



# **The Dyslexia Delphi study: implications for assessment**

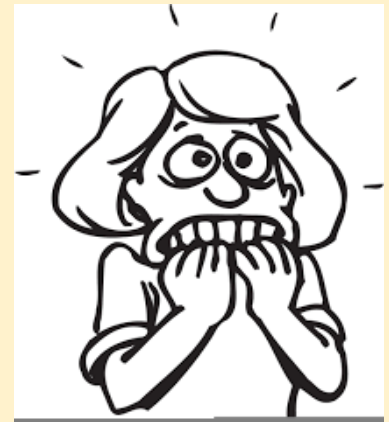
**Caroline Holden Vice-Chair SASC**

With thanks to the Dyslexia Delphi Team:

Julia Carroll, Maggie Snowling, Phil Kirby, Paul Thompson and the Dyslexia Delphi Panel

**May 2024.**

# Fear and trepidation?



- **Yours:** will I need to change what I believe about dyslexia, my assessment practise, my test or training materials, how I write reports?
- **Ours:** Has the Delphi dyslexia study risen to the challenge of providing a workable, consensus definition and assessment framework?

# Confidence and clarity?



**Yours:** I can see how to work with the Delphi definition of dyslexia. The new assessment framework will provide a useful checklist to help me interpret assessment findings and reach diagnostic decisions. I may need to update some of my test materials. SASC will advise if I need to update the way I write reports.

**Ours:** The Delphi dyslexia study informs improvements to assessment practice and educational policy-making from childhood to adulthood.

# How did we get here?



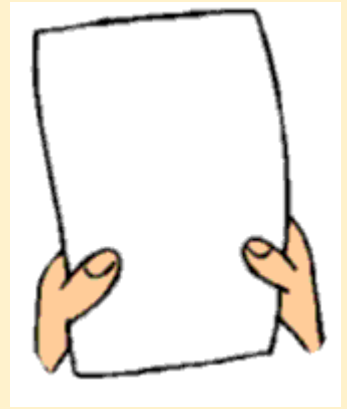
- **Phase 1:** The **SASC Working Group**, the **SASC consultation paper 2022** and the **online SASC member survey**.
- **Phase 2:** SASC responds to **SEND Green Paper 2022**, holds **online structured discussions with practitioners and stakeholders**.  
September-December 2022.
- **Phase 3:** **Dyslexia Delphi study** is launched 2023 and published 2024.
- Altogether, over the 3 years, an estimated **500+ individuals** involved- including SASC members, academics and assessment practitioners, stake-holding organisations, individuals with dyslexia and training organisations and the Delphi Panel itself.



# The why, when and what of assessment.

- The second Delphi paper concerning assessment, mainly deals with the consensus statements around the themes of why, when and what to assess.
- However, all 42 consensus statements, including those that relate to these themes, can be found in Table 1 at the end of the Delphi assessment paper.
- Key findings for assessment.

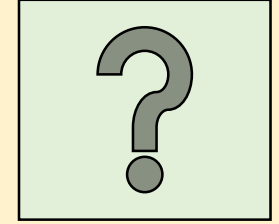
# Key findings 1.



## On supporting all individuals with literacy difficulties

- *All individuals struggling with literacy require appropriate, targeted intervention, monitoring, and resources, regardless of socio-economic situation (S22).*
- *In the early years of reading instruction, the identification of needs of children with literacy learning difficulties should be prioritised over detailed diagnostic assessment. Detailed diagnostic assessment should not be a precondition for putting intervention in place (S23).*

## Key findings 2.

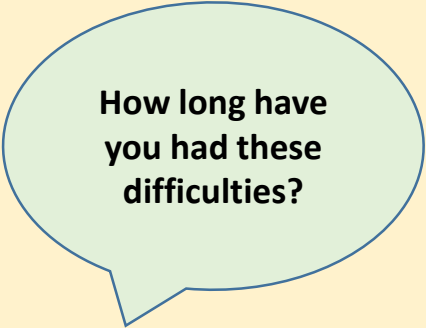


### **On employing a probabilistic ‘at risk’ framework**

- *Children who come to school with speech or language difficulties are at risk of literacy difficulties, including dyslexia (S35).*
- *Individuals with reading difficulties should be referred for specialist assessment if there is consistent lack of progress in reading or writing despite targeted assistance (S24).*
- *Useful indicators of the need to assess a school-age child for possible dyslexia include: reference to results, where they exist in school, from standardised phonics checks; failure to meet age-related targets in reading, writing, and spelling; discrepancies between literacy and language performance, and slow or no progress across 6-12 months of planned intervention (S29).*



# Key findings 3.

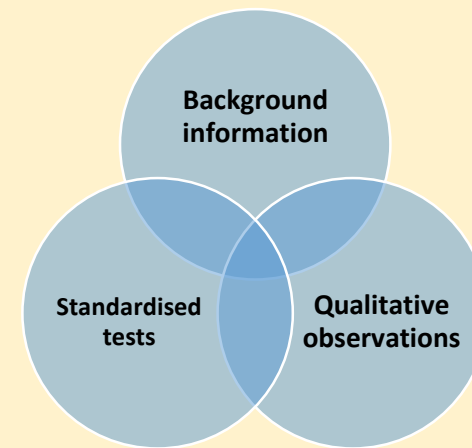


How long have you had these difficulties?

