

Diagnosis and Identification

Dyslexia identification often begins with screening tools such as teacher checklists and digital assessments like DEST or AIMSweb (Breau & Eichstadt, 2019; Pembrokeshire County Council, 2025). These are quick and low-cost but not diagnostic. With error rates reaching 60%, screenings can mislabel or miss students entirely (Wales Dyslexia, n.d.; Hicks, 2019).

A formal diagnosis requires a comprehensive assessment by educational psychologists or specialist teachers (University of Birmingham, 2025). This includes cognitive testing, reading and spelling analysis, and phonological tasks. Centres like the Miles Dyslexia Centre in Wales support this process, though access is uneven. The All-Party Parliamentary Group (2019) reported over 80% of individuals with dyslexia leave school undiagnosed, affecting academic and future prospects.

Diagnostic evaluations often involve phonemic awareness, reading fluency, and tools like the WISC or Woodcock-Johnson, along with teacher input and educational history (Hopetree Clinic, 2025; International Dyslexia Association, n.d.). However, the process is costly and may be out of reach for low-income families or under-resourced schools (Carroll & Iles, 2006; Hicks, 2019).

Concerns have also been raised about bias in diagnosis. Knight and Crick (2021) found that dyslexia is more often identified in middle-class children, influenced by factors like income, gender, and birth month. Cultural and linguistic differences further complicate diagnosis. Tools designed for monolingual English speakers may misidentify bilingual or minority students. In Welsh-medium education, bilingual development must be considered to avoid cultural bias (Fish, 2022; Verpalen *et al.*, 2018).

Diagnostic Overlap

Comorbidity adds further complexity to dyslexia. It frequently overlaps with conditions like ADHD, dysgraphia, or language disorders. Around 60% of individuals with dyslexia also meet criteria for another neurodevelopmental condition (Margari *et al.*, 2013), making it harder to distinguish symptoms and choose effective support (Brimo *et al.*, 2021).

This overlap can lead to misdiagnosis or insufficient help. Holistic, ongoing assessments by a multidisciplinary team are crucial to address the full scope of a child’s needs (Hicks, 2019).

Conclusion

In summary, effectively identifying and supporting children with dyslexia demands an inclusive, well-informed, and flexible approach (Rose, 2009; Hellawell, 2022). Challenges such as inconsistent definitions, co-occurring conditions, and systemic biases complicate diagnosis. While structured, multisensory interventions are highly effective, their success relies on careful implementation, personalisation, and integration within a wider inclusive framework (Margari *et al.*, 2013; Brimo *et al.*, 2021).

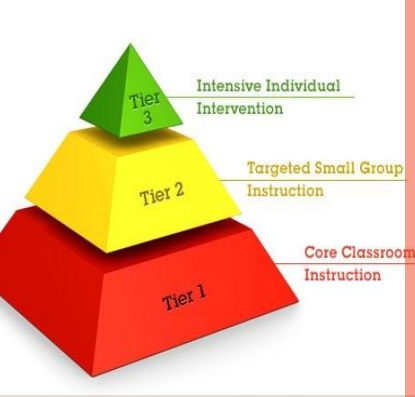
Moving forward, all learners—regardless of background—must have access to quality assessment and targeted support. This requires investment in teacher training, strong inclusion policies, and equal access to tools and resources.

Defining Dyslexia

Dyslexia is generally recognised as a specific learning difficulty affecting reading and language-related skills. The British Dyslexia Association (BDA, no date) notes issues with phonological processing, verbal memory, and processing speed. However, there is no universally accepted definition (University of Birmingham, 2025), leading to inconsistencies in diagnosis across countries and institutions (Schuelka, 2018; Daniel, 2023). The Rose Review (2009) stresses the need for a shared definition to ensure consistent support and assessment.

Subtypes such as phonological, surface, and rapid naming dyslexia reflect varied cognitive profiles. These range from difficulties linking sounds to letters, recognising irregular words, or quickly retrieving symbols (Ramus *et al.*, 2003; Dorwart, 2024), complicating identification and intervention.

