

Introduction

Dyslexia is a specific learning difficulty that affects an individual's ability to read, spell and use or understand written language, it also affects the phonological processing (British Dyslexia Association, 2021). Dyslexia can impact a range of learners in many different ways depending on the individual and their learning environment. In the UK, it has been estimated that 10% of the population are dyslexic, making it a common additional learning need. Dyslexia can have a significant impact on a child's involvement in education, this can often be associated where literacy is the main focus (National Literacy Trust, 2021)

Early identification is a vital factor in early years, this is where practice can help support development and help to reduce long term difficulties by using strategies early (Mathieson, 2015; Nutbrown, 2011). In Wales, dyslexia is supported through the Additional Learning Needs framework, the framework promotes a need-led approach to support the specific individual needs rather than the diagnosed need alone (Welsh Government, 2018). However, despite these developments, the inequalities in diagnosis and provision are still happening in practice, which highlights the need for critical evaluation of practice (SEN Reform Wales, 2020).

Identification and Diagnosis

Dyslexia is often identified through observation within the classroom but also through the use of screening and formal assessments. In the classroom practitioners play a crucial role in identifying early indicators such as phonological awareness difficulties, decoding, reading fluency and spelling (British Dyslexia Association, 2021). These early observations will be supported by tools that can help identify a learner who may need further assessment to find their specific need (Macintyre, 2015). The involvement of educational psychologists and specialists to ensure there is a fuller profile of the child to work on their development and allowing the child to receive targeted support (British Psychologist Association, 2018)

However, the process may seem structured, it is not without limitations. A key issue is a lack of consistency in the identification practices in schools and across local authorities. The teacher's knowledge and having the confidence to recognise dyslexia can change over time and in different experiences, which can have some children being overlooked or misidentified (Wearmouth, 2021). This can affect the reliability of early identification, especially if a setting is under-resourced. Furthermore, relying on a teacher's referral may have an impact on a learner whose difficulties may be less obvious as they mask their needs and use coping strategies to hide their traits.

An additional challenge to diagnosis is being able to access it at all. Assessment can be accessed through public services, long waiting lists can delay the process, which then leave difficult options for families to either seek private help to make the process quicker if possible (NHS UK, 2022a). This creates an unfair access to diagnosis and support as this can be dependent on financial dependency rather than the main area, educational need. Guidance from the British Dyslexia Association highlights that the pathways can change depending on location and the availability of the service (British Dyslexia Association, 2021b; 2021c). This therefore, undermines the principle of having accessible education and support.

In Wales, the introduction of the ALN code promotes a pathway towards a needs-led system, where support can be accessed and given even without the formal diagnosis (Welsh Government, 2021). While this does align with settings having inclusive principles, it also shows potential challenges. Without a clear diagnosis, there could be less consistency in the quality of support that can be provided and parents may become unsure of their child's needs and entitlements (SEN Reform Wales, 2020).

From a theoretical perspective, traditional approaches in diagnosing a need reflects the medical model of disability, which seeks the difficulty within the learner. This perspective has been criticized for not using the role of the environment and systematic factors in influencing a learner's experiences (Hodkinson, 2019). On the other hand, a more holistic approach would allow both individual and contextual factors, understanding that identification is influenced by social, cultural and institutional contexts. (Wearmourh, 2021).

Conclusion

To conclude, Dyslexia is a common learning difficulty that requires early identification, individualised effective and inclusive practice. Even Though diagnosis can support a learner's understanding, there still lay issues with consistency and accessibility. Barriers are often created by societal attitudes, equal access to support and resources and educational systems. Interventions have been shown to improve the overall outcomes of a child's development when it has been delivered consistently and inclusively. Using a social model approach helps educators focus on helping target barriers and removing them in the learning environment. Having settings invest in teacher training, provision and early support is a great need to help learners with dyslexia achieve their full potential (Hodkinson, 2019).

