



A school's guide to specific literacy difficulties/ dyslexia

To be read in conjunction with the
Oldham Good Practice Guide and Oldham's Ordinarily
Available and Inclusive Provision documents

QEST – Additional and Complex Needs Service – Oldham Council

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Introduction

Specific literacy difficulties/dyslexia

There is a widely held view that dyslexia is a distinct and easily defined problem, that there is a straightforward way of diagnosing dyslexia and, once a diagnosis is made, there is a clear and 'special' treatment available. This is **not** the case.

Whilst acknowledging the differences in how and when children learn to read, it is hoped that using the term reading/literacy difficulties will help to promote early identification and intervention for **all children**, including those at risk of persistent difficulties.

In Oldham, we believe it is important to support **all children** with reading difficulties – services will work with children and families to provide guidance, advice and support through the graduated response.

Reading skills and cognitive ability

Difficulty learning to read is a "distinct and very real problem for some children and is **not** related to overall cognitive ability or effort ". (Stanovich, 1994).

Judgements should not be made about a person's intelligence based on their literacy skills alone.

Some children experiencing reading difficulties report that they can feel 'stupid' and 'different'. It is vital that they understand that their difficulties are not related to 'cleverness', and that their skills and strengths in other areas are recognised and celebrated.

"There is evidence that nearly all children can be expected to read, regardless of their intelligence" (Torgesen, 2005).

Children with reading difficulties **may** also have difficulties in other areas such as:

- Memory
- Processing Speed
- Motor-coordination

However, it should be noted that they are no more likely to have these difficulties than a good reader.

"With the exception of phonological awareness, there is no evidence that interventions aimed at improving any of these cognitive level skills improve reading".

(Elliott & Grigorenko, 2014).

Early reading skills for both monolingual and bilingual children

There are some risk factors associated with poor reading skills that can be identified pre-school. These can include poor language development and poor phonological skills.

Early intervention during the pre-school years should, therefore, focus on developing a rich literacy and language environment, both at home and in pre-school settings.

All children should have access to a variety of books (picture books are very important), texts, stories, songs and rhymes. They should be read to regularly and be given many opportunities to explore and talk about books.

Parents of children learning English as an additional language (EAL) should be encouraged to talk to, share books and read to children in their **home** language to encourage vocabulary growth, general knowledge and concept acquisition, all of which will aid reading skills in English. Speaking in home language provides exposure to good language models.

Before engaging in the formal process of learning how to read, children should have mastered the following foundation skills:

- Vocabulary (knowledge of words, knowing that different words can mean the same thing or fall into the same category e.g. dogs are animals)
- Being interested in books
- Print awareness - the knowledge that print conveys meaning, knowledge of the conventions of writing in English (e.g. running left to right)
- Being able to orally tell a story, recount a day
- Letter knowledge (knowledge that symbols represent sounds and letters)
- Phonological awareness (knowledge that sounds make words and words can be split into sounds)

For children entering school without these skills, the focus of teaching should be on the above rather than on learning basic reading skills.

It is important to note that if, at the start of school, children learning EAL have little or no experience of the English language, their monolingual peers will have a four or five-year head-start in English oral language experience.

It has been estimated that children learning EAL require two years to develop peer appropriate communicative language and between five and seven years to develop full cognitive/academic language proficiency (Cummings, 1984).

Children with English as a first language starting school from language poor environments will also require a great deal of input to develop their oral language skills.

How do children learn to read?

Children tend to begin reading with a whole word awareness of visual and spoken words (for example, recognising their name or a shop logo) and then tend to become aware of increasingly smaller units over time. Reading development is supported by exposure to print, oral language and vocabulary development.

Being able to **hear** and identify the different sounds in words (phonological awareness) is a key skill and a commonly agreed predictor of later reading success.

As children learn to read, they start to work out the relationship between parts of words and what they sound like e.g. sh. This may occur through breaking down the sounds in words (decoding) or through recognising whole words that rhyme.

Over time, words which have been decoded (sounded out) will move into memory so that they can be identified quickly by sight. This helps children to begin to read fluently and efficiently, allowing them to develop their understanding of what they are reading (comprehension). When a child understands what they are reading it helps them to guess new words.

Some children develop accurate decoding skills, but their comprehension of text lags. Comprehension of English text is dependent on a child's **general language ability** in English, i.e. their existing oral language skills. Weaker vocabulary knowledge can, therefore, impact on comprehension related skills.

