

An Exploration of Teacher's and Educational Psychologist's Perceptions about the Role of
the Educational Psychologists in Labelling Dyslexia

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A thesis submitted for the degree of
Doctorate in Child, Community and Educational Psychology

Tavistock and Portman NHS Foundation Trust
University of Essex

Date of submission: May 2024

Acknowledgements

I would like to say thank you to the Educational Psychologists and teachers who took the time and effort to share with me their perceptions and experiences.

Thank you to my research supervisor, Dr Christopher Arnold, for your valued support and advice throughout the journey.

Thank you to my fellow M4 course friends, for the containment and camaraderie.

To Mum and Dad, for all the proof reading, encouragement, and lifelong message to reach for your dreams.

Finally, to Ollie, for believing in me every step of the way, and for his relentless emotional and physical support. This would not have been possible without you.

Abstract

Across the country, there has been continuous debate around the topic of dyslexia and growing contention around the use of labels for literacy difficulties. In educational settings whilst the term dyslexia might be well-known, literature proposes that the term is still broadly misunderstood, and many misconceptions abound. Previous research has directly sought views of children, parents and teachers around the benefits and drawbacks of the term dyslexia as well as indicating that a key role of the Educational Psychologist (EP) is associated with individual assessment of children's needs. This literature, alongside government recommendations regarding identification of dyslexia, suggests that EPs are diagnosing dyslexia. However, in practice this is not always the case. Researchers thus far have neglected to explore the potentially contrasting views between different educational professionals around the role of EPs in labelling dyslexia within the UK. This exploratory research therefore conducted semi-structured interviews in one local authority to investigate teachers and EPs perceptions about the role of EPs in labelling dyslexia and explore possible differences in perceptions. Reflexive Thematic Analysis was used to analyse the data and the following themes were generated: 'The EP role', 'Definition of dyslexia', 'Equality in labelling', 'The utility of the label', 'Other professionals who have a role in labelling dyslexia', 'The importance of the EP relationship/interaction with key stakeholders', 'The meaning of the label', 'EP involvement', and 'The role of schools'. The findings are considered in the context of existing research and the limitations of the study are discussed. The contribution of this work provides an insight into the differences in educational professionals' expectations of EP's involvement, particularly regarding labelling literacy difficulties, and highlights issues for further exploration to facilitate effective collaboration between teachers and EPs. The implications for EPs and teachers are considered and suggestions for further research are recommended.

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Abbreviations

ADHD: Attention Deficit Hyperactivity Disorder

APA: American Psychiatric Association

ASD: Autism Spectrum Disorder

BDA: British Dyslexia Association

BPS: British Psychological Society

CYP: Children and Young People

CSA: Clinical Skills Assessment

CPD: Continued Personal Development

CoP: Code of Practice

COVID-19: Coronavirus Disease

DCP: The Division of Clinical Psychology

DfE: Department of Education

DSA: Disability Student Allowance

DSM: Diagnostic and Statistical Manual

EAL: English as an Additional Language

Ed Psych: Educational Psychologist

EHCPs: Education and Health Care plans

ELSA: Emotional Literacy Support Assistant

EP: Educational Psychologist

EPS: Educational Psychology Service

GLD: Global Learning Difficulties

GP: General Practitioner

GRD: General Reading Disabilities

IEP: Independent Educational Psychologist

LA: Local Authority

MLD: Moderate Learning Difficulties

NHS: National Health Service

OCD: Obsessive Compulsive Disorder

OFSTED: The Office for Standards in Education, Children's Services and Skills

OSCE: Objective Structured Clinical Examination

RTA: Reflexive Thematic Analysis

SENCO: Special Educational Needs Coordinator

SEND: Special Educational Needs and Difficulties

SLD: Severe Learning Difficulties

SpLD: Specific Learning Difficulties

TA: Teaching Assistant

TEP: Trainee Educational Psychologist

UK: United Kingdom

USA: United States of America

Origins

In this research it is important to acknowledge the researcher's own personal experience of being 'diagnosed' with dyslexia. A reflective account of the researcher's perceptions and experience is included to frame the topic of interest and bring to light any potential biases the researcher may hold.

I was 'diagnosed' with dyslexia in Year 12. Although my condition is mild, it stymied some of my earlier education. At the time my 'diagnosis' felt revelatory and completely changed my outlook on learning, giving me practical, actionable strategies that facilitated my work. Today, as a TEP, I question whether my literacy difficulties were indicative of dyslexia.

During my secondary education I attended an academic private school. At school I was seen as a bright and capable individual, with good academic ability. I did not experience challenges with completing tasks and keeping up with my academic peers in lessons. The only difficulty I experienced during this time was reading, and I processed text very slowly. However, I learnt compensatory strategies and became aware of my preference to read through whole word recognition rather than decoding and blending. My difficulties therefore did not hinder my ability to access the curriculum.

Upon entering A-levels my challenges with literacy became more apparent. Yet, my difficulties were not noticed in English lessons, as one might expect, but were instead reported in Spanish lessons. My Spanish teacher reported that my listening and spoken skills were below what she would expect for someone whose written skills were at my level. The teacher contacted my parents and queried if I had been assessed for dyslexia. My motivation to learn meant that my parents were not immediately concerned by my difficulties, however

as I continued to fall further behind my peers, their perception changed. As concerned parents, who believed there was a history of dyslexia in the family, and with advice from my school to seek support, I was assessed for dyslexia by an IEP. I vividly remember sitting at my kitchen table with the EP completing a range of puzzles and tests. Today, as a TEP, I question whether this one meeting was sufficient to quantify my literacy difficulties as dyslexia.

The EP report qualified me for additional support in all areas of my education. I was able to access extra time and assistive technologies during my A-level examinations. I received 1:1 support for writing assignments and recording rights for lectures at university. Even today, I am permitted to place a disability statement at the beginning of all work to inform markers of my difficulties. None of these arrangements would have been accessible to me if that EP had not written “performance on this assessment suggests that she has a specific learning difficulty (Dyslexia)”.

Reflecting on factors at play during this time, I believe that my access to resources, support and ‘diagnosis’ were, and still are, a consequence of my background. I am from a middle-class family who were invested in their child’s education and had the financial means to access support from an IEP. In my experience as a TEP, although I recognise some mild literacy difficulties in myself, these challenges in my opinion would not indicate a ‘diagnosis’ of dyslexia. At the time my ‘diagnosis’ felt enlightening, but I now feel concerned about not only the nature and limitations my dyslexia ‘diagnosis’, and also the exclusion of individuals with literacy difficulties who do not meet the threshold for ‘diagnosis’ as a result of their socio-economic and socio-demographic background.

Chapter 1- Introduction

1.1. Chapter overview

This chapter provides an introduction to the topic of study, including the context on a local, national, and global level. Key terminology will be defined, and relevant policy and legislation will be presented. Finally, the aims and rationale of the research will be stated.

1.2 Defining dyslexia

Dyslexia is complex to define. The meaning of dyslexia can vary across cultures, countries, classes, genders, and professions (Snowling, 2015). In the UK, the history of dyslexia is perhaps rooted in the establishment of the Word Blind Centre in London in 1962, from which Tim Miles helped to found the parent-led BDA (Whyte, 2020). A dyslexia movement had developed by the mid-1970s with the earliest signs of marginal official recognition at the national level (Evans, 2020). In 1994 dyslexia was first conceptualised in the Department for Education's CoP (1994) in which they used the terminology 'specific learning difficulties'.

Since this time there has been much controversy surrounding the definition of dyslexia. Early definitions and identification of dyslexia concentrated upon a gap between intelligence and reading ability (Reason et al., 1999). The so-called 'discrepancy definition' of dyslexia thus implied a certain level of intellectual ability (Elliot, 2014; Ho, 2004; Snowling, 2015). More recently, in a systematic review of dyslexia in adults, Rice and Brooks (2004, p.11) concluded that:

“There are many definitions of dyslexia but no consensus. Some definitions are purely descriptive while others embody causal theories. It appears that 'dyslexia' is not one thing but

many, in so far as it serves as a conceptual clearing-house for a number of reading skills deficits and difficulties, with a number of causes.”

Today the working definition provided by Rose (2009) states that “dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling” (p.31). “Dyslexia occurs across intellectual abilities, along a continuum, with no distinct category” (p.31). However, many researchers still debate the accuracy of this definition. Perhaps most well-known, Elliott (2020) contends that the definitional breadth of dyslexia makes it impossible to differentiate individuals with GRD from those with dyslexia. He claims the complexity surrounding the definition signifies that the construct of dyslexia is not scientifically rigorous (Elliot, 2005; 2014; 2020; Elliott, & Grigorenko, 2014a; 2014b). More specifically Pennington and Olson (2005) posit that “dyslexia is an interesting example of the intersection between an evolved behaviour (language) and a cultural invention (literacy)” (p. 453). As such the definition of dyslexia might be viewed as an arbitrarily and largely socially defined construct (Elliot & Gibbs, 2008).

Despite such limitations, professional policies and guidelines such as the Hide and Seek report from the Drivers Youth Trust (2020) and The Dyslexia Handbook (2021) from the BDA continue to utilise the Rose definition of dyslexia. As such for the purpose of this research, the Rose definition will be focused upon because it is the most widely accepted and used definition within practice, policy, and research.

1.3 The language of labels

A barrier to educational practice, social equity and science is that a large proportion of teachers, parents, academics, clinicians, and lawyers consider dyslexia to be a diagnosable,

but often hidden, condition (Elliott, 2020). The language chosen to describe the identification of dyslexia, such as ‘diagnosis’, ‘label’ or ‘formulation’, impacts how dyslexia is conceptualised and this percolates through assessment practice (Elliott, 2020). Coherently conceptualising and appropriately assessing psychological needs are crucial precursors to the delivery of effective interventions (Carey & Pilgrim, 2010).

1.3.1. Diagnosis vs. formulation

Two of the most common terms used to describe the identification of dyslexia are ‘diagnosis’ and ‘formulation’. Literature reflects a lack of clarity around the relationship between formulation and diagnosis. This ongoing disagreement highlights core conceptual differences regarding the understanding of psychological needs.

Throughout psychological treatment, literature definitions of formulation are relatively abundant (Butler, 1999; Wells, 2006). For the purpose of this research, it seems appropriate to adopt the professional practice guidelines definition. The BPS firstly describes psychological assessment in its Generic Professional Practice Guidelines, it then defines formulation as “the summation and integration of the knowledge that is acquired by this assessment process, which may involve a number of different procedures” (BPS, 2008, p. 2). Formulation has been described as a development from diagnosis, but it evades the abdication of responsibility and issues surrounding stigmatisation, which are grounded in diagnostic concepts (Brooke, 2004). Whereas diagnosis is viewed as a classification system, the formulation process promotes explanation and links to theory and practice (Brooke, 2004).

Despite the readily available definitions of formulation, only the medical field has considered diagnosis in detail. The Oxford online medical dictionary defines diagnosis as:

“The process of determining the nature of a disorder by considering the patient’s signs and symptoms, medical background...Unlike therapeutic procedures, diagnostic processes usually do not directly benefit the patient in terms of treatment” (Oxford University Press, 2007).

Whilst medical diagnosis aims to clarify the nature of a disorder, diagnoses for mental health conditions for example, are conceptualised in the DSM-V as “a descriptive approach that attempts to be neutral with respect to theories of aetiology” (APA, 2013, p. 26). This would suggest that important differences are reflected in medical diagnosis and psychiatric diagnosis, especially when guided by the structures such as DSM-V. Firstly, medical diagnosis emphasises signs, whereas a focus on signs is absent in psychiatric diagnosis (Eells, 2002). It could be posited that if signs were present then conditions may be classed as neurological diseases and not mental disorders. Secondly, to define a valid diagnosis an important measure is aetiological specificity. However, Kazdin (1999; 2001) argues that the patient’s perspective of the problem or changes to their life may be neglected, if the focus is primarily on symptom reduction. Furthermore, in America, mental health conditions as well as learning difficulties are deemed to be diagnosable. The DSM-V of mental health disorders defines educational diagnosis as “the process of analytically examining a learning problem, which may involve identification of cognitive, perceptual, emotional, and other factors that influence academic performance or school adjustment” (APA, 2013). Yet, no such definitions exist in UK diagnostic manuals.

Acknowledging the lack of specificity surrounding the term diagnosis, this perhaps explains some of the disagreement around the use of the terminology ‘formulation’ and ‘diagnosis’. As a result, it may be argued that formulation is a credible alternative for diagnosis given the

context of the lack of reliability and validity of current diagnostic systems (Mezzich, 1995). However, when diagnosis is noted in literature it may be assumed that the term refers to standard systems of classification, yet this may not always be the case (Carey & Pilgrim, 2010). Whilst Denman (1995) holds that formulations possess diagnostic elements; he posits that diagnoses may not only be psychiatric. He asserts that a form of diagnosis is labelling an issue, and such labels facilitate the formulation of an individual's difficulties to support the identification of effective treatment. This conceptualisation of diagnosis contrasts to the more common manner in which the term is used.

Those who support the separation of diagnosis and formulation emphasise the use of theory in each of the terms. Diagnostic labels are categorical descriptions of symptoms with little theoretical explanation for groupings (Carey & Pilgrim, 2010). Given the distinctions in theoretical importance, it may be argued that formulations are more useful than diagnoses (Butler, 1999). Perhaps, more explicitly Johnstone (2006) argues that formulation and diagnosis represent psychological and medical models. Due to the model's distinct assumptions and implications, he claims that if psychological problems are conceptualised using diagnosis, then formulation is redundant. The conflict between the assumptions of the models leads to incompatible explanations, with formulation suggesting that the nature of the individual's problems is meaningful, while this is meaningless in diagnosis (Johnstone, 2018). Formulation attributes the condition's appearance to life circumstances, whereas diagnosis attributes this manifestation to biological factors. This approach would suggest that formulation is a genuine alternative to diagnosis. Yet still some authors maintain that diagnosis has an important place within the overarching framework of formulation. For example, Shahar and Porcerelli (2006), conceptualise the organisation of data for assessment, diagnostic and treatment purposes as the formulation process.

1.3.2. Training programmes

In the UK, documentation for training programmes provides a clearer description of the roles of diagnosis and formulation in practice. Formulation is considered one of the five core competencies in the Generic Professional Practice Guidelines (BPS, 2008), alongside research, evaluation, intervention, and assessment. However, this document does not refer to the term diagnosis. It is merely mentioned in the assessment section describing the formulation process as “different from other activities such as diagnosis” (BPS, 2008, p.2). The UK’s approach in training programmes therefore seems to favour formulation over diagnosis. However, individuals on training programmes may experience tensions between guidelines of the profession and public demands (Carey & Pilgrim, 2010). In practice, many individuals believe diagnosis is an important skill which clinicians hold, with involvement from professionals linked to expectations of a diagnosis. As a result, with psychological problems often viewed through a medical lens, diagnosis of a condition is perceived as an important function by the public (Carey & Pilgrim, 2010). A sense of reassurance and comfort can be produced from knowing what is ‘wrong’ with individuals. In particular, parents may find it easier to accept their child’s difficulties when accompanied by a diagnostic label (Carey & Pilgrim, 2010), distinguishing their role as a parent and the environment from their child’s difficulties. These activities hold weight for the outcomes of policies related to funding and the allocation of resources. The role of formulation and diagnosis is far from clear. Whilst tolerance to uncertainty and ambiguity can be important skills for enquiring minds, clarity on the conceptual compatibility of diagnosis and formulation in practice is required (Mellsoy & Benzato, 2006).

1.3.3. Terminology around literacy difficulties

A large proportion of literature exploring the role of the terms formulation and diagnosis is based in the field of mental health, which promotes the use of diagnostic frameworks and medical terminology (Kelly et al., 2016). As such, this has led to some challenges in translating mental health research into educational settings (Hoagwood et al., 2007; Kataoka et al., 2009). This barrier reflects the variation observed in practice related to literacy difficulties (Elliott, 2020). Information regarding the ‘diagnosis’ of literacy difficulties contrasts across different educational sites. For example, Twinkl (2023), a well-known resource website used by educational professionals states that “an EP can diagnose both dyslexia and dyspraxia”. As a result of this generalised perception, many professionals, including teachers, clinicians, academics, and parents, consider dyslexia to be a diagnosable condition (Elliott, 2020). However, in practice, many LA’s do not refer to the ‘diagnosis’ of dyslexia within their literacy policies and recommendations.

It is important to acknowledge that a ‘diagnosis’ of dyslexia differs from a diagnosis for psychiatric conditions such as OCD, ADHD or clinical depression, for which manuals such as the DSM-V specify agreed criteria (APA, 2013). Although such diagnostic categories have heterogeneity (Sonuga-Barke, 2016), overlap with other categories (Rutter & Pickles, 2016), and possess clinician subjectivity in their identification (Regier et al., 2013), decision making is guided by explicit criteria. Dyslexia has no consistent or clear criteria, only common features, leading to unreliable interpretation (Elliott, 2020). For this reason, dyslexia was removed from early drafts of the DSM-V, but was reinstated following protests from dyslexia advocacy groups (Elliott, 2020). The DSM-V formulation of dyslexia describes only the literacy problems connected to this condition, but offers no criteria, perhaps reflecting a

difficulty found at the word level. This understanding relates to a perspective that many practitioners and researchers appear to be gravitating towards (Protopapas, 2019).

Variations in dyslexia's operationalisation and conceptualisation, promoted by the differing use of the term as a medical diagnosis, psychological formulation, and social construct (Kirby, 2018), has led to an expanding dyslexia assessment industry. This expansion disproportionately accommodates advantaged economic, racial, and social groups (Holmqvist, 2020), many of whom are customers of assessors employed to seek a label, whilst ignoring the increasing number of other poor readers. With inconsistency in approaches, it remains unclear whether the use of the term 'label', 'diagnosis' or 'formulation' is most appropriate when referring to literacy difficulties in educational psychology. However, for the purpose of this research the term formulation will be adopted as this is favoured in professional practice guidelines.

1.4 The use of labels

The use of labels will now be explored, examining context at a national level, specifically related to literacy difficulties.

1.4.1. The national context

The current socio-political context is one in which significant numbers of CYP are labelled with SEND. A government analysis estimated that the number of CYP with SEND rose to 1.5 million in 2022, representing 16.5 % of all pupils (DfE, 2022). Increasing numbers of CYP referred to EPSs for assessments have therefore been reported (DfE, 2022). Links between SEND and difficulties in school are now well established (Children & Families Act, 2014; DfEE, 2000; Deighton et al., 2018; SEND CoP, 2014), and it is estimated that 2 or 3 CYP in

every classroom experience educational difficulties of some form (UCL, 2018). One of the most prevalent types of SEND referred to is dyslexia (DfE, 2022).

1.4.2. Labels in literacy difficulties and SEND classification

The use of labels for literacy difficulties has drawn much contention and debate over the years. Research has highlighted the effect of dyslexia ‘diagnosis’ on identity, recognising that labels establish an explanation for CYP, parents and teachers, as well as an eligibility for provision (Ho, 2004). However, the concept of dyslexia is increasingly questioned. Elliott and Grigorenko (2014) argue that the complexity, both definitional and conceptual, implies that the breadth of the term dyslexia makes it impossible to differentiate CYP with dyslexia from those with GRD.

Labelling is influenced by the predominant medical and social models of disability (Barnes, 2019; Bunbury, 2019). Whilst formulated within an inclusive social model, SEND policy fosters a medical model of disability; the notion of the deficient pupil perpetuating language and upholding socio-historic links between intelligence and literacy. Within the Medical Register the classification of dyslexia establishes difficulties as innate; a medical concept, whereas the SEND Register classification confirms individuals with dyslexia as having SpLD. The term SEND is not value free, it is laden with associations of needs, issues, and difficulties. This use of language influences the way in which individuals perceive CYP with SEND and provides evidence that deficit nuanced vocabulary furthers the medical conceptualisation of dyslexia. Such perceptions of dyslexia impact upon pedagogy, with ‘diagnosis’ seeming significant to student perception (Majer, 2018).

1.5 The advantages and disadvantages of the dyslexia label

The advantages and disadvantages of labelling CYP with dyslexia will now be explored.

1.5.1. The advantages

Although some suggest that labelling should not be necessary, Shakespeare (2014) proposes that the credibility and validation of the dyslexia identification process guides effective educational support. In place of terms such as ‘dyslexia’ or ‘disability’, applying terms like ‘difference’ can encourage dyslexic individuals to “deny their suffering and to normalise their situation” (Abberley, 1987, p. 16). Previous research on the dyslexia label has extensively explored the views of CYP, teachers and parents. Although findings reveal that there are discrepancies in the labels used to describe CYP’s literacy difficulties, their meaning remains relatively constant (Hollis, 2010). Studies have revealed that through labelling dyslexia CYP underwent an experiential process linked to 'identity transformation' (Chinenye, 2018), which deepened their understanding of the label. For example, a study by Gibby-Leversuch (2018) found that a ‘diagnosis’ provided an alternative positive picture for CYP, whereas CYP with literacy difficulties felt others perceived them as idle and unintelligent. The dyslexia label relieved the blame CYP felt for their difficulties, due to the biological understanding of dyslexia (Gibby-Leversuch, et al., 2021). Moreover, blame was removed for parents of these CYP (Ho, 2004) and dispersed misunderstandings, particularly by teachers, of the individual as ‘lazy’ (Armstrong & Humphrey, 2009). Although this benefited individuals who had the label, it encouraged negative judgements made about CYP with literacy difficulties but no dyslexia label.

Furthermore, it has been identified that the support which follows identification appears more important than the identification itself (Hellendoorn & Ruijsenaars, 2000). For example, the label provides access to support and technology which would otherwise be withheld if CYP were recognised as low achievers (Gibby-Leversuch, 2018; Majer, 2018). University students labelled with dyslexia explained that use of tuition and assistive learning technologies allowed them to enhance their learning to create a personalised and accessible university experience (Grove, 2018). However, irrelevant of ‘diagnosis’, pupils continued to experience a variety of challenges predominantly with spelling and reading (Morgan, 2020). Although many individuals believe their dyslexia to be a gift (Shenton, 2010), some are cautious to disclose these beliefs to public inspection due to media portrayals of dyslexia being associated with inability (Shenton, 2010). Regardless of an individual’s age, identification of dyslexia typically led to initial negative reactions of upset and anger (Humphrey & Mullins, 2002). Contrastingly, some individual’s report that a ‘diagnosis’ can make them feel better about themselves, gaining a greater sense of competence and agency (Elliot, 2020). In particular, a ‘diagnosis’ seemingly confirms for families that the problem is not the CYP’s fault and that they are not stupid or lazy (Snowling, 2019; Gibby-Leversuch, et al., 2021), and this can transform a CYP’s self-image (Stein, 2012). This highlights that the way individuals identify with their abilities and understand dyslexia is influenced by their perceptions of the world (Shenton, 2010). These studies emphasise the importance of dyslexic learners not being constructed as a homogenous population (Sims, 2010).

1.5.2. The disadvantages

Although research has emphasised the advantages of labelling individuals with dyslexia, the role of government bodies and funding structures in SEND provision have drawn much controversy. In the UK, funding for education is distributed through two main streams:

revenue funding and capital funding. All council-run schools and academies are funded per pupil. This basis reflects numerous factors including the geographical location of the school and characteristics of their pupils (for example, how many pupils are struggling or receive free school meals). As such, the pupil spending in schools with high levels of CYP with additional needs and deprivation will be greater. That said, currently the average pupil spend in primary schools is £4,679 and £5,992 in secondary schools (Education Hub, 2021), with pupil funding increasing by an average of £1,500 by 2024-25 (Education Hub, 2021).

However, further funding is ring fenced for SEND provision, which is typically accessed through EHCPs. In January 2022 the total number of CYP with EHCPs increased to 473,300 and this number has increased each year since 2010 (National Statistics, 2022). Of these CYP, it is estimated that 12.6 % of them have received a ‘diagnosis’ or label for SEND, including ADHD, ASD or dyslexia (Adams et al., 2018).

The relationship between labels and funding influences parents’ and teachers’ perceptions about the use of labels in education. Elliott and Grigorenko state that “A label is necessary in order to receive additional educational resources” (2014a, p. 165) and this has caused an over-representation of CYP with dyslexia within the SEND system (Daniels & Porter, 2007; SENCO-Forum, 2005). This association applies pressure on LAs and alters the perception of the EP role. Whilst legislation from the 1981 and 1993 Education Acts have given status to EPs, the view that labels will lead to EHCPs, and therefore resources, has constrained the development of EPs’ functioning (DfEE, 2000; Farrell et al., 2006). With EPs at the centre of LA statutory processes their role was not only restricted, but distorted, transforming their function in assessment to that of a “gatekeeper” for SEND provision (Ashton, 1996; Frederickson & Reason, 1995; Frederickson & Miller, 2008; Woods, 1994). In such a role,

EPs are viewed as a diagnostic service, rather than perhaps preferably, as an agents of change service.

Under the Equality Act (2010) dyslexia is recognised as a disability, however unlike most other disabilities, the NHS does not fund ‘diagnosis’ (BDA, 2022) and dyslexia is not acknowledged as a medical need (Lopes et al., 2020). It is considered a probabilistic issue with multiple reciprocal and non-reciprocal influences. Noon (2010) contends that whilst schools identify CYP with literacy difficulties, parents predominantly request ‘diagnoses’ of dyslexia, and Macrae (2014) suggests that this is more prevalent in affluent areas. This would suggest that families possessing both an interest in education and financial wealth have the ability to pursue ‘diagnoses’ of dyslexia. Thus, ‘diagnoses’ are abundant amongst the middle classes (Knight, 2021). This further perpetuates the myth that dyslexia is a middle class excuse for lazy CYP and gives rise to social imbalance (Majer, 2018). The Millennium Cohort Study supports this, highlighting that social demographic factors influence whether individuals are labelled with dyslexia. Parents’ social class, education, and income were all significant predictors of a label of dyslexia (Knight, 2019) indicting that labelling CYP is influenced by factors seemingly unrelated to dyslexia.

Moreover, Elliott (2020) contends that the definitional breadth of dyslexia makes it impossible to differentiate individuals with GRD from those with dyslexia. He claims the complexity surrounding the definitions signifies that the construct of dyslexia is not scientifically rigorous. The production of ‘arbitrary boundaries’ instils inequality of provision, creating an elite group of pupils with GRDs, namely those with ‘diagnoses’ of dyslexia, whereas only basic provision is received by those not meeting the criteria. From the perspective of natural science, it is clear that there is no absolute discontinuity on the

spectrum of less skilled to highly skilled readers that provides clear boundaries for a diagnostic category of dyslexia (Elliot & Gibbs, 2008; Kale, 2020). In dyslexia literature the list of possible underlying challenges is lengthy and it would seem that for ‘diagnosis’ none are essential. Such lengthy lists routinely fail to offer meaningful distinctions (Rice & Brooks, 2004). Similar characteristics are often found in other developmental conditions such as ADHD or dyspraxia (Rice & Brooks, 2004). Therefore, it does not seem helpful for teachers to conceptualise literacy learners as ‘ordinary poor readers’ or ‘dyslexics’ (Elliott, 2005).

It appears that due to the increased likelihood of witnessing ‘symptoms’ associated with dyslexia in the classroom, most teachers understand dyslexia from the behavioural level (Mortimore, 2013; Washburn et al., 2014). If teachers conceptualise dyslexia as something that affects spelling, writing, and reading, assumptions may be made about the individuals expected performance in these skills. Babad (2009) theorised that commonly held stereotypes rule teachers’ expectations. Results from a survey by Knight (2019) revealed that the biological and cognitive aspects of dyslexia, which link to effective intervention, are commonly misunderstood by teachers. Instead, teachers described poor training on dyslexia, and feeling unprepared to support, ‘diagnose’ and define dyslexic pupils in the classroom (Aikaterini, 2011). The disparities in the descriptions and meanings of a dyslexic individual highlight the complexity of dyslexia’s definition. As such guidance from NHS, BDA (2019) and SEND policies state the requirement for EP involvement in the identification process.

1.6 The role of educational psychologists

Within the UK, reviews of the EP role by successive governments, professional bodies and academic journals have appeared with growing frequency (BPS, 2001; Burden, 1999;

Cameron, 2006; DES, 1955, 1968; Gersch, 2004; Jones & Frederickson, 1990; Leyden, 1999; Norwich, 2000; Stobie, 2002a, 2002b; Wooldridge, 1994). Maliphant (1997) states the profession has dual foundations: identification of CYP with SEND (Corbett & Norwich, 2013) and remediation functions for CYP with behavioural challenges. However, in the mid-1990s the socio-political context (including school league tables, parental choice, and national testing) meant that the work of many EPs was dominated by psychological assessment, rather than intervention (Kelly & Gray, 2000; Rees et al., 2003; Thomson, 1996). This has facilitated a truly distinctive task in which no other professional group would claim to have expertise and has shaped the professions' identity (Davies et al., 2008; Farrell, 2009; Reschly, 2000).

Nevertheless, there is a constant theme of refocusing, reconstruction, and reformulation of the profession (Fallon et al., 2010). An abundance of literature reflects on the broader role of EPs and their contribution in other areas, such as promoting inclusive practice, therapeutic interventions, and systemic work in schools (Farrell et al., 2005; 2006). A review of EP functions and definitions discovered a set of diverse duties and responsibilities, including collaboration and consultation with numerous individual professionals and agencies (DfEE, 2000; Roth, 2008). This significant variation in role may in part be due to local and contextual motives for the EP (AEP, 2008; DECP, 1999). Despite this, literature reveals that EPs continue to spend a large proportion of their time carrying out individual assessments, working in the 'traditional' way. For example, research commissioned by the National Assembly for Wales discovered that individual assessments fill half the time of more than 50% of EPs (2004). To an extent EPs were seen as trapped by LA policies and national legislation on a treadmill of assessment (Love, 2009; Thomas & Glenny, 2002). The role of the LA in traded or statutory practice, as well as the role of IEPs, creates variety in the EP

profession. Research suggests that IEPs are more likely to refer to ‘diagnoses’ in their reports than EPs from LAs (Herz, 2022; Krüger, 2004). This creates national confusion around the practice of EPs, as the profession does not follow a consistent pattern of working (Ashton & Roberts, 2006; Gaskell & Leadbetter, 2009). This inconsistency creates tensions that may be traced to EPs historical role as caseworkers for CYP (Davis et al., 2008). As such, typically teachers expect EPs to conduct SEND assessments (DfEE, 2000; Dowling & Leibowitz, 1994; Evans & Wright, 1987; Ford & Migles, 1979; Farrell et al., 2006), while EPs attempting to move away from this role experience tensions in the prioritisation of time (Gilman & Gabriel, 2004; Hibbert, 1971; Love, 2009; Oakland, 2000). “Headteachers and teachers, in many cases, have expectations of the EP role which are different from those that the psychologist has of the role” (Lovejoy, 1985, p. 111).

Literature on the role of EPs emphasises that relationships with teachers and the mutual understanding both professions hold of their respective functions has a significant influence on the success of their work (Love, 2009; Farrell et al., 2005; 2006; Zdzienski, 1998). Due to the multifaceted nature of EP’s work, literature has outlined that expectations of the EP role may be misaligned between teachers and EPs. It is still questioned whether one of the functions of EPs lies in formulating dyslexia.

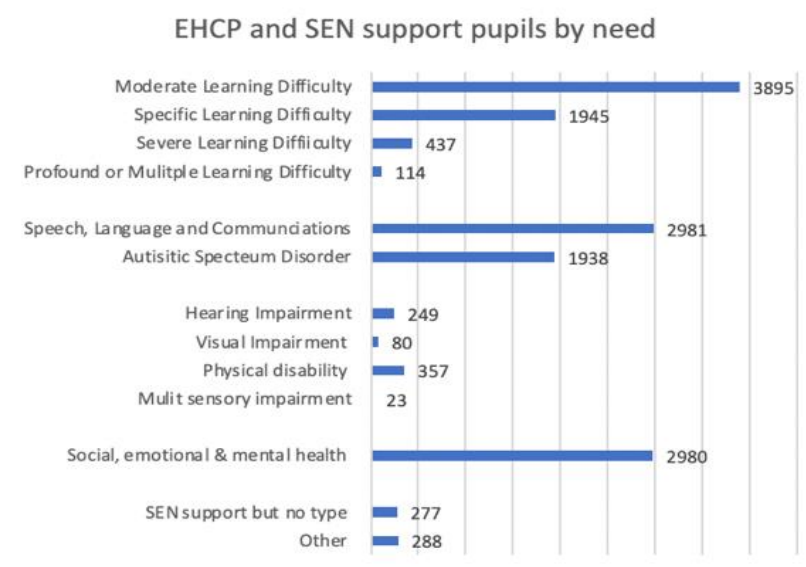
1.7 The local context

It is the view of this researcher that teachers and EPs have varying perceptions about the role of EPs in labelling dyslexia. This research proposes that there are in fact tensions and conflicts in teachers’ expectations of the EP role and EP’s desired role. As such it is questioned whether the two professions can effectively collaborate together to provide the best support for CYP. The LA within which this researcher is employed describes the EP’s

role as working creatively and collaboratively with schools and other agencies, by promoting and facilitating partnership, early intervention, and individually tailored solutions through statutory and traded services (Anonymised LA, 2022). In this LA 12,938 pupils receive SEND support, with 4,017 of these individuals supported by an EHCP (Anonymised LA, 2022). Nationally, the most common type of need identified on EHCPs is ASD and speech, language, and communication needs. In this LA 15 % of the pupils receiving SEND support have been identified as having SpLD, with a high frequency related to literacy difficulties (Anonymised LA, 2022). This highlights the prevalence of EHCPs and labels related to specific SEND, such as literacy difficulties (labelled as SpLD), in this LA (as shown in figure 1).

Figure 1

A graph showing the categories of need in pupils with EHCPs and SEND support in one LA (Adapted from anonymised LA, 2022).



With this in mind, the national debate regarding the term dyslexia seems ever more prominent. Although the term appears to be familiar in educational settings, the different interpretations of its definition leads to misunderstandings. This, alongside the blurred boundaries of the EP's role, means that effective EP work with CYP experiencing literacy difficulties may be somewhat hindered. The possible contrast in expectations from assessments between teachers and EPs, leads to disjointed working and possible dissatisfaction from EP involvement. It is therefore vitally important that EPs and teachers share an understanding of what to expect from EP involvement. This will allow EPs to approach work collaboratively with teachers to provide appropriate support for CYP.

1.8 Rationale and aims of this research

The purpose of this research is to explore and investigate teachers and EPs perceptions about the role of EPs in labelling dyslexia, highlighting the possible differences in perceptions. Although it is well documented that schools prefer to use EP time to undertake individual assessments, due to EPs limited time in schools and pressures of funding, the role of EPs varies according to employment contexts. In the local LA, EPs play a key role in the EHCP process and, therefore, in generating resources for schools. Consequently, some teachers want EPs to label SEND. However, some EPs feel that labelling is not always in the best interest of CYP. The funnelling of the EP role to encompass mostly assessment work, leaves EPs stuck in the traditional role of 'gatekeepers' to resources, despite their documented desire to move to systemic approaches. It is not clear whether the aims of such assessments are aligned for teachers and EPs. Existing literature does not confirm or challenge the idea that tensions exist beyond what has been observed locally. It also does not provide an indication as to whether EPs labelling dyslexia helps or hinders outcomes for CYP. Therefore, the approach employed for this research is felt to be most appropriate as little appears to be known about the

differences in educational professionals' expectations of EP's involvement, particularly regarding labelling literacy difficulties. This research will explore teachers and EPs perceptions about the role of EPs in labelling dyslexia and reflects an attempt highlight issues that need further exploration to facilitate effective collaboration between teachers and EPs.

1.8.1. The research questions

The research questions this study aims to address are:

Do key stakeholders differ in their perceptions about the risks and benefits of labelling CYP with dyslexia and the utility of this label for different professional groups?

What are different stakeholder's views about whether part of an EP's role is to allocate the label dyslexia?

If there are differences in stakeholder's perceptions about the role of EP's in using the label of dyslexia, might there be benefits in addressing these differences between professional groups?

Chapter 2- Literature review

2.1. Chapter overview

This chapter will review the existing literature around educational professionals' views on EPs' role in analysing and assisting CYP, who may be experiencing literacy difficulties, using the terms dyslexia and 'diagnosis', to identify gaps in the literature and explore what is already known. As previously discussed in the introduction to this research, various terms have been utilised to describe the process of identification of literacy difficulties, such as 'diagnosis', formulation, and labelling. In this literature review the term 'diagnosis' was used as this description is most frequently used in national legislation (BDA, 2022; BPS, 2008; DfE, 2022). In this chapter, the search strategy will be outlined, and the studies will be described. An explanation of the critical appraisal process is provided, and the studies are critiqued. The key themes from the literature will be explored. The implications for research and practice are discussed.

2.2. Introduction to the literature review

Prior to data collection and analysis, the full literature review was completed. Smith (2007) posed that to identify a gap which the research question can address and to gain familiarity with the area, a small-scale literature review is conducted at the 'choosing a topic' stage. Thus, this decision was made to help familiarise the researcher with the research area. During the protocol stage, I completed a scoping literature review and discovered a gap in the research regarding dyslexia. The search terms used included, 'dyslexia', 'literacy difficulties', 'diagnosis,' 'label,' 'educational psychologist*,' and 'school*.'

After searching in EBSCO databases and Google Scholar, at the ‘choosing a topic’ stage, it was evident that little to no research had yet been published about the views of educational professionals on the role of EPs in ‘diagnosing’ dyslexia. At this point, a more thorough systematic literature review was completed. A literature review question which was broad in scope to consider the context for ‘diagnosing’ dyslexia and the impact this had on key individuals around CYP was developed as result of this process. The literature review question identified was:

“What does the literature tell us about the role of EPs in diagnosing dyslexia in the UK?”

2.3. Search strategies

A search strategy was employed using combinations of the following key search terms: dyslexia, literacy difficulties, diagnosis, label, formulation, educational psychologist, children, school, SEND, legislation, definition. The search terms used to search within abstracts of articles are shown in table 1. An asterisk was added onto the end of words which may have identified other variations of the word, such as ‘psychology’ and ‘psychologist.’ The Boolean Operator was used to search each category of key terms, with the ‘OR’ function. Once each of the key term categories were searched to bring the categories together and identify relevant literature, the ‘AND’ function was used.

Searches were initially conducted using the EBSCO database to find the most relevant papers to current UK educational practice. Grey literature was not included in the searches as the researcher did not have access to such databases. This posed a potential limitation to the literature review given the narrow breadth of published research around this particular sub-topic within the existing published dyslexia literature.

A preliminary review of papers revealed that the terms ‘dyslexia’, ‘diagnosis’ and ‘educational psych*’ were relevant and so the search was minimised to these terms. The table to document this process is shown in appendix A.

Term for Dyslexia	Term for Diagnosis	Term for Educational Psychologist	Term for Children	Term for School	Term for SEND	Term for Definition
'Dyslexia'	'Diagnosis'	'Educational Psycholog*'	'Children'	'School'	'SEND'	'Definition'
OR	OR	OR	OR		OR	
'Literacy difficult*'	'Label'	'Educational Psych*'	'Child*'		'Legislation'	
OR	OR	OR	OR		OR	
'Reading difficult*'	'Formulation'	'Psycholog*'	'Adolescent*'		'Policy'	
		OR	OR		OR	

		'Psychologist*'	'Young people'		'Special Educational Needs and Difficulties'	
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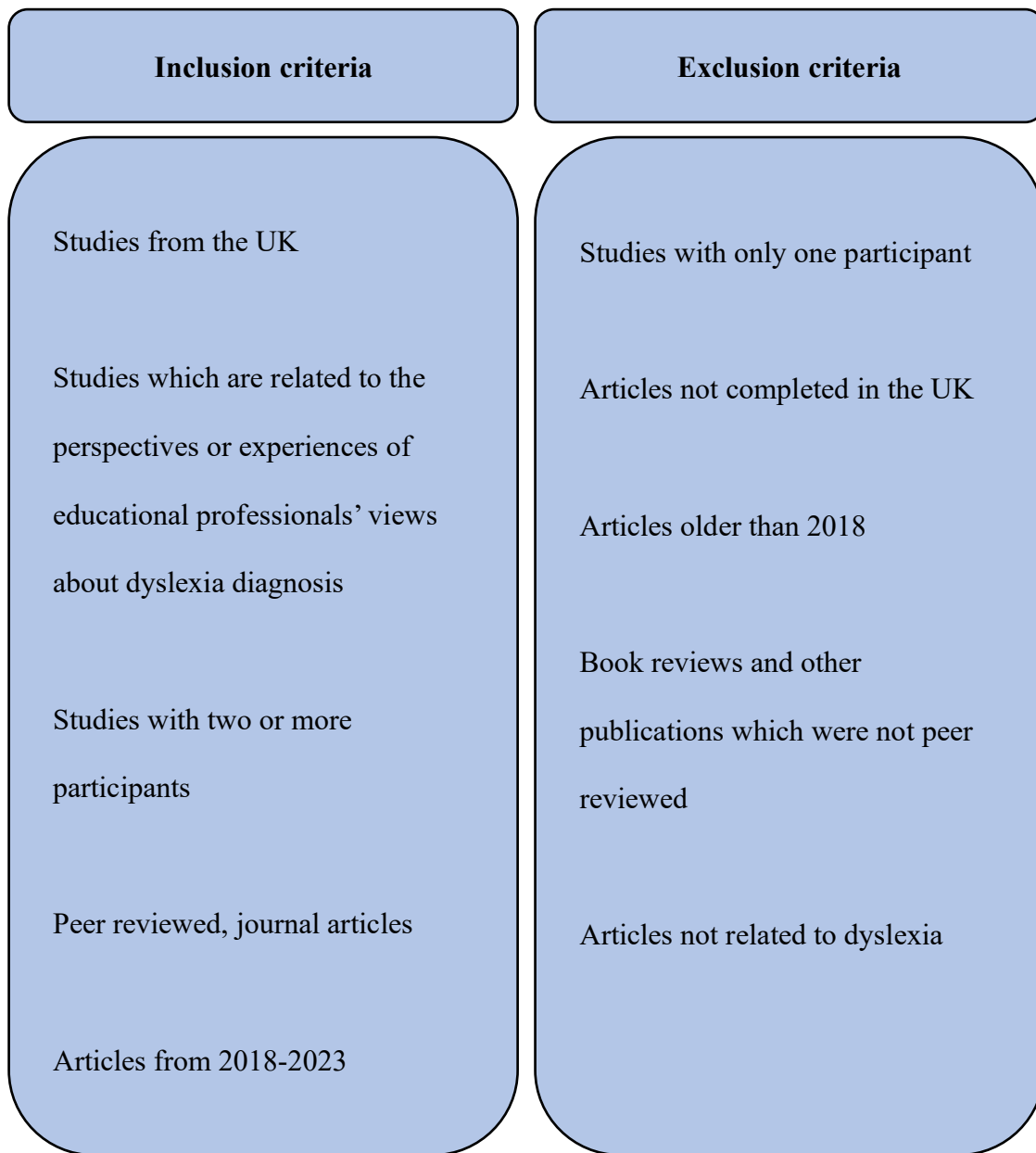
Table 1: Search terms used in the database searches.

A systematic search using the terms ‘dyslexia’, ‘diagnosis’ and ‘educational psych*’ was conducted on 16th January 2023 using the Psychinfo and ERIC online databases. After the ‘AND’ function was employed, the results were refined to consist of only literature written in English and based in the UK. This was chosen so that the researcher could access the material and to ensure the research chosen was relevant to UK practice. At this stage the search was restricted to include only peer reviewed journal articles. To further refine the results only literature published between 2018-2023 was included. This date range was chosen as it allowed for the breadth of research in this area to be captured. Although consideration was given to including literature published from 2009, in line with the publication of the Rose Review, it was decided that many key principles and concepts related to dyslexia remain consistent over time. Therefore, it was not necessary to include a boarder date range, as this search focused specifically on the current practice of EPs in diagnosing dyslexia in the UK.

The search yielded a total of 23 articles. After reading the titles and abstracts these were sorted, removing duplicates to create a list of possible relevant articles. A total of 12 articles were selected. Subsequently a more detailed sifting process ensued, using inclusion and exclusion criteria (see figure 2). To establish if articles met the required criteria, abstracts and methodology sections were read. At this stage, there were 3 articles left. Appendix B shows the list of 19 excluded articles, with reasons for exclusion, and a list of the 4 articles included. Any article that was undertaken in a country other than the UK, with an emphasis on their own nation's education system and different conceptualisation of dyslexia, was excluded.

Figure 2

Exclusion and inclusion criteria for the articles selected for the literature review.



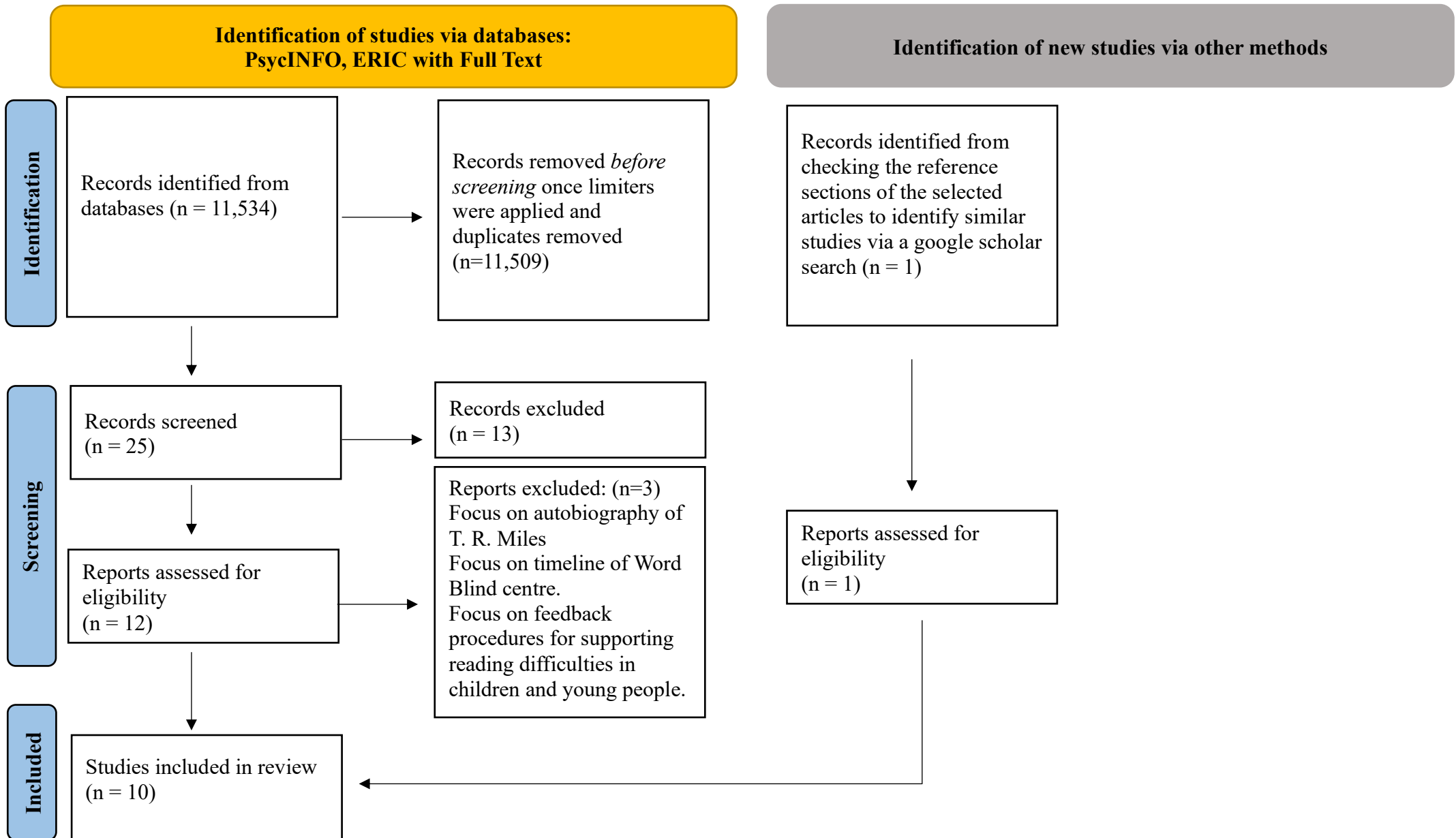
As a result of the low number of articles produced from the initial search, a secondary systemic search using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) approach (Page et al., 2021) (see figure 3) was conducted on 23rd January 2023 using the following key search terms: 'dyslexia' and 'diagnosis' and 'psychologist*'. The search was conducted using the EBSCO online database, but no limiters

were applied for the databases searched. This was to ensure that the breadth of researching bodies could be recognised and accounted for. Other limiters previously mentioned were kept the same. The search yielded a total of 25 articles. After reading the titles and abstracts these were sorted, removing duplicates, to generate a list of 12 articles. The full 12 articles were read through and a further 3 more articles were removed, which left 9 articles for the literature review. Appendix B shows the list of 16 excluded articles, with reasons for exclusion.

To check that all relevant articles had been found a hand search was also completed. The researcher checked the reference sections of the selected articles to identify similar studies. One further article was included, so 10 articles were critically reviewed. A final review was carried out in May 2024 before completion of writing to ensure more recent literature was identified; one further article by Davies (2023) was found. This will be considered in the discussion chapter.

Figure 3

A PRISMA of the sifting process for the secondary systematic search



2.4. Critical appraisal

An outline of the studies identified during the literature review is shown in appendix C. To evaluate the literature The Critical Appraisal Skills Programme was selected, due to its flexibility to be applied across a wide range of literature, including qualitative, quantitative, and systematic reviews (CASP, 2023). Within the literature search a wide range of methodological approaches were employed, so this flexibility was particularly relevant for the articles found. See appendix D for the in-depth description and critical appraisal. A summary of the critique is presented below.

2.5 Data synthesis and extraction

The 10 selected papers were analysed through a thematic synthesis, because of its flexibility in enabling interpretative, inductive analysis which is guided by the data (Cruzes & Dyba, 2011).

A three-stage thematic synthesis as outlined by Thomas and Harden (2008) was used to analyse the 10 papers. During stage one of the analysis, relevant sentences in the results sections were coded to accurately represent their meaning. This process was repeated several times to ensure key concepts could be translated from one study to another (Thomas & Harden, 2008). Similarities and differences between the descriptive codes were then identified during stage two (see appendix E). The synthesis generated in stage one and two stays close to the literature's original findings, however in stage three, Thomas & Harden (2008) posit that the researcher creates a more interpretive synthesis by going beyond the research's findings (see appendix F). In this instance the researcher's lens was, considering the context for 'diagnosing' dyslexia and the impact this has on key individuals around CYP, tell us about the role of EPs in diagnosing dyslexia in the UK?

2.5.1. Synthesis overview

Ten papers were included in this synthesis, all published between 2018-2022. All the studies were conducted in the UK. 3 papers were qualitative, 5 were quantitative and 2 were descriptive. The qualitative studies used interviews (n=2) and focus groups (n=1), while the quantitative studies used online surveys (n= 3) and analysed writing performance in examinations (n=2). Sample sizes ranged from 64 to 21,000, with a total of 43,236 participants across all studies. Participants ranged from university students (n=2), teachers (n=2), assessors of dyslexia (n=1), adults identifying as dyslexic (n=1), and professional and lay groups working in and/or with the potential to influence learning disability practice (n=1). This professional group included special school teachers, student teachers, mainstream teachers, local authority councillors, social care providers, student social workers, clinical psychologists, social scientists, healthcare professionals and parent/carers. Participants' gender was reported in 5 studies, while only 3 studies reported participants' ethnicity.

Within the literature, there were studies which focused on the context and history of the dyslexia label, while other studies focused on the influence of the label on performance, the contribution of other factors and perceptions of dyslexia.

Five themes were developed in response to the literature review question 'What does the literature tell us about the role of EPs in diagnosing dyslexia in the UK?':

- Dyslexia and socio-demographic factors
- Dyslexia and terminology
- Dyslexia and intelligence
- Dyslexia and diagnosis

- Dyslexia and teachers

2.6. Summary of themes found in literature

The overarching themes found across these articles will now be discussed, answering the question: ‘What does the literature tell us about the role of EPs in diagnosing dyslexia in the UK?’

2.6.1. Dyslexia and socio-demographic factors

Research from Kirby (2020) illustrates that current iterations of the dyslexia debate can be historicised, with the key themes of the debate spread across 140 years of dyslexia’s history. Beyond this, the scientific debates in which dyslexia has existed are speculated to rarely be divorced from the social contexts surrounding dyslexia. With a focus on 5 main aspects of the dyslexia debate, Kirby (2020) suggests that rather than being viewed as a unique moment in dyslexia’s history, the dyslexia debate is a legacy of former disputes and discussions. One such area of focus states that overly-concerned parents invented, or at the least favoured, dyslexia. As a result of absent government support for dyslexia in the late 19th to early 20th centuries, it was concerned parents from wealthier socio-economic backgrounds who brought these difficulties to the attention of medical establishments. Due to the lack of state support, it is difficult to comprehend how early interest in dyslexia could have been executed by individuals other than those with financial means. Long-lived criticisms of dyslexia as a label unfairly sought, or invented, by middle-class parents with financial means to pay EPs for ‘diagnoses’, do not acknowledge that these parents were among the first group to recognise dyslexic difficulties. A correlation of this condition, alongside ADHD and ASD, with the middle-class may reflect the society in which they exist, rather than inform us about the

condition's validity. Thus, dyslexia's alignment with the middle-class may be more a feature of its social history, than an example of unscientific bias.

This aspect of the dyslexia debate is illustrated in more recent research which highlights the role of social class structures in dyslexia identification. Knight and Crick (2021) found that a significant predictor of CYP being labelled as dyslexic was the parent's socio-economic class. As such, although research into SEND has typically found that individuals of lower socio-economic class tend to have SEND (Knight, 2018), the opposite was found for dyslexia. It is plausible to propose that individuals from wealthier socio-economic backgrounds may more readily be able to seek out and afford a 'diagnosis' than those in other socio-economic classes. Macdonald and Deacon (2019) report that socioeconomic status affected the age of 'diagnosis', with working-class participants less likely to acquire a 'diagnosis' during mainstream schooling. To date, this group had also not had access to a formal assessment. Research highlighted that, for the working class the average age of 'diagnosis' was 26 years old, this reduced to 19 years old for the middle-class group, and 15 years old for the elite group (Macdonald & Deacon, 2019). Furthermore, results revealed that individuals from the middle-class group were more likely to access private assessments (Macdonald & Deacon, 2019). As Knight and Crick (2021) found that income was as important as socio-economic class in predicting whether a CYP may be dyslexic, the findings from this research acknowledge the importance of the social capital and culture of the middle-class when considering who has been labelled with dyslexia. A key value of the middle-class is 'educational excellence' (Kirby, 2020). It could be hypothesised that the combination of economic, cultural, and social capital, alongside the drive for educational excellence, permits the highest socio-economic class to ensure their CYP get the help they need by manipulating their circumstances. Moreover, the label of dyslexia may explain to parents why their value

of ‘educational excellence’ is not being shown by their CYP. This poses questions about who is diagnosed with dyslexia and the equality of distribution of resources that subgroups of individuals identified with dyslexia can access.

2.6.2. Dyslexia and terminology

Multiple studies explored the terminology surrounding dyslexia. Perhaps most explicitly, Kirby (2020) noted that a key criticism of dyslexia is that its definition is too ambiguous. As a consequence, some claim that the way the label is operationalised varies significantly (Ryder & Norwich, 2018). Kirby (2020) notes that disputes, such as those between Hinshelwood and Broadbent in 1895, concerning the accurate description of dyslexia, ‘word blindness’ and similar terms, can be dated back to the first British reference to these conditions. One explanation for the prolonged debate gives attention to the notion that dyslexia, as a ‘hidden disability’, is not always instantly apparent. Such disabilities manifest distinctly in different individuals and become visible under certain circumstances. Therefore, the history of dyslexia may be considered to mirror the history of many other hidden disabilities, including depression, ASD and more recently, ADHD (Kirby, 2020). Each of these conditions has been in the focus of the public eye at different times, thanks to dedicated social movements and campaigns.

The influence social movements have on the terminology used to label individuals was also highlighted by Cluley (2018). The USA have made an intentional move towards the inclusion of social challenges as causes of disability, shifting away from constructions of disability as a biological issue (Cluley, 2018), by increasing the use of the term ‘intellectual disability’ in research, practice, and policy. On the other hand, the UK has not made such discussions explicit, with the term ‘intellectual disability’ infiltrating vocabularies relatively silently. The

focus groups in this research voiced a preference for the term learning disability over ‘intellectual disability.’ Participants reported concerns of stigmatisation for those labelled with the term ‘intellectual disability’, they explained that there are “acceptable” and “unacceptable” ways of viewing learning disability. These concerns reflect theoretical debates within disability studies (Cluley, 2018). ‘Intellectual disability’ was viewed too ambiguous to be a descriptive label, instead it was considered another term used as and when required to attain a desired outcome, while at worst, it was perceived as a regression in society’s understanding and perception of disability. The word ‘intellectual’ was not deemed to represent the population of individuals with learning difficulties being labelled. Critiqued as being too vague, the term ‘intellectual’ could include anyone who is not extraordinarily clever.

The vague use of terminology was also noted in research by Imray and Sissons (2021) who highlighted that in England the term GLD refers to those considered to have SLD, as well as many ascribed as having MLD. However, it was posited that this label may not accurately reflect the population being described. The ambiguity of descriptive labels appears to be a critique for many learning difficulties, including dyslexia.

2.6.3. Dyslexia and intelligence

An additional aspect of dyslexia’s early history that has endured to the present day, described by Kirby (2020), is the notion that dyslexia is a vehicle for parents to declare their CYP are otherwise intellectually able, contrary to their reading performance. The most influential current description of dyslexia is that of the UK’s Rose Review which states that “Dyslexia occurs across the range of intellectual abilities” (Rose, 2009, p. 10). This implies there is no link between intelligence and dyslexia. Yet, initial identification of the condition favoured the

use of the discrepancy model, with the first cases of dyslexia identified in intellectually able CYP. It was therefore believed that, for students who experienced generalised challenges, it was near impossible to determine if their difficulties in reading were isolated or due to GLD.

More recently, research from Ryder and Norwich (2018) demonstrated that many assessors of dyslexia considered the context of literacy difficulties in relative rather than absolute terms. As such, compensatory strategies were accounted for, allowing assessors to diagnose dyslexia in high achieving pupils with better than average literacy skills. Such findings revealed robust evidence of discrepancy concepts being used by assessors, highlighting that the historical discrepancy model of dyslexia may be explicitly, or at least implicitly, widely accepted.

Further experimental research explored the impact of dyslexia on academic success. Asghar et al., (2019) found that between 2010 and 2017 compared to candidates who did not identify as dyslexic, those that did identify as dyslexic had a significantly reduced rates of passing the CSA. Moreover, the time of sharing their diagnosis was significant, with those sharing their diagnosis early in the examination process more likely to pass than those who shared this information after their initial failure on the assessment. A second study which examined academic success, by Barnett et al., (2020), demonstrated that university students with dyslexia made a higher proportion of spelling mistakes within their written text than a typically developing group. In addition, the quality of written texts composed by students with dyslexia were rated as lower, with performance on areas of grammar, punctuation, organisation/coherence, and sentence structure below that of their peers. Lauková (2022) also reported that, particularly in the first year of university, performance in academia of dyslexic individuals was significantly different compared to that of their typically developing peers (Gibson & Lesiter, 2011). These studies suggest that although the debate as to whether a

connection between dyslexia and intelligence persists, it must be acknowledged that an individual's dyslexia influences their academic success, with intelligence often tested through examination and written text. This has implications for preparation for examinations, test design, educational support, and reasonable accommodations.

2.6.4. Dyslexia and diagnosis

A final aspect of the dyslexia debate explored by Kirby (2020) was over-diagnosis. Cyril Burt, declared in the 1940s that “nearly every EP has had cases referred to him in which this verdict [special disability in reading, i.e., dyslexia] has been pronounced” (Burt & Lewis, 1946, p. 117). In 2017, seventy years later, Tom Bennett posed dyslexia as an ‘overdiagnosed crypto-pathology’, ‘barely understood’ (Bennett, 2017). This notion that the dyslexia label is frequently sought by vested interests has been pronounced since the middle of the 20th century (Kirby, 2020). Such invested parties include those who promote remedial interventions for financial gain, IEPs commissioned by parents, and parents themselves. Dyslexia's prevalence is hard to ascertain, in part due to its complex, multi-dimensional definition. Debates posing the over-diagnosis of dyslexia, therefore, seem a feature of social commentary around dyslexia, as well as of scientific debate.

Research from Ryder and Norwich (2018) note that the overall lack of consensus amongst assessors of dyslexia, in the higher education context, found in their results was not unexpected. In the UK, such discrepancies in practice have been informally acknowledged and observed for years. One key issue, that contributes to the lack of confidence in and unreliability of diagnostic assessment, is the confidence, expressed by over half the participants, in allowing statistical evidence to be overridden by professional experience. The inherent complex and bidirectional influences of professional experience and research on an

individual's practice, were expounded in theories in the 1980s by Donald Schon, and later developed and refined by others (e.g., Eraut, 2000; 2004). However, the balance between professionally accrued knowledge and statistical rigour persists to be a generally accepted, albeit unresolved, problem in the field of diagnostic assessment.

Furthermore, Ryder and Norwich (2018) revealed that in attempts to exclude those academic challenges that could be due entirely to low intelligence or adverse environmental factors, from a potential diagnosis of dyslexia, assessors felt uneasy. This led to several participants admitting that they frequently pragmatically use the diagnostic term to procure support for individual pupils. The lack of confidence and resultant inconsistencies in practice raises significant questions about the viability of disability entitlement and differential diagnosis, as the loosely defined diagnostic category can be employed as an automatic passport to disability eligibility including academic reasonable adjustments and additional resources. The diagnosis of dyslexia has long been warned as not necessarily synonymous with disability eligibility (Kirby, 2020). The current studies serve to enlighten all those concerned with the limitations and nature of dyslexia diagnostic assessment.

2.6.5. Dyslexia and teachers

The notion that the majority of teachers understand dyslexia in terms of how it affects students at the behavioural level was evident in Knight (2018). It could be hypothesised that this is because behavioural correlates of dyslexia are more likely to be witnessed by teachers in the classroom. However, Knight (2018) emphasises that teachers need to understand all three levels of dyslexia: cognitive, behavioural, and biological. Assumptions may be made about a student's expected performance in areas of literacy if teachers merely view dyslexia as something that affects 'reading, writing and spelling'. This perception corresponds with a

‘stereotypical’ view of dyslexia. Researchers also documented that 16.8% of teachers referred to visual factors linking to dyslexia, despite inconclusive research (Knight, 2018). However, it is crucial to acknowledge that blame should not lie with the teachers, instead misconceptions from poor teaching education programmes have allowed teachers to enter the workforce with inadequate knowledge to support individuals with dyslexia (Lauková, 2022). Most teachers reported that dyslexia was “not covered well at all” on their initial teacher education programme. Research has shown that the most effective interventions for dyslexia focus on improving cognitive processing (Lauková, 2022), as such, it is crucial that teachers have knowledge around these skills so that they can effectively support their students.

The importance of teacher training was also noted by Macdonald and Deacon (2019), with many of their participants reporting that dyslexia had an impact on their educational experiences. The authors posited that challenges experienced in education were a result of inappropriate teaching strategies and a governmental-level failure to facilitate an inclusive education agenda (Macdonald & Deacon, 2019). Lauková (2022) reported that teachers who held the perception that inclusive education was a valuable framework to teach all students were encouraging and positive in evaluations of pupils (Woodcock, 2021). Yet, some teachers held lower expectations of students with SpLD and displayed lower levels of frustration with typically developing learners (Woodcock, 2021). These studies would suggest that teachers may hold misconceptions and negative perceptions about dyslexia, yet they play an important role in shaping CYP’s academic outlooks (Imray & Sissons, 2020; Knight, 2018). Therefore, a focus should be placed on the preparation of future teachers, informing their views on inclusion, as they are the driving force for change in the education system (Lauková, 2022).

2.7. Strengths and limitations of literature

This review highlights the ongoing contradiction and complexity which surrounds the dyslexia label. The findings from the review emphasise that the social contexts in which dyslexia has existed have rarely been divorced from scientific debates. They raise questions about who is labelled with dyslexia, and the viability of differential 'diagnosis' and disability entitlement. This points to areas which should be addressed when considering the inequity of access to resources that are available to the subgroup that are identified with dyslexia.

A key limitation of this review is that the author intended to explore the role of EPs in diagnosing dyslexia in the UK, but this was not possible as the majority of the studies explored the impact of dyslexia and concerns related to labelling. Only 6 of the studies referred to the assessment process in diagnosing dyslexia, but none of these directly related this to the role of the EP. Therefore, this review was unable to consider the role of EPs in diagnosing dyslexia. The reason why there is a current lack of research in this area may be due to the abundance of literature available regarding broader concepts related to the dyslexia label, this highlights the need for further empirical research in this specific sub-topic. Consideration should also be given to whether the review represents a comprehensive coverage of the research field as grey literature was not included. This means that, given the vast amount of time publication processes require, more recent, and potentially underrepresented perceptions in the published literature, were not included.

Additionally, this review gathered and collated the voices of various professionals and individuals with experience of or working with dyslexia, which could be seen as a strength of this review. However, 5 of the studies featured were conducted in small affluent areas in the UK, which means experiences in and understanding of dyslexia could systematically vary as

a function of the demographic variables. This means results may not be generalisable to broader practice in the UK. Moreover, caution must be taken when interpreting the findings of this review as 3 of the studies employed voluntary questionnaires or surveys, therefore participants who responded could be deemed as more engaged in the subject of dyslexia and may have unintentionally misinformed the researcher's collection of data. Although, surveys can give access to a greater number of participants, they do not allow researchers to randomly select a representative population, consequently, this could cause potential bias in the sample. Despite this, findings from the review emphasise the need for a more responsible and cautious attitude towards the use of the dyslexia label and a more informed nuanced understanding of its conceptualisation.

2.8. Implications of the findings and recommendations for future research

The literature reviewed emphasises several significant considerations when exploring the role of EPs in labelling dyslexia in the UK. It was recognised that some areas were under-researched or missed within the literature. Primarily, there was restricted research which addressed teachers' understanding of dyslexia in the classroom and how their knowledge influences practice. Due to the complex interaction between social, biological, and cognitive factors linked with dyslexia, teachers are faced with the multifaceted task to support CYP with literacy difficulties. If it is discovered that teacher's poor knowledge of dyslexia leads to poor practice, this not only reinforces the argument for more thorough coverage of dyslexia during CPD and initial teacher training, but it also suggests that this lack of knowledge is likely to influence their understanding of the role of EPs in labelling dyslexia.

Secondly, future research in this area should seek to investigate how relevant resources vary according to socio-demographic factors for individuals with literacy difficulties. Studies from

a social model perspective would facilitate understanding of the lived experiences of individuals with dyslexia, while addressing the political dimension of the label. In education and in adult life this could help to foster a less tokenistic model of inclusion, anti-discriminatory practice, and challenge social inequalities.

Finally, there is no research which directly investigates the role of EPs in labelling dyslexia in the UK. The complexity surrounding the dyslexia label is evident. It is important that perceptions and parameters of the role of EPs are explored, so that misconceptions may be addressed, and assessment practice is perceived as valid and reliable.

2.9. Conclusion

The themes reflected in Kirby's (2020) historicised account of the dyslexia debate align with many of the themes found in this literature review. To summarise, ongoing critiques of dyslexia, dated back to late 19th centuries, propose that middle-class parents, who are able to pay EPs for 'diagnosis', unfairly seek, and may have even invented, the dyslexia label (Kirby, 2020). More recent research has emphasised the influence of socio-demographic factors on dyslexia diagnosis, with parents' income and socio-economic class predicting whether CYP have dyslexia (Knight & Crick, 2021; MacDonald & Deacon, 2019). One explanation for this is that middle-class participants were more likely to access dyslexia assessment through private methods (Macdonald & Deacon, 2019). The findings from this research posit that the social and cultural capital of individuals is vital to account for when contemplating who has been labelled with dyslexia.

Moreover, Kirby (2020) noted that a key criticism of dyslexia was its ambiguous definition, which has led to discrepancies in the operationalisation of the label. The history of dyslexia's

debate on terminology mirrors the history of many other hidden disabilities, with social movements playing a key role in their development. For example, the term ‘intellectual disability’ has slipped into vocabularies within UK policy, practice, and research (Cluley, 2018). Thought of as too ambiguous to be a descriptive label, ‘intellectual disability’ was perceived as simply another term which could be employed as and when required to achieve a desired outcome. The ambiguity of descriptive labels therefore reaps consequences for professional practice and the support received by those ascribed such labels (Imray & Sissons, 2021).

Additionally, Kirby (2020) posited that the association between dyslexia and intelligence persists today, with the first cases of dyslexia identified using the discrepancy model. However, assessors reported that they were able to diagnose students with better than average literacy by taking into account compensatory strategies (Ryder & Norwich, 2018). This would suggest that the discrepancy model of dyslexia is still accepted and used in practice. Research also highlighted that an individual’s dyslexia influences their academic success in later life, with text quality and pass rates in examinations lower in dyslexic students (Asghar et al., 2019; Lauková, 2022).

Literature reflected a further aspect of Kirby’s (2020) exploration of the dyslexia debate, over-diagnosis. Research suggests the dyslexia label has been frequently sought by vested interests, such as parents and professionals who stand to make financial gains. The debates around over-diagnosis of dyslexia reflect a complex and contradicting practice of assessment. In higher education there is an overall lack of consensus amongst assessors of dyslexia (Ryder & Norwich, 2018). With professional experience reported to override statistical evidence, alongside the pragmatic use of the diagnostic term to obtain support needed for

pupils, these studies serve to stress the multi-layered limitations and nature of dyslexia diagnostic assessment.

Finally, literature highlighted the role of teachers in the classroom when supporting dyslexia. The hypothesis that the majority of teachers understand dyslexia in terms of how it affects pupils at the behavioural level was evident in research (Knight, 2018). It could be hypothesised that this is because behavioural correlates of dyslexia are more likely to be witnessed by teachers in the classroom. Such misinformation can alter a teacher's perception and expectation of pupils with learning difficulties (Lauková, 2022). However, literature highlighted that the blame may lie with the education institution, for not providing adequate teacher training on the topic of dyslexia (Macdonald & Deacon, 2019). Therefore, a focus should be placed on the preparation of future teachers, informing their views on inclusion (Lauková, 2022).

Overall, these articles emphasise that the social contexts in which dyslexia has existed have rarely been divorced from scientific debates. They raise questions about who is labelled with dyslexia, and the viability of differential 'diagnosis' and disability entitlement, in the context of addressing the inequity of access to the resources that are available to the subgroup that are identified with dyslexia. As a result, it would seem that the papers reviewed do not reflect a definitive answer to the literature question, 'What does the literature tell us about the role of EPs in diagnosing dyslexia in the UK?', posed in this review, but instead highlight the complexity surrounding the dyslexia label. This complexity may have led to a gap in knowledge regarding the national consensus about the role of EPs in labelling dyslexia in the UK.

Chapter 3- Methodology

3.1. Chapter overview

This chapter provides the rationale for the methodology used throughout the current study. The purpose and aims of the research will be explained, including the epistemological and ontological positions of the research. The methods will be described to outline the full research process, including the recruitment of participants, as well as the interviews and the data analysis approach employed. The approach to assess the validity and quality of the research will be presented, alongside ethical considerations which were a central theme throughout the process.

3.2. Aim and purpose of the research

Within the LA EPS in which this research is situated, and across the country nationally, there is growing contention around the use of labels for literacy difficulties. Identifying and labelling CYP with dyslexia, is actively encouraged in the UK (BDA, 2019; Rose, 2009). Some advocate the labelling of dyslexia stating it supports CYP to gradually acknowledge their difficulties (Ingesson, 2007), and is beneficial to self-esteem (Riddick, 2010). However, the concept of dyslexia is increasingly questioned. In educational settings whilst the term dyslexia might be well-known, the Hide and Seek report from the Drivers Youth Trust (2020) proposes that the term is still broadly misunderstood, and many misconceptions abound (The Dyslexia Handbook, 2021). Elliott and Grigorenko (2014) argue that the complexity, both definitional and conceptual, implies that the breadth of the term dyslexia makes it impossible to differentiate CYP with dyslexia from those with GRD. Thus, the label may be viewed to be more discriminatory and damaging than good (Knight, 2021; Stanbridge 2021). As such, the incidence of dyslexia estimates vary from one student in ten (BDA, 2019) to the suggestion

that dyslexia exists as an excuse for a poor education system (Stringer, 2009) or purely as a middle-class myth (Kale, 2020; Pollock et al., 2004).

Previous research has directly sought views of CYPs, parents and teachers around the benefits and drawbacks of the term dyslexia. It seems that for teachers dyslexia is understood in terms of how it affects CYP at a behavioural level (Bell et al., 2011; Peltier et al., 2022); influencing skills in reading, writing, and spelling. This corresponds with the stereotypical view of dyslexia. The distinctions in the descriptions and meanings of a dyslexic pupil highlight the complexity of dyslexia's definition. As such guidance from the NHS, BDA (2021) and SEND policies state the requirement for EP involvement in the identification process.

Literature on the function of EPs has indicated a key role is associated with individual assessment of CYP who might have SEND. However, an abundance of literature reflects on the wider role for EPs, including promoting inclusive practice and systemic work in schools (Woods & Farrell, 2006). Findings suggest that EPs attempting to deviate from the 'traditional approaches' of a caseworker regularly experience tensions in prioritisation of time. This tension between the perception of EPs as experts (sometimes teachers' preferred role for EPs) and EPs as facilitators of action research (some EPs preferred role), leads to confusion about the EP's role in identification procedures. Teachers perceive a need for collaboration in order to 'diagnose' dyslexia, with the role of the EP being central to this (Hollis, 2010). This perception, alongside government recommendations regarding the identification of dyslexia (Rose, 2009), suggests that EPs are labelling dyslexia. However, in practice this is not always the case.

Research thus far has neglected to explore the potentially conflicting and contrasting views between different educational professionals around the role of EP in labelling dyslexia within the UK. This exploratory research therefore aims to investigate teachers and EPs perceptions about the role of EPs in labelling dyslexia and explore the possible differences in perceptions, by addressing the following research questions:

Do key stakeholders differ in their perceptions about the risks and benefits of labelling CYP with dyslexia and the utility of this label for different professional groups?

What are different stakeholder's views about whether part of an EP's role is to allocate the label dyslexia?

If there are differences in stakeholder's perceptions about the role of EP's in using the label of dyslexia, might there be benefits in addressing these differences between professional groups?

It is possible that teachers and EPs hold different perceptions about the role of EPs in labelling dyslexia. These potential differences are of interest to the researcher as they may have consequences for the practice of both teachers and EPs. Furthermore, they may impact how these two professions collaborate to facilitate the best outcomes for CYP. This research aims to examine a possible wider conceptual framework of systems thinking in the groups of educational professionals and communities of practice which influence the support received by CYP with literacy difficulties.

