

**An exploration of the educational experiences of dyslexic
school-aged students**

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school-aged students**

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Dedicated to Joey, Brandon, Lola, and Poppy

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Abstract

This research aims to develop knowledge of dyslexia from the subjective experiences of dyslexic students currently attending mainstream, state schooling in England. As the importance of identifying dyslexia early within a student's schooling, to prevent educational failure, is generally agreed (Rose 2009) research within the field of dyslexia remains predominantly concerned with neurological and cognitive studies of causation, identification, and remediation. Consequently, to date, there is limited research designed to gain an understanding of dyslexia through the lived experiences of dyslexic individuals. The current research draws upon twenty-one school-aged students and explores their lived experience of being identified and labelled as dyslexic and the effects of dyslexic difficulties within their schooling. The research was guided by the interactional approach to disability (Shakespeare 2014).

The research was guided throughout by a qualitative approach to data collection. The data was derived using a digital communication aid entitled 'Talking Mats' and follow-up semi-structured interviews. The dyslexic students who participated in this research came from one mainstream state secondary school and three mainstream state primary schools in England.

The data collected was analysed using thematic analysis and three overarching themes emerged. These were: Diagnosis, dyslexic students' experiences of the process of being identified and labelled as dyslexic, Dyslexia, the difficulties experienced by dyslexic students in the classroom and Discrimination, dyslexic students' experiences of discrimination and the effects within schooling. The students' experiences suggest that regardless of the age of being identified and labelled as dyslexic, the experience of the assessment process remained a challenging experience, that did not aid their understanding of dyslexia. Despite their diagnosis, the students continued to experience a range of difficulties predominantly with reading, spelling, and handwriting. Although the students requested the use of reasonable adjustments to lessen their difficulties this was often denied. This

research highlighted a multitude of barriers these dyslexic students experienced within school, for example, discrimination, humiliation, and punishments.

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1 Chapter 1 – Introduction

This research aimed to develop knowledge of dyslexia from the subjective experiences of dyslexic students currently attending mainstream, state schooling in England. Throughout this research, I chose to use the terminology, dyslexic students. I acknowledge the term 'disabled people' that was mandated by a social model approach to disability to empathise that people are disabled by society.

In this chapter, I will introduce myself particularly in relation to my experience and interest in the concept of dyslexia and how the idea for this research developed. I will then present the research questions and offer the reader a contextual background to the research, the definition of dyslexia and the debates that exist will be briefly explored. The chapter will then conclude with an outline of the thesis.

1.1 Personal introduction

As I am dyslexic, I am therefore personally aware of the potential barriers that a dyslexic student may have in acquiring skills, such as reading and writing, and how this affects the way they are perceived by others and the way they perceive themselves. My interest in the field of dyslexia began upon entering university to begin my undergraduate degree when I was diagnosed and labelled as dyslexic. Despite having difficulties with reading, writing, and spelling throughout my education, before my diagnosis, I had never encountered the concept of dyslexia.

I start with a brief description of my personal experience of the difficulties I encountered throughout education because it is how I began to form an interest in the subject of this research. I tell the story of my own experiences and the part they play in the writing of this research. My own experiences throughout education made me aware of the potentially negative effect having difficulties reading, writing, and spelling can have on life chances, due to the way education is structured. Although my personal experiences represent bias, which is discussed further in chapter 4.3.2, initially I was hesitant to disclose my dyslexia due to the difficulties I had experienced throughout my education. However, over the course of my doctoral journey, I began

to realise the duty I had to the participants. As I belong to the marginalised group that I am researching, the disclosure of my dyslexia comes from my 'commitment' and 'engagement' with the dyslexic students within this research, as I am "*with the oppressed*" (Barnes 1996: 110). Therefore, as this research was committed to providing a 'voice' for dyslexic student's educational experiences and as I am positioned as an 'insider' this will allow insights and perceptions not open to others.

Throughout my education, my reading was often slow, laboured, and tiresome. In primary school, I remember feelings of embarrassment when despite my efforts my reading level remained much lower compared to my peers. During secondary school, feelings of jealousy would then emerge when peers could read a whole book in the time it took me to read a few pages. As weekly spelling tests were standard practice throughout my primary and early secondary schooling, I often encountered feelings of anxiety towards the tests and feelings of humiliation due to the number of words I would spell incorrectly. My humiliation was heightened when peers would grade the work or when we were required by the teacher to read out our score to the entire class.

The difficulties I experienced with handwriting often led to ridicule from teachers, peers and even my parents. My handwriting was often described as 'scruffy' and illegible. Teachers stressed how my inaccurate letter and even number formations caused confusion for them and effected my grades, for example, an 'h' was mistaken for an 'n', or, a '1' would be mistaken for a '7'. I continuously tried to perfect my handwriting, without support or assistance. Despite my determination, the difficulties I experienced with handwriting and spelling also meant I would either fail to complete work or I was unable to read what I had written when I tried to re-visit my notes.

Therefore, due to the years of difficulties, I had already experienced, before my 'diagnosis' and as the university failed to discuss the implications of the diagnosis with me, I remained confused about what the label of dyslexia might mean to me.

Instead of positively reframing my past educational experiences in the light of this new label, I felt defeated. Due to the diagnostic nature of the assessment and the lengthy report that followed, I felt that my lifelong tireless efforts to 'fix' the difficulties I experienced, had been and would be pointless. The diagnosis and the inadequate support arrangements contributed to my reasons for deciding to leave university at that time.

My professional and personal interest in dyslexia began nearly a decade after my diagnosis. I was working as a lecturer at the time and was undertaking a part-time master's degree in Education. Whilst researching my dissertation, which originally had been in the field of educational retention in further education (FE), I came across an article, in the journal of further and higher education, by Young Kong (2010) entitled *The emotional impact of being recently diagnosed with dyslexia from the perspective of chiropractic students*. Dyslexia to me, before and after my diagnosis, had always been something to be ashamed of, a problem or deficit in my character that I needed to 'fix'. However, after reading this article I began to realise that my experiences and feelings towards the difficulties that I had encountered throughout education were not unique. Within the article, the personal accounts of six postgraduate dyslexic students formed major themes that included, frustration, experienced from failed attempts to improve their difficulties and self-doubt felt over their academic abilities.

Although I respect this article's important contribution to the field of dyslexia and the influence it had on me, 'the researcher was an 'outsider' to the marginalised group they had researched. I felt at times this positionality led to misunderstandings, for example, they stated that the label of "*dyslexia is not a get-out clause*" and therefore dyslexic students "*have to make a conscious effort to overcome and compensate for their differences*" (Young Kong 2010: 145). When reading the work of Michael Oliver during this time I began to feel frustrated by Young Kong's (2010) misunderstandings, and I began to agree with Oliver's (2009) suggestion that:

if disabled people left it to others to write about disability, we would inevitably end up with inaccurate and distorted accounts of our experiences and inappropriate service provisions and professional practice is based upon these inaccuracies and distortions (Oliver, 2009: 16).

I, therefore, began to feel a sense of duty towards other dyslexic individuals, and a sense of empowerment due to my own dyslexic identity. I decided to change the focus of my master's dissertation, and instead of focusing on retention rates, I began to explore the experiences of dyslexic students in FE.

My master's research found that people with dyslexia can become academically, socially, and emotionally 'detached' from their education irrespective of the age of their diagnosis. For my participants, 'detachment' from education led to vulnerability, which had damaging long-term impacts on their ability to achieve success in society. Irrespective of the age they had been diagnosed depression continued throughout childhood and adolescence for some. The impact of experiencing dyslexic difficulties within education had also left individuals feeling 'stupid' and self-doubt prevailed into adulthood for many. The research drew my attention not only to the importance of supportive inclusion for dyslexic students of all ages within educational settings but the often-overlooked insights dyslexic people themselves can offer the field of dyslexic research.

As my own and research participants' experience (Young Kong, 2010; Morgan, 2013) involve retrospective accounts of experiencing dyslexic difficulties throughout education, particularly during schooling, I began to wonder what current schooling might be like for dyslexic students. Initially, I felt it was important to begin my doctoral journey by dedicating my time to gaining additional knowledge of dyslexia. I examined the dominant research in the field of dyslexia which included, the differing definitions of dyslexia, the neurological and cognitive theories of causation, the different assessment procedures and the vast interventions that have been proposed to help a dyslexic 'overcome' their difficulties. As I aimed to interview dyslexic students currently attending compulsory schooling, I also dedicated time to

educating myself about the school policies that can aid the inclusion of a dyslexic in the classroom. During this time, my dyslexic son was also in the early years of his schooling. I was determined to shield him from the negative experiences that I had encountered, I thought that my added knowledge of the aforementioned areas would not only support my understanding of dyslexia, but it may help me to offer him better assistance.

I quickly began to realise how my added knowledge in the areas of causation, assessment procedures and the subsequently proposed interventions to lessen classroom difficulties only provided a partial understanding of dyslexia. Despite a policy climate that suggests it is one of social inclusion, the experience of having a son attending school, I also realised that although:

education has never had better legislative support (SENDA, 2001).
Unfortunately for those [disabled] children and young people policy
and practice are two very different things (Murray, 2006: 34)

Therefore, although I respect the academic contributions to the field of dyslexia made by cognitive and neuropsychology, my added knowledge of the field, my experience and my son's current experience of schooling only further highlighted the limitations of such research for dyslexic students. This current research, therefore, has a dedicated focus on gaining knowledge of dyslexia from the subjective experiences of students currently attending mainstream, state schooling in England.

1.2 Research questions

The subjective experience of being identified and 'assessed' as dyslexic presents a gap in the field, particularly the experiences of school-aged students. Without further research, it would be difficult to know if my own negative experiences of the assessment procedures and those expressed within previous lived experience research by Young Kong 2010, Riddick 2010, MacDonald 2009, Armstrong and Humphrey 2009, Tanner 2008, Ingesson 2007, Burden 2005, Pollak 2005, Humphrey and Mullins 2002, Dale and Taylor 2001, Hellendoorn and Ruijsenaars 2000 and

Edwards 1994 which will be discussed in chapter 2.4, are shared by others that have been through the process. This current research aims to address this important gap and led to the first research question.

RQ1) How do school-aged students in England describe their experience of being identified and labelled as dyslexic?

Previous lived experience research within the field of dyslexia suggests that even when identified and labelled as dyslexic most of the participants expressed a multitude of negative experiences throughout their schooling. As the participants, experiences within studies discussed in chapter 2.4 had either been retrospective accounts of school experiences, based on specialist schooling or based on experiences that are now over ten years old this again represents a current gap in the field and this led to the second research question.

RQ 2) How do dyslexic school-aged students in England describe their educational experiences?

Since 2001, the field of dyslexic research has begun to acknowledge and *“use a range of models (of disability) to interpret the social experiences of people living with this condition”* (MacDonald 2019: 1). In 2009 MacDonald used the social model of disability to *“develop perceptual knowledge of dyslexia from adults”* to *“investigate the impact that disabling barriers have in education and employment”* (p. 347). However, as MacDonald (2019) has recently stated about their earlier research MacDonald (2009) and an earlier study by Riddick (2001) although had referred to variations of the social model of disability, as both illustrate the importance of understanding the intrinsic difficulties associated with dyslexia, alongside the disabling barriers, then they may have been *“applying a social-relational model of disability”* (p.19) instead.

Riddick (2010: 196) stresses that future research should “*move to a more interactional approach which stresses the importance of both the within-in child and environmental factors*” when researching dyslexia and as this research aims to address this gap this led to the final research question.

RQ 3) To what extent and in what ways does Shakespeare’s (2014) interactional approach to disability illuminate the understanding of dyslexic school-aged student’s educational experiences?

1.3 Dyslexia the definitions debate

Although it is estimated that approximately ten per cent of the British population is dyslexic (British Dyslexia Association 2019), due to differences in definitions, it has recently been suggested that the use of the term ‘dyslexia’ should cease as it is inadequate for both classification and diagnosis (Elliott and Grigorenko, 2014). I suggest that a definition of a label, in this case, ‘dyslexia’, is best considered only as a starting point to understanding the experiences of a person affected by the impairment. The sub-section will however address the debate that surrounds the definition of dyslexia as it provides a wider societal background to the label that the dyslexic students within this research have been assigned.

1.3.1 Defining dyslexia, the historical roots

The word dyslexia was first proposed by German Ophthalmologist Professor Berlin in 1887 (Berlin, 1887; Wagner, 1973; Campbell, 2013; Elliott and Grigorenko, 2014) and later became an accepted term worldwide. Berlin stated categorically that partial damage to the left hemisphere of the brain (Berlin, 1887; Wagner, 1973) would result in dyslexia, which he described as a peculiar disturbance that occurred when an individual attempted to read. The word dyslexia originates from Greek, ‘dys’ meaning abnormal or difficulty and ‘lexis’ meaning word (Wagner, 1973). The most simplistic definition of dyslexia therefore is difficulty with words.

1.3.2 Differing definitions

Miles (1995) suggests, that definitions of dyslexia should not be universal and should instead differ due to their intended purpose and audience. Definitions of dyslexia that can be classified as operational or exclusionary are often utilised by the research community for diagnostic assessment purposes. It has been argued by Elliott and Grigorenko (2014) however that as operational definitions can be overly exclusive, they might exclude some dyslexic people from being labelled. Working definitions, for example, the definition offered in the Rose Review (2009), that will be discussed later in this section, can be useful for the allocation of resources by providing a broader view of associated difficulties that can be problematic for the individual. Such broader definitions, however, have also been questioned by Elliott and Grigorenko 2014, this time for being too general and therefore it may include those that are not dyslexic.

Advocacy groups such as the British Dyslexia Association (2018) often take a broader view and include possible strengths in their definitions, which include, reasoning skills and visual fields. The advantages of dyslexia, however, are grounded on limited evidence, and strength in spatial memory, for example, may only *“be considered as a relative strength in comparison to their weaknesses in literacy”* (Everatt et al 2008). Although Shaywitz (2005) stresses the importance of emphasizing the strengths of dyslexia within a definition, as this would be beneficial for a child that receives the label, as with the difficulties associated with dyslexia, I suggest that the inclusion of strengths in a definition are only beneficial when backed by evidence.

Although definitions differ due to their intended purpose, Siegal and Smythe (2005) argue that there is a convergence between definitions that stress the difficulties associated with reading, *“accuracy and fluency components, with a developmental aspect are now included in many definitions”* (p.70). They add that those authors continuing to state that there is a lack of consensus are relying on older definitions and failing to acknowledge historical progressions. In their article, they include a definition that is still recommended to educational psychologists in the UK when

assessing for dyslexia (British Psychological Society 1999 cited in Siegal and Smythe 2005):

Dyslexia is evident when accurate and fluent word reading and/or spelling develops very incompletely or with great difficulty. This focuses on literacy learning at the 'word' level and implies that the problem is severe and persistent despite appropriate learning opportunities (p.70)

Cooke (2001) stresses that the limitations of the definition as it excludes "*those who are sometimes (misguidedly) called 'compensated' dyslexics – those who have few (remaining) problems with reading*" (p.49). Rose (2009) suggested that difficulties associated with dyslexia, including reading can change, with age or with adequate instruction. A definition used primarily for diagnostic purposes should, therefore, consider this.

1.3.3 The Rose Review (2009) definition

The definition that is most used today both nationally and internationally, it is included on both the British Dyslexia Association and Dyslexia Action websites (UK based Dyslexia Charities), was proposed by the Rose Review in 2009. The Rose Reviews (2009) definition begins by focusing on the determining role of impairments in accuracy and fluency regarding the acquisition of reading associated with dyslexia.

Dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling. Characteristic features of dyslexia are difficulties in phonological awareness, verbal memory, and verbal processing speed.

Co-occurring difficulties may be seen in aspects of language, motor co-ordination, mental calculation, concentration, and personal organisation, but these are not, by themselves markers of dyslexia (Rose 2009: 10).

The Rose Reviews (2009) definition appears to be inclusive and wide-ranging enough to accommodate dyslexic people that have acquired basic reading, which is something that other definitions have often neglected (Cooke 2001). However, as reading proficiency is not limited to accuracy and fluency, the definition fails to account for comprehension and “*developing knowledge of figurative language and irony*” (Wolf, 2008: 137). If a person has ever encountered difficulties developing accuracy and fluency, then they will have difficulties in other areas of reading.

The Rose Review’s (2009) definition also addressed recent advancements in the field and acknowledged that although once categorised under the umbrella terms, ‘specific learning disorder’ (which is still recommended by the American Psychiatric Association, or ‘specific learning disability’ (which was recommended by the Warnock Report in 1978, and is still used within educational institutions today) dyslexia should now be considered on a continuum and not as a ‘specific’ impairment.

Dyslexia occurs across the range of intellectual abilities. It is best thought of as a continuum, not a distinct category and there are no clear cut-off points. (Rose 2009: 10).

When considered as a continuum it can be acknowledged that not only does dyslexia exist but that it is not something that can be ‘cured’ (see the Doman-Delacato method 1968 as an example of a suggested cure). The suggestion that dyslexia is a dimension (Snowling 2008) and that dyslexia should be “*the name given to a set of reading behaviours rather than a distinct category*” (Snowling 2014: 44) has been met in part with negativity. Whilst acknowledging the complexity and inappropriateness of deciding whose difficulties are severe enough to be labelled as dyslexic, Riddick (2010) also stressed the concern that without ‘cut-off’s’ dyslexia might once again be misinterpreted in the wider world as a ‘myth’ as it had in the past.

A definition of an impairment can only ever be viewed as a starting point to acquiring an understanding of the experiences of those affected by the impairment. Although definitions have been developed or expanded for different purposes, as Siegal and Smythe (2005) argue most definitions still stress the common and determining inclusion of experiencing accurate and fluent reading. Although I would suggest that the inclusion of positive attributes associated with dyslexia should be removed from definitions, I feel that as the Rose Reviews (2009) definition includes co-occurring difficulties, which can include those dyslexic people that have acquired basic reading (Cooke 2001) it should, therefore, be considered to be progressive in the field of dyslexic research.

1.4 Thesis outline

In chapter two, to provide the reader with a contextual background to the students experiences the chapter will begin with a brief overview of the neurological and cognitive theories of causation within the field of dyslexia, the influence of national school policy in England on the categorisation of dyslexia within schooling and an exploration of some of the assessment procedures currently available to identify dyslexia. Research within the field of dyslexia that prioritises a dyslexic person's lived experiences will then be examined as this field of inquiry best provides the background to the subjective experiences of dyslexic students which is the focus of this research.

Chapter three examines the applicability of Shakespeare's interactional approach to disability (2014) in conceptualising school-aged dyslexic students' subjective experiences of impairment and disability as sought within this research. To position the development of Shakespeare's (2014) interactional approach to understanding disability, chapter three offers a brief overview of the history and emergence of 'disability studies' in Britain and parallels will be drawn throughout between 'disability studies' and academic literature in the field of dyslexia. The chapter concludes by addressing themes identified within the Interactional approach, terminology, the complexities of labelling, and the challenges of a barrier-free world.

Chapter four evaluates and justifies the methodological rationale of this research. This chapter addresses my stance on reality, the research design employed and my positionality as a researcher. Methodological challenges faced such as ethical considerations will be discussed and the qualitative methods employed for data collection, such as the use of a digital visual communication aid entitled 'Talking Mats' during the semi-structured interview stages. The chapter concludes with an evaluation of the 'trustworthiness' of the research and its process.

Chapter five describes the process of analysing the data within this research. It begins with a discussion of the transcription process and the methods used to code and analyse the data. Next, it presents the data under the three overarching themes that emerged during the thematic analysis process. The three overarching themes are, 1) diagnosis, dyslexic students experiences of the process of being identified and labelled as dyslexic, 2) dyslexia, the difficulties experienced by dyslexic students in the classroom and 3) discrimination, dyslexic students' experiences of discrimination and the effects within schooling.

Chapter six draws together the data gathered throughout the research to discuss and summarise the findings and outline the main contributions of this research. Shakespeare's (2014) interactional approach to disability was considered throughout the discussion in chapter 6 to conceptualise the findings within a wider 'disability studies' context.

2 Chapter 2 – Literature Review

As the importance of identifying dyslexia early within a student's schooling, to prevent educational failure, is generally agreed (Rose 2009) research within the field of dyslexia is therefore dominated by neurological and cognitive studies of causation, identification, and remediation. As the aim of this thesis is to gain knowledge of dyslexia through the subjective experiences of students currently attending mainstream state schooling in England, this literature review chapter is dedicated to the examination of research within the field of dyslexia that prioritises individuals lived experience of schooling.

To offer a contextual background to the students' experiences, the chapter will begin by offering a brief overview and critique of the dominant neurological and cognitive theories of causation within the field of dyslexia, the influence of national school policy in England on the categorisation of dyslexia within schooling and an exploration of some of the assessment procedures currently available to identify dyslexia. The chapter will then be dedicated to thematically analysing the lived experiences of dyslexic participants from twelve chosen studies. The five main themes that were identified are, the dominance of 'diagnosis' within lived experience research, acquiring a 'diagnosis' of dyslexia, the diagnostic assessment, the lack of assistance and adjustments within educational settings and bullying experienced from teachers within schooling.

2.1 The concept of dyslexia

This section will provide the reader with a contextual background of the concept of dyslexia from which to understand the students' experiences presented in this thesis. The section will provide an overview of the three current dominant theories of the intrinsic causality of the impairments associated with dyslexia. The theories discussed are: firstly, the Magnocellular theory (Stein 2001), and its contribution to the development of coloured tinted reading aids to lesson dyslexic students reading difficulties; secondly the Phonological Deficit Hypothesis (Bradley and Bryant, 1983, Stanovich 1988, Snowling, 2000), and its contributions to the identification of

dyslexia early in a child's schooling and thirdly, the Dyslexic Automatization (Cerebellar) Deficit hypothesis (Nicolson and Fawcett 1990), which will highlight how dyslexic students can be subjected to assessments that are unsupported by evidence, due to the limitations of cognitive psychology.

2.1.1 Neurological visual pathways and dyslexia

In this section, I briefly discuss the historical links between dyslexia and visual deficit theories of causation, before moving on to address the current neurological theory of visual impairments, the Magnocellular theory (Stein 2001), associated with reading difficulties and outline the discomfort experienced by dyslexic individuals. Although Stein suggests that a deficit in the magnocellular pathway, would cause visual disturbances when reading, it is not considered as a complete, causational theory of dyslexia. The contribution magnocellular research has made is to the development of tinted reading aids to alleviate visual stress, that is reportedly higher in people with dyslexia (Singleton and Trotter 2005) who are the focus of this thesis.

What is defined as dyslexia today was originally referred to as 'word blindness' by physicians and was thought to be the result of a visual deficit. In 1917 a British ophthalmologist James Hinshelwood published his book *Congenital Word-Blindness* in which he described 'word blindness' as a congenital condition in which a person has normal vision and therefore sees "*the letters and words distinctly [yet is unable] to interpret written or printed language*" (p.2). Neurological visual causes of dyslexia began to gradually be rejected and replaced by explanations of phonology due to the development of linguistics and the principles of generative phonology (Chomsky and Halle, 1968, Stein, 2018). In the past two decades, however, there has been researcher interest once again in the role of visual processes as a partial explanation for the reading impairments experienced by dyslexic people. However, research in visual deficits, even as a partial explanation for dyslexia is often still met with scepticism, as it is incompatible with the core phonological theories of dyslexia (Elliott and Grigorenko, 2014).

As the magnocellular system processes visual information in the brain an impairment in such system, has therefore been suggested as a partial neurobiological explanation for the reading difficulties associated with dyslexia (Livingstone et al., 1991; Stein and Talcott (1999) Stein (2001, 2018). An impairment in the magnocellular system would create “*binocular instability and visual perception instability*” which can, therefore, cause letters “*to appear to move around and cross over each other*” (Stein, 2001: 12). These visual-perceptual distortions have been referred to as visual stress and symptoms include, blurring, double vision, and eye strain, and can cause headaches and discomfort when reading (Singleton 2012).

Findings from magnocellular research, that suggests a deficit in the magnocellular visual pathway so far have been mixed (Stein 2001). When found visual impairments, although evident, are not limited to an impairment within the magnocellular system (Ramus 2003). Although evidence from magnocellular research is a partial causal theory for reading difficulties is currently inconclusive, experiences of visual stress, such as those postulated by the theory are still reported in up to 70 per cent of people with dyslexia (Nandakumar and Leat, 2008).

2.1.1.1 Visual stress and tinted reading aids

Rack and Turner (2005) built on Meares and Irlen’s insights into visual stress that was developed in the 1980s, to alleviate the discomfort experienced by visual stress when reading. Further research based on the magnocellular theory has also suggested using colour tinted overlays, filters, or glasses (Stein 2001). The Irlen Institutes original and current suggestion is that the use of individual precision-tinted coloured sheets placed on a page (overlays) and filters or coloured glasses (Rack and Turner 2005) can alleviate visual stress and therefore:

improve reading fluency, comfort, comprehension, attention, and concentration while reducing light sensitivity. This is not a method of reading instruction. It is a colour-based technology that filters out offensive light waves, so the brain can accurately process visual information (Irlen, 2017).

Although the Irlen institute operates worldwide their approach remains controversial (Evans and Allen, 2016) and it has been heavily criticised for lacking scientific evidence and for failing to use eye care professionals when detecting visual stress and recommending treatment (Rack and Turner 2005; Evans and Allen, 2016). However, Stein (2018) has stressed that the studies that investigate the use of coloured filters are often small and badly designed. Regardless of scepticism, some suggest that there is *“accumulating evidence of symptom reduction and gains in rate of reading using coloured overlays and filters in children”* (Singleton, 2012: 94).

An additional criticism of the Irlen approach is due to the substantial cost of the consultations and the subsequent production of their precision colour tinted glasses, (Stein, 2007). Rather than suggesting the use of individual precision coloured tinted glasses Stein and their team stress the use of one of two colours, yellow or blue (Stein, 2001). Stein and their team suggest:

that children with visual reading problems can be assisted to see print more clearly and reliably using very cheap and safe yellow or blue filters (these were the colours children chose most often), and that this is often followed by significant reading improvements (Stein, 2007: 17).

Stein’s approach was developed to be relatively inexpensive so it could help to alleviate the discomfort experienced when reading for more people than the Irlen approach. Although research in this area is still in the early stages it is continuing (Stein 2018).

Some argue that visual deficits are not the cause of the reading difficulties associated with dyslexia (Creavin et al., 2015). It has also been suggested that dyslexic people may simply become more susceptible to visual stress as they typically need to focus on the visual components of the text more than the general population (Elliott and Grigorenko, 2014). Creavin et al (2015) propose that although visual stress may not cause dyslexia, it contributes to the overall impairments that a dyslexic person may

experience. Further developments in the use of coloured tinted visual aids to ease the discomfort some dyslexic people experience, due to visual stress, when reading should, therefore, be supported. However, as coloured tinted reading aids may ease the discomfort of reading, as it is not effective in improving educational outcomes for dyslexic learners it could also be suggested that it may be more beneficial to pursue other interventions involving phonics to improve reading skill (Creavin et al., 2015), to not only improve difficulties associated with dyslexia but prevent the occurrence of visual stress.

2.1.2 The phonological Deficit Hypothesis

In this section, I offer a brief critical overview of the dominant cognitive explanation of dyslexia, the Phonological Deficit Hypothesis, and its contribution to the field of dyslexia (Bradley and Bryant, 1983; Stanovich, 1988; Snowling, 2000). I begin the section by briefly addressing how causal theories of dyslexia moved from the visual to the phonological. I then highlight how impairments in processing speed and short-term verbal memory (Goswami, 2008; Elliott and Grigorenko, 2014), contribute to difficulties in developing reading skills and how they can be identified early within a child's schooling, which could aid early interventions. The use of interventions will not be discussed in this section as they are not the focus of this thesis. There is a vast range of interventions for examples, see Brooks, (2016) who has reviewed some of the vast and varied range of interventions. The section concludes by addressing how research from the Phonological Deficit Hypothesis has offered further support for accounts of genetic heredity of dyslexia and how limitations of the hypothesis have highlighted the importance of oral language in acquiring reading skills.

Ophthalmologists such as James Hinshelwood (1917) had originally postulated that when looking at written language, a dyslexic person would experience perceptual distortion (Vellutino, 1979). This would mean that they would see a mirror image of the letters or certain words (such as 'saw' for 'was') (Vellutino, 1979; Brunswick, 2012). It should be stressed that the theory of perceptual distortion proposed by Vellutino (1979) differs from the theory of visual perceptual instability, letters

moving around when reading (Stein, 2001) and they should not be grouped as Cain (2010) does when discussing visual causes for dyslexia. The theory of perceptual distortion (Vellutino, 1979) as an explanation for dyslexia was replaced due to the development of linguistics and the growing evidence of how the brain learns to read. It became understood that letter reversals resulted from the inability to retrieve the correct verbal labels (Wolf, 2008) and not a visual distortion.

According to, (Elliott and Grigorenko (2014) for the past four decades, the Phonological Deficit Hypothesis (Bradley and Bryant, 1983; Stanovich, 1988; Snowling, 2000) has been the dominant cognitive explanation for dyslexia. The Phonological Deficit Hypothesis has led to research that has provided substantial evidence that the difficulties a dyslexic person experiences with reading are mainly attributed to difficulties when acquiring phonological processing skills (Bradley and Bryant, 1983; Stanovich, 1988; Snowling, 2000). There is growing evidence to suggest that difficulties with phonological processing skills are universal not just across alphabetic languages such as English (Snowling, 2014). I now discuss the three areas of phonological processing: phonological awareness, processing speed and short-term verbal memory (Goswami, 2008; Elliott and Grigorenko, 2014), that the Phonological Deficit Hypothesis proposes are impaired within a dyslexic person.

2.1.2.1 Phonological awareness and Dyslexia

A child's awareness of sounds or 'phonological awareness' is the ability to manipulate the sound structures of words (Snowling, 2000 and 2014) and is an important skill in learning to read and write (Goswami and Bryant, 2016).

Phonological awareness involves the awareness of syllables, onset and rime and phonemes (Carroll, Snowling and Hulme 2003, Goswami and Bryant, 2016). A syllable is a single unbroken unit of sound and although syllable segmentation is not completely transparent to young children, most children will find it to be an easier task than phoneme segmentation (Liberman et al., 1973; Goswami and Bryant, 2016 Carroll, Snowling and Hulme 2003). A phoneme is the smallest element a word can

be broken into and for young children, it is a task they find difficult and it requires explicit instruction to acquire this skill.

It is suggested that poor phonological awareness can be an early indicator of developing reading difficulties which include dyslexia (Snowling, 2000). Although it remains difficult to separate the cause of poor phonemic awareness from the consequences, the relationship often appears to be bi-directional as further development of reading skill can also improve phonemic awareness (Elliott and Grigorenko, 2014). This is comparable to the prevention of visual stress, as discussed earlier in this chapter if the reading skill is improved (Creavin et al., 2015).

Impairments in phonological awareness can be assessed by children reading phonologically decodable, non-words (Snowling, 2000) or pseudo-words (Stein, 2018). As they are words the child has not seen before they need to rely on their phonological skills to decode the word rather than use their visual memory (Snowling 2000). The statutory Phonics Screening Check (PSC) was introduced in 2012 to English schools for all year one children. The task is simple to administer yet is effective at predicting future reading failure (Snowling, 2000; Stein, 2018). It remains controversial (Bradbury 2018) due to concerns over the Phonics Screening Check's (PSC) effectiveness in identifying and remediating those that are struggling with reading (Duff et al 2015). Unfortunately, gains from phonics interventions are not always sustained (Elliott and Grigorenko, 2014) due to an increase of statutory assessments and the additional pressures that are related (Bradbury 2018).

2.1.2.2 Processing speed and Dyslexia

Dyslexia can affect the speed at which information can be processed (Fawcett and Nicolson, 1994; Everett et al, 2009; Elliott and Grigorenko, 2014). Processing speed is the time taken to process familiar verbal information, such as letters and digits (Rose, 2009) and it is assessed using a process termed rapid automatized naming (RAN). Diagnostic assessments for dyslexia include the RAN test (Turner, 2000; Shaywitz, 2005). It is included in the assessments for dyslexia as processing speed at the initial

pre-reading stage is strongly related to word reading (Torgesen et al, 1994) and being able to read fluently is a developmental process that is correlated to all key aspects of phonological processing (Elliott and Grigorenko, 2014).

However, the overall influence of processing speed on phonemic awareness tasks has been questioned. When Snowling (2000) investigated individual differences in phonological processing skills in dyslexic readers, they found that children who were slow at processing tended to be better at reading non-words than those that were not. It has also been suggested that when assessing for processing speed, using a rapid automatized naming (RAN) test, it is only found to be a predictor of reading ability in children aged five to eight years (Cain 2010). However, if a person with dyslexia has a difference in the speed by which they process information this could also account for other impairments associated with dyslexia such as being able to recite times tables (Turner, 2000).

2.1.2.3 Short-term verbal memory and dyslexia

There is consistent evidence that suggests that a dyslexic individual has poor verbal memory (Everett et al 2009, Snowling 2000, Riddick 2010). A poor short-term verbal memory can influence phonemic awareness as it could take longer for a child to acquire the phonemic representations needed for accurate reading. There is also evidence to link dyslexia with glue ear. As glue ear affects the perception of sound this could be the reason for the limited ability a dyslexic child has to become secure in phonemes (Everett et al, 2009). Research has also shown that dyslexic children can have both glue ear and poor short-term memory (Peer, 2002). Poor short-term memory can have implications across learning and everyday life (Everett et al, 2009). Remembering new names, instructions, and rote learning days of the week (Snowling, 2000; Riddick, 2010) have also been found to be problematic for a dyslexic individual.

2.1.2.4 Family risk studies

Further research based on the Phonological Deficit Hypothesis (Bradley and Bryant, 1983; Stanovich, 1988; Snowling, 2000), evidence from family risk studies, (researchers follow the progress of a child who has a dyslexic parent), also suggests that phonological processing impairments and therefore dyslexia has genetic links (Snowling et al., 2003; Snowling, 2014). Evidence from family risk studies is crucial not only for the identification of dyslexia (Snowling et al., 2003; Shaywitz, 2005; Snowling, 2014) but also as they have highlighted that a phonological deficit alone cannot account for dyslexia (Stein, 2018) additional oral language impairments must be considered. Snowling (2014) therefore suggests that there also needs to be a greater emphasis on oral language in the classroom, particularly within the early years to aid the acquisition of literacy.

2.1.3 The hypothesised role of the cerebellar, automatization and dyslexia

The Dyslexic Automatization (Cerebellar) Deficit hypothesis (Nicolson and Fawcett 1990) suggests that *“dyslexic children have problems making skills automatic and therefore need to ‘constantly compensate’ even for simple skills”* (Nicolson, 2017: 27). Fawcett and Nicolson (1990) postulate that the cerebellum, which is a subcortical brain structure situated at the back of the brain, which is associated primarily with movement, is also involved in the automatization of any skill, motor or cognitive. The Dyslexic Automatization (Cerebellar) Deficit hypothesis (Nicolson and Fawcett 1990) therefore suggests that a person with dyslexia will have a deficit in their cerebellum and that this explains why individuals with dyslexia can also appear clumsy, have motor impairments (such as difficulties when writing by hand) and can fail to respond to reading interventions (Barth et al., 2010). Although Fawcett and Nicolson suggested in 2004 that their theory remains controversial, Nicolson today still claims that it *“is the simplest and most complete framework for understanding dyslexia”* (2017: 28).

A crucial test for automaticity is the ‘dual-task’ setup, where a participant needs to be able to balance and perform another task at the same time (Nicolson, 2017).

Nicolson has recently claimed that during several attempts to replicate his and Fawcett's original findings that at least half of dyslexic children show balance difficulties (2017: 29). However when children that had also been diagnosed as having ADHD, had been removed from the results motor problems, in a study by Ramus et al., 2003, a study cited by Nicolson (2017), "*were only found to be present in four of the sixteen participants*" (p. 860). Several additional studies have also failed to provide evidence to support the assessment proponents of the Dyslexic Automatization (Cerebellar) Deficit hypothesis (Nicolson and Fawcett 1990), (Barth et al., 2010).

Despite the lack of evidence supporting the Dyslexic Automatization (Cerebellar) Deficit hypothesis (Nicolson and Fawcett 1990), Fawcett and Nicolson created a screening test, the Dyslexia Early Screening Test (DEST), for dyslexia based on The Automatization (Cerebellar) Deficit Theory (1990). Due to funding and support from both the Teacher Training Agency and the British Dyslexia Association (Fawcett et al 1998), the DEST has been disseminated and used throughout UK educational institutions for nearly two decades.

2.1.4 Conclusion

The Magnocellular theory (Stein, 2001) as a partial neurological causal explanation for the reading difficulties experienced by dyslexic individuals has been met with scepticism (Elliott and Grigorenko, 2014) and findings have been mixed (Stein 2001). However, as dyslexic students have been suggested to be more susceptible to visual disturbances and as this can contribute to their reading difficulties (Elliott and Grigorenko, 2014 and Creavin et al., 2015), if inexpensive yellow or blue, tinted filters can lessen the discomfort a dyslexic student may experience and improve their reading, (Stein, 2007) then further research in this area should be encouraged.

The Phonological Deficit Hypothesis (Snowling, 2000) remains the dominant cognitive causal explanation of dyslexia. It suggests that dyslexia results from an impairment in acquiring phonological processing skills and has contributed to advancements in

early identification procedures, for example, the statutory Phonics Screening Check (PSC).

The Dyslexic Automatization (Cerebellar) Deficit hypothesis (Nicolson and Fawcett 1990) has been described as controversial (Fawcett and Nicolson, 2004) and findings from 'dual-task' setup tests, which has been claimed to be a crucial test for automaticity (Nicolson, 2017) remain unsupported (Barth et al., 2010). Despite this Nicolson (2017) still claims that the Dyslexic Automatization (Cerebellar) Deficit hypothesis (Nicolson and Fawcett 1990) is the most complete framework for understanding dyslexia and the Dyslexia Early Screening Test (DEST), is still being disseminated throughout educational institutions today. This research suggests that the use of the Dyslexia Early Screening Test (DEST) to assess dyslexic students should cease as it is unsupported by research and therefore the assessment may provide an inaccurate identification of dyslexia.

Overall, this current research acknowledges the important contributions cognitive and neuropsychology has made to the field of dyslexia. This section however was kept brief as the focus of this thesis is the subjective experiences of dyslexic students that are currently attending schooling and not causational theories of dyslexia.

2.2 The categorisation of dyslexia in English schools, the influence of policy

This section offers a brief critique of the categorisation of dyslexia within schooling and the impact this can have on a dyslexic student and their school experience. The section begins with considering the influence national educational policy has had on the labelling of dyslexia within school. This includes an assessment of the impact of the Warnock report (1978) on the categorisation of dyslexia within schooling and how Warnock is still influential today. This critique acknowledges the important contribution that the Warnock report (1978) made on the integration and support for children and young people in Britain with additional needs, it focuses on how the Warnock Report (1978) has influenced the labelling of dyslexia within schooling.

In the 1970s the Conservative government appointed a committee, chaired by Mary Warnock to review the educational provision in Britain for *“children and young people handicapped by disabilities of body or mind”* (Warnock, 1978: 1) and the outcomes became known as the Warnock report (1978). The Warnock report (1978) advocated the abolition of single categories of handicap as they may have educational disadvantages for both the child or young person and the school system. It stressed that the use of *“categorisation perpetuates the sharp distinction between two groups of children, the handicapped and the non-handicapped”* (p.43) and argued that labels can lead to stigmatisation which was a view widely held in the 1970s and 1980s (Riddick 2010). To replace single categories of handicap Warnock (1978) recommended the use of two umbrella terms, Learning Disabilities (LD) and Specific Learning Disabilities (SpLDs). The terms were later introduced in 1981 by the Education Act. The categorisation of dyslexia under Specific Learning Disabilities (SpLD) is still recommended by national educational policy, under the Special Educational Needs and Disability code of practice, provided in the Children and Families Act 2014.

The Warnock Report (1978) recommended the use of Learning Disabilities (LD) to *“describe both those children who are currently categorised as educationally sub-normal and those with educational difficulties who are often at present the concern of remedial services”* (Warnock, 1978: 43). The use of Specific Learning Disabilities (SpLD) was recommended for children and young people with *“particular difficulties, such as specific reading difficulties”* (Warnock, 1978: 43) as other labels may suggest that the child suffers from an intrinsic deficiency (Warnock 1978). As discussed previously within this chapter, it has been suggested for some time that dyslexic people have intrinsic differences, so therefore a separate term on these grounds is not required and this research would suggest that it should no longer be used within either national educational policy or schooling. In an interview for The Telegraph, Baroness Warnock in 2010 revealed how the Warnock Report (1978) committee at the time of the review had been *“warned not to discuss the needs of the dyslexic, dyslexia being at that time widely regarded as a condition invented by the middle classes as a cover for the stupidity of some of their children”* (Warnock 2010).

