

# Improvement and Integration

## North Yorkshire Specific Learning Difficulties (SpLD) Strategy

**2014-2017**



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## 1. Introduction

Provision for children and young people with Specific Learning Difficulties (SpLD) forms part of NYCC Specialist Support which works in partnership with settings and schools to promote the presence, participation and achievement of children and young people, aged between 0-25 with a range of SEN and disabilities and their families. A key objective of this service is to promote improvement and integrated working across services in response to the Children and Families Act 2014.

Our vision is that every child and young person with significant needs in relation to SpLD is appropriately and accurately assessed, has access to objective focused, high quality support and evidence-based interventions, and is enabled to make progress to the very best of their ability. We will achieve this by working in partnership to build the knowledge, confidence, necessary behaviours and skills in the children's workforce based on a sound foundation of good practice, robust evidence and effective policy.

Children and young people with dyslexia, developmental coordination disorder [also known as dyspraxia (Draft SEN Code of Practice, 2014)], and dyscalculia are collectively referred to as having Specific Learning Difficulties (SpLD). They require their learning differences to be acknowledged and understood from both a neurodevelopmental and educational perspective. The multidimensional nature of SpLD demands collaborative methods of working where professional disciplines come together to share their expertise and knowledge for the benefit of the child or young person.

This strategy places children and young people at the heart of everything we do. We aim to ensure they are given opportunities to develop a range of skills and experience that will enable them to play an active and productive role in society. This begins in the early years where development is encouraged through interactions within a variety of settings, facilitated by adults with varying degrees of skill and experience. Children 'at risk' of straying from the usual course of development need timely, consistent support and guidance so that they are ready to transition into a period of formal education. Family disposition, genetics and/or early birth experiences, together with

variations in learning opportunities, will influence whether the child will be successful in acquiring language, literacy, pre-writing motor control and basic numeracy in readiness for school-entry.

North Yorkshire Children and Young People's Services (NY CYPS) places an emphasis on identifying and addressing the child's functional and/or learning needs, rather than determining a specific condition. However, we are aware that, at times, it can be beneficial for the child or young person to adopt a recognised term to explain their learning difference to others i.e. dyslexia. We are conscious that sensitivity and balance is needed in this area.

We will focus on enabling educators to understand and address the needs of individual learners within the classroom. This aims to reduce a reliance on extensive higher need; higher level services, and enables the teacher to become an expert, providing opportunities for professional collaboration (2020 NY).

Transition into higher/further education and/or employment can be a particular challenge for students with SpLD at a time when market economics are biased towards the most capable. Interventions are required to ensure that school-leavers have the skills, motivation and aptitude to compete on a level playing field with their peers. This may require the *early* introduction of key life skills typically introduced at 16 +, to provide opportunities for those who may struggle with these, to learn, and overlearn, strategies to enable them to fulfil their potential, be employable and contribute productively to society.

Individuals who have not reached their potential due to social or educational reasons are vulnerable to being unable to access the employment market. Those who are not in education, employment or training (NEET) need a focused approach to ensure that they acquire levels of literacy and numeracy which put them on a playing field equal to their peers.

## **Scope of the Strategy**

This strategy is applicable to children, young people and young adults with dyslexia, dyscalculia, and DCD/dyspraxia aged 0-25 years. The focus will be on improving outcomes to ensure each child's learning progression. Contents of the strategy will be published in **The Local Offer** to provide comprehensive overview of our plans, services and pathways for children and young people with SpLD and their families.

## **Engagement in Preparing the Strategy**

In developing this strategy, we have listened to, and taken account of, feedback from a range of professionals, parents / carers, voluntary sector organisations and young people with dyslexia, developmental coordination disorder (DCD), and dyscalculia.

The engagement process involved:

- 8 public consultation forums (across 8 venues)
- A 3-month on-line survey
- Parent interviews
- Parent focus group
- Pupil-voice reports
- Face to face discussions with professionals across health, education and social care settings
- Engagement with educational development advisors in Early Years, Literacy, Numeracy and Physical Education
- Consultation with NY Youth Justice Service
- Evaluation of other models of service delivery through Freedom of Information Requests
- Critical analysis of national and international research.

Lois M Addy

Specialist Lead for SpLD

## 2. Aims and Principles

We seek to:-

- Consider the learning environment, task and participation demands; and focus interventions and resources towards the most appropriate targets.
- Identify children 'at risk' of developing SpLD (intervening as early as possible)
- Provide training to Early Years providers to boost the skills of children and young people with regard to language, pre-reading, pre-writing, fine and gross motor skills and sensory processing.
- Increase the awareness and understanding of SpLD within the workforce.
- Encourage teachers, and teaching assistants to adopt dyslexia-friendly, sensory-smart and inclusive practices and policies.
- Encourage schools to obtain the Dyslexia Quality Mark (DQM) in conjunction with the Inclusion Quality Mark (IQM).
- Use evidence-based assessments and interventions to boost reading, writing, spelling, numeracy and motor efficiency (fine and gross).
- Recommend the use assistive technology where appropriate.
- Provide high-quality targeted and specialist services which are person-centred.
- Raise children and young people's self-awareness of their strengths and needs as learners, and encourage their active participation throughout their educational journey.
- Work in partnership with parents/carers, and relevant external agencies to support the child/young person's learning.

- Ensure that parents/carers are fully aware of the service available to their child and how to access this when appropriate.

The following principles are those set out in the SEND strategy 2011-2014. These have informed the proposals for change and are reiterated in the Children and Families Act 2014, and Revised SEND Code of Practice 2014. They are intended as general principles to inform decisions and ways of working:

1. We will keep the child, young person and family at the centre of our work.
2. So far as is reasonable and practicable, the preferences of the parents/carers or young person will be followed in decisions on service provision, giving greater control and influence.
3. We will adopt integrated approaches with shared standards and core competencies for staff.
4. We will ensure interfaces with partner agencies and parent networks are managed to improve the experience for families.
5. We will ensure that our services provide the best value for money through being both effective and efficient.
6. We will take full account of legislation, national policy and evidence-based practice in shaping services and decision-making around individuals.

Evidence has taught us that:

1. Early intervention is vital.
2. Educating educators is the key to understanding SpLD.

3. Waiting for children/young people to **fail** should **NOT** be an option.
4. Ordinary teaching does not allow children with literacy, motor and/or mathematical difficulties to catch up.
5. Schemes for children/young people who struggle with aspect of SpLD work best when they are highly structured.
6. Work on phonology for reading should be embedded within a broad approach.
7. Comprehension skills can be improved if targeted directly.
8. ICT interventions work well if they are precisely targeted.
9. Large scale schemes which have evidence of effectiveness and which are good value for money will be implemented and evaluated within the context of learning.
10. Sensory differences can impact on an individual's ability to concentrate, focus and attend, and therefore interventions need to consider this facet of an individual's development.

### 3. Definitions

*'Specific Learning Difficulties (such as dyslexia) are the single biggest preventable cause of educational failure.'*

*The Dyslexia SpLD Trust (2009)*

In establishing this strategy it is important to clarify, at the outset, the identifiable learning difficulties we are including under the umbrella term 'Specific Learning Difficulties' (SpLD). NY CYPs use the term SpLD to include children/young people who have dyslexia, dyscalculia, and DCD (aka dyspraxia). These conditions may manifest across all ability ranges, with variable severity or significance, and are best thought of as a continuum, not distinct categories with clear cut-off points.