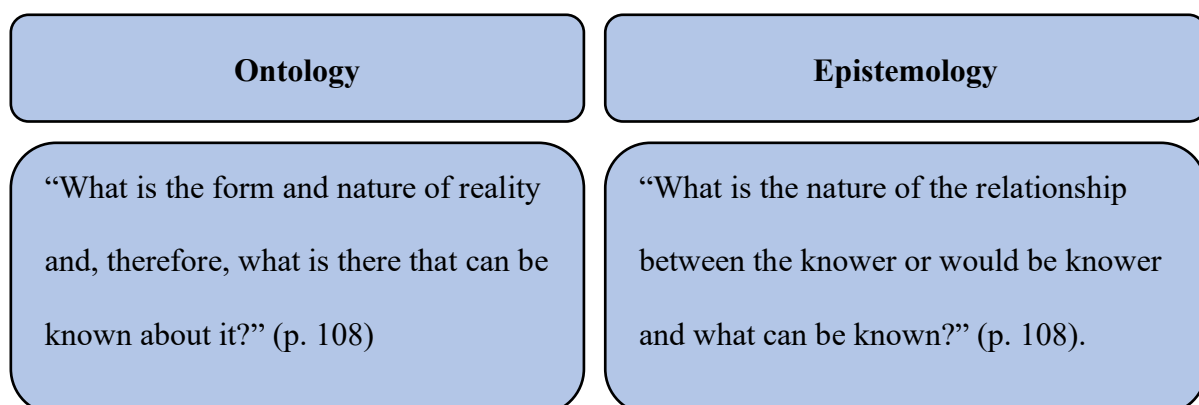
3.3. Ontology and epistemology

The philosophical worldview of the researcher influences the underlying basis of the research; thus, it is vital to consider this view in detail (Creswell, 2014). The term worldview can be defined as, “the basic belief system...that guides the investigator, not only in choices of method but in ontologically and epistemologically fundamental ways” (Guba & Lincoln, 1994, p. 105). When considering the relevant worldview for this research I explored my own beliefs about how knowledge can be learnt about and what reality exists within our world. I reflected upon how ‘realities’ are collected within my role as a TEP and the educational profession more broadly. In consultations with key stakeholders, such as parents, school staff and CYP, I aim to garner information on their understanding of a situation and take that as a truth to their reality. By acknowledging this practice, it supported me to consider how I could remain congruent in the position I took in my research alongside my practice as a TEP. When considering philosophical worldviews, the terms epistemology and ontology are valuable to use (Crotty, 1998).

Guba and Lincoln (1994) have summarised the questions that should be asked when establishing the ontological and epistemology as seen in figure 5.

Figure 5

Questions that should be asked when establishing the ontology and epistemology of research (Guba & Lincoln, 1994)



In the literature ontology refers to the question of whether there is a social reality that exists independently from human interpretations, and similarly, whether there is a shared social reality or only multiple, context-specific ones (Ormston et al., 2014). This definition would question the assumptions that we make about the nature of reality (Richards, 2003), questioning our understanding of what exists in the world and what we can know about it (Snape & Spencer, 2003). Ontological perspectives can be understood as a continuum from realism to relativism. Realism takes the view that there is a 'real' reality to learn, and reality exists independently of the mind (Guba & Lincoln, 1994). Phillips (1987) posed that the realist ontology position would be that an object exists independently of how it is perceived. For example, the application of a realist ontology to this research would assume that there is an objective universal reality of how the label of dyslexia is formulated. On the other hand, relativist approaches, such as that from Crotty (1998), argue that realities are apprehended in the form of multiple mental constructions, which are socially based and dependent on their form according to the individuals or groups holding the constructions. Constructions are not more or less 'true' in any absolute sense, but simply more or less sophisticated and informed (Bryman, 2008). If a relativist ontology were applied in this study, one would assume that dyslexia would be viewed as a disorder which is socially constructed with multiple versions of its reality. The reality and truth of dyslexia would be created by how individuals see things, evolving and changing depending on personal experiences. As such, education professionals would have multiple perceptions about how the dyslexia label is formulated and these perceptions would all be true for each individual.

Epistemological perspectives can be understood to span from objectivist to subjectivist. An objectivist view often employs a positivist paradigm, which assumes that there is an objective truth and if researched correctly, we can seek to find this truth (Ormston et al., 2014).

Therefore, it holds the position that meaningful realities exist independently from people's consciousness and already reside in objects awaiting discovery (Crotty, 1998). In contrast, the subjectivist view often uses a constructivist paradigm. This posits that there is no objective truth waiting to be found, instead knowledge or truth is produced by exploring and understanding the social world, focusing on individual interpretations and meaning, with such meanings socially constructed dependent on particular contexts (Snape & Spencer, 2003). Reality can be perceived as socially constructed, with each person creating their own reality based on their previous experiences and values (Fox et al., 2007). There has been debate about whether realism is compatible with constructionism, and Crotty (1998) claimed that reality constructed socially can still be real and therefore can be compatible with a realist ontology.

3.4. Critical realism

The current research has been positioned within the worldview of critical realism. This rejects the positivist / social constructionist dichotomy. It takes the philosophical position that parts of the external world can be objectively measured and exist independently, yet the meaning assigned to these aspects is socially constructed by individuals, based on their personal life experiences (Bhaskar, 1975). In this way, participants in this research are conceptualised as discursive subjects whose experiences are produced from an interaction of individual and social processes (Hollway & Jefferson, 2000). This emphasises relationality, not just between people, but also between people and the social world. Whilst perceptions are being explored a constructivist epistemology does not marry with this piece of research, due to the focus on a shared, material reality; that of funding processes and the independent existence of CYP with SEND despite individual and/or collective sense making. In the view of this researcher, dyslexia may be thought of as at least partially a social construction. More explicitly,

Pennington and Olson suggest that “Dyslexia is an interesting example of the intersection between an evolved behaviour and a cultural invention” (2005, p. 453). Thus, the maintenance of the dyslexia construct may be subject to change according to societal anxieties and priorities (Elliot & Gibbs, 2008). As such a critical realist perspective which promotes the exploration of viewpoints appears most appropriate. Therefore, this study will utilise a qualitative methodology as it seeks to obtain “rich and detailed explanations for teachers’ responses that go beneath the surface” (Clarke & Hogget, 2019). Its focus is on the experiences of participants, and it hopes to gain some understanding of why individuals may experience the same situation differently and therefore respond in different ways. Because of this, it would be inappropriate to use a quantitative methodology that loses these individual perspectives. As previously considered, the critical realist perspective suggests that the truth, in part, is subjectively constructed based upon past experiences. Thus, the educational professionals will be sharing their perspectives, but I will also be listening and analysing the data with my own experiences. I will endeavour to minimise the impact that my own experiences and views will have when describing and analysing the data. Thus, the research approach which best fits my research paradigm is RTA.

3.5. Reflexive thematic analysis

RTA is an approach conceptualised by Braun and Clarke (2020) from their original 2006 model for thematic analysis. Thematic analysis is reported to have its roots in Grounded Theory (Glaser & Strauss, 1967; Rivas 2018); however increasingly it has been considered to pre-date this, tracing as far back as the 1930s (Clarke et al., 2019). Evolving originally from qualitative content analysis, it is defined as a method for identifying, analysing, and reporting patterns or themes in data (Braun & Clarke, 2006; 2013; 2020; Braun et al., 2014). Joffe (2011) posits that thematic analysis is being increasingly acknowledged as a distinct research

method in its own right; yet Braun and Clarke (2013) point out that rather than being considered as a single method, thematic analysis may be seen as a broad term for a number of different approaches. The flexibility of thematic analysis is a key distinguishing component in its composition, thus it can be adopted and applied in a number of ways as it is not consistently tied to a particular theoretical framework (Ayres 2008; Braun & Clarke 2006; 2012; 2013; 2021; 2023; Joffe 2011). RTA was perceived to complement the epistemological essence of constructivist multiple social realities; and its inherent flexibility supported a pragmatic approach.

Clarke et al., (2019) identified three main categories of thematic analysis: Coding Reliability Thematic Analysis; Codebook Thematic Analysis and RTA; which span from those which are underpinned by positivist values (i.e., Coding Reliability), those that align to qualitative assumptions (i.e., RTA) and those that are situated in between (i.e., Codebook Thematic Analysis). RTA is established as being data driven, inductive and uniquely flexible. As a result, Clarke et al., (2019) argue that due to the lack of in-built theoretical assumptions, RTA is more aligned to a method than a methodology. They are cautious to highlight that this does not signify that RTA is atheoretical and purely descriptive; instead, the links to theory are situated at ontological and epistemological level rather than methodological level.

Thus, since RTA has no in-built theoretical convention, Braun and Clarke (2006; 2012; 2013; 2020; 2023) emphasise that it is imperative that the researcher's own assumptions are acknowledged and articulated throughout to ensure theoretical sensitivity (Clarke et al., 2019). To secure this they recommend ongoing reflexivity (Braun & Clarke, 2006; 2012; 2013; 2023; Braun et al., 2014), however it is noted that reflexivity is an ongoing strive that is never fully realised. A key element of this involves the recognition that data is contextual,

situated and co-created which renders the researcher's assumptions as playing a significant role in the analytic process. My own reflexivity was therefore considered as both a strength and a potential limitation to the results of the study as I strove to maintain a balance between objective distance and an insider's viewpoint.

3.6. Link to research

The aim of this research was to try and achieve a better understanding of how different educational professionals perceive the role of EPs in formulating the label of dyslexia, through recognising patterns or themes in the data my intention was to develop some clarity around these perceptions. RTA was selected as the appropriate method for its noted flexibility, since a structured theoretical approach would not be applied at a methodological level. Within the context of this study, RTA will therefore be considered as both the approach to data analysis and in the absence of theoretical approach, the method. Although RTA is theoretically flexible and embodies purely, qualitative values, Braun and Clarke (2021) support that these typically range from critical realist to experiential paradigms. As a result, RTA was selected for its embodiment of qualitative values and in particular, those shaped by the examination of the "ways in which events, realities, meanings, experiences and so on are the effects of a range of discourses operating within society." (Braun & Clarke, 2006, p.81). This fits closely with my ontological and epistemological positionality of critical realism.

3.7. Critique of reflexive thematic analysis

There are several key limitations which should be considered when using RTA.

3.7.1. Researcher's impact

Within RTA, it is recognised that the researcher holds their own biases and subjectivity. Once data is coded, practising reflexivity encourages the researcher to identify whether their own judgements or beliefs may have affected the analysis. Notably, the chosen topic area for this research was generated due to my own experiences and henceforth, interest in dyslexia. It was therefore crucial that I was mindful of how these experiences may influence interpretations. During my data analysis I was aware of my potential influence on the data, especially when coding the data and subsequently identifying themes, which had a direct impact on the findings. Yet, by recognising this and reflecting on the themes in supervision the data was kept as integral as it could be throughout the analysis process.

3.7.2. Interpretative power

Braun et al., (2016) noted that using a thematic analysis, without an existing theoretical framework, can have limited interpretative power. In some cases, this may lead to a lack in interpretative depth due to the analysis taking a realist position. By using a reflexive approach, I aimed to move away from solely 'describing' the data and to incorporate a more analytical approach to my data analysis.

3.7.3. Participant's narratives

Attention has also been drawn to the focus on identifying patterns in thematic analysis which can lead to the loss of certain aspects of the data (Braun et al., 2016), such as contradictions with a narrative or the continuity of an account. In large data sets, individual voices can be lost and merged. By using a small data set ($n=12$), I was better able to capture the voices and differences within and between the interviews.

3.7.4. The role of language

A final weakness of RTA is the inability to account for the influence of language used.

Alternative methods of analysis, such as narrative analysis or discourse analysis, incorporate interpretations of the language used and this forms part of the overall analysis. However, thematic analysis cannot make these claims (Braun et al., 2016).

3.7.5. Other methods of qualitative data analysis

There are numerous alternative qualitative analytic methodologies which may have been considered to analyse this data. I examined these other options and have explained why I did not select these.

Firstly, interpretive phenomenological analysis (IPA) (Smith, Flowers & Larkin, 2009) was considered as a method of analysis. This focuses on how people make sense of their lived experiences and can be used with a small group of participants. I felt that this method placed emphasis on the researcher's interpretation of events considering how they make sense of the participants' experiences. I was cautious about 'over interpreting' experiences by placing too much of my interpretation onto the narrative and moulding it into something that it was not. In addition, I considered whether my participant group may be too large for the depth of analysis this method required.

Discourse analysis (DA) (Potter, 1996), specifically using thematic discourse analysis (DA-lite), was an alternative option for data analysis. This method aligns with a constructionist thematic analysis as it "...identifies discursive themes and patterns in data and applies the tools of DA 'lightly' to explore how themes construct reality in particular ways" (Braun & Clarke, 2014, p. 177). Although this corresponds to some extent with my positionality, it does

not marry up with my ontological and epistemological standpoint on the label of dyslexia. Furthermore, this approach has an emphasis on the language used and therefore some of the context of the data may be lost, thus detracting from the drivers behind the responses.

A final consideration, which is compatible with semi-structured interviews, was to use grounded theory (GT) (Strauss & Corbin, 1990). The objective of GT is to generate theory from the data collected. This involves the transcription of interviews, coding interviews and then the creation of a map of analytical categories and concepts. Although this may have been an interesting method of data analysis as it may have generated a theoretical framework to help describe how EPs work with CYP with literacy difficulties, I did not feel this method adequately addressed the participants' experiences and I feared that some of the context of their perceptions may have been lost.

3.8. Data collection

To elicit individual experiences this research employed a qualitative design, and the data were collected using semi-structured interviews as suggested by Harrell and Bradley (2009). Using semi-structured interviews allowed for specific perspectives on labelling dyslexia to be gathered, whilst additionally allowing participants to share their experiences and thoughts around dyslexia more broadly. This was appropriate given the exploratory design of the research, as it provides depth in its contribution, to offer clarity on the procedure for formulating the label of dyslexia. Although using focus groups may have provided a platform for discussion and debate, semi-structured interviews were considered to be a more valuable method as they allowed participants to share their opinions and practices more freely and in greater detail, without the influence of others or uneasiness of potential conflict or judgement. By developing a semi-structured interview protocol which considers appropriate probes to

address the research questions, the impact of researcher bias is also reduced (Harrell & Bradley, 2009).

Demographic questions were posed to obtain a sense of the context around the educational professional. Beyond this, several questions were used to prompt the participants thinking while also allowing them to share what felt significant to them. Harrell and Bradley (2009) highlight that to ensure that the quality of the conversation permits for rich data, having a robust interview process is crucial. The participants were able to talk freely during all of the interviews about their experiences and could speak at length about their perceptions on the role of EPs in formulating the label of dyslexia. I believed that my further questions were needed to elicit deeper understandings and the views which surrounded the experiences of participants. For instance, in Ralph's interview I asked "I'm interested you said there are risks in not using the term. Could you expand on that for me?" (Ralph, Line 93). This helped Ralph to open up about his perception of other professionals choosing to use or not use the term dyslexia and the implications this can have.

3.8.1. Interview setting

Twelve interviews were conducted and transcribed on the virtual platform, Zoom (Zoom Video Communications, US). Video calls were used to allow the participant and I to see each other. No interviews were conducted in person at the researcher's LA central office base. Participants were given the choice to interview via video conference or in person. This decision was made as it reflected the current nature of working for many professionals since the COVID-19 pandemic. It was noted that for participants interviewing via video conference, the ability to observe all body language and opportunities for rapport building may have been reduced. To counter the limited opportunity for rapport building, I ensured

that the first five minutes of the interview was relaxed, with conversations about how the participant was. At the stage of data collection, most professionals had been using video calls for over 3 years and had become familiar with the new way of working. Additionally, I believed that by permitting participants to join virtually, they would be able to remain in a setting in which they felt comfortable (such as their workplace or their home).

3.8.2. Pilot interview

To trial the interview schedule and practise following the schedule with confidence and fluency a pilot interview was conducted. A fellow TEP, who was also using RTA as their research approach, was the pilot participant. As a TEP the participant had the knowledge and experience of EP practice to respond to the questions. It was recognised that the interview would not be a true reflection of how a qualified EP or teacher may answer the questions, however it was decided that the TEPs reflective skills and past experiences would be adequate in trialling the interview. The pilot interview was a beneficial opportunity to practise sharing the research information at the start of the interview schedule. It highlighted to me that rather than being read out as a list of statements, the information could form part of a conversation. Furthermore, it was helpful to reflect on the TEPs response to one of the more open-ended questions as she touched upon several of the topics I had hoped to cover in my following questions. I was able to practise recording the key details raised, as well as reordering the upcoming questions to link with the topics the TEP presented. I questioned how to approach this during the interviews and discussed in supervision how to determine which details to focus on. This process helped me reflect that it can be left open to the participant and supported me to feel rehearsed and prepared before I conducted the first interview.

3.8.3. Developing an interview schedule

To foster building a rapport with the participants, the first five minutes of the interview was spent speaking to the individual in an informal style. Harrell and Bradley (2009) recommend that the researcher should consider the existence of a power balance between participant and researcher and seek to reduce any imbalance. In the current study, as both the participants and I were professionals within schools, this balance was felt to be relatively equal. Nevertheless, this did differ depending on the participants role. For example, one participant was an experienced EP, whilst another was a relatively newly qualified EP. Similarly, it was noted that teachers may have felt under pressure to portray their expertise in supporting CYP with dyslexia. For all participants, I reiterated that there were no right or wrong responses and I was interested in hearing about their reflections and experiences. This helped the participants to have confidence in their narratives and relax in the interview process.

Once time had been allowed to build a rapport, I confirmed that the participants had read the information sheet and checked if they had any last questions. I asked again that they consented for the interview to be recorded and transcribed using Zoom. The participants were also reminded that they were able to withdraw from the study anytime within three weeks from the interview date. I clarified that the interview would include demographic questions, before several open-ended questions, and would last up to one hour (see appendix G).

Following the guidelines from Braun et al., (2014), I allowed the participant to speak freely about their experiences, keeping my input to a minimum. As the participants shared their initial thoughts to the questions, I took brief notes about the key information they communicated. If I felt that the participant had more to say about these areas, I referred to

said notes. As the participant spoke, I used further questions to stay close to the research question and to elicit greater depth. Some of these prompts included:

- Can you expand on that?
- Can you tell me more?
- Can you tell me why that is the case?

At the end of the interview, approximately five minutes was allowed for a debrief. I informed participants that the recording had stopped. I allowed them space to reflect on the interview and asked how they felt. I enquired if they were interested in receiving a shortened version of the results or the finished thesis. Eleven of the participants decided they would like to be informed about the results of the research. Following the interview none of the participants suggested that they were distressed in any way or required time to reflect about how they were feeling.

An email was sent to each participant (see appendix E) after the interview, which thanked them for their time and reminded them that they had three weeks from the date of the interview (the period after which the data was amalgamated and anonymised) to withdraw their data. Several support services were listed, such as the LA EPS, the management team at participant's schools and personal networks of support. These were provided in case participants felt that they required support around their wellbeing. Further details about the ethical considerations, can be found in the ethics section.

3.9. Participants

This research explores if there are differences in educational professionals' perceptions about the role of EPs in formulating the label of dyslexia. As a result, views of teachers and EPs

who had experience of working with CYP with literacy difficulties were gathered. The researcher aimed to recruit six individuals from each educational profession, with the hope to conduct twelve interviews. When conducting research using an RTA approach, it is important to elicit a representative perspective of the phenomenon by using an appropriate sample (Lopes et al., 2020). As such it was decided that professionals from different working contexts would be included in the study as services, depending on whether they are LA funded or independent, and schools, depending on if they are a primary, secondary, special school or other provision, can widely vary in their approach. In addition, the decision was made to recruit teachers instead of SENCOs, as teachers are often responsible for implementing advice from external professionals to support CYP in the classroom. To implement such advice effectively, it is vital that teachers hold a shared understanding of what the EP role entails and why such advice may have been provided. Therefore, the researcher was interested to explore teachers' perceptions about the EP role, as typically teachers spend less time with EPs than SENCOs do, so their perceptions may be more varied.

3.9.1. The sample

Purposely the sample size was kept to a small number (between 6-12), as this is the recommended number for RTA studies (Braun & Clarke, 2020). Although Gall et al., (1996) argues that in qualitative studies sample sizes do not follow explicit rules, this number was selected as it ensured that there was sufficient opportunity for a detailed analysis of the data within the timeframe and provided a variety of perspectives. In total, six EPs and six teachers took part in the study.

3.9.2. Inclusion and exclusion criteria

The inclusion and exclusion criteria for this study are shown in appendix I and were developed using Lopes et al., (2020) recommendations. Both groups of participants were required to be able to communicate verbally in English and informed consent must have been received for them to take part in the research. The interview schedule permitted for several demographic questions to be posed to explore the variety of contexts in which participants worked.

3.9.3. Recruitment

The participants for both the teacher and EP group were selected from one LA in the UK using a purposeful sampling strategy. Participants were recruited through an LA EPS. Qualified EPs currently employed at the service were contacted via email to recruit participants. The contact details of Qualified EPs who worked independently, were obtained from contacts within the service, these individuals were contacted through email. Finally, teachers who were known to the researcher through link schools with the service or prior connections were emailed to recruit participants. Permission from the Principal EP was sought to ensure it was ethical for the researcher to contact teachers following EPS involvement. The email to recruit participants (see appendix K) included a caveat which specified “due to the research design seeking insight into individual experiences, the number of participants for this study is limited. Participants will be selected on a first come-first served basis.” This caveat aimed to reduce disappointment if the study had reached full capacity but an individual expressed interest to take part. After a period of one month, six teachers and eleven EPs have agreed to take part. Participants who were not selected to participate in the research were informed via email.

Once the teachers and EPs had expressed their interest, I sent them the consent form (see appendix M) and information sheet (see appendix L). I enquired if they had any questions.

Once the consent form had been returned, we organised a time and date that was appropriate to meet for the interview.

Prior to an interview taking place, a participant withdrew from the study. The data collected so far was removed from the research project. As a result, a further participant was sought through emails to link schools within the LA service.

3.9.4. Overview of participants

The participant population included both males and females, working across different contexts. An overview of the demographic information for each participant is shown in appendix J. To protect the participants identity and ensure confidentiality, pseudonyms have been used throughout the analysis and write up.

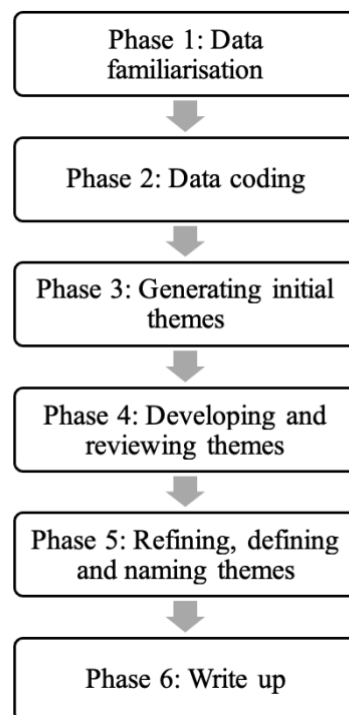
The EPs had a range of experience within their work contexts. They had all worked for a LA at some point in their career, but 1 EP now worked for the LA and independently, while 2 others worked solely independently. When conducting the interviews, I was curious about whether I would find differences between the EPs who worked in LA and independent contexts. The teachers also held a range of roles within different provisions. I was again interested whether I would find differences between teachers who worked privately or in mainstream settings. I tried to put these thoughts to one side as I interviewed participants and analysed the data.

3.10. Data analysis

Engaging with the data within RTA is a six-phase process (see Figure 4), which allows for common themes to be searched for and generated, whilst also recognising individual perspectives and experiences. Each phase is outlined in the following sections.

Figure 4

The six phases of reflexive thematic analysis (RTA)



Note. Adapted from Braun and Clarke (2020).

3.10.1. Phase 1: Familiarising yourself with your data

To help become familiar with the richness of the data I listened to the recorded interviews and familiarised myself with the content discussed. The transcription was completed using the function within the video conference software as a starting point. I listened to the recordings whilst reading the transcript, editing any corrections required and adding detail

such as significant body language and pauses (see appendix P for an example transcribed interview). Poland (2002) highlights several considerations, which I was mindful of when transcribing the audio recordings of the interviews, regarding the quality of transcriptions.

These included:

- Acknowledgment of intonation of voice, laughter, signs and pauses. These are not always straightforward or easy to translate into a written record.
- Aspects of non-verbal communication and interpersonal interaction are not always captured effectively on audio recordings and hence might not be translated onto the written transcripts.
- Verbal disruptions, garbles and utterances which may not be adequately captured in the transcription.

When I was confident in the level of detail transcribed, I read the transcript, and listened to the recording again. This supported me to become 'immersed' in the data and notice any thoughts or reflections I had in order to put these to one side until the next stage of analysis. To assess the reliability and validity of my transcriptions a TEP colleague checked a sample of the transcripts. At this stage I began to tentatively identify some points of commonalities, interests and differences between the interviews.

3.10.2. Phase 2: Generating the initial codes

When coding the data I used an inductive approach, thus all the codes were generated from the data. The generation of codes consisted of two stages. Firstly, I adopted a semantic approach, examining what participants had said and the language they used, to identify explicit meanings of the data. I transferred all twelve transcripts into an excel workbook and

recorded the initial semantic codes onto the spreadsheet (see appendix Q for an example of this initial method of coding). I continued this process by going through the twelve interviews again using more of a latent lens to capture any underlying assumptions, patterns, or ideas. For example, the section of text, “I’m dyslexic so I can’t do that or I’m never going to be able to read” (Carol, line 49) was inferentially coded as ‘Dyslexia used as an excuse’. It should be noted that all of the assumptions, patterns and ideas belonged to the participants.

I used different coloured text to highlight the sections of text and their accompanying code (see appendix Q). The colours were not used to represent any type of theme or group at this stage, instead they indicated which code linked to which segment of text. In addition, to distinguish which transcript the code linked to, I used an identifier for each code (e.g., 2:106 would be from interview 2, line 106). I undertook this process as it allowed me to easily track the code back to its original interview once the codes were allocated to themes. During the coding process of the twelve transcripts my coding skills developed over time, so I therefore returned to the initial transcripts to examine the integrity of the coding, making some changes, with the aim of bringing them into line with the coding of the later transcripts. To assess the reliability and validity of my coding a TEP colleague assessed a sample of the coded interviews.

Coding the twelve interviews generated 97 codes for the first interview, 103 for the second, 102 for the third, 84 for the fourth, 50 for the fifth, 46 for the sixth, 61 for the seventh, 72 for the eighth, 69 for the ninth, 90 for the tenth, 53 for the eleventh, and 52 for the twelfth. This gave a total of 879 codes.

3.10.3. Phase 3: Generating initial themes from coded and collated data

In this stage, Braun and Clarke (2020) suggest that the researcher must refocus the analysis onto the broader level of potential themes, rather than codes, by collating the relevant coded data extracts within the identified themes.

I extracted all 879 codes from the twelve transcripts and put them into a new excel worksheet. I examined the codes and identified initial themes which I felt stood out from the coded data. To ensure the nuances of each professional group were not lost in the analysis process I identified themes for each profession. This led to the production of three individual initial thematic maps, one for EPs who worked for the LA (see appendix R), one for EPs who worked independently (see appendix S) and one for teachers (see appendix T). Through this process it became clear that the two groups of EPs shared some themes and therefore a joint thematic map for EPs who worked for the LA and independently was produced (see appendix U). After going through all the codes, I identified 38 broader level themes for the EP group and 51 broader level themes for the teacher group (see appendix V for the full list of these themes for both professional groups).

3.10.4. Phase 4: Developing and reviewing the themes

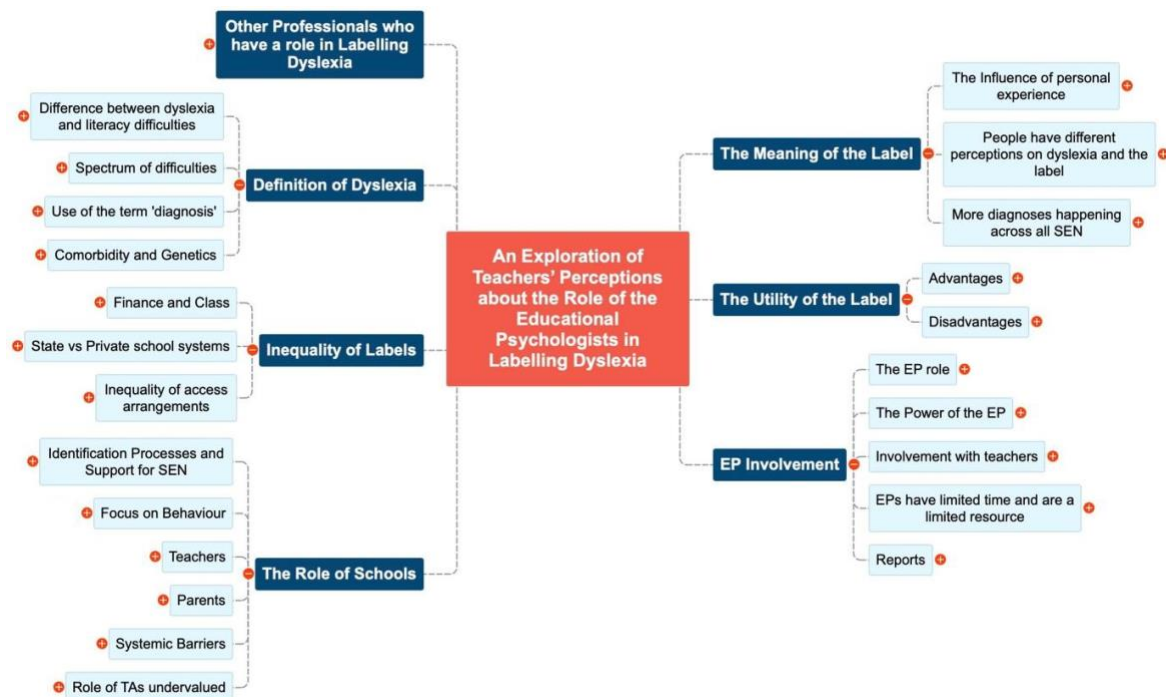
The process of reviewing the themes involved refining the 89 broader themes into a more focussed structure. This process of refinement resulted in the identification of 8 themes and 22 subthemes for the EP profession and 7 themes and 23 subthemes for teachers. Although some themes appeared in both professional groups it felt important to keep the presentation of results for each professional group separate to highlight the differences in perceptions and experiences. Appendix W offers a table to show the relationship between the segmented texts codes, and themes.

3.10.5. Phase 5: Refining, defining and naming the themes

After refining the initial 89 themes into 8 themes and 22 subthemes for the EP profession and 7 themes and 23 subthemes for teachers, I defined each of these with a label as shown in figures 6 and 7.

Figure 6

Thematic map showing the themes and subthemes found for the teaching profession.



Key:

Dark blue boxes were themes.

Light blue boxes were subthemes.

Figure 7

Thematic map showing the themes and subthemes found for the EP profession.

**Key:**

Orange boxes were themes spoken about by both IEPs and LA EPs.

Green boxes were subthemes spoken about by only IEPs.

Blue boxes were subthemes spoken about by only LA EPs.

3.10.6. Phase 6: Writing the report

Braun and Clarke (2020) refer to the write up of a 'report' in the final phase of the analysis.

'The report' consists of the following two chapters in this study. The following results chapter

presents the themes and sub themes identified through completing the thematic analysis. The subsequent discussion chapter then compares and contrasts relevant literature with these themes to form an overall analysis.

3.11. Ensuring quality in qualitative research

It is crucial to assess the validity and quality of qualitative research using tools that have been designed with this type of research in mind. As a means of establishing trustworthiness Holliday (2002) emphasises the significance of defending every strategy and justifying every decision used in qualitative research. With this in mind, Braun and Clarke (2020) recommend the use of Yardley (2000) for RTA methodology which holds four broad principles: sensitivity to context; commitment and rigour; transparency and coherence; and impact and importance. Yardley (2000) posited that the criteria should not be viewed as a universal guide. The nature of qualitative research opens opportunities to acknowledging multiple ‘knowledge,’ ‘truths’ and ‘reality.’ Therefore, assessing validity with a strict criteria would limit the opportunities for knowledge. Yardley’s (2000) four principles are intended to be used with a flexible approach.

3.11.1. Sensitivity to context

This principle proposes numerous ways that sensitivity to the context can be implemented and upheld. Sensitivity to the socio-cultural context of the locality can be achieved by the researcher being sensitive to the analysis method and the current literature which surrounds the topic being studied. Moreover, sensitivity must be shown to the material collected from participants, as well as the participants themselves. This requires sensitivity during the interview process and when the researcher is interacting with the data in the analysis stage

and writing of the research. The research should be sensitive when making interpretations and claims about the participants (Yardley, 2000).

In the current study, by focusing on the socio-cultural context in which the research is situated in the introduction and literature review, sensitivity to context was demonstrated. In addition, establishing rapport with participants is vital in interviews (Braun et al., 2014) and this demands a high level of sensitivity from the researcher, such as negotiating power imbalances and being empathetic. As a result, at the start of interviews time was allowed to reassure participants and build rapport. Furthermore, at the analysis stage, the researcher must continue to show sensitivity in how sense has been made of participants' experiences. I repeatedly returned to transcripts to ensure that I was being sensitive to the words participants used and making reasonable interpretations. In the write up, to highlight the participants voice the researcher should use verbatim extracts. Many quotes were provided in the findings section.

3.11.2. Commitment and rigour

This principle denotes the importance of immersion in the data and developing skill and competence in the qualitative methods. Rigour refers to the comprehensiveness of the data collection and examines whether an extensive analysis can be made from the information the researcher has supplied. This starts from the data collection stage and continues throughout a rigorous analysis process. It is essential to ensure that the research question is appropriately addressed by the sample used and that the interviews are of high quality (Yardley, 2000).

Within RTA, commitment should be shown during the interviews themselves, to each participant, when analysing and reporting the data. During the interviews, rigour was evident

as participants were provided with time and space to reflect on and share their perceptions and experiences. The researcher should inform the reader about individuals and the themes shared showing sufficient interpretation. A clear paper trail was collected during the analysis process to demonstrate the depth of the analysis. Moreover, supervision was utilised to ensure appropriate oversight, balance, and reflectivity when considering the interpretations of the data.

3.11.3. Transparency and coherence

In qualitative research a level of transparency is essential, this is likely to include a detailed account of the data collection process, the rules applied to code the data, extracts of data and ensuring other analysts have access to detailed records of data (Yardley, 2000).

Further to this, transparency also signifies that the researcher themselves should be transparent about their own intentions, assumptions, and actions. This includes examples where the researcher has strived to detach any pre-conceptions or thoughts during the process. Such reflexivity provides the reader with a clear understanding of why the research was conducted and how the work may have been influenced by any researcher bias (Yardley, 2000). Coherence concerns the finished write-up. The report should be coherent, with a logical sequence and clear arguments whereby the questions posed will be answered.

Moreover, one may consider coherence to the fit of the study with the approach used, as such in this research a full audit trail was utilised to demonstrate a reasonable interpretation was achieved.

Throughout the process keeping an audit trail reflects transparency in the current study as it supports the reader to understand how conclusions were reached. Additionally, supervision was utilised to support maintaining a reflexive state, to explore underlying motives at

important decision points, and help uncover blind spots and record any potential bias which should be separated.

3.11.4. Impact and importance

Research should be undertaken with a goal to add new perspective or knowledge. Braun and Clarke (2021) propose that research can be regarded as having good validity if it provides something important, useful, or interesting.

In this research, the topic was chosen because there has not been any research conducted to investigate whether educational professionals perceive that part of the EP role is to formulate the label of dyslexia. Literature notes that EP time is a limited resource. It is therefore important that it is used efficiently and effectively. Addressing views about the use of EP time is a worthwhile endeavour to converge goals of educational professionals to improve outcomes for CYP. It is important for knowledge to be shared about the practice occurring within organisations, to help advise national government who oversee training and policy, local agencies who support the schools, and the schools themselves. Within the discussion chapter, clear dissemination strategies are outlined to ensure that the valuable insight and knowledge shared by the educational professionals can be publicised and applied.

3.12. Disclosure of researcher bias

Prior to becoming a TEP, I worked as a TA with CYP aged six to sixteen in a SEND school for dyslexia. During my teaching career, I observed an increase in different perceptions about both the label of dyslexia and professional's roles in labelling the condition. As previously noted in the origins section of this thesis, I also had my own experience of being labelled as dyslexic. Since commencing the Educational, Child and Community Psychology Doctorate

my interest in this topic has developed, alongside the national drive to expand support for literacy difficulties in schools. I was fascinated to learn more about the insights of those considered to be labelling dyslexia. During the process, I endeavoured to ensure that I detached my previous experience of having and supporting those with literacy difficulties so that I could focus on the individual perceptions of the participants.

3.13. Impact and importance

Research should be conducted with the assumption that it can influence the actions or beliefs of others in a real-life context (Yardley, 2000).

In this research, it is hoped that the focus on individual's experiences and perspectives of the dyslexia label and the role of EPs in labelling dyslexia might help to clarify participants' narratives. This clarity will support their professional outlook and development in working with CYP with literacy difficulties.

As discussed in the introduction section, the role of the LA in traded or statutory practice, as well as the role of IEPs, creates variety in the profession. Research suggests that IEPs are more likely to refer to diagnoses in their reports than EPs from LAs (Herz, 2022; Krüger, 2004). This creates national confusion around the practice of EPs, as the profession does not follow a consistent pattern of working (Ashton & Roberts, 2006; Gaskell & Leadbetter, 2009). Typically, teachers expect EPs to conduct SEND assessments (DfEE, 2000), while EPs attempting to move away from this role experience tensions in the prioritisation of time (Gilman & Gabriel, 2004; Hibbert, 1971; Oakland, 2000). Literature on the role of EPs emphasises that relationships with teachers and the mutual understanding both professions hold of their respective functions has a major influence on the success of their work (Love,

2009; Farrell et al., 2005, 2006; Zdzienski, 1998). Due to the multifaceted nature of EP work, literature has outlined that expectations of the EP role may be misaligned between teachers and EPs. Therefore, the current study hopes to share individual stories with a wider audience to raise awareness of the role of EPs in formulating the label of dyslexia and the impact this has on the ability of educational professionals to work collaboratively towards a shared goal.

3.14. Ethics

When conducting research, to ensure that research is ethical, it is vital to adhere to the BPS guidelines. The BPS Code of Ethics and Conduct (2018) lists four main domains: integrity, responsibility, respect, and competence. The code was used as a framework, throughout the research, to guide decision making.

3.14.1. Informed consent

Interested participants were informed about the study before agreeing to take part. The BPS Code of Ethics and Conduct (2018) emphasises that fully informed consent must be obtained for data collection and the outcomes that may occur following the analysis. In the information sheet (see Appendix F), participants were informed about the interview process, including what they would be asked about. The participants were provided with opportunities to ask questions throughout the process, including before signing the consent form (see appendix M).

3.14.2. Right to withdraw

Participants were made aware that they could withdraw from the study at any time prior to the interview and withdraw their data up to three weeks after the interview. Following the three-week boundary, it was clarified that the data would be anonymised, and withdrawal

would not be possible due to the analysis process. This was described to participants before agreeing to take part, during the interview and in a follow up email.

3.14.3. Anonymity

Participants were made aware that their data would remain anonymised. The LA in which recruitment took place has not been named. Following the interviews, all transcripts were saved under pseudonyms, which have remained consistent throughout the write up. Within the initial discussions with participants, it was made clear that quotes would be used during the write up. Therefore, it may be possible that participants would identify extracts from their interview.

3.14.4. Storage of data

The interviews took place on video conference software, using the researcher's personal laptop. The laptop is password protected. During the interview, the recording and transcription functions were employed. After the interview, the recording and transcription were saved via the video conference software. The transcription was downloaded and stored on the laptop hard drive. The data will be stored for five years following the study. This is in compliance with the Data Protection Act (1998) and the Tavistock and Portman Data Protection Policy.

3.14.5. Risks

Participants were asked to reflect on what may be considered a highly debated topic. Whilst highly unlikely, it is possible that the subject matter of the interviews may have caused uncomfortable emotions for some participants. If such emotions occurred, there was an opportunity to debrief participants after the interview and participants were given the

opportunity to discuss their experience with someone other than the researcher should they wish to.

I interpreted the transcripts following the interviews. Within RTA studies, it is recognised that the researcher is endeavouring to make sense of the participant making sense of their world. This indicates that there is a risk participants will read the write up and disagree with the interpretations made.

3.14.6. Precautionary measures

Several precautionary measures were put into place. At the start of the interviews, I spent some time talking to the participants in an informal manner. This facilitated building a relationship and encouraged them to feel relaxed. During the interviews, I sought to provide a containing and supportive role. The questions asked were open ended, which allowed participants the freedom to determine what information they shared. At the end of the interviews, I asked how participants were feeling and allowed time for a debrief. Participants were sent an email after the interviews which thanked them for taking part, confirmed their right to withdraw and provided a list of additional support avenues, should they feel distressed (see appendix H).

Furthermore, a plan of a staged approach was in place should a participant become distressed during the interview. Fortunately, this was not required. I had planned to check with the participant if they wanted to end the interview immediately. I would have stayed online and talked to the participant until they felt more at ease. I would have encouraged the participant to talk to a trusted friend or colleague. Moreover, I would have considered whether the

participant would like an additional professional to be made aware, such as the link EP of the school or a senior leader in their organisation.

To manage the risk of participants disagreeing with the analysis, I strived to ‘thickly’ describe the participants’ experiences. This has been described as understanding the relational and contextual features of the concerned phenomena (Brinkmann & Kvale, 2017). RTA endeavours to stay as close as possible to the language used by each participant. Each participant was analysed separately, before any generalisations were made. In addition, throughout the research process, I regularly returned to my ethical application to ensure that I was persistently acting in the best interests of the participants.

3.14.7. Benefit to participants

The research is hoped to hold benefits for participants on a micro level and benefit the wider community at a macro level.

On a micro level, for the interview duration the participants received my undivided attention. I strived to offer a containing space and be accepting of the experiences raised by each participant. It is hoped that participants found the interview an insightful, reflective space. Furthermore, on a more practical level, the reflective conversation may have led to new avenues of support or aspects of working that were not previously considered. At a local level, it is hoped that after dissemination, the dialogues raised may lead to further support, from services such as the EPS, being given to participants.

On a macro level, such as a national level or wider community, it is hoped that the research can assist educational professionals working with CYP experiencing literacy difficulties. By

sharing individual stories with a wider audience, the current study hopes to raise awareness around the role of EPs in labelling dyslexia and the impact this has on the ability of educational professionals to work collaboratively towards a shared goal.

3.14.8. Debriefing and feedback

After every interview, I asked participants how they had found the interview and how they were feeling. Participants were given the opportunity to reflect on the experience and ask any questions they may have. I reiterated the information about the right to withdraw up until three weeks after the interview date and confidentiality. Participants were asked if they would like a copy of the thesis or a summary of the findings. An email was sent after the interview, as described under precautionary measures.

3.14.9. Ethical approval

The research adhered strictly to the BPS Code of Ethics and Code of Human Research Ethics (BPS, 2018). Ethical approval was sought from the Tavistock and Portman Trust Research Ethics Committee (TREC, see appendix N). Consent was also obtained from the Principal EP within the participating LA (appendix O).

Chapter 4– Results

4.1. Chapter overview

This chapter outlines 8 themes and 22 subthemes for the EP profession and 7 themes and 23 subthemes for teachers. These themes will be illustrated through thematic maps (figures 8 and 9) alongside direct extracts from interviews. The themes are considered in relation to how each professional group perceives the role of EPs in labelling dyslexia from both the researcher's and participants' perspectives.

In summary, findings from this research suggest that the term dyslexia holds little shared meaning among educational professionals. Despite this, teachers and EPs held similar perceptions about the advantages and disadvantages of the dyslexia label. These included, developing the narrative around the CYP for parents and teachers, while also recognising that the dyslexia label can provide automatic access to resources which may otherwise be withheld. As a result, the role of the EP in labelling dyslexia can vary according to the context in which they work, with many EPs funnelled into the role of a “gatekeeper” for SEND provision. With teachers reporting low confidence and competence to identify and support literacy difficulties, EPs are viewed as ‘experts’ in the field, playing a vital role in the identification of dyslexia. Such contextual factors disproportionately accommodate advantaged economic, racial, and social groups who may be able to garner the support of EPs.

4.2. The themes and subthemes for each professional group

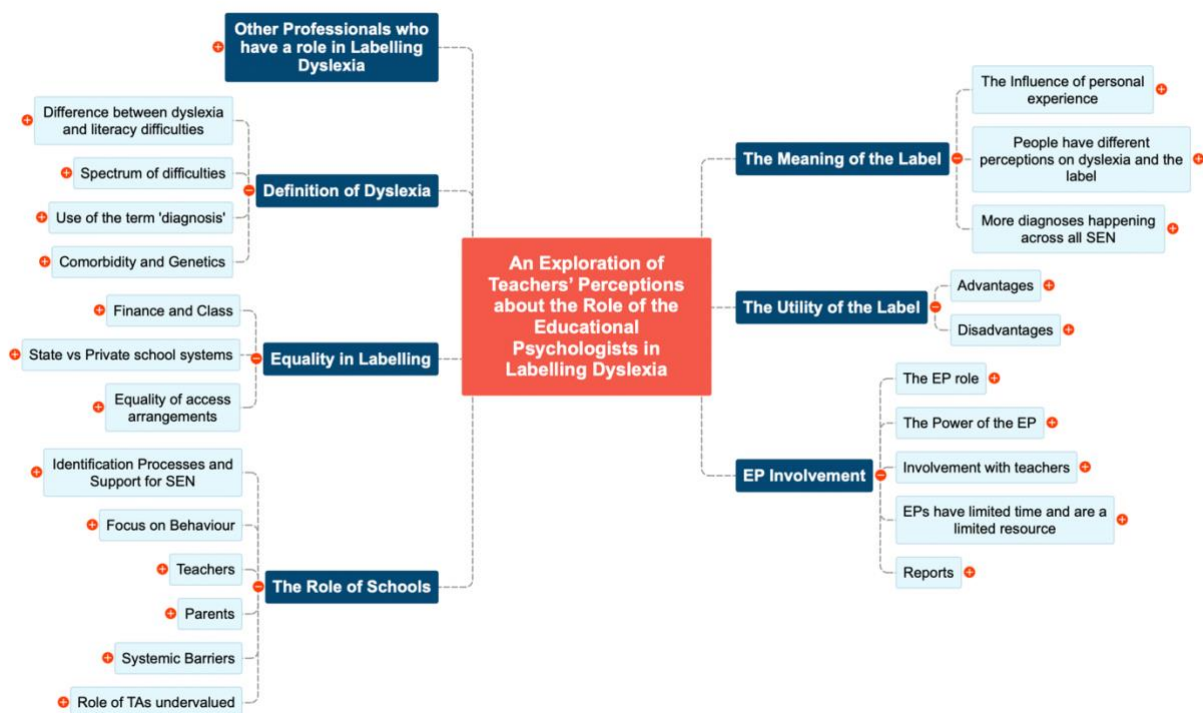
The themes for each professional group are presented individually to ensure that nuances in the findings are highlighted. EPs who worked independently or for the LA reported some similar themes, and any differences in perceptions are highlighted. Although findings from

the teaching profession are presented separately, 4 overlapping themes were identified for both professional groups. Therefore, these are presented together, again any differences in perceptions between teachers and EPs are noted.

There were numerous relevant quotes from the participants which linked to the themes. The most pertinent quotes which most evidently exemplified the themes are focused upon, with the full selection of quotes available in appendix W and X.

Figure 8

Thematic map showing the themes and subthemes found for the teaching profession.



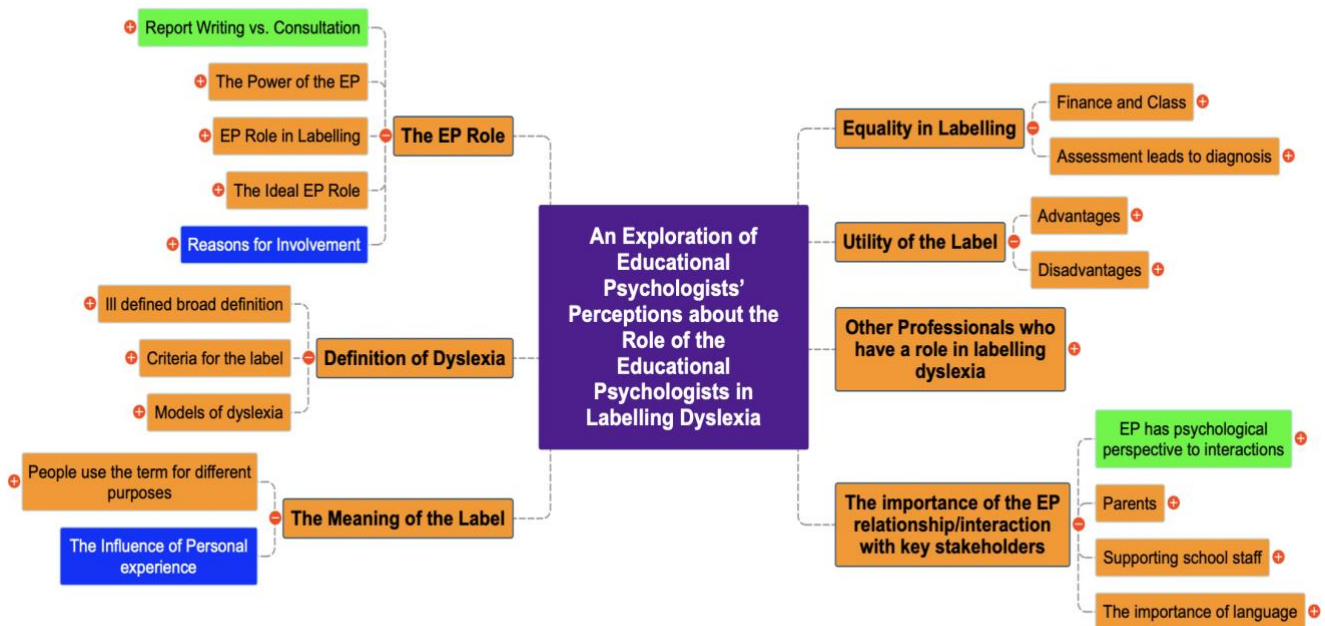
Key:

Dark blue boxes are themes.

Light blue boxes are subthemes.

Figure 9

Thematic map showing the themes and subthemes found for the EP profession.

**Key:**

Orange boxes were themes spoken about by both IEPs and LA EPs.

Green boxes were subthemes spoken about by only IEPs.

Blue boxes were subthemes spoken about by only LA EPs.

4.3. Themes for teachers

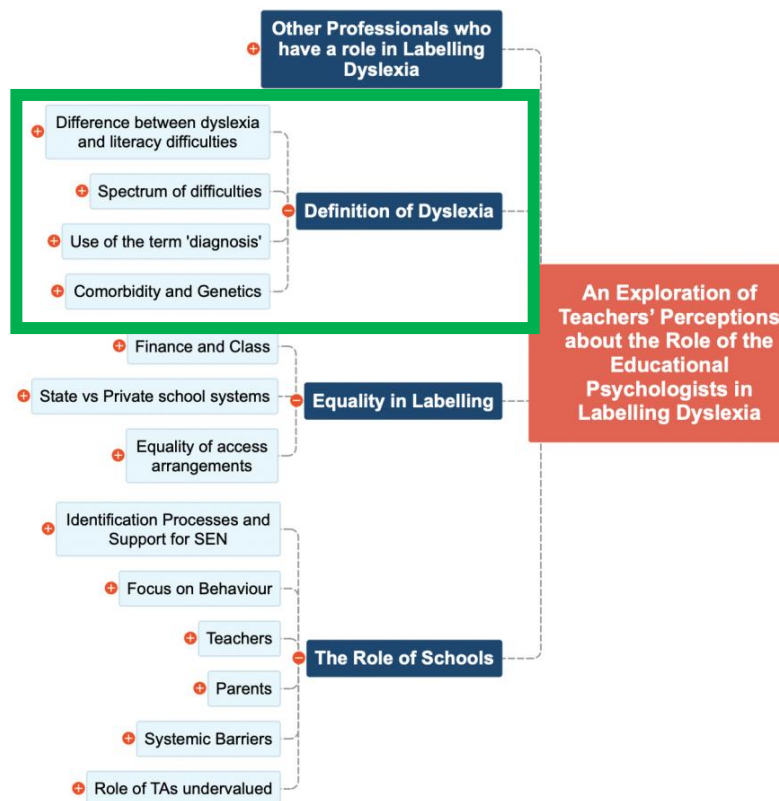
The themes and subthemes found for teachers will now be discussed.

4.3.1. Definition of dyslexia

This theme contains 4 subthemes, as highlighted in figure 10 by the green box.

Figure 10

Thematic map showing the subthemes which will be discussed in relation to the theme 'Definition of dyslexia' found for the teaching profession.



Key:

Dark blue boxes are themes.

Light blue boxes are subthemes.

4.3.1.1. Differences between dyslexia and literacy difficulties

The differences between dyslexia and literacy difficulties were referenced in all the teachers' interviews in terms of how the needs present. Several participants referenced that literacy difficulties may be "*... a combination of background and upbringing*" (Joe, line 65).

Lydia suggested that "*Literacy difficulties maybe you could get over more whereas dyslexia isn't necessarily going to go away*" (Lydia, line 197). This difference was also reflected by Joe and Sophie who referred to dyslexia as a "*...very specific diagnosis*" (Joe, line 65), unlike literacy difficulties. Lydia also noted that "*...there are certain things that you would do which are different*" (Lydia, line 236) if CYP have literacy difficulties or dyslexia.

However, Carol and Nancy acknowledged that the difference between dyslexia and literacy difficulties was hard to determine "*...because literacy difficulties are a part of dyslexia*" (Carol, line 85).

4.3.1.2. Spectrum of difficulties

In five out of the six interviews participants spoke about "*...dyslexia as one umbrella*" (Lydia, line 437) which is "*...too broad a term*" (Carol, line 37) for the needs it encompasses. For example, several different areas of difficulty were highlighted in relation to dyslexia, including reading, writing, language, working memory and processing (see appendix X.1. for quotes).

4.3.1.3. Use of the term 'diagnosis'

Sophie explained her thoughts on using the terms 'diagnosis' and 'label' in these areas. She felt that these terms held different meanings, for example the idea of using the term 'label'

when referring to dyslexia felt “...*a bit stagnant*” (Sophie, line 165), as though there were no next steps identified for the CYP. Whereas the use of the term ‘diagnosis’ “... *means that there's a way forward*” (Sophie, line 163) for individuals. She suggested that “...*it's better to have the idea of a diagnosis of dyslexia.*” (Sophie, line 160).

4.3.1.4. Commodity and Genetics

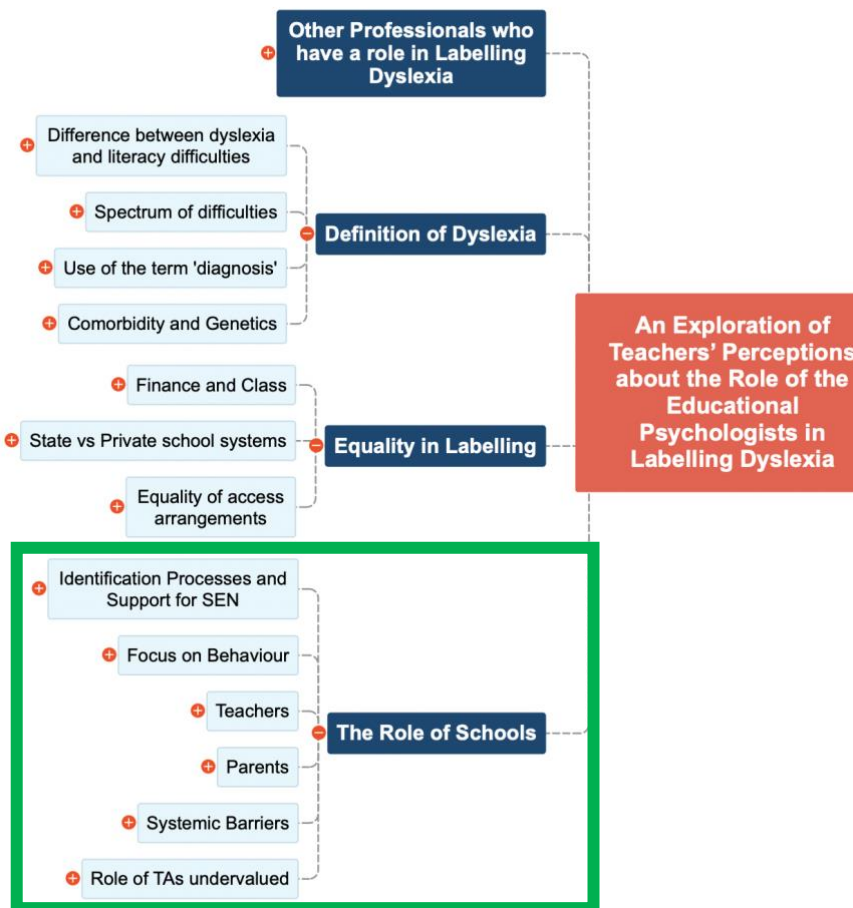
Several participants acknowledged that dyslexia “...*overlaps between lots of SEND*” (Lydia, line 74) and “...*it's very unusual to have a dyslexia diagnosis in isolation.*” (Sophie, line 37). Participants also spoke about the influence of biological factors on dyslexia, including family history and brain functioning (appendix X.2).

4.3.2. The role of schools

This theme contains 6 subthemes, as highlighted in figure 11 by the green box.

Figure 11

Thematic map showing the subthemes which will be discussed in relation to the theme 'The role of schools' found for the teaching profession.

**Key:**

Dark blue boxes are themes.

Light blue boxes are subthemes.

4.3.2.1. Identification processes and support for SEND

All participants referred to “...tests we can do in school” (Lydia, line 71) to identify SEND in CYP, although none referred to the ability to diagnose dyslexia. They acknowledged the importance of interventions, which require a “...continuous, consistent approach” (Luna,

line 188) to support CYP. This was expanded on by Lydia and Nancy who highlighted the importance of creating bespoke education for CYP which focuses on reinforcing the curriculum and building self-esteem (appendix X.3). However, Lydia noted it can be difficult to find a balance of when to implement interventions as “...*there's always an impact in terms of missing out*” (Lydia, line 29) on extra-curricular activities.

4.3.2.2. Focus on behaviour

This subtheme consists of several elements, which highlight that schools are focused on behaviour. Firstly, participants acknowledged that SEND was linked to bad behaviour, as CYP with SEND are often seen as lazy or naughty (appendix X.4). Sophie reflected that this may lead to CYP receiving a “...*different label rather than the one they need*” (Sophie, line 475). Luna noted that it can take a “...*diagnosis to change the attitude of the people*” (Luna, line 149) around a student.

4.3.2.3. Teachers

This subtheme explores the participants' perceptions of their role as teachers and focuses on the challenges they face. It was reported that teachers felt unqualified and under confident to be able to successfully engage in the breath of their role (appendix X.5). It was also noted that teacher's roles vary hugely, as they are expected to fulfil additional duties, such as statutory paperwork (appendix X.6). Sophie reflected that teachers are “...*not trained enough to know which needs give me [them] the profile and how to incorporate adjustments into my [their] teaching*” (Sophie, line 517). Lydia suggested due to teachers' lack of knowledge, they often “...*latch onto dyslexia more*” (Lydia, line 9) than other SEND. Participants also reflected on the challenges that teachers face when trying to cater for individual needs while also fulfilling the needs of the whole class (appendix X.7). To manage these demands Lydia

and Luna spoke about adjusting the curriculum to cater for all CYP by “...*honing into the middle ability*” (Lydia, line 344). As a result, Nancy noted that “...*quality first teaching should benefit every child, whether they're dyslexic or not*” (Nancy, line 104).

4.3.2.4. Parents

In Sophie’s interview she commented on the importance of teachers supporting families who have CYP with SEND. She felt it was important for teachers to use “...*language and dialogue with parents to give hope and understanding*” (Sophie, line 145) around how to support their CYP. Moreover, she noted that the language used by teachers can have a negative effect on how parents perceive their CYPs situation, for example, she felt “...*the word struggling is overused [by] teachers [with] parents...it's really quite detrimental*” (Sophie, line 103). Other participants also acknowledged that interactions with parents can be challenging due to parent’s lack of understanding around SEND and this can influence their perceptions of statutory processes (appendix X.8).

4.3.2.5. Systemic barriers

Systemic barriers were referenced as a challenge for teachers in undertaking their role. Lydia spoke about the lack of time and “...*money in the budget*” (Lydia, line 269) in schools. It was reported that these barriers make it difficult for teachers to implement the advice of professionals for CYP with SEND as there are increasing numbers of CYPs with needs (appendix X.9). Comments were also shared about the impact of the COVID-19 pandemic on CYPs progression in school and whether this has had an influence on the number of SEND cases.

4.3.2.6. Role of TAs undervalued

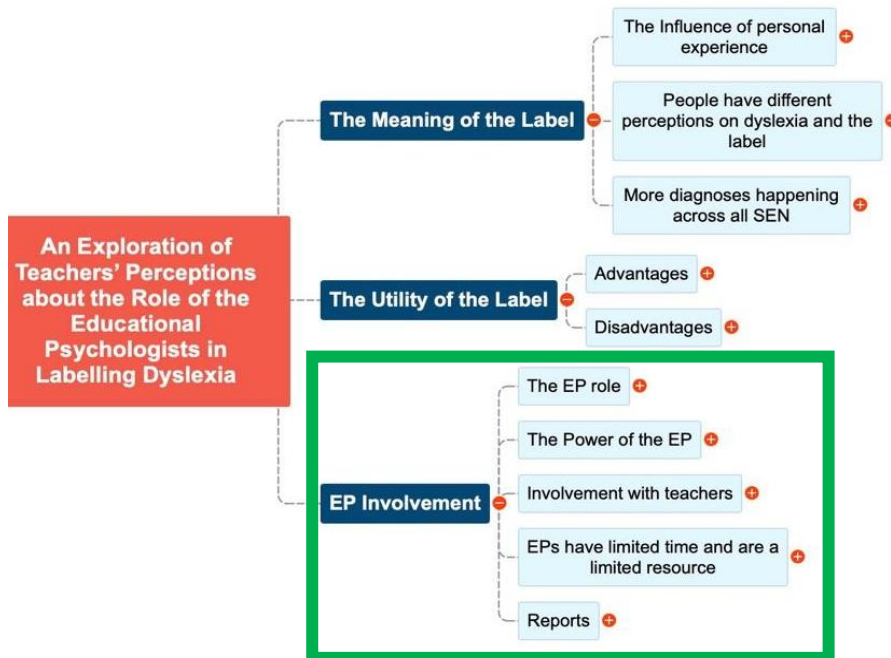
The role of TAs was highlighted as a vital contributor to supporting CYP with SEND, but participants felt that this role was often “...*under-used and undervalued*” (Lydia, line 378). Lydia acknowledged that “*as a class teacher I would not have time*” to work 1:1 with CYP whereas the role of “...*a TA is crucial in a busy classroom*” (Lydia, line 386). However, Sophie and Lydia highlighted that sometimes TAs “...*don't seem to be qualified*” (Lydia, line 380) for the roles they are expected to fulfil, so they “...*should be part of the training*” (Sophie, line 532) opportunities.

4.3.3. EP involvement

This theme contains 5 subthemes, as highlighted in figure 12.

Figure 12

Thematic map showing the subthemes which will be discussed in relation to the theme 'EP involvement' found for the teaching profession.

**Key:**

Dark blue boxes are themes.

Light blue boxes are subthemes.

4.3.3.1. The EP role

This subtheme presented in all interviews and consisted of four main elements. Firstly, teachers commented that they thought part of the EP role was “...*putting down in writing what areas students need specific support with*” (Luna, line 182). Carol commented that the EP may identify a CYPs needs by observing in the classroom or doing an individual assessment (appendix X.10). Participants reported that EPs “...*can see things that we [teachers] don't see and help correct our [teacher's] behaviours.*” (Sophie, lines 319). While EPs assessments are used to determine allocation of “...*extra exam time or use of laptops*” (Joe, line 125) in schools.

Secondly, interviewees commented that part of the EP role was to communicate between different groups of people around the CYP and help create a clear picture of the CYPs needs (appendix X.11). Thirdly, all the participants commented that “*educational psychologists definitely have a role in helping to diagnose dyslexia*” (Lydia, line 299). Joe went on to explain that he felt that EPs also had a role in “*...assessing ADHD or ADD or the autistic spectrum.*” (Joe, line 83). Finally, five out of the six teachers acknowledged that they “*...do not know much about what EPs do*” (Joe, line 80).

4.3.3.2. The power of the EP

All interviewees referred to the power an EP holds in schools. Teachers reported that EPs are respected, as they have specialist knowledge around SEND which makes them experts in the field (appendix X.12). Joe explained that “*...there's nobody of any higher authority*” (Joe, line 122) and “*...what they say is almost golden*” (Joe, line 125). As a result of the perceived power and authority EPs hold, Luna acknowledged that EPs gave teachers confidence and “*...permission to differentiate*” (Luna, line 221).

4.3.3.3. Involvement with teachers

Several interviewees commented that cohesion and “*collaboration does feel a bit lost*” (Sophie, line 352) between EPs and teachers. It was acknowledged that “*...communication between the parent, teacher and ed psych needs to be more cohesive*” (Sophie, 370), and that EPs and teachers “*...have different roles, which can be supported together*” (Sophie, line 328) when discussing the label dyslexia. Carol commented that she would like to work more closely with EPs as “*...unless you have communication it's almost like two people working from different points of view*” (Carol, line 133).

Participants went on to explain that EP involvement with teachers is best placed in “...*training of teachers and skilling them up*” (Luna, line 242). Sophie explained that such training could include “...*a scenario and then you can kind of unravel what could be done*” (Sophie, line 484) to help teachers focus on the CYPs needs instead of their behaviour.

4.3.3.4. EPs have limited time and are a limited resource

Teachers acknowledged that due to systemic barriers EPs and teachers rarely have the time to work together (appendix X.13). Several interviewees reported that “...*it would be really lovely if there was more dialogue between teachers and educational psychologists*” (Luna, 251). In particular, Carol acknowledged that “...*it'd be really useful for both sides to get more of a view of what the other side is doing*” (Carol, line 139).

4.3.3.5. Reports

Due to the limited interaction teachers experienced with EPs, many participants shared their reflections on receiving EP reports. One of the main areas acknowledged was the lack of time teachers had to read long reports. Many referred to only reading the “...*headlines*” (Luna, line 202) and sometimes reports “...*don't actually get properly looked at, until year 10 when we're trying to work out access for the public exams*” (Nancy, line 485).

Participants also reflected on the use of the term dyslexia in reports and shared that this was helpful as it gave teachers a broad understanding of the CYP needs and allowed differentiated support (appendix X.14). However, alongside this, participants acknowledged that “...*the more personalised reports can be, in terms of being more descriptive to that child, is obviously hugely beneficial*” (Luna, line 437). The use of teacher and “...*parent friendly*

language” (*Sophie, line 343*) was also noted as important in report writing. Finally, it was acknowledged that the personal strategies presented in EP reports are challenging for teachers to implement, due to the number of CYP who would benefit from individual adjustments (appendix X.15).

4.4. Themes for EPs

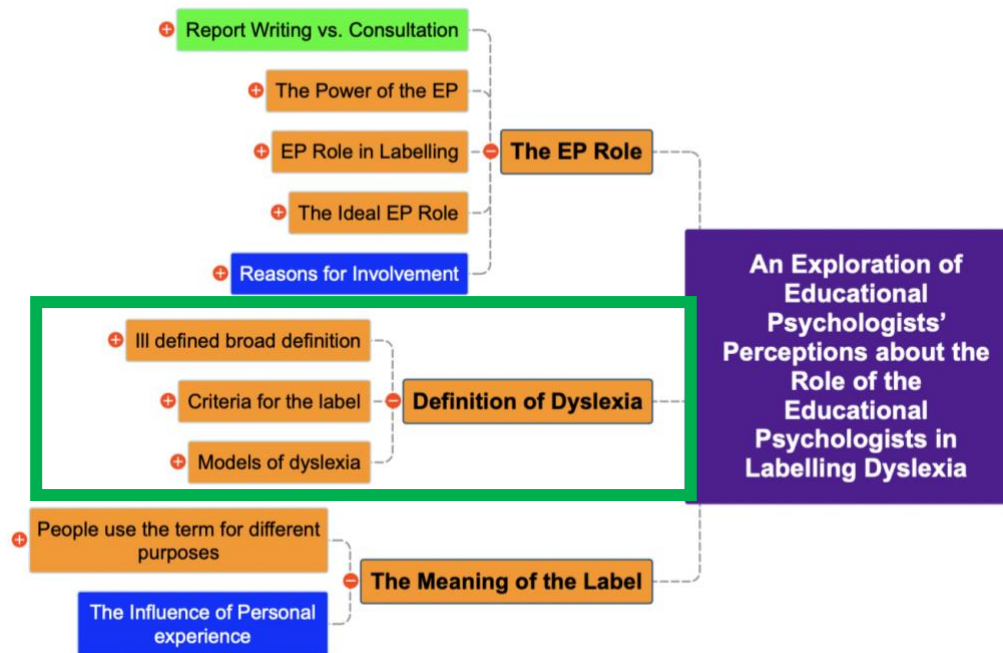
The themes and subthemes for LA EPs and IEPs will be presented together, however, differences in responses will be acknowledged.

4.4.1. Definition of dyslexia

This theme contains 3 subthemes, as highlighted in figure 13.

Figure 13

Thematic map showing the subthemes which will be discussed in relation to the theme 'Definition of dyslexia' found for the EP profession.

**Key:**

Orange boxes were themes spoken about by both IEPs and LA EPs.

Green boxes were subthemes spoken about by only IEPs.

Blue boxes were subthemes spoken about by only LA EPs.

4.4.1.1. Ill-defined broad definition

All EPs referred to the ill-defined definition of dyslexia. Individuals shared that the term felt like a catch-all phrase which was reductive in nature as it does not mention causality, or how to identify and respond to dyslexia (appendix X.16). Interviewees further acknowledged that the difference between literacy difficulties and dyslexia is not explicit (appendix X.17).

Camille, an LA EP, noted that there is “...a lot of readiness to label everything at the moment,

and I really feel that if we lump everybody together it dilutes the label” (Camille, line 700).

The breadth of the definition was commented on by both LA EPs and IEPs who have “...encountered diagnoses where the difficulties identified have been to do with processing and working memory” (Harriet, line 50). Tina, an IEP, also noted the influence of emotional and environmental factors, such as the “...children's experiences of being parented and attachment, and anxiety” (Tina, line 492), can have on reading development.

4.4.1.2. Criteria for the label

LA EPs and IEPs reflected on the criteria used to define dyslexia. Many acknowledged “...the BPS or DCP definition of the term” (Ralph, line 33), highlighting that these definitions were crafted as such organisations “...had to take a line on” (Ralph, line 33) the subject of dyslexia. Ralph, an IEP, emphasised that he “...would stand on the DCP definition, which I think protects us [EPs]” (Ralph, line 120) if challenged. Harriet, an IEP, was the only EP to refer to “...the Rose report” (Harriet, line 58).

EPs from the LA, also reflected on the unclear diagnostic pathway for dyslexia. Jasper commented that EPs are often viewed as the diagnostic service for dyslexia. While Dora noted the preferred role might be to signpost individuals to other services (appendix X.18). IEPs acknowledged that assessment for dyslexia is non-existent. Ralph emphasised that “...the tests that we [EPs] do can be done by a teacher” (Ralph, line 168). Jasper, an LA EP, shared that it may be beneficial to have a “...manualised way of diagnosing dyslexia which was quite consistent between EPs” (Jasper, line 238). Dora commented that this would build EP confidence, as the profession may have a “...duty to diagnose” (Dora, line 685).

Dora and Jasper, two LA EPs, continued to share their thoughts on current research around the criteria for dyslexia identification. They reported that EPs “...*don't have enough time to look at the literature base*” (Dora, line 139). Jasper felt that in an ideal world applied EPs need to be more involved in the research around literacy difficulties to ensure practice is well-informed (appendix X.19).

4.4.1.3. Models of dyslexia

Three out of the six EPs considered the medical model of dyslexia in their interviews. Both LA and IEPs shared that the term ‘diagnosis’ is not appropriate to use when referring to dyslexia (appendix X.20). However, Camille, an LA EP, recognised that “*Dyslexia was something that was very much a deficit model*” (Camille, line 11) and noticed that “...*there's a bit of a discrepancy model*” (Camille, line 862) present in practice.

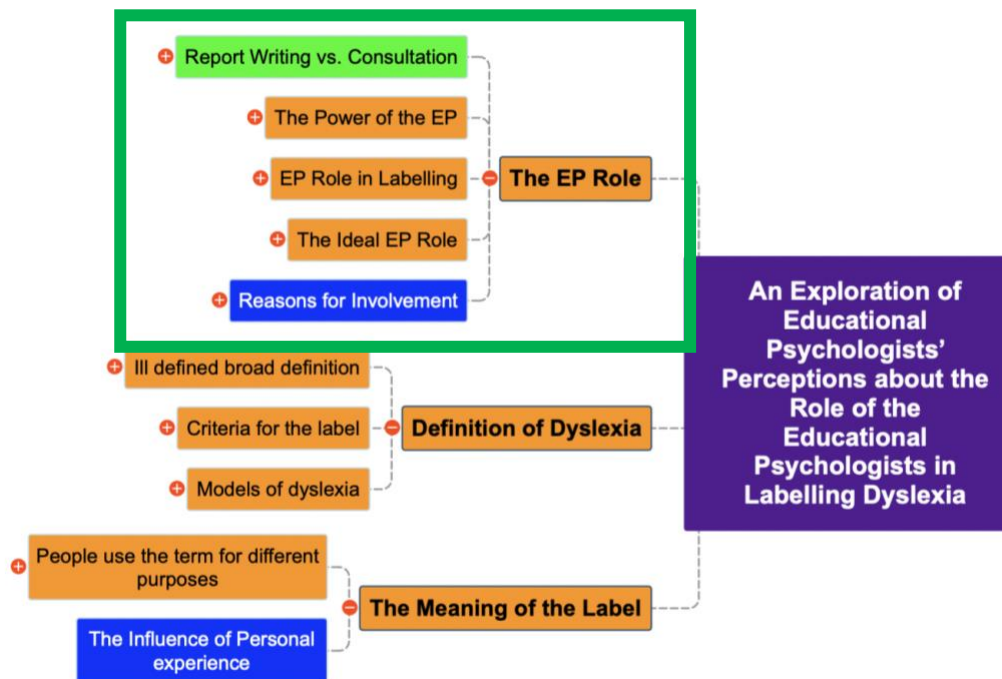
Finally, Camille (LA EP) and Ralph (IEP) shared that they were “...*believer[s] in the visual component of dyslexia*” (Camille, line 377). Ralph noted that such needs require “...*a multi-team approach, helping the parents and teachers react to the challenge in the classroom*” (Ralph, line 346).

4.4.2. The EP role

This theme contains 5 subthemes, as highlighted in figure 14.

Figure 14

Thematic map showing the subthemes which will be discussed in relation to the theme 'The EP role' found for the EP profession.

**Key:**

Orange boxes were themes spoken about by both IEPs and LA EPs.

Green boxes were subthemes spoken about by only IEPs.

Blue boxes were subthemes spoken about by only LA EPs.

4.4.2.1. The EP role in labelling

The differences between LA EPs and IEPs perceptions were most prominent in this subtheme, with LA EPs reporting that they do not label dyslexia while the majority of IEPs commented that they do label dyslexia. Therefore, the subtheme will be discussed in three parts: LA EPs views on labelling, IEPs views on labelling, and the discrepancy in the EP profession around the interaction with dyslexia.

