

Good evening, everyone, it is fantastic to see so many of you joining our webinar tonight. My name is Hayley Severs, and this evening I am going to give you an insight into dyslexia in the early years, I hope to cover some key elements for you including a brief summary of what dyslexia is, identification and diagnosis of dyslexia and how implementing support measures can benefit children. There will of course be an opportunity to ask questions at the end of the presentation, so, keep a pen paper handy in case you think of anything you would like to ask, or you can pop this in the chat, and I will come to you at the end.

So, what exactly is Dyslexia?

Dyslecsia Cymru (no date) describes dyslexia as “a learning difficulty that primarily affects the skills involved in processing information”, these include reading and writing and often co-occur with other developmental disorders (Carroll *et al.* 2025). Dyslexia is now considered as a neuro divergence, alongside other additional needs such as autistic spectrum condition and attention deficit hyperactivity disorder (Johnson, 2023). However, Andresen and Monsrud (2021) state that there is no widely agreed definition of what dyslexia is. Furthermore Carroll *et al.* (2025) explain that the vast differences in how dyslexia is defined often leads to a postcode lottery in how dyslexic children are diagnosed and supported.

Dyslecsia Cymru (no date) estimates that approximately 10% of the UK population are dyslexic with an estimated 80% of dyslexic children going undiagnosed. Despite dyslexia being first described nearly 140 years ago by Victorian medics as ‘word blindness’ (Snowling, Hulme, and Nation, 2020 and Kirby, 2020), dyslexia was not actually formally recognised by the U.K. government until 1987 (Kirby, 2020).

I am sure many of you have heard someone saying “everyone is neurodivergent these days”, and of course we know this is not the case, an increase in understanding has meant we are more aware of those with neurodivergence, and this was also the case with dyslexia in the 1990’s, Although we know that dyslexia has been documented since the late 19<sup>th</sup> century, there has been much debate as to whether dyslexia actually exists, with the view in the early 1970’s being that Dyslexia was a myth created by middle class mothers to explain their children’s low academic

attainment (Kirby, 2019). Brodie and Savage (2015) explain that in the early 1980's following the 1978 Warnock report, the U.K. government introduced statementing for children with 'Special Educational needs', this led to a huge raise in diagnosis of additional needs, with Brodie and Savage (2015) suggesting that up to 20% of children had an identified additional need, despite this only two percent of these children were ever statemented. However, following Margaret Thatcher's government officially recognising dyslexia by announcing in 1987 that they were dispelling the myth of dyslexia and that every child's needs should be identified at an early age (Kirby, 2020), there was a surge in dyslexia diagnosis, and the number of children with statements of special educational needs increased by approximately 30% (Kirby, 2020). Unfortunately, the specific numbers of children diagnosed with dyslexia who were statemented does not appear to have been recorded, however in 2005, of the 1.5 million children in England with identified additional needs approximately 59% were recorded as having moderate learning difficulties (Select Committee on Education and Skills, 2006). Additionally, Carroll *et al.* (2025) explain that the huge variation in how dyslexia is described leads inconsistency in whether children are identified as dyslexic, with reported rates of dyslexia varying between five and 20 percent of those needing additional reading support being diagnosed.

The British Dyslexia Association (no date) explain that spotting signs of dyslexia in early years children can be tricky as they are often similar to behaviours developmentally appropriate for young children. However, dyslexia indicators will be longer term and persistent and can include, but are not limited to:

- Speech and language difficulties such as delayed speech, jumbling up sounds, or confusion between words.
- Appearing to have short attention span or struggling to follow two step instructions.
- Difficulty in learning nursery rhymes or songs and struggles to keep a rhythm.
- Struggling to express themselves, sometimes being unable to put words in the right. order or remember the words needed.
- Sometimes forgetting the names of familiar people and pets.
- Struggling with sequences and routines.
- And having a family history of dyslexia.

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(British Dyslexia Association, no date, Dyslexia UK, 2021, NHS, 2022,)

It is important to remember that all children are different and develop at different rates, so what you see may differ slightly to this list.