Therefore, as dyslexia was regarded as a 'myth' by the government in 1978 this may have influenced the separation of dyslexia, by the word 'specific' from such impairments categorised as having intrinsic elements.

Professor Snowling (2014) has also claimed that dyslexia should not be categorised as a 'Specific' Learning Disability (SpLD). This suggestion, however, is not based on the intrinsic impairments associated with dyslexia, but due to Snowling's (2014) proposal that dyslexia should be used as a term to reflect a set of reading behaviours, a dimension rather than a category. It has been suggested by Rose (2009) that by rejecting the notion that dyslexia is a 'specific' set of behaviours, (that cannot be altered), particularly within an educational setting, should allow for a greater opportunity for awareness and the improvement of some difficulties through effective interventions (Rose, 2009).

National educational policy is failing to engage with academic research in the field of dyslexia, for example, by continuing to use the term 'specific' in their umbrella category for dyslexia recognition, despite this being discredited for use (Snowling, 2008 and 2014; Rose, 2009). The lack of recognition regarding the use of the label of dyslexia within schooling could affect the adjustments and support made available for the student in the classroom. Although the use of interventions will not be discussed in this chapter, or throughout this thesis, because they are not the focus of this research, it is acknowledged that failing to recognise dyslexia and the individual difficulties associated within a classroom environment, may limit the use of evidence-based classroom support, for example, phonics-based interventions designed to improve reading skill (Creavin et al 2015).

Snowling's (2014) proposal, however, has limitations as it only emphasises 'reading', and therefore only gives a partial representation of the impairments associated with dyslexia. Riddick (2010) however does not limit the term dyslexia to 'reading' whilst discussing the debates about labelling an individual. Riddick (2010) used an example of a young man that introduced himself to her at the end of a lecture by saying:

Hi, I have a learning disability, a reading disability, a writing disability, a math disability, a co-ordination disability, and attention deficit. Can you suggest how I can improve my really low self-esteem? (P. 8)

This quote highlights how an umbrella term, in this case, learning disability, has not replaced what Warnock described as “*single categories of handicap*” (Warnock 1978). Learning disability does not define the difficulties the young man experiences, although, he has used the umbrella term he found it insufficient and needed to place it alongside the single-use terms. Riddick (2010) uses this example to suggest that the single term ‘dyslexic’ should be used in place of reciting categories of disability and deficit, as it may be more beneficial to a student’s self-esteem. Although this is an interesting suggestion, this research suggests that if the labelling of a person is to be beneficial to them, then their opinion should be sought. This represents a current gap in the field and although further research is needed to explore this issue, this is not the focus of this current research and will not be covered.

2.2.1 The statement of Special Educational Needs (SEN), funding and dyslexia

In contradiction to the Warnock report’s (1978) recommendation that schools should focus on students’ individual needs and not a label of disability, the importance placed on the professional assessment for disability and the need for categorisation increased in the 1980s. Arguably this change was influenced by the allocation of funding provided to a school by the Local Education Authority (LEA) if a child received a statement of Special Educational Need (SEN). The statement of SEN was suggested by the Warnock Report (1978) and enforced by the 1981 Education Act, in an aim to protect the students with the most severe disabilities. Although the Warnock Report (1978) was developed around the time of the social model of disability movement in Britain, the movements lack of influence on education is reflected as the individual statements of SEN are underpinned by a medicalised model of education (Oliver, 2009), this will be discussed further in chapter three.

Once a student had a statement of SEN local authorities had a legal obligation to meet the needs of the child or young person (Warnock, 2005) but they had no

obligation if they did not have a statement. This led to many parents demanding statements (Warnock, 2005). As the local authorities had a legal obligation to provide extra funding to schools for those students that had statements of SEN, due to local authorities financial restraints, particularly in the eighties and nineties, and the task of covering the needs of all children, statements of SEN have become “*essentially concerned with available resources, not with needs*” (Warnock, 2005: 29). Therefore, as Oliver (2009) notes, special education is not just about meeting the needs of those children and young people that may require additional assistance. The challenge remains today where schools have little or no funding to undertake the initial assessment, consequently, only those families that could afford an assessment of dyslexia (often by a private educational psychologist) could be identified as dyslexic. Once identified they could then demand a statement.

Unfortunately, the introduction of the Education and Health Care Plan (EHCP) in 2014, under the Children and Families Act (2014), has removed the allocation of additional school funding for dyslexic students that do not have an additional health impairment, and therefore schools may not be able to provide the adjustments and support requirements of a dyslexic student. The studies reviewed in this chapter would not have been influenced by this change in policy, but it is still worth noting for future research. The introduction of the EHCP has not only removed the allocation of additional funding but it has enforced a hierarchy of impairment needs within schooling that prioritises physical impairments which may begin to have a detrimental effect on dyslexic students and their educational outcomes.

2.3 Assessment procedures available to identify dyslexia

Identifying and labelling students using the term ‘dyslexia’ is actively encouraged in England by charities (British Dyslexia Association, 2018, Dyslexia Action, 2018) academics (Riddick, 2010; Snowling, 2014) and by government enquiries (Rose, 2009). Although each organisation or author may suggest different approaches to the identification process, there is an agreement that it should be done early in a child’s schooling, including pre-school years (Riddick, 2010; Snowling, 2014; Rose, 2009) to

prevent educational failure. To offer a contextual background to the students' experiences of being identified as dyslexic, this section explores the assessment procedures available to identify dyslexia.

As schools in England do not receive any funding to assess a person for dyslexia, discrimination in terms of socio-economic background needs to be considered when discussing the age, a person is identified as being dyslexic. As there is no funding made available in schools' only students whose parent or the person of parental responsibility that can fund an assessment will receive one. Currently, there are more affordable tests available, ranging from free to approximately £320, see Table 2.1 for a few examples. However, it is worth noting that the fee for a test may still be added to the cost of a diagnostic assessment as many still argue that it *"is the only way to really understand if someone is dyslexic"*. (British Dyslexia Association, 2018). Even the author of the *Shaywitz Dyslexia Screener* that costs approximately £60, (see Table 2.1) contends that a clinical diagnosis of dyslexia is critical (Shaywitz, 2005). A diagnostic assessment in England can cost up to £720 (plus VAT) per person (British Dyslexia Association 2019).

The active encouragement of labelling an individual as dyslexic by the British Dyslexia Association, however, should be viewed with caution. Although they advertise the use of checklists and screening tests, for example, Dyslexia+ Profiler and Nessy Quest (British Dyslexia Association 2019), see Table 2.1 for further details, they state that *"dyslexia can only be formally identified through a diagnostic assessment"* (British Dyslexia Association 2019). Prices for a diagnostic assessment is between £540 and £720 and can not only be booked through the British Dyslexia Association website, but the training and accreditation to be a Specialist Teacher, that is classified as qualified to conduct the assessments is only provided through the British Dyslexia Association. The British Dyslexia Association, therefore, receives financial gains from the diagnostic assessment procedure of dyslexia.

Name	Age (years)	Cost	Time	Tests involved	Individual	Teacher-Led
Nessy Test	5-7	Free	5 – 10 minutes	10 categories; 1)Letter sounds, 2) Sequences, 3)Speaking, 4) Listening 5)Naming, 6) Reading 7)Spelling, 8) Directional 9) Family history, 10) Strengths	Yes (possibly completed by a parent).	
Shaywitz Dyslexia Screener	5–7: 11	Approx. £60	5 minutes	Consists of 10 items regarding a student’s language and academic behaviour		<ul style="list-style-type: none"> • Computer-based • To be completed by the teacher • Can be used individually or in groups
Nessy Quest	3 groups 1) 5-7 2) 8-10 3) 11-16	£10 for a year’s subscription per person	Approx. 20 minutes to complete 6 tests	6 subtest each has ten questions 1)Working memory 2)Phonological awareness 3) Processing speed 4) Visual sequential memory 5) Auditory sequential memory 6)Visual memory	Yes. Computer-based.	
GL – Assessments; Dyslexia Screener	5-16	Approx. £320	40-60 minutes	6 tests covering 3 areas: 1) Ability, 2) Attainment and 3) Diagnostic Each area has 2 assessments		<ul style="list-style-type: none"> • Computer-based assessment • Whole class
GL – Assessments; Lucid CoPS	4-8	Approx. £300 per year for 10 users	45 minutes	1)Phonological awareness 2)Phoneme discrimination 3)Auditory short-term memory 4)Visual short-term memory 5)Visual and verbal sequencing		<ul style="list-style-type: none"> • Computer-based

Table 2.1: Examples of Dyslexia Assessment Test

2.3.1 The Dyslexia Early Screening Test (DEST)

As discussed earlier within 2.1.3 the Dyslexia Early Screening test (DEST) was developed from the Dyslexic Automatization (Cerebellar) Deficit hypothesis (Nicolson and Fawcett 1990). Due to the support it had received from the British Dyslexia Association (BDA) it has been used to assess dyslexic students throughout UK educational institutions for nearly two decades. It is used here to provide a brief example of an assessment process and costs involved in the identification of dyslexia. The DEST has subsequent assessment packages, DEST 2, DEST J, DEST S and the DAST and contains a set standard of tests to be administered, for example, the DEST 2 contains twelve subtests.

The first DEST, The Dyslexia Early Screening Test, which is now the DEST 2, was *“designed to be administered in the first term of school, with the goal of identifying children at risk of failure, before they fall behind their peers”* (Fawcett et al., 1998: 64). It is designed to be administered on children aged four years and six months through to six years and six months. Rose (2009) suggests that blanket screening tests such as the DEST 2 are unreliable and do not predict later reading difficulties. There is now also a DEST J (for children and young adults aged six years and six months through to eleven years and five months), a DEST S (for children and young adults aged eleven years and five months through to sixteen years and five months) and DAST (for people aged 16 years and five months and over). These additional screening packages contradict the original purpose of the DEST, as it was designed to screen children early within their schooling.

2.3.1.1 Components of the test

The DEST 2 contains 12 subtests. These include some components found in other assessments for dyslexia such as, ‘rapid naming’ and ‘phonological discrimination’. The tests slightly differ between the DEST packages, namely to account for the age of the student. Components that directly relate to the Automatization / Cerebellar Deficit Theory include tests such as, ‘bead threading’ and ‘postural stability’. These tests are included in all the packages. Fawcett and Nicolson (2004) have suggested that the ‘postural stability’ test contained in the DEST packages *“has been shown to be one of the best predictors of resistance to remediation and is typically found in dyslexic children rather than slow*

learners” (p.15). Despite this claim, Barth et al., (2010) failed to find evidence to support the use of the postural stability test.

Fawcett et al., (1998) stresses that the DEST was designed to be “*inexpensive, self-contained, accessible to all schools without the need for special equipment; it can be interpreted by the teachers themselves*” (p.64). As the DEST 2, J, S and the DAST are priced from £230 for fifty people, when compared to an educational psychologist assessment costing approximately £720 (plus VAT) per person (British Dyslexia Association 2019) then in comparison it is inexpensive. However, as the test is proposed only to screen for dyslexia and is not intended to replace an educational psychologist assessment, then it could be viewed as an additional expense.

There are many assessment procedures currently available to identify dyslexia. As this current research aims to address a student’s experience of an assessment and not to offer an analysis of assessment procedures themselves this section has been kept brief. It has however provided useful insights, for example, as there is no funding available within schools for these assessments, dyslexic students are disadvantaged due to socio-economic opportunities. The assessments themselves should also be viewed with caution, as the cost of some tests may be added to a diagnostic assessment and some, for example as the Dyslexia Early Screening Test (DEST) was developed from a controversial (Fawcett and Nicolson, 2004), unsupported theory of causation, then the results of the DEST can be a false representation of a dyslexic identification.

2.4 Researching the lived experiences of dyslexic individuals

As the aim of this thesis is to gain knowledge of dyslexia through the subjective experiences of school-aged students, the remainder of this literature review chapter is dedicated to the critical examination of previous research within the field of dyslexia that prioritises dyslexic students lived experiences. The criteria for a study to be included within this review was the inclusion of qualitative data collected and analysed that included the individual experience of schooling. Research in this area however has limitations. Ideally, I required studies conducted within the last ten to fifteen years, that involved school-aged participants.

However, as most of the studies involve adult participants and are therefore retrospective accounts of their educational experiences the criteria for inclusion had to be extended to include older studies, for example, Edwards (1994).

Of the twelve studies reviewed only four, (Riddick, 2010; Burden, 2005; Humphrey and Mullins, 2002 and Edwards, 1994) involved school-aged participants. Although school-aged, the participants within both Burden's (2005) and Edwards' (1994) studies involved dyslexic students, that had been sampled from English specialist independent schools for people with dyslexia and not mainstream schools. Whereas, Humphrey and Mullins (2002) sampled participants from both mainstream schools and specialist units. Riddick (2010: 56) sampled dyslexic students from a mainstream schooling cohort, however, they had all been diagnostically identified as dyslexic and had been attending private tuition each week at a specialist centre for dyslexic teaching. Therefore, overall, these studies, (Riddick, 2010; Burden, 2005; Humphrey and Mullins, 2002 and Edwards, 1994) may not have been representative of a socio-economically diverse school-aged dyslexic cohort. This, therefore, represents a gap in the field which this research aims to address.

This section of the review will be structured thematically, rather than discussing each study individually, to develop a new way to conceptualise the experience of dyslexia. The five main themes identified include:

- [The dominance of 'diagnosis' within lived experience research](#)
- [Acquiring a 'diagnosis' of dyslexia](#)
- [The diagnostic assessment](#)
- [The lack of assistance and adjustments within educational settings](#)
- [Bullying experienced from teachers within schooling](#)

To support the reader in their understanding of what is being discussed, Table 2.2, provides a summary, of the twelve studies that have been reviewed thematically for this section.

Study name and date	Age and number	Gender	Educational setting	Country	Summary of study
Young Kong (2010)	(6) aged 28-43	3 F, 4 M	FE (Further Education) College	UK	The study aimed to explore the experiences of adults recently diagnosed as dyslexic after beginning their master's degree. Data was gathered qualitatively using one-to-one semi-structured interviews. Data were analysed using a thematic approach. Seven themes were identified as, distress, self-doubt, embarrassment, frustration, relief, confidence, and motivation. Findings reveal the experience of being diagnosed with dyslexia in adulthood can differ depending on a person's emotional status and personality.
Riddick (2010)	(22) aged 8-14	4 F, 18 M	Attended mainstream school. But also received 1 or 2 hours of private specialist tuition a week. Provided by the Dyslexia Institute (now Dyslexia Action)	UK	The study aimed to investigate the process by which children are identified as dyslexic and gain a clear understanding of how living with dyslexia appears from both the individual perspective of the child but also of their mothers. Data was collected using one-to-one semi-structured interviews. The data highlighted the need to change negative attitudes and increase awareness of dyslexia in both schools and a wider society.
MacDonald (2009)	(13) aged 21-54	7 F, 6 M	N/A	UK	The study aimed to develop perceptual knowledge of dyslexia. Adults were interviewed using a semi-structured approach to gather data of their life history. A social model of disability was used for analysis to investigate the impact disabling barriers can have on education and employment. The experience of all participants from a range of diverse social backgrounds was found to be shaped by disabling barriers (institutional discrimination). Those from a working-class background experienced more barriers as they had less access to private intervention and technical support during their school years.

Study name and date	Age and number	Gender	Educational setting	Country	Summary of study
Armstrong & Humphrey (2009)	(20) aged 16-19	5 F, 15 M	FE (Further Education) College	UK	The study aimed to explore to psychological consequences of receiving a diagnosis of dyslexia during adolescence. Data was gathered using semi-structured interviews and focus groups. The authors developed a theoretical model of resistance-accommodation concerning the diagnosis of dyslexia. Resistance can be explained as an unwillingness to accept the label of dyslexia as often there is a perceived stigma to the term. Accommodation, in contrast, is characterised by accepting the label.
Tanner (2009)	(70) aged 17-70	Unknown	TAFE (Technical and Further Education) College	Australia	The study aimed to explore to lived experiences of adults with dyslexia with a focus on the 'deficit perspective of failure'. Failure was broken into five subtypes, system failure, constructed failure, public failure, family failure and personal failure. Data was collected over a 3-year period using, focus group discussions, written or illustrated personal profiles and one-to-one interviews. The data was then analysed thematically based on the five sub-types of failure already identified. Findings within each sub-type highlighted aspects of discrimination and social oppression including but not restricted to stigma, social isolation and exclusion, social categorisation, and victimisation.
Ingesson (2007)	(75) aged 14-25	27 F, 48 M	Unknown	Sweden	The study aimed to investigate the experience of schooling for dyslexic young people in terms of well-being, educational attainment, self-esteem, peer relations and belief in their future. Data was reported to be gathered using semi-structured interviews. Most of the participants reported feelings of distress and failure during the first six years of school. As they

Study name and date	Age and number	Gender	Educational setting	Country	Summary of study
					grew older their difficulties became limited to areas demanding literacy.
Burden (2005)	(50) aged 11-16	50 M	Specialist secondary school for dyslexics	UK	The study aimed to explore dyslexic children's perception of themselves and how this is shaped by people and processes during their early schooling. Data was collected using both semi-structured interviews and surveys to gather information regarding academic self-concept, learned helplessness, locus of control and depression. In contrast to previous research in this area, finding showed that people with dyslexia do not necessarily have to suffer from lifelong feelings of learned helplessness or depression. Instead with the right educational provision, the development of self-efficacy and an internal locus of control can make a powerful contribution towards academic success by the age of sixteen.
Pollak (2005)	(33) aged 18-50	20 F, 13 M	HE (Higher Education) institution	UK	The study aimed to investigate the personal experiences of dyslexic adults in Higher Education. Data was collected using semi-structured interviews. The author identified four major themes running through the data. They became identified as discourses of dyslexia. A set of values, beliefs, and power relations that a person associates with the concept of dyslexia. The data was then analysed under the four identified discourses which were, patient, student, hemispherist (needs explaining) and campaigner.
Humphrey & Mullins (2002)	(63) aged 8-12	Unknown. States the majority were male.	9 Primary schools, secondary schools and SpLD units	UK	The study aimed to investigate the self-concept and self-esteem in dyslexic children using both interviews and questionnaires to gather data. Findings indicate that being dyslexic had negative effects on both a child's self-concept and self-esteem. This was more apparent with the children that

Study name and date	Age and number	Gender	Educational setting	Country	Summary of study
					were attending a mainstream school. Children felt isolated and excluded in their schools and half were regularly bullied.
Dale and Taylor (2001)	(7) There is no mention of age. States they were adults.	Unknown	HE (Higher Education) institution	UK	The study aimed to explore how dyslexic adult learners make sense of their dyslexia. Data was collected through focus groups and learning journals. The data demonstrated the problems and benefits that exist of recognition (or diagnosis of dyslexia) and the non-recognition of dyslexia in both the contexts of schooling and the wider society, including media representations.
Hellendoorn & Ruijsenaars (2000)	(27) aged 20-39	15 F, 12 M	Unknown	Netherlands	The study aimed to use a multi-case study design to explore the personal experiences and views of dyslexic adults. Data was collected using open and in-depth interviews. The study used both quantitative and qualitative analysis. The participants remembered school negatively but had mainly positive family support. Although most respondents viewed themselves as having social and emotional problems, they still perceived themselves as persevering.
Edwards (1994)	(8) aged 16-17	8 M	A specialist school for dyslexics	UK	The study aimed to identify common factors that enabled dyslexic children and young people to achieve stability and good humour despite literacy frustrations. Data was collected using structured interviews, observation, parental interviews, reports from teachers and statementing reports. During the interviews, it became apparent that the participants had suffered extremely bad experiences related to education. The results therefore endeavours provide insight into the repercussions of classroom methods and academic failure.

Table 2.2: Summary of studies exploring the subjective experiences of dyslexic students

2.4.1 The dominance of 'diagnosis' within lived experience research

Previous research in the field of dyslexia highlights that even when research seeks to gain an understanding of dyslexia through the lived experiences of dyslexic individuals, the field of inquiry is still dominated by the constrained, reductionist views of only identifying dyslexia, and the problem within, through a diagnostic assessment (Poole 2003). The twelve studies that have been reviewed, when referring to the identification of a person's dyslexia, for example when discussing the age, a person had been identified as dyslexic, identification refers only to a diagnostic assessment. All twelve studies required a diagnostic assessment of dyslexia within their sampling criteria.

It is worth noting that both Burden (2005) and Humphrey and Mullins (2002) also required evidence from intelligence testing as a criterion for participation in their study. Burden (2005) required all participants *"to demonstrate evidence of at least average intelligence on standardised testing"* (p.38) and Humphrey and Mullins (2002), required their participants to provide *"evidence of at least average intelligence"* (p.4). Within a discrepancy model (Elliott and Grigorenko, 2014), of the diagnostic testing of dyslexia, which is now widely discredited, at least average intelligence was a requirement for obtaining a label of dyslexia. It is now widely understood and recognised that dyslexia is present across a range of intellects (Rose, 2009; Snowling, 2014). The inclusion of intelligence testing as a sampling criterion within the studies by Burden (2005) and Humphrey and Mullins (2002), not only excludes some dyslexic students from the study but also further adds to misconceptions about the links between intelligence and dyslexia.

It should be stressed that although the twelve studies claim to seek and prioritise the lived experiences of dyslexic individuals, many used the information contained on the diagnostic assessment report to provide background information on the participant. Unfortunately, the diagnostic assessment report is a constrained view of the individual which focusses on a person's malfunctioning cognitive system (Poole 2003). A third of the studies, for example, Young Kong 2012, Riddick 2010, Pollak 2005 and Edwards 1994, used the information during their data analysis. For example, in Pollak's (2005) study, that aimed to explore the learning life histories of dyslexic higher education students used information contained on the

participant's diagnostic assessment reports, such as comments “*on the subjects emotional state or personality*” (p.48) during the data analysis process. Using information from the ‘report’ in this way, silences the voice of the dyslexic individual, as the diagnostic reporting of dyslexia represents the influence of the dominant social order (HesseBiber and Leavy 2006) for understanding dyslexia. Although some of the student’s assessment reports were obtained during this current research, information from the reports will only be provided as a commentary on the assessment procedure and they will not be used for information about the participant.

2.4.2 Acquiring a ‘diagnosis’ of dyslexia

As discussed previously identifying and labelling students as dyslexic within the early school years is actively encouraged in England (Rose, 2009; Riddick, 2010; Snowling, 2014; British Dyslexia Association, 2018; Dyslexia Action, 2018). The intention is to prevent educational failure, by interventions (Rose, 2009) that are aimed to ‘fix or treat’ the problems (Tanner 2008). It has been stressed that educational interventions such as intense remedial reading instruction for dyslexic students should be in place before the age of eight Torgesen et al., (2001). Similarly, Riddick (2010) states that case studies confirm that without interventions by the age of seven many children with dyslexia feel they have failed in the classroom. However, in contrast to the urgency stressed within the field of dyslexic research, the average age an individual was ‘diagnosed’ in the chosen studies, was twelve. Two specific issues emerge within the twelve chosen studies on the impact of who gets access to a diagnosis; firstly, how students might have chosen to mask their dyslexia and secondly, the role of economic status in accessing diagnostic assessments.

2.4.2.1 ‘Masking’ dyslexic impairments within the classroom and the impact on ‘diagnosis’

Many dyslexic school-aged students never get as far as a diagnostic assessment to identify dyslexia (Poole 2003) particularly throughout early schooling (Tanner 2008). It has been suggested that this is due to individuals being able to ‘mask’ or ‘hide’ their difficulties during schooling (Edwards 1994) which often means that many may not receive a ‘diagnosis’ until they begin a further or higher education course (Young Kong 2010). The aim of Young Kong’s

(2010) study was to “*provide a deeper understanding of the consequences of a late diagnosis*” (p. 130) and therefore participants were only chosen because they had been formally diagnosed as dyslexic after completing compulsory schooling.

It is interesting that the six participants within Young Kong’s (2010) study perceived their difficulties during their school years as obvious and not something they ‘masked’. There was confusion as to why they had not been identified as dyslexic, “*Teachers thought I was not very good in primary school. For some reason, nobody picked it up. They thought I wasn’t interested or didn’t put enough effort in*” (Participant M: p. 133). Young Kong’s participants also perceived their difficulties as obvious to their parents:

I went through my whole younger years of education struggling... my spelling was atrocious... I don’t remember having much done about it when I was at school, but I know my parents were aware. My dad always made me feel like a failure. I just had to scabble through (Participant E: p.133).

The participants had not ‘masked’ their difficulties during schooling. They expressed confusion about how both teachers and parents had not offered any support and instead added to their feelings of inadequacy.

A participant in Armstrong and Humphrey’s (2009) study also emphasises how they had not tried to ‘mask’ their differences during schooling; “*I sort of knew at school, but I think the teachers had written me off, because of how hard I found lessons*” (p. 99). As Armstrong and Humphrey’s study was concerned with how twenty students in further education react to their diagnosis, only those that had received a formal diagnosis of dyslexia after schooling were eligible to take part. It is interesting to note that a ‘diagnosis’ was offered and conducted as part of the study. The study makes no mention of how participants were sampled for the assessments. Whether they had considered themselves to be dyslexic and wanted a ‘diagnosis’ or whether their differences had been noticed by a teacher at the college.

Although it has been suggested that dyslexia can be ‘physically invisible’ (Riddick 2010) as there are clear markers especially in a classroom environment, it would be difficult for a dyslexic student to be able to ‘mask’ their difficulties. Further evidence suggests that some teachers often ignore such difficulties and deny dyslexia exists (Riddick, 2010). David, a fifteen-year-old student in Burden’s (2005) study explains how his difficulties with spelling were often ignored before he gained his private ‘diagnosis’ and were able to move schools, *“I had something wrong with my spelling and stuff, but my schools used to say there was nothing wrong with me and it was just behaviour and stuff”* (p. 68). Although David was identified during schooling, he explains how his comprehensive school still refused to acknowledge his dyslexia. Even after his ‘diagnosis’, David explains that *“they didn’t help me, they just gave me books and told me to get on with it... (the teachers) said, you’ve got to put more effort in if you wanna stay in class”* (Burden, 2005: 68). Even with a ‘diagnosis’ of dyslexia, his teachers denied David recognition and support. Many studies report that the attitude from teaching staff is that dyslexia does not exist (Tanner 2008, Burden 2005) even when there are students ‘diagnosed’ whilst attending compulsory schooling.

2.4.2.2 The role of age and economic positioning on access to ‘diagnosis’

As a diagnostic assessment for dyslexia is not funded by schools, the age a student is diagnosed as dyslexic therefore appears to be dependent on their socio-economic positioning and not their ability to ‘mask’ or ‘hide’ their difficulties. The evidence from these studies suggests that the students socio-economic positioning influences not only the age the student is diagnosed, but their access to specialist teaching and even the possibility of participating within lived experience research, within the field of dyslexia.

David, a participant in Burden’s (2005) study explains that he was not only financially able to get a ‘diagnosis’ of dyslexia which *“cost a lot of money, like £500”* (Burden, 2005: 68) but once he received the funding he was then able to move to a specialist, independent, fee-paying school that specifically caters for dyslexic students. This was also the case for the remaining forty-five participants in Burden’s (2005) and all eight of the participants in Edwards’ study (1994).

Riddick (2010) highlights the limitations of studies like Edwards (1994) and Burden (2005) because they only document the views of middle-class children. However as discussed earlier in this chapter, because the education system in England is often reluctant to recognise dyslexia, it is common that only those school-aged students that can pay for a diagnostic assessment would receive an identification. Riddick (2010) acknowledges the need for research concerned with the lived experiences of dyslexic school-aged students, and advocates drawing upon a more representative example of a dyslexic population, which should include “*students from poorer socio-economic backgrounds*” (p. 56). However as Riddick’s study (2010) only includes school-aged students ‘diagnosed’ as dyslexic, that were attending specialist one-to-one out of school tuition, then it can be suggested that this study is also limited as it only includes those that are structurally and financially able to access such specialist resources.

MacDonald (2009) argues social-class positioning, and economic restrictions are something that shapes a dyslexic person’s experiences. In MacDonald’s study (2009) the social model of disability, (as developed by Oliver 1990, 1996, and Barnes, 1991, 2003 cited in MacDonald 2009) was used to “*develop perceptual knowledge of dyslexia from adults*” (p. 347). The study decided to incorporate a social class analysis within its approach as the literature suggests that “*disabling barriers differ considerably between different socio-economic groups*” (Oliver and Sapey, 2006 as cited in MacDonald 2009: 349). Although MacDonald’s (2009) study did not consider the age of identification in the analysis of the data the reason for five of the six middle-class participants’ all receiving their dyslexic ‘diagnosis’ at age eight can only be inferred. Conversely, the average age of formal identification for the seven working-class participants was thirty-four years.

2.4.2.3 Conclusion

Although Edwards (1994) had suggested that dyslexic students may ‘mask’ or ‘hide’ their difficulties during schooling, the student’s experiences within these studies do not support this suggestion. Students within these studies claimed that their difficulties had been noticeable throughout schooling, particularly within the classroom environment. Therefore, the research suggests that the age the students within these studies had been identified as

dyslexic was dependent on their socio-economic status and not their ability to 'mask' their difficulties.

2.4.3 The diagnostic assessment

The subjective experience of being 'assessed' as dyslexic presents a gap in the field, particularly the experiences of school-aged students. Pollak's (2005) study, investigating the life histories of dyslexic students in higher education, reports how Stephen, aged 22, perceived the experience of being 'assessed', as "demoralising" and the psychologists as being "rude" and "patronising". In the same study, Victoria, aged 49, experienced the process as being distressing and traumatic. She explains her experience in more detail and highlights the need to address this gap:

It was embarrassing...I should think the whole of the study skills department must have heard me break down into sobs of tears...It just felt terribly traumatic...I still didn't know who I was... (the report is) an endless list of things I can't do. (Participant, Victoria aged 49; Pollak 2005: 64).

Without further research, it would be difficult to know if these experiences of a diagnostic assessment are shared by others that have been through the process. The experiences of the participants, Stephen and Victoria, within Pollak's (2005) study stress the necessity to consider individual experiences of a diagnostic assessment alongside the debates on the 'diagnostic' procedures of identifying dyslexia and this current research aims to address this important gap.

2.4.3.1 Initial reactions to the 'diagnosis' and labelling of dyslexia

Regardless of an individual's age, often the initial reaction to being identified as dyslexic within these studies was negative. Many participants felt 'angry' or 'upset' (Humphrey and Mullins 2002) due to the negative misconceptions they held about the term 'dyslexia'. Some researchers suggest that the label of dyslexia is useful, as it dispels misunderstandings of the person often perceived as 'lazy' particularly by teachers (Armstrong and Humphrey, 2009). However, evidence from the subjective experiences of the participants within the chosen studies highlights that the dyslexic person themselves may not find it a useful or positive

experience. Being 'diagnosed' as having a neurological difference was upsetting for many, "*I didn't like a diagnosis of dyslexia... it was like an intellectual deficit...a fancy name for being retarded...a birth defect*" (participant M; Young Kong, 2010: 134). Although having difficulties was challenging, particularly with literacy, being 'dyslexic' to some students meant that they felt that they were "*really stupid*" as something was "*really wrong with them*" (Racheal aged 20; Pollak 2005: 70). Many of the initial perceptions of being labelled as 'dyslexic' and of being 'disabled' were negative.

Students that had been described as dyslexic since late primary school appeared happier and more comfortable with using the term in contrast to those identified after age sixteen, who often resisted or were unwilling to accept they were dyslexic (Armstrong and Humphrey, 2009). Many of those unwilling to accept the label of dyslexia had developed constructs, due to negative school experiences of dyslexia equalling stupidity, "*teachers say that I am stupid; dyslexia equals stupid; therefore, I'm stupid*" (Armstrong and Humphrey, 2009: 99). School-aged students between the ages of seven and eleven begin to evaluate themselves through the opinions of others and they are often very vulnerable to feelings of being different at this stage (Ingesson, 2007). As they move into adolescence identity becomes increasingly fixed (Armstrong and Humphrey, 2009) and therefore emotional sensitivities to being called 'stupid' and feeling like a failure at learning to read and write (Ingesson, 2007) can be detrimental to a person's self-esteem.

It is suggested that a 'diagnosis' of dyslexia early in a student's schooling, therefore, is not only fundamental for preventing educational failure through effective interventions (Rose, 2009) but for a student to be able to gradually acknowledge their difficulties with reading and writing and understand that they are not 'stupid' (Ingesson, 2007). However, the age a student is identified has also been found to have no relation to socio-emotional adjustment, as it is the support that follows whilst at school that seems more important (Hellendoorn and Ruijssenaars, 2000).

2.4.3.2 The 'diagnosis' of dyslexia and the reframing of past educational experiences

All but one of the participants in Riddick's (2010) study, aged between eight and fourteen, felt positive about reframing their identity with the label of dyslexia "*I'm glad I'm called dyslexic and not lazy*", "*I quite like it, I used to wonder why I couldn't keep up*" and "*I'd rather know I've got dyslexia than think I was an idiot*" (p. 83). In the case of the participants in Riddick's (2010) study, however, it is not only the age when they had been identified that needs to be taken into consideration, but as they had all been receiving specialist dyslexia tuition for one or two hours a week outside of school this could have affected how they reframed their identity.

The label of dyslexia had enabled some students to reframe their educational experiences aiding feelings of 'relief' (Young Kong, 2010; Tanner, 2008; Burden, 2005), which in turn meant they felt empowered and motivated (Young Kong, 2010). However, many more students, identified after schooling felt demotivated (Young Kong, 2010). Now that a 'label' had been applied to the difficulties many had experienced throughout schooling, some expressed feeling upset at having missed educational opportunities which they felt an earlier identification would have afforded them:

I was hugely disappointed because I could have done so much better... If I'd only known back then and had different help, my life could have been completely different (Participant E, aged 32; Young Kong, 2010: 134).

Some students felt they had failed their schools as they 'weren't bright enough' or they were simply 'stupid' (Tanner 2008). These beliefs often led students to lose sleep due to worries about their future educational failures. Many students felt that they would never catch up educationally (Young Kong, 2010) which led some to consider withdrawing from their current higher education course (Young Kong, 2010). Other studies also reported students withdrawing from current further and higher education courses following a diagnosis of dyslexia (Tanner 2008 and Armstrong and Humphrey 2009).

Having specialised help and support after being 'diagnosed' with dyslexia appears to aid students' to positively reframe their diagnosis of dyslexia (Riddick, 2010; Burden, 2005;

Hellendoorn and Ruijsenaars, 2000). However even without specialised support, for example, the one to one private tuition the participants in Riddick's (2010) study had undertaken, an identification of dyslexia can become positive over time due to parental support, (Burden, 2005; Hellendoorn and Ruijsenaars, 2000) or supportive peer groups (Armstrong and Humphrey, 2009) which in many cases was found to be most conducive to mental health and self-esteem and even enabling academic success.

2.4.3.3 Conclusion

The categorisation and labelling of dyslexia through a process of 'diagnostic' testing is still advocated by government enquiries, academics, and charities (Rose, 2009; Riddick, 2010; Snowling, 2014; British Dyslexia Association, 2018; Dyslexia Action, 2018). Some dyslexic individuals have suggested that once they were labelled as 'dyslexic' they were able to positively reframe their past and present educational experiences. However, most of the participants in the twelve studies have indicated that the 'diagnosis' of dyslexia made no positive difference to their lives, regardless of the age they had been 'diagnosed'. For some students, their new label increased the stigmatisation they experienced. Further research in assessing and labelling dyslexia is therefore required, the current research will focus on school-aged students' experiences of being assessed and labelled as dyslexic.

2.4.4 The lack of assistance and adjustments within educational settings

Participants in, MacDonald, (2009), Tanner, (2008) and Burden, (2005) studies all recall incidences of neglect, where teachers had refused to assist a student when it had been needed. Although all the participants in Tanner's (2008) study had been diagnosed whilst at school many felt that the 'label' had not helped in any way. A participant named Student F, aged 24 stressed:

I went through so many tests – for what purpose – a label? And what good did it do – nothing – couldn't they just see I was struggling – why couldn't they just help me to learn to read and write? (Tanner, 2008: 792).

As highlighted without help and support within educational settings the 'label' lacks purpose (Riddick, 2010; Burden, 2005; Hellendoorn and Ruijsenaars, 2000). Another female participant in Tanner's (2008) study named student L, aged 21 highlights this point further. Tanner (2008) reports that due to specialised private tutoring throughout her school years when beginning a vocational tertiary course student L, had felt confident in asking for allowances, such as notes of lectures before class. However, even with the support of the Disability Support Office, her requests were refused by tutors and she ended up leaving the course. It could be suggested that student L, may have become dependent on the external support received throughout schooling (Bøttcher, 2011). However, as student L was also told that, "*she was unsuitable for the occupation she was pursuing because being able to read and write accurately was a key factor*" (Tanner 2008: 790) then the refusal to remove barriers to learning may have been due to inaccurate associations with the label of 'dyslexia' made on behalf of the tutor.

Participants in MacDonald's (2009) and Burden's (2005) studies did not attribute the neglect they had experienced from teachers as discrimination. Instead, blame was placed by the participants on their own medicalised impairments (Oliver 2009). A twelve-year-old participant in Burden's (2005) study named Michael suggested that in a class of thirty that his teacher did not have time to help him. Megan, a participant in MacDonald's (2009) study similarly to Michael observed that:

If you're a dyslexic in a class of 30 [you are never] going to be able to get individual tuition. I think if the class size was small if there are no more than say 15 in a class...the child...may be able to be picked up [as having dyslexia]...But as it is, you've got 30 children half of which aren't going to learn anything. I think it's absolutely cruel and I think the problem is the education system (MacDonald, 2009: 353).

2.4.4.1 Assistance through remediation

Participants in studies by MacDonald 2009, Tanner 2008, Burden 2005, and Edwards 1994 felt they were often stigmatised throughout mainstream schooling due to them being treated as outsiders (MacDonald, 2009). These feelings of stigmatisation were in part due to

them being required to leave the classroom to attend 'special educational needs' classes. Such 'remedial' classes created feelings of humiliation. Not only did the participants have to physically leave and therefore be excluded from the classroom, but as a participant in MacDonald's (2009) study named Fiona explains that their experience was:

terrible in terms of everyone always speaking down to you slightly, saying well done in a slow voice, and ... not really taking you very seriously (p. 355)

The participants in MacDonald's (2009) study reported that such classes did not improve their literacy abilities. Further humiliation was experienced by participants in Edwards (1994) study due to the 'pathetic' materials given. Gareth, a participant in Edwards (1994) study described the books used in his remedial lessons as 'stupid' and unhelpful. Gareth also described how being treated as academically inferior within a school environment can cause bullying from peers:

Remedial help, no way would help a dyslexic person...[school would be alright but] if they start having remedials the mickey-taking starts going on, you start hating it, you start to avoid it (Edwards, 1994: 57).

2.4.5 Bullying experienced from teachers within schooling

When the participants in Burden's (2005) study were asked if their teachers (at their previous schools) understood their difficulties, only a few responded positively. To clarify the possible reasons for most boys feeling misunderstood, Burden provided quotes taken from interviews with the boys. The quotes highlight that some of the boys not only felt misunderstood but often stigmatised and even bullied by their teachers, "*the teacher used to bully me. Not the other kids. It did not get better. My mum said I would be tested, but he still did not take any notice*" (Andy, Burden, 2005: 48). Unfortunately, Andy does not expand on what he meant by bullying, nevertheless, he clearly was not happy about the experience. Oliver was aged 14, again from Burden's (2005) study explained that even after he had been 'diagnosed' as dyslexic in primary school "*the headteacher said there was no such thing as dyslexia, just stupid*" (Burden, 2005: 48).

Many of the participants within the twelve chosen studies expressed bullying in the form of insults experienced by teachers. Insults would often be targeted at the dyslexic student's intelligence, *"they just told me I was lazy and stupid"* (Hellendoorn and Ruijsenaars, 2000: 233) and *"you're thick... you're not going to make anything of yourself"* (Participant S, Young Kong, 2010: 133). Participant S aged thirty-one within Young Kong's (2010) study had also expressed how the negative effects of such comments from teachers throughout their school years not only made them feel like a 'failure' throughout schooling but still affects their academic self-concept today. At the age of thirty, when they started their Master's degree, they were diagnosed as dyslexic, even as an adult they felt they were setting themselves up for failure and stated that they *"thought it would be easier to pack it all in"* (Participant S, Yung Kong, 2010: 134) than to fail to achieve the qualification.