In Wales, linguistic factors add further complexity, with Welsh-medium learners requiring adapted assessments (Welsh Government, 2024). This reinforces the need for flexible, individualised approaches rather than a one-size-fits-all model.



Macdonald, (2021)

Considerations

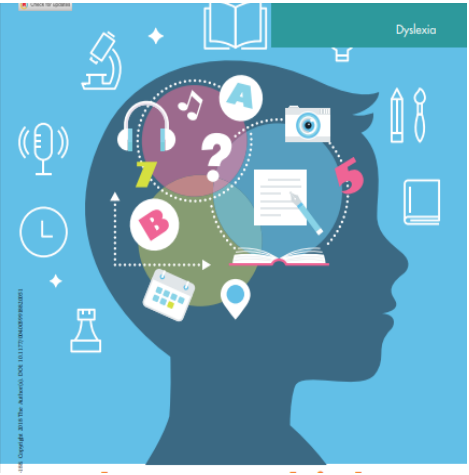
While structured phonics programs are highly effective, they are not a complete solution. Overemphasis on decoding can overlook essential skills like comprehension, vocabulary, and reading enjoyment (University College London, 2022). Some students also need more intensive, individualised support beyond Tier 2 interventions—support that many schools cannot provide (Impact Wales, 2022).

Training and delivery are critical. Estyn (2022) found many Welsh-medium schools lacked dyslexia-specific training, limiting impact. Effective implementation requires flexible, learner-centred teaching; rigid use of programs without adaptation can lead to disengagement (National College, 2025; Stanford Center for Teaching and Learning, 2025).

Access and equity also remain challenges. Tools like text-to-speech software and alternative assessments can aid learning, but not all schools have the resources. This inconsistency risks deepening educational inequalities, especially between well-funded and under-resourced schools (All-Party Parliamentary Group, 2019; Estyn, 2020).

Beyond Phonics

To effectively support learners with dyslexia, structured interventions should be part of a broader, holistic framework. This includes using assistive technologies like “ClaroRead” or “Read&Write”, providing classroom accommodations such as extra time or visual aids, and offering emotional support to boost confidence and motivation. Inclusive teaching methods and peer mentoring also help create a positive learning environment. For example, pairing a program like Nessy Learning with individual mentoring can enhance both academic progress and self-esteem (Betony, 2019). However, success depends on sufficient staff training, inclusive school policies, and access to resources.



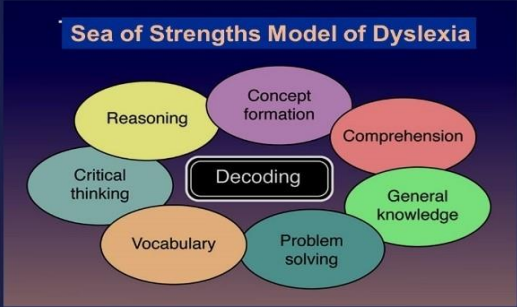
(Kearns, *et al.*, 2019)

Support Strategies

One of the most effective strategies for supporting dyslexic learners is structured, multisensory literacy intervention (International Dyslexia Association, 2017). These programs—such as Read Write Inc., Sounds-Write, and Alpha to Omega—use visual, auditory, and kinaesthetic methods to teach phonics in a systematic, explicit, and cumulative way. For instance, students might trace letters while vocalising sounds, reinforcing decoding and fluency skills (Ruth Miskin Literacy Ltd, 2025; Cowling & Cowling, 2025).

Research shows strong evidence for their impact. Snowling and Hulme (2021) found notable improvements in decoding and fluency, and the Education Endowment Foundation reported positive outcomes, particularly in Key Stage 1 (Young, 2015).

In Wales, these methods align with the ALNET Act 2018 and the Curriculum for Wales 2022, both of which prioritise inclusive, individualised teaching. Government guidance endorses structured phonics and highlights the importance of teacher training (Welsh Government, 2021). However, Estyn (2022) noted inconsistent implementation across schools, signalling a need for improved professional development.



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