

What 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). However, Andresen and Monsrud (2021) state that there is no widely agreed definition of what dyslexia is.

Signs of Dyslexia

The British dyslexia association (no date) explain that identifying signs of dyslexia in early years children can be difficult 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.

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

Diagnosis

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). Once a child is 7 years old a formal diagnosis assessment may be available (British Dyslexia Association, no date and Dyslecsia Cymru, no date), these dyslexia diagnostic assessments take approximately three hours to complete (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 diagnosis, 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.

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DYSLEXIA IN THE EARLY YEARS

Support Strategies

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). Furthermore, 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 materials, 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).

Barriers

Dyslexia was not formally recognised by the UK government until 1987(Kirby, 2020). 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, furthermore, dyslexia is not usually formally assessed until at least seven years of age (British Dyslexia Association, no date and Dyslecsia Cymru, no date). Additionally, The British Dyslexia Association (2018) 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

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 mask this, often feeling discriminated against when their needs are noticed. 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. Furthermore, 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). 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, 2016).

Conclusion

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 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.