Specific Learning Difficulties refer to those who have **persistent** difficulties in reading, writing, motor coordination and/or arithmetic; with a **mismatch** between the student's cognitive ability, and their ability to acquiring skills for literacy, numeracy, and/or motor competence. Skills in these areas are **significantly below expected levels**, given the person's chronologic age and previous opportunities for skill acquisition. They significantly interfere with academic achievement, occupational performance, and/or activities of daily living, and are not due to a general medical condition.

Symptoms may include inaccurate or slow and effortful reading, poor written expression that lacks clarity, difficulties remembering number facts, or inaccurate mathematical reasoning. Problems may also be experienced with the speed of processing information, working memory, sequencing and organisational skills, and coordination.

Whilst acknowledging that the clustering of selected learning difficulties can help to define a specific learning difficulty, this can lead to lowered expectations (Lamb 2009). The authority encourages the identification of functional and learning targets, which are based on individual need, rather than diagnostic criteria. The latter can lead to prescriptive educational programmes that focus on developmental deficiencies.

We acknowledge that the child with SpLD will become an adult with SpLD. Our remit is not to cure or 'normalise' individual learning, rather our focus is on ensuring that each child or young person is supported in reaching their learning potential, and that their time at school is positive, resulting in adults who have high aspirations, and who have positive self-confidence, self-esteem and personal belief.

The following definitions are included in order to clarify the focus of this strategy.

## Dyslexia

*'I always try to avoid reading aloud in case I can't recognise the word'*

*Anon*

Dyslexia is a specific learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling. The severity and persistence of dyslexic difficulties can be gauged by examining how the individual responds, or has responded, to researched interventions.

Children and young people with dyslexia typically read aloud inaccurately and slowly, and experience additional problems with spelling. Dyslexia appears to arise principally from a weakness in phonological (speech sound) skills, verbal memory and verbal processing speed (Rose 2009).

Children and young people with dyslexia exhibit learning difficulties in the following skills:

- Acquiring reading (decoding) and spelling skills.
- Verbal memory: the ability to retain an ordered sequence of verbal material for a short period of time.
- Phonological awareness: the ability to detect and manipulate sounds in words.
- Verbal processing speed (receiving, holding, retrieving and structuring information)

Characteristics that may be observed are:

- Reading hesitancy
- Misreading words causing comprehension difficulties
- Word finding difficulties
- Sequencing difficulties e.g. numbers, days of the week, alphabet order

- Weak organisation or time management
- Erratic/bizarre spelling
- Low self-esteem/confidence
- Emotional/behavioural difficulties

People with dyslexia have their own individual profiles; with strengths and areas for development. Co-occurring difficulties may be seen in aspects of language, motor coordination, visual stress, mental calculation, concentration or personal organisation.

Studies indicate that approximately 10% of children/young people will have some degree of dyslexia. 4% will be severely affected, with a prevalence of boys over girls (2:1) (Hawke et al 2009; Wheldall and Limbrick 2010).

### **Developmental Coordination Disorder / Dyspraxia**

*'As a toddler, he was all arms and legs. He couldn't run about and play like his older brother - he kept falling over.'*

*Parent*

DCD (also known as dyspraxia) is a medical diagnosis applicable to those who have a motor performance that is substantially below expected levels, given the person's chronological age and previous opportunities for skill acquisition. Children and young people with DCD will have difficulties with many aspects of the educational curriculum which require motor coordination, particularly handwriting, art, and physical education; aspects of self-care skills such as dressing/undressing, feeding and personal organisation; and social/emotional relationships.

Children/young people with co-ordination difficulties lack the fine and gross motor co-ordination necessary to perform tasks that are considered age appropriate. These children are physically performing in the bottom 5 -15% for their age group despite having average intellectual ability. Onset is apparent in the early years, but usually DCD is not formally diagnosed before the age of 6 years. It has a varying, but significant, impact throughout an individual's life, and its symptoms are consistent across culture, race, socio-economic status and gender.

Characteristics that may be observed are:

- Gross motor control: difficulties in throwing/catching, jumping, hopping and running.  
NB: the individual stands out as being 'different' in PE.
- Fine motor control: significant difficulties in handwriting and practical skills such as use of scissors.
- Motor organisation: difficulty staying seated, manoeuvring around objects, dressing, time-management and controlling possessions.
- Visual perception: difficulty planning the layout of work, judging distances and spaces.
- Auditory perception: difficulty following instructions, attention, and concentration.
- Speech and language: difficulties organising thoughts. Poor vocalisation in those with oral dyspraxia
- Learning and memory: difficulty recalling and remembering a short sequence of instructions. Poor organisational skills.
- Emotional and behavioural: avoids playing games at playtimes leading to social isolation, low self-esteem and confidence.

DCD/ Dyspraxia affect around 1.8% to 4% of school-aged children, with a prevalence of boys over girls (3:1) (Lingam et al 2009).

## Dyscalculia

*'aargh! It's the fourth time this year that I have forgotten my ATM pin number, I always seem to reverse the digits somehow!'*

*(DysTalk member)*

Dyscalculia is a specific learning difficulty that affects the ability of an otherwise academically able child to acquire arithmetical skills i.e. the branch of mathematics that deals with addition, subtraction, multiplication, and division; and the use of numbers in calculations. This difficulty can hinder progression in obtaining skills such number relationships, shapes, and quantities, algebra, calculus, geometry, and trigonometry. Comprehension of quantities, numerical symbols, and basic arithmetic rules are also a challenge. The difficulties experienced are not consistent with the person's chronological age, educational opportunities, or educational abilities.

Dyscalculia is a neurological condition in which environmental factors have little effect. It can present as an explicit problem in a child/young person who is otherwise able, and often occurs with dyslexia, and sometimes dyspraxia. Dyscalculia tends to run in families (the risk for siblings of children having dyscalculia is five to ten times higher than in the general population) (Kauffman and von Aster 2012).

Characteristics that may be observed include difficulties with:

- Number sense
- Counting
- Reading and writing numerals
  - Number sequences, comparing numbers, and navigating back and forth on number lines
- Estimation
- Numerical procedures and remembering the number operation needed for a problem
- Principles, concepts and laws of arithmetic e.g. place value.
- Building on known facts
- Generalising

Children and young people with dyscalculia often lack confidence even when they produce the correct answer. They fail to see and use the interrelationships between numbers to build on known facts. For example, they may know that  $5+3=8$ , but not realise that, therefore  $3+5=8$  or that  $5+4=9$ . When solving problems they often don't understand which type of arithmetical operation is asked for. Poor understanding of number concepts makes checking calculations and estimations especially difficult.

The incidence of dyscalculia is 3.4% and recent research indicates a prevalence of boys over girls (4:1) (Reigosa-Crespo et al 2012).

## Dysgraphia

*'His handwriting was atrocious, the pen did not obey him, it stuck and spluttered!*

Hans Asperger (1944)

Dysgraphia is sometimes referred to separately as a specific learning difficulty, however it can also be viewed as part of dyslexia. Dysgraphia affects how easily children acquire written language. It comes from the Greek word 'dys' meaning 'difficulty with' or 'impairment', and 'graph' meaning 'production of letter forms', and therefore refers to those who struggle to acquire handwriting and spelling skills. It rarely occurs independently of DCD and dyslexia and therefore its incidence is difficult to determine.

