

I acknowledge the use of Microsoft Editor on 15th May 2025 to spellcheck my work.
I acknowledge the use of Co-Pilot on 28th April 2025 to support my research using the prompt

1. Please find journal articles on Dyslexia and summarise.

I confirm that I have not presented any AI generated text as my own work.

Script

Introduction

Additional learning needs [ALN] refers to difficulties that require extra support in education compared to other children (Snap Cymru, no date). Similarly, neurodiversity, including Dyslexia, describes variations in how the brain processes information (ADHD Foundation, no date).

My focus today will concentrate on dyslexia, a learning difficulty affecting reading, writing and information processing which affects one in five students (Wales Dyslexia, no date). Globally nine to twelve percent of people have dyslexia, with prevalence varying by languages of different countries (European Dyslexia Association, 2020). The English language creates greater challenges with its irregular spelling system compared to transparent languages such as Spanish and Italian. However, European people with dyslexia will still suffer difficulties such as slow reading. (Meshguides, no date).

Without support, (British Dyslexia Association, no date) state dyslexic individuals risk academic failure, employment difficulties and low self-esteem with Dyslexia UK (2022) noting people with dyslexia become accustomed to making mistakes and doubt their own abilities leading them to undervalue their talents (Scope, 2021).

This webinar explores dyslexia identification, barriers faced by learners and effective strategies to support dyslexia, noting the benefits and challenges. I have an interest in speech and language and currently work closely with a child who has yet to be diagnosed with dyslexia, so I wanted to research into this area to explore ways to support this learning difficulty to implement at my school. In doing this research I have discovered that my local council now focuses on school-based literacy support rather than formal diagnosis (Torfaen Council, 2025) meaning that funding differs in local authorities.

Identifying

Dyslexia affects people of all backgrounds, though its exact cause is unknown which can make it difficult to identify (NHS, 2022). According to Dyslexia Research Trust (no date) dyslexia can often run in families, and certain genes may influence early brain development. Despite common misconceptions, dyslexia is unrelated to intelligence, yet eighty percent of people mistakenly believe otherwise (Zauderer, 2025).

Early signs may include speech delays, difficulty pronouncing long words, or jumbled phrases (Exceptional Individuals, 2021). As children grow, symptoms such as trouble learning letters, slow reading, poor spelling, and reluctance to read aloud (NHS,

2022; Succeed With Dyslexia, 2022). These signs vary, and diagnosis can be challenging, especially in young children, as symptoms may overlap with other conditions like ADHD or hearing issues (Helen Arkell Dyslexia Charity, 2021). Therefore, educators will need to complete ongoing observations to assess the difficulties and seek help from multiple agencies if no improvement is made (Wales Dyslexia, no date).

Moreover, diagnoses rates differ between boys and girls at a ratio of three to one respectively. However, this statistic may not reflect the prevalence but rather the differences in identification. Boys are diagnosed more often than girls, possibly due to behavioural differences that prompt referrals (Arnett *et al.*, 2018) and girls may mask symptoms and be diagnosed later in life (Succeed With Dyslexia, 2022). Cultural factors also play a role, with girls often outperforming boys in early reading (University of Bristol, 2016; Welsh Government, 2024). Dyslexia may also manifest differently by gender with boys often struggling with language, while girls may face sensory and motor challenges (Evans *et al.*, 2013). Therefore, these findings could lead to tailored interventions across the genders improving academic and emotional development.

Diagnosis typically involves assessing a child's strengths, weaknesses, and cognitive skills, usually after age seven (Wales Dyslexia, no date). Early identification is important to prevent academic and emotional difficulties (British Dyslexia Association, no date). In contrast, by the time a child gets tested for dyslexia, they are already at a disadvantage in education which will escalate as time progresses. Hence, support and interventions being a high priority for settings to implement.

The impacts and barriers

Dyslexia can significantly impact both education and mental health. Children often struggle with decoding, spelling, and reading fluency, which affects comprehension and academic progress despite average or above-average intelligence (Evans *et al.*, 2013; Watson, 2023). These difficulties stem from cognitive processing challenges (Peng *et al.*, 2022) and can lead to stigma and misconceptions about intelligence (Gibby-Leversuch, Hartwell & Wright, 2019).

Low self-esteem is another barrier of dyslexia. Persistent reading struggles can cause frustration, anxiety, and depression, discouraging participation in class (Nachshon & Horowitz-Kraus, 2018). Misunderstandings about dyslexia often overlook strengths like creativity and problem-solving, with society viewing them with labels such as less capable learners which can diminish their confidence and affect well-being (Nalavany *et al.*, 2015).