Although difficulties with reading is a fundamental impairment experienced by dyslexic individuals and reading is often slow in pace and acquisition, participants in Tanner's (2008) study stated that teachers would make insults such as *"try harder and you might be able to read it"* or *"that's such an easy piece to read, any fool could do it"* (Tanner, 2008: 793). Some participants including a female, student S, spoke of how teachers had expressed their frustrations and insecurities, *"I don't know what else to do... why can't you read?"* (Tanner, 2008: 790). Daniels (2013) suggests, reading impairments, threaten a teacher's professionalism and as a result, the teacher may begin to teach inappropriately. The way dyslexic students are treated by teachers was felt to not only influence the way the person felt about themselves, but it also influenced the words and names peers would use to describe dyslexic students such as *"idiot, stupid and moron"* (Tanner, 2008: 793).

Most of the twenty-seven participants aged between twenty and thirty-nine years, in Hellendoorn and Ruijsenaars' (2000) study recalled negative experiences from school *"From the very first day, I was the laughingstock. Not being able to read and write like the others"* (Hellendoorn and Ruijsenaars, 2000: 233) this was often based on their dyslexic impairments. Another participant described how a teacher bullied them through humiliation, *"Miss Y is the worse teacher I have known. Can you imagine, she often started reading lessons by saying, 'Let's listen to A (read) and have a good laugh'. If I ever came*

across her, I could still kill her for what she did to me” (Participant A, Hellendoorn and Ruijsenaars, 2000: 233). Humiliation and bullying due to impairments are unacceptable in a classroom especially from a teacher, who is in a position of power. The accounts suggest that the participants had been experiencing victimisation, which is illegal under the Equality Act (2010).

Experiencing humiliation in front of a classroom of peers was also a common occurrence that was expressed from the participants within Dale and Taylor’s (2001) study:

I was asked to stand on a desk to spell. I was told I have to stand on the desk if I didn’t spell the word ‘away’ correctly and I was given three chances to spell the word correctly and failed. (Vanessa, Dale, and Taylor, 2001: 1000)

It is unclear whether this was a task set for the whole class or just Vanessa. Either way for a person with dyslexia this is a harrowing account of humiliation experienced in the classroom due to spelling impairments. Although Vanessa was being humiliated by the teacher for having difficulties with spelling, she still felt like it was a personal failure because she was the one that could not spell the word. It is evident that it remains a traumatising experience:

Standing on the desk really was a terrifying thing for me to do and I can remember being asked to spell ‘away’ and I could see all the letters, but they kept moving about and I kept saying ‘w’ first...It was embarrassing and frightening... I was terrified of falling, (Vanessa describes herself as having difficulties with balance) I was terrified of getting it wrong and looking a fool. And my memories are of being laughed at (Vanessa, Dale, and Taylor 2001: 1000).

It is evident from the participant’s accounts in studies such as Dale and Taylor’s (2001) that negative humiliating experiences can affect people with dyslexia even into and throughout adulthood. Experiences like this can be ‘soul-destroying’ (MacDonald 2009) and leave permanent scars that can last over a lifespan (Edwards 1994). A teacher’s reaction to spelling impairments could also be privately humiliating.

2.4.5.1 Physical violence

To avoid the violent punishments, he endured throughout the first four years of school, John a participant in Edwards' (1994) study developed the ability to copywriting off the board quickly, without comprehending what he was writing. Although the violence, for example being hit over the head by his teacher, had occurred some years earlier, Edwards (1994) notes the physical differences in John, such as loosening his collar, when he described such incidents:

One of them hit me over the head with the thick end of a broom. Right across the side of the head, I had a whacking great bruise on the corner, and a long thin bruise right across the back of my head. I never told my mum. I used to keep it quiet. I don't think the teacher meant to hit me as hard as she did (John, Edwards 1994: 26).

When this incident occurred, John was only six or seven. It is distressing not only that it happened, but that he had not felt comfortable to tell anyone about it. He even made an excuse for the teacher that had hit him. Unfortunately, this was not the only occasion John experienced violence in school "*Mrs T. hit me really hard once – she asked me to do a piece of work and I just couldn't, so she said I was stupid*" (John, Edwards 1994: 27). It is not surprising then that John was still filled with 'dread' when he thought of that school.

It has been suggested that recollections of physical violence in Edwards (1994) study may be "*extreme examples in terms of their (the boys) reactions to mainstream school*" (Riddick, 2010: 54). However, although John did eventually move to an independent school that specialised in dyslexia, his schooling had always been private and not mainstream. However, as the students being interviewed would have attended school before the 1990s then it could be argued that although Edwards (1994) study provides a valuable insight into the historical treatment of dyslexic students it is limited due to the time that has lapsed.

Physical bullying however also emerged as a common theme in Tanner's study (2008) exploring the lived experiences of dyslexic adults. Student U aged 59, described how "*the nuns often made us stand up and read. I'm sure they thought that hitting me with the ruler*

would make me be able to read the words” (Student U, Tanner, 2008: 793). As with Edwards (1994) participants, Student U’s experience may have been outdated. In contrast, Student P, was twenty-three when she explained that, *“I knew...something was wrong when my teacher kicked me in the back of the chair. All I was doing at the time was trying to read”* (student P, Tanner 2008: 793).

Although the experiences of physical punishment reflect a small proportion of participants within an educational setting these are unacceptable, and the incidences recalled are still higher than they should be. It is also worth noting at this point that as there is very limited research into school-aged students’ experiences so therefore without including such older studies there would be no data that reflected the views of those that are still attending school.

2.4.5.2 Conclusion

Most of the participants within these studies felt that their identification and labelling of dyslexia did not limit or stop the discrimination they endured within educational settings, which for some included violence from teachers. Some teachers either held misconceptions about the label of dyslexia, as student L was told that, *“she was unsuitable for the occupation she was pursuing because being able to read and write accurately was a key factor”* (Tanner 2008: 790) or some teachers had stated that, *“there was no such thing as dyslexia, just stupid”* (Burden 2005: 48). Regardless of the teachers understanding of dyslexia, most students had been refused assistance or adjustments within schooling. When students had requested support from a teacher, they were either told to *“try harder”* (Tanner 2008: 793) or they were subjected to inadequate ‘remedial’ provision. Many of the students within the studies often felt humiliated and like ‘outsiders’ within educational settings.

2.5 Conclusion

The contextual background provided within this chapter briefly acknowledged the important contributions, of, for example, the suggestion of tinted filters to lessen reading discomfort and advancements in early identification procedures, cognitive and

neuropsychology has made to the field of dyslexic research. The continuing categorisation of dyslexia under the umbrella term, Specific Learning Disabilities (SpLD), despite the recommendations that it is a continuum and therefore misleading to use the term 'specific' when referring to dyslexic difficulties. Although it is acknowledged that there is a need for further research to consider the use of categories from the student's perspective, as this is not the focus of the research this will not be explored within this research. Also replacing statements of SEN with EHCP was briefly acknowledged within this chapter. The impact of the EHCP on dyslexic students within schooling presents a gap in the field, however, as the students sampled would not have been affected by this change in legislation, again this will not be covered within this current research.

As the aim of this research is to gain knowledge of dyslexia through the subjective experiences of students currently attending mainstream state schooling in England, the literature review was dedicated to the examination of research within the field of dyslexia that prioritises a dyslexic person's lived experiences. All the studies reviewed in this chapter required the participants to have a 'diagnosis' of dyslexia before they could contribute. This represents a gap in the field that this current research aims to address by not limiting participation only to those dyslexic students that had the social-economic positioning that afforded them a 'diagnosis'.

The studies reviewed within this chapter highlighted how there is limited information about the individual experience of the diagnostic assessment process, and where information is provided it tends to highlight negative consequences. Therefore, as further research is required this current research will focus on school-aged students' experiences of being assessed and labelled as dyslexic. Even when identified and labelled as dyslexic most of the participants within the studies reviewed in this chapter claim that they still experienced bullying from teachers and peers, victimisation and some had experienced violence. Most of the participants had also claimed that they had been refused assistance or adjustments to their learning environment. As the participants, experiences within these studies had either been retrospective accounts of school experiences, based on specialist schooling or based

on experiences that are now over ten years old this again represents a current gap in the field that this research aims to address.

3 Chapter 3: The Interactional Approach to Dyslexia

This chapter examines the applicability of Shakespeare's interactional approach to disability (2006, 2014) in conceptualising dyslexic students' experiences of impairment and disability within schooling. The interactional approach to disability as proposed by Shakespeare (2014) suggests that "*disability is always an interaction between individual and structural factors*" (p. 74). Therefore, from this perspective, a dyslexic individual's impairment is recognised, however, the individual themselves is not problematised, instead "*environmental factors that exclude are fundamentally used to explain the impact of negative factors on the experiences of people with dyslexia*" (MacDonald, 2019: 13). As this perspective is grounded in a social model ideology (MacDonald, 2019), to position Shakespeare's interactional approach, this chapter will first outline the historical development of 'disability Studies' in Britain.

The chapter begins with a brief overview of the history and emergence of 'disability studies' in Britain, models of disability and how and why the interactional approach was developed. As the disability movement in Britain was predominantly intended for physical impairments, traditionally academic literature in the field of dyslexia had not integrated the work of 'disability studies' (MacDonald, 2019). Therefore, as the current research advocates applying Shakespeare's (2006, 2014) interactional approach to aid the conceptualisation of the experiences of dyslexic students, throughout this overview parallels will be drawn between 'disability studies' and academic literature in the field of dyslexia.

Although the interactional approach (Shakespeare 2006, 2014) is not referred to as a new model of disability (MacDonald 2019) within 'disability studies' there are many different models of disability, personal tragedy (Thomas 1999), medical, (Shakespeare 2006), individual, charity and welfare (Oliver 2009) and different interpretations and extensions of each model. This overview will focus on the sociologist, Michael Oliver's ideas that underpin two models of disability that he termed, the individual model and the social model. These models have been chosen as not only did the social model of disability signal a radical shift in thinking about disability (Thomas 2007) and Oliver coined the term (Oliver 2009) but as the interactional approach has social model ideological underpinnings and due to an

increase, since 2001, in the field of dyslexia applying the social model to facilitate research (MacDonald 2019).

The chapter will critically analyse the interactional approach to disability (Shakespeare 2006, 2014) by focusing on two key components, disabling factors that are intrinsic to an individual and disabling factors that are considered extrinsic to the individual. I conclude by drawing on key themes identified within the interactional approach, namely: terminology, the complexities of labelling and the problematics of a barrier-free world and examine how these themes aided the development of a conceptual framework within this thesis to highlight the experiences of dyslexic students within schooling.

3.1 A Brief History of Disability Studies in Britain

Conceptualisations of disability and therefore disability policy and service provision in Britain before the mid-1970s was dominated by medical views of disability (Thomas, 2007; Oliver, 2009; Barnes, 2012 and Shakespeare, 2014). Arguably today, the notion of dyslexia is still pathologized (MacDonald, 2019) under medicalised views of a within-child deficit (Poole, 2003) and this perspective still influences policy and educational provision. Such medicalised, individualisation of disability can be referred to as the 'medical model' of disability (Thomas, 1999; Shakespeare, 2006) or the biomedical model (MacDonald, 2019) or the 'individual model' of disability as referred to by Oliver (Oliver, 2009).

The ideas that underpin the 'individual model' in Britain perceive disability as an individual, medical 'personal tragedy' (Oliver, 2009; Barnes, 2012). In Britain, this meant that before the 1970s people with impairments, tended to only be regarded "*as having something wrong with them*" (Oliver, 2009: 44) and therefore any problems they faced were a consequence of their impairment or impairments. Dyslexia is still currently pathologized and defined as an individualised defect that results in, "*disabling factors which impact a person's ability to read and write as well as problems with short term-memory*" (MacDonald, 2019: 5). Physically disabled people before the 1970s were perceived as 'objects' of misfortune and pity and it was often perceived that rehabilitation to be able to function as 'normal' as possible must be their desired goal (Thomas, 1999). The remediation of difficulties

experienced by a dyslexic student through educational interventions still dominates the current field of dyslexic research and government policy (Burden, 2005, Rose, 2009).

Before the 1970s many disabled people lived extremely socially restricted lives (Thomas, 2007). Typically, they were excluded from mainstream economic and social activity (Barnes, 2012) and often segregated and incarcerated in residential homes and 'special schools' (Thomas, 1999). Although 'residential care' was often only for those who were 'severely' disabled, there was still very little support available outside of these institutions for independent living which included a lack of disability-related welfare (Barnes, 2012). As such negative individualistic responses to the conception of disability dominated society during this time, a person's exclusion from society was believed to be due to their impairments (Oliver, 2009) and not a lack of appropriate provision. In Britain, disability activism and the development of 'disability studies' therefore was driven and influenced by the life-struggles of such disabled people (Thomas, 2007) that had been living in such highly restricted residential homes.

Due to the rejection of 'control' in 'residential care' in Britain, in 1976, Paul Hunt, Vic Finkelstein and Ken Davis among others pioneered the self-organised disability movement with the publication of the *Fundamental Principles of Disability*, released by the Union of the Physically Impaired (UPIAS) (Barnes 2012). It is claimed that even today that UPIAS is "*undoubtedly the most influential organisation in the history of social model thinking*" (Barnes, 2012: 13). However, this may be because social modelists, such as Barnes often ignore pioneering disability research before 1976 (Shakespeare, 2006).

Membership to the UPIAS was exclusively for physically disabled people (Oliver, 2009) with non-disabled people being actively excluded, alongside those that did not share their social understanding of disability (Thomas, 1999). Reasons for this have been suggested as being due to Hunt, Finkelstein and Davis' feeling disillusioned and unable to relate to other organisations that remained dominated by non-disabled 'experts' (Barnes, 2012) and their inaccurate and distorted approaches to disability (Oliver, 2009). The exclusionary and secretive nature of UPIAS was deemed as necessary to avoid disabled people being abused

for such critical views in institutions (Finkelstein in Campbell and Oliver, 1996). However possibly due to its exclusionary nature, UPIAS failed to grow into a mass movement (Shakespeare, 2014) and other disability activists even set up their organisation such as the Liberation Network of Disabled People (LNDP) (Thomas, 1999) rather than joining UPIAS.

Regardless of whether UPIAS evolved into a mass movement, or its reasons for only allowing physically disabled people to become members, the publication of the *Fundamental Principles of Disability* document redefined disability in Britain (Oliver, 2009) and a new social understanding of disability was developed by stating that:

it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society. (UPIAS, 1976: 14)

The *Fundamental Principles of Disability* document questioned the individual, medicalised definitions of disability, and in its place, it was argued that people are disabled by the unnecessary social barriers that deny them full participation in society and not by their impairments. UPIAS made a clear distinction between 'physical impairment' and 'disability'. The UPIAS restriction and emphasis on 'physical' impairments was later replaced to include all impairments, physical, sensory, and cognitive (Barnes, 2012), as they all have negative 'social' implications. Regardless of UPIAS' later inclusion of 'sensory' and 'cognitive' impairments, dyslexic people and those with other learning difficulties in Britain remained ignored by the attempts of disability theorists and activists to develop a social understanding of disability (Goodley, 2001).

The terms impairment and disability were originally restricted to physical impairments and were defined by UPIAS as:

We define impairment as lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body; and disability as the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus

excludes them from participation in the mainstream of social activities.
(UPIAS, 1976: 14)

The UPIAS document and its defining definitions of 'impairment' and 'disability' became the starting point for the 'social model' of disability (Oliver, 2009) in Britain. Although the UPIAS document was used as a starting point, Oliver extended the definition of 'disability' to mean that "*all disadvantages and restrictions of activity experienced by people with impairment are caused by social factors*" (Thomas, 1999: 42) and not by their impairment.

3.1.1 The British social model of disability

The social and individual models of disability and the ideas that underpin them were introduced in Britain in the early 1980s by the sociologist Michael Oliver (Oliver 2013). The social model attempted to switch the focus of disability away from the functional limitations of the individual with an impairment and on to the barriers they may encounter due to the way society responded (Oliver, 2009). Social barriers include but are not limited to, barriers to participate in the labour market, barriers to leisure, organisational, physical barriers in the built environment and transport and attitudinal barriers in education which deny equal educational opportunities (Thomas, 1999; Shakespeare, 2014). Barriers will be discussed in more detail later in this section.

3.1.1.1 The role of Impairment within the social model

Although Oliver (2009) accepts that at times impairments can impose limitations for a disabled person, he also claimed that as it is an "*inadequate basis for building a political movement*" (p. 48). The inclusion of impairment, in the social model would mean that economic and social policy would begin again to ignore the social barriers still faced by disabled people (Oliver 2013). Many within the field of disability studies, however, have criticised the social model for failing to acknowledge the role of impairment in a person's life (Abberley, 1987; Morris, 1991; Thomas, 1999; Shakespeare, 2006, 2014).

It has been argued by Shakespeare (2014) that by ignoring the role of impairment, the social model fails to acknowledge the reality that impairment can be more problematic than

average embodiment. Thomas (1999) also suggests that the effects of a person's impairment can also cause restrictions to activity. The inclusion of impairments needs to be considered within a theory of disability as impairments and their effects are bound up with social factors, including the societal judgment on what physical or intellectual limitation constitutes as an impairment (Shakespeare, 2014).

Oliver (2009) in response to criticism regarding the social model's inability to engage with the realities of impairment suggests a conceptual misunderstanding with the social model. The social model is "*not about the personal experience of impairment*" (Oliver, 2009: 48), as this 'private' domain often discredits the 'public' domain of the political (Finkelstein, 1996). The social model was based on the collective experience of disablement (Oliver, 1996) aimed at political change, and therefore as impairments and their effects are often experienced and expressed on an individual level, they may dilute the social model's aims.

The emphasis of the 'collective voice' within the social model has also been criticised for not being able to incorporate other societal divisions, such as race, gender and sexuality (Thomas, 1999; Oliver, 2009) and therefore it has often been viewed as silencing the voices of disabled women (Thomas, 1999). Individual accounts of disabled women could not only provide additional insights to issues relating to childbearing women's health issues and disadvantages in education associated with being female, but their individual experiences of the micro-environments can give an awareness of the larger macro-environments of society (Thomas 1999) and therefore can be of value.

3.1.1.2 Oppression

The social model stresses that disabled people are an oppressed group and a 'collective voice' rather than an 'individual voice' supports this claim. Rather than research based on individual accounts of disablement, one where the individual is struggling in a static society (Oliver, 1992) disabled people can be defined as a group. According to ideas of disablement, they are a group who are regarded as inferior to other members of society (Abberley, 1987) and are therefore an oppressed group in society. Although the UPIAS (1976) document stressed that 'disabled people' were oppressed in society, it did not contain a

definition of disability as oppression (Shakespeare, 2014), this was defined later but only within the British social model of disability (Shakespeare, 2006). During the development of the British social model of disability, Oliver is criticised for using the term 'oppression' interchangeably with exploitation, a consequence of failing to first define the concept of 'oppression' (Abberley, 1987) although this may be because oppression can be a difficult concept to define (Thomas, 1999).

The social model of disability in Britain aided the pursuit of social transformation in areas of the media, public buildings, transport, education, and the legal system (Oliver, 2013). Legal changes such as the Disability Discrimination Acts (1995 and 2005) and the Equality Act of 2010 aided the removal of barriers to access (Shakespeare, 2014) and made it illegal to discriminate on the grounds of disability (Oliver, 2013). Dyslexia in Britain is identified as a disability under the Equality Act (2010), as a 'mental impairment' (MacDonald 2019) and educational institutions, therefore, have a duty to make 'reasonable adjustments' to the learning environment to ensure dyslexic students can fully participate (British Dyslexia Association 2019).

The development of legislation alongside disability benefits such as the independent living fund, which transformed many individual lives (Thomas, 1999) also began to transform British society (Shakespeare, 2014). However, as Oliver (2013) has stressed, due to government policy emphasising the role of impairment, based on the criticisms of the social model, cuts once again are being made to disability benefits, including the independent living fund which closed in 2015.

Arguably educational policies, particularly those that relate to dyslexia, have always emphasised the role of impairment. Despite being developed during the social model movement in Britain, the Education Act (1981) enforced statements of Special Educational Need (SEN) to allocate funding adjustments to learning for the most severe disabilities. Oliver (2013) suggests that the disability movements lack of influence on education is due to the individual statements of SEN being underpinned by a medicalised model of education. In

2014, the Children and Families Act replaced statements of SEN with the Education, Health and Care (EHC) plan.

Even if more progress is made towards removing barriers in areas that have seen very little social transformation, such as educational barriers, when you consider the role of impairment the social model's emphasis on a barrier-free world is unachievable (Shakespeare 2014). Although the social model was progressive in highlighting the importance of mitigating human-created obstacles to enable participation, one environment that is accessible to all does not exist (Shakespeare, 2014). The problematics of a barrier-free utopia that have been argued by Shakespeare (2014) will be discussed later in this chapter.

3.1.1.3 The social model legacy

Regardless of the criticisms, it has attracted the social model of disability made crucial contributions to the 'disability studies' movement in Britain. It began to identify and pursue a political strategy of social transformation (Oliver, 2009; Shakespeare, 2014) that soon became the 'big idea' for disability equality training (Oliver, 2013). Arguably however the most vital impact made by the social model was on the individual themselves (Shakespeare, 2014). Rather than only pursuing personal change, through activities such as rehabilitation, problems faced by disabled people could now be understood because of social oppression and not a consequence of the disabled persons own physical, sensory, or cognitive impairments.

3.2 Replacing the Social model for an Interactional approach to Disability

Whilst once defending the social model and advocating a social analysis of disability, Shakespeare suggested that individual differences, such as impairments, were relatively minor to a disabled person's experience (Shakespeare and Watson, 1997). More recently, Shakespeare now stresses replacing the social model because it fails to encompass such things as individual experiences that account for the role of impairment in a disabled person's life (Shakespeare, 2014). He proposes that instead of only allowing for a social analysis of disablement, the study of disability needs to consider that disablement is always

an interaction between individual, including impairments and structural factors. The interactional approach to disability proposed by Shakespeare allows for the consideration of a range of aspects, both internal (intrinsic), which includes impairments and factors that are external (extrinsic) to the individual when considering the experience of disability.

Similarities can be found between the interactional approach and Carol Thomas's (1999, 2007) relational approach to disability as they both stress that there is an important relationship between the internal and external factors relating to the experience of disability. Whereas Thomas (1999, 2007) defines disability to mean oppression, Shakespeare (2014) argues that the relational approach as suggested by Thomas (1999, 2007) is fatally flawed as there are challenges with suggesting that disability should be defined as oppression. Shakespeare also claims, that by committing to two separate categories, impairment, and disability (impaired people experiencing oppressive social relations) the relational model is impractical and confusing. Also, if a disability is to be defined as oppression then it "*risks obscuring the positive dimension of social relations which enable people with impairment*" (p. 77) and when researching disability there is a commitment to finding that disabled people are oppressed.

3.2.1 Intrinsic factors

The intrinsic factors within the interactional approach that are considered to influence disablement include the nature and severity of a person's impairment, personality and personal qualities and abilities (Shakespeare, 2014). Intrinsic factors are multi-dimensional and influenced by contextual factors (Shakespeare 2014) this is because many intrinsic factors, for example, a person's impairments can be socially produced (Thomas, 1999).

While a person's impairment is not considered to be the most important or the causal factor of disability within the interactional approach, Shakespeare (2014) suggests that rather than viewing impairment as an inadequate factor within disability politics as the social model suggests (Oliver 2009) instead impairments need to be acknowledged to aid political progression. As a person's impairment is a necessary factor for understanding disability and a person's experience of disability, within the interactional approach the inclusion of

impairments is encouraged. Similarly, as suggested by MacDonald (2019) if the condition of dyslexia, separated itself from impairment categories, for example under a neurodiversity perspective, which celebrates the natural diversity of the human brain and rejects the notion of dyslexia being a disability (MacDonald 2019). Dyslexia would therefore not be conceptualised as a disability and therefore *“this might allow future governments to exclude the condition from disability legislation and policies”* (p. 19). Therefore, including the effects of a person’s impairment allows the interactional approach to engage, not only with disability politics but with a range of aspects, such as health and psychological support needs that are often unmet for disabled people (Thomas, 1999, Shakespeare, 2014).

3.2.1.1 Severity of impairment

The inclusion of the severity of a person’s impairment within a model of disability should be approached with caution as it could reinforce a hierarchy of disability (Shakespeare, 2014) which governments have used to justify cuts to benefits (Oliver, 2013). This includes cuts to school funding for dyslexic students, due to the introduction of the EHCP, as discussed earlier in 2.1.1. Within the interactional approach, the severity and implications of a person’s impairment are considered from the individual’s perspective because how aspects of impairment impact on individuals are viewed differently by different people.

3.2.1.2 Personal qualities

The interactional approach allows for the consideration of such personal qualities that may be intrinsically affecting the individual. For example, a negative self-concept can have a detrimental effect on an individual and their experience and motivation to learn. There are many reasons for a dyslexic student to experience a negative self-concept, these include, experiencing difficulties achieving a pre-set standard of literacy (Poole 2003), particularly concerning peers and even trying to ‘pass’ as normal (Burden 2005). As dyslexia is multi-dimensional and lifelong, the interactional approach can aid the understanding of the fluidity of the intrinsic impairments experienced by an individual throughout their lifespan.

3.2.2 Extrinsic factors

The extrinsic factors within the interactional approach that are considered to influence disablement include the environment and the extent to which it is enabling or disabling; wider social, cultural and economic issues within society that are relevant to disability; and the attitudes and reactions of others towards the person (Shakespeare, 2014). Although the interactional approach acknowledges the importance of environments and contexts alongside intrinsic factors, it differs from the approach of the social model because it does not limit the definition of disability in terms of “*external disabling barriers or oppression*” (Shakespeare, 2014: 75). Shakespeare also suggests that some ‘contextual’ (the term is often used interchangeably with ‘extrinsic’) factors, such as war and poverty can also influence intrinsic factors of disablement.

3.2.2.1 The role of poverty within disablement

There is a direct link between impairment and poverty (Abberley, 1987; Oliver, 2009; Barnes and Oliver, 2012; Shakespeare, 2014). Poverty is not the only preventable cause of impairment, other causes can include poor sanitation, dangerous working practices, and inappropriate medical treatment can also contribute to impairment (Barnes and Oliver, 2012) although arguably these situations are also linked to poverty. Many impairments are generated by poverty (Oliver, 2009; Shakespeare, 2014) and poverty is directly linked to half of the world’s impairments (Barnes and Oliver, 2012).

Poverty not only causes impairment but creates additional impairments, it has also been suggested as one of the causes of economic disadvantage as it prevents people from working or they may need to work part-time or even to retire early (Shakespeare, 2014). However social modelists argue that it is not the impairment that causes a person’s economic disadvantage but how society restricts economic opportunities. Therefore according to social modelists, economic disadvantage and poverty are socially created for an impaired person as they are often excluded from education and work (Oliver, 2009; Barnes and Oliver, 2012) and can, therefore, come to rely on welfare payments (Barnes and Oliver, 2012) or familiar financial support (Morris, 1991).

To offer a counter-argument Shakespeare (2014) proposes that as some people experience fewer activity limitations after joint replacement surgery (as a response to arthritis) they could then participate again in paid employment. Therefore, as the impairment improves so does employment opportunities. The source that Shakespeare cites for this example, Davis 2012, it makes no mention of the participants (who have a mean age of 63 years old) returning to or intending to return to paid employment (Davis 2012).

As the interactional approach allows for a multi-dimensional approach to understanding the role of impairments, it can include rather than exclude dyslexic students that have not been able to acquire the dyslexic label as many students never get this far (Poole, 2003). A diagnostic assessment for dyslexia is often required in schools before a student's dyslexia is recognised. However, as the school does not fund diagnostic assessments, which in England can cost up to £720 per person (British Dyslexia Association, 2019), students living in poverty, or from a low socio-economic background may find it difficult to acquire the label of dyslexia.

The role of poverty, although it is extrinsic, its effects can influence intrinsic impairments. Income not only limits a dyslexic student's ability to be recognised but often this also limits their ability to access enabling assistance such as specialist dyslexic teaching and technology (MacDonald, 2009). When accessed specialist dyslexic teaching is paid for and attended privately outside of school hours. Without the recognition of dyslexia and the redistribution of specialist resources, many dyslexic students from working-class backgrounds continue to have restricted literacy levels (MacDonald, 2009) beyond their school years.

The three themes identified within Shakespeare's interactional approach to disability (2006, 2014), terminology, the complexities of labelling and the problematics of a barrier-free world will now be examined and how they aided the development of a conceptual framework within this thesis to illuminate the experiences of dyslexic students within schooling.

3.2.3 The complexity of terminology and labelling

The interactional approach gives scope to look at each person as an individual and not limit them to a label that others have assigned. Shakespeare (2006) claims that debates over terminology at times has been limiting to the progression of British disability studies as international research has been rejected and invalidated too often for using terms such as ‘people with disabilities’ and not the preferred term ‘disabled people’. Debates over terminology can divert from the promotion of common causes, it is therefore stressed by Shakespeare (2014) that although “*terminology is important, it is not as important as underlying values*” (p. 19).

The ongoing debates over the terminology of dyslexia particularly within the schooling system in England distracts from the individual and the barriers they may be facing. As discussed in detail in chapter 2.2, national educational policy often categorises a dyslexic student under the umbrella term, Specific Learning Disabilities (SpLD). Charities, academics, and government enquiries often encourage the use of the term dyslexia and recently, Elliott and Grigorenko (2014) have even suggested that the term dyslexia should be replaced by ‘reading disability’ as discussed in chapter 1.2. Debates not only distract from the individual difficulties a student may be experiencing within schooling but as individual perspectives on the labelling, of a person’s impairment, are not sought, the individual perspective is disregarded altogether.

To highlight the role of external barriers Riddick (2010) and Shaywitz, (2005) have suggested that dyslexia should be thought of as a ‘difference’. This should replace terms such as ‘difficultly’ (Shaywitz, 2005) and ‘disability’ (Riddick, 2010) as they have negative connotations and represent a ‘within’ child deficit. By embracing the interactional approach in the current research, however, the ‘within’ child deficit, or impairment is acknowledged alongside the contextual barriers.

Those, including Riddick (2010) and Shaywitz, (2005) that suggest dyslexia should be viewed as a ‘difference’ may be misinterpreting the consequences of dyslexia. This misunderstanding may be due to them not being able to personally experience such

difficulties and therefore their opinions may be distorted (Oliver, 2009). By associating negative connotations to the term 'disability' could also imply that they may view dyslexia as a tragedy (Shakespeare, 2014) possibly due to them only seeing the most severe end of the dyslexic continuum. Conversely, those that view dyslexia as a 'difference' and therefore deny the problems may only be seeing those dyslexic people that appear to be experiencing mild impairments. It is of course difficult to appreciate the feelings or extent of the limitations a person may experience. Especially in circumstances where judgements are subjective and opinions are imposed on an individual rather than sought from them.

Judgements such as the severity of a dyslexic student's impairment are often imposed when they complete a diagnostic assessment. Additional terminology such as mild or severe refer to the severity of dyslexia and is imposed on top of the label given. A hierarchy of dyslexia, imposed in such a way, as with other disability labels should not be reinforced. The hierarchy of disabilities is often a fear that arises in 'disability studies' when the impairment continuum is considered. Even if a student receives the label of dyslexia, the extent to which they may be impaired by the label may be judged on the mild to moderate or severe ranking continuum. However, as it is stressed in the interactional approach, the intrinsic impairments, and labels attached, should only be considered alongside the extrinsic considerations. It should be acknowledged that *"all disabled people are of equal worth and are entitled to the same human rights, and the same human flourishing"* (Shakespeare, 2014: 81). Therefore, the ranking of any disability and associated judgements should not be sought.

When dyslexia is acknowledged within the construct of disability it is often referred to as a 'hidden disability' (Riddick, 2010, Shaywitz 2005), 'hidden impairment' (Shakespeare, 2014) or an 'invisible disability'. A dyslexic student has intrinsic impairments and such impairments during schooling would be difficult to hide. Impairments such as delayed speech, difficulty learning to read, particularly when age-related peer assessments are made within a classroom environment, handwriting and spelling difficulties. Such impairments are visibly evident, they are not hidden or invisible.

3.2.3.1 Labelling, provision, and stigma

Although a diagnosis should not be necessary, Shakespeare (2014) suggests that the validation and ‘credibility’ of dyslexia through the diagnosing and labelling process should lead to effective educational support within a school setting. Applying such terms as ‘difference’ as noted earlier, in place of ‘dyslexia’, ‘disability’ or ‘difficulties’ can feed into the influence of being ‘normal’ within the classroom as it encourages a dyslexic student “*to deny their suffering and to normalise their situation*” (Abberley, 1987: 16) due to the downgrading of labels due to the fear of being stigmatised. What should be considered however is that stigmatisation of a dyslexic student can happen without a label (Riddick, 2010), and labelling could also take place without stigma (Shakespeare, 2014).

It is important to acknowledge the ‘difficulties’ associated with both the intrinsic and extrinsic factors associated with impairments experienced by a dyslexic student due to fear of stigmatisation because this may lead to further impairments and ongoing ineffective educational provision. The allocation of resources in the classroom is as equally led by labels for students affected by autism. Again, to minimise stigma, phrases such as ‘difference’ and ‘alternative ways of being’ have been applied to autistic individuals. Shakespeare (2014) argues that denying the sometimes-devastating impact autism can have on a child however does nothing to reduce the impairment or impairments themselves.

Applying a label of dyslexia to students affected should not only help secure additional resources and provision within a classroom, as these should be in place without a label. More importantly, the label should lead to a better understanding of their impairments for the individual. Although ‘difficulties’ need to be expressed to others, to aid the removal of barriers, the impairment itself needs to be held as a positive attribute (Abberley, 1987) for the individual and the labelling process may be an important step to achieving this.

Being able to develop a positive attitude towards their personal impairments for a dyslexic student may be difficult to achieve due to the labelling process. Although the cognitive impairments of dyslexia are present from birth, a student will often need to have failed to achieve a set standard of education before they are deemed suitable or eligible for

assessment (Poole 2003). Although many dyslexic students never get this far, those that do also need to be able to afford to pay for the assessment, as the costs are not covered by the school. Once assessed even if the person administering the test decides to use the label of dyslexia, some choose to use alternative labels such as specific learning difficulties (SpLD), it is still out of the assessors to control whether a school uses the label of dyslexia. Therefore, even if you get the label of dyslexia, within the school environment the label may be denied and in its place, a student may be referred to as having a special educational need (SEN) or a specific learning disability (SpLD).

3.2.4 The difficulties of creating a barrier-free world

The problems associated with achieving a barrier-free utopia have been argued by Shakespeare (2014) under four categories, nature, incompatibility, practicality, and the rebuilding of society. The categories of incompatibility, practicality and the rebuilding of society will be briefly considered below as they highlight the limitations of failing to acknowledge a person's impairment or impairments when considering aspects of disability. As the category of 'nature' is limited to physical impairments and parallels to dyslexia cannot be drawn I have excluded this from the discussion.

3.2.4.1 Incompatibility

It may be impossible to create an environment that is accessible for all. This is not due simply to naturally occurring barriers such as snowfall or that different impairments require different adjustments. For example, in the case of people with mobility impairments, people that use a wheelchair may require a ramp and those that do not may find steps more practical (Shakespeare, 2014). Shakespeare's (2014) example highlights the need to not only consider a person's impairment if barriers are to be eradicated but the individual effects of their impairment also need to be considered.

The recommendations for adjustments to dyslexic students learning environment, on a dyslexic diagnostic assessment report will be very similar, although it is acknowledged that "*everyone experiences their impairment differently*" (Shakespeare 2014: 37) and therefore may require different adjustments. Shakespeare (2014) draws his parallels with physical

impairments and dyslexia and suggests that within a classroom one dyslexic person may require black print on yellow paper but another may prefer to use the standard white (Shakespeare 2014). In this example, the adjustments may become impractical in the classroom as coloured paper can be expensive especially if each dyslexic student requires a different colour. It is important to keep in mind that people have different preferences for dealing with their impairments and therefore individual preferences can make it challenging for a teacher to adopt a solution that is compatible for all students. Another example of incompatibility relates to how each dyslexic student will want to disclose, or not, their impairments. Jenny Morris (1991), a disability writer, stresses disabled people should take pride in their 'abnormality' and be explicit about how they are different. A dyslexic student, however, due to societal misunderstandings may choose not to use a different coloured paper in a classroom environment as they might not want to be singled out as being 'different'.

3.2.4.2 Practicality

When we consider the reading impairments of a dyslexic student, we also need to take into consideration the practicality of providing books in different formats, printed books, audiobooks, and e-books. Although it would provide a fully accessible library experience for a dyslexic, to make every book available in each of these formats it may be inefficient and impractical. It could also be argued as being a poor use of resources, especially in a school setting as it would reduce the budget for buying new books (Shakespeare 2014).

Another reading format to be considered for dyslexic students are books that have been coined as 'dyslexia friendly'. One of the features of such books is that the paper is tinted in a light yellow. It has been argued that those that are impaired by visual stress, which is often associated with dyslexia, may benefit from the background of their reading material being either yellow or blue (Stein 2018). Although some insist on a wider range of colours (Irlen 2017). In terms of practicality, it would be unlikely that these books could be printed on either yellow or blue, which is possibly why they are only available in yellow. In the case of a school allocating funds for such books, if they are only aiding some dyslexics then it may be suggested that the limited school funds may be better spent elsewhere. As this example

demonstrates, barrier-free facilities although they are important, they can be difficult to achieve. The inclusion of 'dyslexia friendly' books will not prevent barriers when reading other books, including textbooks that are not available in this format.

This is not to say that a barrier-free inclusive environment should not be sought. In many cases, it is the most appropriate and cost-effective way of minimising the segregation of disabled from non-disabled people (Shakespeare 2014). Although barrier removal can facilitate participation, the impairment will remain. When discussing the impairments associated with dyslexia this is an important distinction to understand. Too often comments are situated in the 'triumph' over tragedy principle (Oliver 2009) regarding people 'overcoming' dyslexia. This can be read either in popular media or within academia. Compensatory techniques as they are often named (Bottcher 2013), are often stressed as being able to help a dyslexic student to overcome their impairments.

Dyslexia is neurological and lifelong. Understanding the barriers that each dyslexic student may face in the classroom and providing the most practical solution to enable participation and inclusion is vital. Although it is idealistic to suggest that the UK alter aspects of literacy (Riddick 2001), literacy is an important aspect to belonging in a wider society and therefore it is impossible and arguably undesirable to recreate a society where it was not an important attribute (Shakespeare 2014). Literacy is part of everyday life, it surrounds us. Dyslexia is not a tragedy to be 'overcome'. This mindset can be limiting. Impairments are lifelong and it would be impossible for society to be a barrier-free utopia for a dyslexic.

3.3 Conclusion

Some aspects of the interactional approach may still need further development, such as providing empirical evidence and including individual perspectives, which is an area that is often stressed as a weakness of the social model (Shakespeare 2014). However, the interactional approach has the potential to develop a multi-dimensional holistic approach to disability because it includes a range of disabling factors and encourages analysis based on the interplay between intrinsic and extrinsic factors.

4 Chapter 4 - Methodology

4.1 Introduction

A methodology chapter within educational research can be defined as the “activity or business of choosing, reflecting upon, evaluating and justifying the methods you use” (Wellington, 2000: 22) within a research project. As this research is dedicated to qualitative methods, I aim to depict the research methodology in a manner that is appropriate for its implementation. A methodology section in qualitative research as suggested by Silverman (2013) should be given the title of ‘the natural history of research’ and should adopt a more flexible style. Although I have chosen to conform to the traditional and formal, title of ‘Methodology’ for this section I will use an autobiographical style of writing throughout to engage the reader with my thinking processes.

This chapter begins with an explanation of my stance on reality, the ontological, epistemological, and theoretical principles that underpin the methodological rationale of the research. Following this, the research design and my positionality as a researcher are critically evaluated. Next, a detailed discussion of the methodological challenges faced, such as ethical considerations, as this is an important tenant when researching with children with learning, communication, and other disabilities (Nind, 2008). The qualitative methods employed for data collection are justified and the chapter concludes with an evaluation of the ‘trustworthiness’ of the research.

4.2 Theoretical and Philosophical Foundations

Social research contains assumptions about both the nature of reality and how people can come to explain and understand such reality. The philosophical assumptions that I hold as a social scientist have guided my theoretical perspective during this research process and aided the justification of the research design, methodological approach and the methods used (Crotty 1998). As a researcher, I have a responsibility to make my philosophical and theoretical positions clear, as the standards entailed by such is how this research will be evaluated (Madill at al 2000). As Fleetwood (2005) states:

The way we think the world is (ontology) influences: what we think can be known about it (epistemology); how we think it can be investigated (methodology and research techniques); the kinds of theories we think can be constructed about it, and the political and policy stances we are prepared to take (p.197).