LA EPs described that LA guidance and policy has moved away from using the label of dyslexia and instead focuses on identifying literacy needs (appendix X.21). LA EPs felt that they were not comfortable identifying dyslexia, and they “...*don't think there is a particularly clear process identified...often I'm not given enough time for what I feel would be a sufficient assessment*” (Jasper, line 511).

Harriet was the only IEP who felt that it was not helpful for schools to think of a CYP as dyslexic or not. She explained that the label was not needed to understand CYP's needs, and she preferred to talk about literacy difficulties (appendix X.22). It should be noted that Harriet works part time as an IEP and part time for the LA.

Other IEPs shared that they were not worried about using the term dyslexia and they “...*use it in terms of the BPS definition*” (Ralph, line 81). Tina, an IEP, reported that “...*in the absence of other people doing it [diagnosing dyslexia], I would do it [diagnose dyslexia] because I don't think it's right that people have to look elsewhere*” (Tina, line 287).

This clear discrepancy in the profession's interaction with the term dyslexia was acknowledged by several of the LA EPs and IEPs. It was noted that the conflict and controversy in the profession around labelling is not helpful (appendix X.23). The discrepancy in practice was suggested to partially be due to the autonomy of the EP role. Ralph suggested that EPs need to stay relevant to the narrative of dyslexia and therefore they have to take a position on using the term. He went on to explain that resisting dyslexia as a social construct may have a price to pay. Despite this, Tina shared that EPs should be focused on the needs of CYP not their individual opinions on constructs (appendix X.24). Ralph also

acknowledged that “...*the context of how EPs work has changed*” (Ralph, line 273), and the use of the term dyslexia depends on the context of work. It was commented that EPs may change their positioning on dyslexia throughout their career, and this creates discrepancies in practice.

Finally, several LA EPs noted that EPs experience differences in their training which creates variety in how individuals approach their work. Dora acknowledged that EPs would need more training on literacy difficulties and diagnostic procedures in order to diagnose dyslexia (appendix X.25).

4.4.2.2. The power of the EP

Perceptions about the power of the EP role were shared. Dora acknowledged that EPs are often viewed as experts, who are specially trained to understand literacy difficulties, but this leads to “...*conflict with EPs being the expert versus working collaboratively in person-centred ways*” (Dora, line 496). Participants reported that schools and parents often think “...*only EP's can diagnose dyslexia*” so they are “... *seen as the authority*” (Ralph, line 231) in diagnosis (appendix X.26). Finally, Jasper (LA EP) shared that the power EPs hold, in part, comes from the perception that they are “...*a way to access resources and funding*” (Jasper, line 400).

4.4.2.3. The ideal EP role

This subtheme explores EP's views about their ideal way of working with dyslexia. It consists of three main elements: assessment over time and response to intervention, understanding and exploring difficulties, and working at different levels in a system.

Firstly, all EPs acknowledged that in order to label individuals there needs to be “...assessment over time” (Dora, line 266) and “...response to interventions must be observed” (Tina, line 83). LA EPs reflected that in their current role they “...don't have the time to be working with children overtime and that wouldn't be sufficient to say, here is a dyslexia diagnosis” (Jasper, line 190). Instead, they suggested that “...people will often look for a diagnosis of dyslexia when maybe the information available is not sufficient” (Jasper, line 83). In contrast, IEPs noted that part of their role was to conduct in-depth individual assessments which focused on assessing a range of skills (appendix X.27).

EPs also highlighted that part of their ideal role was “...helping people to unpick what needs look like in the bigger picture, with a more holistic lens” (Jasper, line 394). Tina acknowledged that part of this role requires “...drawing together the different perspectives” (Tina, line 263).

Finally, Tina (IEP) acknowledged that EPs work at “...many different levels, and obviously to have the maximum impact, ideally, you might wanna work at a systemic level” (Tina, line 383).

4.4.2.4. Report writing vs. consultation

The differences in practice between report writing and consultation were discussed as a subtheme by IEPs. They considered several aspects of report writing, but the majority of these reflections were made in reference to using the term dyslexia. Ralph noted that the term is readily used in the “...statutory role for the local authority or Education, Health and Care Plan Assessments” (Ralph, line 15). He commented that “...language is important, which is why in a report I always imagine, when they are an adult what will they say when they read

it” (Ralph, line 297). Ralph explained that “...in reports you can define the term and reference it. But I think the bigger challenge comes in conversation with people, where terms [are] being used in a very generic or unclear way” (Ralph, line 66). In consultation Ralph explained that typically “...I wouldn't contest the term [dyslexia]. I would just move quickly onto you know, what do you mean by literacy difficulties for this child?” (Ralph, line 129).

4.4.2.5. Reasons for involvement

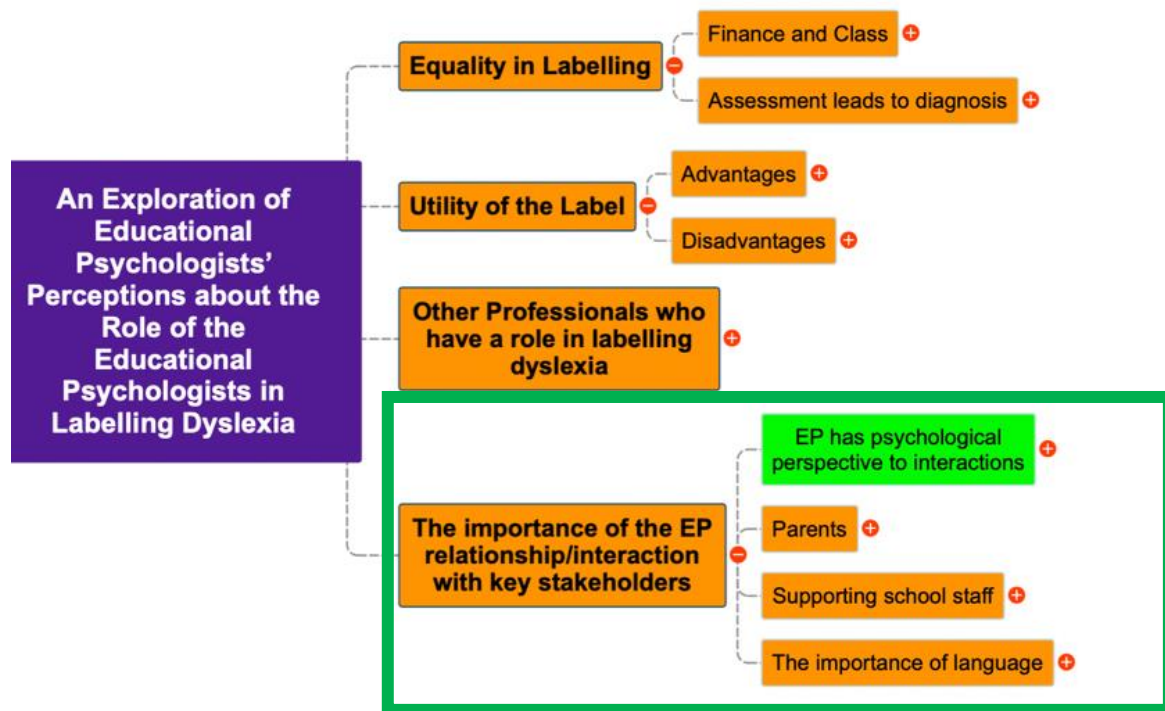
EPs who worked for the LA considered reasons for involvement with CYP. Dora acknowledged that the use of the label dyslexia “...comes up most in statutory work...but with traded work, it's more around identifying those needs” (Dora, line 52). She went on to report that EPs are generally involved with CYP to explain their needs to key adults. She commented that “...consultation is a big part of my practice so it's about jointly formulating, hypothesis generating, gathering that evidence but also checking things out with families” (Dora, line 514). Jasper noted that EPs are often “...working with children who have already had an assessment for dyslexia. So, I'm not often the first port of call.” (Jasper, lines 58). Camille explained that “I come late to the party, and it's almost around parental pressure” (Camille, line 559) when schools choose to contract work from EPs.

4.4.3. The importance of the EP relationship/interaction with key stakeholders

This theme contains 4 subthemes, as highlighted in figure 15.

Figure 15

Thematic map showing the subthemes which will be discussed in relation to the theme 'The importance of the EP relationship/interaction with key stakeholders' found for the EP profession.

**Key:**

Orange boxes were themes spoken about by both IEPs and LA EPs.

Green boxes were subthemes spoken about by only IEPs.

Blue boxes were subthemes spoken about by only LA EPs.

4.4.3.1. Parents

All EPs shared that the relationship between EPs and parents is crucial. They noted that there are many challenges when working with parents, one of which was parents' fixation on the

construct of dyslexia (appendix X.28). Jasper shared a personal experience in which this parental desire led to conflict.

“...the mum actually contacted the service to say she was expecting a diagnosis of dyslexia, and she was disappointed that I had not given one.” (Jasper, line 115)

Jasper explained that challenges such as this *“...come from the [lack of] time to have conversations to a sufficient level...there's a tendency to say, well, we'll give that to parents, because that's what parents want” (Jasper, line 247).*

As a result of the challenges faced when working with parents Ralph (IEP) reported *“...we [IEPs] are very wary of taking work from parents. I suppose the question is, who defines what we do and why we do it?” (Ralph, lines 273-275).* Camille commented that parents need EPs to prove that schools are supporting their CYP, as parents *“...are anxious and under confident and I'll see strategies that are being put in place to support the young person, and you can see they [the parents] kind of go, Oh, oh, they [the school] are supporting my child!” (Camille, lines 778- 790).* Dora (LA EP) and Harriet (IEP) highlighted the importance of understanding the parents' views around labelling and using their language to help explore this phenomenon (appendix X.29).

4.4.3.2. Supporting school staff

Several interviewees also acknowledged the importance of relationships when supporting school staff. Both LA EPs and IEPs reflected that interaction between schools and EPs *“...depends on how experienced the SENCO or teacher is” (Jasper, line 487).* Ralph (IEP) commented that *“...the relationships we have with schools are absolutely critical.... They*

don't mind challenge, providing you keep your relationship” (Ralph, line 279). However, Tina (IEP) noted that “*...it's amazing what teachers don't know*” (Tina, line 182) and therefore they would benefit from additional training on approaches to support literacy needs.

All the interviewees acknowledged that there is often tension or a lack of consensus in the different hopes for EP involvement between parents, teachers, and EPs (appendix X.30). Tina (IEP) commented that EPs give schools a choice of “*...different ways of working*” (Tina, line 440). Yet, “*...one of the problems about the job is, we are quite autonomous*” (Dora, line 841), and EPs can be asked to work in ways they may not want to. Jasper (LA EP) shared that this often requires EPs “*...to remove some of those personal views about what should be the goal*” (Jasper, line 436) and instead focus on the problem presented.

IEPs, such as Harriet, reported that it can be hard to manage a school's expectations of a diagnosis. EPs can often spend time explaining school assessment results to staff as they do not understand them. Ralph noted that the development of scripts to manage interactions with parents and other school staff can be helpful in these situations (appendix X.31).

4.4.3.3. Importance of language

The importance of language in interactions was brought to the interviews. Jasper (LA EP) focused on the use of language to enable clear contracting with schools. He noted that “*I'm extremely careful with the language that I use to avoid any misunderstandings*” (Jasper, line 82) about what the EP role entails and prevent “*...the label being taken and run with in ways that EPs can't control*” (Jasper, line 361). Jasper also explored the use of language for questioning and reframing an individual's perception. He commented that “*...asking questions can help really unpick what the problem looks like*” (Jasper, line 451).

Ralph (IEP) focused on the use of language to challenge constructs. He acknowledged that it may be unhelpful for EPs to challenge someone's use of the term dyslexia and in fact he noted that EPs may risk antagonising others or being misunderstood if they do not use their language (appendix X.32). Ralph suggested "...if you avoid using the term, in a way, that's not a passive act....because if you do dodge that [using the term dyslexia] you're actually then, colluding with the construct...we [EPs] need to make a decision on what we're gonna say when that term is used" (Ralph, line 93-95). This was also noted by Dora (LA EP) who explained that it is important for EPs to bring families "...onside, so they come along that journey with you" (Dora, line 613) so the language around dyslexia can be explored collaboratively.

4.4.3.4. EP has psychological perspective to interactions

Finally, this subtheme explores how EPs "...apply a psychological perspective, both to the interaction and the language used" (Ralph, line 69). IEPs such as Ralph commented that for an EP to fulfil their role effectively, they should focus on "...the literature around relating to other people and working with other people" (Ralph, line 237). An example of when an EP may draw on their psychological perspective to develop interactions was reported by Tina (IEP). She explained that EPs may be called "...in because parents and school have quite different views. And so, then they get stuck because that relationship has broken down, and they need somebody to bring it all back together" (Tina, lines 278-281).

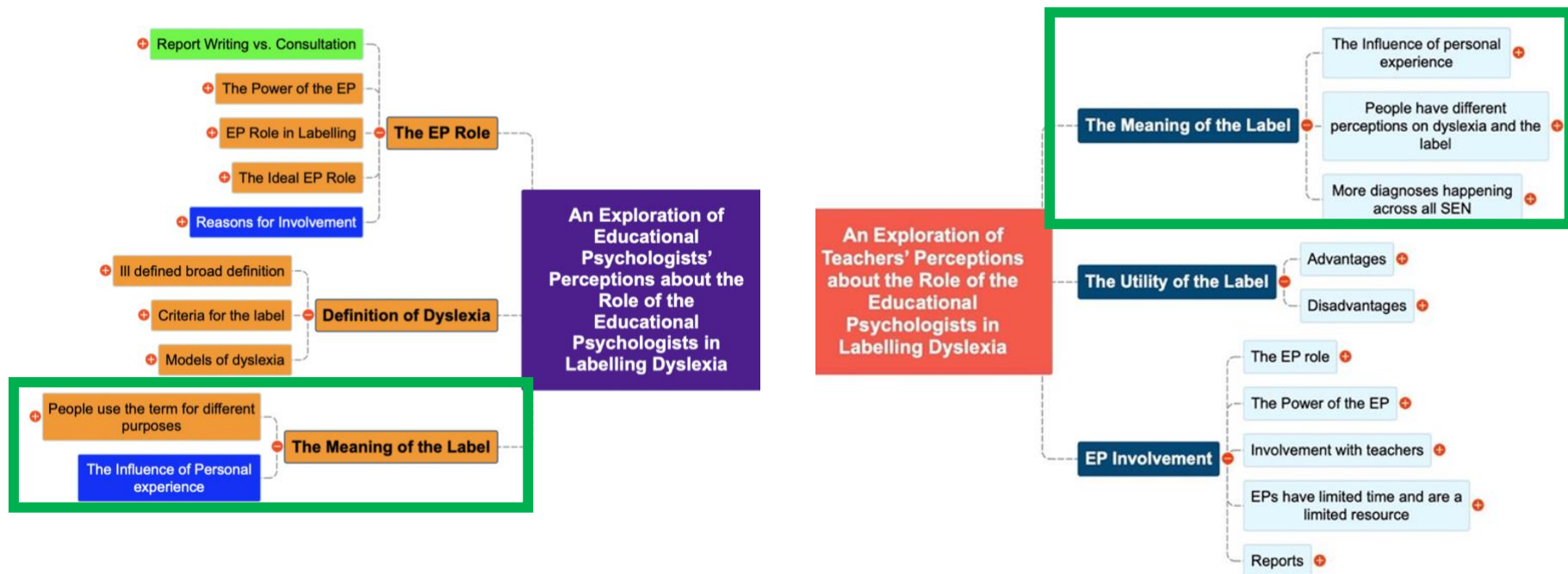
4.5. Joint themes for EPs and teachers

4.5.1. The meaning of the label

This theme contains 3 joint subthemes, as highlighted in figure 16.

Figure 16

Thematic maps showing the subthemes which will be discussed in relation to the theme 'The meaning of the label' found for both professions



Key for educational psychologists' thematic map (left hand side):

Orange boxes were themes spoken about by both IEPs and LA EPs.

Green boxes were subthemes spoken about by only IEPs.

Blue boxes were subthemes spoken about by only LA EPs.

Key for teacher's thematic map (right hand side):

Dark blue boxes were themes.

Light blue boxes were subthemes.

4.5.1.1. The influence of personal experience

The influence of personal experience on the meaning of the dyslexia label was referred to by both EPs and teachers. In particular Dora (EP) commented that she had family members who were “...*diagnosed with dyslexia and he's found that actually it's opened doors for him*” (Dora, line 403). Similarly, five out of the six teachers who were interviewed had personal experiences of either being a parent of a CYP who had dyslexia, or experienced dyslexia themselves. They reflected that they found “...*it personally really helpful because I was feeling pretty unmotivated as a student*” (Luna, line 5).

4.5.1.2. People have different perceptions on dyslexia and the label

Participants acknowledged that distinct groups of individuals have different perceptions about the label dyslexia and highlighted the variety of concepts it might be used to describe. For example, “*I think the value and utility of the label would be different for each person*” (Jasper, line 364). Similarly, Nancy and Sophie (teachers), commented on assumptions in the “...*wider community, as they still think that dyslexia is a reflection on someone's intelligence*” (Nancy, line 14). Perhaps due to these assumptions in wider society, other teachers such as Carol noted that often “...*people can almost diagnose themselves*” (Carol, line 94) without having undertaken official assessments. Carol considered concerns she held around the meaning of the label for some individuals. For example, older CYP “...*don't want it to be talked about that they're dyslexic and they sort of hear stories of oh it's a superpower. And I think that's a bit dangerous because there are lots of people who might have done wonderful things. But to classify this because of their learning difficulty, I think it's slightly dangerous*” (Carol, line 70).

EPs acknowledged that the label of dyslexia is often used by teachers to describe a large group of needs and the subtleties of the definition are often lost. Camille felt this may be because labels can become meaningless if there are too many of them (appendix X.33). However, Camille acknowledged that “...to ask every secondary school teacher to read every student profile can sometimes be really difficult, but sometimes that use of those kind of keywords is often quite helpful, like a shorthand” (Camille, lines 129-133).

Similarly, EPs considered the meaning of the dyslexia label to parents. Camille reflected that “...parental confidence that schools can meet young people's needs is quite low, and I think that is because...there has to be a kind of competition for resources, and parents think that labels would give additional resources in school” (Camille, lines 793-795). Ralph and Harriet (EPs) also noted that “...it's [dyslexia] still a label that means a lot to parents” (Harriet, line 23).

4.5.1.3. More Diagnoses happening across all SEND

A subtheme which was primarily acknowledged by teachers was the increase in the number of SEND diagnoses.

“... more diagnoses [are] happening not just in dyslexia but in various learning needs.” (Lydia, line 323).

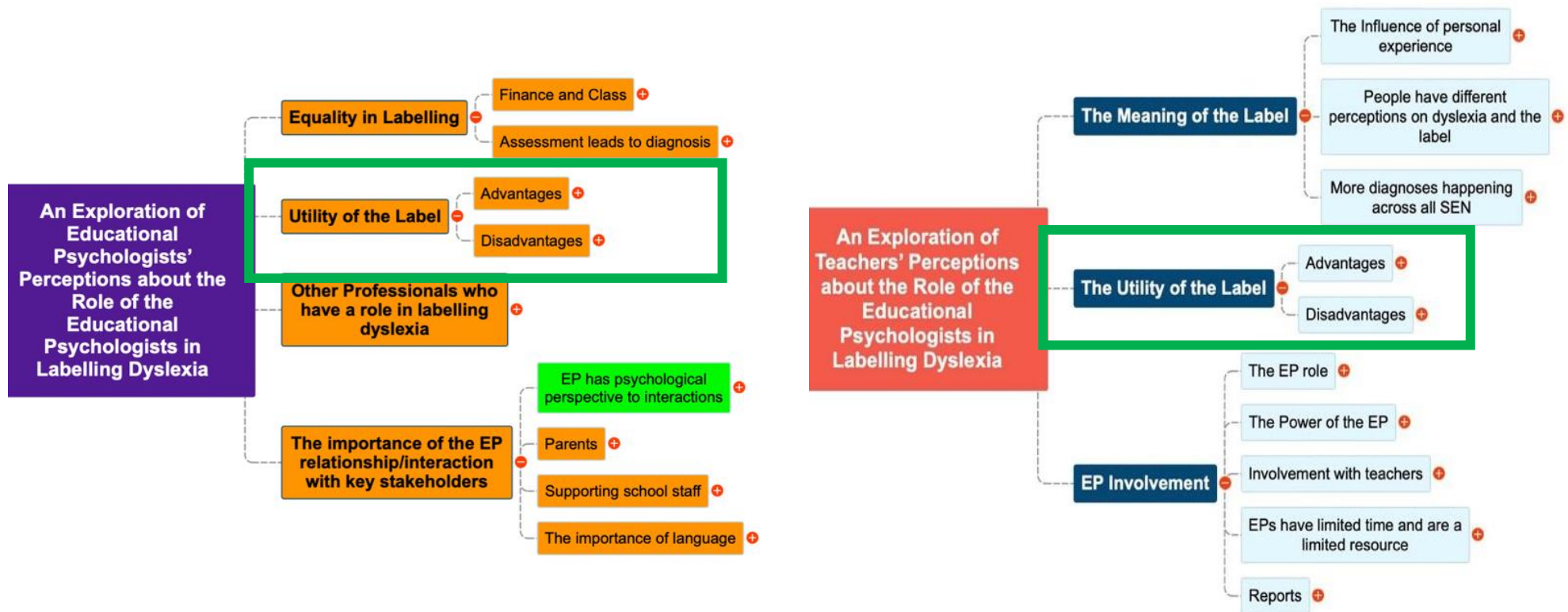
Joe explained that he felt this may, in part, be because “...we are becoming more inclusive as a society to people who are different and might need different initiatives to help them learn” (Joe, line 29). Alongside this, Sophie acknowledged that perceptions around SEND may be changing due to “...celebrities coming forward” so it is seen as “...a bit of a positive, compared to what it used to be” (Sophie, line 415).

4.5.2. The utility of the label

This theme contains 2 joint subthemes, as highlighted in figure 17.

Figure 17

Thematic maps showing the subthemes which will be discussed in relation to the theme 'The utility of the label' found for both professions.



Key for educational psychologists' thematic map (left hand side):

Orange boxes were themes spoken about by both IEPs and LA EPs.

Green boxes were subthemes spoken about by only IEPs.

Blue boxes were subthemes spoken about by only LA EPs.

Key for teacher's thematic map (right hand side):

Dark blue boxes were themes.

Light blue boxes were subthemes.

4.5.2.1. Advantages

Both EPs and teachers reflected on similar advantages when thinking about the utility of the label dyslexia. These included: access to resources, development of the narrative around CYPs difficulties, relief and understanding for CYP and parents, and positive impact in later life (appendix X.34).

4.5.2.2. Disadvantages

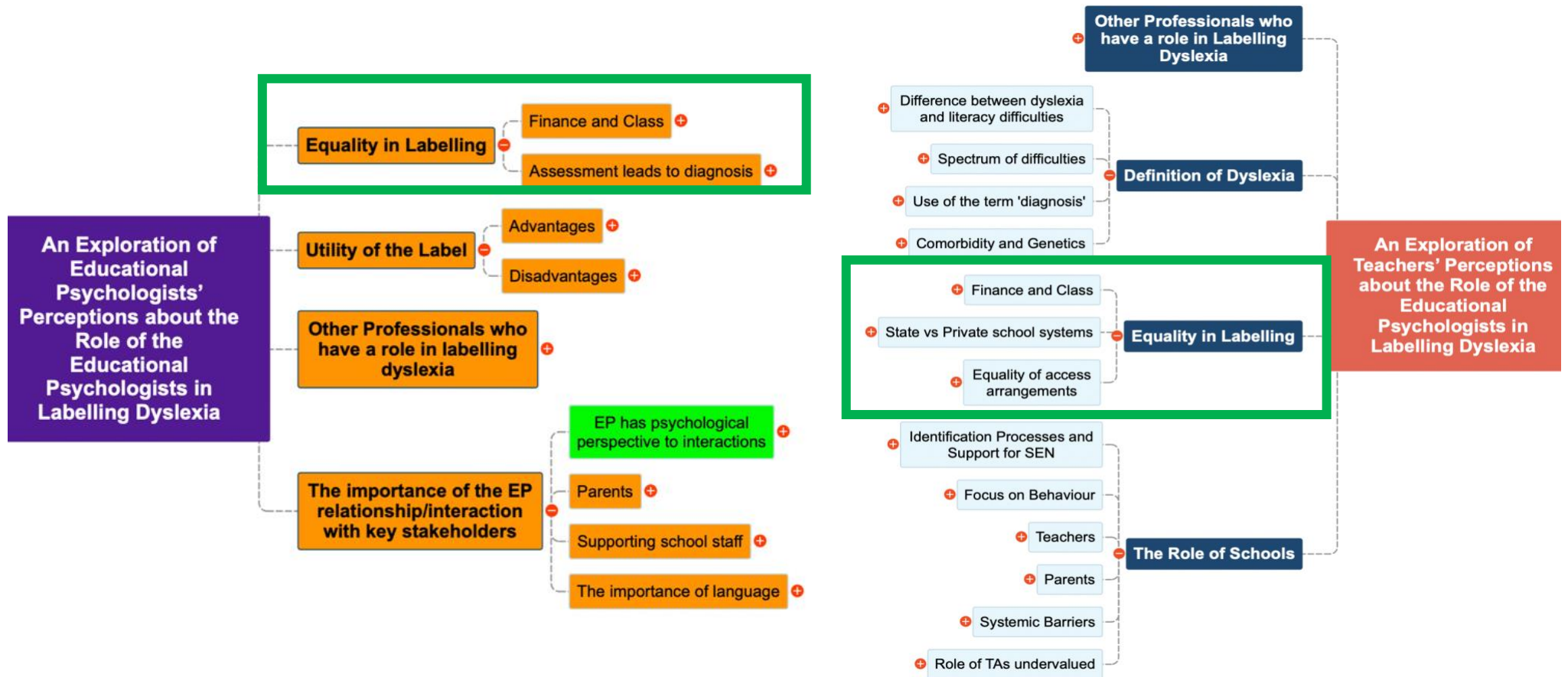
Both EPs and teachers reflected on similar disadvantages when thinking about the utility of the label dyslexia. These included: diagnosis used as an excuse, diagnosis can feel overwhelming, intervention is the same for literacy needs and dyslexia, stigma attached to dyslexia, diagnosis does not recognise individual needs, and labels are powerful and for life (appendix X.35).

4.5.3. Equality in labelling

This theme contains 4 joint subthemes, as highlighted in figure 18.

Figure 18

Thematic maps showing the subthemes which will be discussed in relation to the theme 'Equality in labelling' found for both professions.



Key for educational psychologists' thematic map (left hand side):

Orange boxes were themes spoken about by both IEPs and LA EPs.

Green boxes were subthemes spoken about by only IEPs.

Blue boxes were subthemes spoken about by only LA EPs.

Key for teacher's thematic map (right hand side):

Dark blue boxes were themes.

Light blue boxes were subthemes.

4.5.3.1. Finance and class

Several EPs and teachers commented on the lack of equality that is present in the labelling system (appendix X.36). In particular, the financial means of parents was spoken to as many “...parents can't afford to pay for an independent educational psychologist” (Luna, line 32). Teachers, such as Joe, debated whether “... private companies are trying to find problems that aren't there?” (Joe, line 107). Tina (IEP) also acknowledged that “...parents use it as a financial [benefit]. Because it's classified as a disability, it helps parents if they're getting Disability Living Allowance” (Tina, line 206). The influence of paying for a dyslexia assessment on the role of the EP was reflected on by Camille, a LA EP.

“.... I'm not paid by the parents to (diagnose)...I have had parents who come thinking well, my child is dyslexic, it raises lots of issues around who is asking for the label.” (Camille, lines 724-737).

The role of class in receiving a diagnosis was also reflected on by both teachers and EPs. It was felt that dyslexia may be seen as a middle-class problem as this demographic has the financial means and understanding of how to access support (appendix X.37).

4.5.3.2. Assessment leads to diagnoses

Jasper and Harriet (EPs) raised concerns about dyslexia assessments always leading to a diagnosis. Jasper commented on the over-testing that can occur to find a result an individual may want, while Harriet noted that diagnoses are sometimes given irrelevant of whether a CYP experiences literacy difficulties. Carol (teacher) also questioned how many CYP attend a dyslexia assessment and do not receive a diagnosis (appendix X.38).

4.5.3.3. State vs. private school systems

The differences in support between state and private school systems was acknowledged by teachers. Nancy and Joe commented that there is inequality in terms of accessing support between schooling systems, for example in private schools “...support is within the service and parents are essentially the customers” (Joe, line 110). However, “...in the state system, parents have to fight quite hard to get that support” (Nancy, line 188) and therefore being labelled by a professional may have a greater impact. It was also noted that often in private settings “...children come having had an ed psych report done already” (Nancy, line 68).

In addition, Carol spoke about the differences in staff knowledge between diverse provisions.

“I’m in a specialist setting, so it’s quite easy for me to talk about the different profiles of dyslexia, but if I look back to when I was in a mainstream setting I had much less knowledge of learning difficulties.” (Carol, line 154).

4.5.3.4. Equality of access arrangements

Equality of access arrangements for exams was reported by two teachers. Nancy acknowledged that within schools CYP “...with the biggest needs get the priority” (Nancy, lines 681). She went on to explain the challenges experienced when managing support for the range of needs CYP present with due to the limited space and equipment available. Yet, parents of CYP often complain as they do not understand the practical boundaries of providing such support (appendix X.39).

Similarly, Carol commented that support arrangements are also inequitable as they are often restricted to specific SEND, like dyslexia. Therefore, “...other learning difficulties don’t get

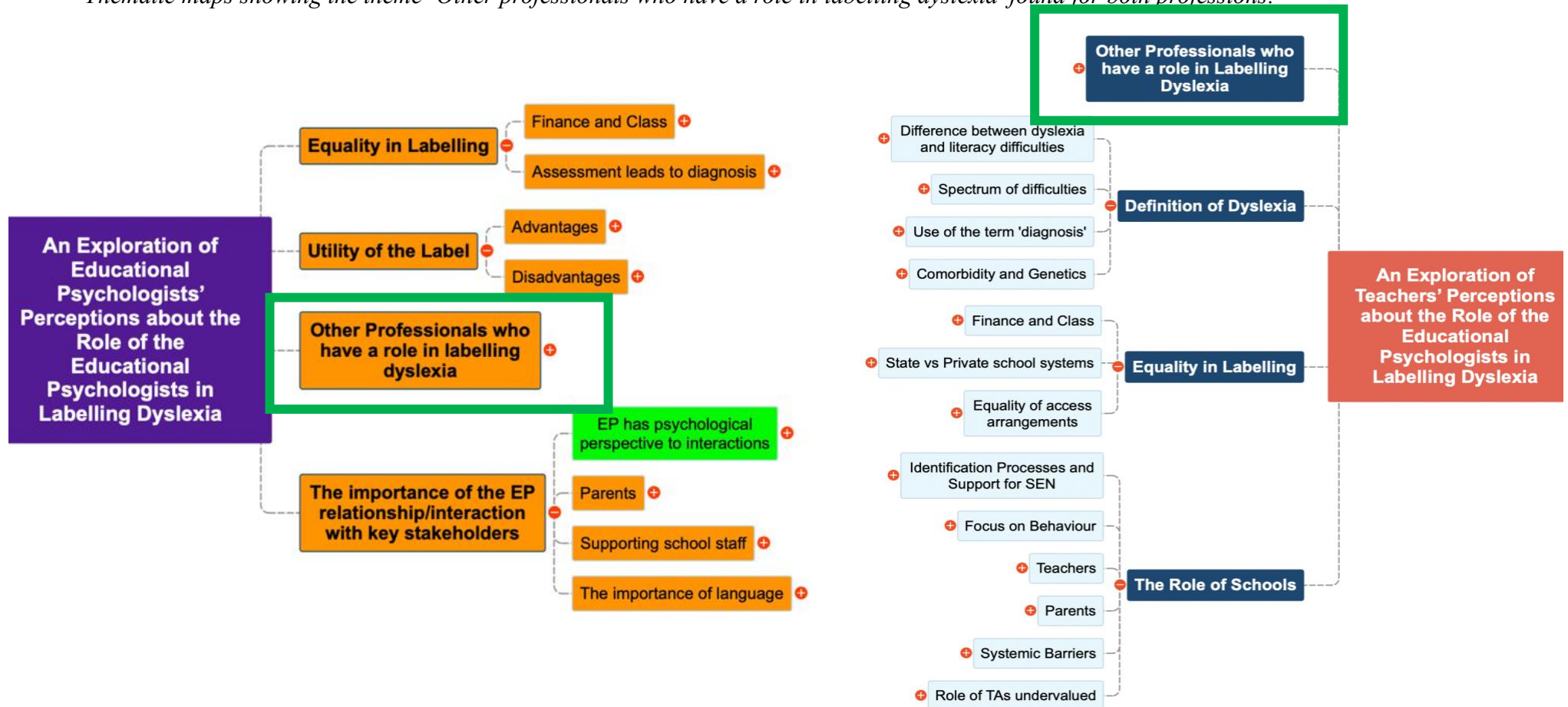
those adjustments. So, if you're dyscalculic...you don't actually get any access arrangements”
(Carol, line 61).

4.5.4. Other professionals who have a role in labelling dyslexia

This joint theme, as highlighted in figure 19.

Figure 19

Thematic maps showing the theme 'Other professionals who have a role in labelling dyslexia' found for both professions.



Key for educational psychologists' thematic map (left hand side):

Orange boxes were themes spoken about by both IEPs and LA EPs.

Green boxes were subthemes spoken about by only IEPs.

Blue boxes were subthemes spoken about by only LA EPs.

Key for teacher's thematic map (right hand side):

Dark blue boxes were themes.

Light blue boxes were subthemes.

Both EPs and teachers reflected on other professionals who might have a role in labelling dyslexia. EPs reported that these professionals included specialist teachers, IEPs and GPs. Whereas teachers acknowledged the role of several other professionals including ELSAs, Play Therapists and SENCOs (appendix X.40).

Several EPs reflected on the assumptions that are made about the role of IEPs in diagnosing dyslexia. For example, Jasper (LA EP), reported that IEPs often see “...*diagnosis of dyslexia as being something to do with that kind of discrepancy model between intelligence and reading. I think it's often alluded to in a lot of independent reports*” (Jasper, line 178-180). He explained that this leads to “...*a level of slight frustration, or a little bit of uncertainty when I read some of those reports because it's very at a tangent to the way that we [LA EPs] would carry out our work*” (Jasper, lines 727-730).

Dora acknowledged that IEPs may have additional expertise in diagnosing dyslexia compared to LA EPs. Therefore, LA EPs might “...*read private EP reports and I guess they've given me an idea as to how I would carry out those assessments. As it felt like those colleagues [IEPs], had a knowledge that I didn't have*” (Dora, lines 757-762).

However, Ralph (IEP), commented that individuals have assumptions about IEPs that are not always accurate.

“... *even though we're in a private setting, it does not mean to say that we will just take any work or will accept anyone's definition of our job. There is a historical precedent for this kind of approach in the past, because the moment you say private psychologist people can have lots of impressions.*” (Ralph, line 282).

4.6. Chapter summary

The overarching 8 themes and 22 subthemes for the EP profession and the overarching 7 themes and 23 subthemes for teachers identified have been discussed in this chapter. Both professional groups have provided a rich overview of the ways in which they interact and perceive both the label of dyslexia and an EPs role in labelling dyslexia. The following chapter will discuss the themes in greater depth in relation to previously identified literature

Chapter 5– Discussion

5.1. Chapter overview

The purpose of this chapter is to explore the research question, ‘What are Teachers and EPs Perceptions about the Role of the EPs in Labelling Dyslexia?’ Themes identified from the RTA will be explored in relation to the research questions posed earlier in the thesis.

Discussions will be related to current policies and previously reviewed literature. As the literature review did not solely focus on the research questions, the author has chosen to also refer to literature included in the introduction chapter, in order to reflect accurately on the similarities and differences between the literature and this study’s findings. It is noted that there are conflicting and confusing views in the findings which may be a reflection of the dyslexia debate. The strengths and limitations of the study will be identified, as well as suggestions for further research and professional implications. The chapter will conclude by summarising the research process, including a reflective statement detailing the author’s journey as a researcher.

5.2. Do key stakeholders differ in their perceptions about the risks and benefits of labelling CYP with dyslexia and the utility of this label for different professional groups?

This research question explores whether EPs and teachers hold different views about the utility and meaning of the label dyslexia. This includes exploring their perceptions about the risk and benefits of labelling and the lack of equality in labelling systems.

5.2.1. The utility of the label

All EPs and teachers commented on the definition of dyslexia when asked about the utility of the label. Both professions explained that the term dyslexia was too broad for the needs it encompassed. Participants referred to the high rates of comorbidity with other SEND and the confusion this can create when thinking about what dyslexia encompasses. In dyslexia literature the list of possible underlying challenges is lengthy and it would seem that for ‘diagnosis’ none are essential. Such lengthy lists routinely fail to offer meaningful distinctions (Rice & Brooks, 2004). Interviews suggested that there is no consensus among educational professionals, and the wider community, about what is or is not dyslexia. Snowling (2015) posits that the meaning of dyslexia can vary across classes, cultures, countries, and professions. EPs who were interviewed used descriptions such as a “catch-all phrase” and “reductive in nature” to describe the term dyslexia. They noted that although definitions, such as the BPS (1999) and Rose (2009), and models of dyslexia exist, these fail to mention causality or how to identify and respond to dyslexia. In literature Kirby (2020) alongside Imray and Sissons (2021) noted that the ambiguity of descriptive labels appears to be a critique for many learning difficulties, including dyslexia. This concept of an ill-defined definition was explored by Rice and Brooks (2004) who stated that it appears that ‘dyslexia’ is not one thing but many, in so far as it serves as a conceptual clearinghouse for numerous reading difficulties, with various of causes. Perhaps most prominently Elliot (2020) claims the complexity surrounding the definition signifies that the construct of dyslexia is not scientifically rigorous (Elliot, 2005; 2014; Elliott, & Grigorenko, 2014a; 2014b). Dyslexia has no consistent or clear criteria, only common features, leading to unreliable interpretation (Elliott, 2020). Cluley (2018) goes on to suggest that descriptive labels, such as dyslexia, may be seen as another term to be employed as and when required to achieve a desired outcome.

This perhaps explains why EPs and teachers feel that the definition of dyslexia is confusing and open to personal interpretation.

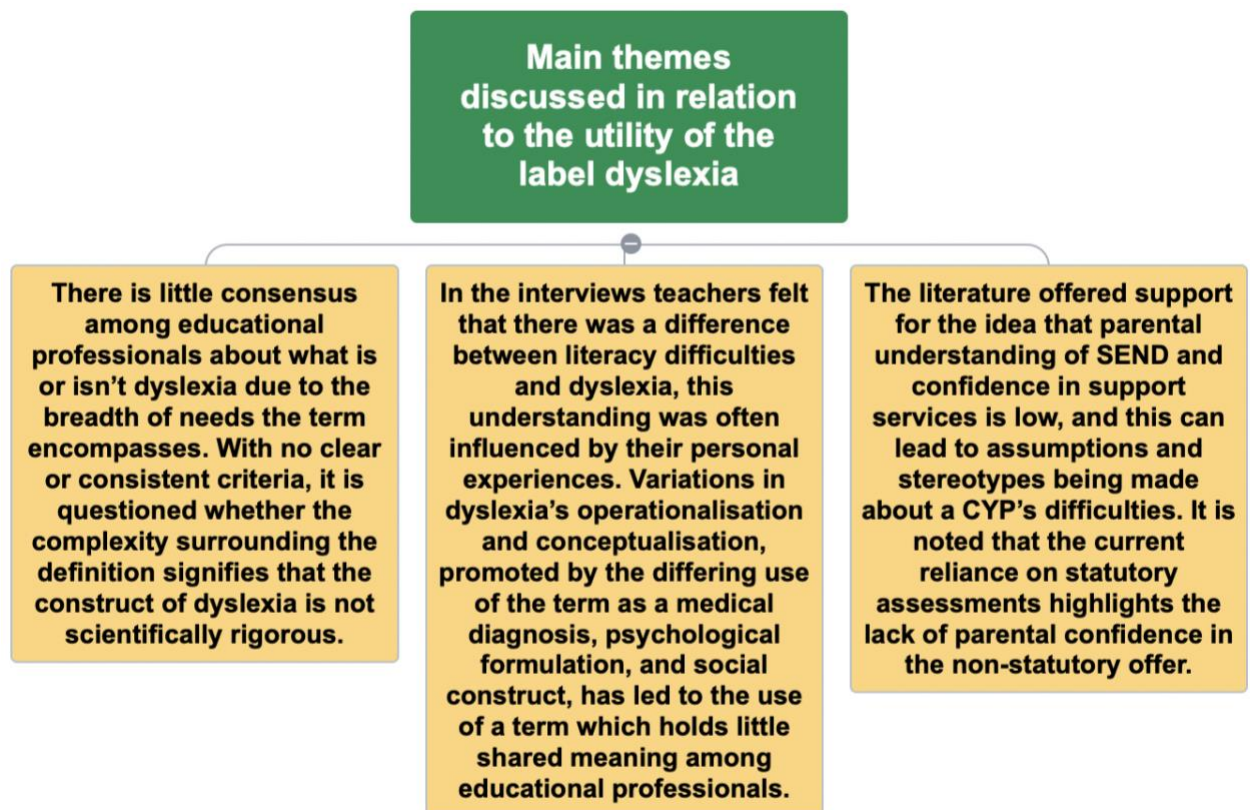
This difference in interpretation was evident when participants reflected on the difference between literacy difficulties and dyslexia. Teachers reported that there is a difference between the two, whereas EPs felt this difference was not explicit. EPs acknowledged that the label of dyslexia is often used by teachers to describe a large group of needs and the subtleties of the definition are often lost. This was emphasised in several of the teachers' interviews, who shared personal experiences which influenced the meaning they gave to the dyslexia label. Elliot and Gibbs (2008) noted that the definition of dyslexia might be viewed as an arbitrarily and largely socially defined construct. Kirby (2020) therefore suggested that the history of dyslexia may be considered to mirror the history of many other hidden disabilities, including ADHD and ASD (Evans, 2017; Lawlor, 2012; Smith, 2012; Waltz, 2013). Each of these conditions has been in public focus at different times, thanks to dedicated campaigns and social movements. Variations in dyslexia's operationalisation and conceptualisation, promoted by the differing use of the term as a medical diagnosis, psychological formulation, and social construct, has led to the use of a term which holds little shared meaning among educational professionals.

For many EPs the utility of the label was also reflected upon in terms of its use with parents. They reported that parents have a lack knowledge and understanding of SEND, and this can lead to assumptions and stereotypes being made about CYP's difficulties. For example, Shenton (2010) found that individuals are cautious to disclose their difficulties to public inspection due to media portrayals of dyslexia's association with inability. Interviewees suggested that such assumptions held in the wider community can lead to people labelling

themselves without undertaking formal assessments. LA EPs reflected that parental confidence in schools and services is currently very low, and this has altered parent's perceptions of labels; parents attach high value to the label dyslexia as they view it as a gateway to resources. The LA in which this research was conducted recently underwent an OFSTED inspection of its SEND services. The report reflected that less than 50 % of parents are confident in the SEND support their CYP receive at school (Anonymised LA, 2023). The current reliance on statutory assessment highlights the lack of parental confidence in the non-statutory offer. Kirby (2020) suggests that one enduring legacy of former disputes and discussions in the dyslexia debate is that overly-concerned parents invented, or at the least favoured, dyslexia. It is believed that dyslexia is a vehicle for parents to declare their CYP are otherwise intellectually able, contrary to their reading performance, and will be treated more sympathetically by teachers (Elliott & Grigorenko, 2014b). Such challenges in parental understanding of SEND and confidence in support services are faced by many LAs in the UK, however it is vital to consider how this influences both the use and understanding of the term dyslexia. A summary of the main themes discussed in relation to the utility of the label dyslexia is shown in figure 20.

Figure 20

The main themes discussed in relation to the utility of the label dyslexia.



In conclusion, the points raised somewhat echo past literature and may suggest that the focus needs to be shifted onto how professionals support literacy needs, rather than if such needs are representative of dyslexia or not.

5.2.2. The risks and benefits of labelling

The advantages and disadvantages of labelling CYP with dyslexia were discussed in both the participants' interviews and throughout the literature. Despite having diverse opinions about dyslexia, it is noted that teachers and EPs reflected on similar risks and benefits of labelling dyslexia. Both professions shared that the label of dyslexia can develop the narrative around CYP's difficulties, and this can in turn provide relief and understanding of their needs for those around them. Ho (2004) provided support for this, recognising that dyslexia 'diagnosis'

establishes an explanation for CYP, parents and teachers. The label provided an alternative positive picture, relieving the blame CYP felt for their difficulties, due to their biological understanding of dyslexia (Gibby-Leversuch, et al., 2021). Moreover, blame was removed for parents (Ho, 2004; Snowling, 2019) and dispersed misunderstandings, particularly by teachers, of the individual as 'lazy' (Armstrong & Humphrey, 2009). This recognition of those without a label as 'low achievers', 'unintelligent' or 'lazy' was commented on by teachers in the interviews. They shared that it takes a 'diagnosis' of dyslexia to change the attitude of individuals around a student. Without this, assumptions are made about a student's ability. An additional significant benefit recorded in the literature, as well as noted by participants, was the access to resources a label of dyslexia provides. The label provides access to support and technology which would otherwise be withheld if CYP were recognised as low achievers (Shakespeare, 2014; Gibby-Leversuch, 2018; Majer, 2018). Ryder and Norwich (2018) revealed that assessors of dyslexia admitted that they frequently use the diagnostic term to secure support for individuals. This raises significant questions about the viability of disability entitlement and differential diagnosis, as the loosely defined diagnostic category can be used as an automatic passport to disability eligibility (Arnold, 2017). The current findings and literature serve to enlighten all those concerned with the limitations and nature (Norwich, 2009) of dyslexia diagnostic assessment.

Participants reported several disadvantages which should be considered when labelling CYP with dyslexia. Teachers noted that a label can often be used as an excuse by CYP and their parents to explain why a CYP cannot do something. Research included in the literature review of this thesis does not explicitly support this finding, thus pointing to a need for further research. However, literature does highlight stereotypes which the wider community may hold about a dyslexic's ability and perhaps explains why parents and/or CYP believe a

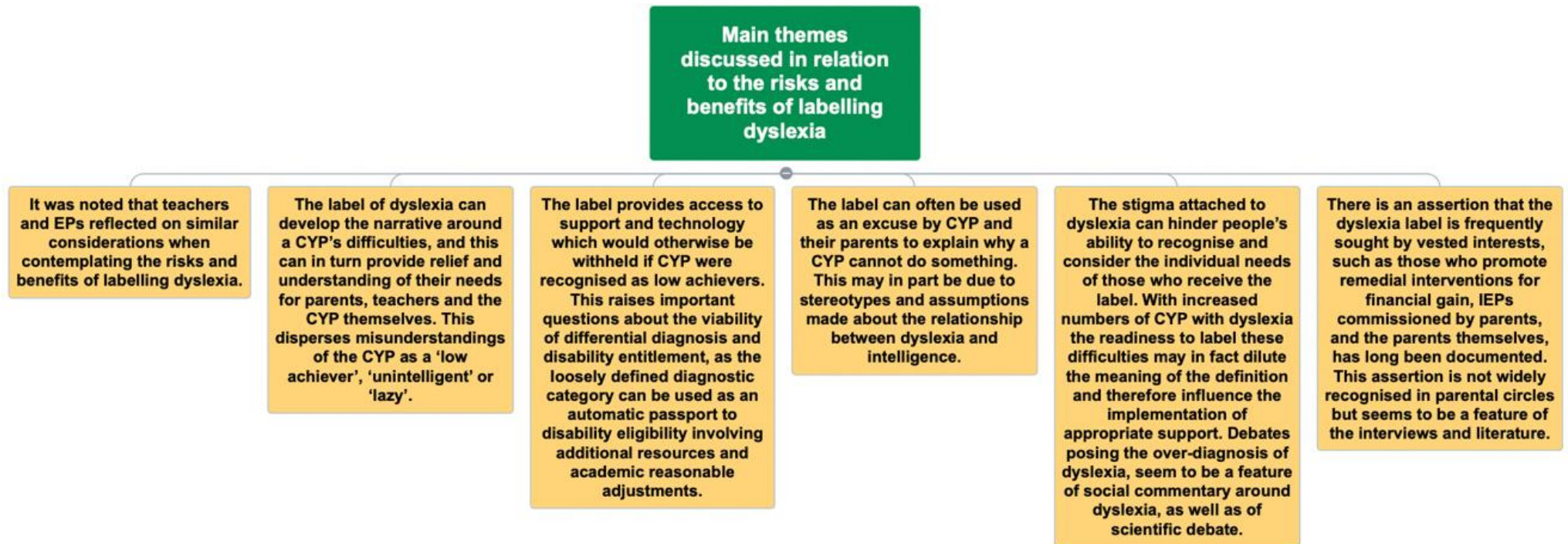
dyslexia ‘diagnosis’ will prevent CYP achieving desired outcomes. For example, Davies (2023) reported that students with dyslexia felt they had to seek out those who did not ‘put them down’ in higher education contexts. Moreover, Asghar et al., (2019) found individuals who shared that they had a diagnosis dyslexia for examinations had a significantly lower rate of passing. This emphasises that alongside the debate about whether a connection between dyslexia and intelligence persists, an individual’s dyslexia may influence their academic success. Such findings support assumptions made about dyslexic’s ability and may explain why parents and CYP use the dyslexia label as an excuse.

EPs shared that the stigma attached to dyslexia can hinder people’s ability to recognise and consider the individual needs of those who receive the label. Alongside this, EPs commented that the dyslexia label should not be required to receive support, as interventions for literacy needs and dyslexia are the same. Elliott and Grigorenko state that “A label is necessary in order to receive additional educational resources” (2014a, p. 165) and this has caused an over-representation of CYP with dyslexia within the SEND system (Daniels & Porter, 2007; SENCO-Forum, 2005). The increased numbers of CYP with dyslexia was reflected upon in interviews with EPs. They felt that the readiness to label dyslexia may in fact dilute the meaning of the definition and therefore hinder the implementation of appropriate support. This concept of over-diagnosis is further supported in dyslexia debate literature, where EPs report a verdict of dyslexia in many cases (Kirby, 2020). It was questioned by EPs and teachers in the interviews if dyslexia assessments always lead to a ‘diagnosis’. Some queried whether financial gain for professionals conducting assessments plays a role in this. The notion that the dyslexia label is frequently sought by vested interests has long been documented. Dyslexia’s prevalence is hard to ascertain, yet debates posing the over-diagnosis of dyslexia seem to be a feature of social commentary, as well as of scientific debate. A

summary of the main themes discussed in relation to the risks and benefits of labelling dyslexia is shown in figure 21.

Figure 21

The main themes discussed in relation to the risks and benefits of labelling dyslexia



In conclusion, many of the risks and benefits outlined echo stereotypes and assumptions made about the relationship between dyslexia and intelligence. Moreover, several points highlight contradictions in the risks and benefits of labelling dyslexia. As a result, one may question whether it is time to move on from this thinking?

5.2.3. Equality in labelling

A final element spoken to by participants was the lack of equality in labelling processes. The financial means of parents was reflected on by teachers and EPs. Interviewees suggested that dyslexia may be more prevalent in middle classes as this demographic has the financial means and understanding of how to access support. Literature supports this notion, with the labelling system suggested to disproportionately accommodate advantaged economic, racial, and social groups (Holmqvist, 2020), many of whom are customers of assessors employed to seek a label. Parents' income, social class, and education were all significant predictors of a dyslexia label (Knight, 2019; 2021), with the working-class less likely to obtain a 'diagnosis' during mainstream schooling (Macdonald & Deacon, 2019). This further perpetuates the myth that dyslexia is a middle class excuse for lazy CYP, as the label of dyslexia may explain to parents why their value of educational excellence is not being shown (Majer, 2018). It could be hypothesised that the combination of social, cultural, and economic capital, alongside the drive for educational excellence, permits the highest socio-economic class to ensure their CYP get the help they need and gives rise to social imbalance. The findings from literature and this research acknowledge the importance of social capital and culture when contemplating who has been labelled with dyslexia.

Kirby (2020) states that due to the initial lack of state support, it is difficult to comprehend how early interest in dyslexia could have been executed by individuals other than those with financial means. A correlation of this condition, alongside ADHD and ASD, with the middle-class may reflect the society in which they exist, rather than inform us about the condition's validity. Thus, dyslexia's alignment with the middle-class may be more a feature of its social history, than an example of unscientific bias. The allocation of labels due to contextual factors, such as state support, was also acknowledged in interviews by teachers. They shared

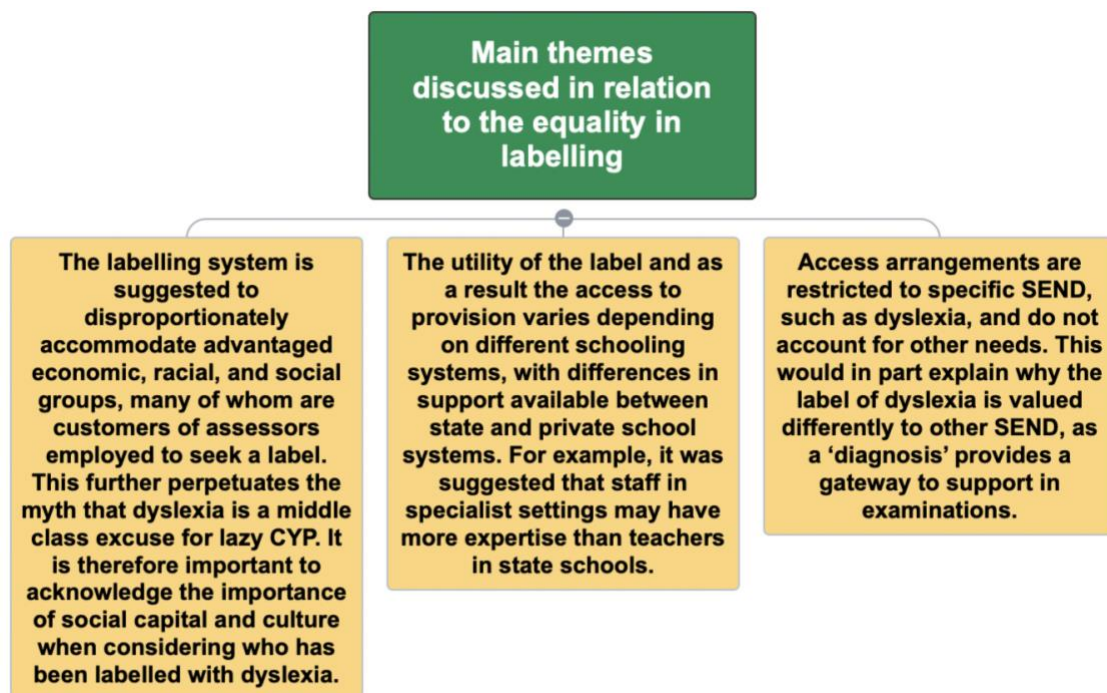
that the utility of the label varies depending on different schooling systems; with differences in support available between state and private schools. It was highlighted that within the state system parents compete for support and therefore if CYP are labelled by a professional it may have a greater impact. This explains the value and utility of the label reported by parents and teachers as a way to access resources. Literature from Davies (2023) proposes that all students should be given the opportunity to have a formal, free dyslexia assessment given that the duty of care from education providers extends to all pupils who may be understood to be disabled by dyslexia and not just those with a formal diagnosis. He suggests that this cannot be achieved without rethinking of the role of formal dyslexia diagnosis, in both the allocation of additional support and in the formation of dyslexic student identity. Findings from this research also speak to the lack of parental confidence in support provided by schools and go some way to explaining the increase in statutory assessments undertaken. In contrast, teachers reported many CYP come to private schools with an EP report already completed. This complements the findings that such parents from wealthier socio-economic backgrounds are more able to garner the support of services.

In the interviews teachers also reflected on the differences in staff knowledge between diverse provisions. They suggested that staff in specialist settings may have more expertise than teachers in state schools. One teacher commented that when she was teaching in a state school, she viewed CYP with SEND as being 'lazy' or 'naughty', however her view has changed since working in specialist provisions. Although differences in staff knowledge are not documented in literature, these findings do reflect the lack of equality and points to the need for further research.

Finally, in the interviews teachers raised the equality of access arrangements for exams. Participants explained that access arrangements were restricted to specific SEND, such as dyslexia. For example, CYP can be assessed for dyscalculia, however no exam arrangements can be put in place for this need. This would in part explain why the dyslexia label is valued in preference to other SEND. The concept of a label acting as a resource gateway is well documented in previously outlined literature. However, research does not comment on the lack of examination support for other SEND, hence pointing to the need for further investigation. A summary of the main themes discussed in relation to the equality in labelling is shown in figure 22.

Figure 22

The main themes discussed in relation to the equality in labelling.



In conclusion, it is important to acknowledge social capital and culture when considering the utility of the dyslexia label and who has been labelled. It could be argued that if support for

all literacy needs is a focus of improvement, the battle for resources through seeking a label would be reduced.

5.3. What are different stakeholder's views about whether part of an EP's role is to allocate the label dyslexia?

This research question addresses EPs and teachers' views about the role of the EP. It includes exploring the power EPs hold in education systems, the role of other professionals, and the use of the terms 'diagnosis' and dyslexia by key stakeholders.

5.3.1. Use of the terms 'diagnosis' and dyslexia

In the interviews, teachers reported that when referring to dyslexia they prefer to use the term 'diagnosis' rather than 'label'. To them the term 'label' felt stationary as if there was no way forward for CYP, whereas 'diagnosis' suggested there was a path ahead in supporting their needs. Contrastingly, both LA and IEPs shared that they felt the term 'diagnosis' was not appropriate to use when referring to dyslexia. They considered the influence of medical models of dyslexia and questioned their validity. In literature it is well documented that a hurdle to educational practice, social equity and science is that a large proportion of teachers, parents, academics, and clinicians consider dyslexia to be a 'diagnosable' condition (Elliott, 2020). The language chosen to describe the identification of dyslexia, such as 'diagnosis', 'label' or 'formulation', impacts how dyslexia is conceptualised and this percolates through assessment practice (Elliott, 2020). With psychological problems often viewed through a medical lens, 'diagnosis' of a condition is perceived as an important function by the public (Carey & Pilgrim, 2010). A sense of reassurance can be produced from knowing what is 'wrong' with individuals, in particular parents may find it easier to accept CYP's difficulties when accompanied by diagnostic labels (Carey & Pilgrim, 2010). Such activities hold weight

for the outcomes of funding and allocation of resources. In colloquial conversations individuals can consistently refer to ‘diagnosing dyslexia’, yet in practice, many LA’s do not refer to the ‘diagnosis’ of dyslexia within their literacy policies and recommendations. It is important to consider the impact this association to medical language has on perceptions of the label dyslexia and the influence this has on CYP who do or do not receive said label.

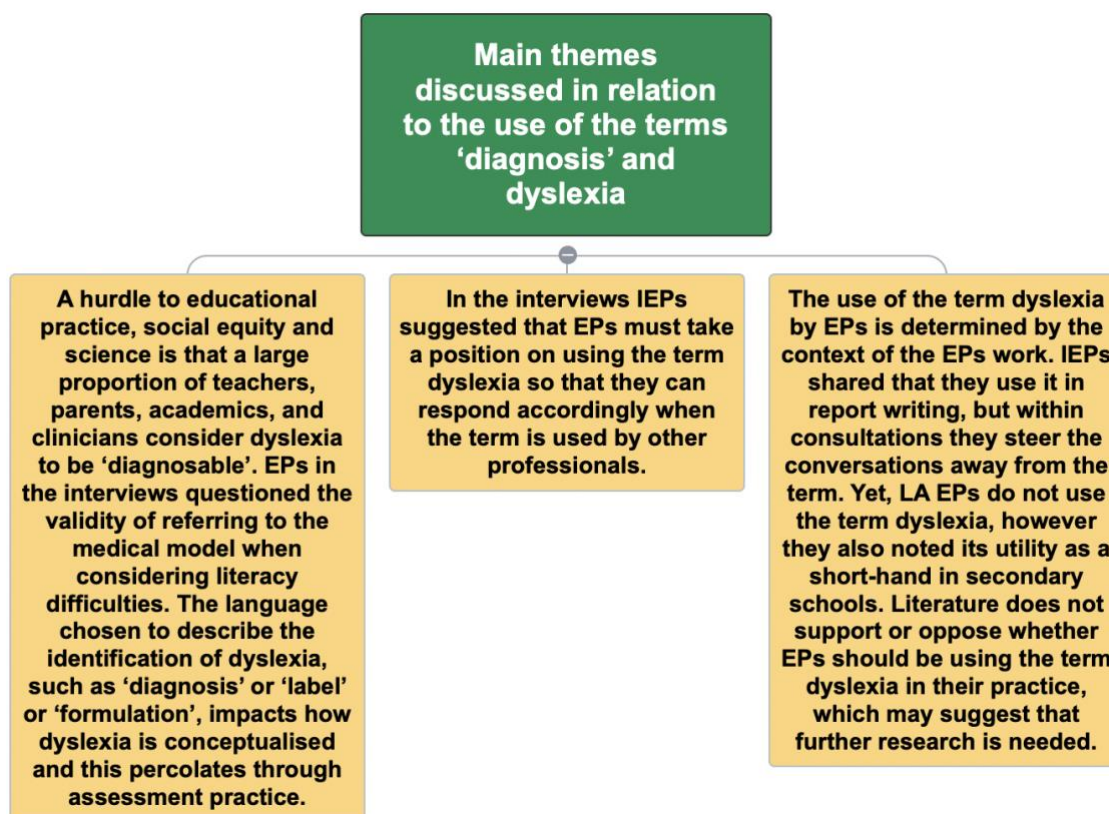
When considering the use of the term ‘dyslexia’ IEPs suggested that EPs must take a position on using the term so that they can respond accordingly when the term is used by other stakeholders. One IEP went on to explain that it is not a passive act to avoid the use of the term dyslexia. Instead, he suggested that this in itself is colluding with the construct of dyslexia and EPs must be aware of the impact it has their interactions with others. It is therefore important to consider the pressure the EP profession is under to stay active and relevant to the needs and wants of their service users. With educational psychology deemed as a small profession one questions the power EPs have to use or avoid language which other individuals may want to hear. Literature did not comment on this notion, suggesting that further research may be of benefit in this area.

IEPs went on to highlight the distinct use of the term ‘dyslexia’ depending on their context. For example, the language used in report writing was noted, as it was felt that this can have a long-term impact on CYP. For teachers the use of the term dyslexia in reports was described as helpful as the term gave them a broad understanding of CYPs needs and it allowed them to quickly read long EP reports. It is important to consider whether this is supporting teachers’ understanding of CYP’s needs, as the results of this study and previous literature have clearly highlighted the variation in educational professionals’ understanding of the term dyslexia. Despite the use of the term dyslexia in report writing, IEPs shared that other stakeholders can

use the term generically in consultations. As such, one IEP commented that he does not contest the use of the term, instead he steers the conversation to focus on CYP's individual needs. In contrast to IEPs, LA EPs preferred not to use the term dyslexia, yet they noted its utility in certain contexts. For example, the meaning of the label was seen as a helpful shorthand to use, particularly in secondary settings, due to the large number of CYP teachers consider. It seems that the use of the term is determined by the local and contextual motives (AEP, 2008; DECP, 1999), with a review of EP functions highlighting a set of diverse duties and responsibilities (Rothì, 2008). Existing literature does not provide a clear, definitive direction for the practice of EPs when using the term dyslexia. A summary of the main themes discussed in relation to the use of the terms 'diagnosis' and dyslexia is shown in figure 23.

Figure 23

The main themes discussed in relation to the use of the terms 'diagnosis' and dyslexia.



In conclusion, the use of the term dyslexia as a medical diagnosis, label or formulation varies according to the professional and their context. It is noted that even EPs who report they do not use the term, still do in some contexts where it is deemed helpful. This mirrors the discrepancy in interaction with the dyslexia label which is commented on in the dyslexia debate.

5.3.2. The role of EPs

Interviewees noted that schools had systems in place for identifying SEND, and the EP role was considered vital to aid this identification. All teachers reported that part of the EPs role was to 'diagnose' dyslexia. One teacher also shared that EPs had a role in 'diagnosing' ASD and ADHD. However, alongside this many of the teachers acknowledged that they had little knowledge about what the role of an EP entails. The majority of IEPs commented they do label dyslexia, however LA EPs reported that they do not label dyslexia. Interestingly, one IEP also shared this view, but it should be noted that they also work part time for the LA which is likely to inform their views. As previously stated, literature does not identify if part of the EP role is to label dyslexia, but it does posit that discrepancy in EP interaction with dyslexia label may be partially due to the autonomy of the role (DfEE, 2000). LA EPs explained that they felt uncomfortable identifying dyslexia, due to insufficient time to work with CYP and their lack of training around diagnostic procedures. This implied that LA EPs felt like there was a difference in competence between IEPs and LA EPs. Both IEPs and LA EPs acknowledged the unclear process of assessment for dyslexia. More explicitly, some suggested that assessment for dyslexia is non-existent. In dyslexia literature the list of possible underlying challenges is lengthy and it would seem that for 'diagnosis' none are essential (Rice & Brooks, 2004). As a result, one LA EP suggested that it may be helpful to

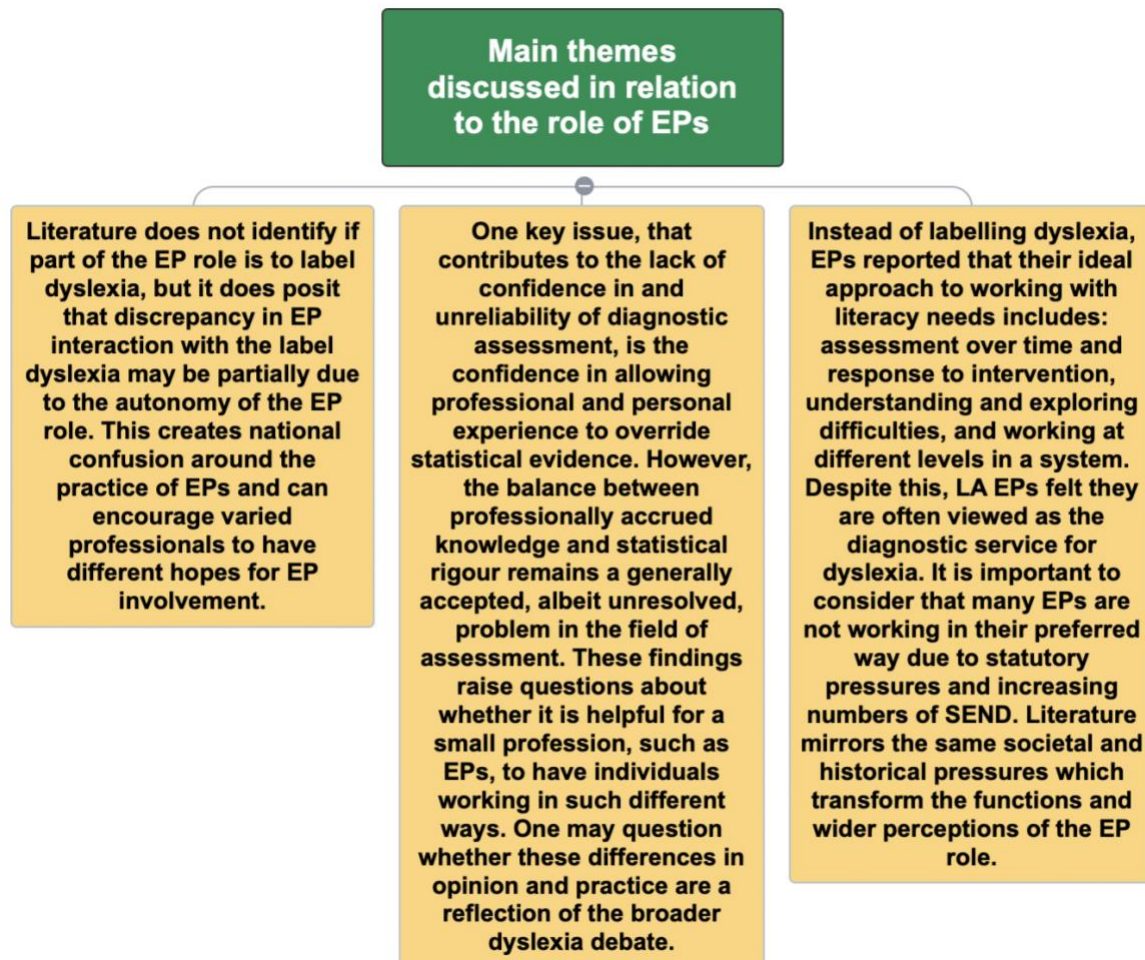
develop a manualised approach to labelling dyslexia, as this would protect the label and EP practice. No such approach is currently documented in literature.

All EPs acknowledged that the conflict and controversy in the profession around labelling is unhelpful. Literature suggests that IEPs are more likely to refer to ‘diagnoses’ in their reports than LA EPs (Herz, 2022; Krüger, 2004). In the interviews EPs commented that autonomous working allows them to practice in varied ways which are likely to be informed by their own personal approaches and views. This creates national confusion around the practice of EPs and can encourage others to have different hopes for EP involvement (Ashton & Roberts, 2006; Gaskell & Leadbetter, 2009). This lack of consistency is supported in literature from Ryder and Norwich (2018) who noted that the overall lack of consensus amongst assessors of dyslexia found in their results was not unexpected. In the UK, such discrepancies in practice have been informally observed and acknowledged for years. One key issue, that contributes to the unreliability of diagnostic assessment, is the confidence in allowing professional experience to override statistical evidence. The impact of such practice was highlighted by a study in which four different EPs independently assessed a CYP. The result was four different diagnostic labels (Russell et al., 2012). The balance between professionally accrued knowledge and statistical rigour remains a generally accepted, albeit unresolved, problem in the field of assessment. These findings raise questions about whether it is helpful for a small profession, such as EPs, to have individuals working in such different ways. The reported inconsistency creates tensions that may be traced to EPs historical role as caseworkers (Davis et al., 2008). It is therefore questioned whether these differences in opinion and practice are a reflection of the broader dyslexia debate.

Instead of labelling dyslexia, EPs reported that their ideal approach to working with literacy needs includes: assessment over time and response to intervention, understanding and exploring difficulties, and working at different systemic levels. LA EPs reflected that in the current context they do not have sufficient time to come to the conclusion of a 'diagnosis' as they cannot follow such idealised processes. Despite this, LA EPs felt they were viewed as the diagnostic service for dyslexia. It is important to consider that many EPs are not working in their preferred way due to statutory pressures and increasing numbers of SEND. A government analysis estimated that the number of CYP with SEND rose to 1.5 million in 2022 (DfE, 2022). This context alters the EP role, with EPs trapped by LA policies and national legislation on a treadmill of assessment (Love, 2009; Thomas & Glenny, 2002). Literature from Kirby (2020) mirrors some of the same societal and historical pressures which transform the functions and wider perceptions of the EP role. A summary of the main themes discussed in relation to the role of EPs is shown in figure 24.

Figure 24

The main themes discussed in relation to the role of EPs.



In conclusion, literature does not identify if part of the EP's role is to label dyslexia. Despite the recognised autonomy of the EP's role, EPs are trapped by LA policies and national legislation on a treadmill of statutory assessment. Variations in approaches to fulfil an EPs historical role as caseworkers for CYP may be a reflection of the broader dyslexia debate and the wider societal boundaries which govern an EP's interaction with SEND labels.

5.3.3. The power of the EP

Throughout the interviews, teachers referred implicitly to the power EPs hold within education systems. They shared that EPs are highly respected in schools because they are seen to have specialist knowledge around SEND, making them experts in this field. Teachers felt that EPs are often able to find something which they cannot see and help correct their practice with CYP. These comments reflect a lack of confidence and skill in teachers which make EPs appear like ‘experts’. The attribution of EPs being an ‘expert’ implies that they have a degree of knowledge about literacy difficulties which allows them to differentiate poor literacy into at least two categories; poor readers and individuals with dyslexia. This may be an echo of the discrepancy model, which implies a certain level of intellectual ability (Elliot, 2014; Ho, 2004; Snowling, 2015). The implicit suggestion that there is something that EPs, the ‘experts’, know, which teachers do not, suggests that this knowledge is needed to make a ‘diagnosis’. In the interviews LA EPs noted that the discrepancy model for dyslexia is still used, whether this is explicit in practice or not. This is supported by Ryder and Norwich (2018) who demonstrated that many assessors of dyslexia accounted for compensatory strategies, allowing them to ‘diagnose’ dyslexia in high achieving pupils with better than average literacy skills. Such findings revealed robust evidence of discrepancy concepts being used by assessors, highlighting that the historical discrepancy model of dyslexia may be explicitly, or at least implicitly, widely accepted.

In the interviews EPs also felt that they were viewed as ‘experts’, often seen as the authority in ‘diagnosing’ dyslexia. EPs believed that they are often asked to ‘diagnose’ dyslexia due to parents’ lack of confidence and trust in school support. Therefore, as EPs are seen as a ‘higher authority’ than schools, parents trust them. This was thought to be linked to the perception that EPs are gatekeepers to resources. To illustrate this, teachers reported that EP

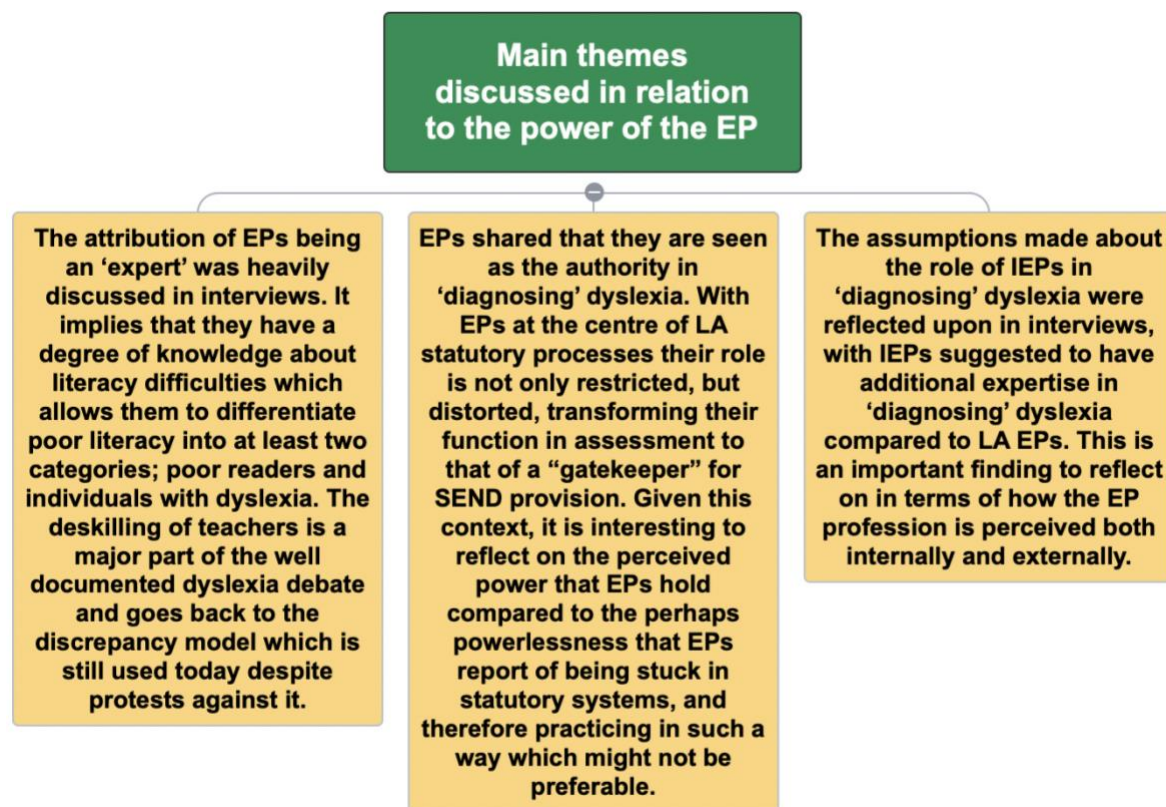
assessments are used to determine exam arrangements and allocation of assistive technology. As such, it is important to consider the utility of an EP. With EPs at the centre of LA statutory processes their role is not only restricted, but distorted, transforming their function in assessment to that of a “gatekeeper” for SEND provision (Ashton, 1996; Frederickson & Reason, 1995; Frederickson & Miller, 2008). In such a role, EPs are viewed as a diagnostic service, rather than perhaps preferably, an agent of change service. Given this context, it is interesting to reflect on the perceived power EPs hold compared to the perhaps powerlessness that EPs report of being stuck in statutory systems, practicing in an unpreferable way. IEPs suggested that in order to stay relevant their opinion about ‘diagnosing’ dyslexia did not matter, they simply had to stay in sync with their service users wants/needs. LA EPs felt that their opinion also did not hold value, as they followed LA policy which did not condone ‘diagnosing’ dyslexia. This suggests that EPs may be perceived as powerful, yet they are powerless to the systems at play, with the context in which they work preventing them from following idealised approaches.