Two models of disability can shape how dyslexia is understood and supported. The medical model views dyslexia as a cognitive impairment requiring diagnosis, intervention and treatment with an emphasis on correcting or managing the difficulties people face (Zaks, 2022). This can help secure support but may reinforce stigma, portraying dyslexia as a deficiency rather than a difference in learning

(Gibby-Leversuch *et al.*, 2019). In contrast, the social model sees dyslexia as a result of societal barriers and promotes inclusive practices and flexible assessments to remove obstacles that prevent people from participating in society (Scope, no date; Kent Dyslexia, 2025) therefore empowering individuals focusing on their strengths.

In Wales, both models are integrated in policies. *The Additional Learning Needs Education Tribunal (Wales) Act 2018* and the *Additional Learning Needs Code for Wales 2021* promote early identification and inclusive education. Though the medical and social models are dated, newer approaches like *A Healthier Wales* aim to combine medical and holistic support to remove barriers and promote equality (Welsh Government, 2021; Haegele & Hodge, 2016).

An effective strategy to support a child with dyslexia

Multisensory learning is an effective strategy for supporting students with dyslexia, offering significant benefits to enhance academic achievement, self-confidence and motivation (Gulati, Kakkar & Chauhan, 2024). By engaging multiple senses such as visual, auditory, kinaesthetic, and tactile this method strengthens neural pathways and can lead to improvements of up to 25% in reading, writing, and mathematics, thereby reinforcing comprehension and fluency (Kamala, 2014).

This approach addresses the failings of traditional teaching methods, which rely on visual inputs. Almahrag (2021) recommends activities such as tracing letters in sand while vocalising sounds or using colour-coded phonemes to boost phonological awareness and reading fluency. Digital programs like *Nessy* (2025) and *CodeBreakers* (2019) also support structured, multisensory learning both in school and at home, breaking language acquisition into manageable, engaging steps.

The roots of multisensory education can be traced back to Montessori (1912), who designed classrooms that encouraged sensory exploration, enabling children to grasp abstract concepts through practical, hands-on experiences. This philosophy is echoed in Dale's Cone of Experience (1969), which emphasises that learning becomes more effective when multiple senses are involved. Similarly, Bruner's Three-Tiered Model (1966) supports a progression from concrete experiences to pictorial representations and finally to abstract thinking, aligning closely with multisensory principles. These theories collectively advocate for teaching strategies that accommodate diverse learning styles (Ogbemudia, Alasa & Ikenyiri, 2024).

Research consistently highlights the benefits of multisensory teaching for dyslexic learners, including improved academic outcomes, greater self-esteem, and increased motivation (Gulati, Kakkar & Chauhan, 2024). Using multisensory techniques have proven effective in enhancing comprehension and fluency. Additionally, structured phonics programs, movement-based activities, and personalised interventions further contribute to inclusive and supportive learning environments (Ngong, 2019).

However, implementing multisensory learning is not without challenges. Some individuals struggle to handle multiple types of information at once because their brains process sensory input differently (Fujita, 2024). Practical barriers such as limited funding, insufficient teacher training, and the time-intensive nature of these methods can also hinder widespread adoption (Almahrag, 2021). Moreover, standardised assessments often fail to accommodate multisensory strategies, making it harder to measure student progress (Boardman, 2019). Cross-sensory processing difficulties may also interfere with automatic letter-sound associations (Hahn, Foxe & Molholm, 2014).

Despite these obstacles, targeted interventions and specialised teacher training can significantly enhance the effectiveness of multisensory learning. By embracing this approach, educators can provide dyslexic students with diverse, engaging, and inclusive teaching strategies that promote deeper learning, better retention, and improved academic success (Kent Dyslexia, 2025).

Conclusion

Addressing the barriers faced by dyslexic individuals requires a comprehensive approach that supports both academic development and emotional well-being. Cognitive challenges, such as reading difficulties, slow processing and memory deficits must be tackled through structured interventions, including multisensory learning, phonics-based instruction and assistive technology. However, low self-esteem and stigma also present significant obstacles, impacting confidence, classroom participation and overall mental health.

To ensure equity and success, a balanced approach that includes learning support, emotional resilience building and better understanding of how dyslexia affects people differently is essential.

Meeting Agenda

Location: Online Webinar (Teams)	Date: 16/05/2025 Time: 7pm
Duration (minutes): 75 Minutes	
Attendee's: Clare Brooks (2312292) Becky Hayde (2306182) Rory Butterfield (2312708) Shelly Evans (2308630)	

Dom Pearce (2311871)
Agenda Topics of discussion: Introduction- Clare Brooks Down Syndrome- Becky Hayde ASD- Rory Butterfield Dyslexia- Clare Brooks Foetal Alcohol Syndrome Disorder-Shelly Evans ADHD- Dom Pearce Summarise- Clare Brooks
AOB (Any other Business)
Action items (notes taken)

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