

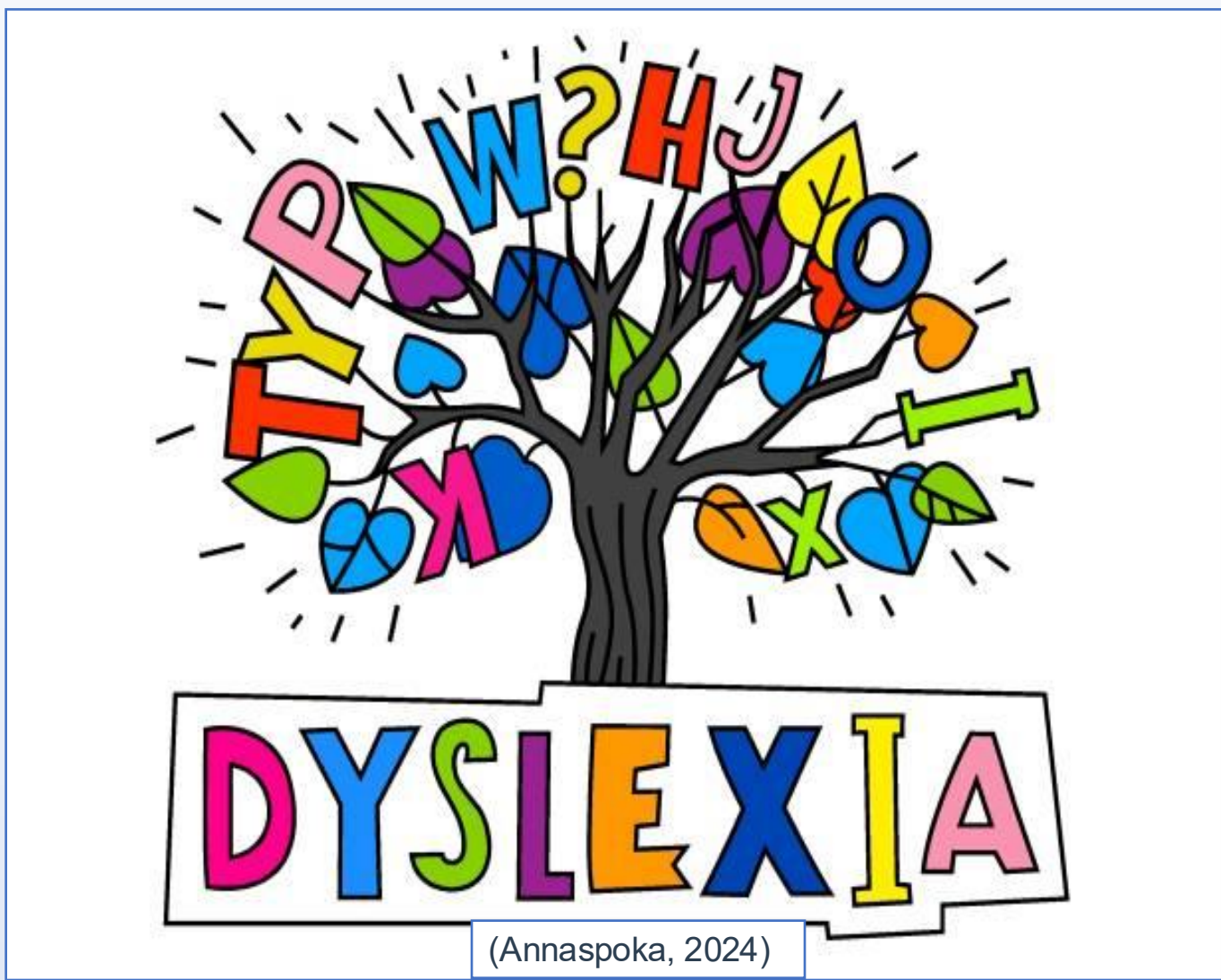
Dyslexia in the Early Years

This poster explores dyslexia in the early years, focusing on its definition, diagnosis, learning barriers, and support strategies for young children.

WHAT IS DYSLEXIA?

Dyslexia is a specific learning difficulty that can affect young children's ability to identify and connect letters, sounds, and written words. It may be evident through delayed phonological development, difficulties with verbal memory, and challenges in following instructions. Although children with dyslexia frequently exhibit strengths in areas such as creativity and problem-solving, they benefit from early, targeted, and differentiated support to develop essential literacy skills (British Dyslexia Association, 2023; Snowling, 2019).

However, Elliott and Grigorenko (2014) argue that the term 'dyslexia' lacks scientific clarity and offers little practical guidance for intervention. Moreover, Kirby (2020) notes ongoing debate, with some critics viewing the term as vague or used to secure funding, while others defend its legitimacy. However, such debates often overlook the long-standing historical controversy dating back to the 1870s.