Characteristics that may be observed are:

- Illegible handwriting
- Poor understanding of uppercase and lowercase letters
- Inability to write or draw in a line or within margins
- Tight pencil grip
- Poor letter formation
- Lack of spacing between words
- Inversions and reversals
- A mixture of cursive and print writing
- Concentrating so hard on writing that comprehension of what's written is missed
- Omitting or not finishing words in sentences

### **Co-occurrence**

This refers to the overlap between conditions and many children and young people with SpLD are challenged by this. Hynd (2002) identified that 50% children with dyslexia will also have ADHD and Flapper and Shoemaker (2013) found that one third of children with specific language impairment also had DCD. This highlights the need for expertise in a broad range of developmental disorders, sharing expertise across professional boundaries, through strategic planning and flexibility in funding arrangements, encouraging greater collaboration between health, social and education professionals.

### **A positive learning difference**

Despite highlighting the difficulties faced by many in this chapter, it is important to emphasise the fact that many children and young people with SpLD have strengths, talents, abilities and intelligences as a consequence of their ability to 'think differently' and that some of the strategies they adopt to overcome their difficulties will be an asset to their future.

## 4. The Challenge

### The Impact of SpLD

There is considerable evidence that poor literacy, coordination, and/or numeracy can have a profound effect on educational attainment, employability and social cohesion. Negative experiences can result in a self-perpetuating cycle of social failure and emotional problems leading to undesirable practices and reduced employment opportunities.

- The calculated cost of poor literacy to society is £2.5 billion a year (Every Child a Reader, 2009, p14)
- The costs arising from failure to master basic numeracy skills in the primary school years is up to £2.4 billion every year.
- Costs related to individuals with numeracy difficulties only (not co-occurring with literacy difficulties) is estimated to be £763 million each year (Every Child a Chance Trust 2009).

### Literacy

In recent years literacy has been broadened to encompass the 'capacity to read, understand and appreciate various forms of communication including spoken language, printed text, broadcast media, and digital media' (DfES 2011). Literacy standards identified through SATs results at the end of Key Stage 2 indicate that 1 in 5 children are not meeting the expected levels in literacy (Jama and Dugdale 2012).

Early links between language delay and literacy, and dyslexia and handwriting difficulties are increasingly being recognised. Approximately **one third** of children with a developmental history of mild language difficulties, not severe enough to warrant speech and language therapy, will have literacy difficulties (Edwards et al 2011; Snowling 2012; van Bergen 2012). This provides the impetus for introducing interventions which address both language impairment, and specific difficulties with phonology. **Early intervention** at this stage can negate the severity of later 'dyslexic-type' difficulties (Snowling and Hulme 2005; Carroll et al 2010).

Research emphasises the importance of **the family** in enhancing children's literacy, language, attention and coordination. Snowling et al (2008) found that some children with parents who had dyslexia, read less at home than the other groups, with their reading difficulties impacting on

learning at school, family life, and maternal well-being. This poses a further risk for those who struggle to develop effective reading, spelling and writing skills; while structured intervention is effective, its long term benefits are dependent on practice within a variety of settings, including the home, highlighting the need to share appropriate strategies with parents and carers.

On **transition to school**, an understanding of language and literacy is important in ensuring timely identification and support of those who have specific learning difficulties. Teachers with limited experience in language development can develop negative perceptions of children who are struggling to acquire the initial literacy skills with the subsequent effect on pupils' confidence and self-esteem. This can result in children and young people who are reluctant to read and write.

There is evidence that on-going struggles throughout the primary years can have a long term negative impact on individual's self-esteem and self-concept; this continues into the **secondary school years and adulthood**. Bullying, teasing, and persistent difficulty with schoolwork can lead the child to believe that they are a failure and inferior to other children who perform well academically. Adverse social interactions in school can harm future aspirations affecting work performance, managing personal finance, leisure activities, and personal relationships, leaving individuals vulnerable to mental ill health or criminal activity.

Feelings of embarrassment, humiliation, anxiety, depression and low self-esteem can lead to negative behaviours or reactions in an attempt to avoid challenging subjects (Nalavany, Carawan, and Rennick 2010). Tarling and Adam's (2010) study of 830 young offenders found that 78% were reading at Entry Level or below, and it is recognised that up to 50 per cent of the prison population have some form of dyslexic condition (Dåderman et al 2012; MacDonald 2012).

## Numeracy

Numeracy encompasses the ability to apply mathematical understanding and skills to the demands of day-to-day living in complex social settings (DfES 2011; Murayama 2012). The need for numerical competence in the workplace is greater than ever.

- In the summer of 2011, 20% of 11 year olds in England (110,000 pupils) left primary school without passing the mathematics test at the level expected of them (Skills for Life Survey DfBIS 2011)
- 5% failed to achieve the level expected of a seven year old.

- Children whose attainment is very low levels in numeracy at 7 tend to remain so at 11, more so in mathematics than in literacy (Duckworth 2007).
- 42% of pupils in England failed to achieve an A\*-C grade in GCSE mathematics in 2011.

Specific problems with numeracy are less acknowledged and understood than dyslexia; yet mathematical difficulties are frequently identified in those with dyslexia; approximately 60% of children and young people with dyslexia also having dyscalculia. This means that a proportion of children and young people will have a specific deficit in the nonverbal 'number sense' system which requires interventions over and above conventional teaching. Both students with dyslexia and dyscalculia will have difficulties with the language aspects of maths and pupils with both dyscalculia and dyslexia will have more severe difficulties with maths, than those with dyscalculia alone (Hulme and Snowling 2009).

*'There is a higher cultural stigma attached to being illiterate - not being able to read is being 'uneducated', not being able to do basic maths is 'normal'*

*Anon*

The effect of numerical difficulties on future aspirations can be profound (Rubenstein 2009); there is evidence that those with numeracy difficulties are twice as likely to be excluded from school, twice as likely to be unemployed, and more likely to suffer from depression than their peers. Problems in phonological awareness, verbal memory and verbal processing speed; together with co-occurring difficulties in language, motor co-ordination, mental calculation, concentration and personal organisation, can render academic learning, a trial. However whilst parents and educators understand and acknowledge dyslexia, dyscalculia is a lesser known or understood issue warranting further research and understanding.

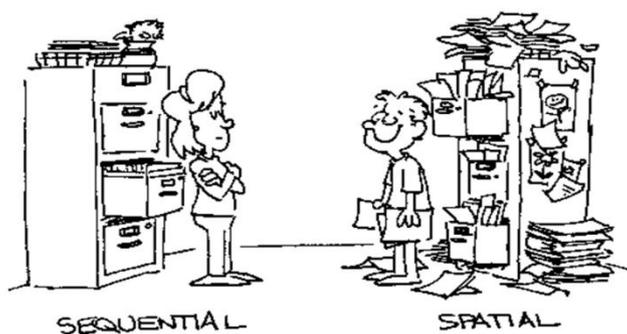
## **Motor Coordination**

The issues faced by children who have DCD (dyspraxia) are just as real but causation differs. A high proportion of children with DCD are born prematurely. The response of parents faced with managing tiny babies is significant, especially as sleeping and feeding difficulties are often evident (Pierrehumbert et al 2003). Parents caring for tiny babies can be over protective and unintentionally limit opportunities for sensory-motor experiences (Zwicker et al 2013). Early fine

and gross motor training programmes can be used to exert a positive effect on long term motor development (Blauw-Hospers & Hadders-Algra 2005).