In the interviews EPs also reflected upon the assumptions made about the role of IEPs in ‘diagnosing’ dyslexia. For example, the approach taken by IEPs was deemed to be very different to the practice of LA EPs, with IEPs holding additional expertise in ‘diagnosing’ dyslexia. Despite reports that the BPS and DCP protect EP practice, LA EPs felt that they do not have enough time to stay up to date with relevant research, therefore their practice was implied to be somewhat inferior to IEPs. These findings perhaps highlight the assumptions and prejudice which surround IEPs. Literature does not comment on such assumptions, which points to a need for further research. Despite some differences in practice, more similarities between the perceptions of IEPs and LA EPs were reported in the interviews than anticipated (perhaps this speaks to my own assumptions about IEPs before starting this research). This is

an important finding to reflect on in terms of how the EP profession is perceived both internally and externally. A summary of the main themes discussed in relation to the power of the EP is shown in figure 25.

Figure 25

The main themes discussed in relation to the power of the EP.



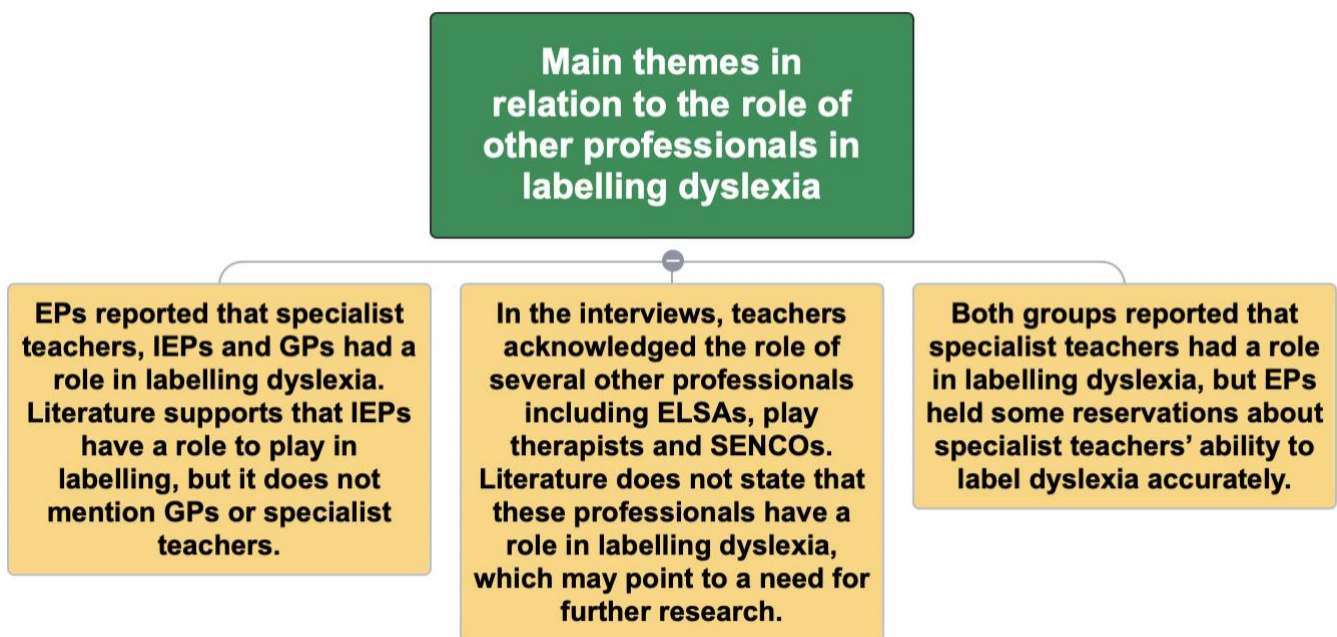
In conclusion, it would seem that the 'power' EPs hold in education is viewed by other professionals as a privilege, with the deskilling of teachers well documented in the dyslexia debate drawing on the discrepancy model. Yet EPs are powerless to the systems at play, with their work context preventing them from implementing idealised approaches. Therefore, it would seem that EPs do not hold as much power in labelling dyslexia as assumed.

5.3.4. The role of other professionals

Although the role of other professionals in labelling dyslexia was presented as a joint theme in the results section of this thesis, it is important to draw out the differences between professional groups which were found. EPs reported that specialist teachers, IEPs and GPs had a role in labelling dyslexia. Literature supports that IEPs have a role to play in labelling (Herz, 2022), but it does not mention GPs or specialist teachers. In the interviews, teachers also acknowledged the role of several other professionals including ELSAs, Play Therapists and SENCOs. Literature does not state that these professionals have a role in labelling dyslexia, which may point to a need for further research. Despite the lack of literature supporting these findings, both EPs and teachers reported that specialist teachers had a role in labelling dyslexia. Interestingly, few teachers could name the qualification specialist teachers require to be able to label dyslexia. Moreover, risks in specialist teachers' ability to label dyslexia accurately were reported by EPs. It was suggested that if a professional only specialises in literacy and a CYP presents with, for example, difficulties accessing their literacy work due to working memory challenges, it might be difficult not to conclude that the CYP has dyslexia. These specialists do not have the breadth of understanding of other models to explore different explanations for such presenting needs. This therefore implies that, in the opinion of an EP, other professionals may not be equipped with the knowledge to label dyslexia accurately. A summary of the main themes discussed in relation to the role of other professionals in labelling dyslexia is shown in figure 26.

Figure 26

The main themes discussed in relation to the role of other professionals in labelling dyslexia.



In conclusion, one may question who can label dyslexia? If EPs either do not want to, do not feel confident to, or cannot given their context, and other professionals may not have the competence to label dyslexia, who is left? Perhaps the answer is IEPs. This may go some way in explaining the assumptions made about IEPs.

5.4. If there are differences in stakeholder's perceptions about the role of EP's in using the label of dyslexia, might there be benefits in addressing these differences between professional groups?

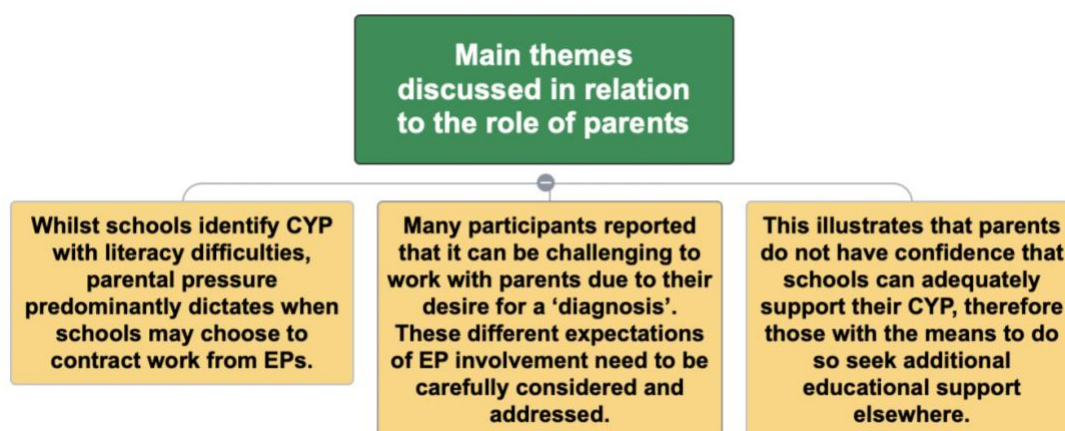
This research question addresses the different roles and perceptions of key stakeholders when exploring the role of the EP in using the label of dyslexia. This includes considering the role of parents, schools, and teachers, alongside noticing the value of language and collaborative working.

5.4.1. The role of parents

In the interviews EPs suggested that the role of parents and parental pressure for EP involvement can play a role in when schools choose to contract work from EPs. Literature from Noon (2010) posits that whilst schools identify CYP with literacy difficulties, parents predominantly lead the ‘diagnosis’ of dyslexia. This links to themes acknowledged in EP interviews about parents’ fixation on the construct of dyslexia. Many participants reported that it can be challenging to work with parents due to their desire for a ‘diagnosis’. These findings would suggest that EPs and parents are not always approaching work cohesively and therefore the different expectations of EP involvement need to be carefully considered and addressed. Macrae (2014) suggests that this parental desire for ‘diagnosis’ is more prevalent in affluent areas. With reduced parental confidence in adequate school support for CYP, those with the means to do so seek additional educational support elsewhere. Once again, this highlights the lack of equality in labelling systems and resource allocation amongst CYP with literacy difficulties. A summary of the main themes discussed in relation to the role of parents is shown in figure 27.

Figure 27

The main themes discussed in relation to the role of parents.



In conclusion, interviews highlight parents often resort to EP involvement as they do not perceive school support to be adequate. As previously noted, if support for all literacy needs was focused upon and improved, when and why parents seek EP involvement may be readdressed.

5.4.2. The role of schools

When considering the role of schools in supporting CYP with literacy difficulties, teachers noted the importance of creating bespoke curriculums for CYP with SEND. In the interviews they outlined the challenges faced when trying to cater for individual needs while also fulfilling the needs of the whole class. This reality meant some CYP are not appropriately differentiated for, which made teachers feel uncomfortable. Despite these feelings, teachers thought that, due to the increasing number of CYP with SEND, it was too difficult to implement advice from professionals for all CYP. This reported rise in SEND is evidenced in literature with estimates that 2 or 3 CYP in every classroom experience educational difficulties (UCL, 2018). This evident rise in SEND in all schools across the UK would illustrate the challenges teachers face when tasked with creating individualised curriculums for CYP with SEND as well as fulfilling the needs of their whole class.

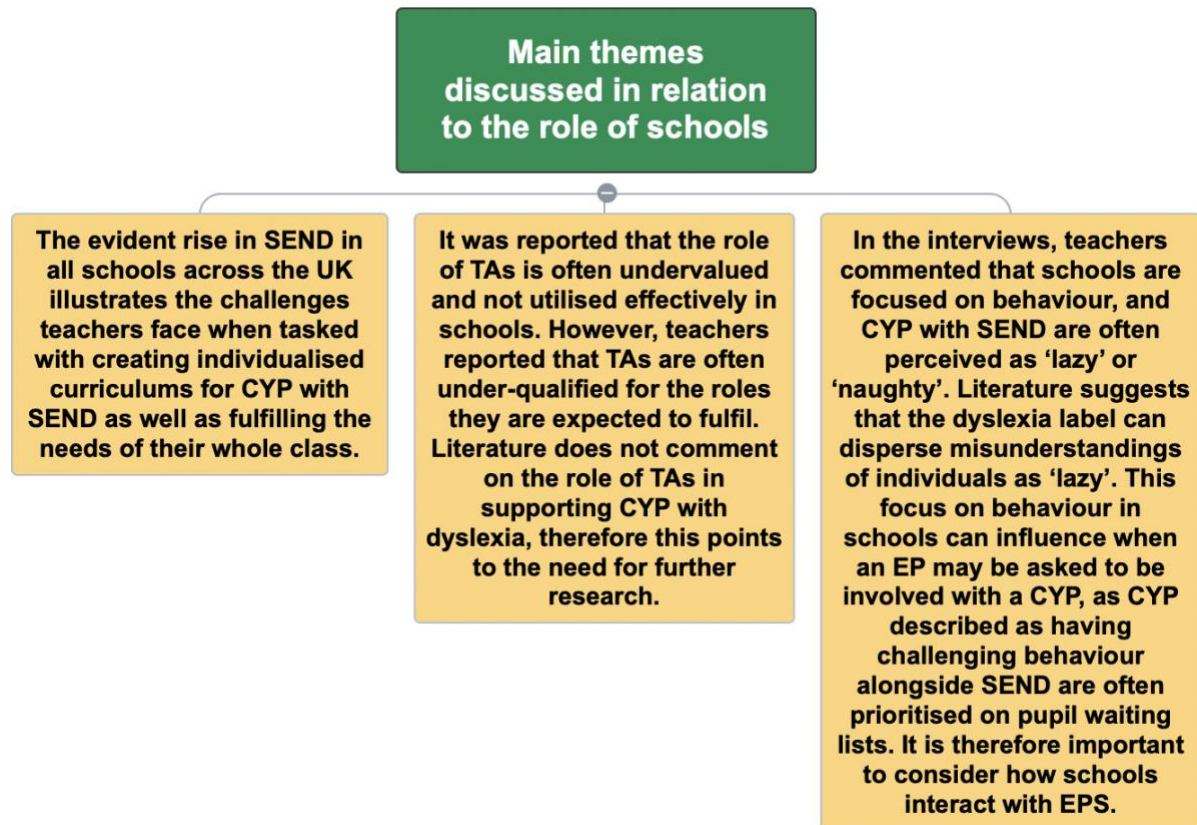
Despite these challenges, in the interviews, teachers highlighted that TAs are often able to support with differentiating the curriculum for CYP with SEND. It was reported that the role of TAs is often undervalued and not utilised effectively in schools. Teachers acknowledged that TAs are often underqualified for the roles they are expected to fulfil, with little to no training is required to become a TA. This raises important questions when considering who is tasked with working with the most vulnerable and complex CYP in school systems. Teachers posed that TAs should be given more training opportunities in their role to develop their

competence. Literature does not comment on the role of TAs in supporting CYP with SEND, such as literacy difficulties, therefore this points to the need for further research.

One of the reasons TAs may be deployed to work with CYP with SEND, is the assumption that SEND links to bad behaviour. In the interviews, teachers commented that schools are focused on behaviour, and often CYP with SEND are perceived as 'lazy' or 'naughty'. It appears that due to the increased likelihood of witnessing 'symptoms' associated with dyslexia in the classroom most teachers understand dyslexia from the behavioural level (Mortimore, 2013; Washburn et al., 2014). As such, literature suggests that the dyslexia label can disperse misunderstandings, particularly by teachers, of individuals as 'lazy' (Armstrong & Humphrey, 2009). This focus on behaviour in schools influences when EPs are contracted for involvement with CYP; for example EPs noted that CYP described as having challenging behaviour alongside SEND were often prioritised on pupil waiting lists. It is therefore important to consider how schools' view the role of EPs and how they interact with EPS. A summary of the main themes discussed in relation to the role of schools is shown in figure 28.

Figure 28

The main themes discussed in relation to the role of schools.



In conclusion, the challenges faced by teachers and TAs in supporting CYP with dyslexia in the classroom highlight the need for further training and support for these educational professionals. Further research may explore how TAs and teachers can be best utilised to support literacy difficulties in schools.

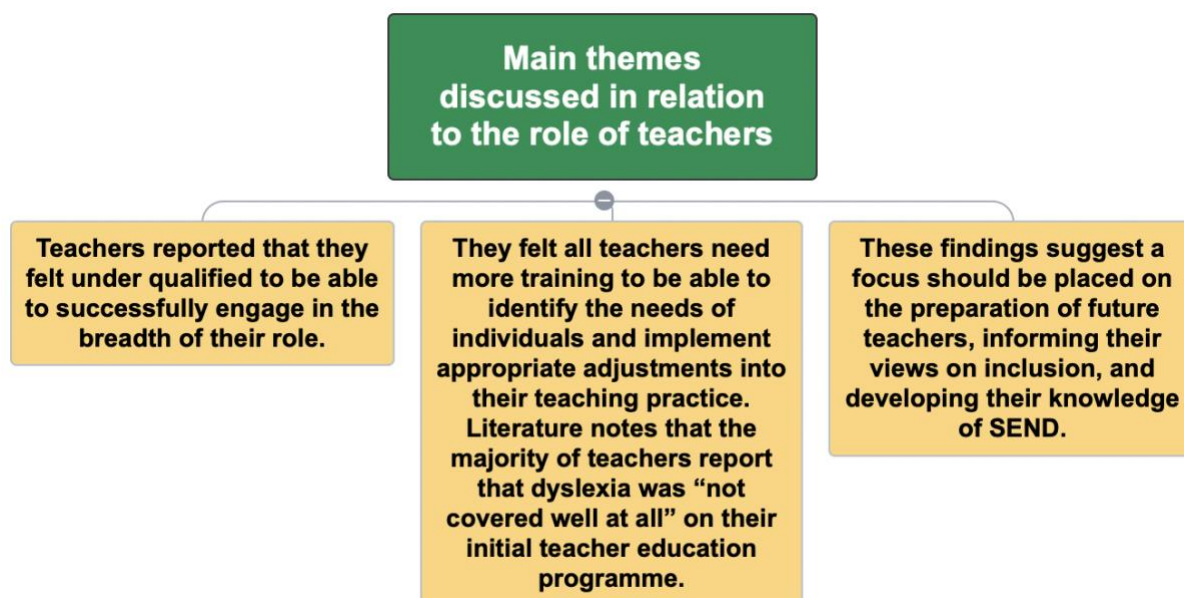
5.4.3. The role of teachers

The role teachers play in schools had a significant influence on the perceptions of the EP role in labelling dyslexia. In the interviews, teachers reported that they felt under-qualified to be able to successfully engage in the breadth of their role. The role of teachers was viewed as

having expanded over the years to encompass far more than the delivery of education. In particular, teachers felt diffident and under competent to contribute to statutory paperwork. To be able to identify the needs of individuals and implement appropriate adjustments into their teaching practice they felt all teachers required more training. However, it is crucial to acknowledge that blame should not lie with the teachers, instead misconceptions from poor teaching education programmes have allowed teachers to enter the workforce with inadequate knowledge to support individuals with dyslexia. Literature notes that the majority of teachers described poor training on dyslexia, and feeling unprepared to support, 'diagnose' and define dyslexic pupils in the classroom (Aikaterini, 2011). The importance of teacher training was also noted by Macdonald and Deacon (2019), who posited that challenges experienced in education by individuals with dyslexia were a result of inappropriate teaching strategies and a governmental-level failure to facilitate an inclusive education agenda (Collinson & Penketh, 2010; Macdonald, 2013; Riddick, 2001). Therefore, these findings suggest a focus should be placed on the preparation of future teachers, informing their views on inclusion and developing their knowledge of SEND (Lauková, 2022). This aligns with the desire of teachers in the interviews, who reported that they would like to receive further training from EPs in schools. A summary of the main themes discussed in relation to the role of teachers is shown in figure 29.

Figure 29

The main themes discussed in relation to the role of teachers.



In conclusion, the diffidence and lack of competence described by teachers to identify and support dyslexia in the classroom mirrors the deskilling of teachers which is well documented in the dyslexia debate and continues to highlight the use of the discrepancy model to understand dyslexia. One may question how schools can effectively support all those with literacy needs if such models are still at play.

5.4.4. Collaborative working and the importance of language

An IEP commented that in order for an EP to fulfil their role effectively, they should focus primarily on literature around relationships. This focus was evident in the descriptions other EPs gave about their relationships with schools; with schools receptive to challenge if relationships were established. However, EPs commented that there is often tension or a lack

of consensus in the hopes for EP's involvement between parents, teachers, and EPs. It was seen as challenging to manage schools and parents' expectations of a 'diagnosis', often requiring EPs to remove their personal views about the goals of work and instead focus on the problem presented. This expectation is documented in literature with teachers typically expecting EPs to conduct SEND assessments (DfEE, 2000; Dowling & Leibowitz, 1994; Evans & Wright, 1987; Ford & Migles, 1979; Farrell et al., 2006), while EPs attempting to move away from this role experience tensions in the prioritisation of time (Gilman & Gabriel, 2004; Hibbert, 1971; Love, 2009; Oakland, 2000). Literature on the role of EPs emphasises that relationships with teachers and the mutual understanding both professions hold of their respective functions has a major influence on the success of their work (Love, 2009; Farrell et al., 2005, 2006; Zdzienski, 1998). Due to EPs limited time in schools and the pressures of funding, the role of EPs varies according to employment contexts. In the local LA context, EPs play a key role in the EHCP process and, therefore, in generating resources for schools. Due to the multifaceted nature of EP's work, literature has outlined that expectations of the EP role may be misaligned between teachers and EPs.

Within the interviews, teachers acknowledged this misalignment and noted that EPs and teachers did not always work together in a cohesive or collaborative way. Many teachers felt that part of the EP role was to write reports about CYP's needs and the support they required. Alongside this however, they acknowledged that communication between parents, teachers and EPs needs to be more cohesive, as reports are not always a clear way to create a joint understanding of a CYP. One teacher emphasised that she would like to work more closely with EPs to understand the individual perspectives at play and learn more about the different roles professionals take when discussing the label of dyslexia. Literature does not comment

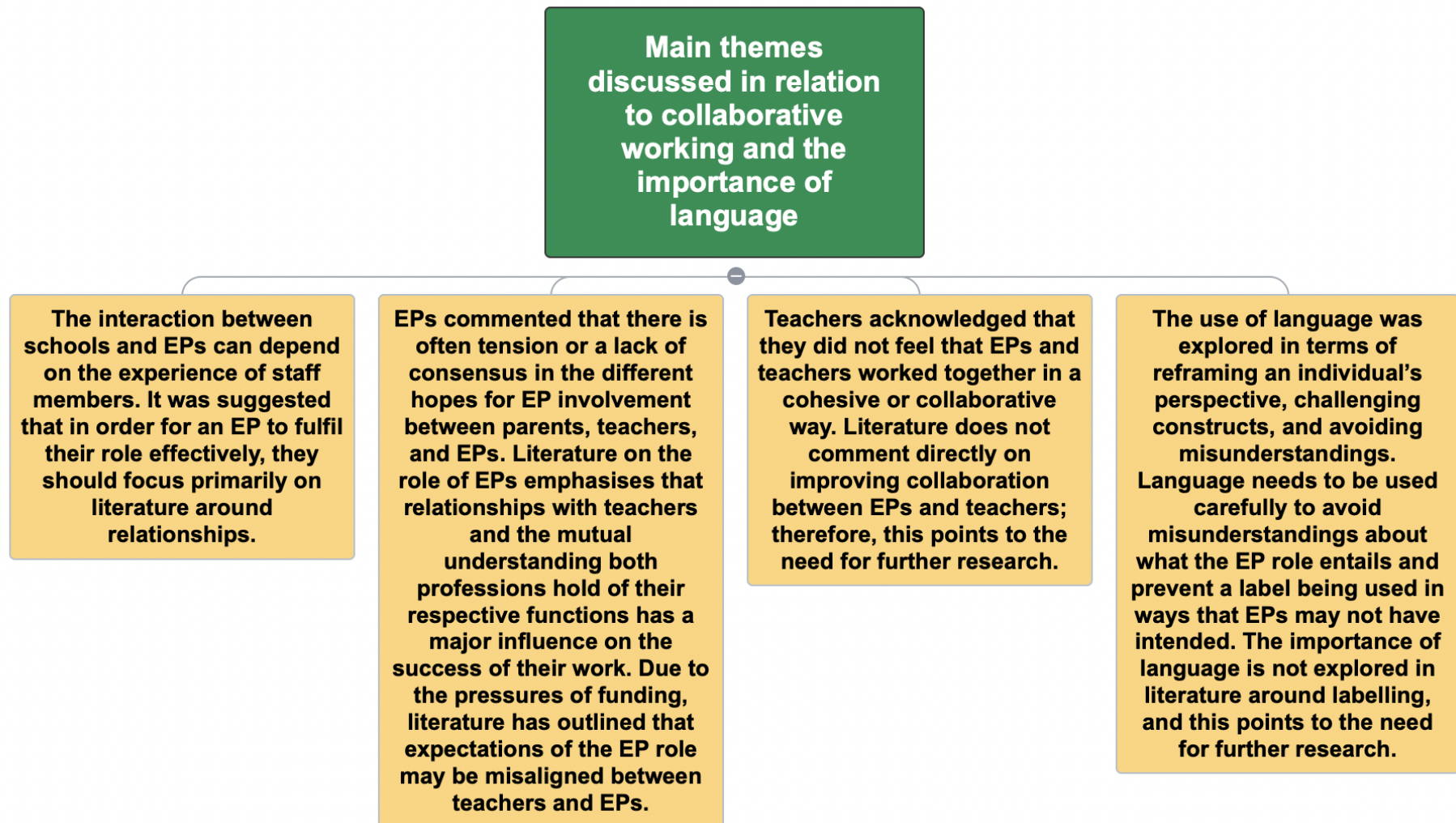
directly on improving collaboration between EPs and teachers; therefore, this points to the need for further research.

Finally, the use of language was explored in interviews with EPs in terms of reframing an individual's perspective, challenging constructs, and avoiding misunderstandings. An LA EP reported that language needs to be used carefully to avoid misunderstandings about what the EP role entails and prevent labels being used in ways that were not intended. However, an IEP acknowledged that it may be unhelpful for EPs to challenge someone's language when using the term dyslexia. He noted that EPs may risk antagonising individuals or being misunderstood if they don't use the language brought to consultations. The importance of language is not explored in literature around labelling, and this points to the need for further research. It is important to consider how language alongside interaction and collaboration with others can impede or hinder the development of a cohesive and clear understanding of a CYPs needs. A summary of the main themes discussed in relation to collaborative working and the importance of language is shown in figure 30.

In conclusion, in order to rectify this misalignment in the hopes for EP involvement consideration must be given to the context in which EPs work. The focus needs to be shifted away from the contrasting views which surround the dyslexia label and instead concentrate on supporting CYP with literacy needs to reach their potential.

Figure 30

The main themes discussed in relation to collaborative working and the importance of language.



5.5. Implications of findings

The implications of the findings will be presented to explore proposed next steps relevant to teachers, EPs, and wider policy makers. These implications have been considered by reflecting on the overarching themes in literature which aided the understanding of this study's findings. In particular findings from Carroll et al., (2024) and Kirby et al., (2024) support several key principles for practice which can be summarised from the research, these include:

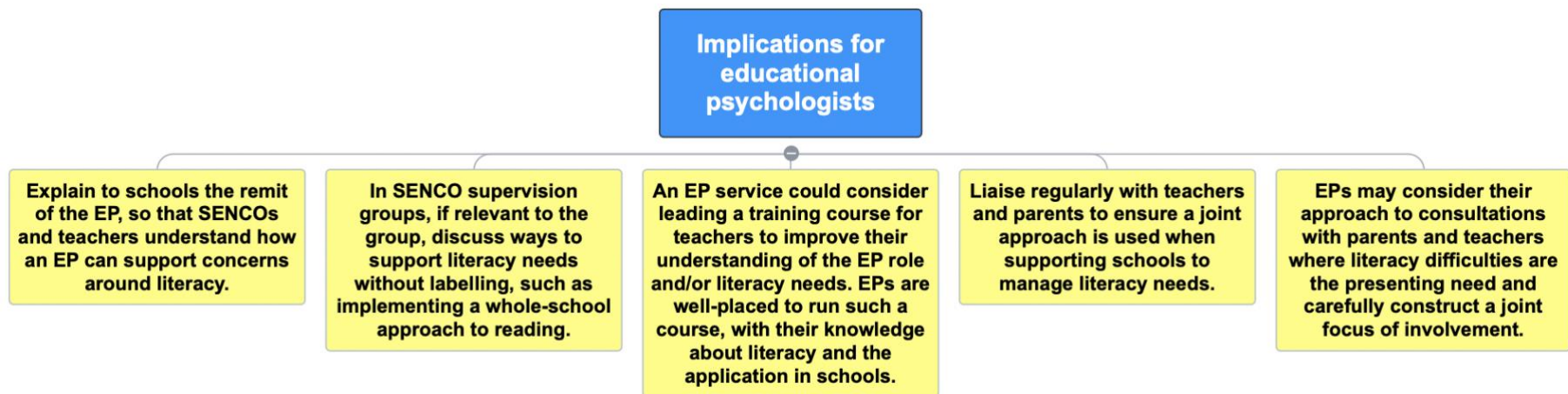
- All individuals with literacy difficulties require support and intervention, regardless of the cause of their difficulties and their socio-economic background.
- Professionals should strive towards the acceptance of the diversity of views around dyslexia, and shift the focus onto how professionals support literacy needs, rather than if such needs are representative of dyslexia or not.
- Assessments of literacy difficulties should take a developmental perspective. The approach should be an ongoing, collaborative process, gaining information from multiple sources, which incorporates the consideration of multiple risk factors. The purpose of the assessment should be carefully considered and well-founded intervention, without necessarily the need for a diagnosis, should be encouraged. A simple guide to the identification of dyslexia is not agreed by all professionals groups.

5.5.1. Educational psychologists

EPs play a key role in supporting the literacy needs of CYP. Therefore, it is likely that the EPS' will be keen to consider how they can further support both the CYP with such needs but also the adults around them. Some of these ideas are shown in figure 31.

Figure 31

Implications for educational psychologists.

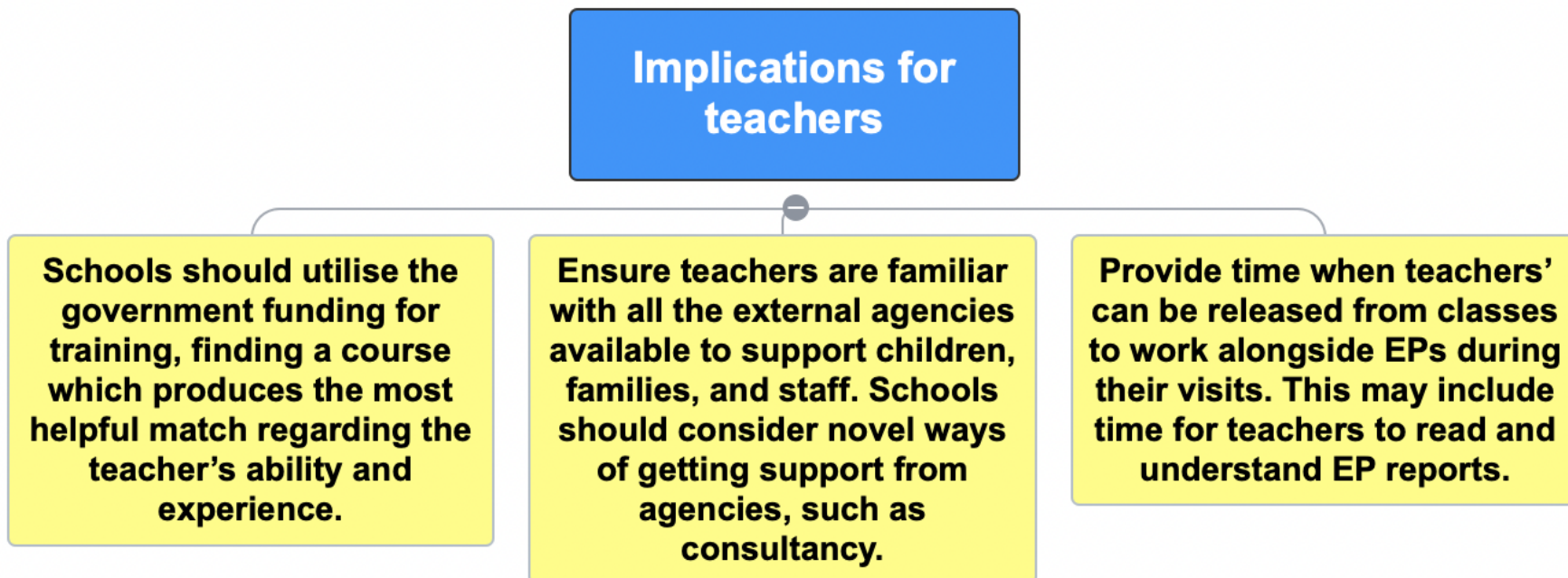


5.5.2. Teachers

Despite their lack of confidence, it was clear that teachers were skilled within their role and had a clear vision about how they would like to support CYP with literacy needs. Some areas to reflect on and implications for teachers are shown in figure 32.

Figure 32

Implications for teachers.

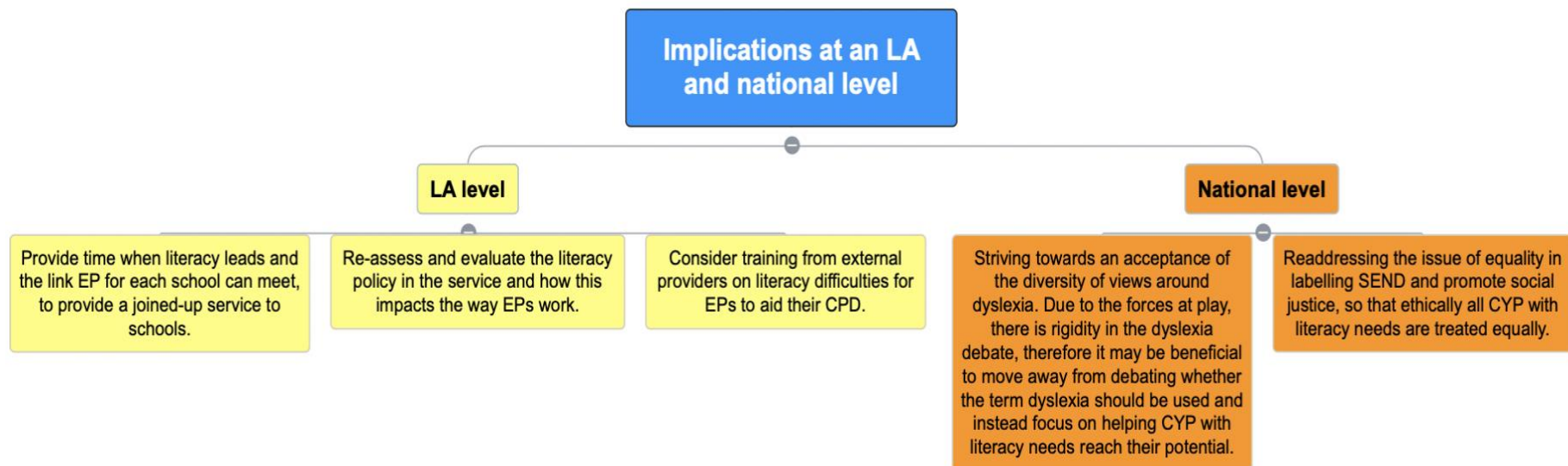


5.5.3. Wider policy developments

Some considerations at an LA and national level are shown in figure 33.

Figure 33

Implications at an LA and national level.



Key:

Yellow boxes are implications to consider at an LA level.

Orange boxes are implications to consider at a national level.

5.6. Limitations to the research

In regard to the limitations of this research, the sample size was small for each professional group ($n=12$, 6 teachers and 6 EPs). For a small-scale research project Braun and Clarke (2013) recommend using between six and ten participants. Although, this potentially reduces the generalisability of the results of the study, by only having twelve participants I was able to immerse myself in the data at an early stage in the analysis process. In addition, generalisability is reduced by the nature of the sample. The research took place in an LA based in the south of the UK with a reputation for academic learning. The findings may not be representative of perceptions and experiences in other areas in the UK.

The simplicity of the study may also be deemed as a limitation; the research could be viewed as lacking depth as it focuses only on EPs and teachers' perspectives. Nevertheless, the research could be seen as a foundation study from which further research could be built upon.

The sample is likely to have a potential bias as I used a purposeful recruitment strategy. The EPs and teachers who agreed to take part in the research possibly had an interest in dyslexia (as demonstrated by the sharing of personal experiences with dyslexia). This may have been a motivating factor in agreeing to the research which means the data may have been slightly biased in one direction. Yet this may also be viewed as a way of gaining information from those who have an interest or experience in this area of work. Researcher bias is also likely to influence this research, as noted in the origins statement of this thesis, the author has their own personal experience of being labelled with dyslexia. This may have altered how findings were explored and presented.

Finally, it is significant to note that several areas surrounding the topic of dyslexia have not been discussed in depth in this research. It has failed to address the body of neurological

research which contributes to this field, as well as the neurodiversity and comorbidity which can accompany dyslexia.

5.7. Future research

This research was conducted because there is an abundance of research about dyslexia but not about perceptions of the EPs role in labelling dyslexia. This research aimed to provide a broad exploration of the perspectives of teachers and EPs about the role of EPs in labelling dyslexia. Future research would be valuable to further explore this area. This could include:

- Wider-scale research to gather the experiences and views of a greater sample of teachers and EPs, working across England and other areas of the UK.
- An exploration of the role of other professionals including specialist teachers in labelling dyslexia.
- An evaluation of the impact of the government approved training courses for teachers and EPs focused on the area of literacy.
- Wider-scale research to explore parental confidence in school support systems for SEND.
- An exploration of the equality in labelling across England and other areas of the UK.

5.8. My reflections on the research process

As noted in the statement at the beginning of this research, it feels important to reflect on the author's personal experience of being 'diagnosed' with dyslexia and the potential biases this brought to light throughout the research process.

The analysis stage of this research was challenging for various reasons. When finding patterns across the cases, I struggled to bring the teachers and EPs experiences together into

one coherent whole and I was concerned that I was losing individual perspectives. Yet, alongside this I battled with the sheer quantity of data I had collected and my initial desire to report every detail.

When analysing the data my ability to set aside my preconceived ideas was tested as I found it challenging not to be drawn into areas of the results which I felt mirrored my own experiences. For example, findings that emphasised the abundance of ‘diagnoses’ amongst the middle class felt like an important narrative to my own story. The results mirror my experience of being a white middle-classed student, who received a label of dyslexia. This label led to support which not only helped me through my school career but allowed me to access resources which I still use today. For example, the thematic maps shown in the results chapter of this thesis were developed using a software which I gained access to through my ‘diagnosis’ of dyslexia. To consider responses to such findings I took my thoughts to supervision and kept a reflective log where I could record my raw reactions to the findings without letting these influence the write up of my results and discussion chapters.

Writing the results and discussion chapters of this thesis was a gratifying experience for me. I was acutely aware of presenting the data in such a way that stayed true to the EPs and teacher’s perceptions. Alongside this, I felt a satisfaction that my research process was coming together and that my work held a valuable contribution to the practice of EPs and teachers, as well as further research in this field.

5.9. Dissemination

I was aware that there was no existing research available on whether a defined part of the EP role was in labelling dyslexia when I started this research. I hoped to produce research which I could disseminate into the research community, to parents, teachers, IEPs, and to the LA in which I conducted the research. A draft summary sheet has been created (see appendix V) and this will be emailed to all the participants who took part in the study, following the VIVA. The summary sheet and implications for EPs and teachers will be shared within my EPS team, with the option of a presentation to the team. This will provide an opportunity for EPs to reflect on their practice and collaboration with teachers, as well as notice the differences between LA work and IEPs. Furthermore, there are plans in place to submit the study as articles in research journals, such as *The British Journal of Educational Psychology* and *The British Journal of Learning Disabilities*, as well as share key themes through video and social media formats on wider platforms. It is hoped that this will allow for a wider dissemination, with a possibility that future policy makers or training providers will consider the research findings when exploring the role of EPs in labelling dyslexia.

Chapter 6- Conclusions

This research aimed to explore the perceptions of EPs and teachers about the role of EPs in labelling dyslexia within an LA in England. Semi-structured interviews were conducted with six EPs and six teachers. Reflexive Thematic analysis was applied to analyse the data, resulting in 8 overarching themes for the EP profession and 7 themes for teachers.

The research acknowledged variations in dyslexia's operationalisation and conceptualisation, promoted by the differing use of the term as a medical diagnosis, psychological formulation, and social construct. This has led to the use of a term which holds little shared meaning among educational professionals. Yet, the label of dyslexia was acknowledged to develop the narrative around CYP's difficulties, and disperse misunderstandings of CYP as 'unintelligent' or 'lazy'. This raises significant questions about the viability of disability entitlement and differential diagnosis, as the loosely defined diagnostic category can be exploited as an automatic passport to disability eligibility involving academic reasonable adjustments and additional resources. As a result, the labelling system was suggested to disproportionately accommodate advantaged economic, racial, and social groups, many of whom are customers of assessors employed to seek a label. It is therefore important to acknowledge the importance of social capital and culture when contemplating who has been labelled with dyslexia.

A hurdle to educational practice, social equity and science is that a large proportion of teachers, parents, and academics consider dyslexia to be 'diagnosable'. The language chosen to describe the identification of dyslexia, such as 'diagnosis' or 'label' or 'formulation', impacts how dyslexia is conceptualised and this percolates through assessment practice. Literature does not identify if part of the EP role is to label dyslexia, but it does posit that

discrepancy in EP interaction with the label dyslexia may be partially due to the autonomy of the EP role and the context of their work. Despite the possible role of other professionals, such as specialist teachers, in labelling dyslexia, EPs are seen as the authority in ‘diagnosing’ dyslexia and are at the centre of LA statutory processes. It is noted that the current reliance on statutory assessments highlights the lack of parental confidence in the non-statutory offer. This means the EP role is not only restricted, but distorted, transforming their function in assessment to that of a “gatekeeper” for SEND provision.

The evident rise in SEND in all schools across England illustrates the challenges teachers face when tasked with creating individualised curriculums for CYP with SEND. Teachers highlighted the need for further training to be able to identify the needs of individuals and implement appropriate adjustments into their practice. Yet, due to the pressures of funding, expectations of the EP role are often misaligned between teachers and EPs, leading to tension or a lack of consensus between key stakeholders. These different expectations of EP involvement need to be carefully considered and addressed.

The implications for the practice of EPs, teachers and the wider national scale are outlined. There are various action or reflective suggestions for EPs. They could play a role in helping to support and train teachers or support SENCOs to implement whole-school approaches to literacy needs. On a national level, findings from the study should be used to inform future training, alongside protecting, and encouraging relational qualities which build collaboration between teachers and EPs. The limitations of the research are discussed, and possible future research is explored. A plan for disseminating the research is presented.

Final word count: 36,900

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Appendices

Appendix A: Literature searches

Search conducted on 16th January 2023

Searches	Search Terms	Number of papers after limiters									
		Date 2018-2023	Written in English	Based in UK	Academic Journals	Peer reviewed	Full text available	Databases psychinfo and ERIC	Duplicates removed	Reading titles and abstracts	Reading full text
15	'dyslexia' AND 'diagnosis' AND 'educational psych*' 20,798	5,504	5,334	68	63	63	40	23	1	12-relevant	

Search conducted on 23rd January 2023

Searches	Search Terms	Number of papers after limiters									
		Date 2018-2023	Written in English	Based in UK	Academic Journals	Peer reviewed	Full text available	Databases psychinfo and ERIC	Duplicates removed	Reading titles and abstracts	Reading full text
18	'dyslexia' AND	2,772	2,700	38	36	36	25	x	x	12-relevant	

Appendix B: Excluded literature search articles

Excluded literature from the search conducted on 16th January 2023

Reference	Stage of Exclusion	Reason for Exclusion
Wagner, R. K., Zirps, F. A., Edwards, A. A., Wood, S. G., Joyner, R. E., Becker, B. J., Liu, G., & Beal, B. (2020). The prevalence of dyslexia: A new approach to its estimation. <i>Journal of Learning Disabilities, 53</i> (5), 354–365.	Full text read	Based in the USA
Denton, K., Coneway, B., Simmons, M., Behl, M., & Shin, M. (2022). Parents' Voices Matter: A Mixed-Method Study on the Dyslexia Diagnosis Process. <i>Psychology in the Schools, 59</i> (11), 2267–2286.	Title and abstract read	Based in the USA
O'Brien, G., & Yeatman, J. D. (2021). Bridging Sensory and Language Theories of Dyslexia: Toward a Multifactorial Model. <i>Developmental Science, 24</i> (3).	Full text read	Based in the USA
Wissell, S., Karimi, L., & Serry, T. (2021). Adults with Dyslexia: A Snapshot of the Demands on Adulthood in Australia. <i>Australian Journal of Learning Difficulties, 26</i> (2), 153–166.	Title and abstract read	Based in Australia
Niileksela, C. R., & Templin, J. (2019). Identifying Dyslexia with Confirmatory Latent Profile Analysis. <i>Psychology in the Schools, 56</i> (3), 335–359.	Title and abstract read	Based in the USA
Töro, K. T., Miklósi, M., Horanyi, E., Kovács, G. P., & Balázs, J. (2018). Reading Disability Spectrum: Early and Late	Full text read	Based in Hungary

Recognition, Subthreshold, and Full Comorbidity. <i>Journal of Learning Disabilities</i> , 51(2), 158–167.		
Layes, S. (2022). Verbal and visual memory skills in children with dyslexia and dyscalculia. <i>Psychology & Neuroscience</i> , 15(3), 251–266.	Title and abstract read	Focus on skills for memory
Verwimp, C., Vanden Bempt, F., Kellens, S., Economou, M., Vandermosten, M., Wouters, J., Ghesquière, P., & Vanderauwera, J. (2020). Pre-literacy heterogeneity in Dutch-speaking kindergartners: Latent profile analysis. <i>Annals of Dyslexia</i> , 70(3), 275–294.	Title and abstract read	Participants were Dutch speakers
Dresler, T., Bugden, S., Gouet, C., Lallier, M., Oliveira, D. G., Pinheiro-Chagas, P., Pires, A. C., Wang, Y., Zugarramurdi, C., & Weissheimer, J. (2018). A translational framework of educational neuroscience in learning disorders. <i>Frontiers in Integrative Neuroscience</i> , 12.	Full text read	Focus on neuroscience
Yin, L., Joshi, R. M., & Yan, H. (2020). Knowledge about dyslexia among early literacy teachers in China. <i>Dyslexia: An International Journal of Research and Practice</i> , 26(3), 247–265.	Title and abstract read	Based in China
Nkomo, D., Mulaudzi, P., & Dube, B. (2021). Assessment of Learners with Dyslexia in Mainstream Primary Schools: An Investigation. <i>South African Journal of Education</i> , 41(2).	Title and abstract read	Based in Africa

<p>Giofrè, D., Toffalini, E., Provazza, S., Calcagni, A., Altoè, G., & Roberts, D. J. (2019). Are children with developmental dyslexia all the same? A cluster analysis with more than 300 cases. <i>Dyslexia: An International Journal of Research and Practice</i>, 25(3), 284–295.</p>	<p>Title and abstract read</p>	<p>Participants were Italian</p>
<p>Donnelly, P. M., Huber, E., & Yeatman, J. D. (2019). Intensive summer intervention drives linear growth of reading skill in struggling readers. <i>Frontiers in Psychology</i>, 10.</p>	<p>Full Text read</p>	<p>Based in USA</p>
<p>Crisci, G., Caviola, S., Cardillo, R., & Mammarella, I. C. (2021). Executive functions in neurodevelopmental disorders: Comorbidity overlaps between attention deficit and hyperactivity disorder and specific learning disorders. <i>Frontiers in Human Neuroscience</i>, 15.</p>	<p>Full Text read</p>	<p>Focus on attention deficit and hyperactivity disorder and specific learning disorders, rather than dyslexia.</p>
<p>Lukács, B., Asztalos, K., Maróti, E., Farnadi, T., Deszpot, G., Szirányi, B., Nemes, L. N., & Honbolygó, F. (2022). Movement-based music in the classroom: Investigating the effects of music programs incorporating body movement in primary school children. <i>Psychology of Aesthetics, Creativity, and the Arts</i>.</p>	<p>Title and abstract read</p>	<p>Participants were Hungarian</p>
<p>Lee, J. A. C., Lee, S., Yusoff, N. F. M., Ong, P. H., Nordin, Z. S., & Winskel, H. (2020). An early reading assessment battery for multilingual learners in Malaysia. <i>Frontiers in Psychology</i>, 11.</p>	<p>Title and abstract read</p>	<p>Based in Malaysia.</p>

Faísca, L., Reis, A., & Araújo, S. (2019). Early brain sensitivity to word frequency and lexicality during reading aloud and implicit reading. <i>Frontiers in Psychology</i> , 10.	Full Text read	Focus on neuroscience and participants were adults.
Share, D. L. (2021). Is the science of reading just the science of reading english? <i>Reading Research Quarterly</i> .	Full Text Read	Focus on skills needed for reading in many languages.
Gibby-Leversuch, R., Hartwell, B. K., & Wright, S. (2021). Dyslexia, literacy difficulties and the self-perceptions of children and young people: A systematic review. <i>Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues</i> , 40(11), 5595–5612.	Full Text Read	Based in Europe.

Included literature from the search conducted on 16th January 2023

Reference	Reason for Inclusion
Kirby, P. (2020). <i>Dyslexia Debated, Then and Now: A Historical Perspective on the Dyslexia Debate</i> . <i>Oxford Review of Education</i> , 46(4), 472–486.	Relevant to the context of dyslexia.
Niolaki, G., Taylor, L. M., Terzopoulos, A., & Davies, R. (2020). Literacy difficulties in higher education: Identifying students' needs with a hybrid model. <i>Educational and Child Psychology</i> , 37(2), 80–92.	Relevant to identification of literacy difficulties.
Colenbrander, D., Ricketts, J., & Breadmore, H. L. (2018). Early identification of dyslexia: Understanding the issues. <i>Language, Speech, and Hearing Services in Schools</i> , 49(4), 817–828.	Relevant to identification of dyslexia.

Excluded literature from the search conducted on 23rd January 2023

Reference	Stage of Exclusion	Reason for Exclusion
Evans, R. J. W. (2020). A Pioneer in Context: T R Miles and the Bangor Dyslexia Unit. <i>Oxford Review of Education</i> , 46(4), 439–453.	Full Text read	Focus on autobiography of T, R. Miles.
Whyte, W. (2020). Class and classification: the London Word Blind Centre for Dyslexic children, 1962–1972. <i>Oxford Review of Education</i> , 46(4), 414–428.	Full Text read	Focus on timeline of Word Blind centre.
Vasalou, A., Benton, L., Ibrahim, S., Sumner, E., Joye, N., & Herbert, E. (2021). Do children with reading difficulties benefit from instructional game supports? Exploring children’s attention and understanding of feedback. <i>British Journal of Educational Technology</i> , 52(6), 2359–2373.	Full Text read	Focus on feedback procedures.
Asherson, P., Leaver, L., Adamou, M., Arif, M., Askey, G., Butler, M., Cubbin, S., Newlove-Delgado, T., Kustow, J., Lanham-Cook, J., Findlay, J., Maxwell, J., Mason, P., Read, H., van Rensburg, K., Müller-Sedgwick, U., Sedgwick-Müller, J., & Skirrow, C. (2022). Mainstreaming adult ADHD into primary care in the UK: guidance, practice, and best practice recommendations. <i>BMC Psychiatry</i> , 22(1), 1–20.	Title and abstract read	Focus on ADHD.
Stock, N. M., Zucchelli, F., Hudson, N., Kiff, J. D., & Hammond, V. (2020). Promoting Psychosocial Adjustment in Individuals Born With Cleft Lip and/or Palate and Their	Title and abstract read	Focus on Individuals Born With Cleft Lip and/or Palate.

Families: Current Clinical Practice in the United Kingdom. <i>Cleft Palate-Craniofacial Journal</i> , 57(2), 186–197.		
Agrawal, D., Dritsakis, G., Mahon, M., Mountjoy, A., & Bamiou, D. E. (2021). Experiences of Patients With Auditory Processing Disorder in Getting Support in Health, Education, and Work Settings: Findings From an Online Survey. <i>Frontiers in Neurology</i> , 11, N.PAG.	Title and abstract read	Focus on patients with Auditory Processing Disorder.
Crane, L., Batty, R., Adeyinka, H., Goddard, L., Henry, L. A., & Hill, E. L. (2018). Autism Diagnosis in the United Kingdom: Perspectives of Autistic Adults, Parents and Professionals. <i>Journal of Autism & Developmental Disorders</i> , 48(11), 3761–3772.	Title and abstract read	Focus on Autism Spectrum Disorder.
Chan, K. M. Y., & Fugard, A. J. B. (2018). Assessing speech, language and communication difficulties in children referred for ADHD: A qualitative evaluation of a UK child and adolescent mental health service. <i>Clinical Child Psychology & Psychiatry</i> , 23(3), 442–456.	Title and abstract read	Focus on ADHD.
Ballard, L. M., Jenkinson, E., Byrne, C. D., Child, J. C., Davies, J. H., Inskip, H., Lokulo-Sodipe, O., Mackay, D. J. G., Wakeling, E. L., Temple, I. K., & Fenwick, A. (2019). Lived experience of Silver-Russell syndrome: implications for management during childhood and into adulthood. <i>Archives of Disease in Childhood</i> , 104(1), 76–82.	Title and abstract read	Focus on Silver-Russell syndrome.

Broglia, E., Millings, A., & Barkham, M. (2021). Student mental health profiles and barriers to help seeking: When and why students seek help for a mental health concern. <i>Counselling & Psychotherapy Research</i> , 21(4), 816–826.	Title and abstract read	Focus on mental health.
Priscott, T., & Allen, R. A. (2021). Human capital neurodiversity: an examination of stereotype threat anticipation. <i>Employee Relations</i> , 43(5), 1067–1082.	Title and abstract read	Focus on stereotype threat anticipation.
Woods, R. (2019). Demand avoidance phenomena: circularity, integrity and validity - a commentary on the 2018 National Autistic Society PDA Conference. <i>Good Autism Practice</i> , 20(2), 28–40.	Title and abstract read	Focus on demand avoidance.
Rogowsky, R., Laidlaw, A., & Ozakinci, G. (2020). “Having come to university my care was very much in my hands”: exploration of university students’ perceptions of health care needs and services using the common-sense model of self-regulation. <i>Journal of Behavioral Medicine</i> , 43(6), 943–955.	Title and abstract read	Focus on health and care services.
Armitage, C. E., & Maddison, J. (2019). The influences of curriculum area and student background on mindset to learning in the veterinary curriculum: a pilot study. <i>Veterinary Medicine & Science</i> , 5(3), 470–482.	Title and abstract read	Focus on mindset to learning in veterinary science.
Buehler, A., Oxburgh, G. E., Zimmermann, P., Willmund, G.-D., & Wesemann, U. (2019). Challenges for Research into Military	Title and abstract read	Focus on military investigations.

Investigations. <i>Psychiatry, Psychology & Law</i> , 26(1), 50–64.		
Fellin, L. C., Callaghan, J. E. M., Alexander, J. H., Harrison-Breed, C., Mavrou, S., & Papathanasiou, M. (2019). Empowering young people who experienced domestic violence and abuse: The development of a group therapy intervention. <i>Clinical Child Psychology & Psychiatry</i> , 24(1), 170–189.	Title and abstract read	Focus on domestic violence and abuse.

Appendix C: Outline of the literature search articles.

Author and year	Title	Demographic studied & number of participants	Research method and analysis	Quality assessment
Imray and Sissons (2021)	A different view of literacy	NA	NA	Descriptive article not experimental research.
Knight and Crick (2021)	The assignment and distribution of the dyslexia label: Using the UK Millennium Cohort Study to investigate the socio-demographic predictors of the dyslexia label in England and Wales.	19,000 children aged 11 years old.	Questionnaires from teachers. Bivariate analysis and logistic regression analysis.	It is only possible to speculate as to what it is about these attributes that may lead to this identification. Determination of whether a child was dyslexic was made by teacher report, and not necessarily dyslexia diagnosis by an educational psychologist or similar.
Lauková (2022)	Current Conditions for Supporting Pupils with Specific Learning Difficulties in Inclusive Education in Great Britain.	Teachers	Review of literature.	Only 3 studies reviewed.
Kirby (2020)	Dyslexia Debated, Then and Now: A Historical Perspective on the Dyslexia Debate	NA	NA	Descriptive article not experimental research.
Asghar, Williams, Denney, and	Performance in candidates declaring versus those not declaring dyslexia in a	21,000 candidates taking the clinical skills assessment (CSA) (GPs licensing).	Cross-sectional design using performance and attribute data from CSA. Multivariable	Lack of data on severity of dyslexia, additional disabilities, and the detail of individual reasonable adjustments, and

Siriwardena (2019)	licensing clinical examination.		negative binomial regression and chi-squared test.	unknown or unmeasured confounders such as educational experience. Unable to identify candidates who had dyslexia but who did not declare this at the time of examination. Limited to a single OSCE in general practice in one developed country.
Macdonald and Deacon (2019)	Twice upon a time: examining the effect socio-economic status has on the experience of dyslexia in the UK.	442 adults who were reported as having dyslexia.	National survey conducted from 2015 to 2017. Cross-tabulation tests to examine the frequency distribution of cases. Examination of any correlations between two or more variables.	Survey was conducted online, so it did not allow the researchers to create a sample frame or randomly select a representative population. All variables were based on self-reporting. The type of data analysis conducted only allows for a very broad overview of social exclusion with reference to the complex experiences of individuals with dyslexia.
Ryder and Norwich (2018)	What's in a name? Perspectives of dyslexia assessors working with students in the UK higher education sector.	118 professional assessors of dyslexia working within the higher education sector (2 EPs and 76 specialist teachers completed questionnaire, 4 EPs and 4 STs interviewed)	Questionnaire and interviews. Frequency scores for each of the questionnaires' closed survey items. The 3-point frequency data converted into stacked bar charts. Qualitative textual data, from both survey open questions	Few interviews done?

			and assessor interviews, were analysed thematically.	
Cluley (2018)	From “Learning disability to intellectual disability”—perceptions of the increasing use of the term “intellectual disability” in learning disability policy, research and practice.	12 different professional and lay groups working in and/or with the potential to influence learning disability practice in England. Included social care providers, local authority councillors, clinical psychologists, personal assistants, parent carers, mainstream teachers, student teachers, special school teachers, healthcare professionals, student journalists, student social workers and social scientists. Parent carers were included as lay professionals by virtue of their long-standing caring responsibilities.	Focus groups and thematic analysis.	Small sample which was opportunistic. Individuals with learning difficulties were not asked about the term 'intellectual difficulty'. Participants only from the East Midlands region.
Barnett, Connelly, Miller, and Sumner (2020)	Writing and Revision Strategies of Students with and Without Dyslexia.	32 university students with dyslexia compared to 32 typically developing students matched by age.	Wrote an essay on a digital tablet, which was analysed using Eye and Pen software. The Wechsler Objective Language Dimensions (WOLD; Rust, 1996) analytical marking criteria was used to mark the essays.	The sample may be considered small and was taken from one university. It is recognised that students with dyslexia in the sample are considered ‘high-functioning’ in comparison to the wider population of adults with dyslexia (Mapou, 2008). Reliability measures were not available for the writing prompt, as it was not a standardised assessment.

Knight (2018)	What is dyslexia? An exploration of the relationship between teachers' understandings of dyslexia and their training experiences.	2,600 classroom teachers in primary, secondary, further education, and special schools, in England and Wales.	The study was operationalized using an online questionnaire. The descriptions were then coded using Frith's (1999) causal model. Bivariate analysis was then conducted using chi-square tests.	As participation in the survey was voluntary, teachers that responded could be deemed as more engaged with the subject of dyslexia than others. Consequently, this could cause potential bias in the sample. In addition, the current study is that it does not acknowledge the methods that teachers use when working with students with dyslexia.
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Appendix D: Description and critical appraisal of selected literature

Biographic Details	Purpose	Key Findings	Evaluative Summary			
			Phenomenon studied and context	Ethics	Data collection and analysis/bias	Policy and practice implications
Imray and Sissons (2021)	This paper seeks to clarify why reading and writing are often experienced as challenges for those who have global learning difficulties.	The paper posits that the answer lies in challenging perceived wisdoms within the education system's predilections towards several educational practices.	Clear detail given about the nature of phenomenon and explanation of the term global learning difficulties in the context of UK practice.	NA	NA	Gives clear suggestions about implications of practice, summarised by explaining that disenfranchisement will come about because we as a society fail to enable all pupils, irrespective of their individual abilities and disabilities. The study is likely to be relevant to all educational professionals who work with individuals who have global learning difficulties.
Knight and Crick (2021)	This paper examines the socio-demographic factors, outside biology and cognition, that	The results demonstrated that factors seemingly unrelated to the clinical aspects of dyslexia	The work is well placed within the current literature, which highlights the dyslexia debate. Explicit	A secondary analysis was carried out from a per existing data set. Ethical considerations were addressed	Secondary data from the UK's Millennium Cohort Study was used. The MCS is a large-scale longitudinal	The research suggests that the dyslexic label may not be evenly distributed across a population; furthermore, it may also indicate that

	<p>predict whether a child's teacher identifies them as dyslexic at age 11, using secondary data from the UK's Millennium Cohort Study.</p>	<p>influence whether a child is identified as dyslexic in England and Wales. Parental income, season of birth, gender and socio-economic class were found to be significant predictors of the dyslexia label.</p>	<p>mention of recent debates questioning the reliability and validity of the label.</p>	<p>in the initial data collection.</p>	<p>study which aims to study a sample cohort of approximately 19,000 babies born between 1 September 2000 and 31 August 2001 in England and Wales. A bivariate analysis and logistic regression analysis of teacher's survey was carried out. Teacher's may have been biased in self-reports.</p>	<p>resources for support may not be fairly allocated. Thus, such findings question the moral integrity, validity and reliability of the allocation of the dyslexia label across current education systems in the UK.</p>
Lauková (2022)	<p>This paper outlines information on the current level of support and intervention strategies used in the inclusive educational settings in Great Britain.</p>	<p>Woodcock (2021) revealed that teachers who believe that inclusive education is an effective way to teach all students are more positive and encouraging when evaluating students. Knight</p>	<p>Explanation given about inclusive Education in Great Britain and options for diagnosing and supporting pupils with specific learning difficulties.</p>	<p>All data was anonymised and all participants signed an informed consent form before entering the study.</p>	<p>Review of 3 papers included. Research used questionnaires in two of the papers and accessed student performance on a clinical standardized exam in the third paper. Analysis</p>	<p>It highlights that a major challenge in inclusive education is teacher training. In the context of the inclusion process, this is one of the challenges to which the current preparation of future teacher education should respond. Only in this way will teachers of all</p>

		(2018) found that most teachers understand dyslexia in terms of how it affects students at the behavioural level. Gibson and Lesiter (2011) found that performance of dyslexic students in first year of study at university was significantly different compared to their typically developing peers.			of variance was used to examine the clinical examination data. Bivariate analysis used to access questionnaire data.	disciplines understand the needs of pupils.
Kirby (2020)	This paper argues that both sides of the dyslexia debate, fails to acknowledge the marked history of the term dyslexia, since it was first identified in the 1870s.	The author describes recognised processes and opinions in history, which highlight that the dyslexia debate is a product of its social history.	Recognised dyslexia debate as a product of its social history. Clearly presents the historical context surrounding the dyslexia debate.	NA	NA	It highlights the importance of accounting for the origins of the dyslexia debate, demonstrating how queries about the term's efficacy have marked dyslexia's history. It suggests that the dyslexia debate will continue in some quarters, but through

						further understanding of dyslexia's history, future discussion of the term might focus more on arguments that are novel, and less on those that have been heard before.
Asghar, Williams, Denney, and Siriwardena (2019)	This research aimed to investigate the performance of doctors declaring dyslexia in the clinical skills assessment (CSA), an objective structured clinical examination for licensing UK general practitioners.	Candidates declaring dyslexia were more likely to be male and to have a non-UK primary medical qualification but were no different in ethnicity compared with those who never declared dyslexia. In comparison, candidates who declared dyslexia late were significantly more likely to fail compared with those candidates who declared dyslexia	As health services internationally seek to expand the diversity of their medical workforce, increasing numbers of doctors are recognised as having specific learning differences (SpLDs) such as dyslexia. In line with this, candidates, educators and regulators all seek to ensure that examinations assessing the competence of	The study received approval from the University of Lincoln Ethics Committee.	Utilised a cross-sectional design using performance and attribute data from candidates taking the CSA between 2010 and 2017. Multivariable negative binomial regression and chi-squared test carried out.	A small proportion of candidates with dyslexia taking the CSA between 2010 and 2017 were less likely to pass the CSA compared with candidates who did not declare dyslexia, particularly if dyslexia was declared late. This has implications for educational support, preparation for examinations, test design and reasonable accommodations.

		early. The rate of passing was lower for candidates declaring dyslexia compared to those who never declared dyslexia.	doctors, particularly high-stakes assessments taken towards the end of lengthy and costly medical and specialty training, are fair to all candidates, including those with dyslexia. Equality legislation in the UK requires examination bodies to monitor performance of candidates with protected characteristics, including SpLDs.			
Macdonald and Deacon (2019)	This study aims to explore the intersectional relationship between dyslexia and socio-economic status.	The results demonstrate that socioeconomic status significantly affects issues of diagnosis,	The social model of disability has been applied in this study to interpret the data findings from a	Not referred to.	The study applies a quantitative approach, which collected data from a national survey conducted from 2015 to	Although the data reveals inequalities due to socioeconomics that impacted on diagnosis, education, and

		educational, and employment experiences.	disability studies perspective. Explores anti-discriminatory policy in the UK.		2017. The sample consists of 442 adult participants who reported having dyslexia. To collect data on dyslexia and social class, a cross-sectional, mixed-mode method was developed, using a survey that could be completed online or on hard copy. The data was analysed using descriptive statistics in the form of cross tabulation tests to examine the frequency distribution of cases. This was to examine any correlations between two or more variables.	employment, the findings also revealed universal disabling barriers, which affected all participants. The authors suggest two practical solutions to remove disabling barriers. First, the current process of identifying dyslexia within education needs to be updated and, secondly, the authors argue that assistive technologies can help children and adults with dyslexia to overcome many literacy difficulties in education and in the workplace.
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Ryder and Norwich (2018)	This research aimed to explore the way in which diverse and complex research findings are operationalized in the dyslexia diagnostic assessment of UK higher education students.	Overall, there was a lack of consensus amongst current assessors of dyslexia. Key controversial aspects of practice that emerged included the contextualized interpretation of literacy difficulties, a general commitment to discrepancy concepts, scepticism about the face validity of prescribed psychometric tests, and a related reliance on professional observation and experience above test results.	It highlights that guidelines for HE dyslexia diagnostic assessment and notes the complexity and diversity within the research field which makes dyslexia difficult to operationalize consistently for the purposes of identification and formal diagnostic assessment.	Not referred to.	The study was mixed methods, in the form of questionnaires and interviews of 118 professional assessors of dyslexia, which included 42 educational psychologists and 76 specialist teachers. Data were analysed both quantitatively and qualitatively, through frequency scores and a thematic analysis.	This study is particularly important to the work of disability legislators and HE institutional policymakers. Authors suggest that assessors would do well to differentiate assessment for intervention from assessment for statutory disability entitlement. Although the former might identify a range of functional difficulties and usefully employ the dyslexia label in a shorthand descriptive way, the latter would demand an agreed, clear, and specific operational definition.
Cluley (2018)	This research explores the discussions of 12	A thematic analysis revealed 4 dominant	Highlighted that the term “intellectual	Ethical approval for the wider project was	12 focus groups (involved between three	Findings presented demonstrate a tension between

	<p>focus groups conducted with professional and lay groups working in or influencing learning disability research and practice in England.</p>	<p>themes: dislike and disbelief, ambiguity, tautology, and fear.</p>	<p>disability” is increasingly used to refer to people with learning disabilities in British learning disability policy, practice, and research. This change is undoubtedly a reflection of the changing international context. The inclusion of the term “intellectual disability” has been particularly pronounced in countries such as the USA. By contrast, this change has been relatively silent in England.</p>	<p>granted by The University of Nottingham.</p>	<p>and eight participants) conducted with professional and lay groups working in or influencing learning disability research and practice in England. This included social care providers, local authority councillors, clinical psychologists, personal assistants, parent carers, mainstream teachers, student teachers, special school teachers, healthcare professionals, student journalists, student social workers and social</p>	<p>the international context, whereby, mainstreaming of the term “intellectual disability” is framed as a positive change; and the negative perception of “intellectual disability” found among those spoken to as part of this project. Authors suggest that if “intellectual disability” is going to be used in replacement of “learning disability” in UK policy documents, research findings and practice manuals, practitioners require an explanation in order for them to understand this change.</p>
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					scientists. Thematic analysis was used to analyse the focus group discussions.	
Barnett, Connelly, Miller, and Sumner (2020)	This study used a digital writing tablet to examine the writing process and the quality of text written by 32 university students with dyslexia compared to 32 typically developing (TD) students matched by age.	Results revealed that students with dyslexia made a higher number of spelling errors, and their essays were rated as poorer than TD students. In spite of this, no differences were found between each group on measures of time spent writing, amount of text produced, and the temporal analyses (handwriting execution, pause times).	Explains how writing remains the main method of assessment throughout education. In particular, at university level, students are expected to demonstrate their knowledge of a topic through independent writing. One group of students that self-report long-standing problems with spelling and, specifically, written expression are students with dyslexia.	This study was approved by Oxford Brookes University Research Ethics Committee.	Used a digital writing tablet to examine the writing process and the quality of text written by university students with dyslexia. Revision behaviour during and after writing was also investigated. 32 university students with dyslexia (mean age, 20 years), were compared to 32 typically developing (TD) students matched by age. Students composed a written text in response to an	Practical implications that can be raised from the present findings point towards support still being required in spelling for university students with dyslexia, as well as writing more generally (i.e., organisation/coherence, punctuation, grammar, and sentence structure).

			Explores the impact of dyslexia in HE.		expository essay prompt. Product and process measures were taken for analysis through the Wechsler Objective Language Dimensions (WOLD; Rust, 1996) analytical marking criteria. Revisions were watched/coded by 2 raters.	
Knight (2018)	To investigate how teachers describe dyslexia, how the training teachers have received on dyslexia, and how this has impacted their knowledge and practice working with students with dyslexia.	This paper demonstrates that teachers held a basic understanding of dyslexia, based on the behavioural issues that it is associated with. Teachers lacked the knowledge of the biological and cognitive aspects of dyslexia.	Comments on the complexities around defining dyslexia.	Not referred to.	Used results from a large-scale survey of teachers in England and in Wales (2,600 participants). Descriptions were then coded using Frith's (1999) causal model in which she suggests that dyslexia can be described at three separate levels—	The results presented in this paper have implications for teacher training in England and in Wales. This paper argues that evidence-based teacher training, which informs teachers of the up-to-date research on the biological, cognitive, and behavioural aspects of dyslexia, is essential to combat misconceptions and ensure that teachers

					<p>biological, cognitive, and behavioural. Bivariate analysis was conducted using chi-square tests.</p> <p>As participation in the survey was voluntary, teachers that responded could be deemed as more engaged with the subject of dyslexia than others. Consequently, this could cause potential bias in the sample.</p>	<p>have more nuanced and informed understandings of dyslexia. Authors therefore recommend compulsory teaching of dyslexia on ITT courses in England and in Wales and continuation and increase in the delivering of CPD on dyslexia.</p>
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Description and critique of literature

Within the literature, there were studies about the context and history of the dyslexia label, while other studies focused on the influence of the label on performance, the contribution of other factors and perceptions of dyslexia.

Several papers focused on the political and historical context surrounding the dyslexia label. Kirby (2020) noted that the 'dyslexia debate' transcends decades, with similar concepts and assumptions maintaining resilience. A key component of the debate, emphasised by the media and practitioners endeavouring to move away from problem identification within CYP, is the notion that dyslexia does not exist. Some suggest that the invention of dyslexia by overly-concerned parents is supported by a cohort of IEPs willing to offer a diagnosis for a fee. Moreover, academic organisations criticise the conceptualisation and breadth of the term dyslexia. Leading voices argue that the label is unhelpful, rather than empirically defining a condition, its design attracts funding for a sub-group of poor readers. Kirby's (2020) paper posits that since dyslexia was first identified in the 1870s, this debate has failed to account for the marked history of the term. The author describes recognised processes and opinions, which highlight that the dyslexia debate is a product of its social history. For example, the case studies of Hinshelwood and Pringle Morgan (Kirby, 2020) demonstrate that, as a result of absent state support for dyslexia in the late 19th to early 20th centuries, it was concerned parents with the financial means who sought support and garnered the services of specialist doctors. As such, dyslexia rose to the attention of the medical establishment through such financially able and concerned parents. Such beliefs are still present in the dyslexia debate today. This highlights the importance of accounting for the origins of the dyslexia debate, demonstrating that queries of the term's efficacy have marked dyslexia's history. However, it is important to note that this paper is purely descriptive and does not contain an experimental

element in its composition. This, therefore, limits its breadth of application to phenomena related to the term dyslexia.

When considering the political landscape in which the term dyslexia fits, it is important to recognise that in British learning disability research, practice, and policy the term “intellectual disability” is frequently being applied to people with learning disabilities. With the term “intellectual disability” especially pronounced in countries such as the USA, this variation is likely to reflect the change in international context. Yet, in England, the change in the use of terms has been relatively silent. To investigate this phenomenon, Cluley (2018) conducted 12 focus groups with lay and professional individuals influencing or working in disability practice and research in England. Each group was asked, how do you feel about the term “intellectual disability”, and have you heard of the term “intellectual disability?” A thematic analysis found 4 dominant themes of ambiguity, fear, dislike, disbelief and tautology. Participant discussions emphasised a shared scepticism towards the term “intellectual disability” with a preference to use the term “learning disabilities”, despite some of its connotations. Intellectual disability was perceived as too ambiguous to be a descriptive label. At best, it may be employed as and when required to achieve a desired outcome, when at worst it was suggested as a regression in society’s understanding and perception of disability. Cluley (2018) concluded that further explanation was necessary for practitioners to understand why “learning disability” is thought to be synonymous with “intellectual disability”. Critiques of this paper stem from the small and opportunistic sample used from the East Midlands region. This suggests that results are not generalisable to other regions in the UK. Moreover, it is significant to note that individuals with learning difficulties were not asked about the term “intellectual difficulty”. The addition of a term used to refer to

individuals with learning disabilities is of direct consequence to their lives and therefore it is vital that the opinions and thoughts of this population are sought.

