

This is the submission from INDIGO Dyslexia Services, a not for profit, voluntary sector organisation, providing a range of active services for self-referring clients of all ages. Based in the city of Norwich. Specializing in the specific learning difficulty (SpLd), known as Dyslexia.

**Ref: DfES/HM Treasury Joint policy review on Children and Young People.**

I have had little time to consider your paper; it only hit my desk from a third party three days ago. Which is interesting in its self, because most requests are only sent to voluntary sector umbrella organisations. They do not necessarily pass requests on to front line voluntary provider organisations. I apologies for the lateness of this submission.

INDIGO believes that the voluntary sector has major evidence to offer especially the front line providers who work one to one with clients. Umbrella organisations are to removed from clients and unable to represent small specialist organisations through lack of knowledge on the subject area. National hubs also work with umbrella groups.

Statutory services appear repeatedly to fail to provide adequate service for people with SpLd and this effects inclusion of these people within society generally. There is a need for better communication and training about the SpLd condition and to increase awareness that poor literacy and numercy is a major feature in the exclusion. Educational attainment is important to be included in communities. However the basics of reading, writing, spelling and numercy are the building blocks required by society.

INDIGO has noticed difficulty in recruiting to our parenting course. The reason given is the cost, at £45 it is out of the reach of poor families. We have been unable to attract charitable funding and statutory sector is still not purchasing.

The policy direction for children with learning difficulty is correctly mainstream, however there is a large discrepancy between the opinions of parents and the views of schools. The endless waiting for provision of learning support for children is schools

unacceptable. The Dyslexia Friendly Schools Initiative (BDA) has not been picked up locally, yet it is a sensible way to go forward. The reason given to parents is the lack of resources. Do the schools have it or is the LEA holding the funds? This continuing debate of where the 'money is' is not helpful.

Multi disciplinary working is lacking across all sector agencies, parents find it hard to connect with the correct agency. Health professionals consider the matter to be purely education matter. Community and voluntary sector know little about the Dyslexia and its life long effects.

We are not catching children early with SpLd, which is one of key features of success. Screening should be available in schools from the age of seven years. Neither are we adequately continuing to support young adults into training and education and employment.

There is a need to understand the familiar link and how it affects inclusion in a local community. Disillusioned parents, remembering their own educational failures, do not respect education; this is passed on to their children. This cycle needs to be broken.

Poor literacy and numeracy is very evidence in the area, many wards show above the national average percentage. In adult education SpLd young adults report that they are not supported and frequently leave the courses, with even greater disillusionment.

A help to inclusion would be the use of 'Plain English'; it should be the norm on promotional material. The use of a suitable font and print size is a basic requirement.

Returning health visitors to a generic service would be helpful to inclusion and reinstating the preschool check. The work of the INPP - Chester 'the very balanced child' should be researched as a helpful way for working with delayed development children with learning disability.

There is need to speed up the commissioning of services by the statutory sector to voluntary organisations, who can show their readiness to add value to the inclusion agenda.

The use of the word Dyslexia is now common parlance often inappropriately. It is seen as an excuse instead of a reason. However poor literacy and numeracy whatever the cause needs to be urgently addressed.

SENCO's need training, and management information systems that ensure no information is ever lost.

Prevalence of autism spectrum conditions appears to be increasing and there appears to be a reduction in the resources to SpLD. Statements are very difficult to come by SpLD children without other condition or behavioural problems being present.

Locally we still have an output approach, when an outcome-focused method is needed. There is local methodology based on research for outcome measurement known as SOUL (soft outcomes for universal learning) however output measures are the only thing wanted by funders. No benchmarking data is available to the front line voluntary sector providers

Commissioning and purchasing of services needs to be reviewed in all areas, especially for the 16 - 20 year old age group. Where coping with change is a big issue. Real pressure starts to build on the young person not in employment, education or training. Literacy problems come to the fore as an intractable problem.

Youth service for people with dyslexia will remain weak because of lack of knowledge in advisors, we have available a level 3 NOCN accredited course 'Certificate in Dyslexia – Supporting the Learner with Dyslexia' to help advisors in the community. It is our view that this is the minimum training level required to work with dyslexic people children or parents offering advice or guidance in the community.

Major barriers are information and communication processes, just handing out leaflets to people with literacy problem is a common practice. It can also be a problem in collecting feedback, being offered paper forms and required to write.

The learning system is still one of calling for specialist assessment then formal teaching, when screening and coaching would be more efficient and cost effective.

There is a need for innovation and change. Which is built on a holistic approach. The innovation projects in the Year of the Volunteer 2005 showed what could be achieved and they should be developed with help from regions and not just left to struggle.

SpLd produces literacy and numeracy problems in the whole of a family; so family-learning support should be developed. Confidence and self-esteem these are two problems which are very prevalent in people we provide services. A coaching model combined with outcome measurement would be helpful.

INDIGO 2005 - 2006 met with 405 clients face to face. Over 200 were children. This activity was achieved on restricted income, which we believe, performed well for the community and helped inclusion.