DCD (dyspraxia) not only affects the mechanics of writing, legibility, visual focus, and organisation in mathematic problem solving, but also has a bearing on physical fitness and subsequent social acceptance. As there are more boys than girls with DCD, and a greater onus placed on athletic competence with boys, there is a greater vulnerability to them being lonely and socially isolated (Bejerot 2011). Again there is evidence that these children have an increased risk of developing mental health difficulties due to poor self-esteem, and bullying (Campbell et al 2012; Wilson et al 2012).

Poor fine motor skills, evident in those with coordination difficulties, impact on handwriting legibility and spelling, with evidence that this can result in lower grades and writing anxiety (Missiuna et al 2008). As children and young people spend 31-60% of their school day performing handwriting related tasks; difficulties in this area can leave a child/young person unmotivated and reluctant to participate, leading to behavioural consequences. Portwood (1996) found that, in out of a group of 107 children requiring special education or residential provision because of their behavioural difficulties, 77% exhibited signs of neurological immaturity associated with DCD. Subsequent research carried out at the Deerbolt young offenders' institution in Durham, identified 41 (61.2 %) juveniles as being 'dyspraxic' with 19 (48%) were severely affected (Matheson, 1997a & 1997b; Wagner 2012).



In young adulthood poor handwriting has a bearing on the successful completion of job applications (Flynn 2013), and the organisation and processing difficulties associated with DCD can impact on the ability to drive, this also impacting on their employment opportunities (deOliveira and Wann 2011).

## Evidence of Need

### Early Years

Many children with SpLD can be identified during their early years with links being made between:

- family history and dyslexia,
- mild language difficulties and dyslexia,
- prematurity and developmental coordination disorder
- motor dysfunction

These links provide evidence to support **preventative strategies** to reduce the severity of difficulties prior to starting full-time education. However, at present we do not provide a SpLD service to Early Years providers, or the children that attend these settings. We need to extend our service to enable the Early Years workforce to identify, and provide support to, children who are 'at risk' of not reaching their expected developmental milestones and ensure a good start in the transition to full-time education.

North Yorkshire has **37** designated SureStart centres and **133** Day Nurseries with full day care. Although these Early Years providers have an excellent understanding of child development, they may be less familiar with the specific developmental nuances of those with potential SpLD. We need to support them to; develop children's motor skills to improve coordination, dexterity and motor efficiency, explore how sensory processing impacts on attention and concentration, appreciate the links between language and literacy, and introduce the conceptual language of maths and number recognition.

### Key Stage 1-4

In North Yorkshire, in April 2013 there were **51** children/young people with a SEND Statement with a primary need of SpLD. A further **513** children/young people with SpLD were receiving support at School Action Plus, becoming the **2<sup>nd</sup> most common primary need** among children/young people at School Action Plus, in North Yorkshire. This equates to **21.9%** of the SEND population which is line with the 'No to Failure' report (DfE 2009) which indicated that **21%** of children in the UK were found to have SpLD.

Within North Yorkshire there are geographical ‘hotspots’, with Harrogate and Scarborough being primary locations for children with either a statement or School Action Plus (SAP) with a primary need of SpLD, and Skipton, Knaresborough and Whitby as secondary locations.

Many teachers have in-depth curriculum content knowledge but less detailed knowledge of child development and the impact of early neurological differences on learning, particularly relating to children with SpLD. In 2012, a survey of 450 parents of pupils with dyslexia, by Dyslexia Action, found that 82% asked for more specialists to help schools understand the profound effect dyslexia has on learning and self-esteem. Parents are concerned that children who may have *mild or moderate* difficulties, but who are working hard to cope have little recognition or feedback from teachers. This group of children are less likely to figure on SEN lists or receive additional provision. However, children who appear to cope at KS1 may struggle as they progress to KS2 due to increased expectations.

We know that teaching assistants, graduate students or other adults, who have been specially trained for the task, can be very effective in supporting and teaching learners with SpLD, gaining similar results to those of qualified teachers. Intervention programmes delivered to small groups of children by instructors who are not necessarily teachers is a great deal more cost-effective than programmes requiring 1:1 tuition delivered over periods by specialist teachers. However improved outcomes can only be maintained if teaching assistants have extensive and on-going professional development, support and coaching, and clear guidance on instructional practices (Ryder, Tunmer and Greaney 2008).

Structured school-based interventions, delivered by teachers or teaching assistants (TAs) that have a robust evidence-base or have a sound theoretical basis can make a significant difference to children and young people with SpLD.

These include those that support literacy and may include interventions such as

- AcceleRead /AcceleWrite,
- Read Write Inc
- The Reading Intervention Programme,
- Toe by Toe®

Those which promote physical literacy

- Learning Breakthrough Program
- Get Physical
- Smart Moves
- Top to Toe
- Fun Fit
- Cognitive Orientation to Occupational Performance (COOP)
- Neuromotor Task Training

Those which support numeracy

- Numbers Count
- 1<sup>st</sup>class @number
- Talking Maths

Those which support handwriting such as

- Write from the Start
- Write Dance
- Speed Up!
- Handwriting without Tears

We are increasingly challenged to adopt research-based programmes. We will personalise interventions according to need and the context for learning. The fidelity of specific interventions is constantly being evaluated against current research.

## **Post 16 +**

The Children and Families Act (2014) stipulates a duty to address the needs of young people and adults with SEN up to the age of 25. In 2009-10, the Department for Education spent around £640 million on special education support for 147,000 students aged 16-25, however, at this time; there was little evidence to evaluate the value of input. Parents and young people stated that they were not provided with the information they needed to help their child post 16, there was poor use of performance indicators, no value-for-money analysis, and the careers service lacked accountability. Too many young people with special educational needs were said to be falling

through the gaps when they left compulsory education, with a potential life-long legacy of lost opportunities and costs to the public purse (Committee of Public Accounts 2012).

*'Even as an adult I experience sadness about my dyslexia. I have concerns, worries, and anxieties about others understanding what I'm trying to communicate.'*

*(Dyslexia Forum)*

Focus is required to provide students with SpLD with the necessary life skills to equip them in their transition to employment or further/higher education. There are specific areas which we need to address to ensure that students with specific learning difficulties are successful, these include:

- Life skills
- Resilience training incorporating social skills
- Literacy programmes for young people are vulnerable or who have offended
- Work skills for students with SpLD (Skills 4 Learning)
- Proactive transition planning

The transition from School to employment or further/higher education is supported by legislation relating to disability; although individual students with SpLD may not perceive themselves as being disabled (Equality Act 2010). It will become the responsibility of educational institutions to anticipate the needs of all students with SpLD, identify financial resources, equip students with necessary life skills and a Person Centred Plan to help with the transition process. This will ensure that current legislation is 'positively' adopted to stop young people from falling into a void currently evident between children and adult services.

Young people with SpLD have unique knowledge of their particular circumstances. They have goals and aspiration. They have views on what might be done to remove barriers to their learning and participation. They should be supported to participate in decisions about their own life, for example in relation to their learning and development, in reviews of their progress, assessment of their support needs and in decisions about their transition to adult life (SEN Code of Practice 2014).

