

Script for webinar

Hi and welcome everyone to the Additional Learning Needs webinar, my name is Caitlin, I am the designated chairperson for this webinar. You should have all received the agenda of the webinar via emails under the link to the meeting, in case anyone has missed it, after my introduction, I will be speaking about my chosen ALN, followed by a short question and answer. Lauren is then going to be speaking about her chosen ALN, which will also be followed by a short question and answer. Tiegian will then speak about her chosen ALN, followed by a short question and answer, then I will conclude the webinar. You should all be able to share your screens when the time comes to display your posters. Moving on:

My chosen Additional Learning Need is Dyslexia. The word 'dyslexia' derives from the Greek language, meaning 'difficulty with words.'

Dyslexia is defined by the British Dyslexia Association as a lifelong neurological difference and a specific learning difficulty which is centred on information processing, rather than deficits in reading as commonly thought. Dyslexia has a significant impact on how an individual receives, processes and retains information. This information includes auditory and visual information (British Dyslexia Association, 2020). It is a prevalent learning difficulty which is characterized by a brain structure that processes information differently. It is a condition in which literacy and numeracy may be affected, as well as memory retention and organizational skills. These difficulties may have an impact on how a child may develop these skills throughout school. Children with the condition may have difficulty learning to read and write and may require additional support. Dyslexic children may show a lack of interest in language-based tasks and may exhibit hesitancy when reading aloud. These struggles may lead to frustration, which may manifest as withdrawal or disruptive behaviour in both school and at home (NHS, no date).

It is estimated that roughly 10% of the United Kingdom's population is dyslexic, with 4% being severely dyslexic, however, it is estimated that 80% of school children who suffer from dyslexia remain undiagnosed (Dyslecsia Cymru, no date). Dyslexia is an additional learning need that typically goes hand in hand with another specific learning difficulty, such as ADHD. When overlapping with other Additional learning needs, it is estimated that 20% of the United Kingdom's population has dyslexia. It is important to note that no two individuals with dyslexia possess the same strengths or weaknesses. Similarly to Autism, every person with the condition possesses their own unique struggles with daily life and tasks. Many local authorities in Wales tend to avoid labelling children with dyslexia without a formal diagnosis, therefore terms such as 'specific literacy

difficulties' or 'dyslexic tendencies' are used to ensure adequate support is available to them without requiring a formal, official diagnosis.

Back in 2012, the Welsh Government published an overview of findings and the current literacy and dyslexia provision in Wales. Within the overview of main findings, it was stated that there was a common theme within primary schools of moving away from a centralised team of specialist teachers to a whole-school approach of appropriate training at school levels. What this means is, schools are aiming for earlier intervention within the classroom, rather than relying on external specialists. This approach aims to build capacities; however, the consistency of training varies among Local Authorities, affecting children nationwide. As well as this, the approach also aims to build the effectiveness in identifying and managing dyslexia vary across different local authorities across the country (Welsh Government, 2012). Early intervention is universally recognised by educational psychologists as well as practitioners as the most effective path toward mitigation. It is important to note that dyslexia will never be fully mitigated, and people with the condition will be affected for life, however, early intervention could lessen symptoms of dyslexia, and it may help children to grow up more confidently. Without specialized identification, these learners often face systematic barriers that impede academic progress and long-term potential (Welsh Government, 2024).

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Signs of dyslexia may become apparent when a child starts school and then becomes more obvious as the child progresses through school, more so when they begin to learn how to read and write. Children with dyslexia may read and write slowly, which can cause them to fall behind during lessons. They may also understand verbal information and instruction, but struggle to put thoughts and feelings onto paper. They may also find it hard to process information that has been written down (NHS, no date) It often comes down to teachers and teaching assistants to identify difficulties a child may be experiencing; however, parents may be having concerns too. When a child's difficulties become recognised, staff and parents can pass their concerns to the setting's designated ALNCO (Additional Learning Needs Co-ordinator). From there, there will be an option for parents and carers to request support. This can include discussions on diagnosis, as well as support strategies to trial whilst a formal and official diagnosis takes place. It is possible to request a diagnosis through the school, NHS, or privately, which does cost more money than going through the NHS or school. Schools typically use observations by classroom teachers and assistants focusing on those children that experience difficulties in literacy, phonological awareness, memory or processing speed in the Early Years.

According to the Welsh Government (2012), some local authorities use tailored Welsh tools to screen children of early years age (0-5). If a setting does not screen children during the earlier years of school life, the local authorities wait until the children reach year 3 (8 years old). This is from a dated source; however, new research and new diagnostic tools for Welsh-medium learners are being made available through the HWB platform, which is the Welsh digital learning platform. Researchers at Cardiff Metropolitan University have come up with innovative tools designed for school children in Welsh-medium provisions. This is a huge step in the right direction, as there are currently limited Welsh language diagnostic tools, often resulting in children receiving diagnostic assessments through the medium of English. It is also possible for people to be dyslexic in one language and not the other. For example, a bilingual child who speaks Welsh and English may only be dyslexic in the English language. Of course, these difficulties may also carry through to the Welsh language. This happens more commonly with the English language as the characteristics of the language itself and its writing system (Brunel University of London, 2020).

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The social model of disability posits that individuals are disabled by societal barriers rather than their personal medical impairments or health conditions, whereas the medical model of disability focuses on what is 'wrong' with the individual, often fostering low expectations and diminished autonomy (Scope, no date). Dyslexia typically falls into the social model, as it is a neurological condition, which includes more societal barriers than medicinal barriers. Children with dyslexia may require additional support in school due to societal barriers. This can include providing alternative formats of information, such as multisensory learning, which uses a blend of sight, hearing and touch.

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While there is no cure for dyslexia, effective evidence-based pedagogical interventions are available, which can significantly mitigate the functional impact of the disability on daily learning. Timely intervention is paramount, however, one of the biggest barriers for a dyslexic child in a Welsh medium school, is that they may only be dyslexic in English, and may not display any difficulties with the Welsh, but find English extremely hard. These children may often progress through school without knowing or suspecting they are dyslexic. I think of myself here, as I am also dyslexic, and grew up with a Welsh education. My diagnosis came a few years ago with university. I had difficulty with English, but not Welsh, however, I was a high-achieving child and always pushed through barriers best I could, by masking my uncertainty with the English language.

This led me to slip through the cracks and no concerns ever got picked up on, even throughout secondary where there more of a focus on English as a subject, and again when science turned from Welsh to English by GCSE.

This concludes my part of the webinar. Are there any questions?

1. Cardiff Met University research:

In short, the Welsh Government has allocated over £100,000 to Cardiff Metropolitan University to develop specialized diagnostic tools. These tools specifically identify literacy difficulties within Welsh medium secondary schools for the first time. The paper was published in 2024, and they are now conducting trials in diverse schools to standardize assessments for all learners. These free resources are now available on the HWB platform, promoting a more inclusive learning environment. It also enables teachers to track student progress and provide tailored interventions for those aged 11-17.

2. Strategy to support dyslexia:

Within the classroom, it is possible to use a blend of methods to support students with dyslexia. This can include multisensory learning. That is combining sight, hearing and touch. An example of this would be to have a child say a word (mat), break it down into syllables, then using those syllables to build the word. Words can be built using magnetic letters, shaving foam or sand writing.

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