



Square Pegs
dyslexia support and advocacy inc.

Submission on the Literacy Advisory Panel Final Consultation Report

March 2023

‘Learning to read is not a privilege, but a basic and essential human right.’

Ontario Right to Read and Right to Equal Education case (2022)

General comment:

Square Pegs strongly supports the Premier’s recent announcement regarding the commitment to achieving 100% Literacy.

Square Pegs acknowledges the work of many schools, teachers, teacher aides, tutors, allied health professionals and NFPs that have been working independently and collectively to achieve positive change. Each one has played an important role in progressing this important issue to this point.

We are encouraged by the breadth and depth of discourse and the clear and unequivocal support for an evidence-based response.

However, a principles-based framework alone will not deliver the required results. The Action Plan and Governance arrangements mentioned by the Panel are the VITAL elements of this work as they will determine what ACTION is taken.

Evidence based, urgent action, at scale is still required to achieve change.

Question One: Are there any key themes we have not identified to improve literacy across:

General:

The Panel’s report does not review or evaluate current policies or programmes against the evidence-base. This is vital work as it will identify areas for improvement and reduce the opportunity cost of continuing to invest in programmes that are not delivering by diverting these funds to more effective programmes. This process could be outsourced or undertaken using a tool similar to that developed by the Australian Education Research Organisation (AERO). The AERO evidence rubric is a tool to help evaluate the effectiveness of a new or existing policy, program or practice against standards of evidence.

The Early Years (0-4 years-old)

Page 14: Supporting oral language development- Ideally training of staff that work with this age group including child-care staff. Is there be an opportunity to open dialogue between health and education services? The importance of developing oral languages in the teaching of pre-reading skills cannot be overstated. There should be a greater emphasis of training both pre-and in-service teachers, through professional development sessions from Speech Pathologists.

Yes, there is a need for more specialist support professionals, but this could be addressed in the first instance if teachers are trained to understand the significance of oral language and identify the children that are displaying challenged with acquiring these skills.

Lots of suggestions are made about providing 'experts' and 'specialists' which will indeed make a difference, but if training was given to serving teachers by speech pathologists/experts then teachers will be better equipped to deliver informed practice to the Early Years children.

It would appear in this document that various things happen that would be an advantage to children 'at risk', but **support is compartmentalised, and services that do not communicate with each other. There is a greater need for allied services to work together**, probably through a third party. Training, or even awareness raising, about the significance of oral language and sounds, could also be delivered by speech therapists/ pathologists to parents/carers through such a community group as the support and advocacy group *Square Pegs Tasmania*.

P 24 During the first 1,000 days of life, an adequate supply of the micronutrient iodine is key to the healthy growth and development of the brain and nervous system. Iodine is an important building block. (...)

The effects of iodine deficiency have been known for at least the past 70 years in Tasmania. Research shows that pregnant and breastfeeding women are not getting enough iodine, and this leaves infants vulnerable to the adverse effects of iodine deficiency.

This issue has a long-term effect and clearly is not a new issue in Tasmania. However, what measures are being taken to ensure that all pregnant mothers have access to iodine at crucial stages of development in the foetus? This is a health, community and education matter where coordinated dialogue across agencies is urgently required.

The School Years (5-17 years-old)

Literacy goes beyond the ability to read and write proficiently. It includes the ability to access, take in, analyse and communicate information in a variety of formats, and interact with different forms of communication and technologies.

'...more must be done to support our literacy workforce (including teachers, educators, tutors etc.'. P34 All secondary teachers must have regular and ongoing evidence-based training and professional development to enable them to teach the literacy skills necessary for students to engage, and achieve, in the literacy requirements of their subject area.

It is paramount that we ensure this happens and that specialist literacy coordinators have training particularly with a regard to identifying and supporting students with dyslexia. Children with learning disabilities, such as dyslexia, will without doubt form a significant proportion of those children who will struggle to acquire literacy skills. Many will require long-term intervention. *Square Pegs Tasmania* understands that teachers that were trained as literacy specialists did not receive any training, or awareness raising of dyslexia. This must be addressed. We are also aware, through parents that contact this group for help or information, that there is a lack of training for

teachers concerning dyslexia and reading skills. This is particularly the case in Primary Grade 6-7, or in secondary / High School teachers, the 12-18 age group.

P33 *'While literacy teaching for most secondary school students will focus on vocabulary, fluency, and comprehension in particular subject areas; for a range of reasons there will be students who will require explicit instruction in phonemic awareness and phonics.'*

It is not sufficient to see the teaching of Reading restricted to Grades 1 and 2. **It is important to continue teaching skills and subskills of literacy across the age range.** If a child enters High school with a low reading age and weak reading skills, full access to the curriculum at high school will be beyond the child's capabilities. Dyslexia frequently renders impoverished reading skills at Grade 6 and 7. If this hasn't been identified and an intervention programme delivered before then, the full potential of the individual will not be achieved.

In addition to remediation **there should be a strong and clear message from the Government that it recognises and values the strengths of people who learn differently.** Neurodiversity is still widely misunderstood and undervalued. Significant bias remains and there are still students who are made to feel 'stupid' on a daily basis within our school system because the way they learn and think does not fit into the standardised box that we try to place them.