It is common to find that a child with good decoding skills may give the impression of having good reading skills, and consequently, poor linguistic comprehension skills may not be identified and addressed at an early enough stage.

It is important to note that for EAL learners, their general language ability in English can adversely impact their reading in English.

The building blocks of reading

Understanding

Sight
recognition

Phonics

Visual tracking

Context

Context: This is a crucial building block as it underpins all the others. The context refers to *how* the reading takes place - *what* is the child reading, *why* are they reading, *who* are they reading with and *how* do they feel about reading? Reading does not take place in a vacuum and the context of reading is hugely important.

Whatever the situation, a child is likely to perform at their best when they feel supported, confident, engaged by what they are reading, and feel emotionally safe (e.g. comfortable to make mistakes).

Understanding: This is obviously a very important reading skill. For example, by understanding what a story is about, we can make reasonable guesses about what words we expect to see (e.g. character names) and when reading a sentence, we can make guesses about what a word might be, by working out what makes sense or by what we can see in the picture. For children to be able to use their understanding to help them read, it is important that they have a good level of vocabulary. Explicit teaching of vocabulary is, therefore, an essential part of supporting reading.

Sight recognition: Reading can be quite a slow process if sight vocabulary is not developed. Automaticity is very important as it allows for effective and efficient reading. Acquiring sight vocabulary can help children to feel successful as it helps them to develop their speed of their reading.

Phonics: This is the process of recognising that letters, or groups of letters, make different sounds and can be put together (blended) to make words. As phonic knowledge increases, readers begin to recognise words with similar letter patterns and can use phonics and knowledge of words to quickly work out what something says. More experienced readers use phonics less often.

Visual tracking: Children need to learn that words (in English) go from left to right and that each line goes down the page. They need to learn to track these words as they read. When learning to read, some children may benefit from using a transparent reading ruler to help them to know where they are up to and track the text efficiently.



The Graduated Approach

In line with the Code of Practice, the class teacher is responsible for recognising possible reading difficulties and for putting steps in place to meet need. Parents/carers and pupils are involved at the earliest stage of identification so that they can be fully engaged in the process.

All pupils should have access to High Quality Teaching (HQT).

Good reading teaching should include:

- **Meaningful exposure to letters and print**
 - ✓ Children should be provided with opportunities to explore letters and print in a variety of formats
 - ✓ Phonological activities to support children to make connections between the spoken and written word.
 - ✓ Use of personal areas of interest to link to print exposure and develop curiosity
- **Support to develop phonological awareness** (Phonological awareness is the ability to recognize and manipulate the **sounds** in spoken language. It is a key skill for early reading development)
 - ✓ Opportunities to experiment and “play” with sounds within words
 - ✓ Activities to develop rhyming and alliteration skills
 - ✓ Opportunities to listen to adults modelling different sounds within words
 - ✓ Opportunities to take part in aural and oral activities
- **Systematic phonics teaching using a multi-sensory approach.**
 - ✓ Opportunities provided for children to identify letters, blend (make) and break words down into component sounds.
 - ✓ Opportunities provided for children to identify and practice reading these words in books and in the wider environments.

- **Exposure to a wide range of vocabulary and language in English and a child's home language.**
 - ✓ New words and phrases are modelled, and pupils are given opportunities to use these in context and across the curriculum.
 - ✓ Exposure to nursery rhymes and songs (age appropriate)
 - ✓ Use of naturally occurring opportunities to re-enforce vocabulary and language skills
 - ✓ Opportunities to engage in speaking and listening activities with opportunities to practice new skills.
 - ✓ More complex vocabulary is explicitly taught using books and topics. Cross-curricular links are clearly demonstrated and taught.
 - ✓ Pupils have access to a wide range of books, both fiction and non-fiction, and topics. Audio books and the use of ICT to support vocabulary development is encouraged.
 - ✓ Pupils are given the opportunity to listen to adults modelling good reading and from being read to.

Pupils with EAL should be supported to extend their vocabulary learning, especially their expressive vocabulary to support further development of listening and comprehension skills.