In England the term learning disability is also encompassed by the term GLD. The term GLD includes all those currently ascribed as having SLD and many who have MLD. Imray and Sissons (2021) argue that the design of the Equals Formal Curriculum English Scheme of Work focuses on a very small percentage of the school population who have GLD. Their paper seeks to clarify that this population often experience reading and writing as a challenge and hypothesise that solutions may lie in challenging the education system's preferences towards numerous educational practices. These include, regarding phonics as the ultimate solution to reading difficulties and the differentiation of a standardised national curriculum model to remediate GLD. The authors describe the simple view of reading to explain the different areas in which learners may experience difficulties and go on to explore different strategies for teaching. They argue that the statement, "pupils who do not learn to speak, read and write fluently and confidently are effectively disenfranchised" (DfE, 2012, p.13) by the Department for Education, does not have to be the case. Instead, Imray and Sissons (2021) suggest that disenfranchisement will occur if the society fails to enable all students, irrespective of their individual abilities and disabilities (Nussbaum, 2011). In particular, they note that teaching strategies designed for neuro-typical developing learners are not effective for those with GLD. Despite this, it is important to note that this paper is not experimental in its nature but is instead purely descriptive. Therefore, this limits its contribution to exploring further phenomena related to learning difficulties, including dyslexia.

Another study by Lauková (2022) went on to outline the current level of support and intervention strategies used in the inclusive educational settings in the UK. A review of 3

studies focuses on mainstream school environments in England, as the authors note that the curriculum and environments in Scotland, Wales and Northern Ireland differ in context. The first study by Woodcock (2021) revealed that teachers who believe that inclusive education is an effective way to teach all learners are more positive and encouraging when evaluating students. Moreover, teachers were found to show reduced levels of frustration with typically developing students. Knight (2018) demonstrated that the majority of teachers understand dyslexia in terms of how it affects students at the behavioural level, with a large majority of respondents reporting that their education programme did not described dyslexia well. Finally, Gibson and Lesiter (2011) found that, during their first year of study at university, dyslexic students' performance was significantly different compared to their typically developing peers. However, when pupils with dyslexia were given extra time to complete the tasks, their performance was identical to their peers. Together these findings suggest that in inclusive education, in this linguistic environment, a significant challenge is teacher training. Since the revision of the Special Education CoP in 2016 to facilitate inclusivity, the preparation of future teachers as well as their views on inclusion has been in focus. Lauková (2022) suggests that this preparation of future teachers needs further development. Despite such findings, it is important to note that this paper only includes 3 studies in its review. This therefore limits its application to the understanding of SEND, particularly dyslexia, and inclusive practice in education.

In addition to considering the context in which dyslexia sits, several papers focus on the influence of dyslexia on individuals' performance. For example, Asghar et al., (2019) investigated the performance of medical doctors declaring dyslexia in the CSA, a clinical examination for licensing GPs. They employed a cross-sectional design using performance and attribute data from candidates taking the CSA between 2010 and 2017. Using a multivariable negative binomial regression, candidates who declared dyslexia were compared

with those who did not, to investigate the effect of pronouncing dyslexia on passing the CSA; accounting for factors linked to performance, including sex, ethnicity, place of primary medical qualification, number of attempts and initial score. 598 of 20,879 candidates declared that they had dyslexia. Those declaring dyslexia were more likely to have a non-UK primary medical qualification and be male, compared to those who never declared dyslexia. Results revealed that, compared to those who never declared dyslexia, the rate of passing was lower for candidates declaring dyslexia. In comparison, candidates who declared dyslexia late were significantly more likely to fail compared with those candidates who declared dyslexia early and were more likely to come from a minority ethnic group. These findings would suggest that candidates announcing dyslexia were less likely to pass the CSA, especially if dyslexia was declared late. However, this study may be criticised due to the lack of data on additional disabilities and the severity of dyslexia. In addition, the other confounding variables, such as educational experience, and the specifics of individual reasonable adjustments were not incorporated into the analysis. Furthermore, the researchers were unable to identify candidates who had dyslexia but did not declare this during the study. Finally, the results may not be generalisable to OSCEs conducted in other specialties or countries as the study was limited to a single OSCE in general practice in one developed country.

In spite of this, another study by Barnett et al. (2020) examined the quality of text and writing process of 32 university students with dyslexia compared to 32 typically-developing pupils (matched by age) using a digital writing tablet. In response to an expository essay prompt, students were asked to compose a written text, the researchers then investigated revision behaviour during and after writing. Results revealed that the essays of students with dyslexia were rated as poorer quality, and they made a higher number of spelling errors compared to typically-developing pupils. Overall, revision behaviour across the groups was similar, but significantly more revisions to spelling were made by students with dyslexia than their peers.

Yet, no differences were shown between the groups on measures of amount of text produced, time spent writing and the temporal analyses (handwriting execution). The present findings have practical implications which emphasise that support for spelling, and writing more generally, for university pupils with dyslexia may still be required. However, authors recognise that pupils with dyslexia in the present sample are considered ‘high-functioning’ in comparison to the wider population of adults with dyslexia (Mapou, 2008). Given these students are often expected to submit written coursework, they may have developed compensatory strategies for writing, including choosing to return to errors after production ceases (Van Waes et al., 2010). In addition, as it was not a standardised assessment, reliability measures were not available for the writing prompt. Finally, the sample in this study was taken from one university and may be considered small, so results may not be generalisable to the wider population.

With the prevalence of dyslexia identification increasing over the past two decades, other studies have examined the socio-demographic factors, outside cognition and biology, that predict dyslexia. Using secondary data from the UK’s Millennium Cohort Study, Knight and Crick (2021) explored what factors predict whether a CYP’s teacher identifies them as dyslexic at age 11 years. From 19,000 participants, results demonstrated that factors seemingly unrelated to the clinical aspects of dyslexia influence whether a CYP is identified as dyslexic in England and Wales. Season of birth, socio-economic class, gender, and parental income were all found to be significant predictors of the dyslexia label. In particular, more males were identified with dyslexia than females, further research may therefore explore the intersection between social and biological factors related to sex and how they may result in an overrepresentation of males with dyslexia. Such findings also highlight that the label of dyslexia may not be evenly distributed across the population, perhaps indicating that

resources for support may not be fairly allocated. Research may therefore wish to investigate how resources for literacy difficulties vary according to socio-demographic factors. Such results, also emphasise that as a result of environmental factors, 'dyslexic subgroups' are created within poor readers. Thus, such findings question the moral integrity, reliability, and validity of the allocation of the dyslexia label across current education systems in the UK. Yet, in this paper the determination of whether a CYP was dyslexic was made by a teacher report. It is therefore likely that teachers' awareness of dyslexia could systematically vary as a function of the demographic variables the study is exploring. The authors explain that 'diagnosis' may have been more accurate if undertaken by an EP.

The extent of the influence that socio-economic factors have on the experience of dyslexia was further examined by Macdonald and Deacon (2019). This study aims to explore the intersectional relationship between socio-economic status and dyslexia by analysing adult perceptions of employment and education, which have been shaped by decades of social policies promoting anti-discriminatory practice. The application of a quantitative approach analysed data from a national survey conducted from 2015 to 2017 with 442 adults who reported having dyslexia. To interpret the findings from a disability perspective, the social model of disability was utilised in this study. The findings highlighted that socioeconomic status significantly affects issues of employment and educational experiences, as well as diagnosis. Results indicate that socioeconomic status affected the age of diagnosis (Siegel & Himel, 1998), with working-class individuals least likely to acquire a diagnosis during mainstream schooling. In addition, these participants also reported that dyslexia had the greatest impact on their educational journeys and experiences. Thus, these findings highlight the effect of dyslexia into adulthood, as well as the intersectional relationship between socioeconomic status and disability inequalities. However, caution must be taken when

interpreting the findings of this study as all variables were based on self-reporting, and therefore it is possible that participants unintentionally misinformed the researchers collecting data. Similarly, although the survey being conducted online gave the researchers access to a greater number of participants, it did not allow them to randomly select a representative population. Lastly, only a very broad overview of social exclusion is allowed by the type of data analysis conducted, with reference to the complex experiences of individuals with dyslexia.

Finally, two studies focused on the perceptions of educational professionals on dyslexia. Knight (2018) investigated how teachers describe dyslexia, what training teachers have received on dyslexia, and how this has impacted their practice working with pupils with dyslexia. An online survey of 2,600 teachers in England and Wales, found that teachers' understanding of dyslexia was based on behavioural descriptors, such as individuals with dyslexia struggling with reading, writing, and spelling. Many teachers lacked knowledge of the biological and cognitive aspects of dyslexia. Moreover, despite inconclusive evidence of a direct relationship, results showed that the conceptualisation of dyslexia as a visual issue is still a prevailing discourse in teachers. These findings may be a result of teachers reporting poor initial teaching training programmes, in which dyslexia was “not covered well”. Results highlight the importance of good quality teacher training in elevating teachers' confidence working with individuals with dyslexia, while also broadening their knowledge of the cognitive aspects of dyslexia, which are vital in interventions (Frith, 1995). To dispel inaccuracies and ensure teachers have more informed understandings of the multi-layered nature of dyslexia, authors therefore suggest that good-quality, evidenced-based training is vital. Despite such findings, caution should be taken when interpreting these results as teachers who responded could be deemed as more engaged in the subject of dyslexia as the survey was voluntary. Consequently, this could cause potential bias in the sample.

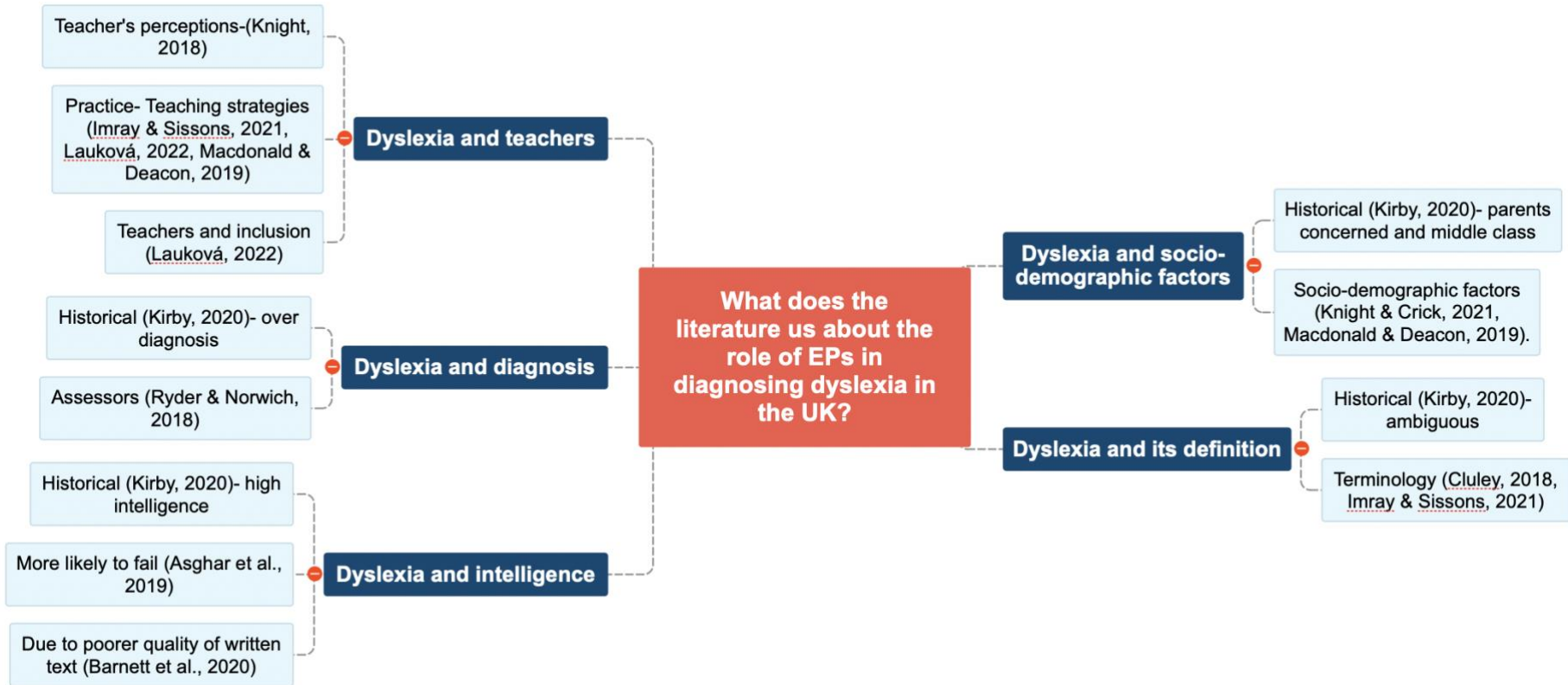
Furthermore, the study does not account for the methods used by teachers when working with students with dyslexia.

As a result of the complex nature of the dyslexia construct it is questioned whether assessors can reliably and consistently operationalise such knowledge and categorically diagnose dyslexia. To explore the way in which research findings are operationalised in the dyslexia diagnostic assessment of UK higher education students Ryder and Norwich (2018) used a questionnaire and interviews to gather perspectives of 118 professional assessors of dyslexia, which included 42 EPs and 76 specialist teachers. Findings revealed a lack of consensus amongst assessors, confirming critics' concerns about the consistency and reliability of dyslexia diagnosis. Key contrasts in practice included scepticism about prescribed psychometric tests, over-reliance on experience and professional observation above test results, and a general commitment to discrepancy concepts and contextualised interpretation of literacy difficulties. Attempts to identify other academic difficulties, independent from a potential diagnosis of dyslexia, which could be due to low intelligence or environmental factors, led assessors to feel apprehensive. Some reported that they regularly used the diagnostic term pragmatically to secure support which was clearly needed for individual students. This inconsistency in practice and lack of confidence raises important concerns about the validity of differential diagnosis and the ethical acceptability of differentiation for disability entitlement (Arnold, 2017). Although this study may be criticised for conducting only a small sample of interviews, meaning that results may not be generalisable to the broader diagnostic practice in the UK, these findings emphasise the need for a more responsible and cautious attitude towards the use of the dyslexia label and a more informed nuanced understanding of its conceptualisation.

Appendix E: Descriptive themes identified in each reviewed study

Descriptive theme:	Imray and Sissons (2021)	Knight and Crick (2021)	Lauková (2022)	Kirby (2020)	Asghar, Williams, Denney, and Siriwardena (2019)	Macdonald and Deacon (2019)	Ryder and Norwich (2018)	Cluley (2018)	Barnett, Connelly, Miller, and Sumner (2020)	Knight (2018)
Parents concerned	N	N	N	Y	N	N	N	N	N	N
Socio-demographic factors	N	Y	N	Y	N	Y	N	N	N	Y
Definition ambiguous	N	Y	Y	Y	N	N	Y	Y	N	Y
Terminology	Y	N	N	Y	N	N	Y	Y	N	N
High intelligence	N	N	N	Y	N	N	N	N	N	N
More likely to fail	N	N	Y	N	Y	N	N	N	Y	N
Poor quality written text	N	N	Y	N	Y	N	N	N	Y	N
Teacher's perceptions	N	Y	Y	N	N	N	N	N	N	Y
Teaching strategies	Y	N	Y	N	N	Y	N	N	N	N
Teachers and inclusion	N	N	Y	N	N	N	N	N	N	N
Over-diagnosis	N	Y	Y	Y	N	Y	Y	N	N	Y
Assessors	N	Y	Y	Y	N	Y	Y	N	N	Y

Appendix F: Thematic synthesis stage 2 to stage 3: interpretive themes developed from descriptive themes



Appendix G: Interview schedule used in the interviews

The Tavistock and Portman 
NHS Foundation Trust

Tavistock and Portman Trust Research Ethics Committee

The Researchers

Megan Bird (Trainee Educational Psychologist), Supervised by Dr Christopher Arnold
(Tavistock and Portman NHS Research Supervisor)
The Tavistock and Portman NHS Foundation Trust, 120 Belsize Ln, London NW3 5BA
mbird@tavi-port.nhs.uk carnold@tavi-port.ac.uk

Project Title

An Exploration of Teachers and Educational Psychologists' Perceptions about the Role of the Educational Psychologists in Labelling Dyslexia

Interview Schedule/Topic Guidance

Intro-

- The proposed research aims to explore the perceptions of teachers and Educational Psychologists about the role of Educational Psychologists in labelling dyslexia and explore the possible differences in perceptions between these professional groups.
- The research aims to find out if there are differences in educational professionals' perceptions about the role of Educational Psychologists in labelling dyslexia by gathering the views of teachers and Educational Psychologists who have had experience of working with children or young people with literacy difficulties.
- Participants will be asked to complete a semi-structured interview either in person or via a video call on Zoom. The interview will last approximately 1 hour. Participants will be asked questions to gain an insight into how they perceive the label of dyslexia and their view of the role of Educational Psychologists in labelling dyslexia.
- All interviews will be recorded using audio equipment and will be transcribed.
- This research seeks to uphold the principle that research should avoid harming participants. However, it is recognised that certain aspects of the interview may evoke strong opinions or emotions. Therefore, you are not obliged to take part in this study and are free to withdraw at any time during the interview.

Demographic questions-

- What is your ethnicity?
- How long have you worked in your role?
- Teacher- Have you ever worked in a different school setting, if so what setting?
- EP- Do you currently or have you ever worked for the LA and/or independently as an EP?
- EP- Have you ever worked as a teacher?

Interview Questions-

- What is your experience of analysing literacy difficulties and using the term "dyslexia" or "specific learning difficulties"?

- What is your understanding of the term dyslexia?
- Do you think the label dyslexia is useful?
 - And what for?
- What do you think are the risks and benefits of labelling children and young people with dyslexia?
- In your opinion does the label of dyslexia open doors to resources/arrangements?
- In your opinion is there a difference between dyslexia and literacy difficulties?
- What are the roles of Educational Psychologists in helping children and young people with literacy difficulties?
- Do you think part of the role of Educational Psychologists is to label dyslexia?
 - Why?
- Would you like part of the Educational Psychologists role to be to label dyslexia?
 - Why?
 - What services/other professionals have a role in labelling dyslexia?
- How might Educational Psychologists and teachers work collaboratively to support children and young people with literacy difficulties?
- What different roles might Educational Psychologists and teachers take during the formulation of the label dyslexia?

Debrief-

- Thank you for your participation, the recording has now been stopped.
- How do you feel after that? Reflect about interview more generally.
- The data will be kept confidential and will be de-identified meaning that direct and indirect identifiers will be removed and replaced by a code.
- Quotes from the interviews will be used in the write up of this study. Therefore, it may be possible that you will recognise extracts from your interview.
- The data will be stored electronically on computer files which will be available to research team by password only.

- Should you choose to withdraw from the project you may do so up until three weeks after the date of interview without disadvantage to yourself and without any obligation to give a reason.
- Should you wish to access support following this interview, you are able to contact the researcher at the Educational Psychology Service for Xx County Council or the services available at the Tavistock and Portman NHS Foundation Trust.
- The findings from this research may be published or disseminated in the following ways: Peer reviewed journal, non-peer reviewed journal, peer reviewed books, publication in media, social media or website (including Podcasts and online videos), conference presentation, internal report, written feedback to participants and presentation to participants or relevant community groups.
- Would you would like to receive the finished thesis, or a shortened version of the results?
- You will receive an email in the next few days outlining what we have spoken about and ethical considerations.
- Any questions at this stage?

Appendix H: Email sent to participants after the interview

Dear....

Thank you for participating in my research study. I very much appreciate you giving up your valuable time to contribute to this field of research.

As mentioned in the interview, should you choose to withdraw from the project you may do so up until three weeks after the date of interview without disadvantage to yourself and without any obligation to give a reason. As your interview date was, this withdraw date would be.....

Your data will be kept confidential and will be de-identified meaning that direct and indirect identifiers will be removed and replaced by a code. The data will be stored electronically on computer files which will be available to the research team by password only.

Should you wish to access support following this interview, you are able to contact the researcher at the Educational Psychology Service for Xx County Council or the services available at the Tavistock and Portman NHS Foundation Trust.

The findings from this research may be published or disseminated in the following ways: Peer reviewed journal, non-peer reviewed journal, peer reviewed books, publication in media, social media or website (including Podcasts and online videos), conference presentation, and internal report. If you would like to receive the finished thesis, or a shortened version of the results, please do let me know.

If you have any further questions, please do not hesitate to get in touch.

Many Thanks,

Megan Bird

Appendix I: Inclusion and exclusion criteria for teachers and EPs

Inclusion and exclusion criteria for Teachers	Inclusion and exclusion criteria for EPs
Teachers were required to have experience of working directly with CYP with literacy difficulties and EPs.	EPs were required to have experience of working directly with CYP with literacy difficulties and teachers.
They had to be a classroom teacher who had responsibility for CYP and led a class on a day-to-day basis. They were paid professionals who have undertaken formal teacher training to conduct their role. This, therefore, excluded headteachers, TAs, and SENCOs from the target population. This decision was made as typically referral for EP involvement stems from teachers noticing CYP in their classroom. Teachers are partially responsible for inputting the psychological advice from EPs yet often do not spend much time working directly with EPs, therefore it may be that teachers' perceptions of the EP role vary.	They had to be classed as a paid professional who has undertaken formal EP training to conduct the role.
Teachers from primary, secondary, further education and special schools were approached as dyslexia can be identified at a variety of ages, although it is unusual to be recognised at pre-school age (Knight, 2019). Therefore, no teachers from pre-primary school will be recruited. The compulsory school age in England is 5 to 18 years, therefore teachers from across this age range were recruited, in order to gather a variety of perspectives. To further explore the breadth of experiences, teachers from state, academy and independent provisions were approached for recruitment, as different provisions may choose to work with EPs in different ways.	Purposeful sampling included EPs who worked independently and for the LA. This decision was made in line with literature which suggests that EP practice may not be consistent across different settings, with independent EPs more likely to refer to diagnoses (Herz, 2022; Krüger, 2004).

Appendix J: Overview of participants

Name	Role	Ethnicity and Gender	Summary of Work Context
Luna	Teacher and Literacy Coordinator	White British Female	Literacy coordinator and teacher at a Secondary Academy for 1 year. Previously worked as a teaching assistant (for 7 years) and teacher in another Secondary Academy (for 4 years).
Lydia	Teacher	White British Female	Mainstream Primary School Teacher for 6 years. Previously worked as a supply teacher for primary schools and independent prep schools for 5 years, as well as a private tutor. Prior to this worked in independent schools for 9 years and worked for 1 year in New Zealand.
Nancy	Teacher	White British Female	Private Secondary School Learning Support Teacher for 5 years. Previously worked in a mainstream primary school (4 years) and a secondary prep school (4 years).
Sophie	Teacher	White British Female	Private Specialist School (supporting pupils with dyslexia and related learning difficulties) Teacher in Secondary for 4 years. Previously worked in a hearing-impaired unit in a secondary school (4 years) and primary school (5 years), and the SEND department of a primary school.
Carol	Teacher	White British Female	Head of Mathematics and teacher for secondary pupils in Private Special School for 7 years. Previously worked as a Maths teacher in a Mainstream secondary school for 3 years and as a supply teacher for 1 year.
Joe	Teacher	White British Male	Private Prep School Teacher for 5 years. Previous teaching role in Prep School in Kenya (5 years) and a mainstream primary school in Singapore (6 months).
Jasper	EP	White British Male	Newly qualified EP for LA (9 months). Previously worked as a teacher and SENCO at a secondary school for several years.
Camille	EP	White British (Scottish) Female	EP for current LA for 22 years. Previously worked in neighbouring LA as EP for several years. Worked for 12 years as a teacher in secondary and primary schools.
Dora	EP	White British Female	EP for LA for 4 years. Previously worked as a teacher at a primary school for 4 years.
Ralph	Director and EP	White British Male	Director and EP for an independent company for 7 years. Previously worked as a Senior EP in several LAs across the country.

			Additionally worked as a school teacher and deputy head teacher in a special school for pupils with SEMH needs.
Tina	EP	White British Female	Independent EP (self-employed) for 2 years. Previously worked in several LAs across the country and worked as a PEP in one LA service. Additionally worked as a primary school teacher working with pupils with EAL.
Harriet	EP	White British Female	Independent EP and EP for LA for 6 years.

Appendix K: Email sent to recruit participants

Dear,

I am a Year 2 Trainee Educational Psychologist studying at the Tavistock and Portman. I am currently undertaking my research project in Xx EPS where I am on placement as part of my doctorate. I am investigating teachers and educational psychologists' perceptions about the role of educational psychologists in labelling dyslexia. There is limited literature and research regarding the role of educational psychologists in labelling literacy difficulties, despite what is observed locally. Therefore, this study aims to contribute to the literature base and provide further information regarding the potentially differing views of educational psychologists and teachers about the role of educational psychologists in labelling dyslexia.

Currently, I am in the process of recruiting participants, and I was hoping that you or any of your colleagues could contribute to my study by taking part in an interview with myself. The interview will be an hour long and will cover topics around your views on labelling literacy difficulties as well as the role of educational psychologists in diagnosis. The interviews will take place in person or online (whichever is easier). Due to the research design seeking insight into individual experiences, the number of participants for this study is limited. Participants will be selected on a first come-first served basis. Attached to this email is an information sheet and consent form. If you wish to participate, please could you return a signed copy of this document to me.

If you have any questions regarding the project, please do not hesitate to contact me.

Thank you for taking time to read this email and I hope that you will be able to support with my study and furthering research into this area.

Many Thanks,

Megan Bird

Appendix L: Information sheet shared with participants

The Tavistock and Portman 
NHS Foundation Trust

Tavistock and Portman Trust Research Ethics Committee

If you have any queries regarding the conduct of the programme in which you are being asked to participate, please contact:

Paru Jeram, Trust Quality Assurance Officer pjeram@tavi-port.nhs.uk

The Researchers



Megan Bird (Trainee Educational Psychologist),
Supervised by Dr Christopher Arnold (Tavistock and Portman NHS Research Supervisor)
The Tavistock and Portman NHS Foundation Trust, 120 Belsize Ln, London NW3 5BA
mbird@tavi-port.nhs.uk carnold@tavi-port.ac.uk

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate in this study.

Project Title

An Exploration of Teachers and Educational Psychologists' Perceptions about the Role of the Educational Psychologists in Labelling Dyslexia

Project Description

The proposed research aims to explore the perceptions of teachers and Educational Psychologists about the role of Educational Psychologists in labelling dyslexia and explore the possible differences in perceptions between these professional groups.

The research aims to find out if there are differences in educational professionals' perceptions about the role of Educational Psychologists in labelling dyslexia by gathering the views of teachers and Educational Psychologists who have had experience of working with children or young people with literacy difficulties.

Participants will be asked to complete a semi-structured interview with a Trainee Educational Psychologist either in person or via a video call on Zoom. The interview will last approximately 1 hour. Participants will be asked questions to gain an insight into how they perceive the label of dyslexia and their view of the role of Educational Psychologists in labelling dyslexia. All interviews will be recorded using audio equipment.

This research seeks to uphold the principle that research should avoid harming participants. However, it is recognised that certain aspects of the interview may evoke strong opinions or emotions. The interviews will therefore be conducted in a containing and sensitive manner that supports participants to have a genuine experience of being heard. After each interview time will be allocated to debrief participants and contain any anxieties or distress evoked by the process.

Participants are not likely to experience any after-effects, discomfort, or distress after the interviews. However, should they wish to access support they are able to contact the researcher at the Educational Psychology Service for Xx County Council or the services available at the Tavistock and Portman NHS Foundation Trust.

Confidentiality of the Data

The researcher will be responsible for the security of all of the data collected. The data generated in the course of the research will be retained in accordance with the [Trusts 's Data Protection and handling Policies](https://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/): <https://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/>

The data will be stored electronically on computer files which will be available to research team by password only. In line with the 5th principle of the Data Protection Act (1998), which states that personal data shall not be kept for longer than is necessary for that purpose or those purposes for which it was collected; the data will be kept for 3-5 years. After this time all electronic data will undergo secure disposal.

The data will be de-identified meaning that direct and indirect identifiers will be removed and replaced by a code. The researchers will be able to link the code to the original identifiers and isolate the participant to whom data relates should the participant wish to withdraw their data up until three weeks after the interview date. The information provided by participants is subject to legal limitations in data confidentiality (i.e. the data may be subject to a subpoena, a freedom of information request or mandated reporting by some professions).

Publication and Dissemination of Research Findings

The findings from this research may be published or disseminated in the following ways: Peer reviewed journal, non-peer reviewed journal, peer reviewed books, publication in media, social media or website (including Podcasts and online videos), conference presentation, internal report, written feedback to participants and presentation to participants or relevant community groups.

Location

The interviews will be carried out at one of the Xx County Council offices (see address below) or online via video call using Zoom. The interviews will be conducted within working hours.

Remuneration

There will be no remuneration for participating in this research.

Disclaimer

You are not obliged to take part in this study and are free to withdraw at any time during interviews. Should you choose to withdraw from the project you may do so up until three

weeks after the date of interview without disadvantage to yourself and without any obligation to give a reason.

Appendix M: Consent Form shared with participants



Consent to Participate in an Experimental Programme Involving the Use of Human Participants

An Exploration of Teachers and Educational Psychologists Perceptions about the Role of the Educational Psychologists in Labelling Dyslexia

I have the read the information leaflet relating to the above programme of research in which I have been asked to participate and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what it being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researchers involved in the study will have access to the data. It has been explained to me what will happen once the experimental programme has been completed.

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the programme at any time without disadvantage to myself and without being obliged to give any reason.

Participant’s Name (BLOCK CAPITALS)
.....

Participant’s Signature
.....

Investigator’s Name (BLOCK CAPITALS)
.....

Investigator’s Signature
.....

Date:

**Appendix N: Tavistock and Portman Trust
Research Ethics Committee form and approval letter**

**Tavistock and Portman Trust Research Ethics Committee (TREC)
APPLICATION FOR ETHICAL REVIEW OF STUDENT RESEARCH PROJECTS**

This application should be submitted alongside copies of any supporting documentation which will be handed to participants, including a participant information sheet, consent form, self-completion survey or questionnaire.

Where a form is submitted and sections are incomplete, the form will not be considered by TREC and will be returned to the applicant for completion.

For further guidance please contact Paru Jeram (academicquality@tavi-port.nhs.uk)

FOR ALL APPLICANTS

If you already have ethical approval from another body (including HRA/IRAS) please submit the application form and outcome letters. You need only complete sections of the TREC form which are NOT covered in your existing approval

Is your project considered as 'research' according to the HRA tool? (http://www.hra-decisiontools.org.uk/research/index.html)	Yes
Will your project involve participants who are under 18 or who are classed as vulnerable? (see section 7)	No
Will your project include data collection outside of the UK?	No

SECTION A: PROJECT DETAILS

Project title	An Exploration of Teachers and Educational Psychologists Perceptions about the Role of the Educational Psychologists in Labelling Dyslexia		
Proposed project start date	February 2023	Anticipated project end date	July 2024
Principle Investigator (normally your Research Supervisor): Dr Christopher Arnold			
Please note: TREC approval will only be given for the length of the project as stated above up to a maximum of 6 years. Projects exceeding these timeframes will need additional ethical approval			
Has NHS or other approval been sought for this research including through submission via Research Application System (IRAS) or to the Health Research Authority (HRA)?	YES (NRES approval)	<input type="checkbox"/>	
	YES (HRA approval)	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	
	NO	<input checked="" type="checkbox"/>	
If you already have ethical approval from another body (including HRA/IRAS) please submit the application form and outcome letters.			

SECTION B: APPLICANT DETAILS

Name of Researcher	Megan Bird
---------------------------	------------


Programme of Study and Target Award	Professional doctorate for child, community and educational psychology
Email address	mbird@tavi-port.nhs.uk
Contact telephone number	07788296567

SECTION C: CONFLICTS OF INTEREST

<p>Will any of the researchers or their institutions receive any other benefits or incentives for taking part in this research over and above their normal salary package or the costs of undertaking the research?</p> <p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>If YES, please detail below:</p>	
<p>Is there any further possibility for conflict of interest? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	
<p>Are you proposing to conduct this work in a location where you work or have a placement?</p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, please detail below how you will avoid issues arising around colleagues being involved in this project:</p> <p>This research is based on gathering the views of individuals about the role of Educational Psychologists in labelling dyslexia through individual interviews. This methodology protects disagreements in viewpoints arising between colleagues and upholds the principle of confidentiality. The participants will be protected through their right to withdraw from the research (up to three weeks after the interview date) and the data protection act (please see the information sheet for more details). Approval from the Principal Educational Psychologist within the researchers Local Authority Educational Psychology Service has been sought for permission to conduct this research within the Educational Psychology Service for Xx County Council and contact individuals associated with the service. Publication of the findings from this research will be shared with the participants through written feedback.</p>	
<p>Is your project being commissioned by and/or carried out on behalf of a body external to the Trust? (for example; commissioned by a local authority, school, care home, other NHS Trust or other organisation).</p> <p><small>*Please note that 'external' is defined as an organisation which is external to the Tavistock and Portman NHS Foundation Trust (Trust)</small></p> <p>If YES, please add details here:</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>Will you be required to get further ethical approval after receiving TREC approval?</p> <p>If YES, please supply details of the ethical approval bodies below AND include any letters of approval from the ethical approval bodies (letters received after receiving TREC approval should be submitted to complete your record):</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If your project is being undertaken with one or more clinical services or organisations external to the Trust, please provide details of these:</p>	


Educational Psychology Service for Xx County Council	
If you still need to agree these arrangements or if you can only approach organisations after you have ethical approval, please identify the types of organisations (eg. schools or clinical services) you wish to approach:	
Ethical approval has been agreed by the Principal Educational Psychologist at the Educational Psychology Service for Xx County Council (please see appended approval letter). The Principal Educational Psychologist has granted permission to contact Educational Psychologists in the service to participate in this research and to contact schools with which the Educational Psychology Service has links to recruit teachers. The researcher can only approach schools with which the Educational Psychology Service has links to recruit teachers after they have been granted ethical approval by the Trust's Ethics Committee (this is why the researcher have ticked both yes and no in the box below).	
Do you have approval from the organisations detailed above? (this includes R&D approval where relevant)	YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/>
Please attach approval letters to this application. Any approval letters received after TREC approval has been granted MUST be submitted to be appended to your record	


SECTION D: SIGNATURES AND DECLARATIONS

APPLICANT DECLARATION	
I confirm that:	
<ul style="list-style-type: none"> • The information contained in this application is, to the best of my knowledge, correct and up to date. • I have attempted to identify all risks related to the research. • I acknowledge my obligations and commitment to upholding ethical principles and to keep my supervisor updated with the progress of my research • I am aware that for cases of proven misconduct, it may result in formal disciplinary proceedings and/or the cancellation of the proposed research. • I understand that if my project design, methodology or method of data collection changes I must seek an amendment to my ethical approvals as failure to do so, may result in a report of academic and/or research misconduct. 	
Applicant (print name)	Megan Bird
Signed	
Date	14.03.23

FOR RESEARCH DEGREE STUDENT APPLICANTS ONLY

Name of Supervisor/Principal Investigator	Dr Christopher Arnold
--	-----------------------

Supervisor –	
<ul style="list-style-type: none"> • Does the student have the necessary skills to carry out the research? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ▪ Is the participant information sheet, consent form and any other documentation appropriate? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ▪ Are the procedures for recruitment of participants and obtaining informed consent suitable and sufficient? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ▪ Where required, does the researcher have current Disclosure and Barring Service (DBS) clearance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 	
Signed	
Date	17.3.23

COURSE LEAD/RESEARCH LEAD	
Does the proposed research as detailed herein have your support to proceed? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Signed	
Date	17.03.2023

SECTION E: DETAILS OF THE PROPOSED RESEARCH

<p>1. Provide a brief description of the proposed research, including the requirements of participants. This must be in lay terms and free from technical or discipline specific terminology or jargon. If such terms are required, please ensure they are adequately explained (Do not exceed 500 words)</p>
<p>The proposed research will explore the perceptions of teachers and Educational Psychologists about the role of Educational Psychologists in labelling dyslexia and explore the possible differences in perceptions. The teachers and Educational Psychologists will be accessed through the Educational Psychology Service in which the researcher currently has a training placement, with permission from the Principal Educational Psychologist of the service already obtained. The research aims to find out if there are differences in educational professionals' perceptions about the role of Educational Psychologists in labelling dyslexia by gathering the views of teachers and Educational Psychologists who have had experience of working with children or young people with literacy difficulties (purposeful sampling). The qualitative data will then be analysed using a reflexive thematic analysis to determine if and where the differences in perceptions may lie. It hoped that at least 6 individuals from each educational profession will be involved, with the aim to conduct 12 interviews which will be semi-structured and roughly an hour in length.</p>
<p>2. Provide a statement on the aims and significance of the proposed research, including potential impact to knowledge and understanding in the field (where appropriate, indicate the associated hypothesis which will be tested). This should be a clear justification of the proposed research, why it should proceed and a statement on any anticipated benefits to the community. (Do not exceed 700 words)</p>
<p>Within the Local Authority (LA) Educational Psychology Service (EPS) in which this research is situated, and across the country nationally, there is growing contention around the use of labels for literacy difficulties. Identifying and labelling a child or young person (CYP) with dyslexia, is actively</p>

encouraged in the United Kingdom (UK) (British Dyslexia Association [BDA], 2019; Dyslexia Action, 2018; Rose, 2009). Some advocate the labelling of dyslexia stating it supports CYP to gradually acknowledge their difficulties (Ingesson, 2007), and is beneficial to self-esteem (Riddick, 2010). However, the concept of dyslexia is increasingly questioned. In educational settings whilst the term dyslexia might be well-known, the Hide and Seek report from the Drivers Youth Trust (2020) proposes that the term is still broadly misunderstood, and many misconceptions abound (The Dyslexia Handbook, 2021). Elliott and Grigorenko (2014) argue that the complexity, both definitional and conceptual, implies that the breadth of the term dyslexia makes it impossible to differentiate CYP with dyslexia from those with general reading disabilities. Thus, the label may be viewed to be more discriminatory and damaging than good (Knight, 2021; Stanbridge 2021). As such, the incidence of dyslexia estimates vary from one student in ten (Dyslexia Action, 2018) to the suggestion that dyslexia exists as an excuse for a poor education system (Stringer, 2009) or purely as a middle-class myth (Kale, 2020; Pollock et al., 2004).

Previous research has directly sought views of CYP, parents and teachers around the benefits and drawbacks of the term dyslexia. It seems that for teachers, dyslexia is understood in terms of how it affects CYP at a behavioural level (Bell et al., 2011; Peltier, et al., 2022); influencing skills in reading, writing, and spelling. This corresponds with the stereotypical view of dyslexia. The distinctions in the descriptions and meanings of a dyslexic pupil highlight the complexity of dyslexia's definition. As such guidance from the National Health Service (NHS), BDA (2021) and Special Educational Needs (SEN) policies state the requirement for Educational Psychologists involvement in the identification process.

Literature on the function of Educational Psychologists has indicated a key role is associated with individual assessment of CYP who might have SEN. However, an abundance of literature reflects on the wider role for Educational Psychologists, including promoting inclusive practice and systemic work in schools (Woods & Farrell, 2006). Findings suggest that Educational Psychologists attempting to deviate from the 'traditional approaches' of a caseworker regularly experience tensions in prioritisation of time. This tension between the perception of Educational Psychologists as experts (sometimes teachers' preferred role for Educational Psychologists) and Educational Psychologists as facilitators of action research (some Educational Psychologists preferred role), leads to confusion about the Educational Psychologist's role in identification procedures. Teachers perceive a need for collaboration in order to 'diagnose' dyslexia, with the role of the Educational Psychologist being central to this (Hollis, 2010). This perception, alongside government recommendations regarding the identification of dyslexia (Rose, 2009), suggests that Educational Psychologists are labelling dyslexia. However, in practice this is not always the case.

Research thus far has neglected to explore the potentially conflicting and contrasting views between different educational professionals around the role of Educational Psychologists in labelling dyslexia within the UK. This exploratory research therefore aims to investigate teachers and Educational Psychologists perceptions about the role of Educational Psychologists in labelling dyslexia and explore the possible differences in perceptions. It is possible that teachers and Educational Psychologists hold different perceptions about the role of Educational Psychologists in labelling dyslexia. These potential differences are of interest to the researcher as they may have consequences for the practices of both teachers and Educational Psychologists. Furthermore, they may impact how these two professions can collaborate to facilitate the best outcomes for children and young people. This research aims to examine a possible wider conceptual framework of systems thinking in the groups of educational professionals and communities of practice which influence the support received by children and young people with literacy difficulties.

3. Provide an outline of the methodology for the proposed research, including proposed method of data collection, tasks assigned to participants of the research and the proposed method and duration of data analysis. If the proposed research makes use of pre-established and generally accepted techniques, please make this clear. (Do not exceed 500 words)

The current qualitative research is underpinned by critical realist ontology and epistemology.

The teachers and Educational Psychologists will be interviewed independently using a semi-structured approach (see appendix). Semi-structured interviews are a style of interviewing where

the interviewer has only a brief number of topics or questions for each interview initially, but has freedom between interviews to adapt the pace, order and wording of each question according to the interview content as it emerges (Robson and McCarten, 2016).

Interviews will be used to gain insight into how different educational professionals perceive the label of dyslexia and the Educational Psychologist's role in labelling dyslexia. All interviews will be recorded using audio equipment and consent will be sought for this from all participants beforehand.

The qualitative data generated from interviews will be analysed using reflexive thematic analysis, an approach conceptualised by Braun and Clarke (2019) from their original 2006 model for thematic analysis. In reflexive thematic analysis, common themes are searched for and generated, whilst also recognising individual perspectives and experiences. Within reflexive thematic analysis, it is also recognised that the researcher holds their own biases and subjectivity. Once data is coded, practising reflexivity encourages the researcher to identify whether their own judgements or beliefs may have affected the analysis. The data will be analysed once all the interviews have been conducted and transcribed. The time allocated for analysis is 3-4 months.

SECTION F: PARTICIPANT DETAILS

4. Provide an explanation detailing how you will identify, approach and recruit the participants for the proposed research, including clarification on sample size and location. Please provide justification for the exclusion/inclusion criteria for this study (i.e. who will be allowed to / not allowed to participate) and explain briefly, in lay terms, why these criteria are in place. (Do not exceed 500 words)

Participants will be recruited through the Educational Psychology Service where the researcher is currently on a training placement. Qualified Educational Psychologists currently employed at the service will be contacted via email to recruit participants. The contact details of Qualified Educational Psychologists who work independently, will be obtained from contacts within the service, these individuals will be contacted through email and phone call. Finally, teachers who are known to the researcher through link schools with the service or prior connections will be emailed to recruit participants. Permission from the Principal Educational Psychologist has been sought to ensure it is ethical for Educational Psychologists to contact the teachers following their involvement. Should more than the required number of participants (12) volunteer to participate in the study, the researcher will select teachers from different school contexts to ensure the sample represents a variety of school environments, and the researcher will endeavour to have an equal number of Educational Psychologists who work for the local authority and independently. Participants who are not selected to participate in the research will be informed via phone call or email.

Once the teachers and Educational Psychologists have been identified, the researcher will send out the information sheet (see appendix) to be read by teachers and Educational Psychologists regarding the aims of the research study, what would be involved if they chose to participate and how their data would be used and destroyed in the future. Explanations of the right to withdraw, confidentiality and publication will also be explained in simple terms on the information sheet.

Please see the appendix for the full participant inclusion and exclusion criteria. A summary has been included below:

Inclusion criteria for teachers:

- Classroom teachers who are responsible for children and young people and lead a class on a day-to-day basis
- Paid professionals who have undertaken formal teacher training to conduct their role
- Experience of working directly with children and young people with literacy difficulties
- Experience of working directly with Educational Psychologists
- Can communicate verbally in English
- Informed consent has been received for them to take part in the research
- Teachers from across the compulsory school age range will be recruited
- Teachers from state, academy and independent provisions will be recruited

Exclusion criteria for teachers:

- Headteachers, teaching assistants, and Special Educational Needs Coordinators (SENCOs)

- Teachers from pre-schools

Inclusion criteria for Educational Psychologists:

- Paid professionals and have undertaken formal training to conduct their role (qualified)
- Experience of working directly with children and young people with literacy difficulties
- Experience of working directly with teachers
- Experience of working for the Local Authority or independently
- Can communicate verbally in English
- Informed consent has been received for them to take part in the research

5. Please state the location(s) of the proposed research including the location of any interviews. Please provide a Risk Assessment if required. Consideration should be given to lone working, visiting private residences, conducting research outside working hours or any other non-standard arrangements.

If any data collection is to be done online, please identify the platforms to be used.

xx
or

Online data collection through interviews using Microsoft Teams.

Data will be collected within working hours.

6. Will the participants be from any of the following groups?(Tick as appropriate)

- Students or Staff of the Trust or Partner delivering your programme.
- Adults (over the age of 18 years with mental capacity to give consent to participate in the research).
- Children or legal minors (anyone under the age of 16 years)¹
- Adults who are unconscious, severely ill or have a terminal illness.
- Adults who may lose mental capacity to consent during the course of the research.
- Adults in emergency situations.
- Adults² with mental illness - particularly those detained under the Mental Health Act (1983 & 2007).
- Participants who may lack capacity to consent to participate in the research under the research requirements of the Mental Capacity Act (2005).
- Prisoners, where ethical approval may be required from the National Offender Management Service (NOMS).
- Young Offenders, where ethical approval may be required from the National Offender Management Service (NOMS).
- Healthy volunteers (in high risk intervention studies).
- Participants who may be considered to have a pre-existing and potentially dependent³ relationship with the investigator (e.g. those in care homes, students, colleagues, service-users, patients).
- Other vulnerable groups (see Question 6).
- Adults who are in custody, custodial care, or for whom a court has assumed responsibility.
- Participants who are members of the Armed Forces.

¹If the proposed research involves children or adults who meet the Police Act (1997) definition of vulnerability³, any researchers who will have contact with participants must have current Disclosure and Barring Service (DBS) clearance.

² 'Adults with a learning or physical disability, a physical or mental illness, or a reduction in physical or mental capacity, and living in a care home or home for people with learning difficulties or receiving care in their own home, or receiving hospital or social care services.' (Police Act, 1997)

³ Proposed research involving participants with whom the investigator or researcher(s) shares a dependent or unequal relationships (e.g. teacher/student, clinical therapist/service-user) may compromise the ability to give informed consent which is free from any form of pressure (real or implied) arising from this relationship. TREC recommends that, wherever practicable, investigators choose participants with whom they have no dependent relationship. Following due scrutiny, if the investigator is confident that the research involving participants in dependent relationships is vital and defensible, TREC will require additional information setting out the case and detailing how risks inherent in the dependent relationship will be managed. TREC will also need to be reassured that refusal to participate will not result in any discrimination or penalty.

7. Will the study involve participants who are vulnerable? YES NO

For the purposes of research, 'vulnerable' participants may be adults whose ability to protect their own interests are impaired or reduced in comparison to that of the broader population. Vulnerability may arise from:

- the participant's personal characteristics (e.g. mental or physical impairment)
- their social environment, context and/or disadvantage (e.g. socio-economic mobility, educational attainment, resources, substance dependence, displacement or homelessness).
- where prospective participants are at high risk of consenting under duress, or as a result of manipulation or coercion, they must also be considered as vulnerable
- children are automatically presumed to be vulnerable.

7.1. If YES, what special arrangements are in place to protect vulnerable participants' interests?

If **YES**, a Disclosure and Barring Service (DBS) check **within the last three years** is required.

Please provide details of the "clear disclosure":

Date of disclosure:
Type of disclosure:
Organisation that requested disclosure:
DBS certificate number:

(NOTE: information concerning activities which require DBS checks can be found via <https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance>). Please **do not** include a copy of your DBS certificate with your application

8. Do you propose to make any form of payment or incentive available to participants of the research? YES NO

If **YES**, please provide details taking into account that any payment or incentive should be representative of reasonable remuneration for participation and may not be of a value that could be coercive or exerting undue influence on potential participants' decision to take part in the research. Wherever possible, remuneration in a monetary form should be avoided and substituted with vouchers, coupons or equivalent. Any payment made to research participants may have benefit or HMRC implications and participants should be alerted to this in the participant information sheet as they may wish to choose to decline payment.

9. What special arrangements are in place for eliciting informed consent from participants who may not adequately understand verbal explanations or written information provided in English; where participants have special communication needs; where participants have limited literacy; or where children are involved in the research? (Do not exceed 200 words)

No special arrangements are required as all participants must be able to communicate competently in English.

SECTION F: RISK ASSESSMENT AND RISK MANAGEMENT

10. Does the proposed research involve any of the following? (Tick as appropriate)

- use of a questionnaire, self-completion survey or data-collection instrument (attach copy)
 use of emails or the internet as a means of data collection
 use of written or computerised tests
 interviews (attach interview questions)
 diaries (attach diary record form)
 participant observation
 participant observation (in a non-public place) without their knowledge / covert research
 audio-recording interviewees or events
 video-recording interviewees or events
 access to personal and/or sensitive data (i.e. student, patient, client or service-user data) without the participant's informed consent for use of these data for research purposes
 administration of any questions, tasks, investigations, procedures or stimuli which may be experienced by participants as physically or mentally painful, stressful or unpleasant during or after the research process
 performance of any acts which might diminish the self-esteem of participants or cause them to experience discomfiture, regret or any other adverse emotional or psychological reaction
 Themes around extremism or radicalisation
 investigation of participants involved in illegal or illicit activities (e.g. use of illegal drugs)
 procedures that involve the deception of participants
 administration of any substance or agent
 use of non-treatment of placebo control conditions
 participation in a clinical trial
 research undertaken at an off-campus location (risk assessment attached)
 research overseas (please ensure Section G is complete)

11. Does the proposed research involve any specific or anticipated risks (e.g. physical, psychological, social, legal or economic) to participants that are greater than those encountered in everyday life?

YES NO

If **YES**, please describe below including details of precautionary measures.

Whilst it is highly unlikely, it is possible that the subject matter of the interviews may cause uncomfortable emotions for some participants. If such emotions occur, there will be an opportunity to debrief participants after the interview and participants will be given the opportunity to discuss their experience with someone other than the researcher should they wish to.

12. Where the procedures involve potential hazards and/or discomfort or distress for participants, please state what previous experience the investigator or researcher(s) have had in conducting this type of research.

The researchers are experienced at conducting interviews which may evoke uncomfortable emotions for participants. They are competent to debrief participants should distress be caused.

13. Provide an explanation of any potential benefits to participants. Please ensure this is framed within the overall contribution of the proposed research to knowledge or practice. (Do not exceed 400 words)

NOTE: Where the proposed research involves students, they should be assured that accepting the offer to participate or choosing to decline will have no impact on their assessments or learning experience. Similarly, it should be made clear to participants who are patients, service-users and/or receiving any form of treatment or medication that they are not invited to participate in the belief that participation in the research will result in some relief or improvement in their condition.

The content of the interviews will focus on the individuals experience and perspectives on the dyslexia label and the role of Educational Psychologists in labelling dyslexia. Participants might find it an enjoyable and helpful experience to describe their perspectives to the researcher who will give them her undivided attention and interest. Reliving their experiences and influences might help to clarify their narrative and perhaps this clarity will support their professional outlook and development in working with CYP with literacy difficulties in the future.

The role of the LA in traded or statutory practice, as well as the role of independent Educational Psychologists, creates variety in the profession. Research suggests that independent Educational Psychologists are more likely to refer to diagnoses in their reports than Educational Psychologists from LAs (Herz, 2022; Krüger, 2004). This creates national confusion around the practice of Educational Psychologists, as the profession does not follow a consistent pattern of working (Ashton & Roberts, 2006; Gaskell & Leadbetter, 2009). This inconsistency creates tensions that may be traced to Educational Psychologist's historical role as caseworkers for CYP (Davis et al., 2008). As such, typically teachers expect Educational Psychologists to conduct SEND assessments (DfEE, 2000; Dowling & Leibowitz, 1994; Evans & Wright, 1987; Ford & Migles, 1979; Farrell et al., 2006), while Educational Psychologists attempting to move away from this role experience tensions in the prioritisation of time (Gilman & Gabriel, 2004; Hibbert, 1971; Love, 2009; Oakland, 2000). "Headteachers and teachers, in many cases, have expectations of the Educational Psychologists role which are different from those that the psychologist has of the role" (Lovejoy, 1985, p. 111). Literature on the role of EPs emphasises that relationships with teachers and the mutual understanding both professions hold of their respective functions has a major influence on the success of their work (Love, 2009; Farrell et al., 2005, 2006; Zdzienski, 1998). Due to the multifaceted nature of EP work, literature has outlined that expectations of the EP role may be misaligned between teachers and EPs.

Therefore, individuals being interviewed might be enthusiastic to share their story with a wider audience to raise awareness of the role of Educational Psychologists in labelling dyslexia and the impact this has on the ability of educational professionals to work collaboratively towards a shared goal. Participants might be pleased to make a contribution to the research in this field.

14. Provide an outline of any measures you have in place in the event of adverse or unexpected outcomes and the potential impact this may have on participants involved in the proposed research. (Do not exceed 300 words)

- All the people interviewed will be given a list of services they can access for support following the interview if needed.
- The researcher will ask the participant to identify an individual they could speak to about any troubling issues that might arise as part of the process.
- The researcher will be sensitive to the feelings displayed by the participants throughout the interview and remind them of their right to withdraw/take a break if they would like to.
- If the interviewee is deemed to be showing signs of distress the researcher will take a stepped approach to reduce distress. This will include offering opportunities to terminate the interview and to discuss any issues leading to distress which may have arisen.

15. Provide an outline of your debriefing, support and feedback protocol for participants involved in the proposed research. This should include, for example, where participants may feel the need to discuss thoughts or feelings brought about following their participation in the research. This may involve referral to an external support or counseling service, where participation in the research has caused specific issues for participants.

Potential participants will receive an information sheet (see appendix) upon recruitment that clearly outlines the aims, themes and procedures involved in the study. The information sheet will also make clear the participant's right to withdraw up until three weeks after the interview date, right not to participate at all in the study and that all names and personal information of the participants will remain anonymous upon possible publication. The information sheet will contain a photo of the researcher.

Following the interviews, as outlined above, the participants will receive an information sheet regarding possible avenues to take if they feel any emotional distress. Once data analysis has been undertaken and conclusions have been reached, the participants will receive a brief summary of the results. The email containing the summary data will outline adequate signposting to support services should any specific issues be raised for participants and participants will be invited to contact the researcher six months after the date of interview should they wish to receive the full report of the project. The data sought is qualitative and there will be no measure of 'performance' taken.

16. Please provide the names and nature of any external support or counselling organisations that will be suggested to participants if participation in the research has potential to raise specific issues for participants.

If specific issues are raised for participants who are Educational Psychologists support will be provided by Educational Psychology Service Xx County Council through consultations with the Senior Educational Psychologists in the service. Support for participants who are teachers will be provided by their senior management team at their school or the Educational Psychology Service Xx County Council. It is acknowledged that these professionals may also have their own networks of support should specific issues arise during participation in the research.

17. Where medical aftercare may be necessary, this should include details of the treatment available to participants. Debriefing may involve the disclosure of further information on the aims of the research, the participant's performance and/or the results of the research. (Do not exceed 500 words)

N/A

FOR RESEARCH UNDERTAKEN OUTSIDE THE UK

18. Does the proposed research involve travel outside of the UK?

YES NO

If YES, please confirm:

I have consulted the Foreign and Commonwealth Office website for guidance/travel advice? <http://www.fco.gov.uk/en/travel-and-living-abroad/>

I have completed a RISK Assessment covering all aspects of the project including consideration of the location of the data collection and risks to participants.

All overseas project data collection will need approval from the Deputy Director of Education and Training or their nominee. Normally this will be done based on the information provided in this form. All projects approved through the TREC process will be indemnified by the Trust against claims made by third parties.

If you have any queries regarding research outside the UK, please contact academicquality@taviport.nhs.uk:

Students are required to arrange their own travel and medical insurance to cover project work outside of the UK. Please indicate what insurance cover you have or will have in place.

19. Please evidence how compliance with all local research ethics and research governance requirements have been assessed for the country(ies) in which the research is taking place. Please also clarify how the requirements will be met:

N/A

SECTION G: PARTICIPANT CONSENT AND WITHDRAWAL

20. Have you attached a copy of your participant information sheet (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials.

YES NO

If **NO**, please indicate what alternative arrangements are in place below:

21. Have you attached a copy of your participant consent form (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials.

YES NO

If **NO**, please indicate what alternative arrangements are in place below:

22. The following is a participant information sheet checklist covering the various points that should be included in this document.

- Clear identification of the Trust as the sponsor for the research, the project title, the Researcher and Principal Investigator (your Research Supervisor) and other researchers along with relevant contact details.
- Details of what involvement in the proposed research will require (e.g., participation in interviews, completion of questionnaire, audio/video-recording of events), estimated time commitment and any risks involved.
- A statement confirming that the research has received formal approval from TREC or other ethics body.
- If the sample size is small, advice to participants that this may have implications for confidentiality / anonymity.
- A clear statement that where participants are in a dependent relationship with any of the researchers that participation in the research will have no impact on assessment / treatment / service-use or support.
- Assurance that involvement in the project is voluntary and that participants are free to withdraw consent at any time, and to withdraw any unprocessed data previously supplied.
- Advice as to arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations.
- A statement that the data generated in the course of the research will be retained in accordance with the [Trusts' s Data Protection and handling Policies](https://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/).:
- Advice that if participants have any concerns about the conduct of the investigator, researcher(s) or any other aspect of this research project, they should contact Simon Carrington, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk)

Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

23. The following is a consent form checklist covering the various points that should be included in this document.

- Trust letterhead or logo.
- Title of the project (with research degree projects this need not necessarily be the title of the thesis) and names of investigators.
- Confirmation that the research project is part of a degree
- Confirmation that involvement in the project is voluntary and that participants are free to withdraw at any time, or to withdraw any unprocessed data previously supplied.
- Confirmation of particular requirements of participants, including for example whether interviews are to be audio-/video-recorded, whether anonymised quotes will be used in publications advice of legal limitations to data confidentiality.
- If the sample size is small, confirmation that this may have implications for anonymity any other relevant information.
- The proposed method of publication or dissemination of the research findings.
- Details of any external contractors or partner institutions involved in the research.
- Details of any funding bodies or research councils supporting the research.
- Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

SECTION H: CONFIDENTIALITY AND ANONYMITY

24. Below is a checklist covering key points relating to the confidentiality and anonymity of participants. Please indicate where relevant to the proposed research.

- Participants will be completely anonymised and their identity will not be known by the investigator or researcher(s) (i.e. the participants are part of an anonymous randomised sample and return responses with no form of personal identification)?
- The responses are anonymised or are an anonymised sample (i.e. a permanent process of coding has been carried out whereby direct and indirect identifiers have been removed from data and replaced by a code, with no record retained of how the code relates to the identifiers).
- The samples and data are de-identified (i.e. direct and indirect identifiers have been removed and replaced by a code. The investigator or researchers are able to link the code to the original identifiers and isolate the participant to whom the sample or data relates).
- Participants have the option of being identified in a publication that will arise from the research.
- Participants will be pseudo-anonymised in a publication that will arise from the research. (I.e. the researcher will endeavour to remove or alter details that would identify the participant.)
- The proposed research will make use of personal sensitive data.
- Participants consent to be identified in the study and subsequent dissemination of research findings and/or publication.

25. Participants must be made aware that the confidentiality of the information they provide is subject to legal limitations in data confidentiality (i.e. the data may be subject to a subpoena, a freedom of information request or mandated reporting by some professions). This only applies to named or de-identified data. If your participants are named or de-identified, please confirm that you will specifically state these limitations.

YES NO

If **NO**, please indicate why this is the case below:

--

NOTE: WHERE THE PROPOSED RESEARCH INVOLVES A SMALL SAMPLE OR FOCUS GROUP, PARTICIPANTS SHOULD BE ADVISED THAT THERE WILL BE DISTINCT LIMITATIONS IN THE LEVEL OF ANONYMITY THEY CAN BE AFFORDED.

SECTION I: DATA ACCESS, SECURITY AND MANAGEMENT

26. Will the Researcher/Principal Investigator be responsible for the security of all data collected in connection with the proposed research? YES NO

If **NO**, please indicate what alternative arrangements are in place below:

--

27. In line with the 5th principle of the Data Protection Act (1998), which states that personal data shall not be kept for longer than is necessary for that purpose or those purposes for which it was collected; please state how long data will be retained for.

1-2 years 3-5 years 6-10 years 10> years

NOTE: In line with Research Councils UK (RCUK) guidance, doctoral project data should normally be stored for 10 years and Masters level data for up to 2 years

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28. Below is a checklist which relates to the management, storage and secure destruction of data for the purposes of the proposed research. Please indicate where relevant to your proposed arrangements.

- Research data, codes and all identifying information to be kept in separate locked filing cabinets.
- Research data will only be stored in the University of Essex OneDrive system and no other cloud storage location.
- Access to computer files to be available to research team by password only.
- Access to computer files to be available to individuals outside the research team by password only (See **23.1**).
- Research data will be encrypted and transferred electronically within the UK.
- Research data will be encrypted and transferred electronically outside of the UK.

NOTE: Transfer of research data via third party commercial file sharing services, such as Google Docs and YouSendIt are not necessarily secure or permanent. These systems may also be located overseas and not covered by UK law. If the system is located outside the European Economic Area (EEA) or territories deemed to have sufficient standards of data protection, transfer may also breach the Data Protection Act (1998).

Essex students also have access the 'Box' service for file transfer:

<https://www.essex.ac.uk/student/it-services/box>

- Use of personal addresses, postcodes, faxes, e-mails or telephone numbers.
- Collection and storage of personal sensitive data (e.g. racial or ethnic origin, political or religious beliefs or physical or mental health or condition).
- Use of personal data in the form of audio or video recordings.
- Primary data gathered on encrypted mobile devices (i.e. laptops).

NOTE: This should be transferred to secure University of Essex OneDrive at the first opportunity.

- All electronic data will undergo secure disposal.

NOTE: For hard drives and magnetic storage devices (HDD or SSD), deleting files does not permanently erase the data on most systems, but only deletes the reference to the file. Files can be restored when deleted in this way. Research files must be overwritten to ensure they are completely irretrievable. Software is available for the secure erasing of files from hard drives which meet recognised standards to securely scramble sensitive data. Examples of this software are BC Wipe, Wipe File, DeleteOnClick and Eraser for Windows platforms. Mac users can use the standard 'secure empty trash' option; an alternative is Permanent eraser software.

- All hardcopy data will undergo secure disposal.

NOTE: For shredding research data stored in hardcopy (i.e. paper), adopting DIN 3 ensures files are cut into 2mm strips or confetti like cross-cut particles of 4x40mm. The UK government requires a minimum standard of DIN 4 for its material, which ensures cross cut particles of at least 2x15mm.

29. Please provide details of individuals outside the research team who will be given password protected access to encrypted data for the proposed research.

N/A

30. Please provide details on the regions and territories where research data will be electronically transferred that are external to the UK:

N/A

SECTION J: PUBLICATION AND DISSEMINATION OF RESEARCH FINDINGS

30. How will the results of the research be reported and disseminated? (Select all that apply)

- Peer reviewed journal
- Non-peer reviewed journal
- Peer reviewed books
- Publication in media, social media or website (including Podcasts and online videos)
- Conference presentation
- Internal report
- Promotional report and materials
- Reports compiled for or on behalf of external organisations
- Dissertation/Thesis
- Other publication
- Written feedback to research participants
- Presentation to participants or relevant community groups
- Other (Please specify below)

SECTION K: OTHER ETHICAL ISSUES

31. Are there any other ethical issues that have not been addressed which you would wish to bring to the attention of Tavistock Research Ethics Committee (TREC)?

N/A

SECTION L: CHECKLIST FOR ATTACHED DOCUMENTS

32. Please check that the following documents are attached to your application.

- Letters of approval from any external ethical approval bodies (where relevant)
- Recruitment advertisement
- Participant information sheets (including easy-read where relevant)
- Consent forms (including easy-read where relevant)
- Assent form for children (where relevant)
- Letters of approval from locations for data collection
- Questionnaire
- Interview Schedule or topic guide
- Risk Assessment (where applicable)
- Overseas travel approval (where applicable)

34. Where it is not possible to attach the above materials, please provide an explanation below.

The Tavistock and Portman 
NHS Foundation Trust

Quality Assurance & Enhancement
Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

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Megan Bird

By Email

23 March 2023

Dear Megan,

Re: Trust Research Ethics Application

Title: 'An Exploration of Teachers and Educational Psychologists Perceptions about the Role of the Educational Psychologists in Labelling Dyslexia'

Thank you for submitting your updated Research Ethics documentation. I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

Please be advised that any changes to the project design including changes to methodology/data collection etc, must be referred to TREC as failure to do so, may result in a report of academic and/or research misconduct.

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Yours sincerely,

Michael Franklyn



Academic Governance and Quality Officer

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cc. Course Lead, Supervisor, Research Lead

Appendix O: Consent obtained from the Principal Educational Psychologist within the participating LA.

Subject: RE: Ethical Approval for Thesis

Dear Megan ,

Thankyou for sending me the information about your thesis proposal.

For the purposes of the ethics committee I am happy for you to conduct this research in [REDACTED] with EPs and teachers as participants. The risks are low and I am confident that you will manage the interviews sensitively with follow up if needed.

Please discuss the practical issues in relation to setting up the research with Jess.

With my best wishes

Appendix P: Example of a transcribed interview (Jasper)

[M] 14:08:26

So, the first question I wanted to, sort of, start off with and ask was what's your experience of analysing literacy

[M] 14:08:35

difficulties, and using the term dyslexia or specific learning difficulties?

[J] 14:08:43

I mean, I suppose, really, I guess my experience would go back to when I was teaching.

[J] 14:08:50

I don't know if you want me to talk also about teaching within that.

[M] 14:08:52

Yeah, that's useful.

[J] 14:08:54

But yeah, I mean in terms of when I was teaching, I suppose at that point my understanding of it was just very much from a sense of seeing it as a way of describing students I was working with, like on their SEND profiles, and then I suppose, within the context of an EP role

[J] 14:09:12

I've worked with lots of children where the primary concern has been literacy difficulties, ranging right from, kind of, like early reading skills.

[J] 14:09:22

So those in kind of early years, year one, year, 2 all the way through to secondary school, all the way through to Sixth Form students who are struggling with reading, writing, spelling.

[J] 14:09:35

So yeah, I mean, I've been asked to try to kind of help understand literally difficulties to kind of make sense of, maybe,

[J] 14:09:45

why, they're having those difficulties in the literacy development and then I've also been asked.

[J] 14:09:51

I have been asked by some parents to diagnose dyslexia. And erm, what was the question again? Was it also mentioning about the second part to the question that you mentioned?

[M] 14:10:03

So, it's yeah your experience of analysing literacy difficulties.

[M] 14:10:08

But also do you use the term dyslexia or specific literacy difficulties?

[J] 14:10:13

Yeah, so we were really strongly guided in my previous local authority

[J] 14:10:19

away from using the term dyslexia, so we were asked to really avoid using that label, even if it was used by another professional.

[J] 14:10:30

We could talk about a specific literacy difficulty, and generally we were quite strongly guided with the phrasing we used to be something along the lines of 'they present with a profile that is, or similar to, or reflects a specific literacy difficulty namely

[J] 14:10:53

Dyslexia' and that was generally the language that we were kind of quite strongly encouraged to use, and we were given a fair amount of information behind

[J] 14:11:02

why that decision was made. But so, we generally stuck with that, and then, I suppose, more recently again, in terms of using the term dyslexia.

[J] 14:11:12

It's something that seems to be used a lot more frequently now in the local authority, a lot of the assessments for dyslexia tend to be independently gained.

[J] 14:11:24

So, I find that I'm often working with a child who's already had an assessment for dyslexia.

[J] 14:11:28

So, I'm not often the first port of call that someone comes to.

[J] 14:11:32

They would have usually gone privately first, and then I will see that it says dyslexia, and then, I would be kind of using some of the language, but not to say that I have identified a dyslexia as such.

[J] 14:11:44

So still to this day I don't really say that I identify dyslexia unless there is really kind of good reason to.

[M] 14:11:53

Hmm, it is interesting to hear about the sort of the careful wording, I guess that your previous local authority used

[M] 14:12:01

Are you still very aware of using, sort of, cautious wording in your current reports now, or are you,

[M] 14:12:09

Do you feel a bit more differently now, you know, you're qualified, and you're working for a different local authority?

[M] 14:12:15

Has your view on practice changed?

[J] 14:12:17

No cause I'm still extremely careful with the language that I use now, and particularly to avoid any misunderstandings, because I think, from my perspective, I think that people will often look for a diagnosis of dyslexia when maybe the information available is not sufficient to

[J] 14:12:36

talk about that, and I think there's not necessarily a consensus between parents and teachers and EPs, but also maybe consensus within the EPs about you know what what really is

[J] 14:12:48

Dyslexia, you know. Is it even something that we can call a diagnosis of dyslexia as such?

[J] 14:12:55

Now, that's kind of the thing which I don't know in my current local authority.

[J] 14:12:59

It very much, there's a guidance document that talks about dyslexia, you know, and particularly how a diagnosis isn't really the right terms for dyslexia, because it isn't something that is kind of formally or medically diagnosed.

[J] 14:13:12

It's not a diagnosable condition. So, in that sense, the idea of diagnosis feels wrong to say so.

[J] 14:13:20

I'm always very cautious with that, even where, perhaps, parents lead down that that route of saying that the child has a diagnosis, or they'd like to diagnosis. I tend to try and kind of clarify my stance around that. I have had a particular situation with a parent

[J] 14:13:35

who I was involved, I was involved with their child for just a half a day, and the school asked me to

[J] 14:13:43

To come into work with them on a range of difficulties.

[J] 14:13:46

They were struggling, generally struggling emotionally, so literally was a small part of that.

[J] 14:13:50

I then wrote it up. I talked about some of the literacy difficulties that were identified.

[J] 14:13:53

They were clearly delayed in their literacy, but there hadn't really been any intervention in place, and my involvement with them was very limited just to the point where I was able to

see that they obviously had those literacy barriers, and had the mom actually contact the service

[J] 14:14:06

to say she was expecting a diagnosis of dyslexia, and she was disappointed that I had not given one, and she felt that that was insufficient, and my kind of a response to that was very much around again,

[J] 14:14:18

this language around dyslexia, saying that actually I had written in there the profile of difficulties, based on the kind of existing assessments, that were there would reflect quite simply to something like a specific literacy difficulty.

[J] 14:14:31

But I said in order to actually identify it formally, we'd want to see a response to intervention.

[J] 14:14:35

Hence why the focus was on encouraging intervention to see what their response to intervention was.

[J] 14:14:41

That was very much kind of my thinking around where the language is still, you have to be quite careful, because otherwise I think it can cause a confusion in the sense of what the remit is of what we'll do, particularly in our short time.

[M] 14:14:59

You froze then, but I think I caught the end of what you were saying.

[J] 14:15:01

Okay.

[M] 14:15:04

I was just thinking about how you mentioned that there are so different perceptions, maybe, between EP's and teachers and parents, and the understanding of the dyslexia label maybe varies between all of them.

[M] 14:15:21

And I wonder if you could sort of say a bit more about that, and perhaps share with me, sort of, your understanding of the term dyslexia.

[J] 14:15:28

Hmm! Well, I think a lot of it comes from the fact.

[J] 14:15:31

I think my general sense is that of course there are some parents and teachers who will be more well informed or experienced dyslexia where they've had their own personal experience, perhaps, or professional experience, in supporting dyslexia, but quite often I found that a lot of parents and teachers will tend to

[J] 14:15:50

quickly look to dyslexia as an explanation for any form of literacy difficulty.

[J] 14:15:54

So, where there is delayed literacy, it is very much. The dyslexia would explain that.

[J] 14:16:00

So, I think to me that's one of the perhaps differences compared to EPs, or perhaps more specially trained teachers whose understanding, I think, will go beyond that and understand that kind of the differences between when we are thinking just again, a poor reader or a more slowly developing reader versus

[J] 14:16:21

those with again, more specific kind of phonological difficulties.

[J] 14:16:27

And I think within EPs I think there's generally, I think there's difference of opinion in large parts, so generally more like own personal stance on it, because I don't think the literature is completely clear on exactly what this dyslexia looks like.

[J] 14:16:41

There isn't any kind of clear, absolutely clear descriptors for a profile of dyslexia, and there's no real threshold.

[J] 14:16:48

So, I think that's probably where for me a lot of the discrepancy comes between EPs, is that where there is no clear threshold it means that it's really hard to then quantify exactly where that line comes where it's dyslexia versus just kind of a poor

[J] 14:17:00

reader, or struggling reader, and I think there is also slight discrepancy, I suppose, between EPs

[J] 14:17:09

I think, who have done their training at different points in time.

[J] 14:17:11

I think the more recent understanding around not seeing identification or diagnosis of dyslexia as being something to do with that kind of discrepancy model between intelligence and reading.

[J] 14:17:25

You know, I think, that that still is prevalent in some spheres and even where it's not kind of explicitly said, I think it's often alluded to in a lot of independent reports.

[J] 14:17:34

I read reports where they are not necessarily using that exact language, but it's quite clear in the assessments that they've chosen to do that.

[J] 14:17:42

They're very much looking at right? How good are their skills in other kind of cognitive areas, and how good are their literacy skills?

[J] 14:17:49

And then as soon as there's a discrepancy, I think they feel much more confident in actually saying therefore its dyslexia that will explain it, and I'm not sure there's often sufficient actual investigation into the kind of new understanding of what dyslexia might

[J] 14:18:05

look like, which I think will require more response over time, and I think a large part of that comes from the fact that a lot of us don't have the time to be working with children overtime, which means that you are looking at perhaps a snapshot, which really this kind of new understanding of dyslexia I think that wouldn't really

[J] 14:18:20

be sufficient in order to say, here is a dyslexia diagnosis.

[M] 14:18:25

Yeah, yeah, that's really interesting. And I think, you know, you've touched upon like loads and the complexities that surround the dyslexia label.

[M] 14:18:35

Whether that's the definition itself. People's perceptions of it, people's use of it.

[M] 14:18:38

There's so much for variety in how it's approached.

[M] 14:18:42

It definitely, you know, is shown in the context in which we work.

[M] 14:18:48

I was thinking a little bit, how you mentioned about a personal experience you'd had where a parent might have been expecting something, and then you felt that wasn't actually appropriate, or the way it was phrased was inappropriate, and I was wondering if you regularly or have

[M] 14:19:04

regularly experienced this sort of, I'm going to call it tension whether there's a better word or not I'm not sure, between sort of parents, teachers,

[M] 14:19:14

EPs. Is that something you've experienced before or know of?

[J] 14:19:18

Definitely. I'd say there's a big tension, and I tell you the tension goes beyond just dyslexia, but more broadly to labelling and diagnoses, because I think that parents in particular, but also teachers, I think are often very keen for diagnoses, and I wouldn't say

[J] 14:19:34

That's completely fair picture paint of all parents and teachers.

[J] 14:19:39

But I do think that for lots of people there is a sense that the diagnosis is a lot tidier.

[J] 14:19:44

It's a lot easier to understand and categorise into a way that makes more sense.

[J] 14:19:48

I think a lot of the language that we will use to explain

[J] 14:19:51

Something like a literacy difficulties is often so broad, and it's very technical, and in some senses it's vague, because there is no kind of clear threshold to exactly what that means.

[J] 14:20:03

You know, we're saying slightly below average, slightly above, and you know there's a particular difficulty in this area or that.

[J] 14:20:08

So, I think where those things come up. I think it's there's a tension in that parents aren't necessarily satisfied with a breakdown of phonological processing skills

[J] 14:20:22

versus kind of oral skills. And that doesn't mean a lot in isolation.

