

Dyslexia in the Early Years

My interest in dyslexia began in childhood, inspired by my father's struggles with literacy. I can remember that he could never read me a story or support me with homework. This deepened as I supported my own children with dyslexia through their educational journey. I am a committed advocate for both children and adults alike. My poster demonstrates my research on dyslexia for children in the early years.

What is Dyslexia?

Dyslexia is a specific learning difficulty that can affect young children's ability to identify and connect letters, sounds, and written words. It may be evident through delayed phonological development, difficulties with verbal memory, and challenges in following instructions. Although children with dyslexia frequently exhibit strengths in areas such as creativity and problem-solving, they benefit from early, targeted, and differentiated support to develop essential literacy skills (British Dyslexia Association, 2023; Snowling, 2019).

However, Elliott and Grigorenko (2014) argue that the term 'dyslexia' lacks scientific clarity and offers little practical guidance for intervention. Moreover, Kirby (2020) notes ongoing debate, with some critics viewing the term as vague or used to secure funding, while others defend its legitimacy. However, such debates often overlook the long-standing historical controversy dating back to the 1870s.

How is Dyslexia diagnosed?

Diagnosing dyslexia in the early years can be challenging, as many of its early indicators, such as difficulty learning letters, delayed speech, or problems with rhyming, can also be part of typical development (International Dyslexia Association, 2016). However, early identification is essential to ensure children receive timely support (Williams, 2025). Professional practitioners, parents and carers often first notice signs such as trouble with phonological awareness, poor memory for letter names and

sounds, and difficulty sequencing events (Learning Lab, 2020). A detailed developmental and family history may reveal language delays or a familial pattern of learning difficulties (Thambirajah, 2010).

While a formal diagnosis is usually made around age six or seven by an educational psychologist or specialist dyslexia teacher, early years settings can use screening tools such as Lucid Rapid Dyslexia Screening, Cognitive Profiling System (COPS), Dyslexia Early Screening Test (DEST), or Phonological Assessment Battery (PhAB) to identify children who may be a concern. (Devdis, 2025 and Pearson Clinical, 2025). These tools do not diagnose dyslexia but help highlight areas for concern, prompting further support. Early intervention is often guided by collaboration between practitioners, ALNCoS, speech and language therapists, and educational psychologists, who work together to build a clear picture of the child's needs. Even without a formal diagnosis, observations and early support can significantly improve a child's learning experience (Birch *et al.*, 2023; Strickey, 2024).

However, diagnosing dyslexia in the early years presents several challenges that can impact timely and effective support. Early signs, such as delayed speech or difficulty rhyming, often overlap with typical developmental variation, making accurate identification difficult (Department for Education, 2015a). Formal diagnosis is rarely made before age six or seven, contributing to a "wait and see" approach that delays intervention (Department for Education, 2015a; Wagner, 2018). The lack of a national standard for early screening means identification practices varies widely across settings, depending on staff training and available resources (British Dyslexic Association, 2015; Harvard Graduate School of Education, 2023).

Additionally, many early years professional practitioners receive limited training in recognising specific literacy difficulties, which may result in missed or misinterpreted signs (Department for Education, 2015b; Zealand, 2020). Resource constraints, including limited access to specialist professionals, further hinder early diagnosis (Department for Education, 2015a). While early identification remains integral, these limitations highlight the need for improved practitioner training, consistent screening practices, and equitable access to support services (Meurer *et al.*, 2022).

Barriers of Dyslexia

Dyslexia is often hidden but has a significant impact. Reading, writing, and following instructions can be overwhelming due to short-term memory issues and processing delays, often mistaken for poor understanding (Nottingham Trent University, 2025; Williams, 2024). These challenges can lower self-esteem and lead to disengagement. Concentration is also affected, especially during multitasking or complex tasks (National Health Service, 2023).

Poor concentration is a common barrier for young children with dyslexia, often due to difficulties with processing speed, working memory, and auditory discrimination (Snowling and Hulme, 2012). In busy early years settings, distractions and complex instructions can worsen attention issues, leading to frustration or withdrawal (Sanfilippo *et al.*, 2020). Clear guidance, visual aids, and sensory-friendly environments are essential to support focus and promote inclusive learning (Karipidis and Hong, 2020).

A further key barrier for children with dyslexia in the early years is poor phonological awareness, which affects their ability to recognise and manipulate sounds in words, an essential skill for reading and spelling. Without targeted support, this can delay literacy development and impact confidence (International Literacy Association, 2020; Philips, no date). The barrier is often made worse by limited early identification and inflexible teaching methods. To overcome this, professional practitioners can use multi-sensory approaches, such as combining visual, auditory, and kinesthetic activities, alongside targeted phonological games and rhyming tasks (Fujita, 2024). Early screening and collaboration with ALNCoS, speech and language therapists, and families are vital for timely intervention. Creating a dyslexia-friendly environment promotes inclusion and supports positive learning experiences (Reading Rockets, no date; Yale Dyslexia, no date).

