

Portfolio of two parts:

1. Individual Script
2. Individual Reference List

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

Individual Script

Thank you Kelly, I will share my screen now and present my poster on Dyslexia.

Can I just check with everyone that you are able to see my poster?

Great, thank you.

I am going to 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). Dyslexia is a specific learning difficulty that primarily affects reading, spelling, writing, and phonological processing skills (International Dyslexia Association, 2002). Dyslexia is neurological and is not linked to intelligence, as individuals with dyslexia may demonstrate average or above-average intellectual abilities (British Dyslexia Association, 2025). I am now going to explain 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.

This now leads me to the identification and diagnosis process of dyslexia.

The identification and diagnosis of dyslexia remain complex and widely debated within education and psychology. Dyslexia is typically identified through assessments of reading accuracy, spelling, phonological processing, memory and processing speed, often conducted by educational psychologists or specialist teachers (British Dyslexia Association, 2025).

Kelly: Why is early identification of dyslexia considered so important for children's educational development?

Thank you for your question, Kelly. Early identification is considered beneficial because it enables timely interventions, appropriate educational support and improved self-esteem for learners who may otherwise struggle academically (Snowling, 2019). Research suggests that structured literacy interventions introduced at an early stage can significantly improve reading outcomes and reduce the emotional impact associated with repeated academic failure (Shaywitz, 2020). From personal experience, I recognise the importance of early identification and

diagnosis of dyslexia. Although concerns regarding dyslexia were raised during my childhood, limitations in funding, staffing and available resources meant that I did not receive a formal diagnosis until the age of 19. As a result, I completed my GCSE exams without appropriate support or reasonable adjustments in place. Following diagnosis, access to targeted support and intervention has significantly improved my experience within higher education and has enabled me to engage more effectively with my university studies.

However, the diagnostic process also presents several challenges. One major issue is the lack of a universally agreed definition of dyslexia, which can result in inconsistencies in assessment and diagnosis (Elliott and Grigorenko, 2014). Different professionals may use varying criteria, leading to some individuals being diagnosed while others with similar difficulties are overlooked. In addition, dyslexia exists on a continuum, meaning symptoms vary considerably between individuals, making accurate identification difficult (British Dyslexia Association, 2025).

Another criticism concerns inequalities in access to assessment. In the UK, private diagnostic assessments can be expensive, meaning that individuals from lower socioeconomic backgrounds may face delays in obtaining a diagnosis and accessing support (Washbrook et al., 2017). Furthermore, cultural and linguistic differences may influence assessment outcomes, as many standardised tests are designed primarily for English-speaking populations, potentially disadvantaging bilingual learners (Nicolson and Fawcett, 2019).

Despite these concerns, diagnosis can provide significant benefits. A formal diagnosis often validates an individual's experiences and enables access to reasonable adjustments and specialist teaching (Shaywitz, 2020). It may also promote greater understanding among educators and families, supporting more inclusive educational practices. Overall, while the identification and diagnosis of dyslexia are valuable for securing support and intervention, ongoing challenges regarding consistency, accessibility and fairness highlight the need for more inclusive and standardised assessments.

This now leads me on to the barriers that children with dyslexia might face.

Children with dyslexia often experience barriers that affect both their educational achievement and emotional wellbeing. These barriers can be understood through

different theoretical perspectives the medical model and the social model of disability. The medical model focuses on the individual's difficulties as the primary problem, whereas the social model argues that barriers are created by society and the environment rather than the condition itself (Oliver, 2013).

One significant barrier linked to the medical model is difficulties with literacy processing. Dyslexia affects phonological awareness, decoding and working memory, which can make reading, spelling and written tasks particularly challenging (Snowling, 2019). Within educational settings, children with dyslexia may struggle to keep pace with peers, leading to frustration, reduced confidence and anxiety surrounding academic performance. The medical model views these difficulties as deficits located within the child that require assessment, diagnosis and intervention (Shaywitz, 2020). While specialist interventions such as phonics-based teaching can improve literacy outcomes, this perspective may unintentionally focus too heavily on what the child cannot do, rather than recognising individual strengths. Consequently, children may internalise feelings of failure or believe they are less capable than their peers, negatively affecting self-esteem and motivation (Alexander-Passe, 2015).

A second barrier can be examined through the social model: negative attitudes and unsupportive educational environments. Many children with dyslexia encounter misunderstanding from teachers, peers or family members who may incorrectly associate literacy difficulties with low intelligence or lack of effort (British Dyslexia Association, 2025). In classrooms that rely heavily on written instruction, timed tasks and standardised testing, children with dyslexia may be disadvantaged if reasonable adjustments are not provided. The social model suggests that these barriers are socially created because educational systems are often designed around the needs of neurotypical learners rather than diverse learning styles (Oliver, 2013). For example, a child may struggle not because of dyslexia itself, but because there are not reasonable adjustments in place. Negative attitudes can also contribute to bullying, exclusion and emotional distress (Humphrey and Mullins, 2002).