[J] 14:20:28

So, I think there's a tension there where, having a diagnosis is very clear, whereas, having kind of a description of literacy difficulties is less clear that can obviously be remedied through conversations.

[J] 14:20:41

And again, I think a lot of the problems comes from that.

[J] 14:20:43

There isn't always the time to do that to a sufficient level.

[J] 14:20:47

The example I gave earlier with my personal experience, you know, that problem was somewhat solved by an hour long phone call of explaining the nuances of literacy difficulties and literacy development, and why I wasn't comfortable saying that simply dyslexia would explain it because I felt it was important that

[J] 14:21:04

Intervention was put in place in order to actually see what the response was to really good consistent intervention.

[J] 14:21:10

And so, my concern there as well is, that often I think, perhaps, attention from the EP side, certainly from my perspective, would be that I don't want it to be seen, as here is a diagnosis or here's an identification of dyslexia.

[J] 14:21:23

Now, that means that they've got dyslexia. That explains why they struggle, and they're just going to struggle.

[J] 14:21:28

Because I think in the larger sense, I really want to focus in on what is it specifically that they're struggling with?

[J] 14:21:33

And what can we specifically target to support the development of, which feels like a much more useful piece of work and much more useful piece of time? From my sense.

[J] 14:21:43

But I appreciate that often for parents it might actually be really reassuring to just know and have an understanding of why that is the case.

[J] 14:21:50

And I think for some EPs there's a tendency to say, well, we'll give that to parents then, because if that's what parents want, and it helps them feel comfortable.

[J] 14:21:58

That's really good. That helps the child to make sense of their experience.

[J] 14:22:02

Great, but it goes back to that point to me of we shouldn't just do it because it feels good for them

[J] 14:22:08

If there isn't sufficient evidence to draw that conclusion.

[J] 14:22:11

So, I think at the moment, within a lot of EP work there isn't sufficient time to really come to those conclusions, and perhaps if they were commissioning those pieces of work more explicitly, for say right, here is a very specific literacy assessment, because we want to understand that then

[J] 14:22:28

you know. Maybe that could give us a more focused piece of work, I think our work is often too broad and more holistic.

[J] 14:22:33

That means it's really hard to spend the time on just those literacy difficulties.

[M] 14:22:37

Yeah, yeah, I completely see what you mean. And it's thinking about where the value for each individual in the process lies in the work that we're doing.

[M] 14:22:49

I was thinking a little bit there, you touched upon sort of labels more broadly, I guess, and their use, and I was wondering if you thought that the label of dyslexia was useful in any way?

[J] 14:23:01

I think it can be. I think it can be if it is the accurate description of why that is happening, and you know I think it often comes back to that point of, you know, what is the value of a label and I suppose in some senses, the value of a label

[J] 14:23:21

is to just help put it together to help explain why something is difficult.

[J] 14:23:28

You know it, perhaps brings something really, really complex, and it can simplify it a bit, you know.

[J] 14:23:32

I would argue that one of the main values of a label should be that it leads towards a better identification of kind of treatment or intervention or support.

[J] 14:23:40

As far as I'm aware, or can understand the way that we would best support a child with dyslexia versus child that has general literacy

[J] 14:23:52

difficulties would be identical, and if they are performing to the same level on literacy, I can't see why the level or intensity of the support will be different, if they were dyslexic or otherwise so in many senses like that's where I struggled to see often the

[J] 14:24:07

real benefit of the label. I think if for that particular person it kind of helps them make sense of what it's happening, then that can be useful I think it's then really trying to drill into, okay, can our assessment actually really conclusively say, that is the reason that this is happening.

[J] 14:24:24

It is because of dyslexia and I think that comes about the idea.

[J] 14:24:28

If we had an approach to assessment that was really quite kind of clear on that, and there was a kind of perhaps more clear or manualized way of trying to do that, that was quite consistent between EPs.

[J] 14:24:42

Then that's more useful, whereas I think because everyone is using a slightly different approach to come to that same conclusion, you can still argue that even when you have a label of dyslexia, it's still going to differ from one person to another what that really

[J] 14:24:54

means or what's the underlying causes behind that?

[J] 14:24:57

So, yeah, I think that's that's perhaps from mine.

[J] 14:25:01

I think I can understand where, I think for the child themselves and for parents.

[J] 14:25:07

I think there is value in the label of, I think, often not feeling stupid.

[J] 14:25:12

I think that's often for a lot of them where it can come from. I've heard a lot of children talk about how it's relief, and parents talk about how it's a relief to hear

[J] 14:25:22

it's dyslexia. There's a sense of sometimes a lot of children and young people that I work with, who separate out themselves versus their dyslexia.

[J] 14:25:28

And they'll talk about it in the third person, and it's a way to almost like disconnect from this literacy difficulty.

[J] 14:25:34

And I think that can be good for self-esteem. I worry that it's not necessarily good for the actual development of the literacy, because I think it can put yourself away from this difficulty that you have as something that is out of your control and it's very much now it's it's a problem

[J] 14:25:48

that I cannot do anything about. It's as if the dyslexia is doing it to me rather than the dyslexia is mine.

[J] 14:25:55

I own, it, it's a part of me, and I think that's where I think the label can often just be kind of taken and run with in ways that we as EPs can't control.

[J] 14:26:06

So, I think the value and utility of that would be different for each person, but I think it will often end up in different directions.

[M] 14:26:13

Definitely I think you mentioned there the prominence of risks, but also, maybe some benefits to having a label or being labelled with dyslexia, but I was particularly interested in how you referred to having like a manualized system of assessment in some way to help create consistency

[M] 14:26:37

Perhaps across practice and I was wondering if you could tell me a bit more, in your opinion,

[M] 14:26:43

What do you think is the role of EPs in helping young children and people with literacy difficulties?

[J] 14:26:52

I mean, I think the role should be to help identify what support would work to help identify what strategies and intervention would be useful.

[J] 14:27:02

I think there could be a role and understanding, helping to understand the nature of the difficulty, like, what are the reasons that kind of causing these barriers?

[J] 14:27:15

So, I think that's kind of two-fold in the understanding the barriers, because I think that can then also lead to what the intervention is.

[J] 14:27:21

I think, in terms of picking out this, there may be the intensity of the all, the severity of the difficulty

[J] 14:27:29

it can also be a role the EP plays certainly, for each person.

[J] 14:27:34

I think that when they're struggling and it's causing difficulties in in learning, I think it can feel like an emergency to everyone involved, but as an EP working with children on a daily basis, a lot of we get called in saying, is the worst

[J] 14:27:47

I've seen or so on, and I'm thinking well I've just worked with a child the day before, where its lot more difficult, I think that actually helping people be able to unpick what that really looks like in terms of that that bigger picture can be kind of a part of that role of

[J] 14:28:03

to pick that out. I think also

[J] 14:28:08

in terms of what our role actually is. In reality, I think it is about being a way to access resources and funding.

[J] 14:28:17

I think in some senses it's not that they necessarily want to know exactly why it's happening or what the best support is, but that having a label like a dyslexia, or having that kind of understanding of how severe the difficulty is will open in their views, whether it's true or

[J] 14:28:34

not, will open pathways to laptops and tablets, and one-on-one teaching assistants, and I think there's often a drive there which is, I think, is very much

[J] 14:28:44

Not a role I like to play, but very much a role.

[J] 14:28:48

I feel that we end up in.

[M] 14:28:50

Hmm! I think that conflict, perhaps, is prevalent in a lot of contexts in which we work in and I was wondering, in your opinion, when your experiencing that sort of conflict, if you're trying your best to unpick a situation, or sort of

[M] 14:29:13

take a holistic view of the child, but you know, perhaps the teacher or the SENCO is maybe in this for EHCP

[M] 14:29:22

Or something similar. How do you ensure that you can work collaboratively when you know your goals might not be completely aligned?

[J] 14:29:31

I mean, I think it goes to the larger part of what I think is most important in all EP

[J] 14:29:37

Work which is good contracting of the work at the beginning.

[J] 14:29:39

So, I think it's actually having that contracting conversation at the outset to make sense of,

[J] 14:29:45

you know, what are those goals of each person in that?

[J] 14:29:51

I think to some extent it's trying to remove some of that personal views about what should be the goal. You know.

[J] 14:29:59

Recognize that in a position like that we are being asked to help with a particular problem, and if to be kind of client led, I suppose it's actually turning that over to them to identify what the problem is

[J] 14:30:11

And we can help, perhaps refine that. So sometimes, where you know the goal is to get an EHC

[J] 14:30:18

Or to get one-to-one support, often what I see my role is within, that is to say, Okay, well, what

[J] 14:30:23

What does that actually look like? And why do we need that?

[J] 14:30:26

So, if someone's saying they want one to one, or they want EHC, or they want a laptop, you know, what does that do for them like?

[J] 14:30:33

Why is it that what they want? How would that help them?

[J] 14:30:35

So, I think, kind of asking those questions to try and really unpick what that looks like.

[J] 14:30:40

I think we can often end up with more shared goal of you know, ultimately is trying to make sense of a way to support them.

[J] 14:30:48

Perhaps mine might just be slightly more micro level. So, I'm just kind of digging into those questions to unpick what that looks like.

[M] 14:30:55

Hmm, yeah. So, it sounds like to me, and again, please correct me if I'm wrong, you sort of envision that the role of the EP and whoever the key stakeholder is in the conversation that you're having, is slightly different when you're sort of formulating around the label of dyslexia

[M] 14:31:15

or around the label of literacy difficulties, correct?

[J] 14:31:18

I'd say often it is, in terms of. So, you mean, in terms of like like what I will see my role is, and what they might see

[J] 14:31:26

My role is is different.

[M] 14:31:28

Yeah, and vice versa, I guess.

[J] 14:31:29

Yeah, yeah, I mean, I think I think generally I would say that it is different.

[J] 14:31:37

I think it depends on how experienced the SENCO is.

[J] 14:31:40

Typically, I think sometimes and that can be two-fold, because I think sometimes more experienced SENCO can more previous experience where they're very kind of set, as you know, your job is to diagnose dyslexia.

[J] 14:31:52

But quite often, I think, more experienced SENCO will have a great understanding of how the kind of EP fits within that system, and I think that that allows for a little bit more kind of clarity from both sides.

[J] 14:32:05

I think sometimes when there's a newer SENCO, there is a little bit more of a discrepancy between the 2 perspectives.

[M] 14:32:14

Hmm, yeah, I was wondering in your opinion, do you think it's part of the EP role to label literacy difficulties or dyslexia?

[J] 14:32:28

Do I think it is as in, do I think it should be, or do I think it currently is?

[M] 14:32:31

Do you think it currently is? You can answer in the second half of it though as well haha.

[J] 14:32:36

I mean, I think, in terms of currently, I think, in terms of identifying it.

[J] 14:32:41

I would say, not formally. From my experience, I think, it is certainly not within the local authority, anyway, and it's not something that I feel super comfortable doing and I think that's a few reasons, one because I don't think there is a particularly clear process identified for doing

[J] 14:32:57

that certainly within our service. I think there are some things that are mentioned that we can kind of do.

[J] 14:33:04

And then the second part of that is, that it then has the timing of it as well, which is often

[J] 14:33:08

I'm not given enough time for what I feel would be to do a sufficient assessment to kind of comfortably come to that.

[J] 14:33:14

As the conclusion, I think, that would need to be a piece of work carried out over time, but I do think that there is certainly an element of our current role which is, I think it because we are identifying it, because we are identifying literacy difficulties.

[J] 14:33:28

So, I suppose, within that you know dyslexia would come under that remit.

[J] 14:33:33

Now, I suppose, in my head I don't see that too different as to the process of where we're identifying social communication difficulties or attention difficulties now, those might both

fit under the remit of Autism and ADHD, and they'll require a multidisciplinary assessment to actually

[J] 14:33:48

come to that conclusion, but we can begin to identify the needs that sit within that.

[J] 14:33:52

And I suppose similarly with dyslexia, I feel comfortable

[J] 14:33:54

identifying the needs that might sit within the frame of dyslexia.

[J] 14:33:59

I think less so at the moment to actually identify dyslexia in itself.

[M] 14:34:05

Hmm! And then I guess the second half of the question that you posed yourself was.

[M] 14:34:10

Would you like it to be part of the EP role to label dyslexia?

[J] 14:34:15

I think in some ways. Yes, because I think it would be.

[J] 14:34:19

I think again, with the right system in place for doing so, and some level of kind of consistency and consensus over it.

[J] 14:34:26

It would be good to do it, because I think it would protect it a little bit more.

[J] 14:34:32

I think, in a sense that it would be perhaps clearer, more consistent of what dyslexia is meaning.

[J] 14:34:38

If there was more consensus across EPs, around the country, of how they are going to approach assessing it, and how they're going to approach defining it, even if there aren't explicit thresholds.

[J] 14:34:47

But actually, just having somewhat of a similar process to kind of coming to that conclusion.

[J] 14:34:53

I think would be a positive. But I do appreciate that, I think in some ways it's a bit of a pipe dream in terms of that actually reaching a consensus because of everyone's very differing views on it.

[J] 14:35:03

So, EP's work very autonomously, and are given a level of autonomy over the way they work.

[J] 14:35:09

So, I think the idea of an EP almost just following a complete kind of system of how to do it probably not fit within that.

[J] 14:35:18

So, I think it'd be hard. But ultimately, I think it would be good if there was a bit more clarity about how we went about that.

[M] 14:35:26

Hmm! It's interesting because it sounds like a mixture between the sort of systemic challenges

[M] 14:35:34

I guess around the label, and that consensus and consistency across all EPs, but also something about your own role in that, and whether that's confidence or competence, I'm wondering how that sort of plays into the profession.

[M] 14:35:53

And I was thinking about whether you felt that you were viewed as an expert in dyslexia or literacy difficulties?

[J] 14:36:04

By like parents and SENCOs?

[M] 14:36:06

Yeah, by the people that you might come across in work.

[J] 14:36:10

Definitely I'd say that they typically see us as experts in that.

[J] 14:36:13

But you know, I think that's probably runs at the tangent to the way that we tend to define ourselves, not in a kind of an expert model, and working much more in a kind of client-centred way.

[J] 14:36:29

And, you know, really, we cover a lot of areas. So, the idea of us being an expert in any one area isn't that likely

[J] 14:36:35

Because we tend to have a broad range of things that will work in and generally work around facilitating a problem solving which, I suppose, comes back to that idea of focusing around interventions and strategies.

[J] 14:36:46

And how we move forward. It feels more within our expertise, because I think we're more experts in problem solving than we are in necessarily diagnosing, particularly because we don't often take a really central role in diagnosing in other areas.

[J] 14:37:02

You know, we're not psychiatrists, where that's a really, kind of, natural part of our role.

[J] 14:37:04

So, we're not doing that with the level of regularity that would be required to be confident and competent in doing that and I think it kind of goes hand in hand, the more that you do it, the more an expert you do become.

[J] 14:37:15

And that's not just in terms of understanding literacy development.

[J] 14:37:18

But again, the nature of something like dyslexia as a form of kind of abnormal literacy development, I think, is separate from that.

[J] 14:37:25

So, I think we would often be seen as experts in dyslexia and identifying dyslexia.

[J] 14:37:32

Whereas I think I wouldn't necessarily say I feel like a massive expert in literacy development.

[J] 14:37:39

But I would certainly feel I have a greater level of expertise in literacy development.

[J] 14:37:43

But I don't think that automatically makes me an expert in identifying dyslexia, because I think that that comes with a level of repetition of doing that.

[J] 14:37:54

And then it comes back to you know what resources you have available.

[J] 14:37:57

My local authority, we don't do a huge amount of standardized testing.

[J] 14:38:00

You know, we have things like the WIAT, I'm scoring up a WIAT today actually, but we don't necessarily encourage to use those types of assessments often.

[J] 14:38:10

So, I think that kind of then comes as part of parcel the, right.

[J] 14:38:13

Well, okay, if we're going to actually go down the route with diagnosing and labelling, I want to feel very confident in the method of assessment that we're using that kind of brings to that level.

[J] 14:38:22

And in something like dyslexia, where there isn't explicit thresholds again, it all just adds to a level of murkiness on it.

[J] 14:38:28

So yeah, I'd say, level of expertise in literacy, even, not necessarily level of expertise in the actual identification of dyslexia.

[M] 14:38:37

Yeah, I understand what you mean. And in a way it feels like there is quite a big gap between sort of those two things, even though for some they might seem quite similar.

[M] 14:38:48

And I was wondering about, you mentioned about, sort of, the fact that you don't feel like you're part of a system that's diagnosis heavy or has sort of those procedures in place

[M] 14:39:06

for facilitating diagnoses necessarily and I was wondering how you felt

[M] 14:39:11

Other people that you might come across in your practice

[M] 14:39:17

Viewed that perspective, so do you think they view the system that we work within as a diagnostic system?

[M] 14:39:25

Or do you think we're viewed as problem solvers or facilitators, or something else?

[J] 14:39:31

I mean, it's hard, because I think I'd like to think that that changes after the first conversation I've had with them, because I tend to be quite explicit about that in terms of that contracting process.

[J] 14:39:44

So, you know whether or not they come with that. I think some do, some don't come with that idea that we are a diagnostic profession, but I'm usually quite quick to move away from that.

[J] 14:39:55

So, I suppose I often move them away from that direction quite quickly into trying to see us as problem solvers and facilitators, and I think trying to adjust that expectation of what it is we do.

[J] 14:40:08

And like I said that that situation I had where a parent called into the service.

[J] 14:40:12

I think that was a really good example of where you know, in that contracting.

[J] 14:40:17

I thought that was clear, in her perspective it wasn't. And that led to that kind of upset from her side of things, feeling upset about the way that that went, and I think that comes really to this idea of you know.

[J] 14:40:30

Perhaps they will have sometimes an expectation of us as diagnostic in nature, but most of our work would, I think, demonstrate

[J] 14:40:39

That isn't how we're actually viewed, because ultimately they're commissioning us to do something where it's quite clear the goal of that is not to come out with a diagnosis.

[J] 14:40:47

So, I think there is a level of understanding that that isn't what a profession is, and I think, being clear that when there is something, I suppose, for something like ADHD or Autism, any kind of neurodevelopmental condition often when concerns around that arise, it will often be a case of

[J] 14:41:04

signposting to the relevant services in order to pursue a diagnosis, and I guess that's where the difficulty is

[J] 14:41:10

For something like dyslexia, or dyscalculia, where there isn't necessarily a way to go, because I think people would see us as a way of we are going to go down that route.

[J] 14:41:19

You are the person who could be doing that. So yeah, a bit of a yes and no there, because in some ways we are mostly passing people on for diagnoses.

[J] 14:41:29

But if there was a need for diagnosis, there were just for diagnosis of literacy, then I think they would see us as the person to do it.

[M] 14:41:37

Hmm! I was thinking there about, if perhaps we are viewed as one option for a diagnosis within dyslexia or within literacy difficulties as a service.

[M] 14:41:52

Do you know of any other services or other professionals that might have a role in labelling dyslexia?

[J] 14:42:00

Yeah, I see all the time these dyslexia reports come through which I mean, look, they are all JLS education, I think, was the latest one I saw. So, these independent organizations that tend to have sometimes have an EP quite often, I think they are people who are trained

[J] 14:42:22

explicitly in dyslexia assessments.

[J] 14:42:24

Who will then carry out a really really thorough, dyslexia assessment.

[J] 14:42:29

So, yeah, they're often the ones that I see there.

[J] 14:42:33

But I suppose there's probably, I don't know the best ways to phrase it, to phrase it sensitively, I think sometimes I come away with a level of slight kind of frustration, or a little bit of uncertainty when I read some of those reports.

[J] 14:42:52

Because it's very at a tangent to the way that we would carry out our work with a more kind of holistic lens.

[J] 14:43:00

And I worry that often again in the process of them getting a dyslexia diagnosis, you know.

[J] 14:43:05

Yes, if you think about how you'd go about diagnosing anything, the idea of turning up and saying, you know, I want the dyslexia diagnosis.

[J] 14:43:12

I'm looking for, could you assess for dyslexia to a large extent suggests that you already think that they might have dyslexia?

[J] 14:43:18

And then you have someone who then conducts often 3, 4 different assessments to look for it, to me,

[J] 14:43:26

there is that level of you know what we understand from our kind of understanding of research and psychology and statistical tests is, you know, there's a level of over testing in which, if you look for something hard enough, you could find some evidence of it.

[J] 14:43:39

And I think sometimes that is the case with kind of what happens is that there's so much testing and there's so much looking specifically for dyslexia.

[J] 14:43:47

That a dyslexia diagnosis comes out of that.

[J] 14:43:51

Now, whether or not that is the primary cause, you know.

[J] 14:43:52

I'd like to think that we can take a more holistic look at, you know,

[J] 14:43:56

could we also check levels of fatigue, tiredness, you know,

[J] 14:43:58

what's the level of attention, like all of those things that might also be factors playing a role in

[J] 14:44:04

why the literacy development is slower, you know, quite simply. Were they behind?

[J] 14:44:08

Did they miss a year of school due to some illness? And then they haven't had sufficient intervention,

[J] 14:44:12

You know those things which all would be more contextually factored in.

[J] 14:44:16

So, I think a lot of these organizations that specialize, particularly in dyslexia.

[J] 14:44:20

I think there's a level of pressure from them or on them.

[J] 14:44:23

To give a diagnosis of dyslexia.

[J] 14:44:25

Once they find anything that suggests that it might be, whereas I think in our role we have more freedom to explore

[J] 14:44:30

often more holistically. And again, in that contracting phase, I think most EPs will try to branch out and say, looking at multiple factors rather than just looking for a kind of a needle in a haystack.

[M] 14:44:43

Yeah, yeah, that's really interesting. And I was thinking, there about sort of the collaboration between the EP services and other services organizations like you mentioned and I wondered if you thought whether the influence or the practice of those other services and organizations had an effect on people's

[M] 14:45:09

perceptions of the EP role within labelling?

[J] 14:45:14

Yeah, I think so. I've definitely had situations where I think sometimes people would look at a report that you write where again, as a service, we are not very kind of standardized assessment, heavy.

[J] 14:45:28

And I think people could look at it and go, oh, like, you know, this doesn't look as kind of comprehensive, perhaps, as they would have expected EP involvement to be.

[J] 14:45:35

Which I think a lot of these external services can be very much kind of

[J] 14:45:44

really assessment heavy. And I think because of that it kind of gives a sense of the EP role as being one

[J] 14:45:50

where we will work really intensely with the child to do a lot of assessments to explore that, whereas I think a lot of the time the EP

[J] 14:45:57

process, in our service is more consultation based. And again, more of a problem-solving focus.

[J] 14:46:03

So, I think that that can sometimes shape expectation as being that.

[J] 14:46:06

And I think there's certainly different levels of happiness with that.

[J] 14:46:11

I think some people love the consultation model, and some don't.

[J] 14:46:14

But as a, as a way of doing that, I think it is generally a model that I would prefer to be involved in the consultation model, whereas I think yeah, some schools, some parents.

[J] 14:46:26

They'll see that as a way that they wouldn't really want to work.

[M] 14:46:28

Hmm, yeah, I think you're right. It's as much to do with the EPs preferred

[M] 14:46:35

way of practice, as it is the, sort of, people that you're working with and their personalities as well, actually.

[J] 14:46:39

Yeah.

[J] 14:46:41

Yeah, and I think in some ways, that's one of the problems.

[J] 14:46:45

It's one of the great things. But one of the problems about the job is, we are quite autonomous, and I think with that, you know, like, we always have to think, what does the person want?

[J] 14:46:57

But in some ways, I tend to think if the person wants something which goes a tangent to the way that I would see myself, feel comfortable or feel ethical working, I wouldn't want to do that piece of work just because they're asking me to, I would think I'm not the right

[J] 14:47:10

person to do it, so I think that comes into it as well, there's, unlike some other roles where, you know there isn't a level of autonomy, and you just do it.

[J] 14:47:19

I think there is a level of thinking. Does this align with my way of working?

[M] 14:47:23

Yeah, absolutely at this stage, I'm aware of the time.

[M] 14:47:28

So, I just wanted to ask if there's anything else that you felt like you wanted to share with me, that we haven't yet discussed, or any points that you wanted to raise, particularly.

[J] 14:47:38

I mean, I suppose the only other thing that's come to mind is, I think, I briefly mentioned about in our service.

[J] 14:47:45

There is a kind of a central document that has a kind of local authority stance on dyslexia and some resources and tools for schools to kind of use to help them understand and assess and support children with dyslexia and I think what's really interesting there is that after speaking

[J] 14:48:04

to some people within a service that it started, as perhaps creation of the Educational Psychology Service.

[J] 14:48:10

And it's somewhat morphed away from the educational psychology

[J] 14:48:12

service into the larger SEN, and then education, and then broad local authority.

[J] 14:48:19

Kind of bubble, and being under that their remit, I think it's morphed.

[J] 14:48:24

Perhaps one away from some kind of educational psychology informed views.

[J] 14:48:32

But also, it's perhaps become a little bit complicated over time.

[J] 14:48:36

And again, it's got different things that contradict each other a little bit, and it's gone from a document that is kind of really there to guide you into something that is open to interpretation.

[J] 14:48:46

And I suppose that's kind of one of my things I'd say with all of this, and I've seen across multiple services.

[J] 14:48:52

I think there is effort to try and bring sense of clarity and consensus, but often I think it ends up with some level of almost increased interpretation, and I think that's always going to be one of the primary challenges for any educational psychologist is again, how you

[J] 14:49:11

choose to interpret what is there, and that's going to be very different for everyone.

[M] 14:49:15

Yeah, I think, it's like you said earlier, no matter how much to an extent people try to manualize or create clarity over topics, you know, that are heavily debated it's difficult to see how they might not be interpreted in different ways by different people

[M] 14:49:38

fundamentally, yeah.

[J] 14:49:38

Yeah, and I think this is why to me, two of the really important ways forward are working groups.

[J] 14:49:46

I think, having groups of educational psychologists working together to discuss, consider, look at policies, look at different services, stances, and kind of try to bring all that together.

[J] 14:49:56

I think that's really an important starting point for the next steps, and then 2.

[J] 14:50:00

I think it is for educational psychologists to be more involved in the academic research process around literacy.

[J] 14:50:07

I think currently it exists. There's two separate, kind of, siphons of educational psychology with the academic psychologists who will be doing the research often around kind of literacy and dyslexia.

[J] 14:50:19

And then I think, the kind of applied educational psychologists who are working with these children and working with SENCOs and parents in this role.

[J] 14:50:28

And I think trying to be more involved in that, so that the research is more reflective of applied practice.

[J] 14:50:34

And I think more research at an applied level is the thing that's going to make a difference going forward because if we're just passively taking on the latest research, often a year or 2

after it has been carried out or published, we're always playing catch up to kind of the new ways of

[J] 14:50:50

thinking and the new approaches, whereas I think, if we are looking at services to actually get more actively involved in the research process, you know, it is a big role, it's probably I'd say in the top percentile of things, I get requested to be involved for as a child is struggling with their literacy I

[J] 14:51:07

think us having a more active role in the research as a real kind of central part of what our job is will be really important to make sure that we actually stay at a level.

[J] 14:51:15

We need to do that.

[M] 14:51:17

Yeah, and I, clearly couldn't agree with that's why I'm here doing it.

Appendix Q: Example of initial method of coding (colour coding for sections of text with their accompanying code) (Camille)

Line Number	Interview Transcript- Camille (05.05.23)	Code
	[M] 10:12:11	
1	So, the first thing I wanted to, sort of ask really was, what's your experience of analysing literacy difficulties using the term dyslexia, or sort of, specific learning difficulties?	
2		
3	[C] 10:12:28	
4	When I first started my career, which was 22 years ago, and I had taught previously for 12 years in primary and secondary schools, dyslexia was a term that was widely used.	Dyslexia was a term widely used in primary and secondary schools in the past
5		
6	[C] 10:12:43	
7	So, I think at that point in time, dyslexia was something that was very much a deficit model.	Dyslexia a deficit model
8		
9	[C] 10:12:52	
10	So, it was very much around a deficit between a young person's cognitive ability and their literacy skills.	Dyslexia a deficit model
11		
12	[C] 10:13:01	
13	And that was the pure model that that we were working to at the time.	Dyslexia a deficit model
14		
15	[C] 10:13:06	
16	As my career and experience has progressed, there has been a lot more discussion about whether a label is a very useful thing to have, and I have completely flip flopped, vacillated, whatever, between it isn't a useful label, and it's raises lots of issues around who is asking for the label.	Questioning whether a label is useful, who is asking for a label

17		
18	[C] 10:13:33	
19	The diversity issue around those that have a strong voice that who might be asking for the label, and much more working on managing, supporting, assessing, and intervening for each child in an individual and a very unique way, so that is kind of where I was	Diversity issues in labelling
20		
21	[C] 10:13:58	
22	I am coming from is that it's really important to assess and meet the needs of each child individually, and a label is not helpful in lots of ways, because we are,	Meeting the needs of the individual, labels not helpful
23		
24	[C] 10:14:12	
25	every child seems to be getting lots of labels that the moment.	Children have lots of labels at the moment
26		
27	[C] 10:14:15	
28	So, if a child is diagnosed with autism, and then they've got an ADHD label and then pathological demand avoidance seems to be on the increase, and then you give them a dyslexia label as well, how is that meaningful, because actually for a member of staff it's almost	Children have lots of labels at the moment
29		
30	[C] 10:14:31	
31	quite scary, just to read information about a young person, and look at all of these labels.	Lots of labels scary/not meaningful for staff members
32		
33	[C] 10:14:37	
34	Whereas, actually, what we want to do is to look at that child as a complete individual,	Want to look at children as individuals
35		
36	[C] 10:14:43	

37	that young person as any individual, and work out what we can do to support that young person, to achieve to the best of their ability.	
38		
39	[C] 10:14:51	
40	So, I'm in a complete.	
41		
42	[C] 10:14:56	
43	Almost. I don't want to label dyslexia.	EP does not want to label dyslexia
44		
45	[C] 10:15:00	
46	I really don't want to label dyslexia, but on the other hand, I have personal experience from my own daughter, and actually, the label of dyslexia was not helpful for her necessarily during her school career.	EP does not want to label dyslexia
47		
48	[C] 10:15:18	
49	But it's been extremely helpful for her as she moved into through university and as she's now in her profession, it has allowed her to be assessed for workplace arrangements.	Label of dyslexia helpful in later life
50		
51	[C] 10:15:38	
52	So, for her that label has supported her, to achieve her potential, and to, and it supported her continuously within her workplace.	Label supported to achieve in life and get support in the workplace
53		
54	[C] 10:15:46	
55	So, the label of dyslexia may not be as helpful within a school-based environment.	Label of dyslexia not helpful in school environment
56		
57	[C] 10:15:55	

58	But until we change the environment outside schools with employers and universities that dyslexia label will still be there and will still be a very useful tool for young people to maybe achieve their potential beyond the school years.	Dyslexia label present because of external systems to school as help people achieve beyond school
59		
60	[C] 10:16:13	
61	So, I'm not sure I've answered the question, but <i>it's, I struggle.</i>	EP struggling with label of dyslexia
62		
63	[C] 10:16:21	
64	Obviously, you know, we have a <i>British Psychological society definition of dyslexia.</i>	BPS definition of dyslexia
65		
66	[C] 10:16:26	
67	<i>It is part of the DSM. So, therefore, dyslexia kind of exists.</i>	
68		Dyslexia part of the DSM, Dyslexia partly exists
69	[C] 10:16:32	
70	<i>According to these bits of paper. But for me it's really around,</i>	
71		
72	[C] 10:16:38	
73	How does that show? <i>How does that impact on the child? What about their motivation, the emotional side of it, you know.</i>	
74		
75	[C] 10:16:46	
76	<i>How are they struggling within the classroom? How helpful is it?</i>	It's about exploring the difficulties and asking questions
77		
78	[C] 10:16:51	

79	You can still get exam concessions and all of those things sorts of things without a dyslexia label.	Can get exam arrangements without the label of dyslexia
80		
81	[C] 10:16:57	
82	But what is difficult is to then put my views into the wider context of what happens at universities and what happens in the workplace.	Impact of dyslexia at university and in the workplace
83		
84	[M] 10:17:08	
85	Yeah, I think you touched on a, sort of, a lot of really complex and quite sort of in-depth systemic barriers.	
86		
87	[M] 10:17:17	
88	Maybe that are coming up around the use of any label, whether that is dyslexia or something else.	
89		
90	[C] 10:17:21	
91	Yes.	
92		
93	[M] 10:17:25	
94	I think you know, as you said, there's lots of risks,	
95		
96	[M] 10:17:28	
97	there's lots of benefits for others as well, and weighing them up within the school contexts can be really challenging. Do you think there's or has there been any experience you've had where you've seen benefits to labelling young children or older children with dyslexia	
98		
99	[M] 10:17:48	
100	or not really?	

101		
102	[C] 10:17:52	
103	At times when I have felt that I can give the diagnosis because they have definitely met the definition criteria for the young person quite often	EP given a diagnosis and using the term diagnosis
104		
105	[C] 10:18:05	
106	it's a complete and utter relief.	Label gives relief to the young person
107		
108	[M] 10:18:07	
109	Hmm!	
110		
111	[C] 10:18:08	
112	But what I would always say, is that you know this isn't about that.	Discussions aren't about the label; they are about the support
113		
114	[C] 10:18:15	
115	You haven't got, you know. I talk about the brain as a muscle, and you have got a brilliant brain, and we're just going to help you use bits of the brain in a different way, and adults are here to support you and adults are here to	
116		
117	[C] 10:18:26	
118	help you and, you know, we will put strategies in place to support you.	
119		
120	[C] 10:18:30	
121	So quite often for children, that definition is the label is quite often a relief, and often for parents there may be a kind of a relief aspect to it as well.	Label is a relief for parents, Label is a relief for children
122		

123	[C] 10:18:46	
124	But what I always say to parents is, it doesn't really matter what what the label is.	Labels aren't important it is about the needs of the child
125		
126	[C] 10:18:52	
127	It's very much looking at that individual need for that for that child, and or that that young person, labels, I don't think, are really very helpful in a primary school, but actually, sometimes in a secondary school context.	Labels aren't useful in primary but are useful in secondary
128		
129	[C] 10:19:06	
130	And that's the difference, is that if you've got a young person, to ask every secondary school teacher to read every student profile can sometimes be really difficult, but sometimes that use of those kind of key words is often quite	
131		
132	[C] 10:19:22	
133	helpful, I think, in in much more of a secondary school context, where you are meeting variety of teachers throughout your school day, and then also say, I think the label, it's unfortunately. I can always remember going to the we had to pass this to the Bodleian library at	Use of the label helpful in secondary schools due to amount of students teachers have to manage
134		
135	[C] 10:19:42	
136	xx University, and you know there was big big signs up there saying	
137		
138	[C] 10:19:45	
139	Do you think you're dyslexic? And you're thinking, does it matter?	
140		
141	[C] 10:19:51	
142	You're at xx University, you know. It is about barriers, really, isn't it?	
143		

144	[C] 10:19:57	
145	And if a label is helpful to remove a barrier, then it is a positive thing, and I say, certainly, say my daughter's experience is at university	If labels remove barriers, they are positive
146		
147	[M] 10:20:05	
148	Hmm!	
149		
150	[C] 10:20:11	
151	they were incredibly dyslexia friendly and supported her to achieve,	
152		
153	[C] 10:20:18	
154	you know, her potential, and then a workplace assessment has been very, very helpful as well, and she's allowed to work in a different way and allowed to to use.	
155		
156	[C] 10:20:34	
157	She's a police officer, so she has a pocketbook which is green because she has some visual aspects of dyslexia.	
158		
159	[C] 10:20:41	
160	She's allowed to take statements, much more, using voice-activated software and things.	Label helped at university and in the workplace
161		
162	[C] 10:20:48	
163	Actually I think lots of police officers would like to do, because it's sometimes quite quicker.	
164		
165	[C] 10:20:54	
166	Er, but that assessment has been really supportive for her to achieve what she wants to do with her career.	Assessment of dyslexia supported career

167		
168	[C] 10:21:00	
169	The other interesting thing is, I think, around dyslexia is, is, I would like to kind of get rid of the rid of the label, and we look at much more at literacy difficulties and individual needs.	Want to remove label and look at individual needs
170		
171	[C] 10:21:11	
172	But I think there's also a big lobby out there for dyslexia.	Dyslexia is well supported in society
173		
174	[C] 10:21:15	
175	So politically. I can remember one of the, might have been Sandwell, I might mean Wolverhampton.	
176		
177	[C] 10:21:24	
178	They were just trying to put it together a literacy policy, you know, good literacy and and support. And it was brought up in Parliament, and as an issue, Michael Gove, and you know oh no, it's not Michael Gove.	
179		
180	[C] 10:21:38	
181	It's Matt Hancock and his dyslexia kind of oh, you know, it worries me when we get it politicized as well, and those that have a big voice are shouting loudly. So that label is kind of here to stay but	Dyslexia is politicised, the label is here to stay
182		
183	[C] 10:21:56	
184	it's not helpful if you just slap a label on a young person and don't really look at their individual needs and the strategies, because every every autistic child is different.	
185		
186	[C] 10:22:09	
187	Every child with ADHD is different. Every dyslexic child is different.	

188		
189	[Bentley Rendell] 10:22:14	
190	It all shows in lots and lots of different ways.	Not helpful to use a label and not look at individual needs as individuals present differently
191		
192	[C] 10:22:17	
193	We just, so yeah, labels can be helpful, but can also be unhelpful because it bunches everybody together.	The dyslexia label bunches everyone together which ignores individual needs
194		
195	[C] 10:22:30	
196	And, you know, we're under that dyslexia umbrella.	
197		
198	[C] 10:22:33	
199	Let's look at the child's individual needs.	
200		
201	[M] 10:22:35	
202	Hmm! I was really interested there when you were talking a little bit about, sort of, the use of the label in different contexts, particularly in terms of not only it being politicized in some, you know, areas, in some circumstances, and that's obviously going to influence the general public's understanding of the	
203		
204	[M] 10:22:57	
205	difficulty that might be being experienced, but also, perhaps a different purpose of it within different school contexts, within primary and secondary.	
206		
207	[M] 10:23:07	

208	And I was wondering if you could, sort of, tell me a bit more about your experience of it, maybe being used more readily.	
209		
210	[M] 10:23:15	
211	If that's the right way I've understood what you said in secondary and it being more useful in that context in some way.	
212		
213	[M] 10:23:21	
214	Is that right?	
215		
216	[C] 10:23:22	
217	I think it is more useful, I mean again, with something like any literacy difficulties	
218		
219	[C] 10:23:27	
220	there should be assessment over time, it should be assess, plan,	
221		
222	[C] 10:23:32	
223	do, review. And unfortunately, within our trading model. That's not what we necessarily are able to do.	Ideal working vs. reality
224		
225	[C] 10:23:39	
226	So good practice 22 years ago would be to kind of assess where the young person is, and then, you know, put some interventions in place, and then go back and review, before you were even thinking about,	
227		
228	[C] 10:23:53	
229	you know, labelling a young person. Now, we are much more of a kind of one stop at the moment, and but if a child has had literacy difficulty over a period of time throughout their	

	primary school and goes into secondary school with literacy difficulties, then obviously you know schools have tried a range of	
230		
231	[C] 10:24:14	
232	interventions. And sometimes I actually have a conversation, by about year 9, you know,	More likely to recognise literacy difficulties in secondary after interventions been put in place
233		
234	[C] 10:24:20	
235	Why are we still flogging, reading? You know, why are we still flogging, spelling?	
236		
237	[C] 10:24:25	
238	You know, it's not, it's not coming, it's not embedding. We much more need to be thinking about alternative ways of supporting a young person to show their ability to achieve their potential and actually real life	
239		
240	[C] 10:24:43	
241	situations, you know, are much more important.	
242		
243	[C] 10:24:47	
244	You know, texting is a great thing. I can remember one young person who said, well my spelling age has gone up because I text all the time.	Need to focus on real life skills not reading, spelling etc. when children are older
245		
246	[C] 10:24:53	
247	I'm thinking I don't think so. Texting is allowed.	
248		
249	[C] 10:24:56	
250	But some things like predictive text. I think she quite enjoyed that kind of oh, oh, I I can try!	

251		
252	[C] 10:25:02	
253	And those voice activated software's are absolutely amazing. So, but it is about, what do we understand by the term?	
254		
255	[C] 10:25:12	
256	And what does the young person understand by the term? And what are we going to?	
257		
258	[C] 10:25:19	
259	What strategies are we going to put in place, and what interventions are we going to put in place?	Questions are more important than the label itself
260		
261	[C] 10:25:23	
262	So, in an ideal world you'd have had that assessment over time before anybody was even talking about a label.	Need assessment over time before labelling
263		
264	[C] 10:25:31	
265	But it that's kind of not what happens these days, because of our traded model, and that, you know, you may only see a child once, and that's difficult.	Seeing a child once is difficult
266		
267	[C] 10:25:40	
268	What I find very difficult is the idea of a dyslexic school and obviously we have the Unicorn in Abingdon, which the primary need is dyslexia.	
269		
270	[C] 10:25:52	
271	And that really, really concerns me. It isn't, you know, most young people who go to the Unicorn are,	Idea of a dyslexic school concerning
272		
273	[C] 10:26:01	

274	it's not dyslexia that is actually their primary issue.	
275		
276	[C] 10:26:04	
277	It's quite often anxiety, or often ADHD,	
278		
279	[C] 10:26:11	
280	and autism, dyspraxia. It's kind of those umbrella of specific learning difficulties, and quite often I would say, you know, you meet a child or parent, and you say, Oh, they're a bit of a jigsaw child	
281		
282	[C] 10:26:23	
283	Aren't they? They've got little aspects of things, maybe never at a diagnostic level, and we've all got little bits and aspects, haven't we?	
284		
285	[C] 10:26:33	
286	So, yes, I think a label in a secondary school is a shorthand, and if that's helpful for	
287		
288	[C] 10:26:42	
289	the teaching staff then, and teaching assistants. That's okay.	Label is a useful shorthand in secondary
290		
291	[C] 10:26:47	
292	But also, that shorthand oh their dyslexic	
293		
294	[C] 10:26:51	
295	we need to do more interventions. We need to be flogging them, you know.	
296		
297	[C] 10:26:56	

298	It's, I just find that young people that gone through the whole primary trying to gain these skills.	
299		
300	[C] 10:27:03	
301	And actually, by the time we get to secondary, we've got to be more creative in the way we meet need.	
302		
303	[M] 10:27:09	
304	Hmm! I was really interested by a couple of, sort of, things you brought up there.	
305		
306	[M] 10:27:14	
307	I'll somehow try and sort of pick them gradually in a way that makes sense.	
308		
309	[M] 10:27:18	
310	First off, I was thinking about how you were saying the understanding of the term is actually really important in the context, because you might have someone understands it differently. The child might not necessarily have an understanding of it, and that influences them. I was wondering what is your understanding of the term dyslexia?	
311		
312	[C] 10:27:37	
313	Well, I guess, I go very much from the DSM.	
314		
315	[C] 10:27:41	
316	And the BPS definitions. So, you know, difficulty gaining literacy skills, that whole world word level, you know, difficulty to gaining spelling skills.	BPS and DSM defintions used, dyselxia understood at a literacy, word and spelling level
317		
318	[C] 10:27:53	
319	But I also I don't have a kind of discrepancy idea.	

320		
321	[C] 10:27:57	
322	Really, it's more about a literacy difficulty and that's not to say,	
323		
324	[C] 10:28:04	
325	you know, I would never work in one of our MLD (moderate learning difficulties)	
326		
327	[C] 10:28:08	
328	schools or SLD (severe learning difficulties) schools, and kind of go oh, they must be dyslexic, you know, there has to be that understanding, language and cognitive skills, you know.	
329		
330	[C] 10:28:18	
331	Often, it's that little person you can, you know, who can sit and chat away and tell you all about the interesting things that they've learned in in in class.	
332		
333	[C] 10:28:26	
334	But really cannot record it, and are struggling with that kind of, but also with the writing model.	
335		
336	[C] 10:28:33	
337	The kind of idea that, you know, maybe they, maybe their handwriting skills aren't great, you know,	
338		
339	[C] 10:28:38	
340	maybe their speed on writing isn't great.	
341		
342	[C] 10:28:40	
343	Maybe they've got executive functioning skills you know, difficulties as well.	

344		
345	[C] 10:28:45	
346	Maybe there's working memory difficulties there. So, if there is, you know, the term dyslexia as a kind of, it's not just literacy.	Dyslexia is more than just literacy, need to look at other skills too
347		
348	[C] 10:28:53	
349	And then there must be other things there that we also need to be looking at.	
350		
351	[C] 10:29:00	
352	So, what I often explain to young people is that you know that this is this is a label, and I also also talk about kind of phonological difficulties, and I would use the FAB.	
353		
354	[C] 10:29:15	
355	I don't use the FAB that children under 7, no way, because everybody comes out with significant phonological difficulties.	
356		
357	[C] 10:29:22	
358	And I find the FAB really difficult, because I think I've probably got phonological difficulties.	
359		
360	[C] 10:29:30	
361	So, I would use the FAB on really, kind of year 5, years 6.	
362		
363	[C] 10:29:36	
364	And, you know, it's standardized, I think, up to about age 14.	
365		
366	[C] 10:29:39	

367	So those are the sorts of age ranges I would do some phonological assessment with. But often we would use the LAP pack so they've had an assessment over time using the Xx literacy information.	Use of FAB for assessment, use of the LAP pack for assessment
368		
369	[C] 10:29:54	
370	So, they've they've had an awful lot of phonological assessment.	
371		
372	[C] 10:29:58	
373	I am a believer in the visual component of dyslexia as well, and I will talk about that with with young people and with parents, and staff.	Visual component to dyslexia
374		
375	[C] 10:30:09	
376	And that's actually because of personal experience, because I was once on a train with my daughter going to Scotland, and the sun was blaring through.	
377		
378	[C] 10:30:18	
379	So, she put a sunglasses on with purple lenses in and she went mom, mom, she's about 8 at the time, she said, Mom, the words have stopped going jumping, and for her I thought oh, I hadn't actually trained as an EP at that point in time I have to say, but I	
380		
381	[C] 10:30:34	
382	was teacher, and I thought, hey, I've never asked the question about all the words being jumpy and blurry, and therefore, you know, coloured paper, coloured rulers, coloured lenses actually were really really supportive for her until she got secondary school.	
383		
384	[C] 10:30:51	
385	And there was no way she's ever going to wear them, and she would use the coloured lenses the kind of ruler.	
386		

387	[C] 10:30:57	
388	And when she was revising for A-levels she would have a different colour.	
389		
390	[C] 10:31:03	
391	Post it notes all over, all over the windows behind me.	Use of colours supportive for visual aspect of dyslexia
392		
393	[C] 10:31:06	
394	You know, people would walk past going, why Caroline, why are your windows covered in post it notes?	
395		
396	[C] 10:31:11	
397	And you know that was her way of organizing and thinking using the colours, they were really important to her as well.	
398		
399	[C] 10:31:16	
400	I've forgotten the question. Did I answer it?	
401		
402	[M] 10:31:18	
403	Haha, yeah, you did. You did. It was talking about your understanding of the term dyslexia, and I think it's really interesting that you brought up that visual component, because that is controversial,	
404		
405	[M] 10:31:29	
406	I think in literature, to put it sort of bluntly, and some people are really for it.	
407		
408	[M] 10:31:35	
409	And some people think it's got nothing to do with it.	

410		
411	[M] 10:31:37	
412	So, it's really interesting to hear about, sort of, that individual experience you've had of it	
413		
414	[M] 10:31:42	
415	that's maybe cemented it slightly more in your thinking and your practice when you're approaching work with other young children.	
416		
417	[C] 10:31:47	
418	It's a question I always ask, and my daughter was assessed through the dyslexia Research Trust at xx University, and lots of work by Professor Stein, and so.	
419		
420	[C] 10:32:02	
421	Therefore, it is a question that that I ask, and I've I've seen a response that was really really positive.	
422		
423	[C] 10:32:12	
424	I also did some work as an educational psychologist at a young offenders institute, and we did a lot of assessment around reading difficulties.	
425		
426	[C] 10:32:23	
427	There. Those young people had so many labels that a label of dyslexia would not have been really that appropriate.	Label of dyslexia not appropriate alongside lots of other labels
428		
429	[C] 10:32:31	
430	But you know it again, we had some incidents where	
431		
432	[C] 10:32:35	

433	where the young men. They were all men. The young men were using coloured rulers and was some were like whoa!	
434		
435	[C] 10:32:42	
436	Whoa! This is different. You don't understand how other people see print.	
437		
438	[C] 10:32:48	
439	If you never experience print in that way. Well, how you experience print is normal.	Use of colours supportive for visual aspect of dyslexia
440		
441	[M] 10:32:53	
442	Yeah.	
443		
444	[C] 10:32:54	
445	So, in the Young Offenders Institute.	
446		
447	[C] 10:32:58	
448	I actually, you know, again I saw some of the visual aspects as well.	
449		
450	[C] 10:33:03	
451	That was was quite interesting.	
452		
453	[M] 10:33:04	
454	Yeah, that is really interesting. Going back slightly to something that you mentioned previously.	
455		
456	[M] 10:33:11	

457	I was interested to hear more about your thoughts, around specialist provisions that are based around a specific learning difficulty or a label. And you mentioned the Unicorn, obviously because that has well, it's targeted towards children who do have the dyslexia label or experiencing literacy difficulties and you mentioned that made you	
458		
459	[M] 10:33:34	
460	feel concerned as a, sort of, professional. Could you tell me a bit more about that?	
461		
462	[C] 10:33:39	
463	I'm a great believer in inclusion. So, what has happened that a young child, a young person, needs to be in a specialist provision, um and often, I think it is kind of coming back to those emotional aspects of dyslexia, and it might be the fear aspects of parents	Special provision is not inclusion
464		
465	[C] 10:34:06	
466	that they, you know, children will not reach their potential unless they have this specialist support.	Parents fear of child not reaching their potential leads to special provision
467		
468	[C] 10:34:13	
469	And one of the questions, I was doing a psychological advice for EHC	
470		
471	[C] 10:34:19	
472	needs assessment, and one of the questions, and the young person was about year 3, and it wasn't just a dyslexia diagnosis.	
473		
474	[C] 10:34:27	
475	He had an autism diagnosis as well. And I think that's what we're seeing in some of our more specialist schools it isn't that that kind of purity of dyslexia.	
476		

477	[C] 10:34:38	
478	We wouldn't see there. It's often comorbidity with other issues and other specific learning difficulties, and I actually said to them, have you looked at the GCSE	Dyslexia often present with other specific learning difficulties
479		
480	[C] 10:34:49	
481	results for the school, and they went, they were both both doctors, so obviously,	
482		
483	[C] 10:34:56	
484	academic success was quite important to them, and they said, No we haven't and I said, I'd really think before carefully before you,	
485		
486	[C] 10:35:06	
487	you know, think about placement in a school like the Unicorn.	
488		
489	[C] 10:35:11	
490	What is the academic? What are the academic results like?	
491		
492	[C] 10:35:16	
493	Because in my experience they're not that great.	
494		
495	[C] 10:35:22	
496	So? Why, when you've had specialist support for such a long period of time, are we then, not seeing them in the academic results?	Academic results at special schools not great
497		
498	[C] 10:35:34	
499	And the GCSEs at the end, I think, being in a mainstream school where you are in your community, surrounded with your peers, you know, you walk to school.	
500		

501	[C] 10:35:47	
502	You're not bused halfway across Xx, where you can be robustly supported with staff that understand your needs and can support you to show to show what you can achieve is a much better model for me.	Mainstream schools' better environments than special schools
503		
504	[C] 10:36:07	
505	Um. The bottom line is when you're 18 you should be able to go to your local park with your mates and have a drink on your birthday.	
506		
507	[C] 10:36:17	
508	You've probably been doing it for years before that over the back gate.	
509		
510	[C] 10:36:20	
511	But that's the ultimate in, you know what.	
512		
513	[C] 10:36:23	
514	Why would you take a child away from that community? and	
515		
516	[C] 10:36:29	
517	we need all our schools to be dyslexia friendly or literacy difficulties friendly.	All schools need to be literacy and dyslexia friendly
518		
519	[M] 10:36:35	
520	That's really interesting. Thank you. Just thinking about, sort of, moving us on slightly in our conversation from going to thinking about the label	
521		
522	[M] 10:36:46	

523	and its use. I wonder if we could talk a little bit about professionals involved in understanding the label, and how it's used, and I was wondering if you could tell me a little bit about, sort of, what your perceptions are of the role of EPs in helping children and	
524		
525	[M] 10:37:06	
526	young people with literacy difficulties?	
527		
528	[C] 10:37:10	
529	I think schools are amazing places, and they manage literally difficulties and support young people with interventions way before they need an educational psychologist.	
530		
531	[C] 10:37:25	
532	So, it is often that actually they've got stuck. There's a lot of schemes out there that, you know, they can use within a whole class that they can use within small groups.	
533		
534	[C] 10:37:41	
535	And every time I go in theres, you know, some other scheme that, you know, somebody just brought into.	
536		
537	[C] 10:37:46	
538	That's a phonics scheme, or a, you know, a whole reading scheme or writing scheme.	
539		
540	[C] 10:37:52	
541	So, schools are, are kind of experts in managing the needs of young people with literacy difficulties.	Schools are good at supporting literacy difficulties
542		
543	[C] 10:38:03	
544	Often, I feel it is when there is an additional difficulty.	

545		
546	[C] 10:38:07	
547	Often around executive functioning and around working memory.	
548		
549	[C] 10:38:13	
550	And I will often think of kind of the triangle of, you know, writing difficulties and I think very much about what other aspects	
551		
552	[C] 10:38:24	
553	is the young person struggling with, and that's usually the barrier.	EPs involved when there are additional difficulties to dyslexia
554		
555	[C] 10:38:26	
556	So, if if it's a kind of a pure literacy difficulty, I think schools, they know what they're doing.	Schools know what they are doing for literacy difficulties
557		
558	[C] 10:38:33	
559	They're absolutely spot on. It's sometimes, I'm coming, as I say I think I come late to the party, and that they kind of, it's almost around parental pressure.	EPs involved later due to parental pressure
560		
561	[C] 10:38:44	
562	That you know, that child is struggling or they are beginning to show those, they're not as confident, you know.	
563		
564	[C] 10:38:51	
565	They're beginning to show some of the emotional side and not as motivated.	
566		
567	[C] 10:38:54	

568	It's really hard work and that's what I'll often say to a child.	
569		
570	[C] 10:38:58	
571	We know this is really hard work for you, and parents will come in and go	
572		
573	[C] 10:39:02	
574	well, we know, do I need tutoring? Do I need some?	
575		
576	[C] 10:39:07	
577	You know, some computer? And am I going, No, no, no, no. You know, your child is doing the most difficult thing day in, day out, and I also think some of the curriculum is so boring, you know you're sitting in a literacy lesson and doing compound words.	Parental concern leads to wanting extra support
578		
579	[C] 10:39:22	
580	And I'm just like, I'm bored with this, you know.	
581		
582	[C] 10:39:24	
583	We really, well? How are we teaching children as a whole curriculum aspect around literacy at the moment?	
584		
585	[C] 10:39:31	
586	That is just mind-blowingly boring. And I also say you know your job as a parent is to make sure that they're having fun, and that they're ready for the next day when they've got to do the same thing all over again, so you know good sleep, good	Literacy curriculum is boring
587		
588	[C] 10:39:48	
589	nutrition, you know, doing the things that they enjoy, that they have their own, you know,	
590		

591	[C] 10:39:53	
592	strengths with. You know, parents can get very panicky about.	
593		
594	[C] 10:39:58	
595	I need extra tuition, and I need you know, they need to be doing more of the same, and my attitude is very much to them	Parental concern leads to wanting extra support
596		
597	[C] 10:40:04	
598	find ways of reading which are normal, and, you know, read the pizza menu, read read anything.	
599		
600	[C] 10:40:12	
601	It doesn't matter what comic you're reading or book you're reading, you know, it's it's absolutely just reading, and then you'll have that magical moment one day where you're driving in a car and suddenly your child will get will read a sign and your heart will	
602		
603	[C] 10:40:28	
604	break because I've been there, and you'll go. Wow!	
605		
606	[C] 10:40:31	
607	That just feels amazing. But if, if you listen to CDs, you know not,	
608		
609	[C] 10:40:38	
610	CDs, you know, audio books and watch films, but talk about things so that you're getting those higher order	
611		
612	[C] 10:40:46	

613	inference, deduction, characterization skills that a child won't be getting through their own literacy and their own reading. You know.	
614		
615	[C] 10:40:55	
616	I wonder why that happened? I wonder how that happened? So often with parents	
617		
618	[C] 10:40:59	
619	it's very much around. Yeah, okay, this is maybe where the areas of difficulty are.	
620		
621	[C] 10:41:05	
622	But actually, your job as a parent is to is to think about the whole child, and to give them opportunities to be doing things that they, you know, that that just makes their heart sing, and they get into kind of, you know, a flow state and and they enjoy it, let's not get hung up about this	
623		
624	[M] 10:41:19	
625	Hmm!	
626		
627	[C] 10:41:24	
628	literacy need. But actually, that's just a happy, healthy children who we will support in school to achieve what they need to achieve. And it won't be interesting to think if you you diagnose the child with dyslexia.	Advising parents to focus on future for child, not the current label
629		
630	[C] 10:41:41	
631	Now, maybe their year 4 or year 5. What's the world going to look like when they they're coming out the other side?	
632		
633	[C] 10:41:48	
634	You know we're not very future focused.	

635		
636	[C] 10:41:51	
637	Really, it's all about you've got to be able to do this compound word.	
638		
639	[C] 10:41:56	
640	All this frontal adverbials, or whatever I mean, gorden bennet!	
641		
642	[M] 10:42:02	
643	I was thinking a little bit. Oh, sorry you go.	
644		
645	[C] 10:42:03	
646	So,	
647		
648	[C] 10:42:05	
649	No! So, when I'm talking with parents, and I might have used the label, then what I really want them to do is to see their child not as the label	
650		
651	[C] 10:42:16	
652	but as the whole child, you know what strengths and what fun!	Use the label with parents but focus on child's strengths
653		
654	[M] 10:42:17	
655	Hmm!	
656		
657	[C] 10:42:21	
658	And because quite often, schools have assessed them to death.	
659		

660	[C] 10:42:26	
661	They've intervened in at a very high level.	Schools assessed and intervened at a high level
662		
663	[C] 10:42:30	
664	There must be something else that it may be getting in the way like writing, working memory,	
665		
666	[C] 10:42:35	
667	you know, organisation, planning, and those are the things we can also put strategies in place for.	
668		
669	[C] 10:42:42	
670	And then a parent's job is to get the child ready for the next day and to be happy and having fun.	
671		
672	[M] 10:42:51	
673	Yeah. So, you mentioned there that you refer to the label.	
674		
675	[M] 10:42:58	
676	But perhaps in the context of the child's challenges and strengths that they sort of are presenting with, do you feel that part of the EP role is to label dyslexia?	
677		
678	[C] 10:43:12	
679	Hmm, hmm!	
680		
681	[C] 10:43:16	
682	I think part of the EP role is to understand the individual needs of a young person, and to do a kind of a thorough assessment.	

683		
684	[C] 10:43:31	
685	If that leads to a dyslexia label considering the of BPS guidance, and the DSM criteria that may be an outcome.	
686		
687	[C] 10:43:47	
688	I don't think a bit of my role is to assess children as dyslexic or not dyslexic.	
689		
690	[C] 10:43:54	
691	I think it's my role to assess a child as a whole.	Not part of EP role to assess children as dyslexic or not dyslexic
692		
693	[M] 10:44:00	
694	Hmm! Would you like it to be part of the EP role?	
695		
696	[M] 10:44:04	
697	Do you think it'd be beneficial to have that element of the capacity to label, or the readiness to label in mind or not?	
698		
699	[C] 10:44:14	
700	No, no, I I think it. There's an awful lot of readiness to label for everything at the moment, and I really genuinely feel that.	
701		
702	[C] 10:44:28	
703	If we keep, if we, if we lump everybody together and say right, you're all dyslexic, then actually it almost dilutes the label. And so, as part of the EP role, it is kind of that understanding	Readiness to label dilutes the label and lumps people together
704		

705	[C] 10:44:42	
706	and knowledge building for staff knowledge, building for TAs knowledge, building for parents, and the young person as well but I wouldn't want.	
707		
708	[C] 10:44:55	
709	I wouldn't want it like a cause and effect. Right	
710		
711	[C] 10:44:57	
712	literacy difficulties, equals, dyslexia cause. Often, you know, I could	EP does not want cause and effect of labelling dyslexia
713		
714	[C] 10:45:03	
715	there may be a query about dyslexia, and I will go do some phonological work.	
716		
717	[C] 10:45:10	
718	I'll look at the word reading and the spelling, and they're well within the average range.	
719		
720	[C] 10:45:14	
721	And then I kind of dig a little bit more in other areas. And sometimes parents are just using the word, because that's it's almost like a.	Parents use the term dyslexia because it is accessible
722		
723	[C] 10:45:27	
724	That's what parents think. Now, that's where a local authority EP differs.	
725		
726	[C] 10:45:32	
727	I'm not paid by the parents to.... I will, therefore, you know, I have had parents who come thinking well my child is dyslexic, and I go not according to the criteria that is in place.	
728		

729	[C] 10:45:48	
730	I'm not. I'm not going to diagnose you with dyslexia.	LA EPs not paid by parents so less pressure to diagnosis
731		
732	[C] 10:45:50	
733	If I then looked at something else that that might explain why a child is struggling, and quite often school will have, you know they'll be on the list, and school will have spoken about them	
734		
735	[C] 10:46:07	
736	maybe in September, but they're quite far down the list, and by the time they kind of had some really good intervention over a couple of months, and it might be January, and actually they're going	
737		
738	[C] 10:46:17	
739	actually, they have made really good good progress. So that's not, yeah. We've intervened, and it's had the desired effect.	
740		
741	[M] 10:46:26	
742	Hmm!	
743		
744	[C] 10:46:26	
745	parents still come in and go, but I think they're dyslexic.	Parents continue to seek a label despite successful intervention
746		
747	[C] 10:46:30	
748	I think it.	
749		
750	[M] 10:46:32	

751	Do you often experience that sort of? I'm going to label it as tension.	
752		
753	[M] 10:46:36	
754	And please correct that wording if you feel like it's something different.	
755		
756	[M] 10:46:37	
757	But that tension between parents or schools or pupil's sort of expectations of your involvement, and maybe the label versus the reality of maybe your experience in your personal professional practice, I guess?	
758		
759	[C] 10:46:56	
760	I think, as services have reduced, and as the resources are tight, you know, you know, cause I say, we live in a kind of historical, social, and political context, and we are where we are and post pandemic, I think a lot of parents have spent a lot of time, with their children.	
761		
762	[C] 10:47:17	
763	Watched them, kind of, struggling, maybe, with some reading or some spelling, and have kind of questioned themselves whether a dyslexia label is appropriate, and I think, unfortunately, with the current resourcing issues within schools quite often parents will come and think that a label	
764		
765	[C] 10:47:40	
766	is a really, really helpful thing. And one of the things that I've been doing quite a bit recently is, kind of, it's using some of the, I think parental confidence is very low at the moment.	Parents see label as a helpful thing given current context
767		
768	[M] 10:47:42	
769	Hmm!	
770		
771	[C] 10:47:52	

772	I think parental confidence that schools can meet young people's needs is quite low, and I think that is because they're, you know, there's a massive increase in in children being identified with SEND difficulties.	
773		
774	[C] 10:48:07	
775	And therefore, there has to be a kind of almost like a competition for resources, and maybe that parents think that label would give additional resources in school. And that's so,	Parent confidence is low so fighting for resources through labels
776		
777	[C] 10:48:22	
778	therefore, that's where the conflict comes in really. It's it's parents who are anxious and under confident and quite often my involvement, maybe I'll usually will observe within the classroom, and I'll see strategies that are being put in place, to support the young person I	
779		
780	[C] 10:48:38	
781	often use the framework of kind of the dynamic assessment.	
782		
783	[C] 10:48:41	
784	The Fraser Locklan, cognitive and affective principles, and then I kind of go, well, I saw this being done done, and you know I can see this is an area of need. But this is what I saw.	
785		
786	[C] 10:48:52	
787	The class teacher and the TA doing, and they, you know, you can see they kind of go	
788		
789	[C] 10:48:59	
790	Oh, oh, they are supporting my child! So, it's not about that,	Parents need EPs to prove schools are supporting their children
791		

792	[C] 10:49:02	
793	I've got a label, therefore it this equals a massive	
794		
795	[C] 10:49:04	
796	amount of resources which I think sometimes parents get confused about, I think it's about we are putting in strategies, adaptive teaching in order to make your child's need.	Parents get confused that labels equal a massive amount of resources
797		
798	[C] 10:49:16	
799	But they sometimes feel, I think, an outsider coming in and seeing that is more powerful than school going	Parents view EPs are more powerful than school support
800		
801	[C] 10:49:24	
802	this is what we are putting in place. It's like there is this a real balance at the moment, I think, between resource driven confidence, and actually, sometimes you kind of think don't you believe what the school is saying?	Parents balance between resource driven confidence and believing the school
803		
804	[M] 10:49:27	
805	Hmm!	
806		
807	[C] 10:49:39	
808	What they're doing, that they're doing the best for your child.	
809		
810	[M] 10:49:42	
811	Yeah, it's really challenging. Like you said, there's so many different influencing factors	
812		
813	[M] 10:49:50	

814	that all sort of interplay with each other when talking about these sorts of difficulties for any young person, really. I'm just wondering if you had experience of, or had an opinion about, whether there were other services or professionals that might have a role in labelling dyslexia.	
815		
816	[C] 10:50:14	
817	Quite often parents might ask if I work privately so obviously I don't.	Parents often ask if EP works privately to assess for dyslexia
818		
819	[C] 10:50:23	
820	There are private psychologists who who will work in that way, and there are specialist teachers, and I know they,	Private EPs and specialist teachers will assess for dyslexia
821		
822	[C] 10:50:32	
823	they work privately, as you know, the private group, especially teachers within Xx, who would also look at an assessment. Within my schools	
824		
825	[C] 10:50:44	
826	I don't do any exam considerations because they buy in specialist teachers.	
827		
828	[C] 10:50:50	
829	I think some psychologists would, would. I don't think I think many psychologists do exam considerations anymore or exam arrangements anymore, because it tends to be quite an expensive way of using a psychologist, you know, or an EP's time.	
830		
831	[C] 10:51:08	
832	So, there is obviously that you know, you've got specialist teachers within secondary schools, and that's much more around the exam arrangements.	
833		
834	[C] 10:51:17	

835	Our SNAST team would do some phonological work, but I I'm fairly sure they wouldn't label.	SNSAT team may refer to dyslexic tendencies
836		
837	[C] 10:51:26	
838	They may say that a young person's got the dyslexic traits, but they wouldn't necessarily label in that way, and they would refer to the Xx literacy policy.	
839		
840	[C] 10:51:36	
841	So, they would, they would talk about literacy difficulties. So that within Xx there is, there is services.	
842		
843	[M] 10:51:36	
844	Hmm!	
845		
846	[C] 10:51:43	
847	But when I came, when I was working at Swindon, for example, we had a dyslexia service, and that kind of translated I mean, that was 23 years ago,	
848		
849	[C] 10:51:55	
850	and that now translated, translates into kind of our SNAST service, and that they again, that's very much a whole child, that you know,	
851		
852	[C] 10:52:06	
853	look at the strengths and difficulties, not just focus down into that one area, but within the private sector and independent sector	
854		
855	[C] 10:52:15	
856	then, obviously, you know, you can pay for assessments and the dyslexia Research trust within xx	Within the private sector you can pay for an assessment

857		
858	[C] 10:52:22	
859	university still will do a visual assessment, and will do some	The dyslexia research trust will do visual assessments
860		
861	[C] 10:52:28	
862	they have a psychologist who will do some BAS	
863		
864	[C] 10:52:32	
865	subtest. So, there's a little bit of a discrepancy model there.	Some psychologists still assess using the BAS so use a discrepancy model
866		
867	[M] 10:52:35	
868	Okay, really, interesting. Thank you. I'm aware of the time.	
869		
870	[M] 10:52:41	
871	So, I'm going to stop myself from asking more questions as I could keep asking you this all day.	
872		
873	[M] 10:52:47	
874	Is there anything else at this stage you so wanted to share that you don't feel that I've touched upon?	
875		
876	[M] 10:52:51	
877	That's really important to you, or something that's relevant that you'd like to share at this stage.	
878		
879	[C] 10:52:56	

880	I think that the label issue is is quite.	
881		
882	[C] 10:53:07	
883	A concern at the moment, and I think that is because of the context that we are in post pandemic with shrinking services and shrinking resources.	Dyslexia label is a concern at the moment, Importance of post pandemic and shrinking services context
884		
885	[C] 10:53:18	
886	There was a time when it almost, it's like nobody used the word dyslexia.	
887		
888	[C] 10:53:25	
889	It was very much around individual needs and literacy needs. But I just wonder whether sometimes a label does mean resources to parents and certainly in my own experience, I think that shorthand label has been useful.	Nobody used to use the word dyslexia there was a focus on individual needs. Label means resources to parents
890		
891	[C] 10:53:46	
892	for adults in in that context.	Shorthand use of the label can be useful in some contexts
893		
894	[C] 10:53:52	
895	And until we use a different shorthand in universities and in the workplace, then that label will always be with us.	The label will be present until further education and workplaces use a different label
896		
897	[M] 10:54:02	
898	Hmm!	
899		

900	[C] 10:54:04	
901	It's almost like, you know, EPs are trying to go,	
902		
903	[C] 10:54:07	
904	you know, we're trying to go, well it doesn't really matter.	
905		
906	[C] 10:54:10	
907	what we call it, but then Parliament and beyond, until we've kind of worked on them, it will still always be around.	EPs don't mind what the need is called but parliament and beyond keep the label in use
908		
909	[M] 10:54:28	
910	Yeah. It's a a big system, isn't it?	
911		
912	[M 10:54:32	
913	It's big system. Okay? I'm just going to stop the recording. Now.	
914		
915	[M] 10:54:36	
916	Just so, you know.	
917		
918	[C] 10:55:39	
919	I mean, you know, I get very conflicted by the whole.	Feeling conflicted around labelling
920		
921	[C] 10:55:46	
922	Yeah, I'm very conflicted by that kind of shorthand, and also the fact we label people for life.	Conflicted that we label for life
923		
924	[M] 10:55:55	

925	Yeah.	
926		
927	[C] 10:55:56	
928	And actually, my daughter. The other day she she said, a work friend of hers has been labelled as ADHD.	
929		
930	[C] 10:56:03	
931	And she said, oh, do you think I might have ADHD?	
932		
933	[C] 10:56:06	
934	And I said, darling, would this label be a helpful label?	
935		
936	[C] 10:56:09	
937	You know, it's just part of who you are, I mean, you know you're a police officer.	
938		
939	[M] 10:56:12	
940	Yeah.	
941		
942	[C] 10:56:15	
943	You run towards danger; you act impulsively.	
944		
945	[M] 10:56:18	
946	Yeah.	
947		
948	[C] 10:56:24	
949	So, you know labels are only as useful as as they are at the time, but they are not long term.	Labels are useful at the time but aren't long term

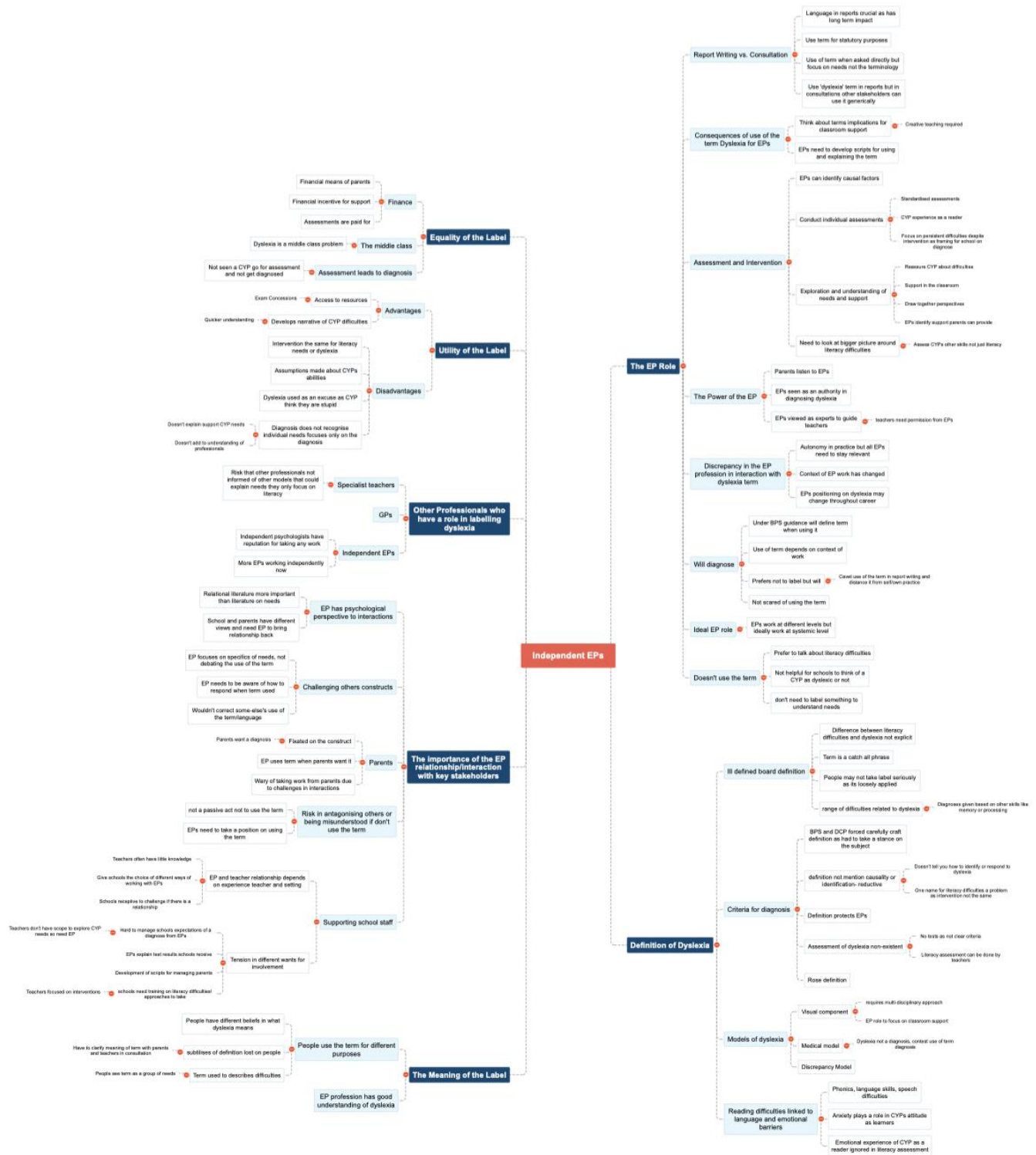
950		
951	[M] 10:56:31	
952	Yeah.	
953		
954	[C] 10:56:32	
955	You know that forever. Okay.	
956		
957	[M] 10:56:34	
958	Exactly, and I think, you know, each different stage in life they have different purposes, different values, different meanings to each individual as well.	
959		
960	[M] 10:56:43	
961	So, it's so varied.	
962		
963	[C] 10:56:45	
964	I think that's right. But it also slightly worries me at the moment that we are quite into labels and a everybody wants to label.	
965		
966	[C] 10:56:55	
967	And why is that? Why can't you just be an individual and unique?	
968		
969	[C] 10:57:00	
970	But it is that everybody needs a label , and I say, well, as an adult, if you want to go and get diagnosed with ADHD, go for it, love. But.	Everybody wants/needs a label at the moment
971		
972	[M] 10:57:03	
973	Yeah.	
974		

975	[M] 10:57:11	
976	Yeah, it's it's complicated.	
977		
978	[C] 10:57:14	
979	It's, it's your personality.	