## Evaluating persistence

- *To assess the level of severity or persistence of dyslexic difficulties, an examination of how the individual responds or has responded to interventions and support provides important information (S30).*
- *When assessing older children and adults, information about whether they had difficulties in literacy in the early school years supports identification of dyslexia (S37).*
- *In older children and adults, early and persisting literacy difficulties may have been missed or masked. It is important to investigate such histories to ascertain whether the current difficulties could be attributed to dyslexia (S36).*

# Key findings 4.



## Gaining information from multiple sources

- *Multiple sources of information should be combined in assessment, including, for children, interview/questionnaires with parents or caregivers and liaison with the school, direct observation, and standardised age-normed tests or criterion-based assessments (S28).*
- *While qualitative observations and skilled professional judgements are important in the identification of dyslexia, standardised test results provide objectivity, consistency and reliability (S39).*
- *Ideally an assessment should seek input from other professionals in instances where there seem to be a range of co-occurring difficulties (developmental, psychosocial, or medical) (S26).*

# Key findings 5.

Mountain	山	山	山	山
Fire	火	火	火	火
Wood	木	林	林	林
Forest	森	森	森	森
Moon	月	月	月	月
Sun	日	日	日	日
Person	人	人	人	人
Woman	女	女	女	女
Child	子	子	子	子
Eye	目	目	目	目
Hand	手	手	手	手
Horse	馬	馬	馬	馬
Gate	門	門	門	門

## On dyslexia and L2 learners

- *Assessment of second or additional language learners requires an extra emphasis on knowledge and understanding of how a first language(s) (L1) might affect performance in tests of literacy attainment and cognitive processing in a second language (L2) (S33).*

# Key findings 6.

## Assessment domains

### What should be included in an assessment?

- *Working memory, processing speed and orthographic skills can contribute to the impact of dyslexia (S31).*
- *Assessing phonological processing and orthographic skills is important for identifying the impact of dyslexia on the individual concerned and to inform intervention (S32).*
- *Discrepancy between intellectual ability and literacy attainment is a useful indicator of a specific learning difficulty but is not sufficient for a diagnosis in and of itself (S41).*
- *When an individual has general learning difficulties (intellectual disability) applying a dyslexia label may result in too narrow an approach to intervention (S40).*

# Key findings 7.

Report formats  
Cut-off criteria  
Reporting  
protocols

## On the use of guidelines for assessment

- *Assessment of dyslexia is required for many different purposes, e.g., identification for research, for planning intervention, or for supporting individuals in the workplace. The content of the assessment needs to be aligned to its purpose (S27).*
- *Guidelines are needed so that assessments for dyslexia are consistent, but it is difficult to achieve consensus on criteria within these guidelines (S42).*

## **Dyslexia: 'no simple recipe'...**

Complex causal basis, multiple 'risks.'

High probability of co-occurring developmental issues.

'Cut-off criteria' contested.

'Unexpectedness' and 'discrepancy' debated.

**BUT...**

## **Consensus that indicators include:**

Family risk.

Persisting difficulties in reading and spelling fluency.

Poor response to standard instruction and/or additional intervention.

Likelihood of impaired working memory, processing speed, phonological and orthographic skills.

**Environmental and personal factors** can be **protective** and/or **exacerbating**.

# A Risks and Probabilities Assessment Practice Framework Based on the Delphi Dyslexia Study

- Where to find the framework.
- How is the framework structured?
- Why 'risks and probabilities'?
- Using this framework.

# Sample section of framework

- **The nature and developmental trajectory of dyslexia depends on multiple genetic and environmental influences. (S14).**

## Relevant Delphi consensus statements

A history of dyslexia in the family is a significant risk factor for dyslexia; however, the causes of dyslexia include multiple interacting genetic and environmental factors (S1).

Children who come to school with speech or language difficulties are at risk of literacy difficulties, including dyslexia (S35).

Multiple sources of information should be combined in assessment, including, for children, interview/questionnaires with parents or caregivers and liaison with the school, direct observation, and standardised age-normed tests or criterion-based assessments (S28).

Good assessment and intervention practice embodies a hypothesis-testing approach. Assessors should ask themselves what risk factors are at play, including risk of a longer-term difficulty (S25).

## Risks to accurate identification

A careful background history has not been taken.

Identification is based on a single area of cognitive weakness in a profile.

## Greater probability of accurate identification

The exploration of family histories is used as a valid tool for establishing evidence to support identification.

Where information is available, a range of potential factors affecting learning is considered, including environmental factors such as the impact of modes of reading instruction, the family environment for reading, and the classroom, study, and/or work environment.

Environmental influences on literacy acquisition are explored as potentially presenting both protective and exacerbating factors for the literacy difficulties experienced.



# Additional generic assessment issues

1. Consultation with the person being assessed (or parent/carer of a child) regarding if and why a label is sought.
2. Explaining to clients that assessment may or may not identify a specific learning difficulty.
3. Processes that provide support in any challenge to diagnostic decision-making.
4. Certain evidence favoured as supporting a particular diagnostic conclusion.
5. Conclusions reached and recommendations made for instrumental reasons.
6. Evidence that the individual assessed has feigned certain types of responses to tests to gain access arrangements e.g. extra time in exams.

# The SASC Report Formats: What needs to change?

*S17. Dyslexia can affect the acquisition of other skills, such as mathematics, reading comprehension or learning another language.*

*S25. Good assessment and intervention practice embodies a hypothesis-testing approach. Assessors should ask themselves what risk factors are at play, including risk of a longer-term difficulty.*

# Feedback –respond to the Delphi consensus statements

Give your response to the 42 Delphi dyslexia consensus statements.

Follow the feedback link to the Survey Monkey questionnaire asking for your response on a 5 point Likert scale (i.e. from strongly agree to strongly disagree) to each of the 42 Delphi dyslexia consensus statements. (10 - 15 mins. to complete...no qualitative responses required).

Thank You!