4.2.1 Critical realism

The philosophical perspective that guides this research is critical realism. Shakespeare's (2014) interactional approach to disability draws on a critical realist perspective as outlined by Bhaskar in 1975 as Shakespeare suggests that it is the; "*most helpful and straightforward way of understanding the world*" (2014:73). It has been suggested that critical realism may not be truly classed as a theory but instead as a reflexive philosophical stance (Archer et al 2016). Such reflexivity enabled by critical realism during the research process has allowed for relatively abstract questions (Archer et al 2016) and allows for complexities (Shakespeare 2014) in the data collection and analysis processes.

One of the most important tenets of critical realism is that ontology (what exists) is not reducible to epistemology (knowledge of what exists) (Fletcher, 2017). Roy Bhasker (2008) argued when outlining the realist theory of science that a generation, of both scientists, using positivist perspectives and sociologists using constructivist perspectives have made such a mistake, and reality has been reduced to "*implicit realism based on the presumed characteristics of the objects of experience*" (2008: 5). Therefore, by using a critical realist perspective this research acknowledged that there is a reality external to the human mind. Impairments exist and labels are assigned, but such labels do not constitute, they merely describe (Shakespeare, 2014). As a critical realist, therefore, I assume that reality is not reducible to our knowledge about it.

As a critical realist perspective allows for the existence of phenomena, in this case, dyslexia without concrete knowledge of the phenomena, it enabled the research to move beyond debates of causation (Watson 2012). Instead, causation could be viewed critically, as a gateway to understanding more complex structures (Archer et al 2016) whilst also permitting exploration of the day to day accounts of school by dyslexic children and the

difficulties associated with their dyslexia. Although the research acknowledges that accounts of human experience are already situated historically, socially, and culturally (Archer et al 2016) they are not limited to such as it becomes when engaging with a social understanding of disability. As this research was not committed or restrained to pre-existing understandings of dyslexia, for example, biological or social understandings, it allowed for reflexivity of the research overall (Watson, 2012).

4.3 Research Design

This section begins by discussing the applicability of using a qualitative research strategy throughout the data collection and analysis process. The justification of using a co-constructed approach to address the limitations when conducting research ‘with’ children with learning disabilities will be highlighted. The section concludes by exploring my positionality as a researcher and explaining how the possible implications of my positionality will be mitigated throughout this investigation.

4.3.1 Qualitative research strategy

The design of this research was guided throughout by a qualitative approach to both data collection and analysis. As qualitative research is a research strategy that *“emphasizes words rather than quantification in the collection and analysis of data”* (Bryman 2016: 374) it enables insights into the private and personal educational experiences of dyslexic students. These individual insights provided rich descriptive data throughout the data collection process.

It has been stressed that educational research should seek to include both qualitative and quantitative data as the two approaches can complement each other as *“background statistics, or just a few figures from available records can set the scene for an in-depth qualitative study”* (Wellington 2000: 17). The use of quantitative methods for both data collection and analysis in this research was rejected. This is because there is an overemphasis of quantitative etiological and cognitive studies in the field of dyslexic research, with research reports and papers dwelling upon causation and remediation (Burden 2005). Although quantitative research has made valuable contributions to the field

by identifying commonalities between dyslexic people which can be investigated further (Snowling 2000), quantitative research neglects the human side of dyslexia (Burden 2005) and does not aid a societal understanding of the experience of a dyslexic learner. Arguably, such quantitative studies can make negative contributions to the field by also adding to the dominant, medicalised constrained view of a dyslexic persons impaired functioning (Poole 2003).

The current encouragement of the quantifiable 'diagnostic assessment' as the only means to identify dyslexia (British Dyslexia Association 2018; Dyslexia Action 2018; Snowling 2014; Riddick 2010; and Rose 2009) is an example of the overemphasis of the constrained, impaired, 'deficit' view of dyslexia. Even in previous qualitative research, aimed at developing perceptual understandings of the lived experience of a dyslexic person (Young Kong 2012, Riddick 2010, MacDonald 2009, Pollak 2005, Burden 2005, Humphrey and Mullins 2002 and Edwards 1994) the criteria for participant inclusion always required a quantifiable 'diagnostic assessment' and therefore perpetuates the essentialist 'deficit' view of dyslexia.

The dominance of cognitive psychology and quantifiable "*traditional modes of academic discourse*" (Booth 1996: 237) in the field of dyslexic research has at times silenced the voices of dyslexic people. This research, therefore, chose to reject the inclusion of quantitative methods and dedicate the data collection and analysis to a qualitative research strategy throughout. Qualitative methods can allow the researcher:

to be able to hear the voices of those who are 'silenced, othered, and marginalized by the dominant social order', as the methods 'ask not only "what is it?" but, more importantly, "explain it to me — how, why, what's the process, what's the significance?" (HesseBiber and Leavy 2006: 28).

Although qualitative methods can provide access to the perspectives and experiences (Booth 1996) of vulnerable, marginalised people, due to the political nature of research the use of traditional qualitative methods could "*encompass substantial barriers between the powerful researcher and the less powerful researched*" (Nind 2008: 4). To limit possible

barriers between myself (the researcher) and the dyslexic students (the researched) the research process was underpinned by a co-constructed research style.

I considered taking an emancipatory approach to the research, in which the dyslexic students controlled all stages of the research process (Porter and Lacey 2005) as it has been argued in disability studies, particularly by influential social modelists such as Oliver (1992, 1997) and Barnes (1997) that research aspiring to a process of emancipation is the only societal way to assist disabled people (Thomas 1999). Although a fundamental aspect of research is to *“bring about change in policy and practices through revealing how lives are constrained by the acts of the oppressors”* (Porter and Lacey 2005: 86) then in this research, waiting for dyslexic students to engage with a researcher when they are seeking to emancipate themselves (Oliver 1997) felt unreasonable. The process of setting up a research agenda, the design, the development and then the dissemination of the research would have placed considerable demands on both linguistic and cognitive capabilities (Porter and Lacey 2005). Consequently, I decided that a co-constructed style to this research as it involved young participants with learning difficulties was more practical (Nind 2008) than an emancipatory approach.

4.3.2 Researcher positionality

The relationship between the researcher and the researched is constantly fluctuating *“from one moment to the next, from one location to the next, and even from one discussion topic to the next”* (Mercer 2007: 14). Therefore, positionality should be thought of as a continuum or *“the space between”* (Dwyer and Buckle 2009) the ‘insider’ and ‘outsider’ rather than a dichotomous perspective. Whilst conducting the research I was an ‘outsider’ to all four schools where the students were attending. As I was not familiar with the inner workings of the school environment. This ‘outsider’ positioning from the physical environment, therefore, helped me as the researcher to maintain an *“objective account of human interaction”* through the possession of an *“appropriate degree of distance and detachment from the subjects of the research”* (Mercer 2007: 5). As the students were all under the age of sixteen and currently attending compulsory schooling again this would position me as an ‘outsider’ as I am not a member of such a group (Dwyer and Buckle 2009).

Although I was an 'outsider' to the physical environment of the students I also position myself as an 'insider' within this research as I have a personal understanding of being dyslexic whilst in education. As a dyslexic, I share similar characteristics and experiences with the students (Dwyer and Buckle 2009). Due to the subject matter is personal and important to me (Dwyer and Buckle 2009) during the data collection and analysis process I found myself feeling angry and hurt at the retelling of discrimination the students had experienced at school. Vernon expressed similar feelings as an 'insider' when investigating oppression experienced by black disabled women (Vernon in Barnes and Mercer 1997). Vernon (1997) argues that there is:

no neutral ground on researching the experience of oppression one is either on the side of the oppressed or the oppressor and for me as an 'insider,' there is no question as to which side I would rather be on (p.173).

The notion of neutrality and value-free research in special needs education and disability rights is problematic because "it is not feasible, nor is desirable because values should determine the object of research as well as the epistemological and methodological approaches" (Hartas 2010: 21). As (the researcher) I played a direct and intimate role in both data collection and analysis and as Dwyer and Buckle (2009) suggest, "the issue of researcher membership in the group or area being studied is relevant to all approaches to qualitative methodology" (p. 55).

I feel my 'insider' perspective allowed insights (Denzin and Lincoln 2011) that not only aided my theoretical and methodological approaches but also supported rapport building with the students. As Dwyer and Buckle (2009) suggest:

This insider role status frequently allows researchers more rapid and more complete acceptance by their participants. Therefore, participants are typically more open with researchers so that there may be a greater depth to the data gathered (p.58).

Although I would agree with Dwyer and Buckle (2009) and rapport was built successfully with the students, I also feel this was aided by my 'outsider' status. As I was not a teacher or

another staff member within the school this may have also aided greater honesty. It has been suggested that when researching with children in their school setting, it would be difficult for the pupil “*not to see the researcher as a teacher or allied with teachers/adults*” (Edwards and Hollin 2013: 44). During this research, on one occasion, when the school facilitator was present during an interview the student appeared quiet and reserved but once the facilitator left, the student became talkative and comfortable in continuing with the interview. My ‘outsider’ positioning on this occasion appeared to have aided greater honesty and made the student more relaxed.

Throughout this research process, my positionality fluctuated (Mercer 2007). I have both an ‘insider’ and ‘outsider’ perspective and therefore my positionality occupied “*the space between*” (Dwyer and Buckle 2009). Although I am an ‘outsider’ to the students in terms of age, as I am over the age of sixteen and was an ‘outsider’ to the schools where the research was undertaken, I still have knowledge and experience of being school-aged and attending compulsory schooling as well as experience of being dyslexic. Although I was not familiar with the schools that took part during this research, I have experience of both attending and working in educational institutions. Before my PhD, I was a College Lecturer. I also have children that attend a compulsory primary school and I have a child that is dyslexic. Throughout the research process, there were many differences as well as similarities between my experiences and the students that contributed.

I have been reflexive and engaged in self-understanding throughout this research process to enable me to engage with the biases, values, and experiences that I bring to the investigation (Creswell and Poth 2018). Although I cannot claim neutrality, my reflexivity allowed me to have a greater awareness of biases that I may possess (Dwyer and Buckle 2009) so I could limit how such pre-conceptions may influence the data.

4.4 Ethical considerations

This section discusses and examines the procedures followed to limit vulnerability and marginalisation of the students within the research process. The justification of extra considerations that were sought during the ongoing consent process, such as ensuring

materials was accessible and seeking consent from students will be discussed. The section concludes by highlighting how issues regarding privacy, confidentiality and anonymity were addressed.

4.4.1 Examining issues of vulnerability for the students

The examination of the quality of the relationship between the researcher and the researched (Nind 2008) is a particularly important ethical consideration when researching with vulnerable participant groups. As research is essentially politically situated (Swain, Hayman, and Gillman 1998) it, therefore, has the potential to further exploit or disempower participants, particularly those belonging to vulnerable groups. To ensure that I, the researcher, had considered issues relating to the vulnerability that may affect the research participants it will be examined before considering further ethical considerations.

Although it can be difficult to provide a precise definition of vulnerability due to the social construction of the concept (Moore and Miller 1999), I believe that there is a multi-faceted vulnerability associated with the participants involved in this research as there are several overlapping factors that may marginalise their lives (Liamputtong 2007). Considerations of vulnerability for the participants in this research related to their age and factors relating to their impairments and disabilities.

4.4.1.1 Age

As all the students were under the age of sixteen, they could be considered as vulnerable as they *“lack the ability to make personal life choices, to make personal decisions, to maintain independence and self-determine”* (Moore and Miller 1999: 1034). I would stress that in the school environments, where the research was conducted, this is a more salient issue. The authority and power structures in the institution of a school which are dominated by adults it has been suggested that as children *“experience unequal power relations with adults in their lives”* (Punch 2002: 323) they can become marginalised within schooling.

As the purpose of the research was to gain access to students voices and provide them with an audience I would agree with Greig et al (2007) that we must *“appreciate and recognise*

that children have rights which are specific and which dictate that they should be consulted in matters that affect them" (p.169). Therefore if students in this research had been excluded due to age-related issues of vulnerability, then this would have further reinforced the societal disempowerment and the unequal power relations imposed on children and young people by adults by not permitting them a chance to voice their views on the matters that affect them.

4.4.1.2 Impairments and disability

Factors relating to impairment and disability needed to be considered when addressing issues of vulnerability associated with the participants in this research. Disabled people can be defined as vulnerable (Shakespeare 2014 and Liamputtong 2007) with vulnerabilities arising from their impairment, or the social context in which they are located (Shakespeare 2014).

It has been suggested that instead of a disabled person being categorised as vulnerable when participating in research that "*ethical issues become less prominent*" (Porter and Lacey 2005: 92) due to the shift from 'research on' to 'research with', people with learning disabilities. Historically, research conducted 'on' participants with dyslexia would include experiments and interventions, clinicians would use a clinical case study approach, often using a biased, self-selected sample of the population, that did not distinguish from cause and effect and would then generalise from a single case (Riddick 2010). Research 'with' during this investigation takes the form of a co-constructed research strategy (Nind 2008). By conducting research 'with' dyslexic students this limited the ethical issues that arose but also supported the development of self-advocacy. Self-advocacy has been described as the ability to speak up for your rights as a person (Williams and Shoultz 1982). Therefore, rather than disregarding students based on age or impairments or disabilities the research process became a potential source for empowerment by providing an audience for an often 'excluded' voice.

4.4.2 Ethical Review

Throughout this research, I followed strict ethical procedures. Before I applied for ethical approval, I consulted Lancaster University's ethical standards as set out in the 'code of practice' and the ESRC's framework for research ethics. I also applied for DBS (Disclosure and Barring Service) clearance. Ethical approval was obtained from the Faculty of Arts and Social Sciences and the Management Schools Research Ethics Committee (FASS-LUMS REC). The paperwork included the required application forms, the letter I would send to schools (see appendix 1a and 1b), the participant information sheet (appendix 2), informed consent and assent forms (see appendix 3 and 4). Once ethical approval had been granted, I then began to contact schools.

4.4.3 Informed consent

Gaining and maintaining consent is a central ethical consideration within the research. This is particularly salient when researching populations that can be considered as 'vulnerable'. Although historically people with learning disabilities, those belonging to the 'vulnerable' populations were deemed as incapable of understanding research ethics this placed the process in the hands of the academic 'expert' (Nind 2008). Today however due to the 1998 Data Protection Act, informed consent has become a much more widespread concern for research as it *"is now a legal requirement as well as a moral obligation"* (Scott et al 2006: 275). Legally discussions revolve around three main concerns, competence to give consent, whether the research is in the persons best interest, and the balance with the public interest (Nind 2008, Scott et al 2006). As this research is conducted with school-aged students, the legality of gaining informed consent was my first consideration, nevertheless:

ethical and moral implications are a separate issue from the legal issues, but it would seem reasonable to assume that good research practice would reflect more than the just the basic legal requirements. (Scott et al 2006: 277).

As all the participants were under the age of sixteen and therefore could not legally give consent (Grieg et al 2007 and Tisdall et al 2009) informed consent was first sought and obtained from a person with parental responsibility. To respect and preserve the school's duty to protect the children's anonymity and confidentiality (Scott et al 2006) contact with

each child's person or persons with parental responsibility was always made via the school's facilitators. I provided the school facilitator with a participant information sheet and an informed consent form (see appendix 2 and 3). This process meant that I had to rely on the school facilitators to choose the students they deemed to be suitable participants and had to rely on them to send out the materials and then collect the returned forms. Interestingly, Scott et al 2006 stressed that when researching with disabled children they discovered that *"it was more effective for the consent forms to be returned to the school, rather than directly to the research team, as it gave a greater return rate"* (p.281). This process therefore may have aided the participation rate for the research.

Although informed consent was first sought from a person with parental responsibility, I ensured that the consent process throughout the data collection procedure involved many separate, interrelated levels of consent and various processes were employed. This was due to my belief that it is imperative to ensure that the consent process is ongoing, and it is not something that is only obtained during initial contact (Cameron and Murphy 2007). Gaining informed consent from the person with parental responsibility was only the first consideration. Once informed consent had been obtained from those with parental responsibility, I liaised again with the school facilitators and arranged to meet the students to begin the data collection process. Greig et al (2007) argue:

the child, as well as the parent, must be aware of the implications of the research, and the child if able should give assent in addition to the consent of the adult with parental responsibility... in other words that they are true volunteers (p.174)

I, therefore, began each data-gathering session by asking each student for their assent (Beresfold et al 2004) before I continued working with them.

4.4.3.1 The process of gaining participant assent

The ongoing process of participant assent (Beresfold et al 2004) used throughout this research was viewed as a fundamental ethical principle to ensure the students felt in control and included in the process as much as possible. The term *"assent refers to the child's*

agreement to participation in the process when another has given consent" (Lewis 2002: 111). In social research *"children are now being given due consideration as active rather than passive research participants and therefore are being better protected"* (Scott et al 2006: 285).

It can be argued however that "being asked to assent...offers only an alternative choice of refusal, and therefore it is not the same as choosing that action freely" (Pilnick 2008: 522). In the case of this research, assent was only sought-after informed consent was given via a person with parental responsibility. One student assented to participate in the research but declined to be video recorded. This demonstrates that the student was not only informed but had more options than simply the choice of refusal.

At the beginning of each data-gathering session, I gave the student an assent form (appendix 4) and began discussing the research as it has been stressed that all *"children will normally require an oral explanation expressed in a manner that communicates effectively"* (Hartas 2010: 119) before continuing with the interview. I began by explaining to the students that even though they have been asked to come here today if they want to stop at any time they could. I then continued through the questions on the assent form. I have included an example of a student's response to question three that asks, *what would you say to me if you want to stop?* One of the students responded by saying "No." I concluded the discussion of the assent form by explaining again that if you want to stop, or if you don't want to answer a question or talk about something just say "no" and we'll stop. As I was working with students aged between seven and sixteen, I also provided them with a symbol they could give me if they wanted to stop (appendix 5). The symbol was on a piece of paper that I gave to the student with the explanation that if they wanted to stop at any time, they could hand this to me, and the interview would conclude. I continued to check if the students were comfortable with continuing throughout.

As this research recognises that the students involved may be considered as vulnerable, it was vital to document data relating to consent and participation (Cameron and Murphy 2007). Data such as the example above where a student refused to be video recorded

suggests that consent procedures worked as intended as the student understood the information and the procedures involved. It has been suggested however that *“for consent to be working there must also be evidence that potential participants chose not to take part”* (Cameron and Murphy 2007: 116) however as the research students were contacted through school facilitators as Scott et al (2006) had also discovered *“there were no means of knowing how many, or who, had refused to take part, nor any way of knowing the reasons for non-participation”* (p.208). Out of the twenty-one students, five did not participate further after the first initial interview. I was informed of this via the facilitator, but I was not given any information as to the reasons why. There were also examples of student’s enjoyment of being involved in the research. Examples of comments were *“Can I do more”, “Can I do another one”, “Can I keep a copy of the Mat that I created”*.

4.4.4 Confidentiality and Anonymity - Pseudonyms

Protecting the anonymity of research students is a *“fundamental ethical principle in qualitative research”* (Nind 2008: 8) therefore I used pseudonyms throughout the research process to ensure the anonymity of both the schools and the students involved. All the data collected throughout the research process is stored under the pseudonyms. The school names were changed to names of trees, Oak, Ash, Beech and Maple. I chose to use gender-neutral pseudonyms for the students.

I felt this would be the most effective way to protect their anonymity. These changes were made as soon as I had conducted the first interview. It has been suggested that some participants may want to be named as they may be proud to be contributing to research (Swain et al 1998). Yet removing the anonymity of the students in this research would also remove the anonymity for the school, the teachers, their peers, and others (Nind 2008). I, therefore, decided to conform to the use of pseudonyms throughout the research process.

4.5 Data collection process

The section begins with a discussion of the sampling considerations such as the sample size, the schools the students were sampled from and the impacts of using school facilitators to access students throughout the recruitment and data collection process. Next, there is a

justification for the use of interviews to collect data, the implications of the interview settings and how rapport was established with the students. Finally, the section concludes by critically discussing the interview strategy, the use of the digital aid 'Talking Mats' and the flexibility of using a semi-structured approach to interviewing.

4.5.1 Sampling

Twenty-one dyslexic students participated in this research. Although Hartas (2010) would stress that the sample size "*should be determined from the outset of the study*" (p.71) as Mason (2002) argues due to the collection of in-depth data concerning individual experience all sampling decisions in this research were not made in advance. Instead, it was decided to sample and collect data until there was enough to enable the research questions to be addressed adequately.

The dyslexic students were all sampled from one mainstream state secondary school and three mainstream state primary schools in England. Similar research involving compulsory school-aged students conducted in the field of dyslexia is limited. Although Previous research conducted by Edwards (1994) and Burden (2005) involved school-aged dyslexic students, they were sampled from specialist independent schools in England for people with dyslexia and not mainstream schools. In an aim to "*draw on more representative samples*" Riddick (2010: 56) sampled school-aged dyslexic students from a mainstream schooling cohort, however as they had all been diagnostically identified as dyslexic and had attended specialist private one-to-one out of school tuition each week at a specialist centre for dyslexic teaching, they may not have been representative of a socio-economically diverse dyslexic cohort.

Students in this research were recruited from mainstream state schools (without a criterion for a diagnostic assessment) and not via specialist dyslexic organisations to ensure the sample was more representative and provided a much-needed voice to "*hard to reach*" populations that may be "*economically or educationally disadvantaged*" (Liamputtong 2007:3). By sampling in this way, this research addresses a current gap in the field.

4.5.2 Information about schools involved

I have provided basic information on each of the schools that I sampled the students from for this research. Information on the type of school, size, and number of students, number of teachers, Ofsted judgement and the number of disadvantaged and disabled students compared to the national average has been provided to offer a context to the students' learning environment.

4.5.2.1 Maple Secondary school

Rated outstanding by Ofsted (2008), the Maple Secondary school was an over-subscribed larger than average Foundation school in England. There were approximately 1408 students, with a below-average number of pupils categorised as disadvantaged with support at school action plus, and with a statement of special educational need. The headteacher had been in the post for eight years.

4.5.2.2 Oak Primary School

Rated good by Ofsted (2014), the Oak Primary School is a smaller than average-sized voluntary aided Christian school in England. There were approximately 130 students, with an average number of students categorised as disadvantaged, with support at school action plus, and with a statement of special educational need. The headteacher had been in the post for over ten years and six teachers taught across five mixed aged classes.

4.5.2.3 Ash Primary School

Rated good by Ofsted (2013), the Ash Primary is a larger than average-sized community school in England. There are approximately 340 students, with an above-average number of students categorised as disadvantaged, with support at school action and school action plus. The headteacher has been in the post for nearly ten years and thirteen teachers teach across thirteen single-aged classes.

4.5.2.4 Beech Primary School

Rated good by Ofsted (2014), the Beech Primary School is a larger than average-sized community school in England. There are approximately 414 students, with a well above the average number of students categorised as disadvantaged, with support through school action. The headteacher had been in the post for less than two years and 21 teachers teach across single-aged classes.

4.5.3 Participation requirements

Purposive sampling was used to target dyslexic students under the age of sixteen attending compulsory mainstream state schooling. A fixed set criterion for inclusion was considered. The main requirement of the criterion would have been a formal diagnostic assessment of dyslexia without any other identified learning impairments, such as autistic spectrum disorder (ASD) or attention deficit disorder (ADD) which was similar to the fixed set sampling criteria used by Humphrey and Mullins (2002) when researching self-concept and self-esteem in developmental dyslexia. A fixed set criterion was rejected as the research did not want to exclude those dyslexic students that could not obtain a diagnostic assessment and therefore the research did not limit participation on the grounds of fixed 'medicalised' individual diagnostic definitions of dyslexia.

As a holistic understanding (Shakespeare 2014) of dyslexia was sought in this research, one that does not limit complexities but embraces them, when making sampling decisions, therefore, I chose not to exclude those that had another identifiable learning impairment. As research indicates a person identified as dyslexic, is likely to also be identified as having another identifiable learning disability such as attention deficit disorder (ADD) or motor co-ordination impairments (such as developmental coordination disorder, DCD) (Kaplan et al 2001 and Cooke 2001). Excluding students with an additional learning impairment would also have been difficult to achieve. The only sampling criteria for inclusion therefore set during this research was that the students had been identified as displaying certain 'dyslexic' attributes (Berg 2009) or tendencies. The criteria for the student's inclusion was sent to the facilitators via the school information sheet and the initial email sent to the school (appendix 1a and 1b).

4.5.4 The role of the facilitator

Data relating to personal and health-related issues, such as the identification of dyslexia, under the data protection act (1998) is defined as sensitive data. Consequently, the sampling process and access to students relied on negotiations with school gatekeepers to respect and preserve the school's duty to protect the student's anonymity and confidentiality (Scott 2006). As the literature can designate a slightly negative tone to the role of 'gatekeeper' (Scott 2006) in terms of this research it would be fairer to refer to the role as facilitators. The facilitator at Ash primary school and Beech primary school was the Special Educational Needs Co-ordinator (SENCo) at Oak primary school it was the headteacher and at Maple Secondary School it was the head teacher's assistant. The facilitators were mostly keen to collaborate and help the research process.

After the initial contact was made via a phone call with the facilitators, this was immediately followed up with an email containing an information pack (appendix 1a, 2b, 2, and 3). During the development of the information pack measures were taken, such as adapting all written materials to be as child friendly as possible, which included graphics (Scott 2006) and simple language, to aid the impact on capacity (Nind 2008) for the audience. The participant information sheet and consent forms were sent via the facilitators and returned to them also. Before any data was collected, I went to each school and spoke with the facilitator to explain participation requirements of the research and answer any questions or concerns.

As the research rejected a fixed set criterion for inclusion, it was necessary to rely on the school facilitators to 'choose' which students to send initial invitations to (Scott 2006). Consequently, the sample may have a systematic bias based on the facilitator's own identification processes. As the facilitator conducted the sampling it was dependent not only on their knowledge of dyslexia but also on their knowledge of the students themselves. As a researcher, there is no way to know if some students had been excluded due to the facilitator judging them as unsuitable based on a "*separate school criteria such as current family stresses, poor home school relations etc*" (Scott 2006: 208). Nor was there any data based on who had refused to take part and their reasons why.

4.5.5 Student profiles

The twenty-one students ranged in age from seven to sixteen years. All the students attended a mainstream state school for their full-time education. The students were all white British which reflected the predominantly white population of the schools. Students had all been identified by the school facilitator as dyslexic before the study.

As previously discussed in chapter 2, all twelve of the previous studies dedicated to the lived experience of a dyslexic individual had not only required a diagnostic assessment of dyslexia as a selection criterion but a third had used information obtained on the assessment report during data analysis. Information from the assessment reports within most of the studies had also been used when creating participant profiles. Initially, this was an approach taken within this research when creating the student profiles. An example is included below:

Max was in year 5 and had a diagnosis of dyslexia from the British Dyslexia Association which had been paid for privately. Max had also been seen twice previously by an Educational Psychologist in 2012 and 2014 and was currently waiting to be seen by the Dyslexia Support team. Max has had significant speech issues since Reception and received regular speech and language therapy (SLT) sessions, both at the clinic and in school, for four years before being discharged in Year 3. Max has been on the school's SEN register since joining the school. Max is working at the lower end of the academic spectrum. Max was described as having very weak spelling and was approximately two years behind in English. Max has completed two years of the British Dyslexia Association's catch-up phonics program 'Project Sound check', which was run in school by volunteers. Max has a private tutor once a week at home and at school, they are in a small class of 10 for English all year. Max also has been given a pink overlay by the optometrist. (original profile descriptor)

However, on reflection and as argued in chapter 2, using information about the students cognitive malfunctioning (Poole 2003) threatens to silence the voice of the marginalised dyslexic student. Therefore, the student profiles within this research, offer an alternative approach to previous lived experience research participant profiles. The student profiles created within this research aim to reflect the individual and not their impairments.

Therefore, the student information gathered from the completion of their 'general' talking mat (all the students talking mats are in appendix 8) is used to reflect the individual characteristics of each student.

A brief profile for each student will be presented below in alphabetical order (all names are pseudonyms, to ensure confidentiality):

Name	School year	Brief Profile
Alex	5	Alex explained that they like to play <i>"tig, and bulldog and line tig and football"</i> . Outside of school, they are a member of the scouts and a dance club where they participate in <i>"loads of shows and stuff"</i> . Sometimes participation in a range of clubs means they have to make choices, which is something they dislike doing, <i>"I have to choose if I want to do my dance show at school or at a club"</i> .
Blake	11	Blake explained that they liked sports and plays a wide range. <i>"I play water polo, I do Judo, swimming and Rugby"</i> but has stopped doing most of it for various reasons. Mostly likes social media but remained sceptical of its use as only see the best of people. <i>"people online think they are free from any consequences"</i> . Blake likes the friends they have both within and outside of school. <i>"I feel like I have a good friendship group. I get on well with my friends"</i> . They like their pet cat and has a large extended family and Blake explained that they all get on well. Blake feels that they are not very good at organising self or time. <i>"I don't feel like I manage stress particularly well"</i> .
Carter	5	Carter explained that they like to play computer games. <i>"I like my PlayStation. I have lots of games and stuff"</i> . Carter likes watching television with their Grandma, <i>"we watch quizzes and things like that"</i> . They like to try new things, but they feel upset if they are not being listened to <i>"it makes me sad when people ignore me"</i> .
Casey	4	Casey has fun at home with their family. They like to play games on their iPad with their dad. They like watching Netflix <i>"although I am supposed to leave it downstairs, I watch Netflix in bed sometimes, dad takes it off me sometimes though"</i> . Casey likes playing with friends but prefers playing inside than outside. They don't like helping around the house.
Charlie	9	They like sports and play's <i>"football, swimming and basketball"</i> . They don't like using social media, they expressed that they particularly <i>"don't like Facebook"</i> . Feels pretty good about their friends. Has two pets a dog and a cat. I have a really good family. I like my home, its pretty good. Struggles with organisation, <i>"I'm not"</i>

		<i>that good at it</i> ". I think I'm pretty good at managing stress. I don't think I'm like, I worry about making decisions"
Corey	5	Corey likes their two dogs <i>"we got them from a place where dogs go when they don't have a home"</i> . They like to watch the television with one of the dogs <i>"Molly likes to watch tv with me, it's funny"</i> . They don't like it when their stepbrothers stay over, and they don't like helping around the house because <i>"I don't even make the mess; I thinks it's really unfair"</i> .
Dakota	2	Dakota likes spending time at home. They like helping their mum around the house <i>"I like the washing and I like doing cooking dinner with my mum"</i> . They don't like making choices, like being asked what they want for their dinner.
Dylan	4	Dylan likes swimming <i>"I go swimming club on Tuesday and Thursday"</i> <i>"It's cold sometimes but I still like swimming"</i> . Dylan prefers to play on their computer rather than watching television.
Elliott	3	Elliott has to help around the house <i>"a lot, a have stuff to do every day. I really, really don't like it"</i> . They would rather be playing at their friend's house. They like playing computer games with their brother and sister, <i>"we play Mario cart, I'm really good!"</i>
Haydon	6	Haydon likes being at home and helping their mum around the house. Likes talking with their family and friends and feels they listen well. They like their dog and watching television but overall, they like playing on their tablet <i>"I like Dragon quest, I've got like erm 200 eggs and they hatch and stuff, it's really fun"</i> .
Jamie	5	Jamie doesn't like sports <i>"I'm not that good at sports and stuff"</i> . They do like going to <i>"computing club"</i> once a week outside of school. Jamie explained they like to socialise with friends outside of school. They like watching television and their pet cat but they struggle with managing their stress.
Jessie	7	Jessie likes playing sports <i>"I really like cycling; I like doing downhill"</i> . They don't <i>"have social media"</i> because they don't like using it. They like their friends and their two dogs. They feel they are <i>"alright"</i> at organising themselves.
Jude	7	Jude likes to play sports <i>" I do hockey and running"</i> both inside and outside of school. They are unsure about social media <i>"but I do talk to my friends on it"</i> . They like their pet dog. They struggle with being organised, <i>"well I'm alright at it, but sometimes I forget to do my homework"</i>
Leslie	8	Leslie explained that they liked sports and plays a wide range. <i>"I play hockey, football and I like to learn to ride horses"</i> . They like social media, they like Facebook and Instagram <i>"it's a good way to keep in contact with your friends. I post photos of the horses and my friends can see what they look like"</i> . They would like a dog but their dad has allergies so they can't have one. <i>"when I live on my own, I'm going to have five [five dogs]"</i>

Logan	6	Logan doesn't like watching television but instead watches YouTube <i>"I watch funny pet videos, erm...videos of epic fails, and I watch people playing computer games"</i> . They don't mind helping around the house but feels like they have <i>"I have to do more than my sister cause she's younger, I suppose that's okay"</i> . They enjoy going to visit their grandparents because <i>"they listen to all my stuff"</i> .
Max	5	Max explained that they like playing on their computers, <i>"I have Xbox and PlayStation. I get games for my birthday and Christmas and stuff"</i> . They think watching television is okay but would rather play on their computer. They like sports and they play football outside of school.
Peyton	8	Payton explained that they like to socialise, <i>"I do a lot of things outside of school, I like to go out with my friends and things"</i> . They like sports and <i>"do quite a lot, I like rugby, football, swimming, tennis, table tennis"</i> . Peyton doesn't like social media and prefers to just <i>"like text my friends"</i> . They explained that they <i>"feel comfortable with my friends"</i> .
Quinn	9	Likes sport. Played cricket for the county but only plays for their club now as they had an injury. Not sure about social media <i>"I have it but I'm like not on it all the time"</i> . Likes their friends and has a lot. Likes animals as they live on a farm. They would like a horse. They have sheep, cows, and some dusks. Gets on well with their family. Like their home. <i>"yes, it's nice"</i> . Organising <i>"I'm alright, I just sometimes forget to do stuff"</i> . Managing stress <i>"I'm pretty bad at stress. I get really stressed at stuff and like. I don't know I just really worried about stuff"</i> .
Riley	5	Riley likes playing with their friends but <i>"I mean I do like going to their house, but not all the time, it gets boring, they watch boring stuff"</i> . They don't like making decisions or trying new things.
Ryan	3	Ryan doesn't like the routines of school, <i>"everythin has to be done when they say"</i> . They like being at home and watching Netflix. When the weather is warm, they like <i>"going to the park on my bike, or sometimes my scooter"</i> .
Sam	8	Sam likes to ride their bike. They don't mind having a dog <i>"but he barks all the time, even when we are trying to sleep"</i> . They like socialising with their friends when they are home, but <i>"my friends in school are okay, but I like talking about YouTube videos, but they don't"</i> .

Table 4.1 – Student profiles

4.5.6 The interview processes

The method of data collection throughout the research was interviews as they are *"at the heart of qualitative research. It is through interview that we elicit people's views and perspectives on the world"* (Nind 2008: 10). As a critical realist I assume there is a world that

exists independently of people's perceptions of it, but I regard the world "*as accessible only through people's subjectivity and senses*" (Edwards and Hollin 2013: 22). Therefore, using qualitative research interviews throughout this research process, I attempted to gain an understanding and uncover the manifest interactions of social reality.

The use of interviews as the only method of obtaining students' own perspectives (Greig et al 2007) had a lot to offer the research process. Although it is rare to use questionnaires with people with learning difficulties (Nind 2008), I considered using a questionnaire developed and administered by Burden (2005) when investigating dyslexia and the notion of developing a 'dyslexic identity'. The questionnaire is entitled, 'The Dyslexia Identity Scale' (DIS) and was designed:

to elicit the feelings of children and adults with dyslexic difficulties about being understood by others, about whether they feel confident and in control of their future outcomes, or whether, by contrast, they feel helpless to improve and even depressed because of this (Burden 2005: 33)

Although Burden (2005) found the 'The Dyslexia Identity Scale' illuminated feelings of self-efficacy, I decided against gathering data through other means such as this and observation as interviewing allowed me (as the researcher) to investigate and prompt issues and things that cannot be observed (Wellington 2000) or captured via a questionnaire. The interactive nature of the interview process allowed me (the researcher) to "*access to dimensions of information not otherwise available such as non-verbal cues on feelings*" (Greig et al 2007: 122). As the interviews used a co-constructed approach it also provided the students with a 'voice' and a 'platform' to make their viewpoints heard and eventually read (Wellington 2000).

I interviewed a total of twenty-one students individually face-to-face over two separate days. The students were informed beforehand that the interviews would last no longer than thirty minutes. I decided on a thirty-minute time limit due to the vulnerable characteristics of the students. The Talking Mats interviews ranged from 12 to 28 minutes and the semi-structured interviews ranged from 9 to 30 minutes.

I planned to interview each student twice, 1) initial 'Talking Mats' interview and 2) a follow-up semi-structured interview 2 weeks later. This schedule was piloted with four students before being used in the main data collection process. The pilot interviews were included in the final sample. The rationale behind this schedule was to build rapport and identify and co-construct topics/ themes during the first interview with the students which I (the researcher) could then gently probe for additional information on what matters most from the topics they raised (Greig et al 2007) and gain student validation during the second interview. The interviews were completed reasonably close to the initial plan. All twenty-one of the students completed the initial 'Talking Mats' interview and sixteen students completed the follow-up semi-structured interview.

During my visits to the schools, I also requested information from each student's school file. Facilitators were asked for information including how the student's dyslexia was identified, what issues were raised at the time, educational psychologist reports if they had one, and details of any support that was provided. Unfortunately, of the twenty-one, dyslexic students that participated in the interview stage additional information was only gathered from seven. The information gathered, is like the educational and psychological reports accessed by Riddick (2010) in their study into the social and emotional consequences of dyslexia. Unlike Riddick (2010) had, however, this research will not provide the reader with a table of the basic information about the participants collected from such reports, as the data collected will only be used as background information and will not be used as secondary information about the student.

4.5.6.1 Interview setting

The interviews were conducted on school grounds using a private room provided for me by the school facilitators. The room made available on each site was convenient, accessible, and proved adequate for video recording the interview (Edwards and Holland 2013). I considered the implications of conducting the interviews within the school environment as it is an adult dominated space, where children have less control, I took into account that the "*children may feel pressure to give 'correct' answers to research questions*" (Punch 2002: 328). To limit feelings of vulnerability and pressure, I reassured the students throughout

that there were no right or wrong answers, which was enhanced by a ~~participatory~~ co-constructed approach to interviewing and the use of the Talking Mats.

The implications of the power hierarchies present in the school environment was considered throughout both data collection and analysis. However, as a participant's home can also have sets of familial power relations (Edwards and Holland 2013), I found the school environment provided a familiar, comfortable setting for the participants (Punch 2002) throughout the research process. To provide a relaxed atmosphere (Georgeson et al 2014) and try to make the participant feel as comfortable as possible (King and Horrocks 2010) I also adjusted the temperature where possible and made a bottle of water available.

4.5.6.2 Limitations of the interview settings

The room provided during my pilot interviews was small. As I had chosen the digital Talking Mats, only a small space was needed to use the 24cm (ten-inch) tablet. However, initially, I had chosen to video record the interviews using a standard video recorder and a tripod. In such a small space this proved problematic. After this experience, I decided to record the interviews using a mobile phone and a small tripod. This proved useful in small spaces but also meant the videos could be uploaded to my computer much quicker.

On a few occasions, the interviews experienced small disruptions when people passed through the rooms we were using. We, the student, and I stopped our conversation and continued when the person had left. As the disruptions were brief, the interview successfully continued where it had paused. The biggest disruption and limitation during the interviews was when one set of interviews needed to be conducted in the school facilitators office for logistical reasons. Unfortunately, this meant for the first five minutes of one interview the facilitator (the school SENCO) was not only present but at times offered information during the interview. The student appeared quiet and reserved whilst the facilitator was present but once they left, they became talkative and comfortable in continuing with the interview.

4.5.7 Rapport

Throughout the data collection process, the quality of the relationship between me (as researcher) and the students was an important consideration, particularly due to the factors of vulnerability (Nind 2008) associated with the participants, such as age and disability.

When researching with children Punch (2002) stresses that:

It is commonly assumed that the need to build rapport with research subjects is the same for adults and children, but adults themselves may lack experience of building rapport with children (p.328).

Although I have not previously researched with school-aged students, I am experienced at building rapport with children. Although this experience is limited, as it is mostly based on having my own young children, I still feel it enabled me to consider the most appropriate approaches to building rapport with the students. I feel my 'insider' positionality as a dyslexic, was also an advantage when building rapport. I feel it enabled me to build a greater level of candour than would have otherwise been the case (Mercer 2007).