These are smart kids, who are quite frankly low-hanging fruit in terms of improving innovation and productivity in this State. If children on the dyslexia or ASD continuum feel safe and confident to participate fully these young minds will be the innovators, creators and leaders of the future.

Question Two: What are the three main things we should prioritise doing in:

The Early Years (0-4 years-old)

Oral language development – developing workshops for teachers and teacher aides, delivered by speech and language therapists-experts, for early years teachers, and Grade 1 to3 teachers.

Parent workshops: Holding parent workshops within schools, that raise the parent/carers knowledge and understanding of the importance of teaching sounds and oral language skills. Utilising the skills and experience of advocacy groups in the community.

Parent workshops: Develop through the child and youth well-being strategy, and delivered through health and wellbeing child welfare clinics, by 'experts', (E.g., community nurse; speech pathologist) in child development. Such sessions could be given through social setting, 'talks to parents' about the importance of early years pre-schoolers oral language.

P 71: *The level of parental engagement in informal education in Tasmania is the second highest in the nation just after Australian Capital Territory. This should be capitalized on!*

The School Years (5-17 years-old)

P 71 *Literacy data is collected in different ways across many cohorts. There is no single data set collected that would report with a whole of Tasmania view from early years through to adult literacy'.*

Data collection: This needs to change! Data being collected appears to lack organisation, its use is inefficient and haphazard. Is this a reliable way to get an overview of what is happening across the

state? How do other states collect their data set? More important, how do other states **use** their data?

The Adult Years (18+ years-old)

A shortage of professionals available appears to affect services for adult literacy assessment services and this will underpin how successful the service is in both assessing and teaching adults in Tasmania to read.

As most tutors are also volunteers, and from a range of backgrounds and many also retirees, coordinated induction training, from professionals with a background in the explicit teaching of reading should be mandatory. This should stress the 'Big Six' components that apply to primary, secondary, and adult students. It is logical that adult students will require differential support across the 'Big Six' components of decoding in an age appropriate manner.

The 26TEN and Tasmanian Council for Adult Literacy (TCAL) are two organisations involved in addressing the literacy teaching of adults. The 2022-23 Commonwealth Budget appears to have given an injection of funding for '*research and development of first National Study to be undertaken should form the baseline for Tasmania, and at such time a target should be set.*

Our organisation *Square Pegs Tasmania* aims at supporting children in Tasmania across the age range up to 16 years, but the *Dear Dyslexic Foundation (DDF)* work with age 16 to adults. Both organisations are concerned with dyslexia and literacy, with assessment being a frequent topic in the enquiries that we receive.

Question Three: Are there any data sets not considered in this paper that should be used to monitor literacy achievement in:

The Early Years (0-4 years-old)

Australia Education Research Organisation (AERO) Early years learning framework, <https://www.edresearch.edu.au/practice-hub/early-literacy#:~:text=It%20can%20include%20talking%2C%20listening,for%20reading%2C%20writing%20and%20communicating.>

The School Years (5-17 years-old)

The Phonic Screening Check at year 1: We strongly support the Premier's recent announcement that the Phonics Screening Check will be mandatory in Tasmania. It is an ideal instrument through which to identify 'at risk' children, who could be identified with dyslexia at a later stage, but also identify those who are slower to learn the basic decoding skills.

Square Pegs Tasmania see the mandatory implementation of the Phonics Screener as an important means through which to screen state-wide for those children who are struggling and may need targeted teaching at Tier 2 of Tier 3. This could ensure appropriate intervention teaching is in place before the achievement gap widens. But, implementation must be supported by PL and resources so that educators are clear on how and why and what to do with the results.

'There is no national reporting requirement for the Year 1 Phonics Check and currently data is not collected at a system level'.

We do not see a need to make results public but do feel there is a need to collect the data from the PSC in each school systematically, and, the results serve a useful purpose in the development of target intervention.

NCCD: currently this does not differentiate between the types of learning disabilities. This is not satisfactory to support planning and resourcing to implement targeted responses. Dyslexia, DLD, dyscalculia or dysgraphia are distinct disabilities, requiring targeted responses. How does the Department determine where to invest resources, training and support if it does not have the data to determine how widespread each of these sub-types of learning disability are?

Question Four: If you are a provider of a service, what kinds of guidance would you hope to see in the Community-wide Framework?

Clear criterion for NFPs to evaluate whether their projects and programmes align with the evidence-base would be useful. Funding, grant and procurement decisions by Government should include a criterion for NFPs and contractors or consultants to demonstrate how they align to this.

Clear and accessible points of contact to work collaboratively with the various public service provider (ie. DoE). Clear, simple and non-confrontational opportunities to discuss concerns where the educational response or outcomes is not satisfactory and to escalate that discussion where required. There should be a focus on kindness, understanding and non-defensive response to parents and families seeking understanding, questioning and asking for more of the education system. Based on the feedback we regularly receive, the rhetoric of including families in discussion and working together has not translated into action. A staffed resource hub to support parents and families would be very useful.

Question Five: Are there any other comments you would like to make?

The draft Framework and accompanying Action Plan and Governance arrangements should be made available for public comment.

Square Pegs recommends that the Government ask itself 'if not, why not?' with respect to the valuable recommendations made by the 100% Literacy Alliance, the Primary Reading Pledge and AERO with respect to improving literacy.

Thank you for the work to date and for the opportunity to comment.

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