

INTRODUCTION

This poster will explore dyslexia, as an Additional Learning Need [hereafter ALN]. ALN is a term used to describe learning difficulties or disabilities that make it more challenging for a child to learn than others of the same age (Snap Cymru, 2026). In Wales, around one in five learners are identified as having ALN. Many children experience difficulties with learning at different stages, and in most cases, these can be managed with support from teachers and at home (Snap Cymru, 2026). Dyslexia is a specific learning difficulty that primarily affects reading, spelling, writing and phonological processing skills (International Dyslexia Association, 2002). It is neurological in origin and is not linked to intelligence, as individuals with dyslexia may demonstrate average or above-average intellectual abilities (British Dyslexia Association, 2025). Dyslexia exists on a continuum, meaning that its characteristics and severity vary between individuals, with some experiencing mild difficulties and others experiencing more significant challenges (British Dyslexia Association, 2025). This poster is going to explore the identification and diagnosis process of dyslexia, the barriers of dyslexia and their impact on the child and a strategy which can be put in place to support children with dyslexia.

IDENTIFICATION AND DIAGNOSIS

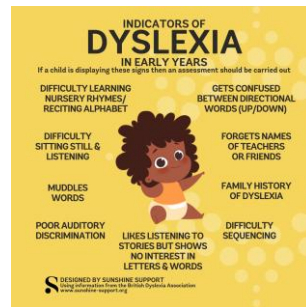
The identification and diagnosis of dyslexia remain complex and debated within education and psychology. Dyslexia is commonly identified through assessments of reading, spelling, phonological processing, memory and processing speed, often carried out by educational psychologists or specialist teachers (British Dyslexia Association, 2025). Early identification is important because it allows timely intervention, targeted support and improved self-esteem for learners who may otherwise struggle academically (Snowling, 2019). Research shows that structured literacy interventions can improve reading outcomes and reduce the emotional effects of repeated academic difficulties (Shaywitz, 2020).

However, diagnosis presents several challenges. A lack of universal agreement on the definition of dyslexia can lead to inconsistencies in assessment and identification (Elliott and Grigorenko, 2014). Dyslexia also exists on a continuum, with symptoms varying widely between individuals, making accurate diagnosis difficult. Some learners may compensate for difficulties, delaying identification until later education or adulthood. Access to assessment can also be unequal, as private diagnoses are costly and may disadvantage lower socioeconomic groups (Washbrook et al., 2017). Despite these concerns, diagnosis can validate experiences and provide access to specialist support, accommodations and more inclusive educational practices (Shaywitz, 2020).

DYSLEXIA



(Dyslexia Gold, no date)



(Sunshine Support, 2026)

Barriers

Children with dyslexia often face barriers that affect both academic achievement and emotional wellbeing. These barriers can be understood through the medical and social models of disability. The medical model views dyslexia as an individual difficulty linked to deficits in phonological awareness, decoding and working memory, which can make reading, spelling and written tasks challenging (Snowling, 2019). As a result, children may struggle to keep pace with peers, leading to frustration, anxiety and reduced self-esteem. Although interventions such as structured phonics programmes can improve literacy skills, an overemphasis on deficits may negatively affect confidence and motivation (Shaywitz, 2020). The social model highlights how environmental factors and negative attitudes can increase these difficulties. Educational settings that rely heavily on written tasks, timed assessments and standardised teaching methods may disadvantage learners with dyslexia if appropriate support is not provided (Oliver, 2013). Misunderstandings about dyslexia may also lead to stigma, low expectations and social exclusion (British Dyslexia Association, 2025). Inclusive strategies, such as assistive technology, additional processing time and differentiated teaching approaches, can help reduce these barriers and support positive educational outcomes.

Strategy

Structured literacy intervention is widely recognised as an effective support strategy for children with dyslexia. Approaches based on the Orton–Gillingham method use explicit, systematic and multisensory teaching to develop phonics, spelling, reading fluency and comprehension skills (International Dyslexia Association, 2024). Research shows that early intervention can improve decoding ability, reading accuracy and learner confidence (Duff et al., 2014). A key strength of structured literacy is its personalised approach. One-to-one or small-group support allows teaching to be adapted to individual learning needs, while multisensory activities can improve engagement and memory retention (Shaywitz, 2020). In Wales, schools increasingly use evidence-informed interventions such as CAL:ON Cymru, RILL and Lexia Core5 Reading to support learners with reading and spelling difficulties (Bangor University, 2026). However, access to specialist dyslexia support remains inconsistent across Wales. Differences in funding, specialist training and local authority provision can limit access to evidence-based intervention (Welsh Government, 2012; Welsh Government, 2026). This may contribute to educational inequality, as some families rely on costly private assessment or tutoring. Effective dyslexia support should therefore combine structured literacy intervention with inclusive classroom practice, assistive technology and positive teacher attitudes to support both academic progress and emotional wellbeing.

CONCLUSION

Dyslexia is a complex and lifelong additional learning need that can affect literacy development, educational achievement and emotional wellbeing. Although it primarily impacts reading, spelling and phonological processing, dyslexia is not linked to intelligence, and many individuals demonstrate strengths such as creativity and problem-solving. Early identification and diagnosis are important in enabling timely intervention and access to appropriate support. However, inconsistencies in assessment and access to specialist services can create inequalities, particularly for disadvantaged or bilingual learners. Both individual literacy difficulties and wider social barriers can affect the experiences of children with dyslexia. Negative attitudes, limited awareness and inaccessible classroom environments may increase frustration, anxiety and reduced self-esteem. Therefore, inclusive educational practice is essential in supporting learners effectively. Research demonstrates that structured, multisensory literacy interventions can improve reading skills, confidence and academic outcomes. However, access to specialist provision and trained professionals remains inconsistent across Wales. Overall, effective support for dyslexia requires a holistic approach that combines evidence-based intervention, inclusive teaching strategies and equitable access to support in order to promote both academic success and emotional wellbeing.