HOW IS DYSLEXIA DIAGNOSED?

Diagnosing dyslexia in the early years is challenging, as early signs like delayed speech or trouble with rhyming can reflect typical development (International Dyslexia Association, 2016). However, early identification is integral for timely support (Williams, 2025). Practitioners and families may notice issues with phonological awareness, memory for letters, and sequencing (Learning Lab, 2020), while developmental and family histories can reveal language delays or inherited learning difficulties (Thambirajah, 2010).

While formal dyslexia diagnoses typically occur around age six or seven, early years settings can use screening tools like Lucid Rapid, COPS, DEST, or PhAB to identify potential concerns (Devdis, 2025; Pearson Clinical, 2025). These tools do not diagnose but highlight areas needing support. Early intervention is strengthened through collaboration among practitioners, ALNCoS, speech and language therapists, and educational psychologists. Even without a diagnosis, early observations and targeted support can greatly enhance a child's learning experience (Birch *et al.*, 2023; Strickey, 2024).

However, diagnosing dyslexia in the early years is challenging, as early signs like delayed speech or difficulty with rhyming often overlap with typical development (DfE, 2015a). Formal diagnosis is uncommon before age six or seven, leading to delays in support through a "wait and see" approach (DfE, 2015a; Wagner, 2018). A lack of national screening standards means identification varies by setting, depending on practitioner training and resources (BDA, 2015; Harvard GSE, 2023). Limited practitioner training and restricted access to specialists further hinder early detection (DfE, 2015b; Zealand, 2020). These issues highlight the need for improved training, consistent screening, and equitable support services (Meurer *et al.*, 2022).

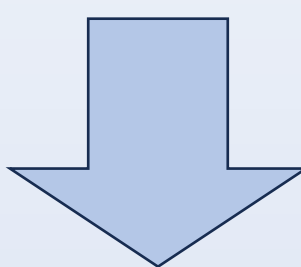
BARRIERS OF DYSLEXIA

Dyslexia is often hidden but significantly affects learning. Challenges with reading, writing, and following instructions stem from short-term memory issues and processing delays, often mistaken for poor understanding (Nottingham Trent University, 2025; Williams, 2024). These difficulties can lower self-esteem and lead to disengagement. Concentration is also impacted, especially during multitasking or complex tasks (NHS, 2023).

Poor concentration is a common barrier for young children with dyslexia, linked to processing speed, working memory, and auditory discrimination (Snowling & Hulme, 2012). In busy early years settings, distractions and complex instructions can worsen this, leading to frustration or withdrawal (Sanfilippo *et al.*, 2020). Clear instructions, visual aids, and sensory-friendly environments support focus and inclusion (Karipidis & Hong, 2020).

Another key barrier is poor phonological awareness—difficulty recognising and manipulating sounds—critical for reading and spelling. Without targeted support, this delays literacy and affects confidence (International Literacy Association, 2020; Philips, no date). Early identification, multi-sensory teaching, and collaboration with ALNCoS and families are essential (Fujita, 2024; Reading Rockets, no date; Yale Dyslexia, no date).