Due to rapport building considerations, I had decided against using techniques such as telephone interviews, even though at times this meant travelling long distances. During telephone interviews, however, I would not have been able to "*offer obvious cues of friendliness such as maintaining good eye contact, which is frequently regarded as conducive to gaining and maintaining rapport*" (Bryman 2016: 206). As I only had face-to-face contact with the students during our interviews, which were conducted on two separate days, I felt it was important to use techniques, such as the 'Talking Mats' which enabled me to build a rapport quickly with each participant (Bryman 2016). How rapport was successfully established, and boundaries maintained (Nind 2008) throughout the interview process will be discussed throughout the next sub-section.

4.5.8 First interview - The 'Talking Mats' interview

To begin the data collection with the students I chose an activity that was specifically designed for people that may experience communication difficulties. As the use of visual aids during interviews can put less reliance on the medium of language it can be an

important device when researching with people with learning difficulties (Porter and Lacey 2005) particularly young people with learning difficulties who are vulnerable and not used to having their 'voice' heard (Cameron and Murphy 2002). I also found that it was a good approach to developing a mutually trusting relationship, through co-constructing research themes/ topics together (Nind 2008) which helped build rapport with the students.

The visual method chosen was a communication aid entitled 'Talking Mats'. It was developed at the University of Stirling based on an approach adopted by Cameron and Murphy in 2002 for consulting children and young people with communication difficulties. It uses unique, specifically designed visual symbols to encourage communication. Talking Mats is available in a low-tech original paper-based form or as a digital resource. I chose to purchase the digital version of Talking Mats as the use of ICT increases the range of access to materials and broadens the pictures that the person selects and assembles (Porter and Lacey 2005). The Talking Mats application was loaded onto a 10-inch tablet that was encrypted so the students completed 'Mats' would be securely stored after completion.

I chose this method over others as it had been found to be a successful tool in many previous studies such as, (Cameron and Murphy 2002, Bunning, and Steel 2006). When investigating how the use of 'Talking Mats' can enable young people with a learning disability to ensure their 'voice' is heard during times of transition, such as moving to college, Cameron and Murphy (2002) stressed that the use of *"the 'mats' allowed differences of opinion to be explored and were used as a vehicle for further, deeper discussion"* (p.105). Georgeson et al (2014) described how the 'mats' *"reveal distinctions about children's confidence in different areas"* (p.206) when they used 'Talking Mats' as a tool to consult young children about barriers and supports to learning and participation. I, therefore, felt this aid would be a good fit for the data collection in this research.

To ensure my use and the effectiveness of 'Talking Mats' I attended a one-day intensive training course. I felt this was a very useful first step. During the training, I was shown real-life examples from which I was able to see the possibilities 'Talking Mats' can provide to enhance an interview. I was given the opportunity to test the 'Mats' in different pre-

determined role-playing scenarios and I was then given individual feedback on my use of the 'Mat's'. I feel the training enhanced my understanding of both the 'Talking Mats' and my skills as an interviewer.

4.5.8.1 The Talking Mats process

The first interview conducted with each student followed a set structure. After ethical assent was confirmed I would then begin by describing the Talking Mats activity. Using a 10-inch tablet, each student would complete two Mats, one Mat at a time by using the same top scale and symbols. The first Mat was entitled 'general' and the second was entitled 'school'. I will describe the procedure below:

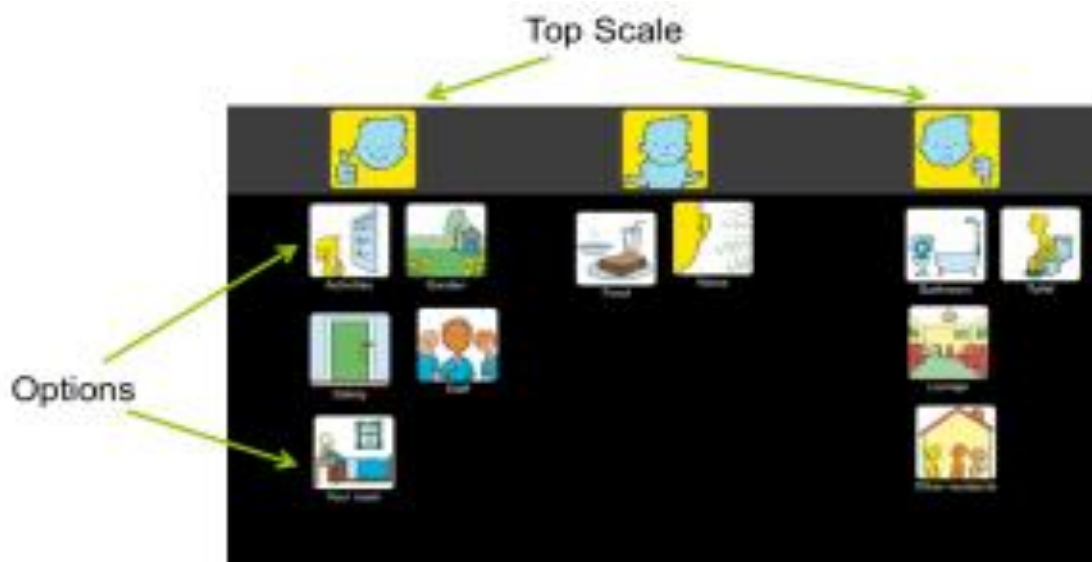


Figure 4.1 - Talking Mats explanation

A Talking Mat contains two sections. The first is the top section (dark grey in colour) and is called the top scale. This is used to allow the student to indicate their feeling about a topic. I explained the meaning of each visual symbol to the students. The thumbs-up symbol, to the left of the screen, meant 'Like', the thumbs down symbol, to the right of the screen, meant 'dislike' and the neutral symbol in the centre, meant 'unsure'. The second section are called options or topics. Each student had the same options. After a brief explanation, the tablet was placed in front of the student to complete the Mat by themselves in their own time.

During the interview when a student touched a topic symbol I simply asked, “How do you feel about?”... and would name the topic symbol. Occasionally I would elaborate a little more and ask, “where would you like the symbol to go? Like, Dislike or Unsure” I did this as a way of communicating and to check the students understanding. I asked each student to complete two ‘Talking Mats’ during the thirty-minute interview session. As I had not met the students before, the first ‘Mat’, entitled ‘general’, they completed was about more general topics, such as pets, TV, and family. I used this to build a rapport which worked very well. Below is an example of a completed ‘general’ Mat.



Figure 4.2 – Example of Mat one – General

As you can see from the example the Mat is a visual record of the student’s feelings towards the options they had been given. The ‘Mat’ provided a digital image, which was placed alongside the traditional interview transcript and used as an accessible summary of the research (Nind 2008). A Talking Mat, therefore, is not only an effective communication aid, but it was also used as a tool for collecting and validating the visual data collected during the interviews throughout this research.

After each student had completed the ‘general’ Talking Mat we discussed why they had completed it in such a way, this discussion supported the validation and analysis of the data collected during the session (Porter and Lacey 2005). I began by confirming the placement of each of the topic symbols. I then invited them to discuss their reasons for placing each symbol where they had. I found using a Talking Mat about ‘general’ topics to begin the interview to be an effective strategy. When each participant moved on to the second Mat, entitled ‘school’, which was more specific to school and academic tasks such as, reading, writing and maths, we had already built a rapport and they had a better understanding of the process of the Mats. Originally I was concerned about the lack of time the students had to become familiar with using ‘Talking Mats’ as Nind (2008) stressed that when using the visual aid, ‘Cue Cards’ in interviews with people with learning disabilities “*participants need time to handle the cards and become familiar with them*” (p.11). None of the students in the research showed or expressed any difficulties in using ‘Talking Mats’. Most confirmed their enjoyment by asking if they could do another. Below is an example of a completed ‘school’ Mat.

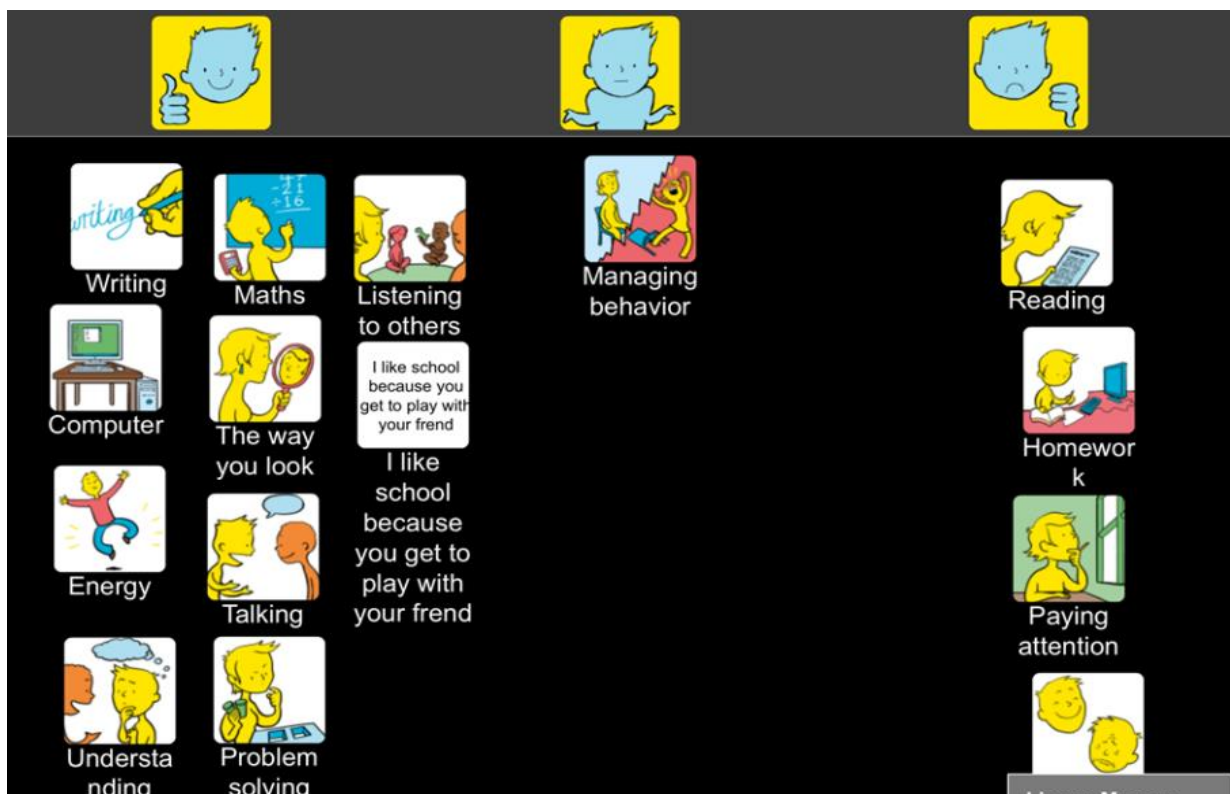


Figure 4.3 - Example of Mat 2 – School

The students all had the option to add their own topic to the ‘Mat’ if they wanted to. This student had decided to write in the ‘like’ section, I like school because you get to play with your friends. Below is a table of other topic tiles that students had added to their mats:

Topic tiles added to General Mat	Topic tiles added to School Mat
A lot of friends (Corey)	Teachers (Sam)
	I like school because you get you get to play with your friends (Carter)
	Co-operating with teachers (Logan)
	Spelling (Alex)
	Exploring (Max)
	Don’t like being told off (Jude)

Table 4.2 – Topic tiles added to Talking Mats

4.5.8.2 Limitations and challenges of using Talking Mats

Overall, the use of the Talking Mats resource during the first interview was effective in enabling the active participation of the dyslexic students in the research process. I found as suggested by Punch (2002) that using visual research methods with children was received favourably by all the students:

especially because it offered them a different and interesting alternative to their usual schoolwork...They were actively involved in the different tasks rather than passively responding (p.337).

Although the Talking Mats resource offered structure to the interview, which can be useful when interviewing people with communication difficulties (Nind 2008), the set structure was viewed with caution due to the possibility of it limiting and distorting the views of the participant. Although there was a wide range of topic symbols readily available for the participant to choose from and even though there was an option to add their own topic to

the Mat, as the student had in the example above, the topic symbols still had the potential to limit responses.

Porter and Lacey (2005) argue that Talking Mats are limited in their use as a data collection resource because “the provision of symbols automatically determines the range of responses possible [and] it also presumes a shared meaning to that symbol” (p.101). I did not experience these limitations when using Talking Mats. Although there was a set of pre-determined topics available for the participant (appendix 6), each person responded differently. The use of the ‘Talking Mat’s’ application also ensured that the students were not limited to only providing responses regarding the difficulties they experienced within schooling. Although the ‘Talking Mat’s’ topics were pre-determined, as the students had the freedom to choose which topics, they wanted to either include or leave off their Mat or even add as a new tile, as seven students did, this did not limit their responses. The students were also free to choose if they wanted to speak about the topic that they had placed on the ‘Mat’ and what they wanted to say about the topic.

Although the students had placed a range of topic tiles under the ‘like’ column on their ‘Mats’, such as computers, talking, maths, their energy, often they chose not to elaborate or expand on these topics. As the students had additional opportunities to speak about their reasoning behind their topic placements at the end of the ‘Talking Mat’ interview and during the accessible summary provided at the beginning of the semi-structured interview (stage two interview) this ensures that the student's responses during the data collection process had not been limited to the difficulties they experience in the classroom, but essentially this is what they chose to speak about.

My experience of using Talking Mats as a digital visual aid enhanced the interview process and therefore reflects the experience of Bunning and Steel’s (2006) use of Talking Mats when investigating self-concept in young people with a learning disability:

As well as providing useful reference points during the course of the interview, it [Talking Mats] gave participants the opportunity to manipulate the content of the discussion. Visual symbols could be selected, newly

generated, altered or moved according to the priority ascribed to the concept by the individual. Each participant was able to check the display on the mat in a way that would not have been possible in an interview that relied on verbal exchange. (p.48)

The use of Talking Mat's during the interview process provided the participant with a fun resource that they controlled and was not reliant on their language skills. The Talking Mats resource proved invaluable on many levels throughout the data collection process.

4.5.9 The semi-structured interview

I began the second stage of the interview process by de-briefing the student on the previous Talking Mats interview, see appendix 9 for the interview schedule. This involved, me sharing their completed Talking Mats again with them. As the Talking Mats resource is a digital application the participants accessed their completed 'Mat' via the tablet that they used previously during completion. Students were offered a paper copy of their 'Mat', but all were happy to simply view it again and a paper copy was not requested. During the Talking Mats, interview themes and topics that were meaningful and important to the student guided the structure for the second interview.

A semi-structured approach to qualitative interviewing for stage two of the data collection process ensured flexibility to enable me (the researcher) to explore and update pre-existing literature on dyslexia whilst still allowing new ideas to emerge (Fletcher 2017). Flexibility in semi-structured interviews allows for the opportunity, to add clarity and differentiate questions or probe, if needed, as a process of clarification (Kvale 2009). The flexibility to differentiate questions during interviews may inject bias and even lead the participant to "*provide unreliable or directly false information*" (Kvale 2009:146). To avoid injecting bias I used open-ended questions and probing and avoided prompting as this can be indirectly leading. Non-directive probing during interviews is neutral and seeks to further elaborate or expand a viewpoint (Wellington 2000). A process of clarification using probes cleared up any ambiguity (Wellington 2000) which was an advantage of using a less structured approach to interviewing.

4.5.9.1 Recording

All but one of the interviews was recorded using video. I chose to record all the interviews as I wanted to be an active listener and show I was engaged in the interview process. If I had relied on notetaking only, I would have been distracted and it may have caused undue stress to the students. For those students that had previously been involved in a diagnostic dyslexic assessment, I did not want them to feel as if they were being tested again. By recording the interviews *“the words and their tone, pauses and the like are recorded in a permanent form that is possible to return again and again for relistening”* (Kvale 2009: 179). To provide a true reflection of what the participant had said and to monitor bias in the process this could only have been achieved through video recording the interviews (Nind 2008).

I chose to use video as it allowed me to feel closer to the data and I feel the use of audio-only can be selective. During transcription, it is *“often inadequate to transcribe only words”* (Cohen et al 2007: 282). I feel that the inclusion of non-verbal cues from students enhanced the data. There were times during the interviews when students had given non-verbal responses such as nodding their heads. This would have been missed during transcription if I were using audio-only. Video recording enabled me the opportunity to triangulate the oral data by analysing the interpersonal interactions for example body language and facial expressions, especially where the oral data gathered was ambiguous or contained omissions. Once the interviews were complete the videos were transferred immediately onto my laptop which was encrypted and deleted from the camera.

4.6 Establishing trustworthiness in qualitative research

As one of the intellectual virtues embodied in the process of conducting research is the pursuit of truth (Lewis 2002) when undertaking qualitative research, therefore, Lincoln and Guba (1985) propose a need to establish ‘trustworthiness’ in the data through credibility, transferability, dependability and confirmability and these criteria will be used to assess and evaluate this research.

4.6.1 Credibility

The credibility of the research findings was enhanced throughout the data collection process. Taking a co-constructed approach to the first interview with the use of the 'Talking Mats' application enhanced the fairness of the process leading to each child's response (Lewis 2002) as they had control over the interview. As the 'Talking Mats' application provides an accessible summary of the data collected it also enhanced the process of respondent validation, "*which is the process whereby a researcher provides the people on whom he or she has conducted research with an account*" (Bryman 2016:385) of their findings. The accessible summary of the Talking Mats was used to validate and check that the student's responses had been interpreted in a fair way (Lewis 2002) at the end of the first interview and again during the de-brief that took place at the beginning of the second interview. This provided me with a confirmation that I had correctly understood their social world (Bryman 2016) before analysis of the data took place.

As credibility is the stability and acceptability of the data collected, it also involved as suggested by Zambo (2004) the "*ability to take into account unexpected consequences and deal with patterns that are not easily explained*" (p.85). The use of a semi-structured format to interviewing during stage two allowed me the flexibility, to re-word, probe and differentiate the questions if needed (Kvale 2009). This enabled me to be able to clarify with the student any misunderstandings or confusions.

4.6.2 Transferability

As this research followed a qualitative strategy it is "*oriented to the contextual uniqueness and significance of the aspect of the social world being studied*" (Bryman 2016: 384). However, as suggested by Guba and Lincoln (1985) I have provided "*sufficient information about the context in which an inquiry is carried out so that anyone else interested in transferability has a base of information appropriate to the judgment*" (p.124). I have produced what Geertz 1973 cited in Bryman 2016) calls 'thick descriptions' of, the students, the contexts, the sampling process, the ethical considerations and the data collection and analysis procedures.

4.6.3 Dependability

Dependability consists of illustrating that the research findings are consistent, transparently documented, through an 'audit trail' (Guba and Lincoln 1985) and could be repeated, in the same context, using the same theoretical framework. To ensure dependability I kept complete records of all phases of the research process, to allow others to examine my process of data collection and analysis. The 'audit trail' includes, complete records of all phases of the research process, email contact with school facilitators, fieldwork notes, interview transcripts, data analysis decisions (Bryman 2016), visual data collected in the form of the 'Talking Mat' and video recordings of interviews.

4.6.4 Confirmability

To ensure confirmability, I was reflexive throughout the research process. The information has been provided throughout to make it apparent that I have "*not overtly allowed personal values or theoretical inclinations to sway the conduct of the research and the findings deriving from it*" (Bryman 2016: 386). By acknowledging that complete objectivity is impossible (Bryman 2016) it allowed me to have a greater awareness of biases that I may possess (Dwyer and Buckle 2009) so I could limit how such pre-conceptions may influence the research process.

5 Chapter 5 – Data Analysis

This chapter describes the process of analysing the data within this research, including a discussion of the transcription process and the methods used to code and analyse the data. The chapter then presents the data under the three overarching themes that emerged during the thematic analysis process. The three overarching themes are Diagnosis, dyslexic students' experiences of the process of being identified and labelled as dyslexic, Dyslexia, the difficulties experienced by dyslexic students in the classroom and Discrimination, dyslexic students' experiences of discrimination and the effects within schooling.

5.1 The process of analysing the data

The process of analysing the qualitative data gathered throughout this project using interviews was an iterative, emergent, and reflexive one. Engaging with the data involved a process of moving in analytical circles rather than using a fixed linear approach (Creswell et al 2018). Throughout the data analysis process, I revisited similar ideas each time from a different perspective, based on new knowledge and experience. For example, after I had initially analysed the data, I attended a five-day intensive course run by the Australian Dyslexia Association. Throughout the course, I developed further knowledge of the causational theories of dyslexia, and educational classroom-based interventions for the reading, writing, and spelling impairments often experienced by dyslexic students. My new and developed knowledge in these areas contributed to being able to better conceptualise the impairments experienced by a dyslexic child in the classroom. In this section I will discuss the practical process involved in the data analysis from the transcription of the first interviews, the methods used to analyse and code the data and my reflections of the strengths and limitations of the process.

5.1.1 Transcription

Each interview was recorded and transcribed verbatim. I decided that it was important for the data analysis process for me to transcribe the data myself. By watching and listening back to the interviews I could engage with the data at a deep level, picking up the nuances, emotion, and meanings. The process of transcription began after I completed the first

interview with each participant. The transcripts of the first interview (stage one, 'Talking Mats' interview) was then summarised alongside the digital image of the 'Mat' the participant had created (see Appendix 8: Students Talking Mats). As discussed in chapter five, the 'Mat' was used as an accessible summary (Nind 2008) for validating the data collected from the participants during the second interview (stage two, semi-structured interview). The summary organised the data collected according to the topics the children had raised (Grieg et al., 2007) by placing the topic symbols on the 'Mat'. This enabled me to identify themes or gaps in the information gathered, which I could then use to gently probe for additional information during the second interview. The summary also helped support my understanding of each participant, which aided the interview process and later with data analysis.

My process of transcription evolved throughout the data analysis phase. Initially, I transcribed in detail, every word, from the beginning of the video recording. This would include gaining assent and my explanation of the 'Talking Mats' procedure. However, as I began working with the transcripts, I found some details unnecessary and distracting for transcription as it did not carry the narrative forward (Booth 1996). For example, participants speaking about pets "*I have a dog, two chickens and some fish*" (Alex, year 5) ('pets' is a topic symbol choice on the general 'Talking Mat'). So although I still watched the video recordings of all of the interviews from the beginning, I decided to only begin verbatim transcription once the participant had begun to complete the second 'Mat', which was more specific to school and academic tasks such as, reading, writing and maths. I summarised other data I found to be relevant, on the transcript at the top using a different colour font. This information was used later to build the participant profiles.

Although it has been suggested that "*the spoken word does not always transfer to the printed page*" (Booth, 1996: 250) as this research aimed to be a potential source of empowerment by providing an audience for an often 'excluded' (dyslexic child's) voice, I transcribed all words, not only real words and noted verbal pauses, for example, 'um' and 'err'. To improve readability some text could have been edited. Yet this would not only have 'silenced' the voice of the participant but would have conveyed a false impression of the

participant which has repercussions for the credibility of the research that is designed to capture their experiences (Booth 1996). If clarification was needed, or if the participant had responded non-verbally, I would note short comments of their non-verbal response in brackets, within the text for example; when Carter, (year 5) gave both a verbal and nonverbal response, “[shakes head to indicate No] Yeah, but err now I’m trying to get it and now I like reading”

As there is a lack of literature on qualitative data analysis when using applied to critical realism this created a challenge for coding (Fletcher, 2017). Initially, I considered and explored using grounded theory (Glaser and Strauss, 1967) as a means of analysing the data. However, as a critical realist, I find the best explanations of reality is through the engagement of theory and as grounded theory often requires avoiding being actively engaged with existing theory when analysing data (Fletcher, 2017), this was therefore rejected as an analytical method throughout this research. I decided instead to use Thematic Analysis (TA) when analysing the interview data. I will now explain my understanding and use of thematic analysis, including how I engaged with any limitations when coding the interview data.

5.1.2 Thematic analysis

Thematic Analysis “a method for identifying, analysing, and reporting patterns (themes) within the data” (Braun and Clarke, 2006) was applied to all the qualitative interview data. Thematic coding can be located ‘as a process performed within analytical traditions (such as grounded theory) (Ryan and Bernard, 2000). It was used in this research because it moves beyond counting explicit words. For instance in word-based analysis, (which would have been problematic in this research as the transcribed data included non-words and any and all non-verbal phrases) thematic coding allowed me to identify and describe both implicit and explicit ideas (Guest, MacQueen and Namey, 2011). The data analysis procedure benefitted from the flexibility gained by using a thematic approach. To ensure flexibility did not lead to inconsistencies when developing themes, I maintained reflexivity throughout and conducted the data analysis process using the six phases of analysis as outlined by Braun and Clarke (2006).

5.1.2.1 Phase one

Phase one consisted of me familiarising with the data (Braun and Clarke, 2006). To ensure that I was fully immersed in the data (Wellington, 2000), I watched each video recording again and looked over every 'Talking Mat' before transcribing the verbal and non-verbal data, I then repeatedly read the transcripts actively searching for meanings and patterns as suggested by Braun and Clarke (2006).

5.1.2.2 Phase two

Phase two required me to organise the analytical process and to begin to generate initial codes from the transcribed data. Initially, I chose to use qualitative software NVivo (v.10). My decision was based on NVivo's capacity for storing and organising many documents and for organising the coding process when analysing the transcripts. As I have no previous experience of using NVivo I decided to undertake a two-day intensive training course before engaging in the process.

My process of analysis using NVivo was deductive; I approached the transcripts with pre-developed topics derived from the participants 'Talking Mat's, information about the lived experiences of dyslexic children and adults taken from the literature review, and patterns I had noted during my initial stages of analysis (phase one). I created a Node, a node in NVivo represents the system by which codes are stored, for each of the topics derived from the 'Talking Mats', these included, reading, writing, and paying attention. I also went back to the literature review and created a tree node for each of the themes I had identified in the literature review, with sub-nodes based on sub-headings. I also created free nodes based on ideas and patterns I had noted during the initial phase of my data analysis.

Despite the benefits of using NVivo, such as being able to store and analyse large amounts of transcribed data, I decided not to use it after this initial coding phase, phase two, primarily as I felt a distance from the data. I feel manual data analysis "*promotes familiarity and appreciation for subtle differences*" (Gilbert, 2002: 216). As my data included a range of material, video recordings, 'Talking Mats', that consisted of visual images and verbatim

transcripts and as I aimed to preserve the participants 'voice', I felt familiarity through immersing myself with the data was more successful when using a manual analysis process.

5.1.2.3 Phase three

Phase three of Braun and Clarke's (2006) six phases of conducting a thematic analysis involved identifying potential themes from the coded transcripts. During the completion of this phase, I used a range of visual representations, which included creating 'mind maps' and writing the name of each code on a separate sticky note, which helped me to physically move the codes around so I could begin to sort the different codes and consider how they could form overarching themes.

Initially, at the end of phase three, I had three overarching themes: theme one -what is Dyslexia? theme two-Bullying, Humiliation and Oppression and theme three-The Way Forward. However as suggested by Braun and Clarke (2006) I decided not to abandon anything, including initial coding, at this stage:

as without looking at all the extracts in detail (the next phase) it is uncertain whether the themes hold as they are, or whether some need to be combined, refined, and separated, or discarded (p. 91).

5.1.2.4 Phase four

During phase four the themes were reviewed at the coded level and by viewing the entire data set to ensure the data within the themes cohere together (Braun and Clarke, 2006). When the data refinement stopped adding anything substantial, the final thematic map was developed and, theme one became, Diagnosis, theme two, Dyslexia and theme three became, Discrimination. Such reflexivity remained possible as I kept a complete set of records throughout all phases of the data analysis process. My 'audit trail' (Bryman 2016, Lincoln, and Guba 1985) not only ensured the research was dependable but enabled me to be able to re-focus the themes throughout the data analysis process.

	Initial Themes	Finalised Themes
Theme 1	What is Dyslexia?	Diagnosis
Theme 2	Bullying, humiliation, and oppression	Dyslexia
Theme 3	The way forward	Discrimination

Figure 5.1: Themes generated from thematic analysis of data

5.1.2.5 Phases five and six

Phase five, consisted of, using the final thematic map to define and further redefine the final overarching and sub-themes and then identifying the “*the ‘essence’ of what each theme is about*” (Braun and Clarke 2006: 92). When I felt this was complete, I began phase six, producing the final write up of the data analysis. I have kept this description brief as the two final phases will be best demonstrated throughout this data analysis chapter.

5.1.3 Themes

Having described the process of the data analysis, the remaining chapter will present the data and the analysis of the data under the three overarching themes, Diagnosis, Dyslexia and Discrimination.

To provide the reader with a linear structure to the data analysis I decided to present the theme of *Diagnosis* first. I have made it clear throughout this research that I do not consider the formal ‘diagnosis’ and labelling of dyslexia to be a determining aspect for a dyslexic student’s experiences. The participants also spoke about this theme slightly less than others. This is not to suggest that the participants had less to say about the identification of their dyslexia or that it had not been influential in their lives. Data on the topic could have been influenced by the limitations of the ‘Talking Mats’ interview (stage one interview), as there was no ‘topic’ symbol for ‘diagnosis’, ‘dyslexia’ or even for ‘tests. During the semi-structured (stage two interview) I had the opportunity to rectify this limitation and either elaborate on the topic of identification, if it had been previously discussed or to explore the topic by asking each child, for example, what dyslexia meant, if they could explain why they were identified as dyslexic and if they could tell me who explained it to them. However, as only

sixteen of the twenty-one participants completed this stage this again could have influenced the amount of data within this theme.

As participants had been recruited from mainstream state schools, without the sampling requirement of a 'diagnostic assessment' this could also have influenced the amount of data within this theme. As previously discussed in chapter 4.5.6, although I had requested data from each of the participant's school, which included information on how their dyslexia had been identified, this was only gathered from seven and of those only the reports from four diagnostic assessments were obtained. It, therefore, remains unclear how many participants had been identified as dyslexic using formal assessment methods. However, as this research is about the participant's subjective experiences of being identified as dyslexic and the effects of these views and not the assessments themselves, the amount of data obtained from the schools regarding identification methods is only used to provide background data regardless of the amount received. Throughout the analysis of the data in this theme, information from the assessment reports that were obtained will be provided, but only to offer commentary on the process, they will not be used for information about the participant.

As with the first theme, *Diagnosis*, data collected and presented within the second theme, *Dyslexia*, again could have been influenced by the potential limitations of the 'Talking Mats' interview (stage one interview). Although the 'Talking Mat's' application had topic symbols for many areas of impairment that are commonly associated with dyslexia, for example, 'reading', 'writing' and 'paying attention' some areas, such as 'spelling' and 'memory' were absent from the topic tile list which had the potential to limit students responses. However, as the 'Talking Mat's' application was flexible and gave the students the option to add their own tiles, Alex (year 5), took this option and created a tile for 'spelling' and placed it under the dislike column. Even without adding a tile to their Mat, many other students had chosen to speak about the difficulties they encounter with spelling. Therefore, evidence would suggest that the 'Talking Mats' application did not limit the responses the students gave regarding the range of difficulties they experience in the classroom.

5.2 Diagnosis – Dyslexic students’ experiences of the process of being identified and labelled as dyslexic

This theme will present the students’ experiences of their process of being labelled as dyslexic and the initial effects of such labelling within schooling. To begin the first sub-theme, the assessment process will explore the students’ perspectives on undertaking diagnostic testing. It will highlight the number of participants that had been subjected to more than one full diagnostic assessment. Regarding the assessment, the participants discuss the length it took to complete and their concerns about taking tests and how the testing added to feelings of failure. Once the report, that is produced after the testing is complete, was received the participants explain how this heightened their feelings of anxiety and sadness towards their difficulties. The concluding sub-theme, the effect of the assessment process, will explore how the label of dyslexia once applied to the participant often led them to experience further confusion regarding their difficulties and how reasonable adjustments in the classroom often led to further embarrassment as the participants often felt they had to justify the use of a word processor to their peers.

5.2.1 The assessment processes

This sub-theme begins by highlighting that despite claims that a formal ‘diagnostic assessment’ of dyslexia *“is the only way to really understand if someone is dyslexic”* (British Dyslexia Association, 2018). Four of the participants, that spoke about their assessment process, had experienced the process of a ‘diagnostic assessment’ at least twice.

5.2.1.1 Testing for dyslexia

When interviewed, Blake (year 11) had experienced two full diagnostic assessments before obtaining a diagnosis of dyslexia. Blake had a relaxed, calm demeanour and spoke happily when speaking about things they enjoyed, for example, the sports they played. When they began to speak about their dyslexia diagnosis, their speech quickened, and at times Blake began to stutter. Blake explained that despite the difficulties they had experienced in primary school, the assessment they undertook at that time failed to confirm dyslexia:

I was tested for it in year four and I didn't have dyslexia. Mum was pretty sure that I was, so she was pretty disappointed in year 4, not disappointed but confused in year 4 when it went the other way.

Although Blake is the one experiencing difficulties at school and this first assessment must have been important to them for it to be mentioned, it is concerning that their comments are limited towards their mum's feelings and there is no mention of their own emotional state. It is also interesting that Blake states that they '*didn't have dyslexia*' after they were tested the first time. Due to this quote, it could be implied that Blake believes that dyslexia may be something that developed as they got older, as they did not have it in year four. Blake continued to explain how they received their diagnosis of dyslexia, after continuing to fall behind in school. Although Blake was concerned that they are educationally "*falling behind*" there was a sense of relief not only that dyslexia had been confirmed after the second assessment, but that the decision may mean that their schooling would improve.

When I was falling behind in lessons, English, Science, Maths not so much, history where there is lots of writing. I got tested again in year 7 and was tested as having having stealth dyslexia I think it is which is apart from having a cool name it's like under the radar (Blake, year 11).

Without access to Blake's assessment reports it is difficult to comment on the reasons why Blake was denied the label of dyslexia and then a few years later was given the label. What is confusing however is that today, dyslexia is considered as a continuum with no clear-cut offs (Rose, 2009). Blake's first assessment however may have taken place before this updated understanding.

When interviewed, Leslie (year 8) had also experienced two assessments for Dyslexia. However, unlike Blake, Leslie was given the label of dyslexia on both occasions, so it remains unclear why they were assessed twice. Leslie was only briefly able to recall undertaking the first assessment when they had just entered school.

I was tested when I was around five. Well, I can't really remember anything much, but my mum told me that I went in a room with the person who was

testing and I dunno I think it was kind of fun from what I remember. (Leslie, year 8)

Leslie has very little recollection of their first assessment. The information recalled appears to be limited to what they have been told by their mum years later. Leslie was able to recall their latest assessment more clearly. Like Blake, it appeared that Leslie was tested in year 7, which would be upon entering high school.

I had a test last year I think, and I can remember quite a few things about that. I think it was about three hours. It was quite a lot of games almost. Writing to see how fast my writing was, reading and things like that. Word comprehensions. Erm...well I had to. With the word comprehensions, I had to read it over again because I'm not very good at remembering from reading it once. I would read something and then she would ask questions. Kind of felt like a test at school something like that. (Leslie, year 8).

If the student performs well, then they would not receive a diagnosis of dyslexia. Therefore, the student is expected and needs to perform badly to receive the label of dyslexia.

Although Max was only in year 5 when he was interviewed, like Leslie they had already undertaken a second diagnostic assessment. Although it clearly states on Max's assessment report, that Max claims that they are 'not good at doing tests', during their latest diagnostic assessment, they were subjected to at least thirty-five individual tests.

I don't like tests. The tests with the teacher were challenging for me. I was doing good, I think. Then, then I had to stop cause I was getting too many wrong. I have probably done more tests than all my years together. I think I have done more tests at my house than I have at school cause it was sheet after sheet after sheet. There was some games and I did some writings and reading and stuff. Over and over... I was dyslexic after two months of testing. I was like whyyyy?" (Max, year 5)

The diagnostic assessment procedure is a long and challenging experience for the students in this research. To be subjected to this experience once has clear ramifications, such as the

students feeling like a failure, but it remains unclear why so many students had to endure this procedure on multiple occasions.

5.2.1.2 The assessment reports

Once the diagnostic testing is complete a written report is then produced. The length of the reports I was given access to range in length from five to twenty-four pages. Access to Leslie's report was never obtained during the data collection process. Leslie described the difficulties they experienced when trying to understand what had been written and the support they received from their mum.

Mum usually goes through the report. Well, she kind of erm. It's very wordy I would say so she kind of makes it more direct and easy to understand. (Leslie, year 8)

Although Leslie suggests that they are happy for their mum to explain the report to them, as it was Leslie that undertook the assessment, I would stress that the report should be accessible for the student and assistance should not be required. Assistance with reading and understanding the report due to the length and the inclusion of some complex psychological testing means that the reports themselves may even be difficult for a parent or guardian or the student's teacher to understand. Perhaps if the person that conducted the testing, the educational psychologist, for example, took the time to explain the report and answer questions the student may gain a clearer understanding of the overall assessment procedure.

Possibly due to a lack of a clear understanding of the written information contained in the assessment reports, the report added to their confusion and humiliation about the difficulties they experienced within school.

It says that Leslie is slow at reading, writing and it has like a list of what I'm not very good at. That's all I can remember. Looking at the not very good list err...it kind of makes you feel very uncomfortable but its right because you

know what it feels like to be...um. You know what it's like anyway. (Leslie, year 8)

Whilst acknowledging that this research is limited to the experiences of the participants that took part, it still highlights some worrying consequences of conducting a diagnostic assessment on a student to acquire the label of dyslexia. The testing and subsequent reporting of the outcomes of a diagnostic assessment can cause and add to a student's anxiety and humiliation and should be considered and justified before a child is subjected to the assessment procedure. Leslie spoke competently about the difficulties they experienced with, reading, writing and comprehension, but being tested on these difficulties which then produced a report of things "*I'm not very good*" at has been detrimental to their academic self-concept. Although Leslie finds the work in their current class "*too easy*" due to their assessment report they often question themselves:

Sometimes I feel like I should be higher, but then I remember the report, so I feel like I'm in the right set (Leslie, year 8).

Quinn (year 9) explained the involvement their school had in their dyslexic labelling:

After a few months of being here [secondary school], my mum got a letter at home from the school saying that Quinn needed to come and do a test just to clarify [if they are dyslexic] and they said yes. Then my mum had to pay to get a statement [mum paid for a full diagnostic assessment report].

Although Quinn appears to have been involved in some of the conversations about the testing and gaining the label of dyslexia, it remains unclear if the school or their mum had asked if they would like to undertake an assessment. Interestingly, their school had requested that Quinn was tested. If the school's screener had indicated dyslexia, it would have been interesting to gain an understanding of the school's requirement for a diagnostic assessment. Although the role of the school in the assessment procedure was not included in this research, as the current research was about the students' experience of the assessment procedure and not the procedure itself, Quinn's extract does indicate that

future research should consider the school's involvement when aiming to understand the diagnostic assessment procedure for dyslexia.

Quinn strongly disliked the label of dyslexia and like Leslie, Quinn stressed the negative impact the assessment report had on their academic self-concept.

they said that I was dyslexic. We got an email after and it said all the things I had wrong with me. I don't like it. (Quinn, year 9)

Although the students' assessments in the current research were paid for privately, the student's parent or guardian would send the report directly to the school once they had received it. The students did not give a reason for this, so without speaking with the parents the reason remains uncertain. As Quinn's earlier extract indicated, sometimes the school requested a diagnostic assessment report which may have influenced the parent's decision. I found it interesting when interviewing Quinn, that they did not want the school to have their report. Again, as this research is about the experiences of the assessment procedures and not the procedures themselves it was not something I had considered, or even read anywhere else before this interview.

I don't want people to know. I wish the school didn't know. I wouldn't tell the whole world that I have it. I wouldn't tell everyone in my year it's just not something I would do. (Quinn, year 9)

Wanting to hide their diagnosis could have been influenced by the negative reactions Quinn had experienced from their teachers since being labelled as dyslexic. Even though the school was involved in the process that led to their labelling, (conducting a screener and advising Quinn to get a full diagnostic assessment), received demotivating and demoralising comments which had the potential to undermine their confidence.

People have said like you will have to have other options of what you want to do. You just need to work hard and do more than everyone else is doing, but you're not going to get far in life. Even if you work hard, you're not going to get there. (Quinn, year 9)

When I asked Quinn who had said this, they replied: *“one of my teachers told me that”*. Although Quinn finds the teacher's comment upsetting, they continued to say, *“but they don't know the future”*. A student in school, particularly one with an impairment should not need to build resilience against comments made by their teacher.

Like other students, Jude's assessment report was sent directly to the school. Jude, however, remained anxious about not being fully informed throughout the assessment procedure and not being able to view the content of the assessment report once it had been produced. Jude appeared angry when they explained:

No. no one discussed the test with me. She was writing down quite a bit [the educational psychologist]. She took a long time to do it. Then when my mum got it, she didn't get time to read it she just had to send it straight to school. I would actually like to know what she put (Jude, year 7).