- **Opportunities for pupils to learn a range of strategies to read words**
 - ✓ Strategies may include sounding out, reading on and using the context.
 - ✓ Explicit teaching and modelling
 - ✓ Opportunities to transfer phonic knowledge into reading using real books
 - ✓ Sight vocabulary may be taught, especially for irregular words
 - ✓ Opportunities are given for pupils to read books which are appropriately matched to their level.
 - ✓ Access to audio books / being read to / use of computer readers while "reading along".
- **Opportunities for pupils to develop comprehension skills**
 - ✓ Pupils know that the purpose of reading is to elicit meaning from the text.
 - ✓ Pupils are taught reading comprehension skills through listening comprehension activities.
 - ✓ Pictures, illustrations, role-play and drama are used to support understanding
 - ✓ Vocabulary and phrases are modelled in a variety of contexts.
 - ✓ Questions are used to encourage pupils to give explanations and opinions and to make predictions and inferences. (be aware of question levels- Blanks)
 - ✓ Adults use a think aloud modelling strategy to support comprehension development.
 - ✓ Pupils are supported to relate stories and texts to their own experiences.
 - ✓ Pupils are supported to understand texts using narrative techniques (who, what, where, when and why questions).

N.B. Vocabulary knowledge and reading comprehension have been shown to have a reciprocal relationship. The more pupils understand a text, the greater the opportunity to learn vocabulary. There is an increasing likelihood that a text will be understood as vocabulary increases.

- **Good book availability**
 - ✓ Access to a good range of physical books
 - ✓ Access to books which link to pupil's interests and cultures.
 - ✓ Access to a variety of written and printed texts alongside picture books / stimuli, newspapers, comics, graphic novels etc.
 - ✓ Access to audio books
 - ✓ Access to fiction and non-fiction books and dual language texts.
- **Supporting pupils to enjoy reading**
 - ✓ Read with pupils / read to pupils to support understanding.
 - ✓ Model good reading - use props, tone of voice, expression and gestures.
 - ✓ Use appropriate questions / prompts to engage pupils and help them to monitor their reading.
 - ✓ Model strategies such as reading the "blurb", looking at the cover, looking at chapter length and font, reading reviews and asking other pupils for recommendations to choose books.
 - ✓ Praise effort.
 - ✓ Provide commentaries and feedback to develop metacognition e.g. "I saw how you looked at the picture to help you. I noticed how you worked that word out, I like the way you read on then came back to the difficult word.."
 - ✓ Home language is encouraged as a foundation for vocabulary building and oral language experience.
 - ✓ Discuss texts together and encourage pupils to offer thoughts and ideas in a safe space.

Dyslexia

Oldham LA draws its position from the following definitions: the British Psychological Society (BPS) (1999), the Rose Report (2009) and the new Delphi Study (2024). The Delphi study identifies the same, or similar, underlying cognitive indicators of dyslexia as the previous Rose definition, alongside recognition of its impact on individuals.

"There was considerable consensus in our expert panel that dyslexia is a difficulty in reading and spelling, associated with multiple factors, and that it frequently co-occurs with other developmental disorders. It was agreed that difficulties in reading fluency and spelling are key markers of dyslexia across different ages and languages." (Delphi study 2024)

The core message is that dyslexia is a specific learning difficulty which primarily affects reading and spelling skills, rooted in underlying processing issues.

Dyslexic people may have difficulty decoding words and processing and remembering information they see and hear, which can affect learning and the acquisition of literacy skills. Dyslexia can also impact on other areas such as writing, memory, sequencing and organisational skills.

It is important to remember that there are positives to thinking differently. Many dyslexic people show strengths in areas such as reasoning and in visual and creative fields.

Oldham LA encourages adults to identify and support **all** literacy difficulties through the building of clear profiles, as soon as a potential issue is identified. In this way **all** pupils are supported at the earliest opportunity with appropriate support.

The Code of Practice

6.27 - The purpose of identification is to work out what action the school needs to take, **not to fit a pupil into a category**. A detailed assessment of need should ensure that the full range of an individual's needs is identified, not simply the primary need. The support provided to an individual should always be based on a full understanding of their strengths and needs and seek to address them all using well-evidenced interventions targeted at their areas of difficulty and where necessary specialist equipment or software. A holistic approach should be taken.

6.36 - Teachers are responsible and accountable for the progress and development of the pupils in their class, including where pupils access support from teaching assistants or specialist staff.

6.37- High quality teaching, differentiated for individual pupils, is the first step in responding to pupils who have or may have SEN.

Additional intervention and support cannot compensate for a lack of good quality teaching. Schools should regularly and carefully review the quality of teaching for all pupils, including those at risk of underachievement. This includes reviewing and, where necessary, improving, teachers' understanding of strategies to identify and support vulnerable pupils, and their knowledge of the SEN most frequently encountered.

Next Steps

The starting point in meeting any additional need, including reading and literacy development, is **High Quality Teaching** in the classroom.