## 5. Current Approaches and Provision

Current provision is largely school-based and is provided by small specialist teams located in 7 Enhanced Secondary Schools (EMS) for SpLD. The EMS for SpLD provide an outreach service to their local secondary and primary schools. Future provision needs to more effectively address children's needs from the age of 0-5, and the requirements of young people between the ages of 16 to 25.

### Universal Support: Quality First Teaching

*'If schools can get the strategies at Wave 1\* in place it will reduce the difficulties for the majority of pupils and will help identify the remaining groups and individuals with greater needs.'*

*(Rose Report, DCSF, 2009, p.48)*

All schools have been introduced to approaches that classroom teachers and other staff can use to help address pupil's needs including those with SpLD. These should be identified in the school's overall plan of support e.g. school provision map. Schools and colleges are expected to make 'reasonable adjustments' to the curriculum, resources, policy implementation and the environment, to support the independence and progress of each learner with SpLD. They are encouraged to record these adjustments in an 'individual provision map' which should be developed in consultation with parents and pupils and used frequently by all staff when planning and reviewing provision.

We encourage schools to:

- Seek appropriate advice and support to enhance universal provision to meet the needs of vulnerable learners
- Provide appropriate professional development for staff at all levels.
- Be confident in understanding the needs of children/young people and young people with dyslexia, dyscalculia and DCD (dyspraxia).
- Encourage all teachers and teaching assistants to engage with the Inclusion Development Programme (IDP) (Dyslexia strand).

- Apply 'dyslexia friendly' practices
- Provide alternatives to written recording – such as the use of speech to text computer programme, mind mapping, simple Dictaphones
- Avoid asking children with SpLD to copy, especially from the whiteboard.
- Employ multisensory teaching strategies
- Allow students time to process information and provide extra time to respond
- Base classroom groupings on ability and not on written performance
- Support access to the environment e.g. appropriate labelling for drawers and equipment.
- Signage, wall displays and labels to be accessible from the centre of the room
- Support access to homework information e.g. by having pre-prepared homework instructions on labels to go into planners
- Teach phonology and phonics across the curriculum at all key stages
- Avoid asking learners with SpLD to read out loud to the class unless they have volunteered or have had time to prepare.

We utilise a skilled team of teaching assistants and other adults to make a significant contribution to the learning taking place within lessons. Over 500 teaching assistants representing 130 schools have been trained to deliver the Reading Intervention Programme (Hatcher 2006) in collaboration with research from the University of York. Initial results were promising with children making over 7 months progress in reading age during the 10-week intervention period. Link for further information <http://www.york.ac.uk/media/psychology/crl/documents/TheNorthYorksReadingInterventionProjectReport.pdf>

Public consultation highlighted the need for parents/carers to gain a better understanding of SpLD and how to support their child throughout their time in education. Foster carers were anxious that they would be included in teaching opportunities.

## **Targeted Support**

Although children with SpLD are supported as they strive to acquire competence in literacy and numeracy, there are those who require more targeted provision in the form of booster, catch-up and direct intervention schemes. Children and young people are actively engaged in establishing realistic, yet aspirational targets, and have ownership of their progress. In addition, we support the

assessment criteria adopted by Ofsted to examine schools, which consider the views of the students. Self-evaluation forms (SEF) which teachers are asked to complete for inspectors now look for evidence that teachers have taken into account this feedback. Our engagement with parents indicated that although many schools openly provide information regarding progress (63% described it as good/excellent provision) others were failing to do so (37% described provision as poor/very poor). This suggests a need to engage parents/carers and children/young people in collaborative target setting and progress evaluation. This is supported by new legislation in the Children and Families Act (2014).

In establishing targets, there is a need to:

- Have their needs accurately identified, adopting a graduated approach; a cycle of assessment, planning and reviewing action in increasing detail, with increasing frequency, to ensure good progress (SEN Code of Practice 2014)
- Offer training to the workforce to support enhanced knowledge and understanding of SpLD, its causes, identification, and interventions.
- Model, demonstrate and/or teach relevant interventions which have a proven record of success.
- Support the use of Assistive Technology where appropriate i.e. Dragon Naturally Speaking, Clicker 6, Word Shark 3 etc.

We encourage schools to achieve the NYCC Dyslexia Quality Mark, to demonstrate the provisions they have made to support the pupil with SpLD, and in particular those with dyslexia. We adopt the premise that accommodations for pupils with SpLD are effective for **all** pupils. The current NYCC DQM criterion requires simplification, and differentiation between expectations of secondary schools to those of primary schools.

## **Specialist Support**

North Yorkshire provides specialist support through 7 Enhanced Mainstream Schools (EMS) for SpLD. The emphasis is on building local capacity through empowering others to understand and address the unique needs of children and young people with SpLD, while supporting those with high needs. The 7 SpLD specialist support teams have developed extensive relationships among

their cluster schools. Schools have benefitted from a model of practice which builds capacity through modelling and demonstrating strategies and approaches and training, allowing the referring school to take responsibility and action for the individual in the most appropriate and inclusive context.

Children are **not** required to have 'formal' identification to access this service which provides extensive support and liaison with relevant teaching staff to formulate appropriate intensive interventions carefully graduated with clear outcome measures.

Public engagement identified situations where a formal identification of dyslexia, could be helpful. We will consider whether there are benefits to providing a fee-paying identification service to help those who require a **formal** evaluation for:

- Entry to independent schools (highlighting accommodations for sitting entry examinations)
- Transition to higher/further education establishments
- Transition to employment
- Assessment for children attending NY schools, who live out of county
- Personal request: parents or children wishing to acquire an independent assessment of need.

We will **not** develop a 2-tiered service based on financial ability.

The support will be provided in partnership with professionals in health and social care as appropriate. This is particularly evident in children who have sensory processing needs, language delay, and issues relating to motor proficiency.

The expertise of the specialist SpLD staff within each EMS for SpLD is extensive. The service also benefits from the dedicated expertise of educational psychologists. The quality of the training they provide is high and is focused around a child. This negates the watering down of information shared between teachers as the pupil transitions from one class to another.

Public consultation identified that parents/carers would like to be involved in relevant training so that they can reinforce learning strategies at home, or in other contexts, and be active in

determining their child's learning targets. The inclusion of parents to this process is supported in recommendations within the Children's and Families Act 2014.

Parents/carers also asked for clarity regarding how their child's needs are addressed in the context of the school day; seeking to understand the integrated, embedded accommodations which teachers put in place, these being of equal importance to small group of 1:1 targeted interventions. This will be provided in the **Local Offer**.