I asked Jude if they knew why they had undertaken the assessment.

Well, some of my teachers said to my mum that I was struggling and stuff like that and I kept getting headaches at school because of reading. (Jude, year 7).

It has been made clear throughout this sub-section that there are many issues students experience, for example, the reasons for undertaking the assessment, the accuracy of the assessment, or causing or adding to the students' anxiety or feelings of failure or humiliation, to be considered before subjecting a student to a diagnostic assessment for dyslexia. Overall, the students in the current research have highlighted how they would like to be more involved in the process, particularly when it comes to sharing their assessment report with their school.

5.2.2 The effect of the assessment process

This diagnosis sub-theme explores how being labelled as dyslexic has added to the students' confusion about the label and the difficulties they experienced. This is despite it being suggested that being labelled as dyslexic through a diagnostic assessment will provide a

“greater understanding of why you...are experiencing difficulties and how these can best be supported” (British Dyslexia Association, 2018). Most of the students spoke about their confusion regarding the term ‘dyslexia’, with only one exception, Alex who had good parental support. Students stressed their confusion not only with the term ‘dyslexia’ itself but how they became labelled and the possibility of being able to cure their ‘dyslexia’. This sub-theme concludes by exploring the students access to reasonable adjustments in the classroom, once they had a formal diagnosis, and how this heightened their feelings of anxiety, humiliation and anger as they felt they needed to justify the use of their adjustments to peers.

5.2.2.1 Understanding the label of ‘dyslexia’

It became clear throughout the current research that most of the students had never been informed about the term dyslexia or how being labelled as dyslexic might aid their understanding of the difficulties they had been experiencing in the classroom. They had endured hours of testing to be labelled as dyslexic, but most remained unsure what it meant. When asked what dyslexia is, or what it meant to them, the students gave similar responses. Corey (year 5) attended a primary school that categorised itself as dyslexia friendly. When asked about their understanding of dyslexia and what it might mean to them, they stated, *“I think it means it’s hard to spell and read”*. Casey (year 4) simply replied *“erm not really”*, and Carter (year 5) shook their head and simply stated, *“I don’t know what it means”*. At the time of the interview, Haydon (year 6) had already undertaken three diagnostic assessments for dyslexia and had undertaken numerous other assessments. Although Haydon knew the labels *“well I’m dyslexic and dyspraxic”* they still appeared to have little understanding of what the terms might mean.

As most of the students had been excluded from the discussions about being dyslexic either before or after testing this often led to confusion regarding both the assessment procedure and what it meant or might mean for them to be labelled as having dyslexia. Despite undergoing a battery of tests and numerous interventions, Max (year 5) implied that their participation in the assessment procedure was not optional and remained unclear of what it meant to be labelled as dyslexic.

I'm not really sure how I got Dyslexia I had to do some tests. Mum said Erm... the teacher has found out that your dyslexic but not much. A bit. She says I was quite high for my age. It was really troubling for her [the specialist teacher conducting the assessment]. She thought... It took about a month or something before she knew it was dyslexia. (Max, year 5)

Max voices concern for the teacher that had conducted the assessment. Max's latest assessment report confirms that the assessment was conducted over four sessions and 'took place upstairs in [Max's] home in a quiet environment free from any distractions'. As the procedure can be as long as three hours, the teacher had decided to conduct the assessment over four sessions rather than one long session. If Max had been fully aware of this, then they may not have been concerned that their diagnosis was troubling for the teacher.

Max's concern for the teacher conducting their diagnosis, is like the concerns expressed by Blake presented earlier. Neither Max nor Blake spoke about their feelings towards being assessed or labelled, however, Max was concerned that he was 'troubling' the teacher and Blake felt that they had caused their mum to be confused.

Even when students had received an explanation of dyslexia this was no guarantee they understood the explanation, and some would remain confused. For example, Riley (year 5) had received an explanation of their diagnosis from a teacher at their school.

It apparently gets muddled up in your head and it goes backward instead of forwards the words. I don't remember what it is. The teacher told me what it is but I don't think that is what it is...Erm, making me have erm bad problems with reading erm...It makes me like struggle and that because whenever I try reading it makes me struggle cause I can't like read it properly and it's making the words muddled up. (Riley, year 5)

A student's confusion may be caused by either the teacher not dedicating enough time to ensuring the child fully understands their diagnosis or if the teacher themselves is not fully informed of the difficulties associated with dyslexia and how they could best support the individual in the classroom.

Unlike the other students, Alex (year 5), who have received a lot of parental support that was noted in his latest diagnostic assessment, appeared confident when speaking about their involvement in the assessment procedure and did not appear confused about their understandings of the label of dyslexia. Alex had been subjected to two full diagnostic assessments; they were first diagnosed in reception. After they were first diagnosed, their mum had ordered a book from the library to help children understand dyslexia.

I was only in reception, so I don't really know about it then and then as I've gone up the school, I've read a book that I've got from the Library. My mum ordered them, that you can get ones on Dyslexia, Asthma, Asperger's syndrome loads of different books and it was about a bear cause bears are meant to be very intelligent. The cheetah one was the asthma one cause they are meant to be very fast. And so, it was a book about a little bear who found out they were dyslexic and how they sort of got better as they got older. They [my parents] said it was just somethin that...made me read and write a bit differently. I think that's all they told me cause I was only young (Alex, year 5)

Such parental support has enabled Alex to be able to ask their parents more about dyslexia as they have got older. Alex's account provides examples of how their parents were proactive in educating themselves about dyslexia and about what dyslexia means to Alex and how they and the school can offer support, to be able to discuss it with them.

Yeah, my mums read a book about it and she got err she spoke with the educational, the psychologist and things. So, she's been in school and told and had meetings with Miss and things to talk about, how I'm progressing and things. (Alex, year 5)

The parental support that has been experienced by Alex has not only aided their understanding of the diagnostic assessment procedure and the labelling of dyslexia but when interviewed they appeared to be very positive and determined to achieve their goals, one of their goals was to perform on the stage at Broadway.

Although Haydon spoke about the parental support they receive from their mum, being labelled as dyslexic had a negative impact. Their feelings about being labelled as dyslexic, however, appeared to be intertwined with past negative school experiences.

Knowing that I am dyslexic makes me feel a bit worse. I don't like being dyslexic. Well, it's just like, you know when I was at my old school and I was dyslexic your teachers thought, they knew I was dyslexic, but they never brought a teacher in to like come and examine me. I just don't want dyslexia. Cause, I don't want to be forgetting stuff like very important stuff. So that's probably why I want to get rid of it as soon as I can. (Haydon, year 6)

Although Haydon had talked about the parental support that they received from their mum during the interview process they had mostly discussed the discrimination and humiliation they experienced throughout their attendance at their previous primary school, which appears to be a much bigger influence on their reaction to their dyslexia diagnosis.

5.2.2.2 Gaining access to reasonable adjustments after a diagnostic assessment

Leslie stated that overall school remained the same after completing the new assessment *"except we found out that I am slow at writing, so I got permission to use an iPad in school. Only on big pieces of writing though"*. The school must have been aware of Leslie's slow writing before the assessment had taken place. It is unclear why a school would need this to be confirmed before they would allow adjustments. The iPad Leslie is now able to use in school was brought in from home and was not provided by the school. Leslie overall is happy to use their iPad in class as they feel it has helped them to keep up with peers.

Yeah, I would say it has helped. Well before I could use the iPad...well, I felt like I was the one behind everyone cos everyone was writing big pieces of paper whilst I was on the first page. (Leslie, year 8).

After their second diagnostic assessment, Blake explained the process they underwent to be able to word process, again the iPad Blake used in school was brought in from home.

We got the special educationalist [educational psychologist] to tell the school that I have dyslexia. So, we came to school saying, can I use an iPad in lessons, can I have extra time in exams and use a word processor. Which they were fairly on board with for most of it. It was a bit awkward getting set up. (Blake, year 11)

Even with a formal diagnosis from an educational psychologist, Blake suggested that there was some reluctance from school to enable him to access the recommended adjustment to their learning environment. Blake explained that during their primary school years their mum had asked the teachers if Blake could use a word processor in class as Blake experienced difficulties with their handwriting. Blake spoke of the reasons their primary school had given to their mum when they had made the requests.

She [Blakes mum] had wanted to get a word processor for my lessons, but school wasn't really sure about it as it was the first time the school had let someone use an iPad in lessons. I think they're about a dozen kids now that use an iPad in lessons. So, like if you're...unless you have dyslexia or some other mental condition then they won't let you. (Blake, year 11)

Blake suggested that a diagnostic assessment would still be a necessity to secure access to reasonable adjustments such as a word processor. In their experience, they felt the diagnostic assessment aided their access to be able to use their iPad. Being able to access adjustments in the classroom may be the reason why Blake had undertaken a second diagnostic assessment after they were denied the label of dyslexia during their first assessment.

Although some of the students that had been given access to adjustments, were happy as they were able to keep up with their peers, some including Blake, now also felt that the adjustments heightened their feelings of embarrassment as their educational difficulties became more visible.

um, it was more when I started using my iPad that I really sort of became a notable thing because people were asking about it. People were asking and

making comments about it and I had to say I have dyslexia and they're like oh can you read. I'm like I can read okay. (Blake, year 11)

The societal misconceptions that often surround the term 'dyslexia' often meant that sometimes peers began to question the students' ability to read.

Quinn was in year 9 when interviewed and explained how they had been allowed the use of a word processor in exams and may be able to use one during their English lessons soon. Like Blake, Quinn also felt embarrassed about using a word processor in lessons due to questions from peers.

Its better but sometimes you can feel a bit like. Like in my Geography end of year test you feel a bit like special as you are the only one using a computer. Everyone asks why you're using a computer and you don't really...like I don't mind telling people it's just a bit embarrassing. I have to say that I have dyslexia and that I have to use it. It's not really their business though. It's better when like I'm in my small class like cause we all have different problems in there. (Quinn, year 9)

Although being able to word process written work in school has reduced some of the difficulties both Blake and Quinn experienced with their writing. They still felt embarrassed and annoyed when using a word processor as they felt they needed to justify its use to peers that often led to further questions from peers about their ability to read.

Although it is suggested that a student should be identified and labelled as dyslexic early in their schooling, the student's experiences of the assessment process within the current research highlight negative aspects of the process. For example, the student's concern about being tested, which some find challenging, the production of a degrading report, confusion regarding the label of dyslexia and the added embarrassment felt from using adjustments, such as a word processor in the classroom. Although a few students indicated that adjustments in the classroom aided their learning, before a student is required to undergo a diagnostic assessment to gain the label of dyslexia, consideration should be given

to the student's experiences of the assessment procedure as suggested from useful insights gathered within this current research.

5.3 Dyslexia – The difficulties experienced by dyslexic students in the classroom

The dyslexia theme presents the difficulties dyslexic students experienced and the effects of such difficulties within schooling. To begin the first sub-theme, *Difficulties experienced by dyslexic students in school* will explore the students' perspectives of the difficulties they experienced with reading, writing, and spelling. It highlights the students' anxiety and frustration towards their inability to read quickly, write neatly and the physical pain some endured to be able to write legibly. The concluding sub-theme, *the effects of dyslexic difficulties within schooling*, explores the humiliation and heightened anxiety experienced when dyslexic students compare their abilities to their peers, especially when their differences become visible within a school, for example, when reading a book on a different coloured book band and needing to raise a hand in the classroom to ask for help.

5.3.1 Difficulties experienced by dyslexic students in school

Dyslexia is defined as a “*learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling*” (Rose, 2009) how such difficulties relate to an individual is however often overlooked within research. This sub-theme, therefore, begins by exploring how dyslexic students interpret their difficulties with reading and spelling and how this affects their ability to fully participate within a classroom environment. Handwriting is often absent from definitions of dyslexia, and when it is included it is categorised as a co-occurring difficulty (Burden 2005, Rose 2009). This sub-theme concludes by highlighting that the dyslexic students in this research stress the multiple difficulties they also experienced with their handwriting.

5.3.1.1 Reading

The difficulties experienced with reading caused a great deal of distress within schooling for the dyslexic students in this research. Most of the students' dislike of reading was due to

feeling as if their reading was not only 'slow' but, "*too slow*" (Riley, year 5). The speed of their reading was often impacted by difficulties with decoding words, which meant that they would lose their place in the book they had been reading. When placing the 'reading' topic tile onto their 'Talking Mat', Haydon (year 6) non-verbally expressed their dislike by physically shaking their head and putting both of their thumbs down. Haydon began to speak anxiously about their dislike for reading.

I really don't like erm...doing reading. Cause I'm just like... I'm really slow. Cause you always loose track yeah cause your like...I'm reading, and I done a page and then you look back and then there was a, and you forget. I really don't like reading. (Haydon, year 6)

The difficulties students experienced with their reading speed had a negative impact not only on their enjoyment of reading but also how they interpreted their reading skills.

I'm rubbish at reading cause I'm very slow at reading...and books take me about a month or something like that to read (Jamie, year 5)

Reading speed and the negativity that was often assigned to it was often intensified by peer comparisons in the classroom. Although most of the students spoke of their slow reading, only the students from secondary schooling spoke of their concerns about how their slow reading and their anxiety about this difficulty affected their school examinations.

I'm quite a slow reader. Everyone else kind of reads quicker than me. It's not very fast. After about 10 pages or something like that, I kind of drift off and don't focus as I should do. I don't think it's fast compared to other people. It's kind of makes you feel uncomfortable and almost upset cause...you're not...like in exams you have to...you are not going to get as much writing done as you should because it takes a while to read. (Leslie, year 8)

The speed of a students' reading was often impacted by the difficulties they experienced when trying to decode words.

I can't read. Well, I can, but I can't...I don't like it. I get really confused with the words. (Jude, year 7)

Reading stuff on like pieces of paper I can like read it wrong and like interpret like words wrong and stuff. I might not read it correctly (Quinn, year 9)

Reading is really bad, cause I'm not really good at understanding words (Haydon, year 6)

Erm...I am always getting stuck on words... um... say I'm reading it and sometimes I don't understand it so I have to keep reading it and reading it over again so I can understand it. I don't like asking for help I just keep trying. (Jamie, year 5)

Even though the students had stressed that they tried hard to concentrate, because they would interpret words incorrectly, they had become apprehensive about the reading process.

Even when students had remained engaged and had persevered with reading a book, due to the difficulties they had encountered, with decoding some words when reading it, the story itself was not understood. This often inhibited them and meant reading was not an enjoyable experience.

I don't like reading because I...as the books never makes sense...It's just like I have never finished a book before erm. I'll get to the middle of the book or to say the 85th page or something and I still won't get it. I'll read on and read and try but I still won't get it. (Alex, year 5)

Although Alex often persevered with reading, this sometimes caused them further frustration and unhappiness. Such frustration led Alex to either admit that they did not understand the book they were reading or feel like they needed to deceive their teacher, to avoid further embarrassment or so they can get a new book.

Then I have to like to say it's either too hard or I've read I've read it all to go and change it, to get a different book to try to understand that one. But I have never read a book in my life. (Alex, year 5)

Some of the students were so determined to read and find the same enjoyment from books as their peers that they had devised their own strategies to enable them to complete and understand books.

Peyton decided to re-read books they had already read before. They felt they would be able to read the books more fluently a second time around as they already understood the stories. As they had read the books before they felt that they would not need to stop on as many words, so therefore the fluency of their reading would enable them to enjoy the story.

um I find it [reading] like, it's like quite hard. I find it quite hard to read. I'm reading now a book that I have read before cause like I know I can like read it and I know like what happens, so it makes it easier to read. (Peyton, year 8)

This is an interesting strategy and due to Peyton's self-determination, they had devised this strategy themselves and it was not suggested to them by someone else.

Alex had also devised their own strategy for reading. Alex felt unhappy having to read lower level books than their peers, firstly, it was a visible symbol of difference, because the lower-level books were designed for younger people the stories were irrelevant to older students and young people. Therefore, Alex decided to ask for two books. One was on their current reading level and one on a higher level.

I have two books at the moment. I got a dyslexia one [this book is classified as dyslexia friendly] reading assassin, in case I want to read that one. I have also got Grandpa's great escape by David Walliams. Which I'm reading right now but if I find it too hard or need a break from it, I can go to the dyslexia book and read that. So, I normally have two books in my reading bag just in case I want a break from one book. (Alex, year 5)

Although Alex finds one of the books difficult it is still something they wanted to attempt to read. Being able to make some decisions for themselves, especially when it concerned their learning appeared to increase Alex's confidence.

Many of the students' also spoke of the visual disturbances they can experience, such as words appearing to move on the page, that often impaired their reading ability. The students explained how these disturbances improved once they used a reading aid in the form of either a reading ruler, an overlay, or coloured glasses. As previously discussed in chapter two, the aids are coloured, and each participant would have a colour that worked best for them.

Max appeared happy and was more excited when they discussed using their coloured overlay.

Before I had a reading ruler if I stared at the thing too long my eyes would get really painful. And sometimes I would even see them like swap, bounce on and off the page. Bong, bong, bong [Max made a bouncing movement with their head to demonstrate the words bouncing on the page] ...Normally I if I don't have my overlay or pink paper then the words swap around. It sounds weird. Once I put the overlay over it, they swap back. (Max, year 5)

Many of the students had spoken of the use of their reading aid and how it had improved their difficulties.

Yeah, my filter helps...if I don't use it the letters move, and it hurts your eyes (Dylan, year 4)

The visual disturbances the students experienced also caused headaches, which again would improve when using their reading aid.

Without my yellow sheet, the words get muddled up and then the words get really bright. And then I get a headache and then like I can't be bothered to read it (Jude, year 7).

Before the glasses, the words would move and usually, I would get headaches (Leslie, year 8).

Although coloured overlays have greatly improved many of the students reading experiences some students have limited access to the overlays and at times are even prevented from using them in the classroom.

My English teacher keeps saying that I need glasses and not a yellow sheet because I said that I couldn't... um...read the letters but that I can if I have my yellow sheet. (Jude, year 7)

Jude had explained throughout the interviews the frustration they felt towards one teacher as they refused to allow them access to a coloured overlay in their lesson. Jude had stressed that they have explained to the teacher several times their eyesight had been tested and the optician had confirmed that they do not need reading glasses. Jude's teacher would be happy for them to wear reading glasses to aid their reading but refused to acknowledge Jude's visual disturbances and therefore would not allow them to use their yellow coloured overlay during their lessons. As Jude felt their overlay improved their visual disturbances, which can lead to them experiencing headaches, Jude's anger towards their teacher appeared justified. However, although Jude had a diagnosis of dyslexia, as visual disturbances were not tested for, the recommended adjustments to Jude's learning environment may not have included the use of coloured overlays. The lack of information in their report may explain the teacher's response. Jude could use an overlay in their other lessons, but as Jude did not have their own, they needed to ask the teaching assistant to gain access to the school's yellow overlay.

Anyway...I told Mrs H [a person that helps my form] that I need my yellow sheet. Erm, she didn't know that I needed it until I told her and then she got me some and she keeps it in her bag. It really helps but I don't like asking for it, it's embarrassing. (Jude, year 7)

In contrast to the often discriminative and demoralising treatment students experienced from teaching staff, peers were often inquisitive yet supportive of students using the coloured overlays and wearing coloured lenses in the classroom.

I have to wear these lenses when I'm reading, the lenses are yellow. I like wearing them. I find they help with reading. It's easier to see the spaces between the words I would say. I feel comfortable wearing them. No one says anything bad. They usually want to try them on to see what it looks like.
(Leslie, year 8)

If glasses that are prescribed for reading are acceptable in a classroom it is unreasonable to subject a person to the visual reading disturbances described by the students, that often lead to headaches, instead of allowing coloured glasses, or overlays to be used to aid their reading.

5.3.1.2 Spelling

The difficulties the students experienced with spelling caused frustration and had a clear impact on their reading and writing and their ability to fully engage in a classroom environment.

As the 'Talking Mat' application did not have a topic tile for spelling, as discussed previously, see 4.5.8.1. Alex (Year 5) created their own topic tile for 'spelling'. Alex shook their head in disapproval when placing the 'spelling' tile in the dislike column and said, *I don't like spelling cos I can't spell anything*. Alex did not elaborate further. Although Alex was the only participant to add a topic tile for spelling to their 'Mat' some of the other students spoke about the difficulties they experience with spelling.

Students stressed the frustration they felt when they could no longer remember how to spell words that they had previously been able to spell.

Sometimes I just can't spell stuff and I forget when I just learnt it like last year and then I forget how to spell it again and it's hard. And I'm like I spelt it

before and then I can't remember it. It makes me feel sad because I worked hard. I learnt something and I forgot it (Quinn, year 9).

Corey explained how their difficulties with spelling impacted on their ability to fully participate in the classroom and the impact it had on their learning capability.

Spelling...It's bad. It's just like when I don't know the word and I'm copying off the board...and I have to look at the board as well and it's hard to do. I look at the board write one letter...look again...write one letter. I don't know what the word means, and I get it wrong (Corey, year 5).

When discussing adjustments to their current learning environment that may help the students to be able to copy work off the board, for example by using a word processor. Corey instead suggested that their spelling may get better, and therefore they would be able to copy the work down quicker, *"If I keep learning the words maybe"*. Corey appeared to have internalised their difficulties. Although they had limitations with their learning, due to their environment, Corey only considered what they could do better.

As well as missing out on work due to not being able to get all the information copied down in the classroom, some students stressed that their spelling difficulties have meant they have been required to repeat a school year. When speaking about spelling difficulties Max began to slightly stutter and speak at a faster pace than they had previously. Max also began to fidget with their hands.

I, I, I. At Nessy club. I do Nessy thing for my spelling problem. I was moved back because of my spelling. I was moved back from year one to year zero because my spelling and reading. Because, before I went back the next year, I was doing h's and c's and stuff I didn't know much. I didn't know how to spell much then. Then after about halfway, I started to write a bit better, but my spelling went nonsense (Max, year 5).

Max described their spelling difficulties as a spelling 'problem' and although they have been required to attend 'Nessy club' (which was an after school club using a software package to

improve difficulties associated with dyslexia such as reading and spelling), Max was still required to repeat a school year.

5.3.1.3 Handwriting

When asked about writing in the classroom most students were preoccupied with the physical aspects of handwriting, such as their letter formation, and there was very little mention of other aspects of writing such as creating and developing stories. The topic of writing caused a great deal of upset and annoyance for many of the students. When Jamie spoke of their handwriting in class there were clear signs of anxiety when talking. Jamie began to speak faster when explaining the frustrations, they experienced when their handwriting impacted on their ability to complete the work.

When I try to and do neat...words are like that way and that way and then all over the place and...I'm...like I'm so slow I'm like [Jamie pretends to write on the table]. I'm so slow. Every time I do it neat, I have never actually finished a whole piece of work properly cause I'm so slow. (Jamie, year 5)

When trying to rush work in class often due to time restraints the students found writing 'neat' a challenge. Even if they managed to complete the work set, they may not be able to read what they have written which was a clear barrier to being able to learn.

I'm not that good at handwriting. I sometimes can't read it.
Sometimes...teachers say they can't read it as well (Charlie, year 9)

It's a bit scruffy. People say my writings alright but when your rushing to do something like in class or you're given a set time on something you have to do I rush and then it doesn't make sense and it's in a bit of a bunch (Quinn, year 9).

Quinn continued to describe their handwriting, using additional negative terms:

When I was in year seven it was like horrible, so I had one of them pens with the grips and that got it better, but I just write really funnily. (Quinn, year 9).

In only two short quotes Quinn described their writing as, 'scruffy', 'in a bit of a bunch', 'horrible' and 'really funnily'. Another student, Haydon, even assumed I would understand that their writing would be 'blurry' when they had to write quickly to complete the work set in class.

When you do it like rough writin it, it looks blurry doesn't it (Haydon, year 6)

Some student's anxiety about their letter formation increased when they were required to change their handwriting style. At the time the current research, schools in England were not required to teach cursive handwriting upon entering school. Corey therefore was not taught or required to write cursively until they reached year 4. As Corey was already experiencing difficulties with their handwriting, being required to change to a cursive style of letter formation was an additional barrier:

I don't like writing... err...because my handwriting isn't good it's not really joining up and that... I mean like just erm... I don't like writing because I forget what I'm doing and my handwriting... sometimes you can't read it. (Corey, year 5)

Even the students that enjoyed writing in school felt anxious, due to the negative comments and instructions that they had received from their teachers. Sam described the distress that handwriting caused. Sam stressed that their writing was either too big or too small and that the letters 'deform'. They were overly concerned that their writing was not 'neat' enough for the teacher to be able to read.

I like to write; I like writing stories. I can read it...but...I can't really do it neatly. When I write it small cause it's all swished up together it looks like if I make an A if I don't actually attach it looks like a C and E because of the line and the curve. Recently I have actually made my writin bigger so my teacher can read it. When I try to make it neater, I will usually make it too big and it will just...like the letters will just deform and they won't look like the actual letters I'm writing. (Sam, year 8)

5.3.1.4 Physical pain during handwriting

Some of the students stated that handwriting can cause them physical pain. The pain described could explain why they and others did not like the physical process of writing and why their writing may appear to be illegible and slow.

sometimes it can be hard to write and sometimes when I write big pages my hand gets achy and it hurts my hand and it starts stinging...I have to put my pen down and just move my hand around and when I think it's done I start writing again. (Elliott, year 3).

My hand starts to hurt after a while (Quinn, year 9)

I just don't like writing cos I always get a cramp in my hand. Cause you're like that with your pencil and erm my hand always gets hurt (Haydon, year 6)

I had access to both Elliott's and Haydon's educational psychologist diagnostic assessment reports and there is no mention of handwriting difficulties or strategies to lessen such difficulties on Elliott's report. Although Haydon had numerous reports, from school and outside agencies, three of which were full educational psychologist's assessment reports again there was very little mention of handwriting difficulties. Haydon's handwriting was never assessed, and the pain associated with handwriting was never mentioned in any of the reports. Where handwriting was mentioned the report stated that Haydon should have 'access to a laptop/computer for assessed pieces of work to alleviate feelings of anxiety'.

Although Haydon had explained that they had told many people, teachers, and parents about the physical pain they experienced when writing, some of the other students had not mentioned their discomfort to anyone. Elliott explained that they had not told anyone about the pain they experience because "*Erm...because in half an hour or so it wears off*". Physical pain when writing in the classroom appeared to have become normalised and Elliott's quote is an example of how students with the label of dyslexia have become to view themselves as 'the problem', the ones that are not as productive as others in the classroom.

It is unclear why Elliott and other students had not discussed their pain with their teachers. However, even when teachers knew a student's handwriting pain this still led to the same level of discrimination. Riley explained the pain experienced when writing and what was done to accommodate this in the classroom:

When my hands hurt, I have to have a break from writing. But then after, I have to stay in sometimes at break and carry on writing. I am always really behind when everyone else is like... doing other things like reading and I'm like still writing the first page and that. I stay in cause everyone else is finished and the teacher says that I have to stay in, so I have to finish my work so I'm with everybody else (Riley, year 5).

The aspect of physical pain should be considered when students experience difficulties with their handwriting. Wall (1999) suggests that when we feel pain:

we guard the damaged area, protect it, and move it as little as possible ... [this] is crucial for recovery because the area of damage cannot complete the inflammatory and recovery process if it's moving and under pressure (p. 51).

Both Elliott and Riley stress how they needed to take a break due to the pain they experienced. Without knowing the exact cause of their pain, it would be difficult to know how long they need to rest their hands for. If their hands are not having enough recovery time, then not only are they having to endure physical pain daily in the classroom but there could be some long-term physical damage.

5.3.2 The effects of dyslexic difficulties within schooling

Despite dyslexia often being described as an invisible or hidden disability (Riddick 2010) there are many visible indicators of the difficulties a person can experience within schooling, such as the appearance of their handwriting, their inaccurate spelling and the use of coloured reading aids. This sub-theme begins by exploring the confusion participants felt when their impairments led to further visible indicators of their peer-related differences and the difficulties they experience within the classroom. Peer related differences became more apparent when the primary-aged participants reading impairments meant they were

reading a different, lower, colour coded school reading book than their peers. Reading a lower level reading book added to the participant's feelings of inadequacy towards their reading ability and restricted conversations with peers regarding reading. The sub-theme concludes by exploring feelings of embarrassment experienced by many of the participants when they needed to ask for help in the classroom by raising their hand. Asking for help could also lead to participants feeling nervous due to negative responses they had endured from teachers.

5.3.2.1 Reading - coloured coded reading levels in primary school

Primary schools in England often use reading schemes, which contain a series of books that are designed to support the process of learning to read. Reading schemes often consist of a colour-coded 'levelling' structure called book bands. Book bands consist of a series of coloured-coded stickers that are applied to the front and/or back of a school reading book to visually reflect a child's "*progress in reading from early phonics through to fluent, competent reading around the age of 7 or 8*" (Quincey, 2017). All three primary schools, that the participants attended, used a book bands reading scheme.

The primary aged participants spoke about their reading books, often being on a lower level than most of their classroom peers. Many also spoke of their confusion of being unable to progress a level or on occasions being required to move down a level.

everyone else in my class is reading like purple which is the highest one. And when we first went into year three and we first got to go into the junior library we all had to start on yellows. And after like the second month most people moved up to blues, I stayed on yellows and a couple of other people... and then... erm, I moved up to blues. I read most of them and stuff and I still didn't get them. I started to go on the fat books [these are 'free' reading books, this is what children can read after they have completed all the book band stages] and then I went back onto yellows (Alex, year 5).

Although Alex indicates their frustration about reading books signified as book band yellow, their confusion appeared to be focused on being different from their peers and was not due to them reading at a lower level than has been suggested for their age.

Classroom peer comparisons due to colour-coded book bands increased the inadequacies participants felt with their reading ability. Students described how they often longed to be the same as their peers, in terms of reading ability. Some spoke about the support they felt they received from their peers, often being encouraged to read books they found enjoyable. This, however, appeared to increase their frustration, as the books were often too difficult for them to read.

I'm really bad at reading. I'm behind...because everyone in my class are like two or three colours above me and I'm only on blue. When [the people in front of me] have finished a book they will ask me do you want to read this book but I can't cause it's like a different level...Its always a different level...They don't make fun of me or anything, I just want to be the same...Erm...If I try to read them, cause they look interesting, when Miss reads with me she'll tell me off that I've got the wrong type of book colour and I'll have to go get another one that's my colour (Jamie, year 5)

I don't like reading lower books...It's just that when I was in year three, I read the same books as my friends but then they kept moving me backwards cause I couldn't read the higher ones. They had really long words and I kept getting muddled up. When I tell my friends, they say it doesn't matter where you are but...I feel a bit weird cause they can read them, but I can't. (Ryan, year 4).

The students reading impairments affected not only their feelings of humiliation and frustration about being different, as they are visually on a lower reading level than their peers, but it created barriers to the social aspects of reading. As the students cannot read the same books as their peers, they are not able to socially discuss books and stories with their peers and friends. The students' difficulties with reading potentially excluded them from any conversation their peers or friends have about the books and stories that they like or dislike.

5.3.2.2 Asking for help

Although the students felt that they listened well in class, often they needed to ask for additional help. When talking about their experiences students often seemed uncomfortable or confused suggesting that they found asking for help embarrassing and

distressing. Concern was expressed at the time it took waiting for help that could be spent working.

I listen to everythin but it's like when it comes to it, I'm like [looks off to the distance and looks confused]. Like I don't have a good memory like I see something do something and forget about it straight away. Miss will read loads of stuff to us and like will tell us to do stuff in ten like sequences stuff like that and I'm like... What, what...Err... It's just when I put my hand up for something else like I could be doing something else instead of that but in English, I feel like all I do is put my hand up (Jamie, year 5).

When Jamie and I spoke about things that may help them to remember the sequence of the task they needed to complete, they explained how a teacher in a previous year had written the steps on the board at the front of the class. Jamie explained how this had aided their completion of tasks as they could look at the board when they needed to remember the next step. Although Jamie's current teacher has a schedule written on the board, this was limited to the plan for the day "*on the side [of the white board] is what's going to happen after break and stuff like that*" (Jamie, year 5). Jamie explained that although they may still need help to complete some tasks, not having to remember or ask the teacher to remind them of the next step in a task would reduce the time they felt was wasted, both asking for and waiting for help.

As well as the time they felt they wasted waiting for help some students also suggested that they did not want to disturb the teacher, especially if they were helping someone else:

I don't really ask for help because...sometimes when I ask for help the teacher is helping someone else and she'll say like wait until it's your turn. And then whenever I don't ask for help and she's free erm she says...she says that erm...you should of asked for help and I don't want to in case she's helping someone else (Sam, year 8)

Although Sam emphasised that without help "[I] *won't be able to do me work if I can't do it*" (Sam, year 8) their concern and reluctance about asking for help appears to be based on the unpredictable responses they have had from their teacher in the past.

As raising your hand in class is a visual sign that you need help from the teacher the students spoke about how their peers would then know they were struggling. Moreover, they often spoke about the annoyance and resentment they felt, that they needed help, but they felt that their peers did not.

It feels like. It feels annoying because everyone else can do it, but I can't find the correct things. [Begins to mumble in a quiet voice] I don't like asking for help (Sam, year 8).

In a quiet classroom environment, it is not just the visual sign of raising a hand, but the student's experiences drew attention to the discomfort felt when asking for help due to peers being able to hear what help was being asked for:

Sometimes I'm alright with it, but sometimes it's a bit like...difficult. Not difficult but like they've [the teachers] got to go round everyone else as well. If its silent it can be a bit awkward and stuff. You feel a bit under pressure to say that you don't understand when everyone is understanding you feel a bit like...Put out there and stuff. (Quinn, year 9).

Some students felt their peers may begin to ridicule them as they had experienced peers speaking about other people that had asked for help in the classroom before.

Like if I can't do something and everyone else can, I get stressed. Like at school when everyone else can do it and nobody else has their hand up and stuff and I don't want to be the only one who puts their hand up for help...Because everyone like, if anyone puts their hand up everyone looks and sees who it is and they always talk about who has put their hand up (Alex, year 5).

Past negativity experienced from teachers when asking for help in the classroom also influenced the pressure felt and at times the decisions the students made as to whether to raise their hand.

I don't like asking for help cause to me my teachers are scary...Erm...I, in case I get told off if I had done bad on all my other piece of work and things if she checks it. Once err... I did my work and Miss came. She saw it and I did it really wrong and she shouted at me. This was eh not the Miss that I have now but I'm still just a bit scared of askin, so I normally ask a friend or something like that. (Jamie, year 5).

No, no I didn't feel like I could ask the teacher they, they're just mean to me because... I used to ask for help and then the, my old teacher said, he said, look on your iPad don't be asking me for help and, and I didn't even have an iPad (Haydon, year 6)

Haydon's negative experience was based on their previous school. Although they had been attending their new school for nearly a year when I interviewed them, it was clear that their past experiences still heavily influenced their decision to ask for help.

Well I'm sort of like [imitates putting hand up and down] I don't know, I don't really know what to do. So, I don't know whether I should put my hand up or not. Erm...I'm just scared to ask for help and erm that's how I was at my old school, so nothing has really changed but the teachers are a lot nicer here (Haydon, year 6)

Not only do the students feel confused and frustrated in the classroom by their inability to remember steps to complete tasks or even fail to understand the task itself, they often had to endure the embarrassment, and fear of ridicule as their peers may be able to see if they needed to raise their hand, or in a quiet classroom hear what they were finding difficult. Some students explained how they have also begun to fear to ask for help, due to the negativity and discrimination they experienced from teachers such as being disciplined, refused help and teachers responding in unpredictable ways.

The extracts from the students' interviews highlight the difficulties dyslexic students experienced with reading, spelling, and handwriting throughout schooling. Feelings of anxiety towards their difficulties were often heightened due to the peer comparisons they made within a classroom environment. Handwriting difficulties can also lead to physical pain and the students' difficulties with reading would also lead to further embarrassment,

particularly for primary school-aged students due to the visual, colour-coded book banding and levelling of their reading books. Feelings of anxiety and humiliation were also heightened when students felt they needed to ask for help in the classroom, particularly as raising their hand was a visual indication to peers that they were finding the work difficult.

5.4 Discrimination – dyslexic children’s experiences of discrimination and the effects within schooling

The third and final theme to be presented is *Discrimination – dyslexic children’s experiences of discrimination and the effects within schooling*. This theme will present the discrimination the students’ experienced from their teachers and the effects discrimination had on them with respect to their schooling. To begin the first sub-theme, *discriminative practices* will address the current gap between policy and practice with regards to the denial of reasonable adjustments in the classroom for dyslexic students. The second and concluding sub-theme *the effects of discrimination within schooling* will then explore the ridicule dyslexic students experienced from peers, which appeared to relate to humiliating and unacceptable classroom practices.

5.4.1 Discriminative practices

As dyslexia is recognised as a disability in England (MacDonald, 2019; British Dyslexia Association, 2019) under the Equality Act (2010). Educational institutions have a duty to make ‘reasonable adjustments’ to the learning environment of dyslexic students (British Dyslexia Association 2019). How and if adjustments are made for a dyslexic student’s schooling however is overlooked within the field of dyslexic research. This sub-theme, therefore, begins by exploring the student’s requirements for reasonable adjustments to be made to their learning environments, for example, the use of a word processor or highlighted lines to lessen their handwriting difficulties. Concerns and confusion surrounding the teacher’s refusal of adjustments and how instead of making reasonable adjustment students were then required by teachers and parents to ‘fix’ the difficulties they experience will be discussed. The sub-theme concludes by exploring the punishments

students endured due to failing to fully participate within the classroom as their needs had been disregarded.

5.4.1.1 Denial of reasonable adjustments

When students requested the use of a reasonable adjustment, which had often been recommended on their diagnostic assessment report, most students reported that this was denied. Adjustments that were recommended on the student's assessment reports I reviewed included the use of either a digital voice recorder or use of a word processor in place of handwriting and extra time given for coursework and examinations.

Although Riley (year 5) attended a primary school categorised as dyslexia-friendly, they explained that they had been denied both the use of a word processor and 'highlighted lines'. What Riley described as 'highlighted lines' refers to a piece of standard lined paper that has been specially prepared, using a highlighter to improve poorly formed or shaped letters (MacKay, 2012). The paper can aid letter formation by creating a middle line, by highlighting the lower portion, to help determine the height of lower case letters and therefore *"the pupil may find it easier to 'keep within the colour' than 'keeping on the line'"* (Swindon Borough Council, 2019: 6). This handwriting technique is suggested in many dyslexia friendly school toolkits.

Whilst all schools should ensure that suitable resources and strategies are available for dyslexic students, according to the British Dyslexia Association (2019) a dyslexia friendly school should be better equipped to respond appropriately. To help improve the appearance of their writing Riley had asked their teacher to be able to use highlighted lines.

I want it to look better. It's just annoying and horrible. I asked the teacher could I have highlighted lines and they said no erm. I think I need highlighted lines because before I had highlighted lines and I actually erm my handwriting was a lot better. I had it once. But then I think they forgot and said I can't have it anymore. (Riley, year 5)

As Riley also experienced pain when handwriting and as they had been denied the use of 'highlighted lines' they had also asked to be able to word process their written work. Again, Riley felt they could ask for the use of a word processor as this was an adjustment that they had been allowed access to previously. However, although Riley stressed the pain they experienced when handwriting, what is interesting in Riley's experience is what their teacher considered to be physically painful enough to warrant a reasonable adjustment. Although Riley was denied access to a laptop for handwriting to help to alleviate their pain when they had previously broken their wrist access to a laptop in lessons was approved.

Riley spoke about the distress they experienced in school due to the appearance of their handwriting.

It's hard handwriting. Cause obviously everybody gets a word wrong but basically in every single word I have to write is like a bit hard and its erm when people try to read it they can't read it because sometimes my handwritings a bit messy (Riley, year 5).

As this research did not gather information from teachers, the reasons for the refusal of a word processor remain unclear, however, it is possible that the school may no longer be able to fund the laptop. The highlighted lines, however, are reasonably inexpensive, so it is confusing why they have been denied, especially in a school that categorises itself as dyslexia friendly.

Being denied the use of equipment or materials that represented a reasonable adjustment that students had been granted access to previously, was unfortunately a common experience. A teacher that had previously taught Jamie had given them access to a laptop to word process their work. Like many of the students, Jamie felt being able to word process in the classroom enabled them to complete the tasks set, however, they had been denied the continuous use of a laptop:

there was an old teacher who was here before and she let me type on a laptop when I was doing long pieces of work. Until another teacher came and

took the class when she left and said I have to write it down. And I was really slow and everythin. (Jamie, year 5)

Jamie explained how he felt happy when he was allowed to word process his work because it meant he could keep up with his peers. Jamie stated that the reason the new teacher gave for not allowing him to access a laptop was “*Cos she said eventually I will get quicker and I never have got quicker*”. Although Jamie understands the difficulties they experienced with their writing and was willing to express these to teachers, he was still being denied reasonable adjustments.