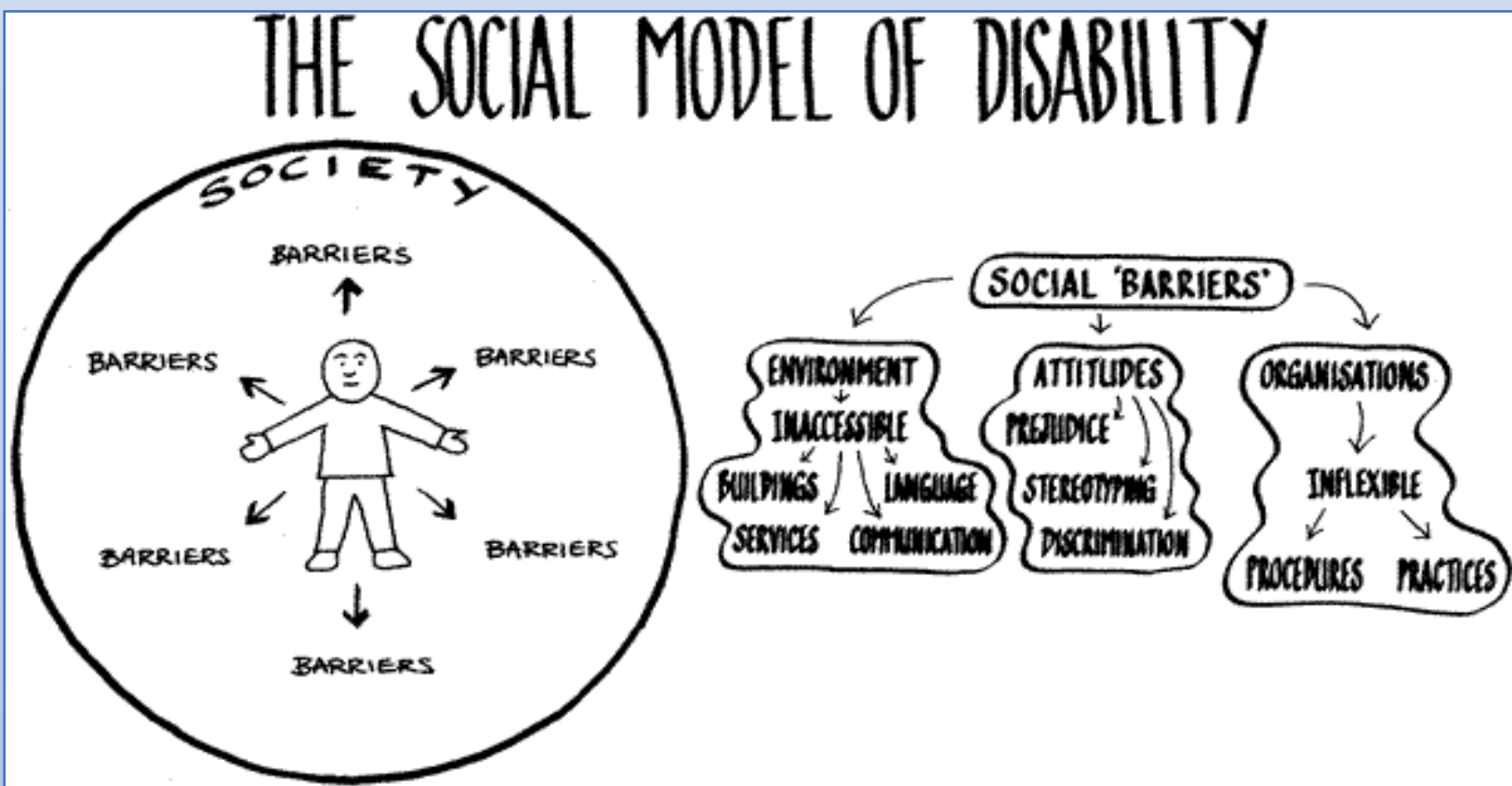
Pressure and stress can further hinder progress. Being rushed or told to try harder increases anxiety and blocks learning. Shaywitz (2020) notes that stress, especially during timed tasks, can disrupt thought organisation in dyslexic children. Though dyslexia has no visible signs, indicators include gaps between spoken and written skills, inconsistent spelling, and slow reading with finger tracking (British Dyslexia Association, 2012). These reflect a different processing style—not low intelligence. With the right support, children with dyslexia can thrive (Dyslexic Help, 2022; Science Tech Daily, 2025).



SOCIAL MODEL OF DISABILITY

Additionally, the social model reframes dyslexia as a difference, focusing on societal barriers rather than individual deficits. It challenges rigid curricula and promotes inclusive teaching methods, like multi-sensory approaches and dyslexia-friendly settings (Open University, 2024; Scope, 2024). This reduces stigma and supports well-being and equal access to education (Macdonald, 2019).

The model also advocates for removing barriers and enabling equal participation through accessibility, positive attitudes, and rights-based policies (Buder and Perry, 2023; Butcher, 2020; Shamsabadipour, 2025). Rooted in the activism of the 1970s–80s, particularly by the Union of the Physically Impaired Against Segregation (UPIAS), it shifts focus from individual limitations to systemic change (Hub Sociology Desk, 2025; Oliver, 1996).

