

Section 2 of the Additional Learning Needs and Education Tribunal (Wales) Act 2018 provides a clear definition of Additional Learning Needs (ALN), stating that a learner has a learning difficulty that requires additional learning provision (Welsh Government, 2018). This aligns with the Equality Act 2010, which defines disability as a long-term impairment affecting access to education (UK Government, 2010). Furthermore, ALN is recognised when needs cannot be satisfied by universal provision, according to the Welsh Government (2021).

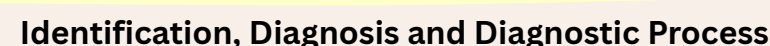
This further reinforces that inclusive policy alone is insufficient without consistent implementation, highlighting that structural inequalities continue to influence access to support (Estyn, 2024).

Dyslexia is a neurological condition characterised by persistent difficulties with spelling, phonological processing, and fluent reading. According to Snowling *et al.* (2020), phonological deficits are central to decoding and spelling difficulties. The British Dyslexia Association (2021) further states that dyslexia is lifelong and unrelated to intelligence level.

What does Dyslexia look like?

Dyslexia primarily affects phonological processing, including difficulties with sound awareness, decoding, rapid naming, and working memory. These challenges impact early literacy development and often result in reduced reading fluency and spelling accuracy (Snowling & Hulme, 2019). However, early indicators are frequently misinterpreted as developmental delay, particularly when practitioner awareness is inconsistent (Harding *et al.*, 2023). Furthermore, Thomas *et al.* (2022) states dyslexia presents differently across learners, particularly in bilingual contexts, where language differences can mask underlying phonological difficulties. This reinforces that difficulties are not solely located within the child, but shaped by how systems recognise and respond to early signs.

In conclusion, dyslexia highlights the interaction between learning differences and systemic barriers. While early identification is key, inconsistent practice and limited resources continue to delay support, particularly for bilingual learners. Although SSMP provides an effective intervention, its impact depends on consistent implementation and wider systemic support. Overall, dyslexia is not solely an individual difficulty, but a reflection of how effectively systems respond to learner diversity. Therefore, without structural change, early identification and intervention will remain inconsistent, limiting the effectiveness of inclusive education.



Early identification is significantly influenced by practitioner and parent awareness. Pit-ten Cate *et al.* (2018) highlight that teacher competence affects identification, while Harding *et al.* (2023) note that parental concerns are often dismissed. Furthermore, Armstrong *et al.* (2017) demonstrates that professional development improves practitioners' ability to identify learning differences.

Early identification begins through observation of phonological awareness, oral language, and letter-sound knowledge (Reid, 2017). Screening tools may support early detection; however, Fletcher *et al.* (2021) emphasise that screening is not equivalent to diagnosis and may produce false positives or negatives. Moreover, many tools are designed for monolingual English speakers, placing bilingual learners at risk of misidentification (Peer, Reid & BDA, 2016). The diagnostic process involves referral to specialists, followed by standardised assessments of literacy, working memory, and phonological processing by Educational Psychologists or Specialist Level 7 Dyslexia Assessors (Snowling, 2015). However, access to diagnostic assessment remains inconsistent, particularly for multilingual learners who face delays due to limited resources and appropriate tools (Ellis *et al.*, 2023).

Moreover, this highlights a broader critique of diagnostic approaches. The Medical Model of Disability locates difficulty within the child, whereas the Social Model of Disability emphasises how barriers are produced through curriculum structures and limited resources (Oliver, 2013). Furthermore, Shakespeare (2013) argues that diagnostic processes often reflect organisational priorities rather than learner needs. Therefore, diagnosis may reinforce deficit-based perspectives rather than addressing systemic barriers. This demonstrates that diagnostic processes may prioritise categorisation over early support, reinforcing delays rather than reducing them.

The impact of diagnosis can be complex. While some learners experience stigma or reduced expectations, others report relief and validation (Riddick, 2001). Furthermore, Ho (2004) suggests that diagnostic labels can facilitate access to resources, however they may also reinforce deficit thinking. This highlights the dual role of diagnosis as both enabling and limiting. Therefore, while diagnosis can provide clarity, it does not resolve the structural inequalities that delay identification and support.

(A Map of the history of explanations for dyslexia, n.d.)