## 6. Moving Forward

<b>Priority Action 1: Early Intervention</b>				
	<b>Target</b>	<b>Outcome</b>	<b>Measure</b>	<b>Impact</b>
1.1	Identify children 'at risk' of developing SpLD, as part of the Integrated Review (SEN CoP 2014).	<p>Collaborate with professionals in Early Years, Health and Social Care to ensure that the 2-year integrated assessment will identify children who:</p> <ul style="list-style-type: none"> <li>were born prematurely (less than 35 weeks)</li> <li>have a family history of dyslexia, dyspraxia or dyscalculia</li> <li>have language delay</li> </ul> <p>Establish a data-base to monitor the progress of these children</p>	<p>Introduction of a universal developmental assessment such as the Schedule of Growing Skills (SOGS) or Ages and Stages, which integrates health, education and social care.</p> <p>Joint health/education data base with risk indicators for SpLD</p>	<p>Early identification to prevent long-term difficulties where possible</p> <p>Parents will have the assurance that their child's needs are being monitored in the transition into school.</p>
1.2	<p><b>Universal</b> training will be offered To Early Years Setting Leaders and SENCOs to help recognise developmental needs and apply strategies to develop and improve skills in</p> <ul style="list-style-type: none"> <li>Motor efficiency</li> <li>Sensory processing</li> <li>Pre-writing skills</li> </ul>	<p>Training to Early Years educators, care workers, foster carers, child minders, and parents via Children's Centres in the following:</p> <ul style="list-style-type: none"> <li>Motor development: impact on cognition and sensation</li> <li>Readiness for writing</li> <li>Sensory regulation and its</li> </ul>	<p>Records of attendance</p> <p>Post-training application survey</p> <p>Delegates will be audited to determine training application.</p>	<p>Early Years providers, care workers, foster carers and parents will understand the importance of early experiences in movement, language and literacy.</p> <p>Children will engage in activities which will enhance their motor, language and literacy skills.</p>

	<ul style="list-style-type: none"> <li>Language and literacy</li> </ul>	<p>impact on attention and learning</p> <ul style="list-style-type: none"> <li>Link between language and literacy</li> </ul>		
1.3	<p><b>Targeted</b> interventions will be recommended for those identified as being ‘at risk’ for developing a specific learning difficulty.</p>	<p>Introduction of the Nuffield Early Language Intervention Programme (NELI) which is an evidenced-based language intervention programme for children in nursery and reception classes</p> <p>Introduction of pre-writing skills: such as Write Said Ted and/or Write from the Start: Perceptuo-motor Handwriting programme</p> <p>Introduction of a gross motor skills programme i.e. Jungle Journey</p> <p>Develop Total Communication Maths Programme to introduce the language, signs, symbols and concepts used in mathematics</p>	<p>Initial evaluation at Alverton Children’s Centre.</p> <p>Initial Pilot; evaluated using pre-writing checklist</p> <p>Initial pilot; evaluated using Movement Checklist i.e. Sheridan</p> <p>Response to Early Years Foundation Stage Profile points for Calculating and Shape, Space and Measures.</p>	<p>Children identified as being ‘at risk’ for SpLD will have their skills boosted before entering full-time education.</p> <p>Parents will be able to access strategies to support their child at home through the <b>Local Offer</b></p> <p>Children will have an evidence-based kinaesthetic strategy for understanding spatial and mathematical concepts.</p>
1.4	<p>Information regarding those ‘at risk’ for developing SpLD will be given to the child’s school (with</p>	<p>SpLD risk will be highlighted on the Early Years Foundation Profile so that the child’s school is</p>	<p>Audit of EYFSP</p>	<p>Parents will be reassured that their child’s learning needs will be taken into account at the onset of formal</p>

	parents/carers permission)	aware of their learning needs.		education.
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<b>Priority Action 2: School Support</b>				
	<b>Target</b>	<b>Outcome</b>	<b>Measure</b>	<b>Impact</b>
2.1	<p>In order to ensure a consistent provision for those with SpLD we will enhance the skills of educators within all schools across NY.</p> <p>We will create a series of on-line learning modules with embedded self-assessment.</p>	<p>4 modules will focus on explaining the needs of students with:</p> <ul style="list-style-type: none"> <li>• Developmental coordination disorder (formerly dyspraxia)</li> <li>• Dyslexia</li> <li>• Dyscalculia</li> </ul> <p>Material will reflect primary and secondary school needs.</p>	<p>Self-assessment exercises will be incorporated into the training materials.</p> <p>Samples of teachers who have completed the modules will be audited to evaluate the impact of training modules on classroom practice.</p>	<p>Teachers will have increased confidence in teaching students with SpLD reducing referrals to high need, high cost services.</p>

2.2	<p>Schools will be encouraged to acquire the Dyslexia Quality Mark (DQM), obtained when 4 high level standards for dyslexia have been met.</p> <p>This will be simplified, although standards will remain the same.</p> <p>NB: The DQM will be one of the standards which will support a school to self-evaluate at the 'enhancing' level of the NYCC Inclusion Quality Mark (IQM)</p>	<p>We will aim for:</p> <ul style="list-style-type: none"> <li>• 20% of all North Yorkshire schools to be awarded the DQM by Sept 2015 (87 schools)</li> <li>• 40% of all North Yorkshire schools to be awarded the DQM by Sept 2016 (108 schools)</li> <li>• 60% of all North Yorkshire schools to be awarded the DQM by Sept 2017 (261 schools)</li> </ul>	<p>Number of schools acquiring the DQM.</p> <p>This should reflect positively in the schools OfSTED report.</p>	<p>Children will have consistency in staff meeting their learning needs as all staff are required to engage in, and apply 'dyslexia friendly' practices in order to achieve the DQM.</p>
2.3	<p>SpLD specialists will provide training in <b>targeted</b> interventions applicable to students with SpLD.</p>	<p>Specialists from the EMS for SpLD will provide a rolling programme of twilight or INSET training sessions regarding specific interventions such as;</p> <ul style="list-style-type: none"> <li>• Active Literacy</li> <li>• Read Write Inc. etc.</li> <li>• Clicker 6</li> </ul>	<p>Course participants will establish 3 objectives to be achieved post-training.</p> <p>Audit of random sample of delegates to ensure that training is being applied successfully</p>	<p>Teachers will increase their skills and knowledge relating to SpLD, and be confident in supporting pupils with SpLD in their class, reducing referrals to high need, high cost services.</p>
2.4	<p>We will enable educators to support pupils who have sensory processing differences that are impacting on their ability to learn.</p>	<p>To develop a clear, evidence-based position statement stating how we will address disruptive sensory processing behaviours which are impacting on an</p>	<p>A multidisciplinary document will be available on the Local Offer to clearly demonstrate the pathways adopted by the authority in</p>	<p>Reduce parents demands for independent sensory integration therapy</p>

	<p>NB: This will apply to many pupils with developmental coordination disorder.</p>	<p>individual's ability to learn.</p> <p>To teach all NYCC EMS specialist teachers and team leaders to understand sensory processing using sensory integration theory, in order to address sensory behaviours in the context of the individual's school.</p> <p>To create a training pack that all TiC's, outreach teachers and ST's can use to provide a whole school approach to adapting individuals sensory processing behaviours in order to optimise learning.</p>	<p>addressing disruptive sensory processing behaviours.</p> <p>2-day mandatory training programme for all Leads, TiC, Outreach Teachers and ST. Learning will be evaluated through case study analysis.</p> <p>Creation of a training pack: power point, evidence-base and strategies for success.</p>	<p>Improved cost efficiency, due to enabling school staff to address the child's needs in the most appropriate context.</p>
2.5	<p>We will identify appropriate software and assistive technology to support students with SpLD</p>	<p>Collated information regarding appropriate software and assistive technology to enhance literacy, and numeracy.</p> <p>This will be made accessible to:</p> <ul style="list-style-type: none"> <li>• parents/carers</li> <li>• students</li> <li>• teachers</li> </ul>	<p>Feedback from schools, parents and public regarding the usefulness of the recommended apps, software and assistive devices.</p>	<p>This will reduce the dependence upon high-level, specialist services.</p> <p>Improve academic, social and life skills for students with SpLD for example reducing calculation and spelling errors, improving control through the use of driving simulators etc.</p>