So, you have noticed signs of Dyslexia, what next?

Although there is a Dyslexia Early Years Screening Test for children aged 4years 6months to 6years 5months, dyslexia is not usually assessed until at least 7 years of age (British Dyslexia Association, no date and Dyslecsia Cymru, no date), However, The Additional Learning Needs Code for Wales 2021 places a priority on recognising and addressing a child's individual needs as opposed to requiring a formal diagnoses, nevertheless, Andresen and Monsrud (2021) argue that using the right assessment criteria to diagnose dyslexia is critical for implementing individually focused early intervention, ensuring the child doesn't fall behind. Unfortunately, the British Dyslexia Association (2018) All-Party Parliamentary Group for Dyslexia and other SpLDs report on the educational cost of dyslexia states that it is very unusual for a school to facilitate the diagnosis of dyslexia and the burden of this is often put on parents to fund, with the average dyslexia assessment costing between £500 and £700. Furthermore, these dyslexia diagnostic assessments take approximately three hours to complete (Dyslecsia Cymru, no date). Additionally, the Dyslexia Early Screening Test - Second Edition (DEST-2) assessments can be used as an indicator for early years children rather than a diagnostic tool, focusing on 12 subtest areas, it may be a valuable tool for those concerned about a child who is showing signs of dyslexia (Nicolson and Fawcett, no date).

Article 23 of the United Nations Convention for the Rights of the Child, states that children with special needs have the right to a fulfilling life as part of their community, ensuring they have inclusive access to opportunities, education and the support they require to achieve their potential (UNICEF, 2010)

The term Special education needs, often abbreviated to SEN, was influenced as part of the medical model of disability, where as part of the 1944 Education Act, dyslexia would have been categorised as educationally subnormal, in one of the 11 categories of handicap (Devarakonda, 2012). Thankfully, Terminology is constantly changing and the way in which additional needs are addressed have changed and

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evolved over time (Brodie and Savage, 2015), for example, idiot was used for a person who was mentally deficient as part of the Mental deficiency act 1913 (Rieser, 2016), However these terms and many more are now outdated and considered offensive (Brodie and Savage, 2015, Devarakonda, 2012 and Rieser, 2016 )

Just to provide you all with some additional context and understanding, the medical model of disability, views the disability or additional need as an abnormality that needs to be cured or treated as a medical condition, additional needs such as dyslexia were historically included here, and this model aimed to change the child to fit into the society assuming they had limited capacity to contribute to decisions about their lives, however, over time we have learned that dyslexia does not fit this category and the social model of disability is more appropriate. This category focuses on changing the environment and societal views in order ensure those with additional needs have fair and equitable lives, ensuring the views of the person with additional needs are heard as part of a person-centred approach. (Brodie and Savage, 2015, Bunbury, 2019, Devarakonda, 2012 and Zaks, 2023).

In 2021, with the introduction of the Additional learning needs code for Wales 2021, Wales moved away from the use of the term special educational needs in favour of additional learning needs, shifting the narrative to a more inclusive way of working (Welsh Government, 2022)

As with all elements of early years, the child must remain at the centre of how additional needs are approached, this is also true when we consider the language used when discussing additional needs. The child always come first and not their additional need, therefore it's important to remember the child has dyslexia, they are not a dyslexic child (Brodie and Savage, 2015)

This is reflected in The Additional Learning Needs Code for Wales 2021, which states that the child rights must be at the centre of how any support is provided, ensuring they are supported in a way that promotes equality and diversity, empowering the child to play an active role in decisions made about them and their lives.

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One area of support which may improve the outcomes for those with dyslexia is the environment, unfortunately, many settings do not provide appropriate stimulating environments suitable for the needs of dyslexic students (Jalil, Kamarudin, and Jalil, 2018), However, There is growing evidence to support the need for well thought out inclusive environments for those with additional needs (Molina Roldán *et al.* 2021), therefore, a carefully planned environment that is designed to respond to the needs of every child is crucial, Providing opportunities which enhance every child's abilities and strengths allowing them to reach their full potential (Ismail and Zulkurnain, 2019, Navarro *et al.* 2016 ).