Support, advice and/or help should be requested **at any point** in the Graduated Response process (Assess -Plan- Do -Review: APDR).

Schools could use the available LA services e.g. QEST surgery, to discuss pupils in the first instance for joint problem solving, troubleshooting and to discuss possible strategies and reasonable adjustments in the classroom.

As appropriate/as required with parental permission, a more personalised consultation/discussion/piece of work can take place, and next steps identified.

The purpose of external involvement is to work with school to help identify strengths and needs, develop a shared understanding of the pupil's profile and provide advice and support around these needs.

Where you feel you would like support from QEST (Advisory Teachers) or the ECPS (Educational Psychologists), please ask for involvement. Specific assessments are not completed on request. These services will typically conduct a consultation to understand your concerns, make a judgement about next steps and what further assessment is needed to identify the individual needs of the young person. Advice will be provided on how best to meet those needs.

Oldham's QEST or ECPS services may be requested to become involved with a pupil, or to offer support and advice to school staff **at any point** in the graduated response process. Oldham Specialist Support Services (OSSS) via OSSSEnquiries@oldham.gov.uk

These services may also carry out assessments pertaining to literacy skills, phonic knowledge, phonological awareness, verbal working memory and visual perceptual/processing speed as part of the process to assist in identifying strategies for teaching staff, or to identify best practice and evidence-based intervention.

QEST and ECPS may also use tests of cognitive functioning. These tests sometimes show that children and young people with literacy difficulties also have difficulties with cognitive processes such as memory, processing and language. Additionally, they may investigate language skills.

Formal assessments may be undertaken by OSSS when a request is made where:

- service capacity allows
 - settings provide sufficient, robust information in the use of the graduated response to identify and meet need
 - all parties agree that further assessment is in the best interests of the CYP
 - the visual screening protocol document has been completed
 - parent/carers voice has been gathered in sufficient detail
 - pupil voice has been sought
-
- Settings should always use a **graduated response**- seek support at any point in this process



The Graduated Response: Assess (identify), Plan, Do, Review.

The Code of Practice clearly sets out statutory guidance for schools to follow when assessing and supporting pupils with additional needs and disabilities.

"Where a pupil is identified as having SEN, schools should take action to remove barriers to learning and put effective special educational provision in place. This SEN support should take the form of a four-part cycle through which earlier decisions and actions are revisited, refined and revised with a growing understanding of the pupil's needs and of what supports the pupil in making good progress and securing good outcomes. This is known as the graduated approach. It draws on more detailed approaches, more frequent review and more specialist expertise in successive cycles in order to match interventions to the SEN of children and young people."
(6.44)

- The **school policy** should always be followed

A good starting point is the **neurodiversity checklist**. There is one for each educational stage (available online or ask your QEST link teacher).

Complete the checklist(s) & look for areas of **strength** and any clusters of difficulties; use the checklist(s) to consider appropriate strategies / support.

- Analyse, discuss and decide upon strategies. Ask QEST or other services for help to interpret the checklists as needed and make recommendations as appropriate.

It is important to:

- identify both strengths and areas of need/for development.
- **monitor and evaluate the effectiveness of strategies / support etc. regularly and keep a record.**
- seek advice, support as required, as per the Code of Practice **at any point**.

Ask yourself:

- Have the pupil's strengths and areas for development been identified correctly?
- Have you spoken to parent / carer/ pupil, and are they fully involved? (structured conversation or person-centred planning meeting...)
- **Where multiple needs have been identified, have you agreed where to start? A good start point is often speech and language.**
- Have you robustly monitored any support / strategies/ interventions being used? Are they appropriate to presenting need?
- **Are you keeping robust records and evaluating the impact of the above?**
- Are you continually revisiting the information to plan next steps? (4+1)
- **Are you supporting the pupil to develop their own strategies and metacognition?**
- Have you sought support / advice from appropriate services?



Formal Diagnosis

- A formal diagnosis is not necessary for support to be put into place. It can be a lengthy process and set guidelines **must** be followed. A diagnosis can only be made by someone who is qualified to do this. Schools are under no obligation to source a formal diagnosis.
- The building of a clear profile with quality recommendations is often what is needed to better support a child/young person, **not** a diagnosis. Assessments may be completed to inform this profile as appropriate.
- Many parents/carers believe that a diagnosis is needed to access support if their child is having difficulties. This is **not** the case.

It is, of course, important that parent/carer concerns are heard and listened to, and that an informed discussion is had with them. A person-centred planning meeting is often a good way to do this.