5.4.1.2 ‘Fixing’ dyslexic difficulties through ‘extra’ lessons

Instead of providing or even allowing the use of adjustments in the classroom often students were required to dedicate time to participate in ‘intervention’ lessons to ‘fix’ their impairments. Although a few students spoke about how ‘intervention’ lessons were in place of their regular school classes most of the students suggested that such lessons were additional to their school day. Often taking place at their home and paid for ‘privately’ by the person with parental responsibility:

I’ve got extra lessons on a Tuesday at home. I do some writings and reading and stuff. It used to happen every Tuesday but now it’s every Tuesday then no extra lesson then extra lesson on Tuesday. (Max, year 5)

As previously discussed under the sub-theme *difficulties experienced by dyslexic children in school (section 5.3)*, Max has also been required to attend an after-school club to work on their spelling ‘problem’. Therefore, additional to their school day and any homework they are required to complete, for example, “*reading five times a week*” (Max, year 5), Max attends both an after-school club and participates in extra lessons at home to improve their difficulties rather than the school adjusting the environment to ensure Max can fully participate.

Blake explained the distress they felt about the extra lessons they had been forced to attend throughout their childhood both during school and at home,

I've been having, doing extra handwriting lessons all the way from primary school, at the start of secondary school then they gave up on me and let me use an iPad. My handwriting looks the same as it did in reception. It's legible at best. I have had lessons both in school and outside of school. When I was younger, I had different handwriting books and stuff. And then I remember in English, at the start of year 7 we all got back a piece of work that we had written. Everyone was getting ticks when they had used persuasive pros or good terminology something, I got a tick if he could read the word. Sh, sh, shows, shows like some people still got more ticks than me. It was quite embarrassing. (Blake, year 11)

The way Blake begins the quote is interesting. Although their handwriting is something, they have dedicated extra time to over many years this has reinforced Blake's feelings of annoyance towards their handwriting abilities. They state that the school gave up on them and let them use their iPad. Although they are nearing the end of their compulsory school years, they place the blame for the educational inequalities on themselves. Blake does not seem to consider that there may be a schooling system failing him. Instead of being able to use a word processor throughout their school years so they could fully participate in lessons and receive feedback on what they had written and not only their handwriting, Blake had to commit extra time to rehabilitate their writing.

Blake could competently express what it felt like to have to dedicate so much time during their childhood to 'fix' the difficulties they experienced with their handwriting and felt little had improved.

No, I don't feel like it made any difference whatsoever. It didn't seem to help much no. It's probably about the same since year 3. I had to like. In primary and secondary school, I did hours and hours of handwriting classes with special books and special pens with lines everywhere and help to line up the letters. It just made me assume that I was worse at it as it went on. 'Cos there was a writing group where you had to learn to write better and then someone leaves and someone new joins and then I would still be there trying to write a simple letter well. My writing still...I haven't written much for a couple of years probably more than a couple of sentences and it's still probably about the same. I just haven't been able to process that. (Blake, year 11)

Although it is unknown how much extra time Blake dedicated to handwriting and whether the interventions were evidence-based, it is interesting that Blake does not feel like they aided their handwriting ability. It even appears to have had a negative impact on their sense of self. The effects of a dyslexic student dedicating extra time throughout their childhood to improve their handwriting needs to be considered alongside additional options, such as the use of a word processor. Blake has worked hard on writing for many years and is now finding it difficult to understand why it has not improved.

It's kind of embarrassing sometimes when err... when there's groups of people if you do teamwork... It's like whose gonna write it down and I have to like sit back... Personally, I'm embarrassed by my inability to write sometimes. And then when people comment on it after I write stuff down, I think why did I do that. If we have to work on group projects and we need to write something down I will always step back and say I can't do this. I feel embarrassed by it. I feel like people won't be able to read it. Then there would be an awkward conversation of me having to explain what it says.
(Blake, year 11)

Not only have many of the students been denied the use of a range of reasonable adjustments in the classroom but many have been required instead to dedicate extra time, during their childhood, to improve or 'fix' the difficulties they experience. Particularly in the case of Blake, the extra time they have dedicated has failed to improve their difficulties and instead it has reinforced feelings of annoyance and embarrassment they have regarding their handwriting.

5.4.1.3 Punishment

Most of the students spoke of the punishments they endured throughout schooling. Punishments would be given for spelling words incorrectly, writing 'scruffily' or writing slowly to ensure their handwriting would be 'neat' which at times meant they would fail to complete tasks during the set time scale. As the difficulties the students experienced within the classroom were known to the teachers arguably, they were being discriminated against on the grounds of their difference. Mostly punishments would entail missing a break or breaks, which would often depend on the time it took the student to complete the work

that had been set to the required standard. One student explained how their punishment meant they were able to go outside during break time; they were required to watch their peers play from what they termed 'the wall'.

Ryan explained how the difficulties they experienced with spelling sometimes meant that they were denied a dinner break and instead must correct their mistakes to complete their work:

I have had to stay in through my dinner a couple of times to do DIY. When you've finished your work, you'll get a DIY to check through your work. [a DIY] tells you things you did wrong. Mine says things like look words up in the dictionary most of the time. I do know how to use a dictionary, but I just can't find any of the letters. It makes me feel a bit sad cause I have tried to do it, but I just couldn't. (Ryan, year 3)

Although Ryan expressed sadness for having difficulties with spelling and missing their break, they still stressed that they think it's a punishment they deserve because "*otherwise it's not fair on everyone else*" (Ryan, year 3) in their class that had completed the task.

Jamie spoke about the difficulties they experienced when handwriting in class and the punishments they received. Jamie spoke anxiously about how the teacher demanded they write 'neat'.

Miss says it has to be neat and erm...I'm saying no cos I never finish it. I can be neat, but it takes forever so I'm mostly scruffy. I never get stuff done when I do neat hand writin. It takes...like it takes so long to do it neat...it takes forever. (Jamie, year 5)

Although Jamie would like to be able to write 'neatly' their pre-occupation appeared to be with not being able to complete work than the appearance of their handwriting. Jamie was so anxious about writing as the teacher demanded they often tried to deceive their teacher:

Sometimes I just pretend that I'm doing it neat and go really quickly and un-neat cause I have to finish it. (Jamie, year 5)

Although Jamie experienced difficulties with their handwriting and as discussed previously, they had been denied access to a laptop, their teacher still disciplined them for not being able to write as 'neatly' as demanded. Jamie explained how they were often denied a break time and must use the time to complete their work.

I end up doing it in my break time and stuff like that, so I don't really get out much. I would have to do it every break time till Miss forgets...It makes me feel erm very sad because my breaks are like my time to sit down and do nothing or like talk with my friends... If I don't want to do anything I'll just sit down on a bench until the end of break...It makes me feel angry cause I could be playing outside and having fun but I'm inside doing boring work (Jamie, year 5)

Jamie has experienced this form of discipline for several years and they explained how it was making them sad. They had informed their parents of the punishments, but Jamie explained how their mum dismissed the concerns and simply stated that *"you could probably do it if you had to"* (Jamie, year 5).

Casey explained they have been working hard to improve their handwriting because if they write *"scruffy...we get our page ripped out and we have to do it again"*. Casey described this as *"quite tiring"* and explained that they then must stay in at breaks to complete the task set.

Leslie explained how the 'neatness' and 'legibility' of their handwriting improves when they write slower, but again this often meant that the quantity of their work was less than their peers which they would then be disciplined for:

Well, my handwriting was quite scruffy, but I have got better at handwriting. But I would say I have got slower cause I'm focusing on the neatness of the handwriting rather than the quantity. I miss breaks if I didn't finish my work. We do big writes every two weeks so erm...when everyone was finished I

would keep on writing cause I didn't reach the quantity that she [the teacher] wanted everyone to reach...I had to keep writing through break until it had reached the quantity (Leslie, year 8).

Leslie stressed that they felt they had completed the task within the time frame given. However, as their work was shorter in length than their peers' work, they were denied a break time and instead they were required to extend what they had written during this time. Leslie suggested that the teacher gave very little attention to the quality of the work. Leslie explained what it felt like to be in class when others were outside:

It felt kind of uncomfortable and quite annoying. While everyone was finished and playing like football outside and things and I was still inside writing a story or something like that... It makes me feel horrible because like 'cos where I have dyslexia it hurts and it's annoying cause I don't get to play with my friends. And when I arrange to play with them erm I can't cause I have to stay in and they don't and they have to like erm not play with me because they think I don't play with them anymore so I don't really have a lot of people to play with because I have to stay in all the time (Leslie, year 8)

Not only is Leslie being discriminated against due to the difficulties they experience with writing but it this has also began to affect their peer friendships and the social aspects of schooling.

The most common form of punishment experienced by most of the students was to be denied their break time. There was one notable exception to this. As previously discussed in chapter 4.5.6.2, when initially interviewing Elliott the school SENCo was present and Elliott appeared very aware and distracted by their presence. When the SENCo left the room, Elliott became much more talkative and began to explain the punishments they endured for the difficulties they experienced with their handwriting.

Due to the pain they often experienced when handwriting Elliott stressed how they "*struggle*" to complete tasks set, especially those requiring a lot of writing. When they failed to complete a task, they "*normally get put on the wall*". Elliott described the wall as a place in the playground where they must stand so they can watch everyone else playing. Elliott

explained how it makes them feel *“Sad. And then when I... this time when I went back in, I tell my teacher and she says um...it... and she’s like okay but it’s done, it’s over now”*. What I found surprising about this punishment compared to others was how humiliating and degrading it is. Not only was Elliott being denied the opportunity to have a break and not only were they are forced to watch the whole school enjoying some free time, but the whole school was now aware that they were being punished, that they had done something wrong.

5.4.2 The effects of discrimination within schooling

This sub-theme begins by exploring how feelings of humiliation regarding participants difficulties with reading are heightened when teachers demand they read in front of the whole class. The effects of this discriminative practice, for example, ridicule from peers will be stressed. The sub-theme concludes by emphasising the effects discrimination had on one participant. It will explore how the participant became so desperate for the discrimination they endured within the classroom to stop that they had wanted and attempted to commit suicide and their school’s reaction.

5.4.2.1 Ridicule from peers due to discrimination from teachers

As mentioned previously when interviewed Riley was attending a dyslexia-friendly primary school. Therefore, it was surprising then when they explained the embarrassment and distress, they felt when they were required to stand at the front of the classroom and read out loud in front of all their peers.

I had to read in front of the class, and it was hard because erm I had dyslexia and it like makes my reading hard and all that, so people were laughing at me. It happens a lot, especially in my old class. Cause, we read a book, and everybody takes turns and erm... I always had to take a turn and read erm... Erm...err I just don’t like it...(Riley, year 5)

As reading is an impairment associated with dyslexia, a dyslexia friendly school should *“never, under any circumstances, demand that the [dyslexic] learner reads out loud to the rest of the group”* (MacKay 2012: 154). It is surprising also that Riley would be put through

such humiliation not once but many times. The school is aware that Riley is dyslexic and that their reading skills are impaired. Even if this was not the case after the teacher had witnessed a child experiencing such difficulties it could be assumed that they would not put them through such an ordeal the second time. Riley explained how they feel when they are required to read in front of the whole class and then to be the subject of ridicule due to the difficulties they experience with reading.

It makes me feel nervous and a bit angry because sometimes I get the words incorrect. Then people erm... some people laugh at me. I get angry. I don't like getting angry. Then in the playground, they laugh at me and say that you have problems reading so erm sometimes I don't like...I try not to go out so people erm... Some people just make fun at me and they tell everybody else that I have problems reading and I don't like it. (Riley, year 5)

Particularly as the school was aware that Riley is dyslexic and due to them claiming to be dyslexic friendly Riley should never have been subject to such humiliation that in this case has led to ridicule and bullying from peers. The school not only claims to be dyslexia-friendly but has access to a SENCo who has qualifications in dyslexia, and they have access to a dyslexia advice service in the area. This is an example of a teacher's abusive use of power that has subjected Riley to discrimination due to their differences.

Max was also attending the primary school that claimed to be dyslexia-friendly at the time of the interview. Max also spoke of the distress they felt not only due to the difficulties they experience but also due to the discipline they receive and like Riley, this often led to ridicule from peers.

If I don't finish my work, I have to finish it during my break...If I have to miss my break, I cry cos I like my break. I like to play with my friends and stuff. People say I'm a cry baby because I cry a lot over simple things. (Max, year 5).

Due to the sadness and frustration, Max experiences due to the discrimination they endured from teachers Max is also subject to ridicule from peers.

5.4.2.2 Desperation

At the time of the interview, Haydon had only been at their current school for less than one academic year. They had attended their previous primary school since their reception year. Haydon had three diagnostic assessment reports dating back since Haydon was six years old and all confirmed they were dyslexic and dyspraxic. Despite such reports and numerous other, checklists, tests, provision maps and support plans Haydon reported experiencing such discrimination from their previous school that during both of our interviews Haydon spoke of how they had become so desperate for the teacher to understand their difficulties that they had attempted suicide.

Haydon had been clear that the incident was a suicide attempt. I had also been provided with several confidential reports for Haydon. One of which was an urgent assessment report from child and adolescent mental health services. The report confirms that Haydon had also stated during the assessment that they 'wanted to go to heaven' due to the difficulties and distress they experience during 'big write' tasks in school.

Haydon briefly mentioned their suicide attempt during our first interview.

Once at my old school...I get so frustrated, so I nearly committed suicide to myself...I was getting really angry. I got a jumper and tied it round my neck.
(Haydon, year 6)

Haydon had decided not to discuss this any further during this first interview.

Throughout our interviews, Haydon had expressed the difficulties they experience with being able to handwrite neatly and legible. They had placed the tile for writing in the unsure column during the talking mat exercise as they "*like writing about good stories*" but they dislike the pain they experience when writing by hand and they felt their writing often looks "*blurry*". Haydon also stressed that they "*can't spell words*" which added an extra pressure to writing tasks.

During the second interview, Haydon asked if they could explain the suicide attempt, that had been triggered by a writing task, they had mentioned during the first interview.

I tried to strangle myself once cos I couldn't do work. Well, I was really frustrated. We had to write a story and erm I just didn't know what to write. Well erm there was this like, this big sheet of paper and I had to fill it full of words and I didn't even know, I didn't even know what to write. So, I got really frustrated. (Haydon, year 6)

Haydon stressed that they had asked the teacher for help and explained that they were struggling with the task. They explained what happened on that day and how the school responded.

I had tried to eh [imitates wrapping something around their neck]. I tried to strangle myself with my jumper. I just couldn't do it anymore. It, it, I just felt like I shouldn't be there, cause erm they are just really not nice to me. Well after, well I had to eh, I had to go in a room to calm myself down and then erm I got sent to the headmistress's office and she was shouting at me. (Haydon, year 6)

Haydon explained how their frustration and desperation were dismissed on this occasion and rather than receiving support from teachers they also endured being disciplined. The discipline also included physical harm. Haydon explained what happened after they arrived at the head teacher's office.

She was saying how dare you do that and... You shouldn't try to strangle yourself and she, she grabbed my hand... She went like that [grabs own hand] and grabbed my hand. (Haydon, year 6)

I asked Haydon how that made them feel.

Well, to be honest, I shouldn't be saying this, but I felt like I could punch her. Because I was that frustrated. (Haydon, year 6).

All three of Haydon's diagnostic assessment reports recommended that Haydon had access to a range of assistive technology. The recommendations were made due to the reports confirming that Haydon has fine motor, visual tracking, and speed of information processing impairments. Haydon also has motor (dysfunction) impairments and so in addition to dyslexia Haydon has been diagnosed as dyspraxic also since the age of six. Such impairments inhibit legible handwriting, spelling, and Haydon's overall ability to express themselves on paper.

A word processor was recommended and on one report it even stated school should 'encourage' Haydon to use a word processor so that handwriting can be 'eliminated'. There are several other reasons for the recommendation of a word processor but the inclusion of such is not required here. Software was also recommended to improve spelling errors and a digital recorder was recommended as Haydon's verbal skills 'are well in advance' of their ability to express themselves on paper.

Haydon explained that they have never had access to any assistive technology. Failing to provide reasonable adjustments to Haydon's learning environment on this occasion led to alarming consequences. Then amidst such desperation and frustration, Haydon is then subject to further disciplinary consequences, including physical punishment from the headmistress.

Although the participants had been identified or labelled as dyslexic, and despite educational institutions being required by UK policy (Equality Act 2010) to make 'reasonable adjustments' to a dyslexic persons learning environment, the participants continued to endure discrimination within schooling, through the denial of reasonable adjustments, not meeting the requirement to provide dedicated extra time. Instead, they were identified to participate in interventions to 'fix' their impairments, which reinforced feelings of distress and embarrassment and being subjected to discipline due to failing to be able to fully participate in the classroom. Although some participants were attending a school categorised as dyslexia-friendly, (which means the teachers were not only aware of the participant's dyslexia they had been trained and had guidance on how to create a dyslexia-

friendly classroom), the teachers from this school still subjected the participants to humiliating circumstances, which attracted ridicule from peers. The experience of one participant, Haydon, as they had attempted to take their own life, stresses the alarming effects discrimination can have on a dyslexic student in the classroom.

6 Chapter 6 – Discussion and Conclusion

This chapter draws together the data gathered throughout the current research to discuss and summarise the findings. In doing so the data analysed and presented in chapter 5 is considered alongside information provided earlier relating to the contextual background, (definitions of dyslexia, theories of causality and assessment procedures used to identify dyslexia) and the literature reviewed within the field of dyslexic research, that focused on the lived experiences of dyslexic individuals. The applicability of Shakespeare's (2014) interactional approach to disability is considered throughout to conceptualise the findings within a wider 'disability studies' context. The original contributions and limitations and suggestions for future research will be referred to throughout this chapter.

As the research questions provide a logical framework for the discussion of the research findings, the data is presented under two of the research questions, which are:

RQ1: How do school-aged students in England describe their experience of being identified and labelled as dyslexic?

RQ2: How do dyslexic school-aged students in England describe their educational experiences?

The third research question intercuts between the sections within this discussion because it provided insights throughout.

RQ3: To what extent, and in what ways does Shakespeare's (2014) interactional approach to disability illuminate the understanding of dyslexic school-aged student's school experiences?

6.1 Research question one: How do school-aged students in England describe their experience of being identified and labelled as dyslexic?

The discussion within this section is divided into two sub-sections based on the students' perspectives of the identification of dyslexia using an assessment process and then being assigned the label of dyslexia. Previous data reviewed throughout the current research, for example, data obtained from the previous lived experience studies were used to analyse the students' experiences presented within this section. The interactional approach to disability (Shakespeare 2014) is referred to throughout to enhance the data and to situate the current findings within a wider disability context. To aid coherence each subsection is structured in the same way. Each sub-section begins by setting the students' experiences within a contextual background, for example, by offering a summary of the suggestions for the continued active encouragement of the identification and labelling of dyslexia and how the students' experiences are inconsistent with these ideas. The students' descriptions and understandings of their assessment and the subsequent labelling of dyslexia and the influence of schooling is then discussed.

6.1.1 The identification of dyslexia – the assessment process

Within the field of dyslexic research, the individual experience of the diagnostic assessment procedure is too often overlooked. Arguably such experiences should be taken into consideration especially as identifying and labelling a student as dyslexic, is actively encouraged in England (Rose, 2009; Riddick, 2010; Dyslexia Action, 2018 and the British Dyslexia Association, 2019). Some advocate the 'diagnosis' of dyslexia based on it being beneficial to self-esteem (Riddick, 2010), and others suggest that it is fundamental for a child or young person to be able to gradually acknowledge their difficulties (Ingesson, 2007). The interactional approach to disability also suggests that it is necessary for an individual to acknowledge their impairments so that they can understand disability and their experiences, an assessment of their impairments may, therefore, be beneficial (Shakespeare 2014).

While there are more affordable assessment procedures available today, many, including academics and charities, continue to stress that a diagnostic assessment is 'critical'

(Shaywitz, 2005) as it *“is the only way to really understand is someone is dyslexic”* (British Dyslexia Association, 2018). Four students within this current research, Blake, Max, Alex, and Leslie, spoke about the assessment process they had undergone before this research, in their case, they had been assessed at least twice during their schooling. Although I had requested information from each of the student’s school file’s, for example, information on how each student had been identified as dyslexic. As previously mentioned, as this information was only gathered from seven participants, the insights into the assessment students had undertaken is limited as it remains unclear how many students had undertaken a diagnostic assessment. The information obtained from the student’s files, however, was only used as a commentary on the assessment process and although it remains unclear how many students undertook a diagnostic assessment; they all had the opportunity to speak about the process if they wanted to. Although it was not within the focus of this research, future research could seek to compare students’ experiences of diagnostic assessments and other forms of assessments to see if there is a difference in the experience.

Although Blake was subjected to two full diagnostic assessments during their schooling as the first assessment failed to diagnose dyslexia this can call into question the accuracy of the assessment procedure. Although Haydon’s assessment report provided by the school as part of the data collection process revealed he had undertaken three full diagnostic assessments during their primary school, they chose not to speak about the process. Although the reasons for the students duplicate assessments remain unknown throughout this research, as the assessments had not been the focus of the research, it provided a useful insight that could be developed further within future research.

Once diagnosed as dyslexic after Blake’s second diagnostic assessment, Blake had been assigned an additional judgement to their diagnosis. Their dyslexia had been classified as ‘stealth’ which Blake explained referred to the severity of their dyslexic difficulties. As Shakespeare (2014) argues, *“all disabled people are of equal worth and are entitled to the same human rights, and the same human flourishing”* (Shakespeare, 2014: 81) and therefore imposing a hierarchy of dyslexia should not be reinforced, especially as the

difficulties associated with dyslexia are already acknowledged as existing on a continuum (Snowling, 2014). Again, although assessments had not been the focus of this current research the insight offered from Blake regarding the additional judgements applied to their labelling of dyslexia could be developed within future research to see if there are any impacts of additional judgements.

The students within this research, who were all school-aged, described their diagnostic assessment as long, *“it was about three hours”* (Leslie, year 8) and *“challenging”* (Max, year 5). Students within a previous study by Pollak (2005) described their assessment experiences using terms such as ‘demoralising’, ‘embarrassing’ and ‘traumatic’. As the participants in Pollak’s (2005) study were over the age of eighteen when undertaking their assessment, a key insight of this current research is to suggest that the age a student is ‘diagnosed’ does not affect their experience of the procedure.

A distinctive contribution of this current research is the students’ experiences of undertaking assessments and how this was influenced by their concerns that they were *“not good at doing tests”* (Max, year 5) and how the assessment itself also heightened feelings of confusion and failure. The students discussed their concerns that they had failed the assessment. For Blake, there was concern that he had not acquired the label of dyslexia during their first assessment. Whereas for Max it was because they felt that the assessment was stopped as they had begun to experience difficulties, *“I had to stop cause I was getting too many wrong”* (Max, year 5).

Once the diagnostic testing is complete a written report is then produced and sent to the student later. The student’s experiences of the inaccessible, *“very wordy”* (Leslie, year 8) report, mirrored the experiences of one participant within Pollack’s study (2005), named Victoria, aged 49, who described the report as *“an endless list of things I can’t do”* (Pollak 2005:64). Students in the current research, described the report as something that made them feel ‘uncomfortable’ as *“it has like a list of what I’m not very good at”* (Leslie, year 8), and *“it said all the things that I had wrong with me”* (Quinn, year 9). Again, as with the student’s experiences of undertaking the assessment itself, a key insight of this current

research is to suggest that the age a student is 'diagnosed' does not affect their experience of the procedure or the report that follows.

Even though the interactional approach to disability suggests that a 'diagnosis' of a dyslexic student's impairments "*gives credibility to their difference*" (Shakespeare 2014), an original contribution of the findings within the current research suggests that not only does the diagnostic procedure initially negatively affect a person's self-esteem but it also has negative long-term effects. When Leslie, year 8, felt that the work in their current class, (they had been placed in a lower ability group) was "*too easy*", the assessment report made them question their own thinking and abilities "*sometimes I feel like I should be higher, but then I remember the report, so I feel like I'm in the right set*" (Leslie, year 8). As suggested by Ingesson (2007), although Leslie had begun to accept their difficulties, their acceptance was detrimental not only to their self-esteem but possibly their future educational achievements as they now viewed their abilities through the constrained, reductionist interpretations of their diagnostic assessment (Poole 2003).

6.1.2 Being labelled as dyslexic

In recent years, within English national school policy (and higher education application process) there are various forms of encouragement to replace the use of the term 'dyslexia' with the umbrella category Specific Learning Disabilities (SpLDs). Inevitably, there are ongoing debates over the term 'dyslexia' and its usefulness, particularly within schooling. Within the wider field of 'disability studies,' Shakespeare (2014) suggests that debates over terminology can limit the progression of the field and it can be suggested that this may also be the case within the field of dyslexic research. All the students within this research, acknowledged the term dyslexia when referring to their impairments and their subjective educational experiences. This research offers insights into how the terminology used is experienced by individuals. For students in this research there appeared to be few benefits from being given a label. Despite the 'good intentions' associated with using Specific Learning Disabilities rather than dyslexia, and regardless of the term the students were assigned after their assessment, they still felt that being identified as dyslexic had not aided their understanding of the difficulties they experienced within schooling.

A distinctive contribution of this research highlights that the students' limited understanding of the term 'dyslexia' was influenced by extrinsic factors. The students perceived lack of involvement in the diagnostic assessment procedure influenced their understanding of the term 'dyslexia', "*I'm not really sure how I got Dyslexia I had to do some tests*" (Max, year 5), "*No, no one discussed the test with me*" (Jude, year 7) and not due to the terminology itself.

Students being excluded from discussions either about the assessment procedure itself or the labelling of 'dyslexia' may be caused by either teachers or parents not dedicating enough time to ensure the student fully understands their diagnosis. The teacher or parent themselves however may not be fully informed of the difficulties associated with dyslexia. As information was not gathered from teachers or parents throughout this research, their involvement in discussions about diagnostic assessments remains unclear. If a student is to gain a greater understanding of themselves as a 'dyslexic' individual through a diagnostic assessment procedure, then it may be more appropriate for the person administering the assessment, for example, the educational psychologist, to ensure they fully inform the student after the test rather than sending what has been described within this research as an inaccessible report. Insights from the student's experiences highlight the need for further research into ensuring a dyslexic student is fully informed throughout the assessment process.

This research suggests that neglecting to ensure an individual fully understands a new label that is being assigned to them, may have led to long-term negative consequences for the student. The dominance of diagnostic testing still pathologizes the notion of dyslexia (MacDonald, 2019) and it medicalises a within-child deficit (Poole, 2003) that were evident within the comments of students in this research. Importantly, this did not appear limited only to those students that had undertaken a 'diagnostic' assessment to identify dyslexia but also included students who were identified by their teachers to participate in the research. In essence, these students were also being labelled as dyslexic, albeit more informally.

Some of the student's understandings of dyslexia within this research remained restricted to individualised, constrained perceptions of *"having something wrong with them"* (Oliver, 2009: 44). The difficulties some of the students experienced throughout this research had been described as a consequence of their own impairment and not due to the social barriers they encountered throughout their schooling. Riley (year 5) explained how being dyslexic meant that words *"gets muddled up in your head"* and it is *"making me have erm bad problems with reading erm"*. Restricted individualised deficit views of dyslexia were also evident within previous lived experience research with dyslexic individuals. For example, a participant within Young Kong's (2010) study, spoke of the medicalised perceptions they held about their 'diagnosis', *"I didn't like the diagnosis of dyslexia...it was like an intellectual deficit...a fancy name for retarded...a birth defect"* (participant M; Young Kong 2010:134) and a participant within Pollak's (2005) study felt that being 'diagnosed' as dyslexic meant they were *"really stupid"* as something was *"really wrong with them"* (Racheal aged 20; Pollak 2005:70).

6.1.2.1 The effect of age on the labelling of dyslexia

Within a previous study by Armstrong and Humphrey (2009), they suggested that not only can the label of 'dyslexia' aid an individual's understanding of the difficulties they experience within an educational setting but it can also serve as a counterpoint to the negative construct of 'stupid' that may have developed due to comments the student had been subjected to from a teacher or peer. They felt however that this was dependant on the individual receiving a 'diagnosis' within their primary school years. When a diagnosis of dyslexia was received after an individual's compulsory school years Armstrong and Humphrey (2009) suggested that individuals would be more likely to resist or would be unwilling to accept the label of dyslexia. Many of the participants within Armstrong and Humphrey's (2009) study that had been unwilling to accept the label of 'dyslexia' had been influenced by their previous negative school experiences. Due to the negativity they had endured from their teachers throughout their schooling, now that the participants had the label of 'dyslexia', *"teachers say that I am stupid; dyslexia equals stupid; therefore I am stupid"* (p.99), they understood dyslexia under negative constructs.

Although all the participants within this current research had been identified during their compulsory school years, the label of dyslexia did not benefit most of the participant's understandings of their difficulties. Rather than serving as a counterpoint to past negative comments they had received from teachers and peers, a distinctive contribution of this research highlighted that some participants wanted to reject their new label of dyslexia due to the continued negativity they had received from teachers since their 'diagnosis'. The interactional approach suggests that a person may deny the labelling of disability and refuse to be categorised, due to implicitly not wanting to view "*themselves as disabled, either in terms of the medical model or the social model*" and not due to "*problems of discrimination and prejudice*" (Shakespeare 2014: 99). However, the participant's experience within this research contradicts the interactional approaches suggestion, as their rejection and refusal of the label of dyslexia appeared to be partially due to the ongoing discrimination they experienced within schooling.

Within this current research, Haydon (year 6), had been subjected to three full diagnostic assessments and the label of dyslexia had been confirmed during each assessment. However, due to the negative experiences they had encountered throughout their primary school years, they still stated that "*knowing I am dyslexic makes me feel a bit worse. I don't like being dyslexic*". Quinn, (year 9), had also explained how the negative comments they had received from their teachers since their diagnosis, for example, "*You just need to work hard and do more than everyone else is doing but you're not going to get far in life. Even if you work hard, you're not going to get there*", had influenced them wanting to hide their dyslexia label from everyone, "*I don't want people to know*".

Therefore, unlike the participants within Armstrong and Humphrey's (2009) study, a student's reaction and positive acceptance of their diagnosis is not only dependent on the age they had been diagnosed. Within the examples given in this research, a student's reaction to being labelled as dyslexic and the possibility of the label becoming a counterpoint to previous negative constructs, they had developed about their academic abilities, was also influenced by the ongoing discrimination they received from their teachers. Although Armstrong and Humphrey (2009) had suggested that if a student is

identified early within their school years, they would be happier and more comfortable with their diagnosis, most of the students within the current research remained unhappy with being labelled as dyslexic. Their subjective experiences, however, highlight reasons for their unhappiness, such as the negative comments endured from teachers before and after their diagnosis, and therefore it can be suggested that the acceptance of a label is dependent on a range of factors and not only on the age you receive it.

The interactional approach to disability acknowledges that *“opposition to labelling can arise from an awareness of the stigma that can be a consequence of particular labels or diagnosis”* (Shakespeare 2014: 95). Within this research, Quinn’s, (year 9), awareness of the stigma associated with dyslexia has come directly from one of their current teachers and therefore they have become opposed to using the label of dyslexia from fear of further stigmatisation from others. It was evident throughout this research that the influence of being ‘normal’ within the classroom often encouraged the dyslexic students *“to deny their own suffering and to normalise their situation”* (Abberley 1987: 16).

Shakespeare (2014) stresses the importance of individuals accepting and acknowledging their impairments as denying the label of dyslexia within this current research does not reduce the difficulties the students experience. However, if the students refuse to acknowledge the difficulties, they experience within schooling Shakespeare (2014) suggests that they may be at risk of further impairments, as they may continue to receive ineffective educational provision. However, an original contribution offered from the student’s experiences within this research is that even when the label of dyslexia was acknowledged by many of the students within this research, often they had still been denied the use of reasonable adjustments. Failure to provide reasonable adjustment reflects a participant within a previous study by Tanner (2008) in which a dyslexic student’s requests for reasonable adjustments to their learning environment when they entered higher education had been continually denied.

6.2 Research question two - How do dyslexic school-aged students in England describe their educational experiences?

The discussion within this section is divided into three sub-sections based on the students' perspectives of both the intrinsic and extrinsic difficulties they experienced within school and their effects on reading, spelling, and writing. Previous literature reviewed throughout the current research, for example, the literature obtained from the previous lived experience studies were used to analyse the student's experiences presented within this section. To aid coherence each sub-theme is structured in the same way. Each sub-section will begin by setting the students' experiences within a contextual background, for example, how the students' experiences either reflect how dyslexia has been defined or how, for example, impairments with handwriting often remain absent from definitions of dyslexia and how the student's descriptions of their impairments are consistent with some of the causal explanations of dyslexia. The students' descriptions of their impairments are then discussed, including the influence of schooling on their descriptions, and understanding of their impairments. Finally, I reflect on how, and in what ways the interactional approach to disability can illuminate the dyslexic students' educational experiences.

6.2.1 Reading impairments and the effects within a classroom environment

The students' descriptions of their intrinsic reading impairments (Shakespeare, 2014) within this research reflected how Rose (2009) defines dyslexia primarily as a difficulty with securing accurate and fluent reading skills. As discussed in chapter 1.5, the dominant cognitive causal explanation for these reading difficulties is an impairment within phonological processing as proposed by the Phonological Deficit Hypothesis (Bradley and Bryant, 1983). Within this research, the student's descriptions of the difficulties they experience with accuracy and fluency when reading is consistent with tenants of this theory.

The students explained how their reading was affected by the difficulties they experience with reading accurately, *"I get really confused with words"* (Jamie, year 5), *"I can like read it wrong and like interpret like words wrong and stuff"* (Quinn, year 9), *"I'm not really good at understanding words"* (Haydon, year 6). The students also explained how their difficulties with word accuracy also affected their reading fluency, *"cos you always lose track"* (Haydon,

year 6), *“the books never make sense”* (Alex, year 5). The students’ descriptions of their reading impairments are not only consistent with causal cognitive explanations of dyslexia, but they provide useful real-world insights into the complexity of the impact of reading impairments within the classroom and throughout the reading process. Further research within this area could enhance the field of cognitive causal explanations of dyslexia as the inclusion of student experiences offers a more relatable way to understand the reading difficulties and the effects experienced by dyslexic learners.

Students also expressed concern that their reading rate was *‘slow’*, *“too slow”* (Riley, year 5), *“really slow”* (Haydon, year 6), *“I’m very slow at reading”* (Jamie, year 5). The students’ perceptions of their reading rate were mostly influenced by the extrinsic factor (Shakespeare, 2014) of peer comparisons they made within the classroom environment, *“Everyone else kind of reads quicker than me”* (Leslie, year 8). Interestingly, the students’ perceptions of their reading rate was not affected by assessments they had undertaken to identify dyslexia which typically tests for a person’s reading rate. Peer comparisons with reading were noted within the previous lived experience research, however, this was limited to one participant's response, *“not being able to read and write like the others”* (Hellendoorn and Ruijssenaars, 2000: 233). The extrinsic peer comparisons regarding reading is common within this current research and appear to have a negative impact on dyslexic students, who become aware of the difference in their reading abilities and those of their peers. This current research offers a valuable contribution to existing knowledge within the field of dyslexic research.

Another useful insight of peer comparison, which was only present amongst the primary school-aged students was their concern that their school reading book band was lower than their peers (book bands were briefly explained in chapter 5.3.2). The students spoke of their embarrassment and longing to be on the same book band as their peers, *“I’m behind...because everyone in my class are like two or three colours above me...I just want to be the same”* (Jamie, year 5), *“I don’t like reading lower books...I feel a bit weird cause they [school aged peers] can read them, but I can’t”* (Ryan, year 4). Their desire to be on the same book band was also influenced by social aspects of reading and not just due to the

humiliation the students felt about being on a visibly different coloured book. As the students had not read the same books as their peers, and often as the lower books were often deemed by the students as inappropriate for their age group, they had also expressed how they can feel excluded from conversations about books.

Although peer comparisons were not as dominant within literature reporting previous lived experience research participants, perceptions of their reading difficulties were also influenced by extrinsic factors (Shakespeare, 2014). For example, participants within Tanners' (2008) study spoke about the insults they had experienced from their teachers telling them to, *"try harder and you might be able to read it"* or commenting *"that's such an easy piece to read, any fool could do it"* (p 793). Participants within Hellendoorn and Ruijsenaars' (2000) study also recalled incidences of teacher bullying and humiliation experienced within the classroom *"she often started reading lessons by saying, 'Let's listen to A (read) and have a good laugh'"* (Participant, A, p. 233). Participants within Tanners' (2008) study also spoke of incidences of physical abuse that they had endured from teachers, student U, described how *"I'm sure they thought that hitting me with the ruler would make me be able to read the words"* (p793) and student P, explained that *"my teacher kicked me in the back of the chair. All I was doing at the time was trying to read"* (p. 793).

Within the current research only one student, Riley, year 5, spoke about reading-related incidences of bullying and humiliation that they experienced within the classroom. Riley explained how sometimes they have *"to read in front of the whole class...It makes me feel nervous and a bit angry because sometimes I get the words incorrect. Then people erm...some people laugh at me"*. Riley within this comment drew attention to the peer ridicule that they experienced due to this humiliating situation. It is worth noting again, that Riley was attending a school categorised as dyslexia-friendly, where one might have expected a more inclusive and skilful handling of the situation. Among other requirements, schools categorised as dyslexia-friendly, under no circumstances should they ever *"demand that a [dyslexic] learner reads out loud to the rest of the group"* (MacKay, 2012: 154). This research therefore not only offers support for previous studies dedicated to the lived

experiences of dyslexic learners that highlighted the additional effects of reading difficulties within a classroom, for example, bullying and humiliation that students endure from teachers due to their differences, but it illuminates not only how this can affect peer relationships but how there are inconsistencies that exist between policy and practice within schooling.

As visual impairments experienced during reading, for example, those discussed in chapter 1.4 that are suggested within the Magnocellular theory (Stein, 2001) are not included within definitions of dyslexia. Often visual impairments are not assessed for during dyslexic assessments, and difficulties associated with visual stress are also absent from previous lived experience research. This research, therefore, offers a distinctive contribution to the field of dyslexic research namely, the inclusion of the reading difficulties that the students expressed within this research due to visual impairments.

Many of the students within the current research spoke of the physical discomfort they can experience when reading. This additional reading difficulty has been termed, visual stress (Rack and Turner, 2005; Evans and Allen, 2016) and it can further inhibit the reading process for a dyslexic learner. Reading was described by some students as being painful, *"It hurts your eyes"* (Dylan, year 4), *"I get a headache"* (Jude, year 7), *"if I stared at the [page] too long my eyes would get really painful"* (Max, year 5). The Magnocellular Theory (Stein, 2001) postulates that an impairment in the magnocellular system would cause letters *"to appear to move around and cross over each other"* (Stein, 2001: 12) and the students' descriptions of their visual impairments within this research offer support for Stein's suggestions. When reading, students described *"letters moving"* (Dylan, year 4), *"I would even see them like swap, bounce on and off the page"* (Max, year 5), *"the words get muddled up"* (Jude, year 7) and *"the words would move"* (Leslie, year 8).

As suggested by both Stein (2001) within the Magnocellular Theory and by the Irlen institute (2017), the student's experiences within this research drew attention to how the discomfort they experienced from visual stress can be alleviated with the use of coloured sheets placed on a page (overlays or filters, Rack and Turner, 2005), *"I need my yellow sheet"* (Jude, year 7)

or coloured glasses, *“the lenses [in my glasses] are yellow”* (Leslie, year 8). The students’ descriptions of the discomfort they experience when reading provides everyday insights into the effects of reading impairments, particularly within a classroom environment. Further research within this area could usefully develop the field of visual stress. Including dyslexic students’ perceptions of the benefits of coloured reading aids within a classroom environment alongside neurological research could have practical applications to alleviate some symptoms of reading discomfort within schooling.

Within this research however it was suggested that the students use of coloured tinted reading aids within a classroom environment was dependent on their teacher’s approval. Also, as with the labelling of dyslexia, some students had been subjected to further negativity from their teachers when they requested use of a coloured tinted reading aid. Not only did one of Jude’s, (year 7), teachers prevent them from using their coloured filter within their classroom but they even continuously refused to acknowledge their visual discomfort, and instead, implied they needed prescription reading glasses, *“my teacher keeps saying that I need glasses and not a yellow sheet”*.