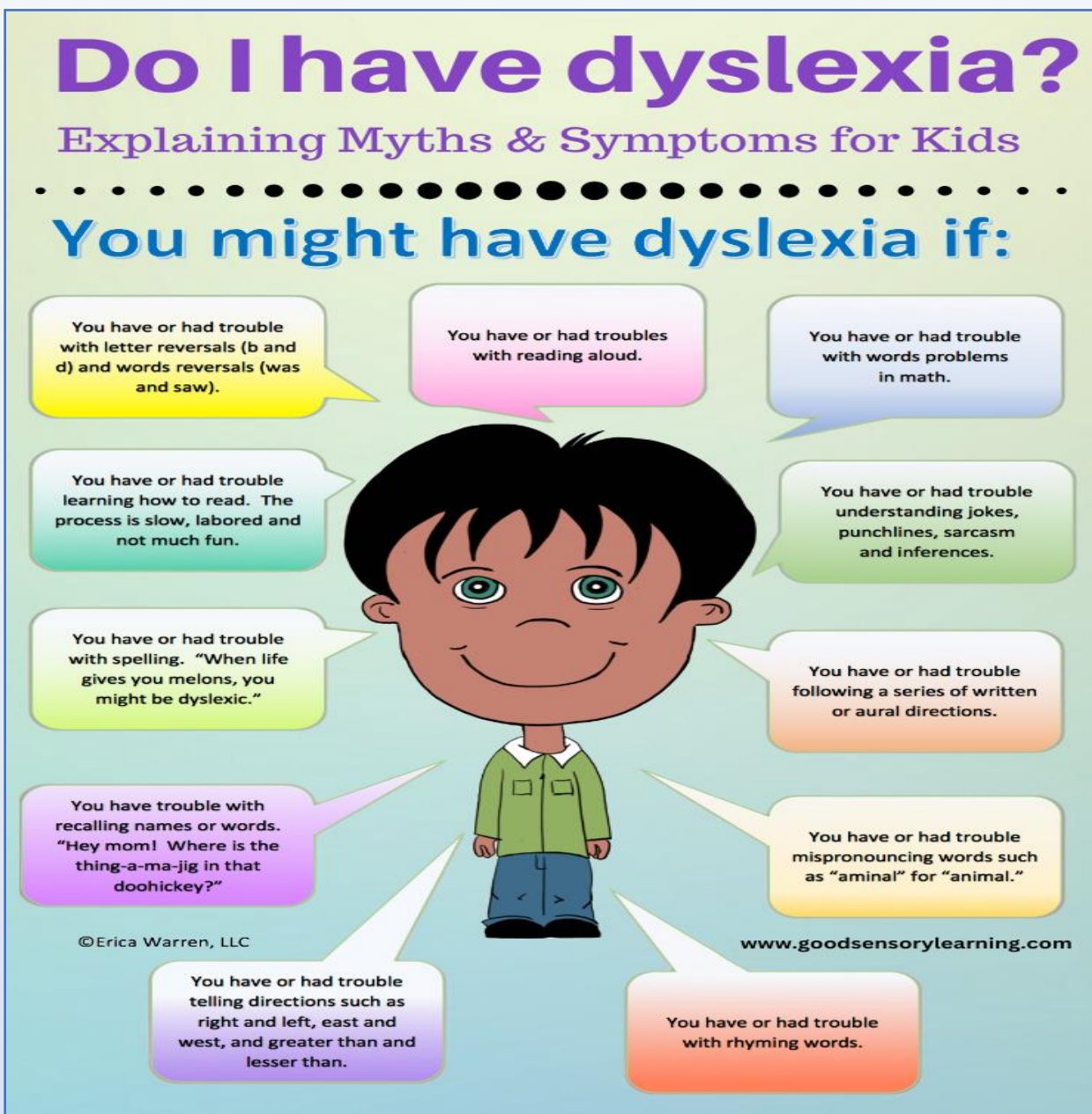


(Social Sciences, 2023)

SUPPORTING CHILDREN WITH DYSLEXIA

Wales Dyslexia uses Fawcett and Nicholson's screening tests to identify dyslexia indicators across age groups, including the Dyslexia Early Years Screening Test (ages 4-6) and the Dyslexia Screening Test Junior (ages 6-11), both available in English and Welsh. However, despite these tools, dyslexia screening is not provided for children under 16 through Wales Dyslexia, highlighting a gap in early identification and intervention, which is integral for supporting learning and development (Wales Dyslexia, no date).

Professional training is essential for early years practitioners to support children with dyslexia through early identification, targeted intervention, and inclusive practice. It enables recognition of key signs and the use of effective strategies to reduce long-term challenges (Rose, 2009). This supports legal duties under the Equality Act 2010 and promotes consistent collaboration with families. Ultimately, training builds practitioner confidence and improves outcomes for children with dyslexia (Gonzalez and Brown, 2019; UK Government, 2010).



(Good Sensory Learning, no date)

CONCLUSION

To summarise, dyslexia presents significant challenges for children in the early years, often impacting their ability to engage with reading, writing, and instructions. Early identification and targeted intervention are crucial for supporting these children and ensuring they receive the necessary support to thrive academically and emotionally (Gibby-Leversuch, Hartwell and Wright, 2019).

The social model of disability provides a valuable framework, emphasising the need for inclusive practices and systemic change to remove societal barriers that hinder children with dyslexia (Macdonald, 2019). While tools like screening tests are available, there remain gaps, particularly in providing early screening for children under 16 in some regions, limiting timely intervention (Harvard Graduate School of Education, 2023). Overall, with appropriate professional training, inclusive strategies, and early intervention, children with dyslexia can achieve their full potential, highlighting the importance of continued research, support, and advocacy in the field (Stuart and Yates, 2018).