Cultural Perspectives

Wearmouth (2021) states that approaches to dyslexia are influenced by culture, society and educational factors which help shape the image of learning disabilities and how they are perceived and understood and addressed by the society a learner lives in. In some cultures, dyslexia may be stigmatised or misunderstood, this attitude can prevent identification and ability to access the support needed. The cultural beliefs effect on ability and achievement can be a huge influence whether a disability is recognised as a learning need or whether it can be seen as a lack of effort to education. In early years education, ensuring that inclusive practice takes place is a key factor in shaping a learner with dyslexia, Research has found that educators collaborating with families and professionals is a key element supporting a child's development (Crutchley, 2018). The Welsh Government (2018) states, in the UK and Wales, Frameworks highlight inclusive practice and equal access to education. The ALN system aims to help provide consistency to support individual needs, to ensure a path to more inclusive practice (Welsh Government, 2021). However, differences in how the practice is delivered means that not all learners are equally benefited, there may be a variation in the resources available and training to staff and the local authority can be inconsistent with provision that will be provided across settings (SEN Reform Wales, 2020).

Barriers

Learners with dyslexia come up against a range of barriers that can be far beyond the difficulty alone. The most significant barrier with dyslexia is the negative attitudes or misconceptions within educational settings. Dyslexia can be categorized with low intelligence or learners having a lack of effort, which can then lead to teachers or peers having a lower expectation of the learner (Alexander-Passe, 2017). These types of attitudes can have a major impact on a learner's self-esteem and motivation, often being presented through anxiety, frustration and lack of engagement when learning. The evidence suggests that the emotional reaction can carry on for some time affecting the learner's academic experiences but also their wellbeing.

These opinion-based barriers are often backed with a wider social opinion of literacy and success. In education, reading and writing are often priorities and if learners struggle with these abilities they may be viewed as less capable, not taking into account their strengths in other areas (National Literacy Trust, 2021). This can create a cycle of having low expectations which will lead to less opportunities, further limiting opportunity for achievements. Research from University of Strathclyde emphasizes how children with dyslexia often report the feeling of being misunderstood and unsupported, especially where there is a lack of understanding or awareness of the need (University of Strathclyde, 2023).

A second key barrier is having unequal access to necessary support and resources for dyslexia, due to lack of school funding or staff and local authorities not having training (Education Endowment Foundation, 2020). There are some schools that are able to provide specialist interventions and have fully trained staff, while others lack the resources to help their learners effectively. This inconsistency will therefore result in some children receiving unequal educational experiences than others with similar needs.

Education settings having evidence for inspection highlights how different provision can be, with some schools showing effective and inclusive practice while other settings find it difficult to meet the needs of learners with ALN (Ofsted, 2019). Having delayed access to the support needed can enhance difficulties, especially when intervention is not put in place. Over time this can cause a gap in learners attainment and their educational opportunities.

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In addition, another barrier to children with dyslexia can be the educational system structure. Having children complete standard assessments and literacy based curricula can be a disadvantage to those with dyslexia, as these tests will work on skills that dyslexic learners find a challenge (National Literacy Trust, 2021). This can result in the learners underachieving however, will not be an accurate reflection on the specific learners overall knowledge and skills. These barriers can be shown through the social model of disability, which highlights that difficulties aren't solely from the learner but also the interactions between the learner and their environment (Hodkinson, 2019). From this perspective, if settings can provide the correct training and have adaptable assessments for those with additional needs this would remove the barrier in the educational system.

Intervention

Effective support for dyslexia is often based on strong structured evidence based intervention, with a heavy focus on phonics and literacy development (Education Endowment Foundation, 2020). Having structured literacy intervention focuses on the teaching of sound-letter relationships, repetition and multisensory strategies to encourage multiple routes of learning (Dyslexia Action, 2017).

An example of an intervention is POPAT (Phonological, Orthographic, Processing and Automaticity Training), this intervention focuses on developing skills that are required for early reading skills, this includes the use of phonological awareness and processing speeds. POPAT is made for a structured learning experience that can support learners with dyslexia to develop fluency and confidence in their reading and writing skills (Learning and Literacy Clinic, 2025). Research suggests that approaches like these can improve reading accuracy, fluency and comprehension and are more effective when a learner is introduced as early as possible (BBC Teach, 2019). However, additional guidance emphasizes the value in having interventions made to suit the needs of the learner and their individual needs and to ensure they are having consistency in their learning to avoid the widening in their academic gaps between their peers (Learning and Literacy Clinic, 2025).

However, implementation can be difficult as consistency is a vital factor in progress. Schools face challenges due to funding, training and finding the time to ensure the provision and support has been in place, which can lower the effect of the intervention support (Education Endowment Foundation, 2020). In addition, having children leave the classroom when receiving their intervention may impact the stigma around dyslexia and feeling less inclusive (Alexander-Passe, 2017). This shows that interventions need to be inclusive in the classroom to discourage any stigma.

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