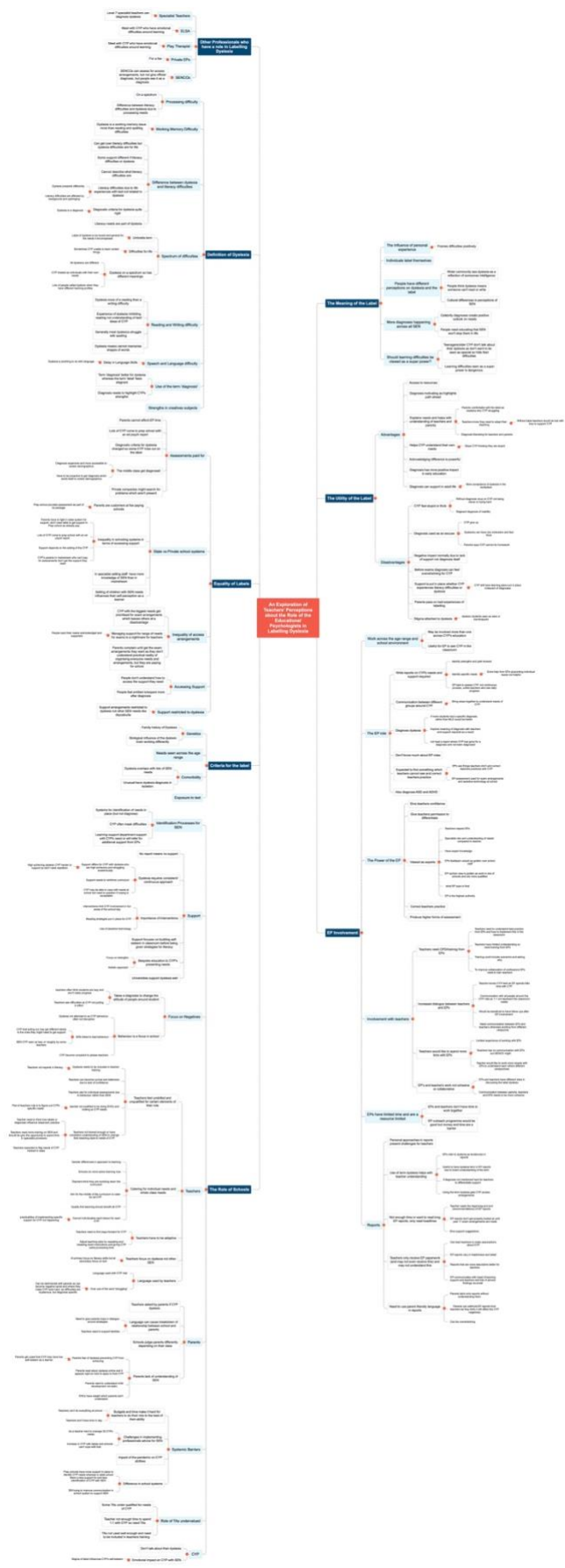
Appendix R: Initial Thematic Map for EPs who worked for the LA (with notes)



Appendix S: Initial Thematic Map for EPs who worked independently (with notes)



Appendix T: Initial Thematic Map for Teachers (with notes)



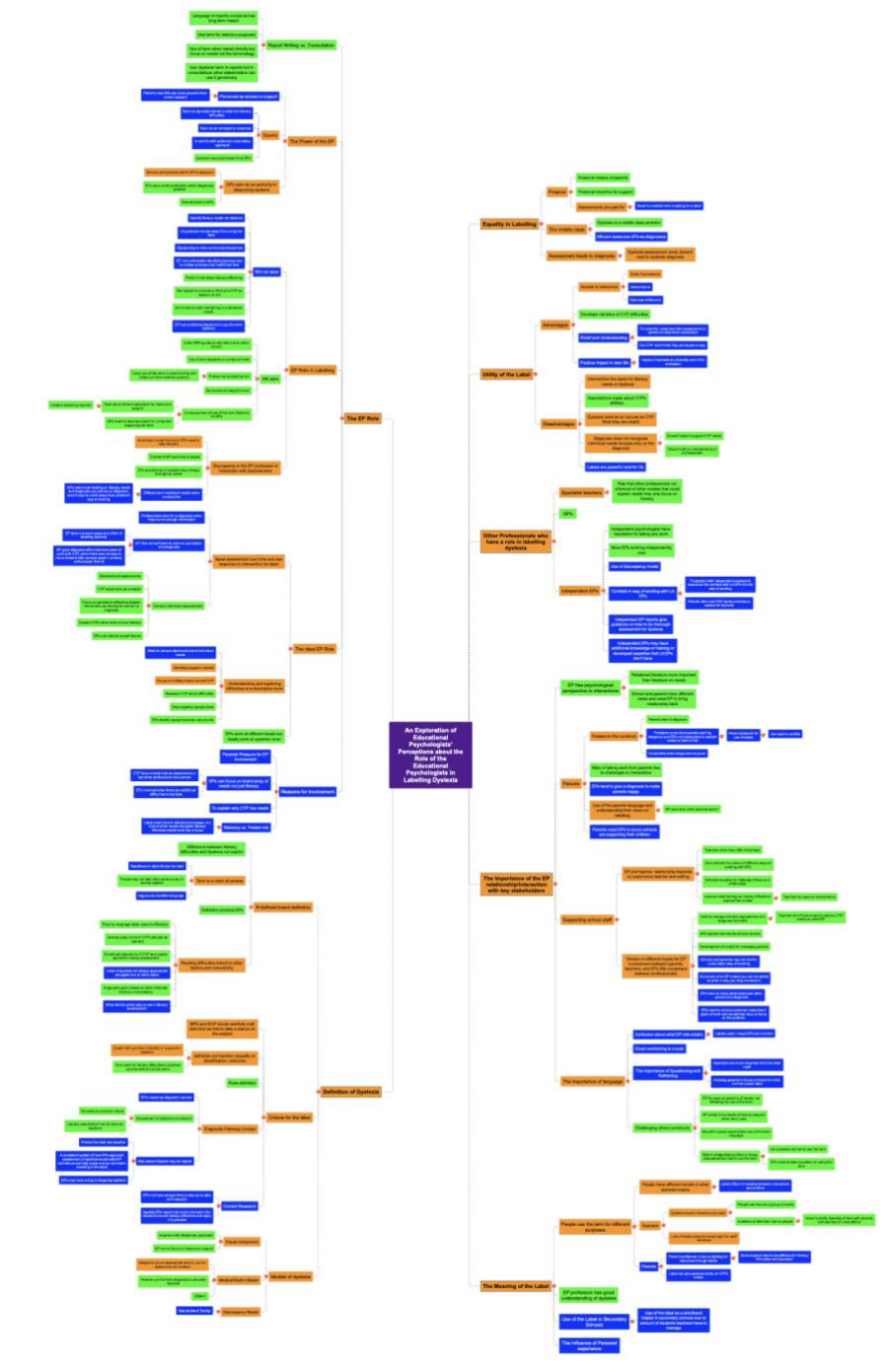
Appendix U: Initial Joint Thematic Map for EPs for worked for the LA and independently (with notes)

Key for coloured boxes-

Orange-both LA and independent EPs

Blue- LA EPs

Green-Independent EPs



Appendix V: Full list of broader themes for both professional groups

EPs

1. The EP Role
2. Report Writing vs. Consultation
3. The Power of the EP
4. The EP role in Labelling
5. The Ideal EP role
6. Reasons for Involvement
7. Definition of Dyslexia
8. Ill-defined Board Definition
9. Criteria for the Label
10. Models of Dyslexia
11. The Meaning of the Label
12. People use the Term for Different Purposes
13. EP Profession has a Good Understanding of Dyslexia
14. Use of the Label in Secondary Schools
15. The Influence of Personal Experience
16. Equality in Labelling
17. Finance
18. The Middle Class
19. Assessment Leads to Diagnosis
20. The Utility of the Label
21. Advantages
22. Disadvantages
23. Other Professionals who have a Role in Labelling Dyslexia
24. Specialist Teachers
25. GPs
26. Independent EPs
27. The Importance of the EP Relationship/Interaction with Key Stakeholders
28. EP has Psychological Perspective to Interactions
29. Parents
30. Supporting School Staff
31. The Importance of Language

Teachers

1. Other Professionals who have a Role in Labelling Dyslexia
2. Specialist Teachers
3. ELSA
4. Play Therapist
5. Private EPs
6. SENCOs
7. Definition of Dyslexia
8. Processing Difficulty
9. Working Memory Difficulty
- 10.. Difference between Dyslexia and Literacy Difficulties
11. Spectrum of Difficulties
12. Reading and Writing Difficulty
13. Speech and Language Difficulty
14. Use of the Term 'Diagnosis'

15. Strengths in Creative Subjects
16. Equality of Labels
17. Assessment Paid For
18. State vs. Private Schooling Systems
19. Equality of Access Arrangements
20. Accessing Support
21. Support Restricted to Dyslexia
22. Criteria for the Label
23. Genetics
24. Needs Seen Across Age Range
25. Comorbidity
26. Exposure to Text
27. The Role of Schools
28. Identification Processes for SEND
29. Support
30. Focus on Negatives
31. Teachers
32. Parents
33. Systemic Barriers
34. Role of TAs Undervalued
35. CYP
36. The Meaning of the Label
37. The Influence of Personal Experience
38. Individuals Label Themselves
39. People have Different Perceptions about Dyslexia and the Label
40. More Diagnoses Happening Across all SEND
41. Should Learning Difficulties be Viewed as a Superpower?
42. The Utility of the Label
43. Advantages
44. Disadvantages
45. EP Involvement
46. Work Across the Age Range and School Environment
47. The EP Role
48. The Power of the EP
49. Involvement with Teachers
50. EPs have Limited Time and are a Limited Resource
51. Reports

Appendix W: Table showing the relationship between the themes, codes, and segmented texts.

For the EP Profession:

Theme	Subtheme	Code	Segmented Text
The EP Role	Report Writing vs. Consultation	Language in reports crucial as has long term impact	<i>Yeah, I think I always I tend to say, language is important, which is why in a report I always imagine what the adult will say when they read it. When they become an adult. Like what am I gonna say to when them when they come marching on the path and they're 26. And they'll go, you said, you know. So, I will say things like 'current results consistent with this definition' rather than, that subtlety as to be fair it's probably lost on a lot of people. 4:297</i>
		Use term for statutory purposes	<i>Also, a statutory role for the local authority or Education Healthcare Plan Assessments. 4:15</i> <i>Within, erm. I find it's a bit different within the statutory role. So, although the same, the same role is to clarify needs for the purpose of a needs assessment. I find that often those, we've got a clearer idea that that child has, literacy difficulties by that point. 2:209-211</i>
		Use of term when asked directly but focus on needs not the terminology	<i>But it tends to be for me, report writing I would use it or if I'm asked direct question. But apart from that, I wouldn't contest it. I would just move quickly onto you know, what do you mean by literacy difficulties for this child? What's it they can't do? What is it when they need help with? And not get into a Barney over the terminology. 4:129</i> <i>But in interaction with others, we've, so talking particularly about clients, teachers and parents, I don't contest the use of term I move on with it quite quickly. So I would be more focused on what the child needs to learn and focus on that. 4: 87</i>

			<p><i>But it tends to be for me, report writing I would use it or if I'm asked direct question. But apart from that, I wouldn't contest it. I would just move quickly onto you know, what do you mean by literacy difficulties for this child? What's it they can't do? What is it when they need help with? And not get into a Barney over the terminology. 4: 126</i></p> <p><i>I don't think I would write in a report that X is dyslexic. I might write, you know, X has been assessed by Y, and felt to meet a criteria for a diagnosis of dyslexia. If you still, I mean, so I suppose to a certain extent I'm kind of distancing it from myself. But then, but yes, but then I would go into an exploration of either how that kind of sits in, you know, sits alongside the work that I'm doing for example which might or might not be connected to literacy difficulties. But I suppose, yeah, I suppose I just I kind of slightly caveat it, if you see what I mean. 6: 154</i></p>
		<p>Use 'dyslexia' term in reports but in consultations other stakeholders can use it generically</p>	<p><i>Different from report writing I think in the report you can define the term and reference it. But I think the bigger challenge comes in conversation with people. Where the opening, you know, line might be my son has dyslexia and it's quite clear that, terms being used in a very sort of, generic or unclear way or they have beliefs about it. 4:66</i></p> <p><i>My first sort of approach would be, it depends who I'm talking to, if I'm talking to a parent or even a teacher and the term is introduced into the conversation I'll just let it flow. At some point I might have to say well actually, you know, this is definition we use. Usually, you don't need to because you can shift off onto what the child needs to learn to do and without having to use the term. Other times though, you might have to clarify. You know, it just depends, but I think it</i></p>

			<p><i>depends on the context of the work. In interaction with other people, it's very different from in report writing. 4: 111</i></p> <p><i>In report writing you can construct what you're saying really carefully, whereas in interaction it's quite fast moving and above all, you need to, I suppose, have a helpful interaction rather than a non-helpful one. There will be times when it's helpful to define the term and there are times it's helpful just to move off it quite quickly. It just depends on what speaks said and who's saying it and how they're saying it. 4: 114</i></p>
	<p>The Power of the EP</p>	<p>Perceived as access to support</p>	<p><i>in terms of what our role actually is. In reality, I think it is about being a way to access resources and funding. I think in some senses it's not that they necessarily want to know exactly why it's happening or what the best support is, but that having a label like a dyslexia, or having that kind of understanding of how severe the difficulty is will open in their views whether it's true or not. will open pathways to laptops and tablets, and one-on-one teaching assistants, and I think there's often a drive there which is, I think, very much. Not a role I like to play, but very much a role. I feel that we end up in. 2: 400-412</i></p>
		<p>Experts</p>	<p><i>But they sometimes feel, I think, an outsider coming in and seeing that is more powerful than school going. This is what we are putting in place. 1: 799- 802</i></p> <p><i>I think that when they're struggling and it's causing difficulties in in learning, I think it can feel like an emergency to everyone involved in that as an EP working with children on a daily basis, a lot of we get called in saying, is the worst. 2: 391</i></p> <p><i>So I think to me that's one of the perhaps differences compared to EPs, or perhaps more specially trained teachers whose</i></p>

			<p><i>understanding, I think, will go beyond that and understand that kind of the differences between when we are thinking just again, a poor reader or a more slowly developing reader versus those with again, more specific kind of phonological difficulties. 2: 157-160</i></p> <p><i>Definitely I'd say that they typically us a experts in that. But you know, I think that's probably runs at the tangent to the way that we tend to define ourselves, not in a kind of an expert model, and working much more in a kind of client-centred way. And you know, really, we cover a lot of areas. So the idea of us being an an expert in any one area isn't that likely Because we tend to have a broad range of things that will work in and generally work around facilitating a problem solving 2: 592-601</i></p> <p><i>So I think we would often be seen as experts in dyslexia, and identifying dyslexia. 2: 619</i></p> <p><i>It's kind of that. That sort of expert role, the conflict with EPs is being the expert. Versus working collaboratively in person centred ways, problem solving, those, that sort of more consultation type approach. 3: 496-501</i></p>
		<p>EPs seen as an authority in diagnosing dyslexia</p>	<p><i>I have been asked by some parents to diagnose dyslexia. 2: 31</i></p> <p><i>I don't feel confident to use the term dyslexia unless I know that that child has had it, a diagnosis or, you know, it's kind of being used already. 3: 82-85</i></p> <p><i>And school had been asking me for it for probably a year and I was sort of let's see how he gets on you know let's try this let's try that 3: 310</i></p>

			<p><i>What the teacher would struggle with is identifying causal factors. Yeah, that's what we tend to know about. But it's a process and it's a twin process, where there's a specialist role. So, for example, memory you find a lot of specialist teachers will measure short term memory but won't be able to talk about it. They will give a score, but they won't necessarily be able to talk about it like we can or about something like that. 4: 177-179</i></p> <p><i>Schools will sometimes say, is dyslexic or not. To me and I said, is that the assessment question? And I'll go, yeah, and I'll say, well, that's our definition of dyslexia. What do you think? And their go yeh he meets that and I'll go there you go then, you don't need me to tell you that. And their say oh the parents will to listen to you. And you go, well, so the problem is about that then isn't it? 4:213</i></p> <p><i>Absolutely. I think they very much see us as the people who say yes or no. So, I've had this said to me recently, oh, it's only EP's can diagnose dyslexia. And that is wrong on so many levels. But yeah, you're seen as the authority very much so. 4: 231</i></p>
	The EP Role in Labelling	Will not label	<p><i>I don't want to label dyslexia. I really don't want to label dyslexia 1:43-46</i></p> <p><i>I would like to kind of get rid of the rid of the label, and we look at much more at literacy difficulties and individual needs.1: 169</i></p> <p><i>I think part of the EP role is to understand the individual needs of a young person, and to do a kind of a thorough assessment. If that leads to a dyslexia label considering the of BPS guidance, and the DSM, criteria that may be an outcome. I don't think a bit as my role to assess children as dyslexic or not dyslexic. I think it's my role to assess a child as a whole. 1: 682-691</i></p>

			<p><i>I wouldn't want it like a cause and effect. Right. Literacy, difficulties, equals, dyslexia cause. 1:709-712</i></p> <p><i>And I think, you know, there's a risk. When somebody's only looking for a diagnosis that actually they're not. Well interestingly actually, I was talking to my son earlier this week and he got an essay back and he said I'm going to do all the feedback and my teachers I can ask him for the grade if I want it. And I said oh that's interesting so he doesn't give you a grade on your essays and he said no because if he gives us a grade all we look at is the grade. And he wants us to look at all the feedback, he wants us to look at all the detailed stuff he's put on the essay. So maybe it's a bit like that. You know, if I were to say is it dyslexia or not, maybe that's all they pay attention to. What I really want them to pay attention to is the feedback. And so yeah maybe that's why I'm kind of thinking it wouldn't be helpful. 6:133</i></p> <p><i>So still to this day I don't really say that I identify dyslexia unless there is really kind of good reason to. 2: 67</i></p> <p><i>And so my concern there as well is, that often I think, perhaps, tension from the EP side, certainly from my perspective, would be that I don't want it to be seen, as here is a diagnosis or here's an identification of dyslexia. 2: 262</i></p> <p><i>it's not something that I feel super comfortable doing and I think that's a few reasons, one because I don't think there is a particularly clear process identified for doing. And then the second part of that is, that it then has the timing of it as well, which is often. I'm not given enough time for what I feel would be to do a sufficient assessment to kind of comfortably come to that. 2: 511-520</i></p>
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			<p><i>And I suppose similarly with dyslexia, I feel comfortable. Identifying the needs that might sit within the frame of dyslexia. I think less so at the moment to actually identify dyslexia in itself. 2: 532- 538</i></p> <p><i>I guess I wouldn't feel confident and competent to be able to do that without specific training 3:658-659</i></p> <p><i>So prior to that I've, Avoided is the wrong word, I've always been quite cautious around carrying out assessments and getting to a point where I would diagnose dyslexia. I always felt as though the key role was to identify the need and it would be a descriptive. A description of that need as my formulation but it wouldn't perhaps use, I wouldn't say I've provided a dyslexia diagnosis or this child meets the characteristic features of dyslexia. 3:250-262</i></p> <p><i>But as it stands now. It's not part of the role, so I kind of have just accepted that it's not part of our role. Or at least not within Xx. 3: 679</i></p> <p><i>I should probably say that I usually try and avoid the term dyslexia. But that often takes quite a lot of explaining if you see tell me why I'm avoiding that term. What that doesn't mean that I am saying that there's no such thing as dyslexia, you know, all of that kind of thing. But I would, I am usually more comfortable talking about literacy difficulties. And wanting to go into the detail of those and understand what the difficulties are 5:5-8</i></p> <p><i>It was just not helpful to think is this child dyslexic or not dyslexic. 5: 8</i></p> <p><i>You know, I just, I just, I just can't, I can't see what it would add to us as a profession. Because I because I can't see how it would change</i></p>
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			<p><i>my practice. My practice is to explore and to understand. That's gonna be the same. Whether I come out with a diagnosis at the end of it. 6: 124-130</i></p>
		Will label	<p><i>Oh, well, absolutely I'll use the term. But I use it in terms of the BPS definition. So, if I'm asked to straight question, what is it? I refer people to that definition. I just find, so in reports I would definitely use the term. 4: 81</i></p> <p><i>Because I think there are risks in not using that term. 4: 87</i></p> <p><i>I never say they're a dyslexic person. I'll say it's consistent with the definition of. So, but it's the reality we live with really like I said, and I do change. You know, I'm not fixed on this, this is where I am at the moment, how I do it. 4: 303</i></p> <p><i>I'm not worried about using the word dyslexia 5: 101</i></p> <p><i>Yeah, but I would use all those terms and like I'm not worried about using it and I think it can be helpful. 5: 131</i></p> <p><i>I guess I do. I mean, in the sense that I do it. I would rather not have to do it. In the absence of other people doing it. I would do it because I don't think it's right that 5: 287-290</i></p> <p><i>t's tricky, isn't it, because I sort of don't go around sticking labels on people's heads just like here there and everywhere. So, I guess I'm quite mindful about the use of it and when I might say it and how much evidence I've got as well, but I do think. Yeah, I do think it could be considered to be part of the role. 5: 296-299</i></p>

			<p><i>It seems to me that it seems to me that the definition of dyslexia that that that gets used is just so broad. It's just huge. I mean, often it just seems to come down to somebody saying, well, is this person struggling? Oh will they been brought to me? So, they are struggling. 6: 269</i></p>
		<p>Discrepancy in the EP profession in interaction with dyslexia term</p>	<p><i>I think that the label issue is is quite a concern at the moment 1: 883</i></p> <p><i>I think there's not necessarily a consensus between parents and teachers and EPs, but also maybe consensus within the EPs about you know what what really is Dyslexia, you know. Is it even something that we can call a diagnosis of dyslexia as such? 2:85-88</i></p> <p><i>And I think within EPs I think there's generally, I think there's different of opinion in large parts, so generally more like own personal stance on it 2:163</i></p> <p><i>So I think that's probably where for me a lot of the discrepancy comes between EPs is that where there is no clear threshold it means that it's really hard to then quantify exactly where that line comes where it's dyslexia versus just kind of a poor reader, for struggling reader, and I think there is also slight discrepancy, I suppose, between EPs. I think, who have done their training at different points in time. 2: 169-175</i></p> <p><i>I think, in a sense that it would be perhaps clearer, more consistent of what dyslexia is meaning. If there was more consensus across EPs, around the country, of how they are going to approach, assessing it, and how they're going to approach, defining it, even if there aren't explicit thresholds. But actually just having somewhat of a similar process to kind of coming to that conclusion. I think would be a positive. But i do appreciate that, I think in some ways it's a bit</i></p>

			<p><i>of a pipe doing in terms of that actually reaching a consensus because of everyone's very differing views on it. 2: 556-565</i></p> <p><i>So EP's work very autonomously, and are given a level of autonomy over the way they work. So I think the idea of a EP almost just following a complete kind of system of how to do it probably not fit within that. 2: 568-572</i></p> <p><i>I feel like my doctoral training they covered dyslexia. We didn't even really talk about much. We talked about kind of the labelling aspects and the kind of the evidence Base, etc. And we talked about assessment tools, but we didn't really talk about what that would actually be like in local authority practice. And I never really had an opportunity to explore that in greater depth to get to a point where I kind of felt okay about dyslexia and providing a diagnosis. So, I kind of feel like that. Because I didn't have that experience on my doctorate course I kind of feel like that's left me with a bit of gap in my understanding and knowledge and confidence and competent, sense of competence with regards to diagnosing dyslexia 3: 661-673</i></p> <p><i>So, I think we have responsibility to make a decision on whether we use it or not. I don't think we can avoid that. I think the word is out there. We didn't put it there, it's out there. And we can't pretend it's not out there so we have to prepare a position for the various context in which it might come up. And have a line that we're happy with. 4: 144</i></p> <p><i>No, I don't care. I don't think it's important. Not important to me, what other EPs do. I think there's a consensus in the profession anyway around this.4: 249</i></p>
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			<p><i>But the heart of this is in terms of the narrative that's outside there and how we then interact with that narrative. How we influence the narrative. And how we maintain the relevancy of educational psychology. Cause that's the other point of course if you if you're bashing against people's constructs the whole time, which isn't the same thing as resisting the more challenging them, they will stop listening. Because there's plenty of other people who will step in. 4: 258</i></p> <p><i>I think the context of how EPs work has changed and I think it's relevant to all of our work, not just dyslexia 4: 273</i></p> <p><i>this concept of resistance is quite well known within social construction. So, the difficulty is that if you do resist, there's a price for it. So, you take dyslexia, you resist that label. Yeah, in certain circles, certain contexts, there will be a price for that. Yeah, you'll be seen as, you know, relevant or withholding something because you won't say, and you can get into, you know, debates around language, etc. But of course, what those psychologists, say in social psychologist, that you sort of have to. You can't dodge that. Because if you do dodge that you're actually then, colluding with the construct. 4: 327-330</i></p> <p><i>You've almost got kind of like rival bodies of educational psychologists within the profession who do and don't believe, who do and don't diagnose. I don't think that's very helpful for a profession, because actually I'm sure most educational psychologists would be of the view that they want to help the children, you know, they want to do what's best and help everybody and do what's best for the child. 5: 313</i></p>
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			<p><i>Yeah, it's just not helpful to, it would be better to have a unified. I don't know if it would be better, but it'd be better not to have a lot of controversy anyway within the profession. I don't think that does the profession any good when you're a small profession that kind of wants to promote itself. Yeah, and I think the point is whatever you think, almost. That's not really the point. I think that's the thing is that that's not the point. That having the controversy is not the point. The point is we're here to help the children and young people and we should all be doing what's you know what's best for them regardless of our personal opinions. And sometimes you just have to put those personal opinions to one side, I think, for the best interests of the child and young person. 5: 329- 353</i></p>
	The Ideal EP Role	Need assessment over time and see response to intervention for label	<p><i>There should be assessment over time, it should be assess, Plan. Do, review. And unfortunately, within our trading model. That's not what we necessarily are able to do. 1:220-223</i></p> <p><i>You know, labelling a young person, that we are much more of a kind of one stop at the moment, and but if a child has had literacy difficulty over a period of time throughout their primary school and goes into secondary school with literacy, difficulties, then obviously you know, schools, have tried a range of interventions. 1: 229-232</i></p> <p><i>I'm not sure there's often sufficient actual investigation into the kind of new understanding of what dyslexia might look like, which I think will require more response over time and I think a large part of that comes from the fact that a lot of us don't have the time to be working with children overtime, which means that you are looking at perhaps a snapshot which really this kind of new understanding of dyslexia I think that wouldn't really be sufficient in order to say, Here is a dyslexia diagnosis.2: 190-193</i></p>

			<p><i>So in an ideal world you'd have had that assessment over time before anybody was even talking about a label. 1: 266</i></p> <p><i>I think, from my perspective, I think that people will often look for a diagnosis of dyslexia when maybe the information available is not sufficient to talk about that 2: 83-85</i></p> <p><i>This language around dyslexia, saying that actually I had written in there the profile of difficulties based on the kind of existing assessments that were there would reflect quite simply to something like a specific literacy difficulty but I said in order to actually identify it formally, we'd want to see a response to intervention. Hence why the focus was on encouraging intervention to see what their response to intervention was. 2: 121-127</i></p> <p><i>And then over the years, you know, alongside that, I've also used a different reading test like the YARC and, also, now I use, as well, the intelligence and development scales, which has, a literacy component which has got like basically single word reading, non-word reading, phonological, all that stuff and reading passages and comprehension and blah blah blah. 5: 56-59</i></p> <p><i>I think about whether difficulties have been persistent, what kind of interventions have been put in place 5: 83</i></p> <p><i>Maybe I would say something about, you know, the fact that it has to be a persistent difficulty over the long term despite intervention. And I would want to see what kind of interventions had been in place and have the kind of, you know, assurance of those. 5: 455-458</i></p>
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		<p>Understanding and exploring difficulties at a descriptive level</p>	<p><i>it's really important to assess and meet the needs of each child individually and a label is not helpful in lots of ways 1:22</i></p> <p><i>So yeah, I mean, I've been asked to try to kind of help understand literally difficulties to kind of make sense of, maybe, why, they're having those difficulties in the literacy development 2:25-28</i></p> <p><i>Because I think in the larger sense, I really want to focus in on what is it specifically that they're struggling with? And what can we specifically target to support the development of, which feels like a much more useful piece of work and much more useful piece of time? From my sense? 2: 268-272</i></p> <p><i>So I think at the moment, within a lot of EP work there isn't sufficient time to really come to those conclusions 2; 289</i></p> <p><i>I mean, I think the role should be to help identify what support would work to help identify what strategies and intervention would be useful. I think there could be a role and understanding, helping to understand the nature of the difficulty, like, what are the reasons that kind of causing these barriers? So I think that's kind of 2 fold in the understanding the barriers, because I think that can then also lead to what the intervention is.2: 376- 382</i></p> <p><i>I think that actually helping people be able to unpick what that really looks like in terms of that that bigger picture can be kind of a part of that role of 2: 394</i></p> <p><i>So, there is a hypothesis process going on and formulation of what you do, but a major part of that is how you react to the difficulty and unlike a medical condition there isn't a set of treatments that you can just say, oh, this is what you do for this. And that's what I think most</i></p>
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			<p><i>people really struggle to understand. That you have to be creative with the teaching, you need to, you need to focus on the psychology of teaching and learning, as well as the psychology of difficulties with word processing or spelling or what have you. 4:195</i></p> <p><i>It would just be what is the difficulty. So, it would be analyzing what the difficulty is like you suggested kind of in your question at the beginning, understanding what that difficulty is, but then putting in the interventions that address that difficulty. Whatever it, whatever the difficulty is, and the difficulties can be different within that. Whatever you call it 5: 149-155</i></p>
		EPs work at different levels but ideally work at systemic level	<p><i>And again, in that contracting phase, I think most EPs will try to branch out and say, looking at multiple factors rather than just looking for a kind of a needle in a haystack. 2: 878</i></p> <p><i>Yeah, using the EP like it's a role that everybody necessarily agrees is the same and the EP this, EP that. It depends I'm a different EP in different schools. And with different people generally speaking 4: 237</i></p> <p><i>I mean there's lots of different levels aren't there and obviously to have the maximum impact, ideally, you might wanna work at a system level. But that's a kind of ideal and it's quite hard to do. 5: 383</i></p>
	Reasons for Involvement	Parental Pressure for EP Involvement	<p><i>It's sometimes I'm coming as I say, I think I come late to the party, and that they kind of it's almost around parental pressure. 1: 559</i></p> <p><i>and parents will come in and go. Well, we know. Do I need tutoring? Do I need some? You know some computer? am I going, No, no, no,</i></p>

			<p><i>no. You know, your child is doing the most difficult thing day in, day out 1: 571-577</i></p>
		<p>EPs can focus on board array of needs not just literacy</p>	<p><i>Often I feel it is when there is an additional difficulty. Often around executive functioning and around working memory. And I will often think of kind of the triangle of, you know, writing difficulties and I think very much about what other aspects. Is the young person struggling with, and that's usually the barrier. 1: 544-553</i></p> <p><i>So I find that I'm often working with a child who's already had an assessment for dyslexia. So I'm not often the first port of call that someone comes to. They would have usually gone privately first 2: 58-64</i></p> <p><i>I think our work is often too broad and more holistic. That means it's really hard to spend the time on just those literacy difficulties. 2: 292-295</i></p> <p><i>As part of the as part of my assessment if you like an analysis. So, I always have like have a bag full of picture books with me for children to choose from. 5: 74</i></p> <p><i>In that I would expect a school to be doing quite a lot of that already, it's very rare, isn't it, when I used to be a link EP rather than specialist EP I would be asked to look just at literacy difficulties if you see what I mean. 6: 58</i></p> <p><i>I have sometimes seen children where I have felt that the diagnosis of dyslexia on the basis of say some processing difficulties or some processing in some working memory difficulties. I might then say to them, personally, I would not have concluded that your child, who has no literacy difficulties, has dyslexia that, you know, that's not the</i></p>

			<p><i>conclusion that I would have drawn from this set of assessments and actually probably if I'm involved at that point, we might be thinking, you know, I might be saying, so actually maybe we need to think about what this assessment might tell us about the other difficulties that your child is experiencing and whether there's a more helpful way of us understanding those. 6: 148</i></p>
		To explain why CYP has needs	<p><i>then obviously the EP role, would be to provide that clarity, and to understand, a bit more about the situation and try and find ways forward. 3: 202</i></p> <p><i>I suppose it's coming from a place where consultation is a big part of my practice so it's more about jointly formulating, Hypothesis generating, gathering that evidence but also checking things out with families etc. 3: 514-517</i></p> <p><i>I suppose, through individual assessments of children, in partnership with schools and sometimes in partnership with parents.4: 12</i></p>
		Statutory vs. Traded role	<p><i>It comes up most in statutory work that I do and I've been sitting on a lot of panels at the moment for EHCs 3: 52</i></p> <p><i>Obviously broadly, it's yeah, so if I'm thinking about just working with schools in my traded capacity, it would be to often clarify those needs. They might ask for some further clarity about needs or they might be, they might have some wonderings about that child's cognitive abilities, for example, and then obviously the EP role, would be to provide that clarity, and to understand, a bit more about the situation and try and find ways forward. 3: 193-202</i></p> <p><i>Within, erm. I find it's a bit different within the statutory role. So, although the same, the same role is to clarify needs for the purpose</i></p>

			<p><i>of a needs assessment. I find that often those, we've got a clearer idea that that child has, literacy difficulties by that point. So I have to find that I'm going in and I'm looking at other areas of need. I don't tend to focus on, so often a child that has a dyslexia diagnosis will come through to panel and it will be agreed that they will have a needs assessment. So, it's almost like I don't need to do that work. We've already got. So, I sort of parked that and I think about my formulation of needs around that child's specific learning difficulty or dyslexia diagnosis. So, it's almost like statutory work it's sort of like you're at a later stage in the process and with traded work, it's more around Identifying those needs. 3: 205-226</i></p> <p><i>Are times when we need to use the definition in report writing? It depends on the purpose of that report. If it's an education health care plan assessment, yeah I would. If the parent, I had a case recently where a child met that definition and I didn't the parent I felt was unaware of that term in relation to their daughter. So, in that case, I phoned the SENCO up and said, look I think we should do this face to face with the parent rather than me just write this in a report. And we'll co-construct how we express it in the report. I would be prepared to not use it in that case. I don't have to use that term. I could use specific learning difficulty for example, I could just focus on what the child needs to learn. But I didn't wanna put a term like that into report that a parent might be shocked by. And also more importantly, that they wouldn't understand what the term meant.4: 138</i></p>
<p>Definition of Dyslexia</p>	<p>Ill-defined Board Definition</p>	<p>Difference between literacy difficulties and dyslexia not explicit</p>	<p><i>I think a lot of the language that we will use to explains something like a literacy Difficulty is often so broad, and it's very technical, and in some senses it's vague, because there is no kind of clear threshold to exactly what that means. 2: 232- 235</i></p>

			<p><i>I do think that there is certainly an element of our current role which is, I think it because we are identifying it, because we are identifying literacy difficulties. So I suppose, within that you know dyslexia would come under that remit. Now, I suppose, in my head I don't see that too different as to the process of where we're identifying social communication difficulties or attention difficulties now, those might both fit under the remit of Autism and ADHD, and they'll require a multidisciplinary assessment to actually come to that conclusion, but we can begin to identify the needs that sit within that. 2: 520-529</i></p> <p><i>So, thinking more about the education system and in Xx my understanding is that it doesn't carry that much weight. That's definitely, I guess fuelled my thinking around well actually should I be carrying out these assessments to give a diagnosis because actually in Xx it's not seen as anything that would give that child an additional layer of support. Schools are just meant to meet that child's needs anyway. 3: 385-388</i></p> <p><i>Yes. Yes, because, well, I'll go to the definition. The definition doesn't mention it have any reference to handwriting, for example. It doesn't have any reference to comprehension. It's a very reductive definition deliberately so it can be measured. I know why they've done that. It's a sort of scientific way of looking at something in that you have to reduce it down to such a simple level so you can measure it. Whereas, literacy difficulties is an all-encompassing term. Again, it's not really defined. It's a term that's just used out there. For me, literacy difficulties is a wide term and it can encompass a whole lot of different things. Whereas dyslexia I would stand on the DCP definition, which I think protects us.4: 120</i></p>
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			<p><i>But I don't need to do that because I can stand on the DCP definition. But there all times when you do have to stand on a definition. 4: 126</i></p>
		<p>Term is a catch all phrase</p>	<p><i>but can also be unhelpful because it bunches everybody together. And you know we're under that dyslexia umbrella. Let's not look at the child's individual needs. 1:193-199</i></p> <p><i>There's an awful lot of readiness to label for everything at the moment, and I really genuinely feel that. if we keep, if we, if we lump everybody together and say right, you're all dyslexic, then actually it almost dilutes the label. 1: 700-702</i></p> <p><i>That you wonder how helpful that is but if it's a professional coming to assessment thinking any difficulty in any of these areas, I'm gonna call that dyslexia. Yeah, I, I think that's the problem. And maybe that circles us back to why having one name for this is a problem. I mean, maybe it's a bit like saying, well, we're just going to call cancer 'cancer' and we're just going to treat it like that. Actually, you need to know what kind of cancer someone has, don't you? You need to know where it is in their body. You need to, you know, do you know what I mean? You need to know if it's the kind of thing. Just, is it ever helpful to say, oh, we're just going to bring this down to kind of talk to I one word that might describe a whole range of difficulties and then effectively what happens you say then we're gonna treat it in one way. And that does feel to me like saying, yeah, we're just gonna, you know, call all cancers just 'cancer', full stop and everyone's gonna have the same treatment and it will work for some of them and it won't work for others. You know, and that's just that. And never mind. You wouldn't do that! It sounds bonkers. So why are you doing that with literacy difficulties? 6: 288</i></p>

			<p><i>And in something like dyslexia, where there isn't explicit thresholds again, it all just adds to a level of murkiness on it. 2: 646</i></p> <p><i>My own conceptualization of literacy difficulties and dyslexia feels very muddled. I don't feel very clear about things. 3: 148</i></p> <p><i>I'm happy with the definition in the sense that it's so reductive, that it doesn't, as I said, it doesn't identify any criteria really for, well suppose it identifies criteria for us, but the word dyslexia that's out there doesn't have an agreed criteria. What it doesn't tell you anything about these cause, causality or treatment, if that's the right word. 4: 150-153</i></p> <p><i>I also find it's such a catch-all term 6: 41</i></p> <p><i>I think it's about a particular definition of what's described as dyslexia, which is enormously broad. I mean when you look at, there are some posters that I think they are called TES, there's a kind of poster about dyslexia which has literally got pretty much every single difficulty you could possibly imagine on it. You know, it's like, "does your child experience any of these difficulties", you know, then it's dyslexia. Like, I mean, this is, literally, I mean, they're just, there's so much on there. That you wonder how helpful that is but if it's a professional coming to assessment thinking any difficulty in any of these areas, I'm gonna call that dyslexia. Yeah, I, I think that's the problem. 6: 281-287</i></p>
		<p>Reading difficulties linked to other factors and comorbidity</p>	<p><i>But really cannot record it, and are struggling with that kind of, but also with the writing model. The kind of idea that you know. Maybe they maybe their handwriting skills aren't great, you know. Maybe their speed on writing isn't great. Maybe they've got executive functioning skills you know, difficulties as well. Maybe there's</i></p>

			<p><i>working memory difficulties there. So if there is, you know, the term dyslexia as a kind of it's not just literacy. And then there must be other things there that we also need to be looking at. 1: 334-349</i></p> <p><i>I would say that obviously children with literacy difficulties there's quite a range in terms of what that might look like. 3: 22</i></p> <p><i>Because some people think the term is much more all encompassing than it actually is. So, they'd be talking about concentration difficulties in this and that and all the rest of it. Whereas I'd be using it in a very specific way. You know, word reading and or spelling. 4: 144</i></p> <p><i>And also, we need to begin a process of like identification of cause. So, we know for example things like the majority of children that struggle to decode words will have phenomenological processing difficulties, so I would think, do we have any information about that? You will always check the history of the child, for example, hearing difficulties, glue here, etc., when they were young. You tend to then also look at short-term memory, that's another key cause. So, you can start a process of assessment. 4: 165</i></p> <p><i>And, also my understanding from recent research is that children with dyslexic difficulties have a have difficulties acquiring Phonics and have difficulties with reading whole words and both aspects need to be addressed. 5: 89</i></p> <p><i>So, I am quite mindful of also of children's experiences in general, in becoming readers, you know, whether they you know, what their attendance has been like at school, whether the family around them are readers or read with them, whether they've had the same experience of literacy difficulties. 5: 116</i></p>
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			<p><i>Is that it doesn't exist. That it's all about emotions. And that it's an emotional barrier, that is all about being an emotional barrier. But, yeah, his view is that, to do with children's experiences of, you know, being parented and attachment and learning, and anxiety. That it's those kind of issues, that are reason why the child hasn't learned to read. And that if all of that was addressed, they wouldn't have a reading difficulty. And so, it just kind of is like another layer and I wonder how much people consider that, especially if they're doing lots of kind of structured assessment or standardized assessment that is looking really at literacy. How much do they consider that kind of emotional experience?5: 492-531</i></p> <p><i>And, I have, I have on a number of occasions encountered dyslexia diagnosis where the difficulties that have been identified are to do with processing and working memory. And I know that, you know, some people's definitions of dyslexia are so broad. That, that would be enough if you see what I mean, but that I guess really takes me back to is this a useful label? 6: 50</i></p>
	<p>Criteria for the Label</p>	<p>BPS and DCP forced carefully craft definition as had to take a stance on the subject</p>	<p><i>Obviously, you know, we have a British Psychological society definition of dyslexia.. 1: 64</i></p> <p><i>It's all very muddled in my head, so I always get back to the BPS definition .3: 100</i></p> <p><i>I would put the BPS diagnosis in there. And I would sort of talk about dyslexia but it never had that phrase that this is a, you know, I've carried out assessments that have led me to this conclusion. That this child has a dyslexic diagnosis 3: 262-265</i></p>

			<p><i>Tend to refer to the BPS or DCP definition of the term when I use it in terms of talking to parents or in reports. I'll define it that way. 4: 33</i></p> <p><i>It's talked in terms of medical diagnosis kind of terms and isn't the medical diagnosis, it's a learning difficulty. And it has a lot of different causal factors. The BPS definition is descriptive, but it doesn't say anything about cause. It's also very reductive, so it's, about word decoding and spelling difficulties, but it has terms like persistency, I think significant or seriousness, and don't doesn't really define those terms and I think it's necessary to have a definition like that because it's not a medical diagnosis, therefore it has to have some sort of definition to identify it. 4: 54</i></p> <p><i>And I think one of the reasons the DCP came up with that definition was that they had to take a line on it. 4: 93</i></p> <p><i>You can't ignore that. So, if we're going to take a line on it, we need a definition, and the definition is carefully crafted one that we can all live with. But it's not a perfect definition, but it's there, and because it's descriptive you can actually identify the child that meets that, that criteria. But the definition itself leads to other problems in the sense, it doesn't mention causality at all or criteria for identification. We have to decide how we're gonna do that. But it's so reductive as a definition, it's not difficult to do really. 4: 99</i></p> <p><i>So, I use, the BPS definition of accurate and fluent reading and or spelling difficulties. 5: 80</i></p>
		Rose definition	<p><i>I think I would go back to, I suppose really, I'd go back to the Rose report, but it's a kind of operational definition. So, I would say somebody is having severe and persistent difficulties with literacy</i></p>

			<p><i>skills despite intervention despite adequate access to schooling. Then I would, I wouldn't then describe that as dyslexia, I would say then that's something that I is an EP could be a part of exploring more fully. 6: 58</i></p>
		<p>Diagnostic Pathway Unclear</p>	<p><i>If we had approach to assessment that was really quite kind of clear on that, and there was a kind of perhaps more clear or manualized way of trying to do that that was quite consistent between EPs then that's more useful whereas I think because everyone is using a slightly different approach to come to that same conclusion, you can still argue that even when you have a label of dyslexia, it's still going to differ from one person to another what that really means or what's the underlying causes behind that?2: 328-332</i></p> <p><i>I think again, with the right system in place for doing so, and some level of kind of consistency and consensus over it. It would be good to do it, because I think it would protect it a little bit more. 2: 550-553</i></p> <p><i>I suppose, for something like ADHD or Autism, any kind of neurodevelopmental condition often when concerns around that arise, it will often be a case of signposting to the relevant services in order to pursue a diagnosis and I guess that's where the difficulty is For something like dyslexia, dyscalculia, where there isn't necessarily a way to go, because I think people would see us as well if we are going to go down that route You are the person who could be doing that 2: 694- 703</i></p> <p><i>But if there was a need for diagnosis, there were just for diagnosis of literacy, then I think they would see us as the person to do it. 2: 706</i></p>

			<p><i>And I'd often just signpost families to BDA (British Dyslexia Association) for guidance, but I wasn't obviously recommend any services or I sort of just sign post them elsewhere. 3: 784-786</i></p> <p><i>I guess my thinking is shifting towards that group of children and actually how if that's what we're saying in the literature base and we do have a duty to identify their specific needs and if that is through diagnosis, then I feel like we need to, we need to move with that research and we need to be shifting our practice. And we need to be Identifying those needs for that specific group of children. It's like, for example, if, a child had autism, and the family wanted a diagnosis, and it was beneficial for the child and it opened up Lines of support for that child. We wouldn't not do it. My line of thinking there. So, I think that we would have a duty to diagnose.3: 685-697</i></p> <p><i>But one of the frustrations is I think clients often think there's a series of tests you can do that will identify it or not. The reason there aren't a series of tests is because it's not clear criteria. You know, the test that we do to meet the DCP definition can be done by a teacher.4: 168- 174</i></p>
		Current Research	<p><i>I don't think the literature is completely clear on exactly what this dyslexia looks like. There isn't any kind of clear, absolutely clear descriptors to for a profile of dyslexia, and there's no real threshold. 2: 163-166</i></p> <p><i>I think it is for educational psychologists to be more involved in the academic research process around literacy. I think currently it exists. There's 2 separate kind of siphons of educational psychology with the academic psychologists who will be doing the research often around kind of literacy and dyslexia. And then I think, the kind of applied educational psychologists who are working with these children and</i></p>

			<p><i>working with SENCOs and parents in this role. And I think trying to be more involved in that, so that the research is more reflective of applied practice. And I think more research at an applied level is the thing that's going to make a difference going forward because if we're just passively taking on the latest research, often a year or 2 after it has been carried out or published, we're always playing catch up to kind of the new ways of thinking and the new approaches, whereas I think, if we are looking at services to actually get more actively involved in the research process, you know, it is a big role, its probably I'd say in the top percentile of things, I get requested to be involved for as a child is struggling with their literacy I think us having a more active role in the research as a real kind of central part of what our job is will be really important to make sure that we actually stay at a level. We need to do that. 2: 910-931</i></p> <p><i>But having read some recent research just through my own CPD I am starting to shift towards a conceptualization that actually we have children with literacy difficulties, but then there might be a distinct group, children that have dyslexia that have Differing features. Specific features that would have been present since birth for example, and they are and within that there's a continuum of severity. 3: 109-112</i></p> <p><i>I do feel like I don't have enough time to look at the literature base. I do feel as though, I'm not able to keep up to date with the changes and it was almost, I guess I've got a bit of conflict with regards to the literacy policy that Xx have around using that term literacy difficulties. And I've got a bit of conflict about How I guess things are changing within the research base. And how that fits with the policy and how I'm expected to work within Xx and then my own personal practice. 3: 139-145</i></p>
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			<p><i>But of course you know sort of EPs, we're always, we're always updating our practice, always, building upon our kind of our knowledge and understanding, looking at the research base. And when things start to shift in the research base and it's not shifting with local authority policy for example, it does cause a bit of a conflict. 3: 172-175</i></p>
	Models of Dyslexia	Visual component	<p><i>I am a believer in the visual component of a set of dyslexia as well, and I will talk about that with young people and with parents, and staff. 1:377</i></p> <p><i>I tell you where it has come up sometimes, very rarely, I've had 2 children in all of those years who've had very, very specific difficulties with vision. Leading eye issues. And, you know, there is no way they are ever going to, they would ever be able to learn to decode words properly unless that was addressed. And I don't think it's good enough just to leave that. I think we need to be able to add to the discussion around an information that other professionals are using and teachers are using and parents are using to understand why the child can't do these things. So I, I'm very much interested in cause of why the child is presenting that way but I think it has to be very much a sort of multi team approach to that. 4: 186-192</i></p> <p><i>I think 2 way, if I thought child had visual difficulty, I would suggest referral to people that can actually measure that. So, ophthalmic optician, GP, whatever. And then let them do their thing. Meanwhile, it's helping the parents and teachers react to the challenge in the classroom. 4: 207</i></p>
		Medical/Deficit Model	<p><i>dyslexia was something that was very much a deficit model. So it was very much around a deficit between a young person's cognitive ability and their literacy skills. 1:11-14</i></p>

			<p><i>It is part of the DSM. So, therefore, dyslexia kind of exists. According to these bits of paper. 1: 67-70</i></p> <p><i>you know, and particularly how a diagnosis isn't really the right terms for dyslexia, because it isn't something that is kind of formally or medically diagnosed. It's not a diagnoseable condition. So in that sense, the idea of diagnosis feels wrong to say so. 2: 94-97</i></p> <p><i>I think it gets associated with this sort of, with the sort of medical term like it's something you have. 4: 48</i></p> <p><i>It's not a diagnosis. So, it's not a diagnosis in any sense. It's not a diagnosis in terms of the medics, not that I'm very interested in what I'm medics say because I'm not a medic. So, I don't have to have that discussion. But it's not a diagnosis in the sense it doesn't have a clear criteria for identification. It doesn't have a clear treatment. Also, it has lots of different spreads of causality. So, it's not in medical condition. So no, I will say, I will say that if I'm asked, I will contest the term diagnosis because I think you need to. I think people need to understand that. 4: 132</i></p>
		Discrepancy Model	<p><i>So I would use the FAB on really kind of year 5 years 6. And you know it's standardized, I think, up to about age 14. So those are the sorts of age ranges I would do some phonological assessment with. But often we would use the LAP so they've had an assessment over time using the Xx literacy information. 1: 361-367</i></p> <p><i>They have a psychologist who will do some. BAS subtest. So there's a little bit of a discrepancy model there. 1: 862-865</i></p>

			<p><i>I think the more recent understanding around not seeing identification or diagnosis of dyslexia as being something to do with that kind of discrepancy model between intelligence and reading. You know, I think, that that still is prevalent in some spheres and even where it's not kind of explicitly said, I think it's often alluded to in a lot of independent reports. I read, where they are not necessarily use that exact language, but it's quite clear in the assessments that they've chosen to do that. They're very much looking at right? How good are their skills in other kind of cognitive areas, and how good are their literacy skills? And then as soon as there's a discrepancy, I think they feel much more confident in actually saying therefore its dyslexia that will explain it 2: 178-180</i></p> <p><i>Because people don't like it, then they can contest with DHCP or BPS. And there are a lot of people that don't like it, you know, some people like a discrepancy definition. Where, they want you to do an IQ test and look at the discrepancy. 4: 126</i></p>
Equality in Labelling	Finance and Class	Financial means of parents	<p><i>In the absence of other people doing it. I would do it because I don't think it's right that, basically, I think that everyone in school in state school should have that opportunity if they ask for it and I don't think that parents who can't afford to pay for an educational psychologist should have to go privately to get that label if they've seen an educational psychologist in school who wouldn't give it. You know, I mean, I don't think they should have to do that if it's, you know, if it's very obviously kind of evident and that's something that they want. 5: 290-296</i></p>
		Financial incentive for support	<p><i>I mean parents, parents use it as a financial. Because it's because it's classified as a disability. I think it helps parents if they're getting DLA. 5: 206-209</i></p>

		<p>Assessments are paid for</p>	<p><i>there has been a lot more discussion about whether a label is a very useful thing to have, and I have completely flip flopped, vacillated, whatever, between it isn't a useful label, and it's raises lots of issues around who is asking for the label. 1:20</i></p> <p><i>Now, that's where a local authority EP differs. I'm not paid by the parents to.... I will, therefore, you know I have had parents who come thinking well, my child is dyslexic, and I go not according to the criteria that is in place. I'm not. I'm not going to diagnose you with dyslexia. 1: 724-730</i></p> <p><i>Look at the strengths and difficulties, not just focus down into that one area, but within the private sector and independent sector. Then, obviously, you know, you can pay for assessments 1: 853- 856</i></p> <p><i>they've probably paid for that assessment. Do you know what I mean? I'm not gonna sit there and say, well, I don't care that they've got a diagnosis. I mean, you know, frankly, that's neither here nor there. 6: 145</i></p>
		<p>Dyslexia is a middle class problem</p>	<p><i>The diversity issue around those that have a strong voice that who might be asking for the label 1:23</i></p> <p><i>I think so, I might have a different experience in my sort of smaller village schools. More kind of affluent cohorts for example, there might be an expectation that the EP is the expert will come in and will diagnose will make recommendations about that child. It's almost like teachers are expecting that, they're wanting that. That's the predictable way of working the EPs might take and that might be based on their own experience of working with private EPs for example.3: 505-508</i></p>

			<p><i>And it's very interesting this, in part, almost like a middle-class problem. You know, so the like, the middle class children might have dyslexia and then other children might have literacy difficulties. Because those parents maybe haven't pushed 5: 317-320</i></p>
	<p>Assessment leads to Diagnosis</p>	<p>Dyslexia assessment rarely doesn't lead to dyslexia diagnosis</p>	<p><i>And I worry that often again in the process of them getting a dyslexia diagnosis, you know. Yes, if you think about how you'd go about diagnosing anything, the idea of turning up and saying, You know, I want the dyslexia diagnosis. I'm looking, could you assess for dyslexia to a large extent suggests that you already think that they might have dyslexia? And then you have someone who then conducts often 3, 4 different assessments to look for it, to me, There is that level of you know what we understand from our kind of understanding of research and psychology and statistical tests is, you know, there's a level of overtesting in which, if you look for something hard enough, you could find some evidence of it. And I think sometimes that is the case with kind of what happens is that there's so much testing and there's so much looking specifically for dyslexia. That a dyslexia diagnosis comes out of that. 2: 733-751</i></p> <p><i>So I think a lot of these organizations that specialize, particularly in dyslexia. I think there's a level of pressure from them or on them. To give a diagnosis of dyslexia. 2: 775-781</i></p> <p><i>I don't think I've ever read a specialist dyslexia assessment that concluded that someone didn't have dyslexia. Honestly, I literally don't think I've ever encountered that. And despite the fact that this child could read well, could spell well, could write well, had no apparent difficulties with literacy at all but did have some difficulties with processing they included they concluded that she was in fact dyslexic. And I just couldn't understand the basis on which they</i></p>

			<p><i>decided that she was dyslexic given that she didn't have any literacy difficulties, she just had no literacy difficulties. 6: 41-47</i></p> <p><i>But I, but I worry about that. Because as I said, I don't think I've ever seen a child go for dyslexia assessment and come away without a dyslexia diagnosis. 6: 242</i></p>
The Utility of the Label	Advantages	Access to resources	<p><i>But I just wonder whether sometimes a label does mean resources to parents 1: 889</i></p> <p><i>I would argue that one of the main values of a label should be that it leads towards a better identification of kind of treatment or intervention or support.2: 313</i></p> <p><i>So it's still a very powerful term and I think people still feel that it gives you access to resources. 6:35</i></p> <p><i>So in my mind I was very mindful of the power of that label, to either inhibit that child's future in some way but also to provide access to support and for them for this particular child it was helpful. 2: 298</i></p> <p><i>They feel like that's going to open doors for that child in terms of support and an understanding from other people. 3: 367</i></p> <p><i>Well, I mean in terms of being helpful. I think you do have to show certain things for exam concession like specialist exam arrangement it may not be that you necessarily have to use that word actually, but you do have to show in secondary school it's about processing speed. I think it can help if you have the label. 5:185-191</i></p>

			<p><i>So it's still a very powerful term and I think people still feel that it gives you access to resources. That you know you still might be kind of treated differently.6: 35-41</i></p>
		<p>Develops narrative of CYP difficulties</p>	<p><i>I think it can be. I think it can be if it is the accurate description of why that is happening, and you know I think it often comes back to that point of you know what is the value of a label and I suppose in some senses, the value of a label is to just help put it together to help explain why something is difficult. 2: 304-308</i></p> <p><i>I think if for that particular person it kind of helps them make sense of what it's happening, then that can be useful 2: 322</i></p> <p><i>There's a sense of sometimes a lot of children and young people that work with, who separate out themselves versus their dyslexia And they'll talk about it in the third person, and it's a way to almost like disconnect from this literacy difficulty. And I think that can be good for self-esteem 2:349-355</i></p> <p><i>I think quite, like they notice the differences between them and their peers as they get older in relation to literacy skills, particularly if they're young people who try really really hard but it just doesn't come easily for them And they know that, they can find it quite distressing. And so, I sort of see part of my role as trying to You know, reassure them that we learn in different ways that it doesn't mean that they're stupid. 5: 227-242</i></p> <p><i>I suppose if there's any benefit at all. So, this young person, for example, you know, the one who's a very stark example, for her the dyslexia label was really positive because there were other people in her family who were dyslexic, who were also really successful. So, there was quite a positive narrative in her family around 6: 82</i></p>

		<p>Relief and Understanding</p>	<p><i>At times when I have felt that I can give the diagnosis because they have met definitely met the definition criteria for the young person quite often. It's a complete and utter relief. 1:103-106</i></p> <p><i>So quite often for children, that definition is is the label is quite often a relief, and often for parents there may be a kind of a relief aspect to it as well. 1:121</i></p> <p><i>But I do think that for lots of people there is a sense that the diagnosis is a lot tidier. It's a lot easier to understand and categorize into a way that makes more sense. 2: 226-229</i></p> <p><i>You know it, perhaps brings something really, really complex, and it can simplify it a bit, you know. 2: 310</i></p> <p><i>I think I can understand where I think the for the child themselves and for parents I think there is value in the label of, I think, often not feeling stupid. I think that's often for a lot of them where it can come from. I've heard a lot of children talk about how it's relief, and parents talk about how it's a relief to hear. 2: 340-346</i></p> <p><i>I think, yeah, I suppose it gives the sort of description of the type of difficulty that people are discussing. 4: 39</i></p> <p><i>also for adults, for like other staff in school sometimes I think they probably just understand what that means, it's quicker. It's quicker if you say you know, the young person's got this. 5: 194-200</i></p> <p><i>So, if you have something that is a barrier to your learning, it doesn't necessarily mean that you're stupid. 5: 248</i></p>
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		<p>Positive Impact in later life</p>	<p><i>So for her that label has supported her, to achieve her potential and to and it supports her continuously within her workplace. 1: 52</i></p> <p><i>But what isn't is difficult is to then put my views into the wider context of what happens at universities and what happens in the workplace. 1: 82</i></p> <p><i>And until we use a different shorthand in universities and in the workplace, then that label will always be with us. 1: 895</i></p>
	<p>Disadvantages</p>	<p>Intervention the same for literacy needs or dyslexia</p>	<p><i>You can still get exam concessions and all of those things sorts of things without a dyslexia label. 1: 79</i></p> <p><i>As far as I'm aware, or can understand the way that we would best support a child with dyslexia versus child that has general literacy difficulties would be identical, and if they are performing to the same level on literacy, I can't see why the level or intensity of the support with different, if they were dyslexic or otherwise so in many senses like that's where I struggled to see often the real benefit of the label. 2: 316-322</i></p> <p><i>that's where my conflict comes in, because often when I'm working children with dyslexia. We're providing the same support that we would for other children with literacy difficulties and it's whether that support would be different 3: 700-703</i></p> <p><i>So having a dyslexia diagnosis, thinking around that is they should already have accommodation they should already have intervention support, they should already be putting things in place regardless, so if the child has literally difficulties that covers dyslexia so it's almost like there isn't a distinct group or a diagnosis to access any additional layer of support. 3: 472</i></p>

			<p><i>But I suppose I think that all children need the intervention like if children are struggling as readers, they need the intervention regardless of what you call it. 5: 137</i></p>
		<p>Assumptions made about CYPs abilities</p>	<p><i>Just thinking about in my thoughts would be that we would hope that employees would understand that a young person or adult has dyslexia and put some support in place for them, but maybe that might inhibit them from getting Jobs or I don't know I don't have dyslexia so it's really hard for me to understand further than the education system 3: 400-402</i></p> <p><i>They kind of have a whole load of associations with that rightly or wrongly. But at the same time, that could be a disadvantage because then they may also think that the young person can't do particular things that maybe they could. 5: 200-203</i></p>
		<p>Dyslexia used as an excuse as CYP think they are stupid</p>	<p><i>Sometimes there's a risk that maybe children might use it as an excuse like with any label for a reason why they can't do something. As a kind of almost, you know, an excuse for, well, I can't do this because I'm dyslexic. And I suppose I wonder whether that might get in the way of maximum effort sometimes. 5: 212-215</i></p>
		<p>Diagnosis does not recognise individual needs focuses only on the diagnosis</p>	<p><i>It didn't give them any way forward for intervention.6: 8-9</i></p> <p><i>They weren't thinking about actually does this child having any language difficulties that you know if you sort of mean it was the whole bigger picture, you know, we were talking about, you know, so we've developed a sort of flow chart together which we literally started off with hearing and eyesight. Are you happy with hearing? What about language development? You know, is this actually, do you need to be thinking about language development? 6:14</i></p>

			<p><i>but also we're collecting data for intervention, not data for a label. 6: 20</i></p> <p><i>But, you know, she's one of a very small number of young people where I thought, wow, says, okay, these, these are difficulties really around words and letters and anything to do with words and letters. But would I have concluded it was helpful to say dyslexia probably not because as I just because I think, you know, that doesn't necessarily tell anyone anything about her as an individual what they might have to do for her and with her. 6: 70</i></p> <p><i>Because actually if you were a teacher in a class, that doesn't actually tell you anything about what you should be doing for that young person, whether you're a primary school teacher or secondary school teacher or a SENCO, it doesn't actually tell you anything at all. All it says is here's a red flag and this is a red flag that I know you'll recognize and you might take seriously. 6: 88-91</i></p>
		Labels are powerful and for life	<p><i>Yeah, I'm very conflicted by that kind of shorthand, and also the fact we label people for life. 1: 922</i></p> <p><i>So you know labels are only as useful as as they are at the time, but they are not long term. 1: 949</i></p> <p><i>So in my mind I was very mindful of the power of that label, to either inhibit that child's future in some way 3: 298</i></p>
Other Professionals who have a Role in Labelling Dyslexia		Specialist teachers	<i>Yeah, specialist teachers do it 4: 219</i>

			<p><i>Yeah, so there are definitely specialist teachers who have the dyslexia qualification to do it, who been trained by British dyslexia association. 5:359</i></p> <p><i>Well I see to be lots of specialist teachers who there's some qualification I think you can do, isn't there? I mean that's what that parent was looking for, someone with this qualification. 6: 236-238</i></p> <p><i>But I'm thinking, you know, as psychologists we might perhaps have a broader understanding. So I guess going back to those children who end up with a dyslexia diagnosis despite having few or no literacy difficulties but maybe some difficulties with processing and working memory. If you specialize only in kind of literacy and is it dyslexia or is it not dyslexia, what you see is a child who has some problems who's been brought to you because they're struggling perhaps accessing the English work. And you think, well, they've got some problems and they're struggling to, you know, to do this. So yes, I will conclude that that's dyslexia. But perhaps because you haven't got the the breadth of other models to say okay so actually this isn't a literacy difficulty this is some other kind of need so let's think about what might help us to understand some other kind of need. So maybe, maybe that's maybe that's a risk. 6: 248</i></p>
		GPs	<p><i>Yeah, specialist teachers do it, sometimes. I've even come across GPs that do it. Private psychs do it. 4: 219</i></p>
		Independent EPs	<p><i>Quite often parents might ask if I work privately so obviously I don't. 1: 817</i></p> <p><i>There are private psychologists who who will work in that way, and there are specialist teachers, and I know they. They work privately,</i></p>

		<p><i>as you know, the private group, especially teachers within Xx, who would also look at an assessment.1: 820</i></p> <p><i>a lot of the assessments for dyslexia tend to be independently gained. 2: 55</i></p> <p><i>I think the more recent understanding around not seeing identification or diagnosis of dyslexia as being something to do with that kind of discrepancy model between intelligence and reading. You know, I think, that that still is prevalent in some spheres and even where it's not kind of explicitly said, I think it's often alluded to in a lot of independent reports. I read, where they are not necessarily use that exact language, but it's quite clear in the assessments that they've chosen to do that. They're very much looking at right? How good are their skills in other kind of cognitive areas, and how good are their literacy skills? And then as soon as there's a discrepancy, I think they feel much more confident in actually saying therefore its dyslexia that will explain it 2: 178-180</i></p> <p><i>so these independent organizations that tend to have sometimes have an EP quite often, I think they are people who are trained explicitly in dyslexia assessments. 2: 715-718</i></p> <p><i>But I suppose there's probably, I don't know the best ways to phrase it, to phrase it sensitively, I think sometimes I come away with a level of slight kind of frustration, or a little bit of uncertainty when I read some of those reports. because it's very at a tangent to the way that we would carry out our work with a more kind of holistic lens.2: 727-730</i></p> <p><i>Only through private EPs. So, I've read lots of private EP reports. And I guess they've given me an idea as to how I would carry out</i></p>
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			<p><i>those assessments. Obviously, we're qualified to do it, but it's I haven't been to that specific layer of training. So those colleagues, I didn't feel as though. I felt we were on par there, but I felt like they had a knowledge that I didn't have. I think that was another layer that not that they were more qualified. But their area of expertise was, more developed than mine. 3: 754-772</i></p> <p><i>I'd carried out all of the assessments and I'd gone through a very similar process to one that was used by maybe, a private dyslexia assessor or private EP for example. 3: 283</i></p> <p><i>And I think many different psychologists now are finding themselves in a private setting. 4: 279</i></p> <p><i>So even though we're in a private setting, it does not mean to say that we will just take any work, will accept anyone's definition of our job. You know, we will produce reports that say what people want us to say. There is a historical precedence for this kind of approach in the past, where psychologists would take work from parents mainly for tribunal work for example. And, that work context is very different from what we do. And I think it's important to emphasize that, it's important for me to emphasize that. Because the moment you say private psychologist people can have lots of impressions or ideas about what that actually means. 4: 282</i></p>
<p>The Importance of the EP Relationship/Interaction with Key Stakeholders</p>	<p>EPs have a Psychological Perspective to Interactions</p>	<p>Relational literature more important than literature on needs</p>	<p><i>Absolutely, I try and apply and it's like a psychological perspective, both to the interaction and the language it's being used. 4: 69</i></p> <p><i>So, it starts there in terms of that interaction and the relationship you have it isn't all about the literature around dyslexia. It's about the literature around relating to other people and working with other people. That's what's more important to me. 4: 237</i></p>

		<p>School and parents have different views and need EP to bring relationship back</p>	<p><i>So, it's not all, you know, what's wrong with the child, but it's, but it's what do we need to kinda help us manage the best that we can with what we've got in the environment. 5: 257-263</i></p> <p><i>And then, I suppose I would see also as part of my role to help others understand that too. So, understand what it is that maybe isn't working for that child or young person and what else can we put in place to help and why that might be? So, it's very much about kind of understanding, you know that's what I see, the educational psychologist role as, and sort of, Probably sort of like drawing together the different perspectives that people have, whether it's the, you know the parents, the school staff, the young person. 5: 263-272</i></p> <p><i>sometimes schools draw educational psychologists in because parents and school have quite different views. To the point where they can be really quite adversarial almost. And so, then when they get stuck. You know, they might call in an educational psychologist because that relationship has broken down or is breaking down and they kind of need somebody to bring it all back together really. 5: 278-281</i></p>
	<p>Parents</p>	<p>Fixated on the construct</p>	<p><i>Strengths with. You know, parents can get very panicky about. I need extra tuition, and I need you know, they need to be doing more of the same, and my attitude is very much to them Find ways of reading which are normal, and, you know, read the pizza menu, read read anything.1: 592-598</i></p> <p><i>Maybe in September, but they're quite far down the list, and by the time they kind of had some really good intervention over a couple of months, and it might be January, and actually they're going. Actually, have made really good good progress. So that's not, yeah.</i></p>

		<p><i>We've interviewed, and it's had the desired effect. parents still come in and go, but I think they're dyslexic. 1: 733- 745</i></p> <p><i>I'm always very cautious with that, even where, perhaps, parents lead down that that route of saying that the child has a diagnosis, or they'd like to diagnosis. I tend to try and kind of clarify my stance around that. 2: 100</i></p> <p><i>having kind of a description of literacy difficulties is less clear that can obviously be remedied through conversations. And again, I think a lot of the problems comes from that. There isn't always the time to do that to a sufficient level. 2: 247-253</i></p> <p><i>And I think for some EPs there's a tendency to say, well, we'll give that to parents then, because if that's what parents want, and it helps them feel comfortable. Great, but it goes back to that point to me of we shouldn't just do it because it feels good for them. If there isn't sufficient evidence to draw that conclusion.2: 277</i></p> <p><i>But it certainly came from parents. The parents were driving for some clarity around his needs. They wanted it really recognized That he struggled that entire time since reception and that they, they weren't interested in a EHC plan for him. They really wanted those supporting him to understand the level of difficulty that he had experienced and they felt like a diagnosis That had some description around it, reflecting that level of need and the severity that he had, I guess, the severity of his need, but more broadly, what he had experienced. 3: 442- 457</i></p> <p><i>I think if the parent is very concerned about this and they are pushing you to use the term and feel that by you not using the term</i></p>
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			<p><i>you are being deliberately obstructive or don't agree with them. I might make a judgment to use the term, but then I'll define it. 4: 135</i></p> <p><i>A lot of parents want it. 5: 101</i></p> <p><i>I guess it was earlier on in the process for that parent and she really really wanted a diagnosis. 6: 169</i></p>
		Wary of taking work from parents due to challenges in interactions	<p><i>I think there's an awful lot of talk around social media and stuff like that parents can have a head of steam up already, before you meet them, you know, and they're absolutely, back to constructs, they have a construct. And if you contest it head on, they don't like it. So, you have to manage, the whole point of being applied psychologist is that you manage those interactions. 4: 22</i></p> <p><i>We don't take any parent work at all.4: 237</i></p> <p><i>we work very closely with schools, you know, we don't compromise our ethical standards at all. We very aware of taking work from parents because of things like this, where you're, you know. It's a bit like if, it's who I suppose the question, is who just defines what we do and why we do it? 4: 273-275</i></p>
		Use of the parents language and understanding their views on labelling	<p><i>So when I'm talking with parents, and I might have used the label then what I really want them to do is to see their child not as the label. But as the whole child, you know what strengths 1: 649-652</i></p> <p><i>I'd gone through that and then, and at that point I had a full on discussion with parents around how it fitted with them around their child having a dyslexia diagnosis and then what that meant for them. 3: 286</i></p>

			<p><i>So, I will tend to not contest the term. I would just sort of move over, move quickly from the term and get into specifics and I think, I tend to learn and I've been taught scripts to use in those sort of situations which I find helpful which means I don't have to have a debate every time dyslexic comes about whether it exists or doesn't exist. I move on from that quite quickly. 4: 72</i></p> <p><i>I just, I can't see how it would be useful to me, as that I'm, it's not that it's a word that never comes out of my mouth but, I might talk to somebody who might say I've got a diagnosis of dyslexia or I might speak to another professional who says this young person is dyslexic. And I wouldn't then kind of go into a lengthy thing if like well I don't think that's very, you know what I mean? Sometimes you're just having a conversation where you're working with somebody else's language in a way that it wouldn't necessarily be my place to say, you know, let me just tell you about..... 6: 115-118</i></p>
		Parents need EPs to prove schools are supporting their children	<p><i>It's it's parents who are anxious and under confident and quite often my involvement may be I'll usually will observe within the classroom, and I'll see strategies that are being put in place, to support the young person see what the class teacher and the TA doing, and they, you know, you can see that kind of go. Oh, oh, they are supporting my child! 1: 778- 790</i></p> <p><i>It's like there is this a real balance at the moment, I think, between resource driven confidence, and actually, sometimes you kind of think don't you believe what the school is saying?1: 802</i></p>
	Supporting School Staff	EP and teacher relationship depends on experience teacher and setting	<p><i>I think it depends on how experienced the SENCO is. Typically, I think sometimes and that can be 2 fold, because I think sometimes more experiencing SENCO can more previous experience where they're very kind of set, as you know, your job is to diagnose</i></p>

			<p><i>dyslexia. But quite often, I think, more experienced SENCO will have a great understanding of how the kind of EP fits within that system, and I think that that allows for a little bit more kind of clarity from both sides. I think sometimes when there's a newer SENCO, there is a little bit more of a discrepancy between the 2 perspectives. 2: 487-493</i></p> <p><i>And the other point about working with schools as clients is how you're seen in your role depends very much on the relationship you have with those clients. 4: 234</i></p> <p><i>And the relationships we have with schools is absolutely critical. And we very much value that some of the schools I've known for years, some are new. Therefore, that informs the context of the conversation. And also, the relationship with the SENCO. With some SENCOs you know they'll say well what else about dyslexia and that conversation is gonna be very different to some I've never even met before. 4: 237</i></p> <p><i>So, we will challenge schools back and I find them really receptive to that. They don't mind that providing all the habits I've mentioned, you know, you keep your relationship, you get the international interaction and all the rest of it. 4: 279</i></p> <p><i>But yeah, but we, you know, we're the ones who are going into schools and we're the ones who are there to kind of influence teachers I suppose and guide teachers and parents to at least intervene and help children with difficulties. And I think, it's amazing what teachers don't know. I'm always surprised by that. 5: 368</i></p> <p><i>I think it depends on the experience of the teacher, cause I think some teachers wouldn't know. They'd be very much looking to the EP for</i></p>
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			<p><i>guidance and the expertise of the EP and what the EP thinks. And other teachers, maybe more experienced teachers or more confident teachers or teachers who have more experience around literacy or SENCOs. Might hold quite strong views about what they think is going on. And it might be the other way round, you know, they might be very much the ones who are saying, I think it's this and the educational psychologist might be more questioning. I mean, you know, I hope that EPs are always kind of questioning, but I could see different kind of scenarios depending on what the teachers like, what the experience of the teacher is, what the setting is like, you know, there's so many kind of factors that might influence that relationship. 5: 407-413</i></p> <p><i>I find that what teachers want much more is a broader understanding of what sort of interventions they might use for literacy difficulties and often that comes back to discussion around essentially me giving them permission to not always use synthetic phonics. 6: 182</i></p> <p><i>A secondary school I worked in years ago, one of the English teachers ran some fantastic CPD for all school staff about literacy across the curriculum. Just helping, teachers to understand kind of what literacy difficulties kind of could look like and what the sorts of things that they might do, but that seems like a bit of a rarity and I don't know how many of them actually kind of took that home. So, I suppose really what feels important to me is about broadening the approaches that schools can take. 6: 212</i></p>
		<p>Tension in different hopes for EP involvement between parents, teachers, and EPs (No consensus</p>	<p><i>They were clearly delayed in their literacy, but there hadn't really been any intervention in place, and my involvement with them was very limited just to the point where I was able to see that they obviously had those literacy barriers, and had the mom actually contact the service. To say she was expecting a diagnosis of dyslexia,</i></p>