Pressure makes things worse. Being told to “hurry up” or “try harder” increases anxiety and blocks learning, rather than helping.

Shaywitz (2020) cites that "Stress, especially in timed tasks, can impair the ability of dyslexic children to retrieve and organise their thoughts."

Although Dyslexia has no visible signs but may present as gaps between spoken and written skills, inconsistent spelling, and slow reading using finger tracking (British Dyslexia Association, 2012). These reflect a different processing style, not low ability. With the right support, children with dyslexia can thrive (Dyslexic Help, 2022; Science Tech Daily, 2025).

Social Model of Disability

Additionally, as demonstrated in my poster, the social model of disability helps reframe dyslexia as a difference, focusing on societal barriers rather than individual deficits. It challenges rigid curricula and promotes inclusive approaches like multi-sensory teaching and dyslexia-friendly environments (Open University, 2024; Scope, 2024). This reduces stigma, supports well-being, and advocates for equal access to education (Macdonald, 2019).

Moreover, it promotes an inclusive society by removing barriers and enabling equal participation for all, regardless of individual differences (Buder and Perry, 2023). This includes improving accessibility, fostering positive attitudes, and enforcing rights-based policies (Butcher, 2020; Shamsabadipour, 2025). Rooted in the activism of the 1970s and 1980s, particularly by the Union of the Physically Impaired Against Segregation (UPIAS), the model shifts focus from individual impairments to societal change (Hub Sociology Desk, 2025; Oliver, 1996).

Supporting Children with Dyslexia

Wales Dyslexia uses Fawcett and Nicholson's screening tests to identify dyslexia indicators across age groups, including the Dyslexia Early Years Screening Test (ages 4-6) and the Dyslexia Screening Test Junior (ages 6-11), both available in English and Welsh. However, despite these tools, dyslexia screening is not provided for children under 16 through Wales Dyslexia, highlighting a gap in early identification and intervention, which is integral for supporting learning and development (Wales Dyslexia, no date).

Professional training is essential for early years practitioners to support children with dyslexia through early identification, targeted intervention, and inclusive practice. It enables recognition of key signs and the use of effective strategies to reduce long-term challenges (Rose, 2009). This supports legal duties under the Equality Act 2010 and promotes consistent collaboration with families. Ultimately, training builds practitioner confidence and improves outcomes for children with dyslexia (Gonzalez and Brown, 2019; UK Government, 2010).

Conclusion

To summarise, dyslexia presents significant challenges for children in the early years, often impacting their ability to engage with reading, writing, and instructions. Early identification and targeted intervention are integral for supporting these children and ensuring they receive the necessary support to thrive academically and emotionally (Gibby-Leversuch, Hartwell and Wright, 2019). The social model of disability provides a valuable framework, emphasising the need for inclusive practices and systemic change to remove societal barriers that hinder children with dyslexia (Macdonald, 2019). While tools like screening tests are available, there remain gaps, particularly in providing early screening for children under 16 in some regions, limiting timely intervention (Harvard Graduate School of Education, 2023). Overall, with appropriate professional training, inclusive strategies, and early intervention, children with dyslexia can achieve their full potential, highlighting the importance of continued research, support, and advocacy in the field (Stuart and Yates, 2018).

Thank you everyone for your involvement this evening; the ‘floor’ is now open for any questions.

Julie

Question: Why is early identification of dyslexia important in the early years, and how can practitioners support this process? **Emma**

Response: Early identification of dyslexia in the early years is vital for timely intervention, boosting learning outcomes and self-esteem. Without support, children

may fall behind and develop negative attitudes toward learning. Trained practitioners can spot early signs, such as issues with phonological awareness, memory, and language processing, and use screening tools to guide support. Collaboration with families and inclusive, multi-sensory strategies help meet individual needs and promote long-term success (Sanfilippo *et al.*, 2020).

Question: How can inclusive practice in early years settings support children with dyslexia? **Emma**

Response: Inclusive practice supports children with dyslexia by adapting the environment, teaching methods, and resources to meet diverse needs. Strategies such as multi-sensory learning, visual aids, clear routines, and flexible instruction help children access the curriculum. An inclusive approach fosters a sense of belonging, reduces stigma, and encourages confidence and participation in learning (Thwalaa *et al.*, 2020).

Emma - Linking

Thank you, Julie. There is a lot of information there about dyslexia. It sounds like you have an abundance of experience in this area. I know this topic is close to your heart, as well as the 33 years of continued service and experience supporting children in early years settings with such dedication and passion. Thank you. If there are no more questions, we can move on to Tasha. Thank you, Tash.

Thank you, Emma, for your kind words. According to Barber (2025) children with dyslexia may require up to four to five times more repetition than their neurotypical peers, along with different approaches to help them grasp concepts. We must demonstrate patience and understanding. This is what I have learnt the most through my years of experience.

Emma

Thank you. If there are no more questions, we can move on to Tasha. Thank you, Tash.

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