

ECEY60062414374 Word count - 971 Dyslexia		Introduction – This poster will critically evaluate how dyslexia is identified and diagnosed, considering potential barriers and an in-depth exploration into an appropriate strategy to support children with dyslexia in education. Dyslexia is a neurodevelopmental learning disorder that affects language processing, including reading, spelling and writing skills (Orton Dyslexia Society, 1994, cited in Chisom, 2016). The International Dyslexia Association, (2026) states how dyslexia is a lifelong condition that varies in severity and is often associated with difficulties in memory, attention and planning.	
Identification Dyslexia is identified within educational settings when persistent difficulties in reading, spelling, decoding and phonological processing are observed, (Daniel <i>et al.</i>, 2024). Parents’ understanding of dyslexia and its effects on their children is also considered essential for supporting children’s ongoing development and progress, as it enables earlier recognition of difficulties (Abdel-Azem <i>et al.</i>, 2024). However, Dobaria and Shah (2024) highlight that schools may face challenges in early identification due to resource and training limitations. Moreover, according to Bonifacci (2024) parents may also face challenges in early identification, particularly if they have their own literacy difficulties, which can affect their awareness of identifying early signs of dyslexia. Diagnosis A dyslexia diagnosis is made on low reading achievement, limited response to targeted intervention over time and the exclusion of other possible causes to learning difficulties (Daniel <i>et al.</i>, 2024). Educational psychologists and additional needs teachers contribute to the assessment and support planning for children with suspected dyslexia but cannot give g a formal diagnosis (Welsh Government, 2026). This is supported by NHS (2026), which states that assessments are carried out by educational psychologists or specialist teachers. However, a formal diagnosis is made through a specialist diagnostic assessment, which is not available through the NHS and therefore depends on a family’s ability to pay for private assessment. Bearing this in mind, Knight (2025) suggests that diagnosis may not always be fair with factors such as socioeconomic background, gender and ethnicity influencing the likelihood of receiving a dyslexia diagnosis.		Barriers– Teachers can become a barrier to the identification and support of dyslexia due to missed symptoms and delayed referrals (Wilmot <i>et al.</i>, 2022). A delay in the identification process may be because teachers are not always fully aware of what specific signs to look for as dyslexia may present in varied and subtle ways, leading to slower assessments and support for pupils (Harding <i>et al.</i>, 2023). Furthermore, this may be linked to insufficient teacher training where teacher’s may not be adequately prepared to recognise symptoms associated with dyslexia (Coughlan, 2017). This is supported by Lewis (2024), who highlights that current schools’ budgets mean a reduction in staffing and resources, which could also potentially result in less money available for training and limiting the ability to support and meet children’s needs. Moreover, in addition to this, the multistage referral process can become another barrier to the identification and diagnosis process (Sanfilippo <i>et al.</i>, 2020). Following a teacher referral to an educational psychologist, pupils are assessed and recommendations are made to support the child. Formal diagnosis can only be made through a specialist diagnostic assessment which is self-funded (Welsh Government, 2026). However, families who can afford private assessments are more likely to access a quicker diagnosis, with costs ranging from £500-£700 (Daniel <i>et al.</i>, 2024). This contributes to inequalities in access to support (Harding <i>et al.</i>, 2023) which does not align with the United Nations Convention on the Rights of the Child (Article28), which emphasises how children should have equal access to education without discrimination, (UNICEF, n.d). Impact – Dyslexia has been linked to emotional difficulties such as low self-esteem and anxiety which can negatively impact children’s confidence, motivation and overall wellbeing. Wilmot <i>et al.</i>, (2023) supports this stating the importance of early identification and diagnosis to avoid ongoing struggles that cause stress, repeated setbacks and reduced self-esteem. This aligns with the UNCRC which states that education should help every child to reach their full potential with wellbeing being central to their development (UNICEF, n.d).	
		Strategy The Orton-Gillingham approach is a structured, multi-sensory, phonics based approach that supports reading development through using visual, auditory and kinaesthetic learning together (Teresa Garretson, n.d.). Valde (2024) describes it as a literacy based approach that teaches reading through stage-based phonics and word decoding, breaking language into smaller sound- symbol components and gradually building to text reading. According to Nurjanah <i>et al.</i>, (2024) this multisensory approach supports different learning styles, improves understanding, retention and promotes inclusion. This is supported by Gardner’s theory of multiple intelligences which highlights how different approaches such as linguistic, visual and bodily kinaesthetic methods can benefit different individuals, which could potentially be helpful for those with dyslexia (Maslo, 2023). A barrier to this approach is the significant training and resources required for effective implementation. Practitioners must complete intensive training followed by ongoing professional development which can create additional workload pressures for staff (Maslo, 2023). Moreover, according to Lewis (2024), school budget pressures are leading to reductions in staffing and limiting schools’ capacity to train staff and deliver additional approaches effectively. Therefore, access to this approach may be inconsistent meaning not all learners with dyslexia are able to benefit equally from this targeted, specialist support. However, schools have a duty to address children’s needs to ensure equal access to learning which is highlighted by the Equality Act (2010). This emphasises the importance of this approach being consistently available across all educational settings for children, to promote inclusive practice and positive outcomes for learners (Department for Education, 2014).	
Conclusion – Dyslexia identification and diagnosis are influenced by awareness and training. However, barriers can delay support and create inequality in access to specialist targeted strategies and approaches. These delays can negatively impact children’s academic progress, confidence and emotional wellbeing. Therefore, early and consistent identification along with the appropriate strategies and approaches is essential to ensure learners can reach their full potential.			

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