		<p>We will liaise with colleagues in IT/AT to ensure that these are current and effective.</p> <p>We will identify a technology champion within our SpLD team to take the lead on this making sure information is relevant and updated regularly</p>		
<p><b>2.6</b></p>	<p>We will <i>consider</i> providing a fee-paying assessment service for those seeking a specific identification of dyslexia.</p> <p>NB: This will be provided in exceptional circumstances.</p>	<p>To offer a traded assessment service for those seeking a specific identification of dyslexia in the following <b>exceptional circumstances</b>:</p> <ul style="list-style-type: none"> <li>• Entry to independent schools (highlighting accommodations for sitting entry examinations)</li> <li>• Transition to higher/further education establishments</li> <li>• Transition to employment</li> <li>• Assessment for children attending NY schools, who live out of county</li> <li>• Personal request: parents or children wishing to acquire an independent</li> </ul>	<p>Fees will be used to resource the service.</p> <p>Those who wish to pay for an independent assessment of need will be able to access staff with qualifications recommended by the British Dyslexia Association</p> <p>AMBDA/PATOSS approval</p>	<p>Reduced need for families to pay high costs for independent assessments.</p> <p>Assessments can relate to locally available, contextually applicable provision.</p>

		assessment of need.  We WILL NOT operate a 2-tier service based on ability to pay.		
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<b>Priority Action 3: 'Champion Schools'</b>				
	<b>Target</b>	<b>Outcome</b>	<b>Measure</b>	<b>Impact</b>
3.1	<p>We will work with the <b>PE departments</b> in the 7 EMS for SpLD to extend their knowledge and practice in relation to DCD (dyspraxia).</p> <p>We will extend their expertise to support students in the base, and surrounding cluster schools.</p>	<p>We will extend the skills of the PE department in order to:</p> <p>Enhance the participation of students with DCD in physical education.</p> <p>Run extended skills courses for those who struggle with motor coordination, who attend the EMS for SpLD</p> <p>Provide after-school motor skills interventions for those children and young people who attend cluster schools who struggling with motor coordination.</p>	<p>Audit of training based on the application of key objectives.</p> <p>Increase activity levels of children and young people with DCD, from low to high, according to the following criteria:</p> <p>Pre and post evaluation of motor skills using Movement ABC-II</p>	<p>This will reduce the dependence upon high-level, specialist services.</p> <p>This will make the SpLD service more resilient (less reliant on a few highly skilled professionals)</p> <p>It will improve the outcomes for those with DCD, especially relating to motor proficiency, self-esteem and health.</p>
3.1	We will work with the literacy	We will extend the skills of the	Interventions will be	This will reduce the dependence upon

	coordinators within the 7 EMS for SpLD to extend their knowledge and practice in relation to <b>dyslexia</b> .	English department in order to:  Increase outcomes for students with dyslexia  Support cluster schools in understanding dyslexia and interventions that will improve children's literacy.	measured using ratio gains, with those between 1.4 and 2.0 being of 'modest impact', between 2.0 and 3.0 of 'useful impact', between 3.0 and 4.0 of 'substantial impact' and above 4.0 of 'remarkable impact'	high-level, specialist services.  Improved literacy skills based on ratio gains.  Enhanced resource to local cluster primary and secondary schools
<b>3.3</b>	We will work with the <b>Maths coordinators</b> in the 7 EMS for SpLD to extend their knowledge and practice in relation to <b>dyscalculia</b> .	We will extend the skills of the Maths department in order to:  Increase numeracy outcomes for students with dyscalculia  Support cluster schools in understanding dyscalculia and the interventions that will improve children's numeracy.	Interventions will be measured using ratio gains, with those between 1.4 and 2.0 being of 'modest impact', between 2.0 and 3.0 of 'useful impact', between 3.0 and 4.0 of 'substantial impact' and above 4.0 of 'remarkable impact'	This will reduce the dependence upon high-level, specialist services.  Improved numeracy skills based on ratio gains.  Training resource to local cluster primary and secondary schools
<b>3.4</b>	We will work with the TAs located in the specialist SpLD teams and their schools to become proficient in improving children and young people's <b>handwriting skills</b>	We will train TAs to deliver evidence-based handwriting programmes such as: <ul style="list-style-type: none"> <li>• Write from the Start</li> <li>• Handwriting without Tears</li> <li>• Speed-Up</li> <li>• Neuromotor-task analysis</li> </ul>	Pre and post intervention performance, using measures such as  Detailed Assessment of the Speed of Handwriting (DASH)  Handwriting criterion	This will reduce the dependence upon high-level, specialist services.  Improved handwriting legibility which will subsequently improve academic outcomes.  Enhanced expertise of TAs within NY

		<p>We will introduce an Asset-based approach to the delivery of handwriting programmes in areas where staffing is limited i.e. small schools.</p> <p>Initial pilot in 3 primary schools), before roll out to schools in NY</p> <p>This will engage parent-volunteers in enhancing handwriting skills</p>	<p>measure</p> <p>Handwriting checklist</p> <p>Attainment targets or points score for NC transcription (spelling and handwriting)</p> <p>Participant interview</p> <p>Pre and post intervention measures (as above)</p>	<p>Pupils meet attainment targets for transcription (spelling and handwriting)</p> <p>Parent engagement in education of pupils</p>
3.5	We will encourage our EMS for SpLD to contribute to research relating to SpLD	<p>Involvement in national SpLD research, for example: Upper Wharfedale EMS for SpLD is involved in Secondary-Phase Reading Intervention Evaluation funded through ESRC</p>	<p>Collation of data for national dissemination</p>	<p>National reputation for NY</p> <p>If successful, improved ratio gains for students in Year 7 with reading difficulties</p>
3.6	We will encourage our EMS for SpLD to showcase NY provision for SpLD at a local and national level.	<p>Regional CPD events to disseminate <b>specialist knowledge</b> of SpLD, for example;</p> <p>Dyscalculia Conference: Richmond School</p> <p>Perceptuo-Motor Dysfunction: Rossett School</p>	<p>Measure reputation of provision by numbers of delegates attending from within and without NY.</p> <p>Audit of outcomes established by delegates, post-event</p>	<p>Extend specialist knowledge of SpLD to professionals in health, education and social care, with a positive impact on student experience</p>

3.7	We will establish training sessions for parents and/or establish regular support groups ( in collaboration with local charity groups) to ensure that parents/carers are fully aware of the support that we provide and how they can actively support their child/young person	Establish training sessions for parents inc. foster carers at least 2 per year	Parent/carer satisfaction surveys	Alleviate parental anxiety  Reduced applications for high needs services, and high needs funding
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<b>Priority Action 4: Integrated Working</b>				
	<b>Target</b>	<b>Outcome</b>	<b>Measure</b>	<b>Impact</b>
4.1	<p>We will supplement information which we have already developed with guidance regarding dyscalculia</p> <p>NB: We have already created the following comprehensive resources for schools:</p> <ul style="list-style-type: none"> <li>• Supporting Children and Young People with Coordination Difficulties</li> <li>• NYCC Specific Learning Difficulties Guidance (Revised Dyslexia</li> </ul>	Documentation relating to dyscalculia	Pilot of preliminary material prior to county wide circulation.	<p>Information on strategies to accommodate their difficulties will provide to those who have persistent mathematical problems.</p> <p>Parents will have a better understanding of <b>dyscalculia</b> based on a comprehensive evidence-base.</p> <p>This should reduce the need for referrals to high need services.</p>

