

Introduction

Martinelli (2022) identifies dyslexia as the most common additional learning need, or ALN. The NHS (2022b) defines dyslexia as a learning disability which creates difficulties with language skills for individuals when reading, writing and spelling. Similarly, Mayo Clinic (2022) recognises dyslexia as a reading disability which affects parts of the brain associated with the development of language related skills and suggests that difficulties are caused by the challenges experienced when distinguishing speech sounds and understanding the relationship between letters and words. However, the British Dyslexia Association (no date f) implies that dyslexia is essentially related to the processing of information.

How Dyslexia is Identified and Diagnosed

The British Dyslexia Association (no date e) identifies general signs of dyslexia to include:

- Difficulty following directions
- Lack of concentration
- Failing to recall certain words
- Slow to respond to spoken and/or written information

In order to diagnose dyslexia, the British Dyslexia Association (no date c) identifies initial screening tools, such as screening tests and checklists which indicate potential dyslexic difficulties.

Similarly, The Dyslexia Association (2022) identifies the screening tests to estimate the individual's risk of having dyslexia, determining other areas of difficulties and specifying the requirement for a full diagnostic assessment.

The British Dyslexia Association (no date f) identifies a Diagnostic Assessment to be the only tool to diagnose dyslexia and can only be completed by a qualified assessor.

Colenbrander, Ricketts and Breadmore (2018) suggests that early identification of dyslexia is critical for a dyslexic child to fulfil their educational potential. However, it is suggested that early intervention alone is not sufficient to meet the needs of the dyslexic child.

Kelly and Phillips (2016) imply that dyslexia is identified more in boys than girls. However, a dated study conducted by Jiménez *et al.* (2011) found that gender was not categorised in relation to dyslexia.

DYSLEXIA

A Strategy to Support Dyslexia

Martinelli (2022) recognises that diagnosis of dyslexia does not mean the child is unable to succeed and with the right support is able to achieve their learning outcomes.

Adams (2016) recognises the different forms dyslexia displays. Similarly, the NHS (2022a) identifies that the form of intervention is determined by the severity of the child's challenges. This suggests that support strategies used for one learner, do not necessarily work for another, becoming a potential barrier to the child's learning, if the teacher's knowledge and understanding of the disorder is poor, or the same strategy is used to support each child.

A strategy used to support the dyslexic child's learning is coloured overlays (Smith, 2018). Eye Care Trust (no date) describes coloured overlays as transparent sheets of plastic, available in different colours and designed for dyslexic individuals to clearly read written text, reducing the discomfort of visual stress. However, there is insignificant knowledge as to whether colour overlays are purposeful to dyslexic learners (Henderson, Tsoqka and Snowling, 2013).



(Source: Slocombe, 2022)

Barriers of Dyslexia

The Welsh Government (2021) acknowledges that it is the responsibility of all staff who work alongside children and young people with an ALN to identify and provide support, ensuring that individual learning needs are met accordingly. However, according to British Dyslexia Association (no date b), although ten percent of the population are dyslexic, the knowledge held by professionals on dyslexia as an ALN is poor, resulting in unidentified pupils and staff showing an ignorance towards the child's needs (Hanford, 2017).

Similarly, Sicherer (2014) highlights the lack of understanding held by learning professionals regarding dyslexia is due to inadequate training.

The Rose report identifies that quality interventions aid in the removal of literacy barriers and enhance the child's level of attainment (Rose, 2009). Therefore, teachers, as well as support staff should receive adequate training to implement a high-quality provision to all ALN pupils. However, Cunningham (2021) suggests that shortage of funding provides a barrier for training.

The Equality Act 2010 gives ALN pupils the right to be taught inclusively (GOV.UK, 2010) alongside their non-disabled peers, avoiding stigma around singling out the child during intervention (Sicherer, 2014). To maximise the effectiveness of the support strategy, the NHS (2022a) states that early interventions are beneficial, along with the teacher's readiness to aid the dyslexic child within an inclusive classroom (Hornstra, 2010). This moves towards the Social Model of Disability where barriers within the learning environment are removed to provide an inclusive practice and enhance the child's day to day life (Oliver, 2013).

Conclusion

To conclude, dyslexia has many signs and symptoms, creating barriers for each individual in various ways. It is evident that early identification and diagnosis of dyslexia is essential for the child to receive the support needed to meet their full potential. However, for this to occur, evidence indicates the requirement for additional teacher training. Without informed, effective support and appropriate teaching, one in ten pupils may not be receiving an accessible education. The move towards the Social Model of Disability removes social barriers within the child's learning environment, creating equality with their peers. Although colour overlays are used to facilitate the difficulties of dyslexia, its benefits remain inconclusive.

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