

SCRIPT

Good evening, everyone,

This evening, I will be discussing a specific learning difficulty that holds personal significance for me, dyslexia. Dyslexia is a neurodevelopmental difference that affects the development of reading, writing, and spelling skills, as well as influencing processing speed, working memory, and the ability to manipulate language-based information. I will be discussing the identification and diagnosis, along with the barriers that learners face and how best to support these learners. Dyslexia impacts around 10% of the UK population and requires specific, targeted educational support.

Daniel *et al*, (2024) believe that dyslexia is defined as a learning difficulty characterised by problems with accurate, fluent word recognition, poor decoding, and poor spelling abilities. The Welsh Government (2022) emphasises the importance of inclusive education and early intervention to ensure accessible learning opportunities for all learners.

Identification/diagnosis

The identification of dyslexia as an additional learning need (ALN) in Wales is shaped by both statutory and policy frameworks. The Additional Learning Needs and Education Tribunal (Wales) Act 2018 (ALNET) and the Additional Learning Needs Code for Wales 2021. Snowling *et al*, (2020) believe that the term dyslexia should not be used as a term for a reading disorder but should be referred to as having difficulty with decoding and spelling fluency. The British Dyslexia Association (2018) emphasises the importance of early identification not just for targeted literacy support but for future issues such as reduced self-esteem, school disengagement, and wider attainment gaps. Within Wales, both ALNET and Additional Learning Code for Wales 2021 require practitioners to

identify barriers to learning promptly, enabling additional learning provisions to be embedded. However, the identification of dyslexia with the ALN system remains reliant on psychometric assessment or waiting for diagnostic confirmation. This is especially controversial given that the code specifically says that ALN identification does not require a diagnosis (Welsh Government, 2021). Cognitive research supports the need for diagnostic certainty in understanding a learner's profile, but too much reliance on diagnosis could delay much-needed support for disadvantaged children who are unable to access private assessments (Snowling, 2019). Marsh and Jeans (2024) point out significant inconsistencies in ALN identification rates and appeals between local authorities within Wales. This suggests an uneven implementation of the ALNET reform. Undermining the aims of the legislation. Another factor to consider is a practitioner's knowledge. Knight (2021) states that this varies, which can affect the accuracy and timeliness of identification. Also, consideration is needed for structured evidence-based interventions, not just class differentiation. Grant (2019) argues this further by saying that grouping children by ability removes the opportunity for growth and the willingness to succeed. While the ALN code emphasises the need for high-quality universal teaching (Torgerson *et al*, 2019). Glazzard, (2020) states that children may receive basic assistance that does not meet their unique phonetic needs if identification is delayed or misinterpreted. This can lead to inequalities, with some children being overlooked because of language and socioeconomic factors. Recent research highlights the challenges that diagnostic testing presents for dyslexia, especially the inconsistency of assessments across educational settings.

A study conducted in the UK by Daniel *et al*, (2024) found considerable variation in the way dyslexia specialists view dyslexia, along with the diagnostic tools they use. Many practitioners depend on different combinations of cognitive phonological and achievement measures. This inconsistency adds to diagnostic inequalities. The study also highlights a significant proportion of assessors who continue to have incorrect ideas about dyslexia, which may impact diagnosis and influence referral choices. This is also supported by further international research. A recent review into school-based

screening tools found a large amount of variation in the sensitivity and specificity of diagnostic methods, which varied greatly, and no single test showed consistent accuracy across different groups. This further supports the validity of the commonly used tools to assess dyslexia (Snowling and Hulme 2021).

There are some variations in the type of tools used for dyslexia, but the strongest and most consistent is phonological processing. Because of this, phonological tests form the core of most diagnostic assessments. However, previous research by Moll *et al* (2014) has demonstrated that dyslexia is a cluster of overlapping cognitive impairments rather than a single disorder. This could mean that learners with mixed profiles may be missed by diagnostic decisions based just on phonological tests. Furthermore, a more recent study by Viersen *et al* (2018) challenges the notion of a single diagnostic pathway.