There was a range of impairments the students experienced with reading, related to both intrinsic and extrinsic factors. Inevitably this affected their overall enjoyment of reading *“I really don’t like erm...doing reading”* (Haydon, year 6), *“makes you feel uncomfortable and almost upset”* (Leslie, year 8), *“I don’t like reading”* (Alex, year 5). Additionally, it influenced how they interpreted their reading ability *“I’m rubbish at reading”* (Jamie, year 5) *“I can’t read”* (Jude, year 7), *“really bad”* (Haydon, year 6). A key insight within this research was not only the perseverance of some students but the strategies they had devised. Although persevering with reading, despite the difficulties they experienced, often caused further frustration and unhappiness *“I read on and read and try but I still won’t get it”* (Alex, year 5) some students, however, remained so determined to improve their reading skills and find enjoyment from books that they had devised their own strategies. One student decided to read a book they had already read, as they already understood the story and another alternated reading between two books. By having two books at a time, one at their current reading level and one at a higher level, the student had decided to challenge themselves

and their reading abilities. Both strategies could be suggested as practical applications for dyslexic students within schooling and further research within this area could strengthen this suggestion.

As discussed in chapter 3.2.5, although it has been suggested by Shakespeare (2014: 37) that *“it may be impossible to create one environment that is accessible to all potential users”* due to the insights gained from the student's experiences within this research I would suggest that schooling could become more accessible for dyslexic students with, for example, the use of enabling technology. Although as Shakespeare (2014) claims that *“everyone experiences their own impairment differently”* (p. 37), within this research many of the students spoke of their shared experiences of reading impairments, for example, difficulties with reading accurately, fluently and reading slowly, when compared to aged-related peers.

With the use of enabling technology, dyslexic students could listen to whole books, such as books on a higher reading level so they could discuss the stories with peers, or have the option to listen to individual words, that they may have difficulties decoding, and therefore this could remediate the difficulties with accuracy, fluency and their reading rate. Enabling technology could also, alleviate dyslexic students' embarrassment regarding lower coloured book bands as the colour could remain private and invisible to peers. Even when the impairments are the same, Shakespeare (2014) suggests that different people *“may require different accommodation”* (p. 37), such as dyslexic people requiring different coloured paper, which Shakespeare (2014) suggests as being incompatible within a classroom environment. However, when using enabling technology, the requirement for different coloured paper and different coloured tinted reading aids can be diminished as students would be able to change the background colour of the information on the screen, which should alleviate any discomfort, some students can experience from visual stress.

Even though Shakespeare (2014) suggests that providing multiple book formats may be impractical within a school environment, as he also argues that barrier removal is needed to facilitate participation and minimise segregation I would stress that further research within

the area of the effectiveness of enabling technology and reading impairments experienced by dyslexic learners is needed.

6.2.2 Spelling impairments and the effects within a classroom environment

When defining dyslexia, difficulties with spelling are often included within definitions (Rose, 2009). The students' intrinsic impairments (Shakespeare 2014) with spelling caused upset and annoyance, *"I can't spell anything"* (Alex, year 5). A key insight from this current research was the student's explanations of how their spelling difficulties affected their ability to fully participate within a classroom environment, especially when they were required to copy work down off the board *"I look at the board and write one letter...look again...write one letter. I don't know what the word means, and I get it wrong"* (Corey, year 5).

Corey's, intrinsic impairments with spelling in this example combined with the extrinsic disabling classroom environment, meant not only would they fail to complete the copying process, but if they copied the words incorrectly then their notes would be ineffective. In this example, Corey is disabled due to the interaction of both intrinsic and extrinsic factors. However, although Shakespeare (2014) suggests that *"the problems associated with disability cannot be entirely eliminated...by social arrangements"* (p. 75). I would argue that in Corey's case, by removing the requirement of copying work down off a board by either providing the information on a sheet or allowing Corey to word process with the use of a spell checker then in this situation may no longer be disabling for Corey.

The student's explanations of how they often forget how to spell words was a key insight gained within this current research. Students expressed the frustration they feel when they forget how to spell, *"I forgot how to spell it again"* (Quinn, year 9), *"I started to get a bit better, but then my spelling went nonsense"* (Max, year 5). As previously discussed, although classroom interventions were not explored within this research, as Max explained that they had used an intervention to improve their spelling, the current research emphasises the necessity to include students' experiences of interventions within future research. As suggested by Elliott and Grigorenko (2014) gains from phonics interventions are not always

sustained. Although it remains unclear if the interventions that both Quinn and Max had been undertaking were phonics-based, their experiences suggest that gains from spelling interventions again may not last and instead may become an additional extrinsic factor that adds to their continued frustrations regarding their spelling impairments, *“It [forgetting how to spell words they had previously learnt] makes me feel sad because I worked hard”* (Quinn, year 9).

While there had been some mention of spelling difficulties within previous lived experience research, due to the scope and aims of the research, often being dominated by the ‘diagnosing’ of dyslexia, the participant's responses had been limited. Spelling difficulties were only recalled in regard to the confusion participants felt about not being identified as dyslexic during schooling *“I had something wrong with my spelling and stuff, but my schools used to say there was nothing wrong with me”* (David, Burden, 2005: 68) or their anger about the lack of support they had received throughout schooling *“my spelling was atrocious...I don’t remember having much done about it”* (Participant E, Young Kong, 2010: 133). Unlike the current students within this research, participants within the previous studies reviewed had not spoken about how they felt about their difficulties or how such had affected their education. Therefore, the current research provides a unique contribution to the field of dyslexic research regarding the spelling impairments experienced by dyslexic students within mainstream schooling and highlights the need for further research within this area.

Participants within the previous studies however had highlighted incidences of discrimination and humiliation they had endured due to the difficulties they experienced when spelling. Some had been *“asked to stand on a desk and spell”*, which had been *“embarrassing and frightening”* (Vanessa, Dale, and Taylor, 2001: 1000) and this had contributed to peer ridicule. Some had spoken of the *“soul-destroying experience”* of feeling like teachers had only *“marked your spelling”* (Christopher, MacDonald, 2009: 354) and not the work itself. Within the current research, one student recalled recurring incidences of humiliation and discrimination due to being disciplined for their spelling difficulties. Ryan, year 3, explained how they must stay in through their dinner break to correct their spelling

mistakes. Although Ryan feels *“sad cause I have tried to do it, but I just couldn’t”*, they sadly still suggested that it is a punishment they think they deserve because *“otherwise it wouldn’t be fair on everyone else”*.

6.2.3 Handwriting impairments and the effects within a classroom environment

Despite aspects of handwriting often being absent from definitions of dyslexia, and when it is included, it is categorised as a co-occurring difficulty (Burden, 2005; Rose, 2009) the students within the current research reported a multitude of difficulties experienced within a classroom environment when writing by hand. The inclusion of handwriting impairments was noticeably absent from the previous lived experience studies reviewed within this research. Although, as the previous studies required a ‘diagnosis’ of dyslexia, as a criterion for participation, which does not normally include an assessment for handwriting, the studies may not have included difficulties experienced when writing by hand within the scope of their research. The inclusion of dyslexic students’ experiences of handwriting impairments within schooling in this current research therefore provides a distinctive contribution to the field of dyslexic research.

The student’s descriptions of their intrinsic handwriting impairments (Shakespeare 2014) were described in terms relating to the appearance and legibility of their written work. The students mostly described their handwriting using negative terminology, such as, *“scruffy”*, *“horrible... I just write really funnily”* (Quinn, year 9), *“It looks blurry”* (Haydon, year 6), and, *“the letters will just deform”* (Sam, year 8). Their illegible handwriting often meant that they were unable to read what they have written, *“sometimes I can’t read it”* (Charlie, year 9), and therefore what they write *“doesn’t make sense”* (Quinn, year 9). When trying to improve the appearance and legibility of their writing, *“recently I have tried to make my handwriting bigger so my teacher can read it”* (Sam, year 8). Other students stressed this would ‘slow’ their handwriting pace down, *“when I try to do neat...I’m so slow”* (Jamie, year 5). A slower writing pace often-meant students would experience additional difficulties, for example, failing to complete the work set, *“every time I do it neat, I have never actually finished a piece of work”* (Jamie, year 5).

Some students also spoke of the physical pain they experienced when handwriting, “[my hand] *gets achy and it hurts...it starts stinging*” (Elliott, year 3), “*starts to hurt*” (Quinn, year 9), “*I always get a cramp in my hand*” (Haydon, year 6). The pain described by the students within this current research, gave key insights into why their writing, and possibly why other dyslexic students writing may appear to be illegible and slow. Engaging with dyslexic students’ understandings of the difficulties they experienced within educational settings, as with these examples, can give insights that will otherwise be too often overlooked.

The students’ anxiety concerning their handwriting difficulties, again as with their reading and spelling impairments was influenced by extrinsic factors (Shakespeare 2014) for example, the discrimination they experienced from their teachers. Students spoke of the punishments they experienced for not being able to write as ‘neatly’ as their teacher expected “*Miss says it has to be neat*” (Jamie, year 5) and if they failed to write ‘neatly’ this meant some students would get their “*page ripped out and they would have to do it over again*” (Casey, year 4). The students explained that the time they spent attempting to write as ‘neat’ as their teacher expected meant their work would often take “*forever*” as it “*takes so long to do it neat*” (Jamie, year 5). Many of the students had endured several years of being denied a break time, “*I miss breaks if I didn’t finish my work*” (Leslie, year 8) so they could complete their work according to the teachers set standard.

Missing breaks is not only an unacceptable form of punishment for experiencing difficulties when handwriting, but it prevents students from having a break from their work which is also a barrier to the social aspects of schooling, as it can prevent students from maintaining peer relationships. Some students spoke of how they had lost friends due to them missing their break time, “*they think I don’t want to play with them anymore so I don’t really have a lot of people to play with because I stay in all the time*” (Leslie, year 8). Shakespeare (2014) argues that often disabled students are “*segregated in school or excluded*” which “*may lead to disabled children from being excluded from peer groups*” (p. 196). Leslie’s example, therefore, illuminates how disabled children “*can experience significantly greater isolation and loneliness*” (Shakespeare 2014: 191) due to the discrimination they endure within schooling from teachers due to their impairments.

Most students had stressed how the use of adjustments to their learning environment, such as the use of a word processor, not only alleviated the pain they experienced when handwriting, it prevented the difficulties they had when trying to read what they had previously written, and allowed them to complete tasks within the set time frame. One student Riley, year 5 also claimed how the use of highlighted lines, improved the appearance and legibility of their handwriting. However, as with the use of coloured tinted filters to improve a student's reading discomfort, the use of reasonable adjustments, such as a word processor or highlighted lines, within a classroom was often due to the discretion of the teacher.

As Shakespeare (2014) claims "*even in the most accessible world, there will always be a residual disadvantage attached to many impairments*" (p. 42). Although the students intrinsic handwriting impairments would remain, if they were given access to reasonable adjustments, such as a word processor, then this could alleviate many additional disabling barriers within schooling. The interactional approach to disability does not only address the effect that external barriers can have on disability but also includes the extrinsic factors such as the attitudes and reactions of others. The student's experiences within this current research provide important insights into the disabling extrinsic influence the individual attitudes of teachers can have on a dyslexic student within a classroom environment and further research is needed.

6.3 Conclusion

As this current research began with a brief description of my understanding of dyslexia and the difficulties, I experienced throughout education I felt it was appropriate to bring the research to a close in a similar manner. When I began this journey, I imagined that my dyslexic son's education and other dyslexic school-aged students' current educational experiences would be different from my own negative experiences and those highlighted within previous research, i.e. Alexander-Passe, N. (2012), Riddick (2010) and Armstrong and Humphrey (2009). My perceptions however have changed throughout this journey. Although I am grateful to the dyslexic students that shared their experiences with me, I am disappointed with the multitude of negativity they are currently experiencing within school.

The student's experiences within this research provided insights into how they are often refused adjustments to their learning environment. They were also subjected to, for example, the humiliation of being required to read in front of the whole class, which led to peer ridicule but mostly the students described being denied a break time at school due to the discrimination they experience from teachers because of the effects of their impairments. The interactional approach to disability argues that "*disability is always an interaction between individual and structural factors*" (Shakespeare 2014: 74) and therefore regardless of being identified and labelled as dyslexic this research highlights how the classroom environment disables dyslexic students as they experience barriers to education and social and emotional aspects of schooling.

As this research offers an accessible and relatable way to understand the difficulties experienced by a dyslexic student within the classroom, I hope that the dissemination of the findings can reach a wide audience. The student 'voice' within this research could not only enhance and expand the academic field of dyslexic research but it offers teachers unique insights into the difficulties dyslexic students can experience within schooling that they may have been previously unaware of. Overall, I hope that the dissemination of this research helps dyslexic students to gain access to the educational experience they deserve.

6.4 Recommendations for Practitioners and Policymakers

The findings from this research suggest the following recommendations for practitioners and policymakers and further research within these areas may be beneficial.

- Dyslexic students' experiences of different assessment procedures used to identify dyslexia should be collected and compared to see if there is a difference in the overall experience of being identified as dyslexic, in an attempt to improve the experience for the individual.
- Ensure the student is fully informed about their dyslexic identification and the educational adjustments that could aid their learning experience within a classroom environment. This may include providing an accessible diagnosis report and the person that conducts the assessment may offer a debrief of the report to the student and their parents and/or teachers.
- Students' opinions should be sought regarding the labelling of their dyslexia including the impacts of additional judgements which are often imposed upon them, such as hierarchical labels such as 'severe'.
- Ensure dyslexic students have use of reasonable adjustments so they can fully participate within the classroom environment. This may involve effective dyslexia awareness training for teaching staff.

7 Appendices

Appendix 1a: Primary school letter

Appendix 1b: Secondary school letter

Appendix 2: Participant information sheet

Appendix 3: Informed Consent Form

Appendix 4: Assent Form

Appendix 5: Participant Stop Sign

Appendix 6 – Pre-determined topics for Talking Mats

Appendix 7: Talking Mat instructions:

Appendix 8: Students Talking Mats

Appendix 9: Stage two interview – Semi-structured interview schedule

Appendix 1a: Primary school letter



3rd December 2015

Permission Request for Research

Dear...

Who I am and what is the research?

My name is Linsey Morgan and I am writing to invite your school to take part in my PhD research entitled: Investigating the educational experiences of children and young people demonstrating dyslexic tendencies in compulsory schooling. This research is supervised by Dr Ann Marie Houghton within the Department of Educational Research at Lancaster University and is funded by the Economic Social Research Council (ESRC). Participation offers the opportunity to be involved in a piece of original research to within the field of dyslexia and education. I would like to ask permission to recruit any pupil from year 3 onwards with identified dyslexic tendencies to investigate their perspective on dyslexia.

What are the potential benefits?

This research will help to investigate the diverse ways pupils gain an understanding of their self as a dyslexic. The findings may serve to improve teacher's initial and in-service training needs about dyslexia. As a participating school, you will have early access to the findings, and I could provide dyslexia awareness training if required.

What does participation involve?

Participation in this research involves the use of data collected by interviews which will be held with dyslexic pupils that wish to participate. I would like to interview each pupil twice. The interviews will last no longer than 30 minutes. During the interview, I would like to use a digital visual aid called '*Talking Mats*' (I have attached a separate information sheet). Ethical clearance has been given by the Lancaster University Research Support Office. I am a qualified, experienced Lecturer with QTLS status. I also have current DBS clearance.

I would like to begin this research as soon as it is convenient for you. When you have taken the time to read this information you can contact me via email or telephone. If I do not hear back from you, I will attempt to contact you a week after you receive this letter. You will have the opportunity to ask any further questions that you may have. Due to data protection and the privacy of the children I will need you to give the participant information sheet and the informed consent form to the parents/guardians or careers of each of the children or young people that you identify as suitable.

I would like further information:

If you would like further information about this project, please contact me by email. You can also contact my supervisor, Dr Ann Marie Houghton, or the Head of Educational Research Department, Professor Paul Ashwin.

Please sign below and return to give permission for this research. A copy is attached for your own records.

Name: _____ Date: _____

Researcher: Mrs Linsey Morgan, l.morgan5@lancaster.ac.uk

Supervisor: Dr Ann Marie Houghton, a.houghton@lancaster.ac.uk

Head of Department: Professor Paul Ashwin, paul.ashwin@lancaster.ac.uk

Head of Department

Professor Paul Ashwin, BA, MSc, PhD

Professors

Mary Hamilton, BA, MA, PhD

Carolyn Jackson, BSc, PhD

Colin Rogers, BA, PhD

Murray Saunders, BA, MA, PhD **Malcolm**

Tight, BSc, PhD

Paul Trowler, BA, MA, Cert Ed., PhD

Lancaster University
County South College
Lancaster
LA1 4YD

<http://www.lancs.ac.uk/fass/edres>

Appendix 1b: Secondary school letter



19th November 2015

Permission Request for Research

Dear...

Who I am and what is the research?

My name is Linsey Morgan and I am writing to invite your school to take part in my PhD research entitled: Investigating the educational experiences of children and young people demonstrating dyslexic tendencies in compulsory schooling. This research is supervised by Dr Ann Marie Houghton within the Department of Educational Research at Lancaster University and is funded by the Economic Social Research Council (ESRC). Participation offers the opportunity to be involved in a piece of original research to within the field of dyslexia and education. I would like to ask permission to recruit any pupil with identified dyslexic tendencies to investigate their perspective on dyslexia.

What are the potential benefits?

This research will help to investigate the diverse ways pupils gain an understanding of their self as a dyslexic. The findings may serve to improve teacher's initial and in-service training needs about dyslexia. As a participating school, you will have early access to the findings, and I could provide dyslexia awareness training if required.

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Participation in this research involves the use of data collected by interviews which will be held with dyslexic pupils that wish to participate. I would like to interview each pupil twice. The interviews will last no longer than 30 minutes. During the interview, I would like to use a digital visual aid called '*Talking Mats*' (I have attached a separate information sheet). Ethical clearance has been given by the Lancaster University Research Support Office. I am a qualified, experienced Lecturer with QTLS status. I also have current DBS clearance.

I would like to begin this research as soon as it is convenient for you. When you have taken the time to read this information you can contact me via email or telephone. If I do not hear back from you, I will attempt to contact you a week after you receive this letter. You will have the opportunity to ask any further questions that you may have. Due to data protection and the privacy of the children I will need you to give the participant information sheet and the informed consent form to the parents/guardians or careers of each of the children or young people that you identify as suitable.

I would like further information:

If you would like further information about this project, please contact me by email. You can also contact my supervisor, Dr Ann Marie Houghton, or the Head of Educational Research Department, Professor Paul Ashwin.

Please sign below and return to give permission for this research. A copy is attached for your own records.

Name: _____ Date: _____

Researcher: Mrs Linsey Morgan, l.morgan5@lancaster.ac.uk
Supervisor: Dr Ann Marie Houghton, a.houghton@lancaster.ac.uk
Head of Department: Professor Paul Ashwin, paul.ashwin@lancaster.ac.uk

Head of Department

Professor Paul Ashwin, BA, MSc, PhD

Professors

Mary Hamilton, BA, MA, PhD

Carolyn Jackson, BSc, PhD

Colin Rogers, BA, PhD

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<http://www.lancs.ac.uk/fass/edres>

Appendix 2: Participant information sheet

Research Project: The educational experiences of dyslexic students

What is this letter about?

I would like to invite your child to take part in my PhD project with the Department of Educational Research at Lancaster University. The research may also be used for journal articles and conference presentations.

The purpose of the study

My research aims to understand dyslexia from the perspective of students in school. The findings may provide valuable feedback regarding teachers training needs about dyslexia.

Researcher
Linsey Morgan
County South, Room No
D69, Lancaster University,
LA1 4YD, UK
Tel : 01524 593226
Email :
l.morgan5@lancaster.ac.uk

What participation involves



Why has my child
been chosen?

your child has been chosen as they have been identified as having dyslexic tendencies.

Does my child
have to take
part?

No, your child's
participation is entirely
voluntary.

Supervisor:
Dr Ann-Marie Houghton
County South, Room No D39, Lancaster University, LA1 4YD,
UK
Tel : 01524 592907
Email : a.houghton@lancaster.ac.uk

What would taking part involve for my child?

Your child will be involved in 2 short interviews lasting no longer than 30 minutes. I will use a digital communication tool called 'Talking Mats'. It will provide images to help your child express their views. They will be asked questions about their dyslexia. They will be invited to speak freely about things they like and dislike about school. This will include favourite subjects, least favourite subjects, friends, and any support they receive. The interviews will be video recorded. If you would prefer, you can request that the interviews are recorded using audio-only. I would also like to have access to information held on your child at school, for example, educational psychologist reports, reasons why they have been identified as dyslexic.

Can my child withdraw during the study?

Your child can withdraw at *any* time during the study and there is no obligation on your child to continue nor penalty for withdrawing. Your child's related data (recordings, notes) can be destroyed and all reference removed up to 2 weeks after the interview/participation. After this time, however, their data will remain in the study.

Protecting your data and identify what will happen to the data?

'Data' here means the researcher's notes, visual/audio recordings, and any email exchanges we may have had. The data will be securely kept for at least 10 years as per Lancaster University requirements, and after any personal data will be destroyed. Visual/Audio recordings will be transferred and stored on my laptop which is password protected and encrypted and then deleted from portable media. Identifiable data (including recordings of your child and other participants' voices) on my laptop will be encrypted. With devices such as portable recorders where this is not possible identifiable data will be deleted as quickly as possible. In the meantime, I will ensure the portable device will be kept safely until the data is deleted.

Withdrawing data

You can request to view the field notes at the end of the interview and any parts you are unhappy with will be deleted or disregarded from the data. Data may be used in the reporting of the research (in the thesis and then potentially in any papers or conference presentations). Please note that if your child's data is used, it will not identify them in any way or means, unless you otherwise indicate your express permission to do so. You have the right to request this data is destroyed within the first 2 weeks after the interview as well as having full protection via the UK Data Protection Act. The completion of this study is estimated to be by September 2017 although data collection will be complete by March 2017.

How will my child's identity be protected?

A pseudonym will be given to protect your child's identity in the research report and any identifying information about your child will be removed from the report.

Who to contact for further information or with any concerns

If you would like further information on this project, the programme within which the research is being conducted or have any concerns about the project, participation or my conduct as a researcher please contact:

Professor Paul Ashwin – Head of Department

Tel : +44 (0)1524 594443

Email : P.Ashwin@Lancaster.ac.uk

Room: County South, D32, Lancaster University, Lancaster, LA1 4YD, UK.

Thank you for reading this information sheet and taking the time to consider helping with this research. Your time is very much appreciated.

Linsey Morgan MA, QTLS, PGCE, BA (Hons)

Thank you for your help.

Appendix 3: Informed Consent Form

Title of Project: Investigating the educational experiences of children aged 7 to 16 demonstrating dyslexic difficulties in compulsory schooling

Name of Researcher: Mrs Linsey Morgan

	Consent form for parents (dyslexic students' participation)	Please Tick
1.	I confirm that I have read and understood the information sheet dated...for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2.	I understand that participation in this research study is voluntary. If for any reason I wish to withdraw the child or young person during the period of this study, I am free to do so without providing any reason. If you wish to withdraw please contact the researcher. Details are on the information sheet which is yours to keep.	
3.	I consent to the interview being video recorded.	
4.	I understand that the information the child or young person provides will be used for a PhD research project and may be published. I understand that I have the right to review and comment on the information provided before the final submission. If you wish to do so, please contact the researcher. Details are on the information sheet which is yours to keep.	
5.	I agree for the child or young person to take part in the above study.	
<p>Name of Participant:</p> <p>Signature</p> <p>Date</p>		

Appendix 4: Assent Form

Title of Project: Investigating the educational experiences of children aged 7 to 16 demonstrating dyslexic difficulties in compulsory schooling

Name of Researcher: Mrs Linsey Morgan

Ongoing oral consent will be obtained from each child. I will use questions prompts at the beginning of each interview. This will be recorded.

I will read the following questions to each child and they can say yes or no. Some questions will be followed by a prompt to check understanding (Please see below).

Questions and Prompts for consent for children	
Has somebody else told you about what we are doing today? Can you tell me who that was? Can you tell me what we are doing today?	Yes / No
Have you got any questions for me?	Yes / No
It is OK to stop at any time. What would you say to me if you want to stop?	
Are you happy to take part?	Yes / No

Thank you for your help.

Appendix 5: Participant Stop Sign



Appendix 6 – Pre-determined topics for Talking Mats

Pre-determined Topic on General Mat	Pre-determined Topic on School Mat
Being listened to	Computer
Your safety	Ears
Playing	Eating
Pets	Energy
Family	Eyes
Visiting friends	Homework
Friends	Listening to others
Helping around the house	Managing behaviour
Asking for help	Maths
TV	Mood
Routines	Paying attention
Managing Stress	Problem-solving
Making choices	Reading
Trying new things	Sleeping
Looking after yourself	Talking
Home	The way you look
Social media	Understanding
Activities	Writing
Sport	Computer
Organising yourself	Concentration
Making decisions	
Exams	

Appendix 7: Talking Mat instructions:

About Talking Mats

(This information has been taken directly from the Talking Mats website for accuracy).

Talking Mats Limited is a social enterprise whose vision is to improve the lives of people with communication difficulties, and those close to them, by increasing their capacity to communicate effectively about things that matter to them.

- Our innovative, award-winning Talking Mats communication symbols tool is based on extensive research and designed by Speech and Language Therapists. It uses unique, specially designed picture communication symbols that are attractive to all ages and communication abilities and is used by clinical practitioners, carers, and support workers in a wide range of health, social work, residential and education settings.
- Whether used for consulting children and young people, used as a stroke communication resource or used to overcome communication difficulties for people with learning disability or dementia, our communication symbols have proved highly effective. We have developed one of the best methods and one of the best apps for people with communication difficulties.

How Talking Mats works

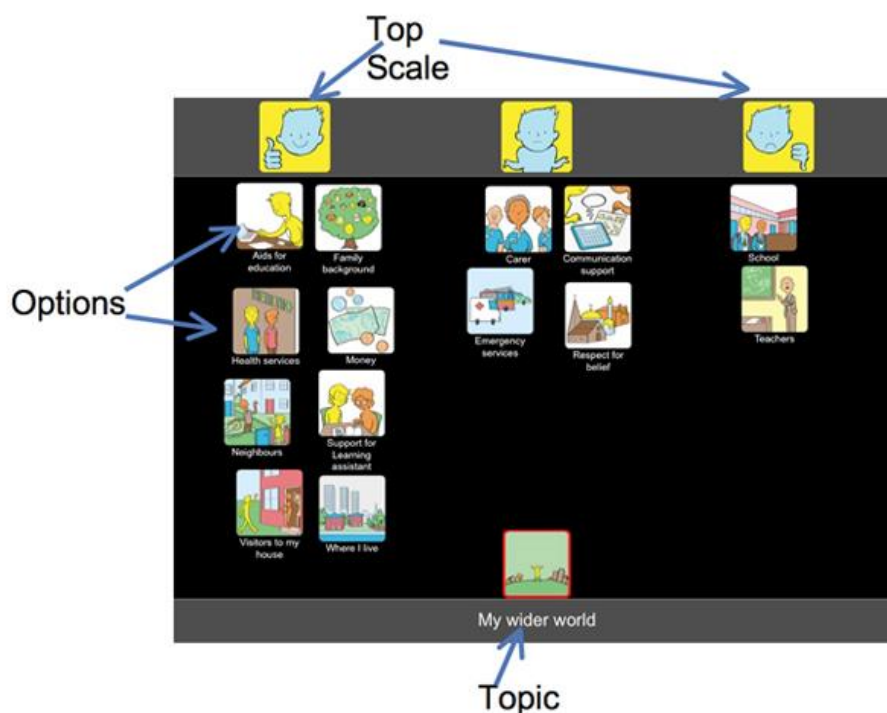
Talking Mats is an interactive resource that uses three sets of picture communication symbols – topics, options, and a visual scale – and space on which to display them. This can either be a physical, textured mat, or digital space, for example, a tablet, smartboard, or computer screen for which we have created one of the best apps for communication disability.

Topics: whatever you want to talk about, e.g., pictures symbolising ‘what do you want to do during the day’, ‘where you want to live’, ‘who do you want to spend time with’, etc.

Options: relating specifically to each topic. For example: ‘What do you feel about going for a walk? Or living at home?’

Top Scale: this allows participants to indicate their general feelings about each topic and option. The meaning of the visual top scale can be adapted to suit the questions you are asking the person, for example, whether they are happy, unsure, or unhappy.

Once the topic is chosen e.g., 'activities' or 'people', the participant is given the options one at a time and asked to think about what they feel about each one. They can then place the symbol under the appropriate visual scale symbol to indicate what they feel.



How Talking Mats is used

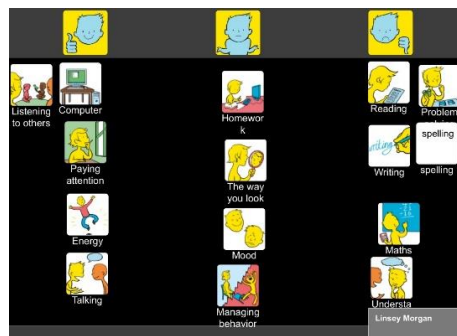
Talking Mats is used by clinical practitioners, carers, and support workers in a wide range of health, social work, residential and education settings. Here are just a few ways that Talking Mats can be used:

- Help children and adults to express their preferences or feelings
- Provide a 'thinking tool' to enable people to explore issues and help them to structure and verbalise their thoughts.
- Help people with a learning disability to both understand what is involved in a decision and to then give their opinion.
- People who have had a stroke may have problems both understanding others and expressing themselves. The visual presentation of Talking Mats helps comprehension as well as providing an effective way for people to express their views.
- The structured and consistent format of Talking Mats makes it easier both for people with dementia to keep to topic and for the listener to follow the track of the conversation
- Support people with communication difficulties to express negative as well as positive views and reduce the tendency for people to acquiesce, i.e., agree with everything.
- The act of physically moving the picture symbols helps people organise their thoughts in a logical way.

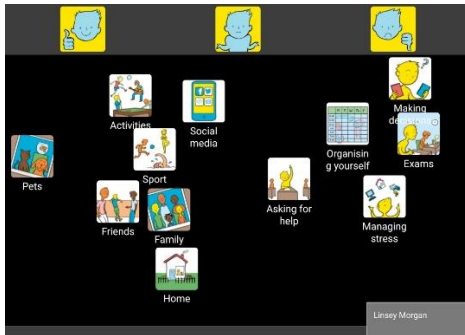
For more information visit: <http://www.talkingmats.com/>

Appendix 8: Students Talking Mats

Alex



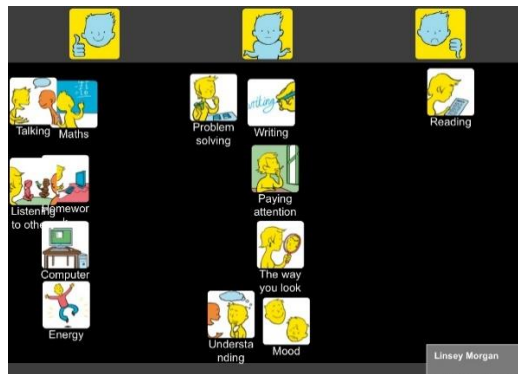
Blake



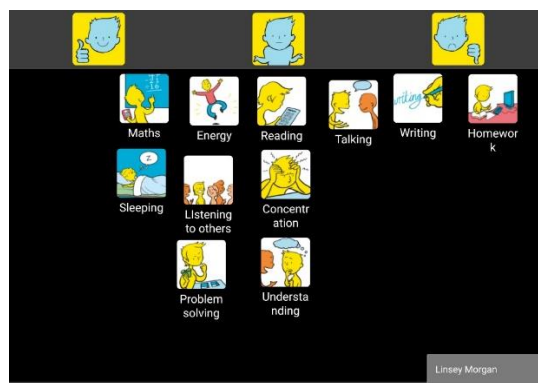
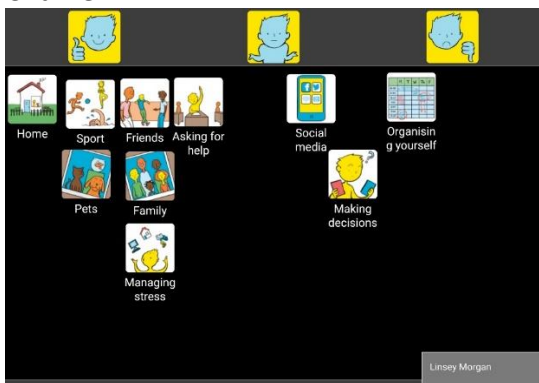
Carter



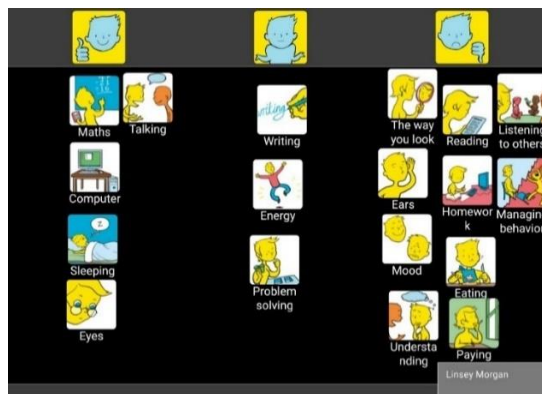
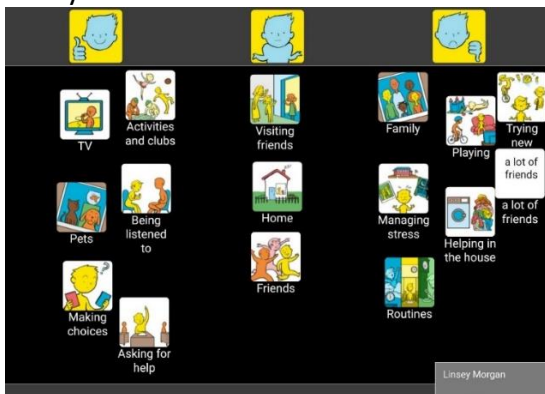
Casey



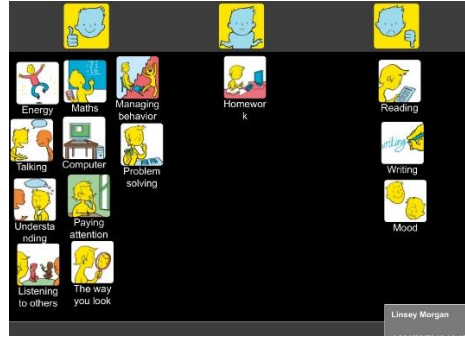
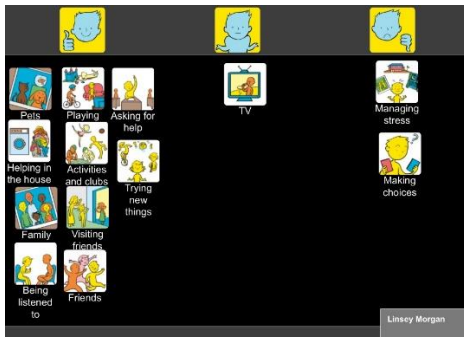
Charlie



Corey



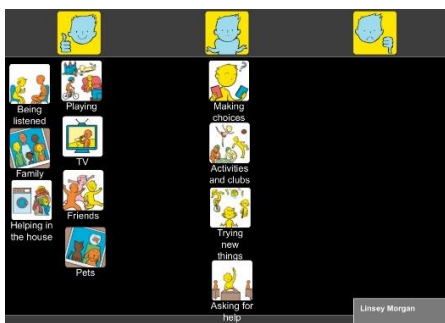
Dylan



Elliott



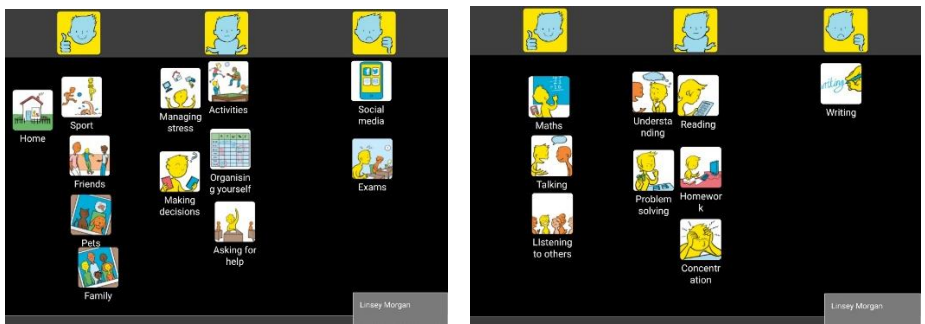
Haydon



Jamie



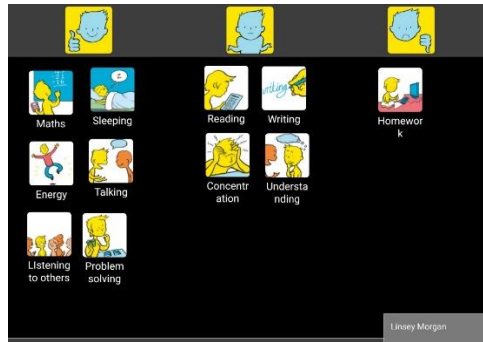
Jessie



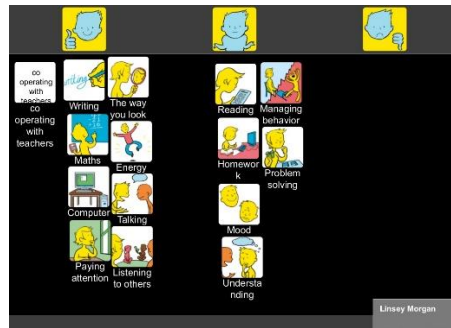
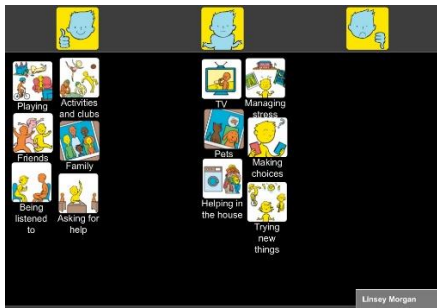
Jude



Leslie



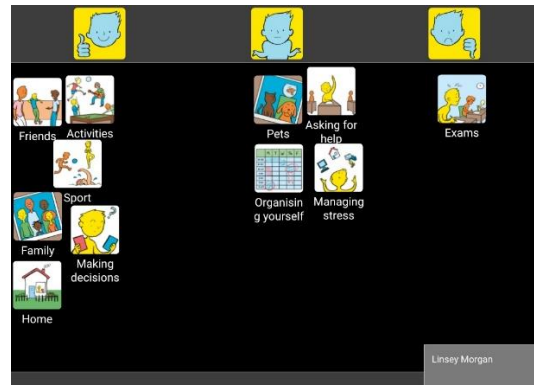
Logan



Max



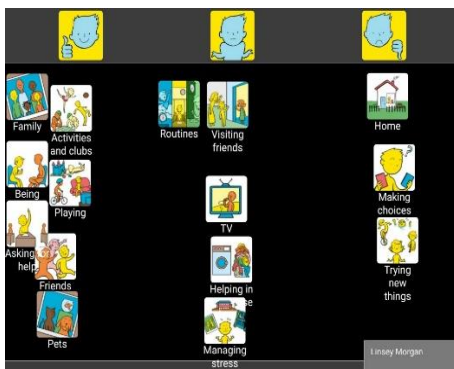
Peyton



Quinn



Riley



Ryan



Sam



Appendix 9 – Stage two interview – Semi-structured Interview Schedule

The stage two interviews began by de-briefing each student on the previous Talking Mats interview. The stage two interviews followed the structure outlined below. Each interview would begin with addressing the topic of identification, then the topics each student had placed under the 'like' column on their second 'school' Talking Mat would be addressed, followed by the topics they had placed under the unsure column and finally and topics the students had placed under the dislike column on their Talking Mats would be discussed. Each interview was structured in this way to provide a linear structure.

<p>The Identification of Dyslexia</p>	<ul style="list-style-type: none"> • What dyslexia is / what does it mean to them? • Why they were identified as dyslexic? • Who explained dyslexia to them / How did they feel when they were told? • Do they feel they understand dyslexia? • What happened after the identification / Did anything change in the classroom? • Feelings about being labelled as dyslexic
<p>Like</p>	<ul style="list-style-type: none"> • Why do they like...(insert topic from Mat)? • What do you like about...? • What effects them liking...?

Unsure	<ul style="list-style-type: none">• Why are they unsure about...(insert topic from Mat)
Dislike	<ul style="list-style-type: none">• Why do they dislike... (insert topic from Mat)?• What do they dislike about...?• What effects their dislike of...?• Does anything improve their feelings about...?

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