Interactive environments not only improve cognitive development but are also shown to improve social outcomes (Molina Roldán *et al.* 2021) The environment should motivate a child to interact with language, playing to the child's strengths but also supporting areas where they may struggle (Thompson, 2024).

Where phonics are used in a multisensory environment, rich in sensory experiences and resources, dyslexic students do better (Broadhead, et al. 2018 and Jalil, Kamarudin, and Jalil, 2018) additionally, phonics are considered as a positive teaching method for literacy in the early years, however, many dyslexic children quickly lose interest, especially when they feel challenged (Broadhead, *et al.* 2018). In Montessori settings, where the environment is considered the third teacher, children are given access to specific resources, which allow a child to decode written material, this involves the child first hearing, then seeing the sounds of words, and allowing them to make sense of them when they are ready (Thompson, 2024). Therefore, the environment responds to the needs of the child promoting an increase in the child's overall wellbeing (Ismail and Zulkurnain, 2019). Creating a truly inclusive learning environment may be a challenge for many settings, due to a multitude of factors including, lack of finances, lack of understanding and lack of space (Navarro *et al.* 2016). However, these environments not only support those with additional needs but can also highlight areas where their peers may need support thus improving the outcomes of all children (Molina Roldán *et al.* 2021).

So, to conclude, dyslexia has no formal or specific definition but is generally considered to be a neurodevelopmental condition which affects reading, writing and processing function, this lack of definition along with historical debates as to whether

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dyslexia really exists has led to inequality in diagnosis, often seeing parents having to chase and fund assessments. However, we now know that under The Additional Learning Needs Code for Wales 2021 children should be supported without a formal diagnosis and therefore, when the right support measures are put in place including rich immersive and inclusive environments, every child should be able to reach their full potential.

I will now open the floor for questions.

Yes Ryan, I can see you have your hand raised, do you have a question?

**You mentioned that Dyslexia is now considered a Neurodivergence, could this then be something that is masked and is it possible that this is reflected in the low diagnosis rates?**

That's a really interesting question, thank you Ryan. In short, just like any other neurodivergence , dyslexia can absolutely be masked. A study by van Viersen *et al.* (2024) showed that some children are able to mask common dyslexia indicators, this is especially seen in those with high IQ's where children appeared to use strategies such as memorising techniques to mask their difficulties, resulting in dyslexia not being so obvious. Additionally, the International Dyslexia Association (no date) suggests that dyslexia often also co-occurs with ADHD and therefore that alone can also mask signs of dyslexia.

Yes Ryan, I can see you have another question.

**What are the challenges faced by children identified as having dyslexia**

Gibby-Leversuch, Hartwell, and Wright (2021) suggest that being labelled with dyslexia may have a negative impact on a child's self-esteem, this is reflected by Alexander-Passe (2015) who states that the stigmas around dyslexia make children feel they need to hide this, often feeling discriminated against when their needs are noticed. However, where parents understand their child's specific needs and have a more positive perception of dyslexia, their children's self-esteem is higher (Gibby-Leversuch, Hartwell, and Wright, 2021), furthermore, In studies where a more inclusive schooling environment was present, children felt more confident in their abilities, even when falling behind their peers (Lindeblad, Svensson and Gustafson,

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2016). However, in traditional classroom settings, many children feel discriminated against because of their additional needs, reporting dyslexia feeling like a disadvantage due to the inflexible nature of the environment, with no escape from reading or writing (Alexander-Passe, 2015), leading them to having negative view of their educational ability, even when they are achieving at the same levels as their peers (Gibby-Leversuch, Hartwell, and Wright, 2021). Thus, further backing up the importance of an inclusive environment.

I can't see any more questions in the chat, so I will hand you all back to Alysha.

**Alysha's questions:**

**You have mentioned behaviour therapy as a support strategy, are there any others to support children with ADHD?**

**Are there any barriers or limitations to children being diagnosed with ADHD?**

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