Another emerging concern, which relates to cultural differences, is a study by Spencer *et al* (2020), which found that widely used English assessments may place bilingual learners at a disadvantage. This is especially relevant in Wales, where many learners are bilingual and may be assessed in English despite Welsh being their first language.

Impact of Barriers

In mainstream education, dyslexia still poses serious obstacles for learners, especially when text-based, linear reading is prioritised within the curriculum. The heavy nature of literacy-based curriculum, which presumes quick, fluid decoding as a requirement for accessing learning, is one of the most widespread obstacles. Persistent issues with phonological processing and word-level reading are features of dyslexia, which means that learners frequently find it difficult to keep up with the literacy requirements that are present in all subjects (Gibbs and Elliott, 2020).

According to Soriano-Ferrer (2021) comprehensive review, these literacy hurdles not only hinder academic advancement but also raise cognitive load and decrease classroom involvement. These structural obstacles are acknowledged in Wales by the ALN Code (Welsh Government, 2021).

One barrier that shapes how dyslexic learners experience mainstream education is the combination of organisational structures and staff attitudes. According to Devarakonda (2013), the attitudes, presumptions, and expectations of practitioners and institutions frequently prevent inclusion rather than the child's actual difficulties. Devarakonda (2016) underlines that inclusive practice requires changes in professional norms, collaboration in solving problems, and a willingness to question traditional literacy expectations. This is particularly significant in the Welsh context since, despite the ALN Code (Welsh Government, 2021) encouraging person-centred practice, ingrained attitudes may still restrict how well policies are implemented.

Another barrier arises from assessment practices, especially assessments that rely on speed, accuracy, and written output. Dyslexic learners often experience slower processing speeds and find that timed assessments are disproportionately challenging (Francis, Kulesz, and Benoit, 2018). An incorrect understanding of dyslexic profiles further increases this. According to Henderson *et al* (2017), when reading difficulties are mistakenly linked to visual stress," (the experience of visual distortions and discomfort during prolonged reading) can interfere with accurate assessment and lead to support strategies that do not address the real underlying needs.

Although person-centred planning and flexible assessments are promoted in Wales under the ALNET Act, the reality is that baseline literacy performance is still prioritised in GCSE and national testing (National Assembly for Wales, 2018). Furthermore, Spencer *et al* (2023) highlights the additional barriers that bilingual learners in Welsh medium settings face when assessment tools are not linguistically or culturally appropriate.

To understand these barriers further, it is necessary to explore disability models. The medical model sees dyslexia as a cognitive impairment within the individual. One that can be diagnosed and addressed through intervention. While this model provides clarity, it runs the risk of portraying the learner as though they are the issue (Protopapas and Parrila, 2018).

In contrast, the social model of disability maintains that when educational settings fail to accommodate cognitive differences, dyslexia becomes disabling. Knight (2016) states that the social model oversimplifies the relationship between disability and the environment. Furthermore, Snowling and Hulme (2020) believe that a single explanatory model is insufficient because of a complex interaction of both contextual and cognitive factors, meaning that no single model fully captures the range of difficulties learners may experience.

The neurodiversity paradigm (which is a way of understanding neurological differences as natural variations of the human brain) offers a more balanced framework by viewing dyslexia as a natural cognitive variation with both strengths and challenges rather than dyslexia as a socially constructed disability (Meridian Macdonald, 2024). This paradigm further highlights the shortcomings of mainstream education while still aligning with Welsh policy goals for inclusive, person-centred practice. Regardless of governmental rhetoric, dyslexic learners will continue to be structurally disadvantaged if educational systems continue to prioritise limited types of literacy. According to Nalavany *et al* (2013), these structural obstacles lead to emotional outcomes like anxiety, low self-esteem, and a negative learner identity in addition to academic challenges.