- It is worth noting that a diagnosis will **not** necessarily mean additional support, or schools doing anything differently. It will **not** result in an EHCP.
- A diagnosis **does not** guarantee arrangements in external examinations.

The process for formal diagnosis includes :

The gathering of background information. Background information gathering is important and helpful for all adults working with the pupil. It is **essential** for formal diagnostic purposes; this includes, but is not limited to, early developmental history, health including vision and hearing, co-ordination, education, language, reading, memory, **response to support/intervention** and the nature of any persistent difficulties (i.e. difficulties over time).

This information will come from the parent/carer, the pupil themselves and educational settings.

- **Gather pupil voice;** it is important to find out what the pupil's perspective is.
- Gather information on their hopes/aspirations, what barriers they feel they experience, what they feel they are good / successful at, what they enjoy doing (hobbies etc) and what they find difficult. eg. reading, language/listening, following instructions, writing, socialising, spelling, maths, memory, spatial/temporal, visual-motor etc.
- Gather information about what they know helps them or feels / might help them.

Assessment

Assessments include: General ability, reading ability – decoding and comprehension, phonological ability, writing ability, spelling ability, speech and language ability and memory. From the assessments, individual recommendations can then be made.

Formal assessments for diagnostic purposes can be very time consuming and must be analysed in detail. A formal report structure must then be used to report findings.

Settings are under **no obligation** to request or fund formal diagnostic assessments. Settings should, however, identify need and put reasonable adjustments in place to meet those needs.

- A diagnosis will **not** necessarily result in anything being done differently in a school.

- A diagnosis does **not** automatically entitle the pupil to special arrangements for external exams.
- A diagnosis will **not** result in an EHCP.
- A diagnosis is **not** required for, nor does it guarantee access arrangements for external examinations (KS2 or KS4)

Access arrangements require clear evidence of need, evidence of support/strategies used, normal way of working and the impact of support.

At KS2 guidance is externally produced, and schools provide the evidence/ information for these.
key stage 2

At KS4 guidance is produced by the JCQ, and where required, assessments by a qualified assessor will be completed. There are different criteria for GCSE and Functional Skills etc.
JCQ regulations

N.B. A pupil does not require a diagnosis to qualify for access arrangements, conversely, a pupil may have a diagnosis and still not qualify for access arrangements at KS4.

If a request is being made for a formal diagnosis; consider

- Starting with a pupil centred planning meeting
- Why a diagnosis is being requested? Who is making the request?
- What does the requester believe a diagnosis will bring/do?
- What the impact will be if a diagnostic assessment is not as the parent/carer or pupil would like.
- Sharing the QEST booklet for parents with parents / carers as appropriate.
- Discussing concerns with your QEST AT or EP as appropriate

Always

- Listen to, and be prepared to discuss, the concerns of the parent/carer and/or young person.
- Follow the graduated response process and school policy.
- Respond to parental requests consistently, with reference to your school policies.
- Consider a Pupil Centred Planning meeting.
- Speak to your QEST link teacher and/or other relevant professionals
- Reassure parents/carers and the young person that their concerns are being listened to
- Remember that the most important thing is to identify needs, put appropriate strategies in place to support the pupil and review these regularly. (APDR)

If a parent/carer would like to pursue an independent formal diagnostic assessment, it is important that they make an informed choice and understand that only suitably qualified persons will be able to identify and formally diagnose dyslexia*.

It is important for them to understand that, even if a pupil is given a diagnosis of SpLD or dyslexia, they will not necessarily receive any more/different support in school than they are

currently receiving. They will **not** automatically be entitled to access arrangements for external examinations. A diagnosis is **not** needed for access arrangements for external examinations.

*Refer parents/carers to the BDA or SASC websites for further information.

https://cdn.bdadyslexia.org.uk/uploads/documents/Services/Assessments/Guidance_for_choosing_an_Assessor.pdf

<https://sasc.org.uk>

Resources

[Dyslexia Style Guide 2023](#)

[ReadSpeaker TextAid - Assistive Technology for Learning Disabilities](#)

[Read&Write For Education - Reading, Literacy & Assistive Software | Texthelp](#)

[Clicker - writing software for the primary classroom](#)

[DocsPlus - secondary writing support software](#)

[Brooks's What Works for Literacy Difficulties?](#)

[how to use accessibility settings - Google Search](#)

[use accessibility settings apple - Google Search](#)

<https://www.bdadyslexia.org.uk/resources>