource for education professionals.

DCD: Diagnosis of DCD must involve a paediatrician assessment in conjunction with an OT and/or Physiotherapist and must be in accordance with European guidelines on DCD. SENCos should refer to the OT team, who will refer for formal diagnosis if appropriate.

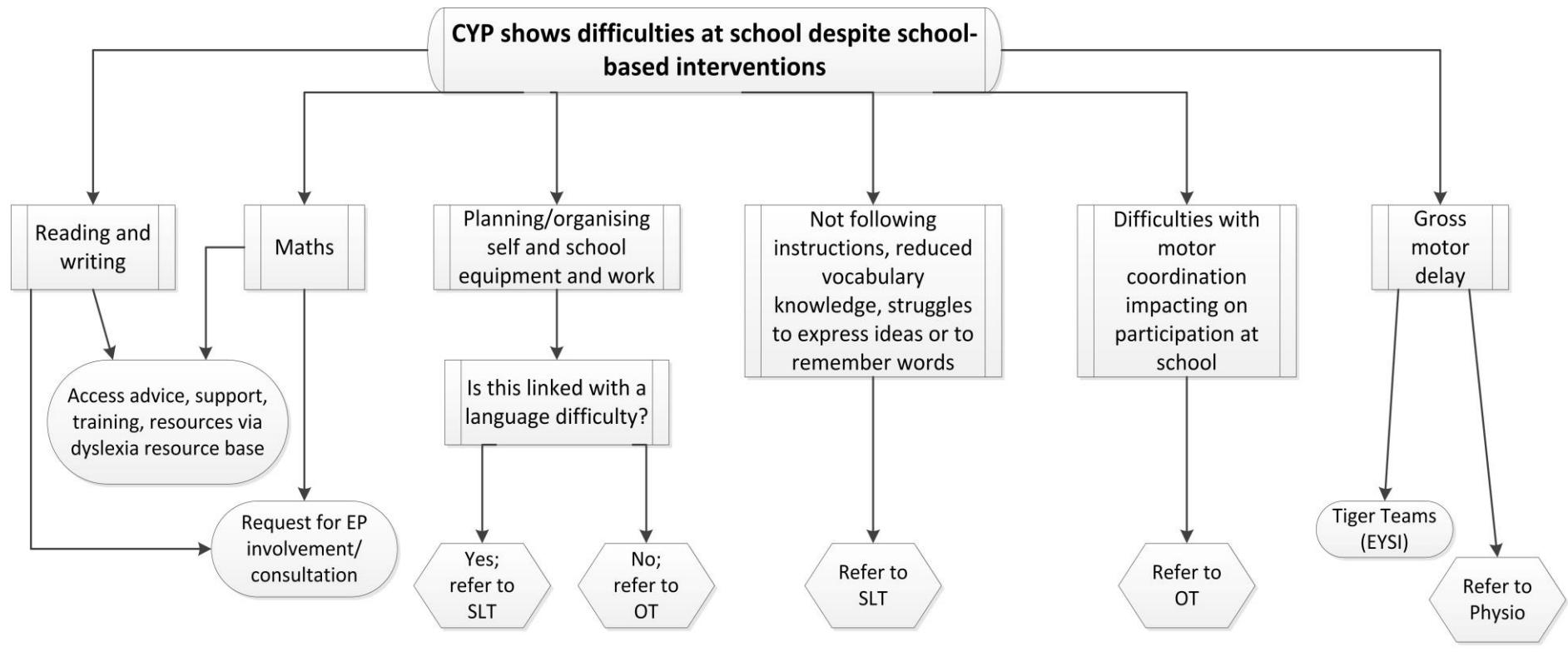
To get a diagnosis of DCD the following criteria need to be met:

1. The ability to learn and perform coordinated motor skills is significantly below what would be expected for the child's age and learning opportunity.
2. These motor difficulties significantly interfere with activities of daily living (e.g. getting washed, using cutlery, organising their school bag), academic productivity and participating in leisure and play.
3. Onset of symptoms is in the early developmental period.
4. The motor coordination difficulties are not better explained by intellectual delay, visual impairment, or other neurological/medical conditions that affects movement.

(Adapted from the Diagnostic & Statistical Manual 5th edition, 2013).

DLD: Diagnosis of Developmental Language Disorder is undertaken by a qualified Speech and Language Therapist through observation, discussion and formal assessment. This will often be discussed with the Specialist or Clinical Lead Specialist Speech and Language Therapist for DLD who may provide an initial assessment where appropriate, or a second opinion assessment to confirm the diagnosis.

Appendix 1



Please note that EPs role in supporting CYP crosses all of these areas: reading and writing, maths, planning and organisation, language, motor and coordination and gross motor delay but specialist advice should be sought for specific areas related to language, coordination and motor skills.

A holistic assessment of a child or young person's strength and needs is important to help support them, as needs can be across different areas and these can potentially impact on others e.g. learning on SEMH and language on literacy etc.

Appendix 2: Useful Resources

SEND Code of Practice 0-25 <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

Dyslexia

<http://www.bdadyslexia.org.uk/> British Dyslexia Association

<http://www.dyslexiaaction.org.uk/files/dyslexiaaction/what-works-5th-edition.pdf> Greg Brooks – Interventions for Literacy – What Works 5th Edition

<http://www.thedyslexia-spldtrust.org.uk/> The Dyslexia SpLD Trust

https://www.amazon.co.uk/Sound-Linkage-Integrated-Overcoming-Difficulties/dp/1118510089/ref=sr_1_1?ie=UTF8&qid=1504698359&sr=8-1&keywords=sound+linkage

Rose J, (2009) Identifying and Teaching Children and Young People with Dyslexia and Literacy Difficulties.

Dyscalculia

Bird, R. (2017). ***The Dyscalculia Toolkit***. Sage Publications Ltd.

Chinn, S. Ed. (2015). ***The Routledge International Handbook of Dyscalculia and Mathematical Learning Difficulties***. Routledge. London.

Dowker, A. (2009). ***What works for children with Mathematical Difficulties. National Numeracy Strategies: Primary***. Department of Children, Schools Families. Nottingham. You can download this publication and obtain further information at: www.standards.dcsf.gov.uk

Emerson, J. & Babtie, P. (2013). ***The Dyscalculia Assessment***. Bloomsbury Education.

Developmental Co-ordination Disorder

CANChild: Very informative Canadian website with Information on DCD diagnosis and management plus information parents can print off to give to schools/sports coaches/Community group leaders <https://canchild.ca/en/diagnoses/developmental-coordination-disorder>

European Academy of Childhood Disability: EACD Recommendations: Definition, Diagnosis, Assessment and Intervention of Developmental Coordination Disorder (DCD). The Clinical Practice Guidelines on DCD for Europe <http://www.eacd.org/publications.php>

Movement Matters; Movement Matters is the UK umbrella organisation representing the major national groups concerned with children and adults with DCD www.movementmattersuk.org

Developmental Language Disorder

There are a series of short films about Developmental Language Disorder on YouTube; <https://www.youtube.com/user/RADLD>

<http://www.thecommunicationtrust.org.uk/whatworks>

Search for the “SLI Handbook” online which is a great family-friendly resource to explain the implications for Developmental Language Disorder.

There is a dedicated website regarding DLD; <https://radld.org/>