	Handbook)			
4.2	Liaise with charities relating to SpLD to enhance integrated working across NY (SEN Code of Practice 2014)	Maintain regular contact with independent and charitable bodies such as Dyslexia SpLD-Trust, Dyslexia Action, Dyspraxia Foundation, and Dyslexia Network.	Attendance at integrated events  Participation/presentation at national/international events	Reduce parent complaints  LA having pro-active participation in parents support groups

<b>Priority Action 5: Parent and Student Involvement</b>				
	<b>Target</b>	<b>Outcome</b>	<b>Measure</b>	<b>Impact</b>
5.1	As part of the <b>Local Offer</b> , we will provide information to parents and carers on the services we offer.  Hard copies will also be available for those with limited internet access.	Pathway of the service offered to children and young people with dyslexia  Pathway of the service offered to children and young people with dyscalculia  Pathway of the service offered to children and young people with DCD  Pathway of services offered to children and young people with sensory processing needs	Audit of Local Offer information	Parent / student satisfaction

		Choice: details of independent and charitable services available to those living in NY.		
5.2	We will encourage students with SpLD to be active in evaluating their school against the 4 standards required to obtain/maintain the Dyslexia Quality Mark (DQM)	Criteria for obtaining DQM will be simplified and will require students with SpLD to be involved in the assessment process	Feedback from DQM assessors (Specialist SpLD Teacher and EP)  Student Feedback via on-line surveys such as Formic, Survey Monkey and Google Survey.	Student engagement in enhancing SpLD provision.  Increased number of schools attaining DQM

**Priority Action 6: Post 16 +**

	Target	Outcome	Measure	Impact
6.1	Lobby Further and Higher Education Providers to accept school reports for accommodations for students with dyslexia; to reduce the need to apply for expensive assessments on entry to University	Acceptance of students inclusion passport at Higher education Establishments	Feedback from Disability Advisors located in further/higher education settings	Students will be able to highlight their attributes while stating needs, negating the need for a repeated assessment on commencing employment or further/higher education which is currently the case.
6.2	Increase the life skills and resilience of students with SpLD.	Initial pilot of Resilience training Module in Rossett School (commenced Sept 2013) and Barlby High School (Jan	Resiliency Scales for Children & Adolescents - A Profile of Personal Strengths (RSCA)	Positive psycho-social outcomes for students with SpLD

<p><b>6.3</b></p>	<p>Actively liaise with the Youth Justice and Social Care service to identify young people who have left full-time education with limited literacy. Trial specific interventions with a secure evidence base for success.</p>	<p>2014) Liaise with Youth Justice Service to determine young people with limited literacy.  Identify volunteers or youth workers who will become 'Reading Coaches' Trial the implementation of <b>That Reading Thing</b> <b>Or</b> <b>TextNow</b></p>	<p>Comparison of attitudes and reading skills at the beginning and end of the Programme.  Focus on Harrogate and Scarborough Youth Justice Services  Aim for average gain of 27.6 months based on current evidence</p>	<p>Increase in employability of those with previously poor literacy skills.  Reduction in negative choices</p>
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## 7. Implementation and Delivery

### Change and Integration Programme

The SEND Change and Integration Programme has been established to deliver the SEND Strategy. The Programme is led by the Assistant Director of Access and Inclusion, supported by the programme team and programme board, comprising senior managers from all service disciplines, Health and Adult Services and the Primary Care Trust commissioners for children.

The Board oversees the delivery of eleven work-strands, each responsible for delivering all the priorities within the strategy. The work-strands are led by senior manager within the NY CYPS. See below for strategic link to work strands.

Full details can be found on the North Yorkshire County Council intranet on

<http://intranet.northyorks.gov.uk/directorate/cyps/savings/SEND/reorganisation/Pages/Home.aspx>

or contact [Send@northyorks.gov.uk](mailto:Send@northyorks.gov.uk)

The programme of work will continue in 2014 in phases including:

- Research and mapping
- Service Redesign (management integration)
- Enhanced access
- Integrated Assessment and Decision Making
- Service Redesign (integrated decision making)

### Resourcing the Strategy

The **2013-2014** budget for the Enhanced Mainstream Schools for Specific Learning Difficulties was **£828,140**

## 8. Accountability and Performance Framework

### Accountability Framework

The local authority has an overall responsibility to ensure that the needs of children with SpLD are met. This responsibility will be discharged through the NY CYPS, and the SEND service. The Assistant Director for Access and Inclusion will be responsible for the implementation of this strategy and the supporting work.

Performance management will follow the pathway for families to consider both the service response to families (e.g. how quickly children are assessed) and how effective the service has been at improving outcomes for families.

The performance indicators below will be used as a baseline measure of performance:

The % of pupils with SpLD achieving 5+ A*-C GCSE including English and Maths	19.6%
The % of pupils with SpLD achieving the English Baccalaureate at GCSE	2.6%
Average point score at A level for pupils with SpLD (per candidate)	698
Average point score at A level for pupils with SpLD (per entry)	201
% of young people with SpLD who are not in education, employment or training (NEET) (* where a low value is positive)	9.3% *
% of SpLD pupils scoring in the highest bracket for self-esteem scores	34.0%
% of SpLD pupils enjoying most of their lessons at school	61.0%
% of SpLD pupils who think they can make a difference to decisions	65.0%

Local Authority maintained schools are required to submit an annual return detailing how their resources for SpLD are deployed. Information contained within the return is fed into a School Inclusion Profile. Where the school has identified estimated expenditure which is significantly different to that of similar schools, this will be identified. It is expected that the school senior leadership team and governors will use this analysis of the deployment of resources to inform its own evaluation of SEN provision.

Local Authority Advisers may also seek to discuss this with the school in helping to evaluate whether resources are being deployed most effectively. Information within the return may also be considered when schools make requests for statutory assessment. Schools are required to publish outcomes for all children and young people including those with SEND. The Local Authority monitors these outcomes closely to provide differentiated challenge and support to schools.

*'I was, on the whole, considerably discouraged by my school days. It was not pleasant to feel oneself so completely outclassed and left behind at the beginning of the race.'*

*Winston Churchill*

### **Monitoring and Evaluation**

Progress on the implementation of the strategy will be conducted under a discipline that will ensure monitoring and evaluation is effective. The Implementation Plan includes deadlines so that we will know what stage we have reached and the impact gained.

This will include: reports to the SLCN/SpLD Strategy Steering Group which includes professionals from across the Local Authority and Health (two parent representatives will be invited to join the group); termly Highlight Reports on progress towards the targets in the Implementation Plan; an annual written and verbal report to the SEND Steering group and Health. Action plans, monitoring arrangements and copies of the highlight reports and the annual report will be published in the Local Offer.

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