Lastly, another barrier is the diagnostic variation itself. According to Humphrey and Wigelsworth (2016), the lack of universal screening causes late identification, which contributes to literacy issues. Elliott (2020) highlights the lack of consistency in diagnostic criteria, pointing out how different definitions lead to unequal access to assistance. In Wales, the ALN system prioritises need diagnosis, but schools frequently still rely on diagnostic proof to legitimise support; these diagnostic hurdles are especially important.

Support Strategies

In both mainstream and ALN settings, visual aids, including visual timetables and visual cues, are frequently used as a means of reducing cognitive load. The Welsh Government emphasises the importance of supporting learners with specific learning difficulties. Highlighting the importance of structured learning environments and identifying visual aids as a recommendation for a classroom setting (Welsh Government, 2022).

This strategy is often explained through the Dual Coding theory, which was first proposed by Paivio and later expanded further by Mayer. According to dual coding, learning is enhanced when the information is represented in both verbal and visual forms because it produces two memory traces rather than just one. The brain processes information through two channels. This helps support dyslexic learners who may encounter verbal information that is difficult to decode. This means that a similar visual representation offers a different cognitive pathway that supports understanding, retention, and task organisation (Mayer, 2022).

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006) states that learners with disabilities have the right to inclusive education, accessible settings, and reasonable accommodations. Article 24 aims to remove obstacles to education and make sure that instructional strategies are tailored to each student's needs. As a result, visual aids should be viewed as a rights-based modification.

One support strategy that enables learners to access curriculum content is Text-to-Speech (TTS), an assistive technology that converts written text into spoken audio. By reducing the cognitive load associated with word-level reading, Research has demonstrated its effectiveness. Wood *et al* (2017) discovered that TTS greatly enhanced learners' reading ability and writing quality, especially when applied during independent study. Similarly, Perlemutter *et al* (2017) found that TTS promoted enhanced engagement by improving accuracy and lowering reading-related irritation. To back this up further, recent research indicates a reduction in mind wandering and enhances sustained attention Bonifacci *et al*, 2021). However, individual responses vary;

some learners find synthetic voices distracting or prefer visual reading strategies. This further signifies the need for personalised implementation.

Conclusion

In conclusion, the evidence demonstrates that early accurate identification and a diagnostic process that acknowledges the diverse cognitive profiles linked to dyslexia are essential for providing effective dyslexic support. Barriers such as inconsistent assessment pathways, literacy- heavy- classrooms and a lack of understanding and knowledge from practitioners continue to restrict learners with access to appropriate provisions. Research highlights the need for learners to receive targeted tailored support (Booth *et al* 2019, Kearns *et al* 2019).

Questions

Aklimma - What barriers do dyslexic learners face in everyday classroom tasks?

Thank you, Aklimma. That is a good question. They may struggle with reading speed, spelling, copying from the board, remembering instructions, and keeping up with written tasks. These barriers can affect confidence; everyday tasks become harder; learners may become anxious about reading aloud, avoid tasks, and appear to withdraw.

Mary - Which strategies help dyslexic learners the most? There are many Strategies dyslexic learners can access, for instance, structured literacy, visual support, with visual timetables showing their daily routines, and text-to-speech. This helps by reducing cognitive load and making information clearer. Overlays with different colours to help the words jump out more when they are reading is one strategy that works for some individuals. Different learners need different support because dyslexia affects people in different ways.

Rach - Why is personalised support important for dyslexic learners?

Thank you, Racheal. This is an important question to highlight.

Because dyslexia is not the same for everyone. Some learners struggle mainly with phonics, others with memory or processing speed. Evidence-based programmes, such as structured literacy, are most effective when adapted to the learner's pace, strengths, and processing profile. This allows teachers to adjust intensity, repetition, and multisensory methods to match the learner's needs. Interventions also help to build confidence and increase self-esteem for the learner. I must highlight the need for upskilling staff. This would improve the identification and strategies process immensely, as highlighted this evening, early identification can significantly improve a learners

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