Both models provide valuable insights into the barriers experienced by children with dyslexia. Although literacy difficulties can create genuine challenges, environmental barriers and social attitudes often intensify their impact. Therefore, inclusive

educational practices and greater awareness of dyslexia are essential in reducing disadvantage and supporting positive outcomes for children.

So now this leads me on to talking about a strategy that could be in place to support children with dyslexia.

An effective support strategy for children with dyslexia is structured literacy intervention delivered through targeted one-to-one or small-group support. Structured literacy approaches, including programmes based on the Orton–Gillingham method, focus on explicit, systematic and multisensory teaching of phonics, spelling, reading fluency and comprehension (International Dyslexia Association, 2024). These interventions are designed to support the phonological processing difficulties commonly associated with dyslexia and are widely recognised as evidence-based practice. Research demonstrates that early, intensive literacy intervention can significantly improve reading accuracy, decoding skills and confidence in children identified as being at risk of dyslexia (Duff et al., 2014).

Lucy – sorry Meg, quick question, why are structured literacy interventions considered effective for supporting children with dyslexia?

Thank you for your question, Lucy. One important advantage of structured literacy intervention is its personalised nature. One-to-one support enables teaching to be adapted to the child's pace and specific learning needs. Multisensory methods, such as combining visual, auditory and kinaesthetic activities, can improve engagement and memory retention for learners with dyslexia (Shaywitz, 2020). In addition, structured literacy interventions are cumulative and sequential, meaning children revisit previously learned skills while gradually developing more advanced literacy abilities. During primary education, I participated in a small-group structured literacy intervention. This setting provided a reduced-pressure learning environment, where the pace of instruction was adapted to allow adequate time to engage with tasks. The smaller group size also enabled more personalised support from staff, with explanations delivered in greater depth and tailored to individual needs. As a result, I was able to complete literacy activities to a higher standard compared with mainstream classroom settings. In Wales, schools increasingly use evidence-informed literacy and reading interventions such as the bilingual CAL:ON Cymru and RILL programmes, alongside targeted digital interventions including Lexia Core5

Reading, to support learners with reading and spelling difficulties (Bangor University, 2026)

However, despite the recognised benefits of structured literacy intervention, access to appropriate dyslexia support remains inconsistent across Wales. Provision varies considerably between local authorities and schools, with differences in the availability of specialist teachers, assessment tools and evidence-informed intervention programmes (Welsh Government, 2026). Research into literacy and dyslexia provision in Wales found that some local authorities provide direct specialist intervention through centrally funded teams, whereas others rely on schools purchasing external support services, creating inconsistencies in educational provision across regions (Welsh Government, 2012). In addition, schools may experience limitations in staffing, funding and specialist training, which can affect the consistent delivery of effective intervention. Welsh Government guidance emphasises that literacy teaching and intervention should be “systematic, structured and explicit” and delivered using evidence-informed approaches by appropriately trained practitioners (Welsh Government, 2026). As a result of inconsistent provision, some families seek private assessment or tutoring to obtain additional support for their children. However, private dyslexia assessment and intervention can be costly, potentially creating barriers for lower-income families and contributing to educational inequality. Consequently, children from disadvantaged backgrounds may experience delayed identification or reduced access to specialist support.

Furthermore, intervention alone may not fully address the broader emotional and social effects of dyslexia. Learners with dyslexia may continue to experience low self-esteem, anxiety and frustration within mainstream classroom environments if teachers and peers have limited understanding of ALN. Current Welsh literacy guidance therefore promotes inclusive approaches that combine targeted intervention with supportive classroom practice, ongoing assessment and adaptive teaching strategies (Welsh Government, 2026). Assistive technology, positive teacher attitudes and inclusive school environments are also recognised as important factors in supporting learners’ wellbeing and academic confidence. Overall, structured literacy interventions and targeted support can significantly improve reading, spelling and learner confidence for children with dyslexia. Nevertheless, variation in specialist provision, financial barriers and unequal access

to trained professionals demonstrate that dyslexia support remains inconsistent across educational settings in Wales.

To conclude, looking at the research that was been discussed, it is clear to see that dyslexia is a complex and lifelong additional learning need that can significantly affect a child's literacy development, educational achievement and emotional wellbeing. This presentation has highlighted the importance of early identification and diagnosis in enabling timely intervention and access to appropriate support. However, challenges remain regarding consistency, accessibility and fairness within assessment processes, particularly for learners from disadvantaged or bilingual backgrounds. Also, in Wales, access to specialist provision and trained professionals remains inconsistent, contributing to inequalities in support. It is clear to see that supporting children with dyslexia requires a holistic and inclusive approach.

Thank you for listening I am going to pass you onto Kelly.

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