Barrier 1: Phonological Processing Difficulties

Phonological processing difficulties represent a significant barrier, as these skills underpin early reading and spelling. Research indicates that phonological awareness accounts for a substantial proportion of early reading ability (Ziegler and Goswami, 2005). These difficulties often appear as challenges with phonological awareness, rapid naming, and phonological memory, which can make early decoding and word-reading particularly demanding for learners (Ziegler & Goswami, 2005). However, the impact of this barrier is shaped by educational provision. Glazzard and Stones (2021) highlight that whole-class phonics benefits some learners, while others fall further behind without targeted support. Furthermore, Reid (2017) argues that rigid phonics approaches fail to provide the structured instruction required by dyslexic learners, leading to early disengagement and reduced confidence (Glazzard & Stones, 2021; Reid, 2017). Moreover, Castles, Rastle, and Nation (2018) challenge phonics-only approaches, suggesting reading development cannot be reduced to phonological skills alone. Therefore, from a Social Model of Disability perspective, the barrier lies within inflexible literacy systems rather than the learner. This barrier also impacts families, creating stress when support is delayed (Francis & Rajaraman, 2026). Although some learners develop compensatory strategies, these are often ineffective without structured intervention (Pavey, 2016). However, while the Curriculum for Wales promotes flexibility, implementation remains inconsistent, reinforcing the gap between policy and practice. This highlights a systemic failure to adapt early literacy provision to diverse phonological profiles, reinforcing the widening gap between learners.

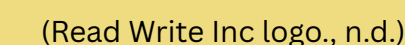
Barrier 2: Inconsistent Practitioner Expertise and Limited Welsh-Medium Assessment

A lack of practitioner expertise and limited Welsh-medium assessment tools restrict early identification, particularly for bilingual learners. Research demonstrates that many educators lack confidence in recognising dyslexia indicators (Sayeski, 2019; Snowling, 2019). Additionally they stated, in practice, this often looks like staff relying on guesswork rather than consistent assessment, especially in settings where specialist training is limited. In addition, access to Welsh-medium tools remains limited, resulting in delayed identification until sufficient English proficiency is achieved (Peer, Reid & BDA, 2016). This places bilingual learners at a systemic disadvantage. Harding *et al.* (2023) highlights that delays negatively impact self-esteem and increase family stress. Although training programmes aim to address this, their effectiveness remains inconsistent (Elliott & Grigorenko, 2014). Additionally, despite policy commitments, implementation remains uneven, reflecting broader inequalities in access to specialist support. Therefore, unequal outcomes are shaped by structural limitations rather than learner ability.



Support Strategy: Structured, Systematic, Multi-Sensory Phonics (SSMP)

Structured, systematic, multi-sensory phonics (SSMP) provides explicit teaching of grapheme–phoneme relationships using visual, auditory, and kinaesthetic approaches (Snowling & Hulme, 2019). Programmes such as Read Write Inc. and Tric a Chlic follow structured teaching sequences. SSMP targets phonological processing, decoding, and working memory (Adlof & Hogan, 2018). Furthermore, evidence demonstrates improvements in early reading outcomes when implemented consistently (McArthur *et al.*, 2018). However, SSMP is not without limitations. Elliott and Grigorenko (2014) argue phonics-based approaches may not address broader language difficulties. Moreover, Castles, Rastle, and Nation (2018) suggest reading development cannot be addressed through phonics alone. Therefore, SSMP should be part of a wider literacy framework. Additionally, SSMP is resource-intensive, requiring trained staff and consistent delivery (Harding *et al.*, 2023). In Welsh-medium contexts, access remains inconsistent, reinforcing that effectiveness depends on systemic capacity rather than the intervention itself.

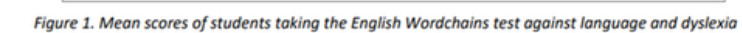


Data and Findings

Research demonstrates that systemic factors contribute to unequal outcomes. Meehan and Fawcett (2023) found that Welsh-speaking dyslexic learners demonstrate slower processing, suggesting delayed identification.

Furthermore, Thomas *et al.* (2024) highlights disparities in identification rates between Welsh-medium and English-medium learners. National data supports this, with many educators lacking dyslexia-specific training (BDA, 2019). Additionally, Estyn (2023) identifies shortages of Welsh-medium specialists, resulting in longer waiting times. Therefore, structural barriers, rather than cognitive ability, drive inequality.

This graph shows how Welsh clarity masks phonological difficulties and delays identification, as Welsh-speaking dyslexic learners take significantly longer on Wordchains tasks, even with equal word quantity (Meehan & Fawcett, 2023).



(Meehan & Fawcett, 2023, p.7).