		<p>between professionals)</p>	<p><i>and she was disappointed that I had not given one, and she felt that that was insufficient 2: 115-119</i></p> <p><i>That was very much kind of my thinking around where the language is still have to be quite careful, because otherwise I think it can cause a confusion in the sense of what the remit is of what we'll do, particularly in our short time. 2: 130</i></p> <p><i>Definitely. I'd say there's a big tension, and I tell you the tension goes beyond just dyslexia, but more broadly to labelling and diagnoses, because I think that parents in particular, but also teachers, I think we are often very keen for diagnoses 2: 220</i></p> <p><i>I think it's there's a tension in that parents aren't necessarily satisfied with a breakdown of phonological processing skills versus kind of oral skills. And that doesn't mean a lot in isolation. So I think there's a tension there where, having a diagnosis is very clear, whereas, having kind of a description of literacy difficulties is less clear that can obviously be remedied through conversations. 2: 241-247</i></p> <p><i>I think to some extent it's trying to remove some of that personal views about what should be the goal. You know. Recognize that in a position like that we are being asked to help with a particular problem, and if to be kind of client led 2: 436- 439</i></p> <p><i>And I think there's certainly different levels of happiness with that. I think some people love the consultation model, and some don't. But as a as a way of doing that, I think it is generally a model that I would prefer to be involved in the consultation model, whereas I think yeah, some schools, some parents. They'll see that as a way that they wouldn't really want to work. 2: 814-826</i></p>
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		<p><i>It's one of the great things. But one of the problems about the job is, we are quite autonomous, and I think with that, you know, like, we always have to think, what does the person want? But in some ways I tend to think if the person wants something which goes a tangent to the way that I would see myself feel comfortable or feel ethical working, I wouldn't want to do that piece of work just because they're asking me to I would think I'm not the right Person to do it, so I think that comes into it as well there's unlike some other roles where, you know there isn't a level of autonomy, and you just do it. I think there is a level of thinking. Does this align with my way of working? 2: 841-850</i></p> <p><i>But I've realized that there is a lot of conflict in my understanding of the research base, my ways of working, The expectation that families might have of me and that teachers might have of me and what I can offer. 3: 796-799</i></p> <p><i>I suppose it's coming from a place where consultation is a big part of my practice so it's more about jointly formulating, Hypothesis generating, gathering that evidence but also checking things out with families etc. And I sometimes find there's a conflict between those 2 different ways of working because it feels to say some teachers want me to just say it's dyslexia. 3: 514-517</i></p> <p><i>I think that doesn't fit with the expert model which in my mind fits with EP coming in doing assessments and giving a dyslexia diagnosis. versus more collaborative ways of working that don't really lend themselves to me then providing a diagnosis, if that makes sense.3: 541</i></p> <p><i>So I can almost put stages in, kind of checkpoints in my mind, as to what needs to happen first before we absolutely then look at the</i></p>
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		<p><i>diagnosis. So that does come as I guess that can be, difficult for parents to hear because if their child's in year 3 and has struggled all these years they're like well why you know why aren't we giving them a dyslexia diagnosis and that can feel uncomfortable to me. But I, I, I do stand firm. I do say well actually no, I you know, I don't think that this has been put in place for this child or I don't think we've looked at this area of, you know, we haven't used, assistive technology, for example, to support them. We haven't put this intervention in place or they haven't developed their reading skills in this way or their comprehension skills. So I've always got kind of a few things that I think need to happen before we go straight to that place.3: 595-607</i></p> <p><i>Different context, one is that secondary schools, I've got secondary school at the moment, they do dyslexia screening test on every single child and then the next thing you know they're bringing them up at a planning meeting and you're thinking well you know, really is this really what you want me to do and you say, well, they're reading age that is age appropriate. Oh yeah, but it says here. And so, but I'm thinking, well, that's a test you've done, not just I've done. So, I don't need to explain your test to you. 4: 213</i></p> <p><i>Schools get that more, they might get, you know, a SENCO might ring me and say, well, we've got this parent, she's had this report done by X they said she's dyslexic what do I do about it. And I say, well, I think you probably need to have a script because I guess this has happened before and it's going to happen again. So, I'll suggest the piece of work that needs to be done is that you need to better script for managing parents like this. 4: 213</i></p> <p><i>Yeah, using the EP like it's a role that everybody necessarily agrees is the same and the EP this, EP that. It depends I'm a different EP in</i></p>
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			<p><i>different schools. And with different people generally speaking 4: 237</i></p> <p><i>Well. I think the part that I don't like is that it just seems to be so controversial. So, I don't have a problem myself. And I don't mind doing it myself, but what I guess I don't like is the fact that it's created so much controversy amongst you know parents, EPs, schools, like British dyslexia association and it seems to me a little. 5: 305</i></p> <p><i>I've definitely would have had teachers or SENCOs, in the past probably, who would have told me what they thought it was I should do. Or like, I had an email from a school actually, that I didn't go into, that is not school I'm working in, That basically sort of said something like we wanna buy 3 days of EP time, we want you to see 6 children in that time, we want you to do 6 full assessments. Or maybe they didn't even say assessments, but basically, that's what we want you to do. 3 full days and we want you to see 6 children. It was just absurd whatever it was, it was absurd I thought. 5: 425-431</i></p> <p><i>And I do often say that because often schools have got lots of children that they might want some involvement with. And you might have a limited amount of time. So, what they want and what you can do in that time isn't possible. And so, you have to have different ways of working and different things that you can offer them to accommodate and then put the choice back to them. That's what I do. So, I would say, well, with this amount of time if you wanted me to be involved with a lot of children, we could do it like this. Or if you want full assessments, we could do it like this, or if you want a combination, we could do it like this, you know. You choose basically. 5: 440-446</i></p>
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			<p><i>In my independent work I've had one parent who wanted to explore whether she wanted to kind of commission a piece of independent work around her child around dyslexia or a kind of specialist teacher with a qualification in dyslexia assessment. And I, you know, I explained at great length, I mean, I think over about an hour, why I was very unlikely to talk about it as dyslexia. And we talked about the previous EP report she had and, you know, what the findings of that had been and it ultimately she decided that what she wanted was somebody who would give her a label or not give her a label. Actually ultimately give her a label. So, which is fine by me. I don't want to do a piece of work for somebody that they're going to be disappointed with. It's not going to meet their needs, but even after an hour's discussion and exploration of what I would want to be looking at. What I was qualified to look at, if you see what I mean. She just kind of couldn't be happy with that. 6: 26-32</i></p> <p><i>I think again it's sometimes important to go back to families and saying I'm not saying that your child doesn't experience difficulties. I'm just trying to make sure that what we're focusing on is exactly what those difficulties are and exactly what we need to do to, to support them 6: 160</i></p>
	The Importance of Language	Good contracting is crucial	<p><i>No cause I'm still extremely careful with the language that I use now, and particularly to avoid any misunderstandings 2: 82</i></p> <p><i>I think that's where I think the label can often just be kind of taken and run with in ways that we as EPs can't control. So I think the value and utility of that would be different for each person, but I think it will often end up in different directions.2: 361</i></p> <p><i>I mean, I think it goes to the larger part of what I think is most important in all EP Work which is good contracting of the work at</i></p>

			<p><i>the beginning. So I think it's actually having that contracting conversation at the outset to make sense of. You know. What are those goals of each person in that? 2: 424-433</i></p> <p><i>I mean, it's hard, because I think I'd like to think that that changes after the first conversation I've had with them, because I tend to be quite explicit about that in terms of that contracting process. 2: 670</i></p>
		<p>The importance of Questioning and Reframing</p>	<p><i>But actually your job as a parent is to is to think about the whole child, and to give them opportunities to be doing things that they, you know that that just makes a heart sing, and they get into kind of you know a flow state, and and they enjoy, lets not that's not got hung up about this literacy need. But actually, that's just a happy, healthy children who we will support in school to achieve what they need to achieve. and it won't be interesting to think if you you diagnose the child with dyslexia. You know We're not very future focused. 1: 622-634</i></p> <p><i>So, if someone's saying they want one to one, or they want EHC, or they want a laptop, you know, what does that do for them like? Why is it that we want that? How would that help them? So I think, kind of asking those questions to try and really unpick what that looks like. I think we can often end up a more shared goal of you know, ultimately is trying to make sense of a way to support them. Perhaps mine might just be slightly more micro level. So I'm just kind of digging into those questions to unpick what that looks like.2: 451-460</i></p> <p><i>It was about a really rigorous exploration in a number of different ways of the difficulties that they're encountering and a robust formulation that informs intervention. What does that mean for this young person? It's got to be a kind of active process, doesn't it? 6: 106-110</i></p>

		<p>Challenging others constructs</p>	<p><i>Professionals around me or parents like I say teachers, for example, are using that term then I will use that, but I don't tend to readily offer that term when I'm working with families 3: 52-55</i></p> <p><i>Obviously if parents use that term or the child has a diagnosis then I would use that that language. 3: 49</i></p> <p><i>I've had a couple of times with parents have, disagreed with me, understandably because they're frustrated but when we acknowledge that frustration and sometimes we unpack well actually what would a dyslexic diagnosis at this point in the child's education actually provide them. And actually, are we really sure that it is dyslexia at this point in time. And because we haven't tried everything else, we haven't explored everything else yet. And actually, that can often soften the message where parents absolutely just want their child to make progress and to reach their learning potential and actually when you name that and you get them onside. they come along in that journey with you.3; 613-69</i></p> <p><i>But it's, trying to get families along with you. And it has taken some families a long time to come along with that journey with me and work collaboratively with me.3: 628- 630</i></p> <p><i>I think we need to be sensitive to that in an implied psychological setting. In the clients that we meet have very fixed constructs of that term and we have to be sensitive to that. And make a decision on what we're gonna say when that term is used. 4: 60</i></p> <p><i>So, I think in terms of the language, I see it very much in terms of discourse. It's a discourse and it's a contract that's out there. And it's being deployed by people or used by people because they have an</i></p>

		<p><i>interest to use it in that way or they have learned to use it in that particular way, but the use of the term has huge implications. In terms of how one understands the child's needs and what one does about it. I think my view would be that the first thing to attend to is the interaction you're having with that person, and I wouldn't challenge their constructs head on. Very much sort of personal construct psychology approach. But Kelly says people's constructs could be very much tied up with their sense of self and identity and if you challenge people's constructs very forcefully you're actually challenging them most people. And therefore, I'm quite sensitive to that, as well. I try and have a helpful interaction with them depending on what the purpose of the interaction is. 4: 72</i></p> <p><i>Hmm. Yeah, I think this risk in terms of you can antagonize people, for no reason. I think also it depends on the purpose of the assessment and report you're writing. Other people do use that term. And if you avoid using the term in a way that's not a passive act. That's the decision as well and it'll have implications. You can't get off the hook. If you don't use the term, I think you could be misunderstood by non-professionals. And I'd also include SEN offices in that as well. 4: 93</i></p> <p><i>Yeah, I think that is a risk that if you don't use it, you'll antagonize people. By not using it because not using it's not a neutral act, you're actually making a decision not to use a construct they're using and I will say in terms of being clear to the audience for your report about what you're actually saying. 4: 99</i></p> <p><i>I suppose in some ways, you know, if you've got a parent coming along saying, you know, my child has a diagnosis of dyslexia, can you help? You know, that in itself is a clue, isn't it? Having a diagnosis of dyslexia is not helped so far. So, I might at that point</i></p>
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			<p><i>say, oh, that's really interesting, you know, can you help me to understand a bit more about the sort of difficulties that you're that your son experiences because lots of different people with diagnosis of dyslexia or who experience difficulties acquiring literacy skills have lots of different, you know, have lots and lots of different difficulties. So what we really need to know is what's hard for your son and how we might make that easier for him 6: 142</i></p>
The Meaning of the Label	People use the term for Different Purposes	People have different beliefs in what dyslexia means	<p><i>So I think the value and utility of that would be different for each person, but I think it will often end up in different directions.2: 364</i></p> <p><i>I think it's an ill-defined term, that is used by many people for different purposes. 4: 30</i></p> <p><i>The problem comes is that people have different beliefs about what dyslexia means. So, it's very much like an argument that's going on the whole time about what it is and what it isn't. 4: 57</i></p> <p><i>there probably lots of people who don't take the word dyslexia seriously because they've seen it kind of you know very so loosely applied 6: 94</i></p>
		Teachers	<p><i>how is that meaningful because actually for a member of staff it's almost quite scary, just to read information about a young person, and look at all of these labels. 1:32-35</i></p> <p><i>I think my general sense is that of course there are some parents and teachers who will be more well informed or experienced dyslexia where their own had their own personal experience, perhaps, or professional experience, in supporting dyslexia, but quite often I found that a lot of parents and teachers will tend to quickly look to dyslexia as an explanation for any form of literacy difficulty. So</i></p>

			<p><i>where there is delayed literacy, it is very much. The dyslexia would explain that. 2: 148-154</i></p> <p><i>You know, the subtleties of definitions get lost on people. 4: 93</i></p> <p><i>But what became apparent is they had no idea how to make sense of the data if you see what I mean. So, I'd come in and they'd say, right, here is the FAB and you know. And I'd say, okay, so what are you taking from those scores? And they would say, we have no idea at all. We don't know what any of this means. And I think what they were, and I think that really sort of underlined to me the problem in describing literacy difficulties as kind of one thing or not one thing. It didn't help them in any way, shape or form. It didn't give them any way forward for intervention. 5: 8-9</i></p>
		Parents	<p><i>And sometimes parents are just using the word, because that's it's almost like a. That's what parents think 1: 721-723</i></p> <p><i>I think parental confidence that schools can meet young people's needs is quite low, and I think that is because they're, you know, there's a massive increase in in children being identified with SEND difficulties. And therefore there has to be a kind of almost like a competition for resources, and maybe that parents think that label would give additional resources in school. And that's so. Therefore that's where the conflict comes in really. 1: 772-778</i></p> <p><i>I've got a label, therefore it this equals a massive. Amount of resources which I think some times parents get confused about 1: 793-796</i></p>

			<p><i>But I appreciate that often for parents it might actually be really reassuring to just know and have an understanding of why that is the case. 2:274</i></p> <p><i>So, the term I think out there is a construct that's used by a lot of people and parents and they're very fixed on it. 4: 48</i></p> <p><i>I think what is more difficult is parents, because I think it's still a label that means a lot to parents. 6: 23</i></p>
		Use of the Label in Secondary Schools	<p><i>labels, I don't think, are really very helpful in a primary school, but actually, sometimes in a secondary school context. And that's the difference, is that if you've got a young person, to ask every secondary school teacher to read every student profile can sometimes be really difficult, but sometimes that use of those kind of key words is often quite helpful, I think, in in much more of a secondary school context, where you are meeting variety of teachers throughout your school day, 1:127-133</i></p> <p><i>So, Yes, I think a label in a secondary school is a short hand, and that's if that's helpful for The teaching staff then, and teaching assistants. That's okay. 1:290-293</i></p>
	The Influence of Personal Experience		<p><i>I have personal experience from my own daughter, and actually the label of dyslexia was not helpful for her necessarily during her school career. But it's been extremely helpful for her as she moved into through university and as she's now in her profession, it has allowed her to be assessed for workplace arrangements. 1: 46-49</i></p> <p><i>They were incredibly dyslexia friendly, and supported her to achieve. You know her potential, and then a workplace assessment has been very, very helpful as well, and she's allowed to work in a different</i></p>

			<p><i>way and allowed to to use. She's a police officer, so she has a pocketbook which is green because she has some visual aspects of dyslexia. She's allowed to take statements, much more, using voice-activated software and things. 1:151-160</i></p> <p><i>I know my husband has dyslexia and well he's been diagnosed with dyslexia and he finds he's found that actually it's opened doors for him. In terms of the support, he's been able to get through work. So, it's that's a personal experience that sort of comes into my thinking a little bit as well.3: 403-406</i></p>
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For the Teaching Profession:

Theme	Subtheme	Code	Segmented Text
The Meaning of the Label	The Influence of Personal Experience	Influence of Personal Experience	<p><i>So, I was diagnosed with dyslexia when I was 8 years old. So, I've been aware of the term since then, I'm now 42, so quite a long time. I was very lucky that, I had an educational psychologist report from that age and my parents shared it with me. We sat down and we went through it. I found it personally really helpful at that stage because I was feeling pretty unmotivated as a student. 7: 5-11</i></p> <p><i>Recently my son was really struggling at school. My husband is also dyslexic as well. 7: 44</i></p>

			<p><i>I definitely notice for my son it has opened doors for him with his teachers and has built an understanding that he's so at a people pleaser. 7: 134</i></p> <p><i>But my experience of it from both a teacher and a parent of dyslexic children is more that they struggle with this different aspects of learning so it might be for somebody it might be a really poor working memory. 10: 16</i></p> <p><i>But I think that must be something and it starts as a slight literacy difficulty because I know from my point of view, I was really rubbish at spelling at school. But I would no way say I was dyslexic. I don't have any of the other traits. I don't think of a poor working memory or slow processing skills. I learned to read fine. 11: 94</i></p> <p><i>I know when my own children were assessed, they just went off and did tests that the educational psychologist just didn't go to watch them in a classroom setting. I think that's really useful. 11: 121</i></p> <p><i>In about, when I was about 13 or 14, my mother actually did a qualification dyslexia education so she's got a diploma. She's not qualified teacher, but she's been in a SENCO at another prep school quite nearby here, for a number of years, for 22 years in fact. So, I've been made more aware of that, I suppose, through her. 12: 5</i></p>
	<p>People have different perceptions on the Dyslexia and the Label</p>	<p>Wider community see dyslexia as a reflection of someone's intelligence</p>	<p><i>it's quite interesting different people's perceptions of dyslexia and the label itself. 7: 98</i></p> <p><i>And I think it's really easy for somebody who, for example, myself who hasn't had diagnosis but you know to sort of like say, oh, maybe they're a slow learner or maybe they are You know, not putting in the effort, maybe they need to just practice their spelling's a little bit more</i></p>

			<p><i>at home and things like that, but actually, you know, sometimes these children will just never be able to learn certain patterns, like spelling patterns and things, and so they do need the extra support. 8: 89-95</i></p> <p><i>And outside the profession, let's say talking about my husband or other wider community, they think dyslexia, that means, you know, still think that is a reflection on someone's intelligence. And not a learning obstacle, you know, to get round, you know, to fulfil that potential. 9: 14-16</i></p> <p><i>I think people think of dyslexia as a child that can't or somebody, not just a child, but somebody who struggles to read and write. 10: 16</i></p>
		Cultural differences in perceptions of SEN	<p><i>actually but not in Singapore interestingly where it's really not given much attention at all in the state system. 12: 8</i></p> <p><i>So, I think, certainly it leads to benefits, without it, I think we would be lost and having worked in Singapore where it's just ignored, you can see that. Even though I think right, genetically from what I've learned, you know, that the Asian community who predominantly made up our students in Singapore have a far smaller proportion of children who have any sort of learning difficulty or dyslexia. But they learn in a very different way. 12: 50-53</i></p>
		Individual's label themselves	<p><i>And therefore, they just give themselves that label which I think is also quite hard. Because they haven't necessarily had that process behind them. 7: 74</i></p> <p><i>Yeah, I mean, I think sometimes people you can meet people and they go, oh I'm dyslexic and you're oh, have you been diagnosed? And they say No, I just can't spell very well. So, people almost can diagnose themselves. 11: 94</i></p>

		<p>Should learning difficulties be viewed as a superpower</p>	<p><i>The children I don't really feel that they ever talk about it much interestingly. 9: 38-41</i></p> <p><i>But I do get the impression from teenagers, particularly sort of the older teenagers, that sometimes they don't want to be it to be talked about that they're dyslexic and they sort of hear stories of oh it's a super power. And, I think that's a bit dangerous because I think out there, there are lots of people with, some dyslexic, some not, some with ADHD, some on the autistic spectrum that might have done wonderful great things. But to sort of classify this because of their learning difficulty, I think it's slightly dangerous. 11: 70</i></p> <p><i>I, I think, where is it in this, in the school setting, the very accepting of it, but outside of that they don't want to talk about it, they don't want to be seen with the x school uniform on they still some of them think about it sort of I guess them being special, having special needs and things like that and they don't like that, how that sounds to other people. So, they're certainly particularly the older ones, I think some level of almost they want to hide it from other people. 11: 76</i></p>
	<p>More diagnoses happening across all SEN</p>	<p>Celebrity diagnoses create positive outlook on needs</p>	<p><i>no, you know, look at these amazing role models that we've got out in society who might have been diagnosed with dyslexia, you know, later on in life. 8: 116-119</i></p> <p><i>Yeah, and I think, with you know the changing perception of dyslexia, you know with celebrities is coming forward, it has abit of a positive, I suppose, compared to what it used to be. 10: 415</i></p> <p><i>And there's sort of I guess high profile celebrities that talk about it so that might raise the esteem of children. 11: 70</i></p>

		<p>People need educating that SEND won't stop them in life</p>	<p><i>Because nowadays I think my generation at school, it was still quite not rare, but it certainly wasn't as common in class as it is now to have Teachers coming in and potentially, you know, supporting children with dyslexia. It was, erm, and many more children were sort of missed and then later on perhaps we diagnosed, you know, I've got friends who are my age sort of in their mid late forties who were diagnosed much later on, whereas if they were diagnosed primary school, then it sort of helps them understand their journey. 8: 119-125</i></p> <p><i>But I think it's still just educating people to believe that you can still go on and do anything you want to do, you know, find your interests, find your hobbies. 8: 158</i></p> <p><i>but we all know that more diagnoses happening not just in dyslexia but just in various learning needs you know on the whole spectrum. 8: 323- 325</i></p> <p><i>I think we are far more accepted these days. Children are very accepting. I don't think I've seen circumstances in this school where children have been labelled in a negative sense. I think it's just that we are becoming more inclusive as a society to people who are different and might need different initiatives to help them learn. 12: 29</i></p>
The Utility of the Label	Advantages	Access to Resources	<p><i>Then, so, from that point I've had kind of regular, for exam concessions purposes more than anything else to be honest. 7: 20</i></p> <p><i>And then there's been a support package around that student to support them to enable them to say, okay, we can work on this spelling, we'll work on the reading. But ultimately let's work on the other strengths that you have like the comprehension element of things or is there a way that we can give you audio books, you know, to find work arounds to support that student. 7: 125</i></p>

			<p><i>Well, of course, in terms of if it's going to help them, yeah, because again, you can get the support that and so whether it's programs like dyslexic gold or just certain types of reading books, just thinking about again the strategies that they would that you could have as a teacher. You could have in place in class to help support them. And so once a child has got that label then you know what you're dealing with so as a teacher or as a parent too you can really help support them. 8: 137-143</i></p> <p><i>And not just the children but for families too so that they can go to look to see where resources might be available. 8: 176</i></p> <p><i>Is it useful? I don't know, is it useful? I don't know whether it is essentially because the access arrangements that they get. 9: 65</i></p> <p><i>I think it is open doorways and gateways. 10: 415</i></p> <p><i>I think, yeah, I think it definitely does for sort of exam access arrangements so that children have a fair go at an exam. I think it definitely allows that. 11: 61</i></p> <p><i>So, I think the labelling does help and it does open the doors as you say to different, making teachers aware of what might help them because the way I learning plans work 12: 56</i></p> <p><i>Yeah, and what the parents can then use for exams when it comes to assessment, of course, with that confirmation from an ed psych we can apply for things like extra exam time or use for a laptop, because our department has a couple of dozen Chromebooks which we give to students personally if they've got literacy issues in particular, and that's something they can continually carry around. They all get one</i></p>
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			<p>anyway, 7 and 8, but in the middle of lower school, once they've been assessed and, our learning skills department believe it's a essential to their learning and they get assigned a Chromebook. So actually, a lot of this will come about from the assessment of an educational psychologist. 12: 125</p>
		<p>Diagnosis motivating as highlights path ahead</p>	<p>it was just a starting point to kind of take things forward. 7: 13</p> <p>And, since that point, he's just flown at school. He's really gained and encouraged to say this and he kind of owns it and he, yes, there's absolutely frustrations and moments of self-doubt and all the rest that comes along with that. 7: 53</p> <p>So, I think some of the benefits. I think just a moment of just saying I'm different. And just having that acknowledged can be really, really powerful in my experience. 7: 104</p> <p>Yeah, I think the diagnosis like anything, is a we've got this diagnosis therefore what do we in order to move forward with it. 10: 73</p> <p>Being told someone is dyslexic, is helpful because it means that we can find a way forward but just general idea that a child has literacy and, spoken language issues and is struggling is a bit of a mystery 10: 112-115</p> <p>Yeah, and I think, you know, the bottom line for me is that you can do all the assessments, all the tracking like, how does that become part of your classroom? Otherwise, it is just a label. So, there's a diagnosis it gives us an idea that there's action to that needs to be taken. And how does that really look for people? and how do you our support teachers? 10: 529-532</p>

		<p>Explains needs and helps with understanding for teachers, parents and CYPs</p>	<p><i>I felt stupid and thick and didn't feel like had anything to offer, and the report really identified, for me personally, what my personal strengths were. 7: 14</i></p> <p><i>But ultimately, he's been able to say to his teachers, but I'm dyslexic please just this is what I need and he's been much more able to, because of that he's been much more able to, stand on his own 2 feet to kind of take things forward for himself. 7: 56</i></p> <p><i>So, the 2 teachers since he's had the diagnosis have both said to us, Thank you so much for sharing the report. It's been really helpful because we've been able to build x's strengths and explore his strengths with him and then further kind of take those things forward. And me as a teacher, I find it really interesting reading reports, helping the students if I do have a report to go to. 7: 65</i></p> <p><i>And so once a child has got that label then you know what you're dealing with so as a teacher or as a parent too you can really help support them. 8: 142</i></p> <p><i>And I think it's something that, some use as a, you know, about the parents point of view there that it's a label that they are comfortable using and it explains why certain things, you know, children are, you know, struggle at school or whatever. 9: 35</i></p> <p><i>It just means it when a child has that label. You then begin to think how you can then support them. Rather think of their constraints. Which there will be, but actually are always ways around dyslexic constraints for a child in a classroom. 10: 64-67</i></p> <p><i>Yeah, I think. I think diagnosis and how we would see if it's teachers and parents is it's give an understanding of why. Which is liberating</i></p>
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			<p><i>because it means We know why it's not that I'm struggling, I can't do things, it's because of this. 10: 94-97</i></p> <p><i>Well, I think it can for the child give them, I think as well as giving them an understanding of why they may struggle with things, 11: 49</i></p> <p><i>So, but equally, I think it also, particularly if you're in a mainstream setting it allows, might allow some children to understand why they struggle, whereas previously they might have just thought they're a bit stupid. And having the dyslexia label to go well actually I'm not, I just struggle with this aspect of things 11: 52</i></p>
	Disadvantages	Diagnosis used as an excuse	<p><i>some people I've found give up. Like that's it, I'm dyslexic. Never mind, you know, I can't do anything. And I find that really, really hard in some students that there isn't that resilience to sort of move it forward. 7: 110</i></p> <p><i>Where those work around haven't been offered early enough that's when I've seen dyslexia being used as sort of like a negative "I can give up. It's not my fault. There's nothing I can do about it" attitude. So yeah, I think it's yeah, for me that's, I'm not being very clear that they are that's there's differences there. 7: 125</i></p> <p><i>Children do, cause I've seen it happen, not always, but children can use it as an excuse. And then just put up out, saying, oh, I can't do that I'm dyslexic. 8: 113-116</i></p> <p><i>But yeah, the risks are that some, you know, it's talking to the children, educating them saying just because, you know, we've now worked out that you are dyslexia. It does not mean that you can't go on and be successful in so many ways in life is just, yeah, so making</i></p>

			<p><i>sure they don't feel like they've been. You know, doors are shut them as such. And please don't use it as an excuse children because you know you are perfectly capable it's just your learning style might be slightly different to someone else's. 8: 125-131</i></p> <p><i>I think erm...the label is useful, if it's approached from an understanding of it not being a barrier. It's not used as an I can't because dyslexic. 10: 55</i></p> <p><i>I think, children need to know that too, because we often still have children who might say well I can't because I'm dyslexic and it can be a really stagnant diagnosis if they were given that. And for the parents too. 10: 76</i></p> <p><i>t can also have the opposite effect as well of I'm dyslexic so I can't do that or I'm never going to be able to read because I'm dyslexic. 11: 49</i></p> <p><i>but I do see in a specialized setting that because everybody has a diagnosis of dyslexia that sometimes it becomes a sort of excuse for why they can't do things. 11: 52</i></p> <p><i>I think it can be sort of dangerous in that aspect that people use it as an excuse and sometimes parent uses as an excuse as to why maybe they child can do homework or something, because they are dyslexic, which it should be used like that in my opinion. 11: 55</i></p>
		<p>Before exams diagnosis can feel overwhelming for CYP</p>	<p><i>And where I have seen it as being a negative impact is much more about the hands. So, it won't necessarily be in the initial diagnosis, but it will be in the support package that's around that student after that moment. 7: 116</i></p>

			<p><i>So, I find that just leading up to exams if they've just had to diagnose it's really hard just to find out just before you've got exams. Oh, I've got this thing, and I don't know what to do with it, and teachers running around trying to help me and support me. And they're suddenly like, oh right, that all makes sense. And you feel a bit like overwhelmed maybe. 7: 118</i></p>
		<p>Support is put in place whether individuals experience literacy difficulties or dyslexia</p>	<p><i>I'll still tailor my lessons to their needs that I then find out through bit more sort of informal assessment. So would it matter if it didn't have dyslexia, I don't think it probably would actually. 9: 83-86</i></p> <p><i>You, you know, quality teaching first should, you know, and it benefits every child, whether they're dyslexic or not. Your lessons need to be sort of interactive, visual, all the things that would benefit any child doesn't matter whether they've got dyslexia. 9: 104-107</i></p> <p><i>We would recognize whether there's a difficulty through communication with the teachers and we'll give them the support. 9: 161</i></p> <p><i>So the ones that are doing, you know, who are of, Are brighter, functioning higher and have got a dyslexia. It does, it absolutely feels like they are their support, you know, is completely different to the ones who would struggle academically normally and have got dyslexia. It is so much about repetition of work. 9:224-230</i></p> <p><i>I think the ones who are higher achieving have, by the time they're in there, sort of secondary, so I do mainly, year 10-11. So they're in the GCSE side of things. They have learnt how to sort of work with it. A bit better they've got some technical resources in place to help them. 9: 260-266</i></p>

			<i>To me, it doesn't matter whether they are dyslexic or not. 9: 672</i>
		Stigma attached to dyslexia	<p><i>And just not feeling like, I'm just frustrated and a bit thick. And I think there are some students still that still just feel that they are just thick. 7: 107</i></p> <p><i>You know, I hate to use the word term, but it's sort of, but it's true, this mask everything, they find strategies to cope with being at school. And teachers' kind of just see it as being a bit of a lazy boy syndrome. Or, oh, he's is just never gonna get it or he's never gonna make progress or just an acceptance that that is the status quo for him. 7: 137-140</i></p> <p><i>that people feel that you know oh I'm dyslexic and I'm going to leave school at 16 with no qualifications. 8: 152</i></p> <p><i>To learn their motivation is lower, their self-esteem is lower. They feel thick. I've had that lots of times mentioned to me. 9: 272</i></p> <p><i>he onus is on the child maybe not trying hard enough or just isn't as clever or all those things that might be attached to it. 10: 115</i></p> <p><i>I think they're certainly still a stigma attached to it. 12: 29</i></p> <p><i>And when I was a pupil at school, I think there was a greater stigma attached and phrases like being slow or you know, having some sort of handicap in a way was something that was probably attached to the people who were dyslexic. 12: 29</i></p> <p><i>So, I think there is a stigma attached. I know one issue that has been brought up by learning supports, learning skills department here, has been is it do children recognise that when they're in the bottom set for</i></p>

			<i>example where most of our or the majority of our people who require learning support or who are dyslexic are in. 12: 31</i>
EP Involvement	The EP Role	Write reports on CYPs needs and support required	<p><i>So, from my perspective, when I see that in school, I see it as part of putting down in writing for the people working around that student, what are the areas that student need specific support with, is it phonological awareness? Do we ditch the phonics and find a completely different decoding approach? 7: 182</i></p> <p><i>You know, I mean. You know, you can sit down with a student and say, that's amazing you can pick out that pattern really, really quickly. Can we use that skill that you have naturally? Can we use that to help you with the reading? Can we help use those transferable skills can we be a little bit more imaginative in our approach to help you to assist you and move you forward. 7: 190</i></p> <p><i>And, and you can really home into what you're looking for. And really, see what those specific needs after the child really and sort of understand where their difficulties are. 8: 260</i></p> <p><i>Well from my experience I would say I've seen it as assessing children to see if they can get a diagnosed, see if they are dyslexic, to see where their areas of weaknesses are. 11: 100</i></p> <p><i>I, I think it's really useful if if they come and sit in the classroom and watch the children in that setting. I've had a few in my time but not very many. I know when my own children were assessed, they just went off and did tests that the educational psychologist just didn't go to watch them in a classroom setting. I think that's really useful. 11: 121</i></p>

			<p><i>But I don't think getting extra help from educational psychologists and pinpointing specific needs in more detail would help. 12: 205</i></p>
		<p>Communication between different groups around CYP</p>	<p><i>And so, I think the educational psychologist report itself can be really enlightening to support a student to and support this stuff around them to make sure the right packages in place. So, the older kind of interconnecting parts can link together. For me that's what's really, really key. And that's what you know any kind of diagnostics 7: 188</i></p> <p><i>So, talking to all the people who know the child in question, really, because, you need to get a full picture of exactly what the child's like. You know, when you spend time with child one on one, as we all know, they're so different to how they could be in a classroom situation. And so yeah, you need to fully understand what's going on. 8: 302-305</i></p> <p><i>But, but again, it's just making sure the communication is clear between those different groups. 8: 470</i></p> <p><i>I also think it needs to be discussed with a parent at the same time to go through just like we would an EHCP for instance. 10: 364</i></p> <p><i>And I think a conversation as well after the assessment would in ideally be useful. Also, for the teach to maybe give a bit of or before the reports done to be able to give a bit of feedback about how the child presents to them. You know, because I think that's useful to have that from a teacher's perspective, from a parent's perspective. Because obviously if you assess the child for a couple of hours, you're just seeing them on a one to one basis and they can present very differently on one to one basis than they might in a in a classroom setting. 11: 121</i></p>

		Diagnose Dyslexia	<p><i>I think it's really helpful. I think that it's helpful to diagnose because I think that it's now much more accepted. 7: 209</i></p> <p><i>You know, but I'm not quite sure how that works with educational psychologists if that's sort of from this magic pot of money we are all running out of, but, but yeah, gosh, if it was ever to be cut, then I just think it would have a detrimental effect on those children who would be missed for example. 8: 275</i></p> <p><i>I was wondering, do you think that part of the educational psychologist role is to diagnose dyslexia? Yes, but again, you got to be very careful because it depends how long they've been spending with that child. 8: 290- 293</i></p> <p><i>But an educational psychologist definitely has a role in, helping to diagnose, but I think it's just that communication is so important the whole time. 8: 299</i></p> <p><i>So yeah, I do, I do see it's part of the role because that's what I'm experiencing. I think I'm more familiar with them referring to them as tendencies. 9: 464</i></p> <p><i>So, I think your role is, is that complicated role of expecting to find something else. 10: 247</i></p> <p><i>I would I would say if a child got to the point of having an Ed psych come in then my understanding will be that you're looking at that but also you're looking at Other possibilities in a diagnosis. To explain everything that comes with that child, needing that diagnosis at that point, like being on the spectrum, ADHD, things like that. 10: 250-253</i></p>
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			<p><i>Having read reports written on children they can be helpful in giving guidance on strategies for improving certain areas like maybe that working memory and things like that. But I think they're vital in getting a child a diagnosis so that they do have the appropriate, not just exam access arrangements, but also in the classroom arrangements in the classroom. I think as soon as the teacher knows somebody has a diagnosis of dyslexia they hopefully should make some differences in their learning materials or the way they teach for that individual. 11: 100</i></p> <p><i>Whenever a child needs a more formal assessment for maybe an ASD diagnosis, or some sort of form of dyslexia diagnosis, educational psychologist is brought in and over about 2 days they do a number of assessments. 12: 80</i></p> <p><i>So, in terms of dyslexia, I'm sure obviously that's just pass of much bigger picture, they probably assess number of things. But from what I've seen at this school, most are called in when there's a wider range, a wider problem with neurodiversity. Usually if they're wanting to be assessed at ADHD or ADD or to be on the autistic spectrum. 12: 83</i></p> <p><i>Yes, but, I think it is, from what I've seen, but, and this is, it is usually carried out, not just on the written answers the children give during the assessment but they do go and observe them during the course of the day. Almost like a bit of a pupil pursuit. 12: 89</i></p>
		Don't know much about the EP role	<p><i>Yeah, so generally my experience, very limited really, but when they come into the classroom, they might come in and observe how the child is in the classroom situation. 8: 251</i></p>

			<p><i>I don't have got much experience in terms of educational psychologists. In terms what their, you know, in terms of are they. 8: 320</i></p> <p><i>Yeah, well I, limited and I'll be really honest with you 9: 419</i></p> <p><i>I don't know about the educational psychologist because that again, I feel like I, it is an area that I don't, but should probably know more about. 9: 540</i></p> <p><i>I've had a few in my time but not very many. 11: 121</i> <i>So I, I do know I personally know a couple of educational psychologists who have come into school, but I don't know much about what they do 12: 80</i></p>
	The Power of the EP	Give teachers confidence and permission to differentiate	<p><i>You know, I think it is giving staff confidence, who are highly skilled often, in that specific area but they just need somebody to say yes you're doing the right thing let's keep going with that because it's very hard because progress is can be very slow with dyslexic students. 7: 185</i></p> <p><i>Yeah, I definitely think it gives it gives teachers almost like permission. And I hate to say it as an educator, but I think teachers do need permission to differentiate. 7: 221</i></p> <p><i>And if, an ed psych comes into a classroom, they can see maybe the things that we don't see, and we get used to doing. And help correct our behaviours with the child as well. 10: 319-322</i></p> <p><i>And if there are more serious issues that are flagged by academic teachers, our learning skills department can then bring in outside help</i></p>

			<i>if they need extra help. If they need some extra focus on that particular pupil. 12: 137</i>
		Viewed as experts	<p><i>because every dyslexic student is slightly different, you know, and what and I'm sure, you know, this, I'm just talking to somebody that knows everything about this but for me, every student is slightly different. 7: 188</i></p> <p><i>I think that teachers very much look up to educational psychologists as kind of the know, almost like the person on the pedestal. You've got all these skills and training, which is absolutely, I feel the way it should be. 7: 239- 241</i></p> <p><i>Yeah, so I think that that role, I think they respect educational psychologists. 7: 251</i></p> <p><i>But, in terms of their role, I think it's really important because I mean, you know, what you're doing is so much more specialist than what I as a general class teacher does. 8: 257</i></p> <p><i>So an ed psych would have all the background, All the knowledge and expertise in diagnosing that child. 10: 331</i></p> <p><i>And they, I sense that their feedback is sort of more and more important than the staff at our school who are working with learning skills I think because, they're so they're working in the, educational psychologists are working in a number of schools what they say is almost golden, I get the impression. 12: 83</i></p> <p><i>But certainly, I think it's, but dyslexia is just one of many things I think they're trained to look at. 12: 89</i></p>

			<p><i>we call in a greater high level form of assessment or an educational psychologist. 12: 107</i></p> <p><i>I think because they work across a number of schools, they're almost independent of our school. And I imagine a psychologist, they're probably more. I wouldn't even know if this is what I need to say, but probably more qualified to make an assessment and evaluate children's skills. And then I'll imagine staff here who may have dyslexia training or SEND training. But wouldn't be psychologists. So, I think that's probably why they're viewed as what they say is final. 12: 122</i></p> <p><i>So, I think that's why a sense that what they say is fixed and goes. And there's nobody of any sort of higher authority, that's how I see it. 12: 128</i></p>
	Involvement with Teachers	Teachers need CPD/training from EPs	<p><i>I don't know whether it's a skill or, cause I think having recently gone through teacher training, I think it is a skill that I have taught myself. It's not something that I have received through training. I wish it was more part of teacher training. 7:200</i></p> <p><i>Like, and I think if we did more teach training around Dyslexia. And yes, every dyslexic student is different, but there are some essential things that we could do much better in the classroom. 7:212</i></p> <p><i>And I'm not saying that it shouldn't be like that at all. I do think it would be more purposeful to have more sort of CPD sessions more generally with all staff. Because unless you have a specific interest in SEND then you can carry on with your career without being very affected by it. Like you can see that somebody has SPLD in your class, but, you might not know what that means or really care that you know</i></p>

			<p><i>that that's affecting them and how much that's affecting them. Yeah, so I think, I think there needs to be a lot more kind of conversations in training. Training of teachers, skilling them up 7: 242-248</i></p> <p><i>I think what would be even better is to have training from ed psychs as well. So we can be Proactive on day one of meeting our children as well. 10: 268</i></p> <p><i>Or, understanding of teachers as well. Again, it comes down to ed psychs training teachers. It would probably be scenarios, if you've got this child, what would you be looking for? What, things might be making you think it could be more than just a child who's being a bit naughty? So actually, the first port of call, is why is the child doing this, why? It's a question of why is this happening? Rather than just managing a behaviour or saying they aren't doing the work properly or assuming they heard you, but they haven't done what you've asked. So an ed psych gave you a scenario and then you can kind of unravel it to what could be done. And might be done and then move forward. That would be helpful. 10: 484- 505</i></p> <p><i>I, I think from the perspective of maybe from teacher training that they there's more done at that level for ensuring that new teachers think about that more carefully and spend time maybe in a specialist setting so they can get a better understanding as part of their training. 11: 154</i></p> <p><i>I think a general INSET approach is much more beneficial and actually staff will be more receptive to that. Because it would be information overload. 12: 199</i></p>
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		<p>EPs and teachers work not cohesive or collaborative</p>	<p><i>And the class teacher generally has a better view because they're seeing, you know, primary school teacher, you're with that class pretty much all day apart from maybe the odd half hour or so for a lesson like PE or something, you know, but you as a class teacher generally know the children so much better than anyone else. 8: 296</i></p> <p><i>But an educational psychologist definitely has a role in, helping to diagnose, but I think it's just that communication is so important the whole time. 8: 299</i></p> <p><i>I mean, the fact that I can't really talk to you, you know, with much sense about what they do and how they go about doing it. I think, proves it probably be much, much more helpful to have a collaboration there with them. 9: 627-630</i></p> <p><i>Yeah, I think we have different roles, but I think they can be supported together. So an ed psych would have all the background, All the knowledge and expertise in diagnosing that child. And then you have to work with the teacher on how best to help that child succeed. I think there's not, not much time to work together.10: 328-337</i></p> <p><i>You come in or the child are diagnosed at weekends or after school, you know, it's not cohesive or put together. 10: 337</i></p> <p><i>Yeah, collaboration does feel a bit lost. 10: 352</i></p> <p><i>I think. The communication, I think, between the parent, teacher and ed psych needs to be more cohesive. 10: 370</i></p> <p><i>I don't know if I've really thought about it that much before, but I'm guessing so because the teacher is there seeing them every day. And the EP's just seen, you know, this, has got a task to assess that child</i></p>
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			<p><i>and it's not a continuous process I'm guessing so it's sort of like they need to know as much as they can about that child in in a couple of hours or whatever it happens to be. Whereas for teachers their daily seeing them progress. So I imagine that they think about it quite differently. 11: 127</i></p> <p><i>I think it should be helpful because, you're getting different perspectives. But I think unless you have some communication then it's almost like two people working from different points of view. 11: 133</i></p> <p><i>The thing is, we don't get any support from them direct. It only comes through our head of learning skills. So anything that is confirmed or assessed by them is communicated to the teachers through the learning skills department through what learning plans, you know, statements or anything else or the other interventions. So, we don't really have any communication with them and we wouldn't be expected to either. 12: 161</i></p>
	<p>EPs have Limited Time and are a Limited Resource</p>	<p>EPs and teachers don't have time to work together</p>	<p><i>And I think that because you've only got a very small number of sessions that each school is entitled to, you end up with a system ultimately that is trying to solve problems 7: 261</i></p> <p><i>I certainly don't have any communication with ed psych. 9: 594</i></p> <p><i>So, when the child comes in. our SENCO does, she's the first and she's absolutely reads those reports, you know, thoroughly. And I should ask her really whether she ever has in the communication with the ed psych. So, I think, but I don't know whether she communicates with the ed psych at all. 9: 597- 612</i></p>

			<p><i>I think we don't have much time. You come in or the child are diagnosed at weekends or after school, you know, it's not cohesive or put together. its paperwork that we then read. 10: 340</i></p> <p><i>And also followed up, I think it's we often get ed psych reports, but there's never sort of a follow up on how things are going and how this is working out. What's been happening since the diagnosis, as well. I think that might be something that should happen. 10: 373-376</i></p> <p><i>ed psych goes to our head of learning support. And then that's communicated by staff meetings or electronically via email 12: 182</i></p>
		EP outreach programme would be good but money and time are a barrier	<p><i>That might be the problem. An idea world you would have an EP, attached to certain schools wouldn't you and work like you would some sort of outreach type system would be ideal. But of course its money and time and constraints but ideally an outreach type system would be really really good. 10: 337</i></p>
		Teachers would like to spend more time with EPs	<p><i>And I think it would be really lovely if there was more dialogue between teachers and educational psychologists because I think that would really help people like me who are trying to push continually people, challenge people, to the way they're thinking yeah, different ways of explaining it. 7: 251</i></p> <p><i>Yeah, I think again, it's been, you know, spending some time when an educational psychologist comes into the classroom. 8: 368</i></p> <p><i>I think that'd be benefit because we're teaching the child. We need to understand how to have the child. Or children depending on more than one of them. 10: 310</i></p>

			<p><i>Yeah, I think it would be really useful. I think it'd be really useful from both sides to get more of a view of what the other side is doing. And, how, what's useful for a teacher and what's useful for an EP as well. And how that used to benefit a child. But I guess that's in the ideal world. 11:139</i></p>
	Reports	Personal approaches in reports present challenges for teachers	<p><i>but the more personal the obviously better it is even though that might present certain challenges again for class teacher because you might think, right, okay, so this child needs this. 8: 440</i></p> <p><i>And I, the way I think about it, again, it's like I said, is that they are making the recommendations. They're the sort of the science behind it and we are the practical bit now who make you who creates the lessons and the learning platform for them to access their potential. 9: 440-446</i></p> <p><i>But you know, they're often the recommendations from the ed psych, will say things like, sit them at the front of the classroom, Give them a, you know, something to fiddle with, you know repeat the questions, get them a visual something to focus on. And our main school teachers will say, you know, we now have 10 of those kids in the classroom. And you know we could not help everybody you can know. Everybody would probably benefit from sitting in the front of the classroom and doing. 9: 564- 573</i></p>
		Use of the term dyslexia in reports	<p><i>Well, the more personalized it can be in terms of being more descriptive to that individual child is obviously hugely beneficial to a teacher because it's again dyslexia is one umbrella and you know, children may have certain, qualities, but not necessarily. 8: 437</i></p> <p><i>I've got, you know, for example, say 3 children, the class who are dyslexic but they not all having exactly the same thing. So it's like,</i></p>

			<p><i>that's, you know, at the end of the day, we are there for the children, so you've got to make it personal for the child really rather than just saying, yes, they're dyslexic. You need to put this in place. It's like, what is it that needs to be put in place? You know, what is it? What qualities are they showing? Is it mainly letter reversal or number reversal or is it mixing up sound? 8: 443</i></p> <p><i>I think by seeing the term dyslexia, then yes, you've got a clear understanding because we generally know what's what that child is then struggling with. 8: 449</i></p> <p><i>And I think it's useful from the point of view of when we're looking at an individual, learning profile for a child who comes in. That I can quickly look through and I if you know we try and highlight various things and it might say dyslexia or dyslexic tendencies 9: 77-80</i></p> <p><i>I think it's then helpful for the geography teacher to see that they got a label, for want of a better word, to know that they've got to try and be you know, the teaching methods to be Possible visual, all things, you know, that would benefit, a dyslexic learner 9: 98-101</i></p> <p><i>It also depends on when you get the report, if you've been teaching the child already, it'll make more sense. If you read one prior to a child coming in, that's quite hard to interpret and understand what is. And sometimes you can have a pre-conceived idea then what you've read about that child so it could manipulate how you might expect that child to be. 10: 355-361</i></p> <p><i>Having read reports written on children they can be helpful in giving guidance on strategies for improving certain areas like maybe that working memory and things like that. But I think they're vital in getting a child a diagnosis so that they do have the appropriate, not</i></p>
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			<p><i>just exam access arrangements, but also in the classroom arrangements in the classroom. I think as soon as the teacher knows somebody has a diagnosis of dyslexia they hopefully should make some differences in their learning materials or the way they teach for that individual. 11: 100</i></p> <p><i>The ones I've read do seem to use the term dyslexia because I think as soon as you see that term, that's when it, means that child will get access arrangements for exams and things like that. I haven't met read many where it isn't mentioned as a term in there. But obviously it can be, generally the reports I've read talk about the child, their individual scores on different tests and what they means and then towards the end it says that that contributes to having diagnosis of dyslexia. I think if it wasn't mentioned, it'd be then hard to differentiate those that need a certain, you know, a certain level of support and those that don't 11: 106</i></p> <p><i>I, I think it's useful to see, the breakdown because I think that children will display dyslexic tendencies in different ways. So, if I think about a classroom, you might have a child that really, really can't read at all versus another one that can read, actually fine, but just take some really long time to process the information. So, unless you have that breakdown. I mean, it is a teacher's role, I think, to figure that out for themselves. But if you've got a class of 30, I guess, and there's maybe, you know, 5 people in there with a profile of dyslexia then it's really useful to understand the differences for each. 11: 115</i></p>
		<p>Not enough time or need to read long EP reports, only read headlines</p>	<p><i>I will read the detail, but I know the many teachers do not have that time. But I think the actual headline numbers are useful to other teachers in that way. I think if you are interested in helping more students with specific learning difficulties then I think the report detail is much more useful, but if you are a classroom teacher who has 30,</i></p>

			<p><i>32 students in front of them actually having, you know, somebody's reading age and, spelling age and can they decode? Can they do this? Can they see patterns? That's much more useful. 7: 200-203</i></p> <p><i>I think also, you know, I know I'm saying making it individual to the child, but also sometimes as a class teacher, you do see reports coming in, not just from ed psychs, but from elsewhere, and you know, it might be 7, 8, 10, 12 pages long, you know, I'm thinking back to an EHC last year where it was just ridiculous the amount of forms that we had to fill in for one child. And sometimes you just like, oh my goodness, I just need to see the important bit, you know, you don't necessarily need to write 7 pages just because it looks like I have really individualized to that child. It's just really being, I think a class teacher needs to know exactly what you're dealing with and yes, dyslexia, having seen that there is important, but maybe just a few tips as to what it is that a child is really struggling will help to guide them. 8: 452-458</i></p> <p><i>All I know is that I read the report at the end, but it's and I usually read the last paragraph. Beginning and the end. And the recommendations. 9: 434-437</i></p> <p><i>She does, you know, we then, they don't actually really get properly looked at again. Looked at is a funny word, but if you know what I mean. Until the year 10 when we're trying to work out their Official access, for the public exams. 9: 485- 488</i></p> <p><i>It can be really overwhelming to look through these reports and also be guided on the really important aspects of it. Which is the most, which is the most relevant information. 10: 514-517</i></p>
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		<p>Need to use parent and teachers friendly language</p>	<p><i>I think they would struggling is overused with teachers to parents, because it's just really ultimately that we haven't found the right way to teach them. The child shouldn't be struggling. They should be given a way forward, not to struggle. But to be successful in their learning. So, I think the word struggling probably should be eliminated in dialogue with parents because it's really quite detrimental. 10: 103-109</i></p> <p><i>Its paperwork that we then read. And it makes it pretty... Well, one, do we understand what you're saying? Do we understand the systems of your scoring and things like that? We probably don't. And then how do we actually put those scores into practice. 10: 343-346</i></p> <p><i>I think, also its important to keep in mind of, parent friendly language reports as well. 10: 511</i></p> <p><i>And then it might, I mean, I've had really different reports. I've read some really detailed, great reports and I've read some reports that barely tell you anything. So, I guess it depends on the individuals as well. 11: 133</i></p> <p><i>Because I imagine a lot of it's quite confidential and it's only if parents want to share it. We understand that the assessment is, given to the parents who are responsible for the child. And they can actually withhold the information from what I know if they don't want if they feel it's detrimental. Parents might not want the information shared because they think it might have an adverse effect on the child. Which happens in, you know, a few rare cases. And there was in fact a pupil who never actually got an ASD diagnosis but was almost certainly had ASD characteristics and even though they got them assessed they</i></p>
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			<i>never share the results with us. So actually, I know their parents have quite a big say in what can be shared. 12: 179</i>
Other Professionals who have a Role in Labelling Dyslexia		ELSA	<i>ELSA is the other one too. I think just individuals who get to spend one on one time with children really do begin to get to know. 8: 464</i>
		Play Therapist	<i>we have, this amazing play therapist who comes in and that's not really working with children you know she deals with children that the head feels could benefit from spending this one at one time with her. Various different reasons it doesn't mean they have dyslexia, it could be complex family issues, it could be we have one child who was fostered and yeah just you know the emotional struggles there 8: 464</i>
		Independent EPs	<i>And it's still done privately even here so it would be paid for. 10: 457</i>
		Specialist Teachers	<i>Yeh so, obviously there is the level 7 assessors and there's, oh I can't think of the word right now. There is an MA that you can achieve and you can diagnose. There's a level 5 where you can suggest tendencies, but you can also support so there are other there are other professionals out there that can help students. 7: 276-279</i> <i>I see them and the level 7 people, qualified people. 9: 461</i> <i>Well, some teachers can assess at schools, so they're trained. 10: 451</i>
		SENCOs	<i>Well, the, within the schools, there are individuals that might do the, I don't know, say the same SENCO or people working within that department that do some of the testing. So, we've got people, at the unicorn that will test for access, particularly for access arrangements in the classroom and for schools and they're not EPs. But I don't think they can give the actual diagnosis of dyslexia, but they can assess for, you know, the processing speed, working memory, reading ability and</i>

			<i>things like that. That go forward to sort of almost saying yes, this child's dyslexic but without an actual diagnosis. 11: 148</i>
Definition of Dyslexia	Difference between Literacy Difficulties and Dyslexia	Some support different if literacy difficulties or dyslexia	<p><i>If it's a general issue, then we're just saying, okay, my child struggles with English or literacy skills, you can put things in place to support that and if they're dyslexic and you know, I think you can do many, many things and just find teaching strategies that help them. 8: 215</i></p> <p><i>Yeah, I mean, again, there might be some overlap that some strategies work, But yes, for example, going back to whether it's having the coloured guidelines and things like that you know that is just a classic thing which really does help dyslexic children whereas other children who are struggling with literacy you might not need that. So yeah so, I think there are certain things that you would do which are different from one child whose dyslexia as opposed to a child who is finding it difficult to understand for example comprehension questions. 8: 236-242</i></p> <p><i>So, there's a big difference between a child who has just got literacy difficulties that teacher might say in a classroom compared to a child with a diagnosis. 10: 118</i></p> <p><i>Within school if parents want us to I imagine that our head of learning support would be in charge of orchestrating an assessment which would give them a diagnosis. I'm not sure how each member of staff in their learning skills department, there's about 4 or 5 of them, I don't know what the individual skills and qualifications would be, but I imagine they've got some form of specialism there. 12: 104</i></p>
		What are literacy difficulties	<i>Yeah, definitely. I think there is definitely a difference for me. Personally, it is it's just a way of thinking. It is. Yes, that is a, obviously it comes out and manifests itself in a literacy capacity and</i>

			<p><i>phonological awareness. But it is also transferable to me having conversation with you now, I am pre-thinking everything that I'm saying. But I'm also thinking is this really the question that she was asking? So It's coming out in other aspects. So every conversation I'm having, I'm thinking like 2 days later. Oh, that's what she meant. You know, and it is that time delay between conversations, oral conversations, anything to do with language, which is basically everything in life that for me is dyslexia, you know, just that whole aspect of language and understanding. 7: 158</i></p> <p><i>literacy difficulties I think maybe you could get over. More whereas dyslexia, if you know you're working with that is not something that's necessarily going to go away. But difficulties in perhaps doing, whether it's comprehension text, you can teach children's strategies to work with them and how to overcome, you know, sort of thinking, oh, creative writing for example, I have no idea about how to write a story. You know, you can teach skills. But if you're dyslexic, then they're all certain things which children will find challenging. And will probably, you know, always struggle in certain areas, depending on how extreme their dyslexia is. 8: 197-209</i></p> <p><i>Erm I'm by, Literacy difficulties, do you mean under like understanding of word and er and text you know being able to appreciate and read books and things, what do you mean by literacy difficulty? 9: 293-296</i></p> <p><i>I think, my understanding, literacy difficulties is not connected to Dyslexia because I think once we can access the text and then and allow them to talk about it. It is often comes down to their own experiences in life, whether they can connect to something or not. 9: 362-368</i></p>
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			<p><i>Hmm, that's quite tricky. I think I think because literacy difficulties are a part of dyslexia then it can get sort of confused, but I think you can have literacy difficulties without being dyslexic. I think as, I mean, generally people struggle in something or are better at something than others. So, somebody might be weaker in literacy, but it doesn't necessarily mean they're dyslexic. So, yeah, I think there's a difference.11: 85-87</i></p> <p><i>I think there can be a number of issues that leads to literacy issues because if, for example parents I don't encourage their children to read you're going to develop literacy issues anyway unless the child shows some sort of desire to do so. So, I think it's a combination of background and upbringing. So, I think this dyslexia falls within that literacy scope but actually literacy issues can be caused by other elements too. Hmm. 12: 65</i></p>
		Dyslexia is a diagnosis	<p><i>So I think it's about giving a diagnosis which then highlights the child's strength. With that, then you can hand over and work on. And it will be things that they can't do with significant diagnosis but then you heightened the areas where they have strengths as well. And sometimes it's good to put a lot more effort into the strengths and accept areas that we're not going to move on so much. 10: 181-187</i></p> <p><i>I mean, it's quite a rigid scoring system isn't it to actually obtain a dyslexic diagnosis, and we have children who are hear but who haven't actually given that diagnosis, but they do present with dyslexic tendencies, I suppose. Because I think it's quite rigid. 10: 385</i></p> <p><i>Dyslexia is a very specific diagnosis. Dyslexia has is an actual diagnosis. And only affects a certain proportion of people. 12: 65</i></p>

	Spectrum of Difficulties	Umbrella term	<p><i>because it's again dyslexia is one umbrella 8: 437</i></p> <p><i>To me, it means I mean, so many different things because it's such a spectrum and I guess I see some children who aren't whose learning is quite crippled by it. 9: 26</i></p> <p><i>So the ones that are doing, you know, who are of, Are brighter, functioning higher and have got a dyslexia. It does, it absolutely feels like they are. Their support, you know, is completely different to the ones who would struggle academically normally and have got dyslexia. 9:224-230</i></p> <p><i>Yes, I think that I think ultimately it is, they are so different. And they're definitely common traits, you know, so I can quite happily make some resources for one child, which will fit perfectly to 2 or 3 others. But others, you know, it's. It's, you know, it is different. 9: 398-401</i></p> <p><i>Because dyslexia can affect a child mildly or it could be quite profound. So, it doesn't just mean one thing. 10: 172</i></p> <p><i>So, they have often have this spiky profile which is quite hard to interpret. And, erm great strength because of it too. 10: 178</i></p> <p><i>I think it's almost too general, really. Because I think for those that don't know, they think about it as reading, reading and writing. And I don't think it is just that. And I think you can have, I think now sort of assessing children with dyslexia and understanding them is so much deeper that it's always this too broad a term for what it is. And it allows so many different people to be called dyslexic, when it might not necessarily be they have the same learning profile. 11:37- 43</i></p>
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		Difficulties for life	<p><i>So, and it is definitely, you know, worse when I'm speaking or when I'm tired or when I haven't done any exercise, all of those things. 7: 176</i></p> <p><i>So actually, putting in a lot of work even though you find it hard actually might pay off but it might not be until your 15 and then suddenly It really matters. And I think, you know, you may not find your dyslexia a barrier until you got to university 10: 205-208</i></p> <p><i>It's even mild diagnosis could be something that needs to be underpinned ready for You know, you're an adult much longer than a child, aren't you? And you have to have those things put in place ready. 10: 217-220</i></p> <p><i>I do also think that there is more because there's more acceptance now and people know a lot more about things like dyslexia that there's more acceptance in the workplace. 11: 67</i></p>
		Strengths in creative subjects	<p><i>It does lead, obviously I'm aware, it leads to sort of stereotypes, you know, dyslexic to find it very difficult to read and write, or find it more challenging than people who are not dyslexic. And there are other stereotypes attached to it as well, like you're more like to be left handed, more to be creative. Though that's not obviously completely true all cases, it can be true. So that's my experience of dyslexia, but it's mainly that they are, they struggle with their literacy. 12: 20</i></p> <p><i>They create the arts and whether it's art or drama or music. And they can also be, very good on the sports field. So actually, in a prep school setting, where we see in a much bigger environment that's not just limited to the classroom we actually see some of their strengths too. 12: 38</i></p>

		Areas of Difficulty	
			<p><i>So, when I was little, to be dyslexic was just I couldn't read and I couldn't spell. For me now as a teacher, and for all the kind of reading around that I've done personally, I see it as a processing difficulty. Like a time delay. And that there is a spectrum of dyslexia. And you can be on, you know, you can be somewhere on that. But there is definitely a spectrum in terms of how that then manifests itself. So, I see it as a neurological delay, of, you know, it could be a nanosecond a couple of seconds, whatever it is. 7: 89-91</i></p> <p><i>But for me, it's definitely about a working memory issue more than an actual problem with reading or a problem with spelling. It's actually I need time and I need and I'm some things I'm just never going to process or manage or keep in my head. 7: 93</i></p> <p><i>But I think if you know that that's what your brain is doing, you can then slow things down for yourself and it can feel like you're walking through treacle when somebody and you're trying to express yourself. Because you're thinking before you're speaking. 7: 164</i></p> <p><i>my understanding of dyslexia it's helping children often with reading. We use these coloured rulers, which I'm sure you've come across. And so it's just things like strategies in class to help children like that to make sure that they've got little things like that in place. 8: 80-83</i></p> <p><i>Reading or writing. So always going to back to reading. And then writing I would look, I always do look at it that way first actually, that it's more of a reading thing than a writing thing. 9: 32</i></p> <p><i>year 10-11 is being able to look at the text try and figure out what the writer was trying to, what impression they're trying to, the writer was trying to give to the to the reader. Did that make us feel sad? You</i></p>

			<p><i>know. Angry or whatever it was. And I don't think that dyslexic students have any more or less trouble understanding that than the others. What they need help with is potentially us reading the text to them and then we'll help with that. 9: 326-332</i></p> <p><i>So, it's a broad interpretation of speech and language difficulties. 10: 4</i></p> <p><i>in my role in a school for children with dyslexia, so all the children pretty much have dyslexia, so you sort of understand from that they're going to have generally a poor working memory. They are going to have slower processing skills on the whole. And a variable level of sort of being able to read and spell. 11: 7</i></p> <p><i>And for some people it can be reading but other dyslexics have learned to read really well so you wouldn't necessarily notice from their level of reading. If you just met them. Generally, I, I haven't taught many dyslexics who have great spelling. So, I'd say that's sort of typical of everybody. But again, I think some dyslexics learn to spell more than others. 11: 25</i></p> <p><i>It usually means that, the child or the adult even, person cannot ever memorise shapes of words or format of words. 12: 17</i></p> <p><i>even if you're mildly dyslexic or severely dyslexic, you're going to struggle with elements of literacy, whether it's reading or writing. 12: 71</i></p>
	Use of the Term 'Diagnosis'	Term 'diagnosis' better for dyslexia	<p><i>If more students were had a specific diagnosis rather than an MLD diagnosis or another diagnosis. Or no diagnosis, just they have tendencies to do this. 7: 215</i></p>

			<p><i>I think it has to be thought about As an active label, Active diagnosis rather than it is this, therefore I can't. Or its perceived by people to hold a child back. 10: 58-61</i></p> <p><i>Yeah, I think, I think that I'm labelling is, Something that we have to consider in terms of how we talk things. I think it's better to have the idea of diagnosis of this. So, a diagnosis of anything means that there's a way forward. Label suggest it's a bit stagnant if you like. 10: 160-166</i></p>
	Comorbidity and Genetics	Dyslexia overlaps with lots of SEND needs	<p><i>And dyspraxia and dyslexia too, there's a bit of an overlap obviously, well there's an overlap between lots of SEND needs too. 8: 74</i></p> <p><i>I think erm, my experience of it doesn't work in isolation. Normally, there will be other aspects to be looking at alongside dyslexic 10: 7</i></p> <p><i>And it's quite complex because often it will be attached to another diagnosis. It's very, very unusual to have a dyslexia diagnosis in isolation. And that to be the only diagnosis. 10: 37- 43</i></p> <p><i>So, I think we now know that dyslexia doesn't just come, well it's unusual, and more unlikely to just get diagnosed with dyslexia Without something else. So, if they're going to go and have the diagnosis then, what else we looking at as well in order to help support? 10: 256-259</i></p>
		Needs seen across the age range	<p><i>Had an educational psychology report so I had one done when I was going into sixth form. And then I had another one at university which I paid for myself. 7: 23</i></p>

			<p><i>I think it's very early to start giving a child a diagnosis at this age at that age because they are still young and as we know children develop at different ages and huge generalisation, but generally girls are much more settled and get into the routine of school quicker than boys who don't really want to sit down and read, or can't be bothered to try with handwriting 8: 56</i></p>
		Biological Influence	<p><i>And then as a sort of, classroom teacher I'm used to sort of students sort of saying to me, well, we have a family history of dyslexia. I think I might be dyslexic, 7: 29-32</i></p> <p><i>Recently my son was really struggling at school. My husband is also dyslexic as well. He's also dyspraxia, and so we sort of said, well, the likelihood of him being dyslexic might be quite high. 7: 44-47</i></p> <p><i>And I think also because it can be hereditary and then parents who are dyslexic sometimes, particularly if they had a really bad experience at school pass that on to their children. 11: 52</i></p> <p><i>But maybe there's something genetic. If my 3 children are dyslexic maybe it's just on a sort of spectrum. I don't know. 11: 94</i></p> <p><i>And that part of the brain is not functioning as ours does, which is just one way that they are diverse from other people. 12: 17</i></p>
Equality in Labelling	Finance and Class	Parents cannot afford EP time	<p><i>parents can't afford to either pay for an independent, educational psychologist. 7: 32</i></p> <p><i>So we kind of, we were in privileged position that we could pay for an educational psychologist to assess him. 7: 50</i></p>

			<p><i>But again it comes under demographics, it's expensive to have that, I think its about 500 pounds, which is a lot of money. 10: 463</i></p> <p><i>But again, I think all these things depend on the setting your in, to some extent it's financial. A child needs to get an assessment. Not all children will have parents that understand it enough to get them an assessment or be in a school setting where they can access that. 11: 61</i></p> <p><i>That how it works for those children in schools that don't have parents saying, oh, I want to have my children tested or I'm gonna pay for an ed psych report or you know, that that worries me, the sort of people sitting in the back of the classroom just sort of struggling and failing. 11: 154</i></p>
		Middle Class get Diagnosed	<p><i>And the majority of children who come in to private school with a report of one form or other. I would say 80% are done by Ed psychs. 9: 428-431</i></p> <p><i>So yeah, do you think it means that, people feel entitled to tap into things because they've got this So I think people becoming more aware of, expecting more. Well, certain parents, I think it depends on the demographic diagnosis, but. Let's assume. There is probably an inequality in the demographic being diagnosed because you have a certain momentum behind parent or an area of schooling as well. The general understanding of different demographics in England and how people get diagnosed as well. I guess it's probably quite complicated. 10: 421-433</i></p> <p><i>The middle classes probably get diagnosed and tap into resources much more than a different for instance. So it's probably huge</i></p>

			<p><i>inequality in what is available and what people know they can get. 10: 439</i></p> <p><i>Yeah, well you have to be proactive don't you, and I think again, that comes down to demographic and, how, schools treat certain parents too. I think there are still big gaps in judgment which are applied. 10: 472</i></p> <p><i>I think it's really complex. I think the middle classes can tap into it. But I think a huge amount of children aren't. Or even teachers aren't. Because it's almost too expensive. And not enough understanding. 10: 478</i></p>
		<p>Diagnostic criteria for dyslexia changed so some CYP miss out on the label</p>	<p><i>But I am finding that most students who say they have dyslexia who don't have a report, don't have anything behind them. 7: 68</i></p> <p><i>Yeah, I, well. This is, I mean, it's quite a rigid scoring system isn't it to actually obtain a dyslexic diagnosis, and we have children who are hear but who haven't actually given that diagnosis, but they do present with dyslexic tendencies, I suppose. Because I think it's quite rigid. I think it changed, about 16 years ago from when the systems changed didn't they? So children who've been diagnosed a year previous to it changing would have been given a diagnosis, and others now aren't, Yeah, so I think so because it changed, I think that, when people had an assessment or weren't officially diagnosed then it kind of suggested and those children are probably mid 20s now, who it changed for, and probably those the year previous to it changing would have had a dyslexic diagnosis. I wonder how that would have been different for them if they had been given that official label, if they would have had more support. And that's always struck me as quite interesting how, the boundaries changed, in that sort of year that they rewrote it. 10: 385-400</i></p>

			<p><i>So is it, I suppose at the end, is it important? And is it detrimental to those children who don't quite get diagnosis? Does it then mean that there's a chunk of kids that might fall through the net, but they present, with whatever reason, but don't get the scoring. 10: 406</i></p> <p><i>I don't know, I haven't met one where somebody has gone for a diagnosis and has't got it. So, I don't know what that means. If people aren't, if people are at a point where they already known really or they know their child is dyslexic and then they get a report. But I'd be interested, it'd be interesting to know how many children go for a diagnosis and don't actually receive one. I don't know. 11: 106-108</i></p>
		Private companies might search for problems which aren't present	<p><i>I'm obviously aware that in the news recently there's been quite a lot of emphasis on these private companies that look at things like ADD and ADHD, obviously not dyslexia, but there is now this debate about did private companies, are they trying to find problems that aren't there? 12: 107</i></p>
	State vs. Private School Systems	Equality in schooling systems in terms of accessing support	<p><i>So it was interesting you talked about the ed psych side of things and because many of the children come from having an ed site report. Which will then give suggestions of what access arrangements they think they should get. 9: 68-71</i></p> <p><i>So within in in the prep school environment, they're hot on learning support, you know, it's a sort of, I guess it might be a selling point within the school. Children are identified. Some schools it's paid for, isn't it, by the school? Some, some schools it's you know, it's an additional thing. 9: 131-134</i></p> <p><i>At a state primary you know you just got to push those children through the curriculum with no and they do a little bit of intervention</i></p>

			<p><i>with a teaching assistant out in the corridor and things, but you could absolutely spot that they probably have some kind of learning difficulty, but there was nothing in place for them to receive any official acknowledgement. 9: 140-143</i></p> <p><i>But again, I don't feel like we would need to label them dyslexic for them to get the support from us. 9: 146</i></p> <p><i>Obviously within Private school, it's a financial thing. They've got to pay for it. But if that child was at a mainstream school. Would they wouldn't get that support, I guess, unless they had the label. So maybe there's a benefit. For the labelling in terms of getting support in the bigger system the wider system, in the state system. 9: 149- 155</i></p> <p><i>But maybe out there, you know, you probably have to fight a bit harder to get your access arrangements and therefore the label does help. 9: 167</i></p> <p><i>And then I do hear of my friends who are in the state system, you know, who whose parents probably have to fight quite hard to get that support. So I think, I like feel that, you know, and I know, we, our children are in the private system, but I feel there's perhaps an inequality 9: 188-191</i></p> <p><i>That is, we're actually, it's not a level playing field. In terms of the access arrangements that you know that some children are getting a lot of support. And if they weren't in private system, they probably wouldn't be getting it. 9: 615</i></p> <p><i>But also obviously Pangbourne is a fee paying school, the parents essentially are the customers, you know, they don't want to lose money from a family or anything like that. 9: 678</i></p>
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			<p><i>Now obviously it's a lot easier doing a specialized setting, but also the mainstream, you'd hope that teachers are putting in the appropriate sort of allowances, not really allowances, but extra help or presenting things in a different way for those individuals. 11: 100</i></p> <p><i>I just think, maybe because I'm in a specialist setting so it's quite easy for me to talk about, those, the different you know, profiles of people with dyslexia that I see, but if I look back to when I was in a mainstream setting and had much less knowledge of learning difficulties. 11: 154</i></p> <p><i>In the 2 prep schools I worked at that there's always been a very obvious member of SMT which is the SENCO and they work with their LS department and help teachers, help communicate teaching practice to teachers, and initiatives to help children improve their learning, so we can differentiate accordingly. And that has been true at this school and at my last school and I've always been aware that we have, especially at x, got teachers that are purely there for learning skills, which is what we call our learning support department here, and they will take children out of lessons maybe once or twice a week to work on their, either their literacy or their maths or whatever needs it could be. 12: 8</i></p> <p><i>Whereas obviously at our school it's something that, I think, is provided within the service yeah 12: 110</i></p>
		<p>Setting of children with SEND needs influences their self-perception as a learner</p>	<p><i>It could also include emotional support too, because obviously we've got so many children on the neurodiverse spectrum. 12: 11</i></p>

	Equality in Access Arrangements	CYP with the biggest needs get prioritised for exam arrangements which leaves others at a disadvantage	<p><i>But at the end of the day, I'm, my understanding is that we can only offer as much what we're able to, you know, so if, so, and we've, got to a point where we have to assess their needs and you know, the ones with the biggest need get the, you know, get this priority sort of thing. So we've got, we have 6 individual rooms where they can do their exams in. 9: 678</i></p> <p><i>So that's there are 6 pupils in the year 10-11 cohort who qualify for having a scribe and a reader. And then there are others who qualify for having a reader, but we haven't got the space so they are in a room which is pretty loud, with JCC regulations blah blah blah. But I would say they're actually almost at a disadvantage because they're in quite a cramped room with someone walking around the whole time talking to a person next to them reading out the question. And, you know, and probably as is in their nature as well, they are just easily distracted because that often comes with it. 9: 681-690</i></p> <p><i>And I'm thinking this, you know, we're meant to be giving them, you know, the potential to be on the same level, you know, to take their exams but I'm not convinced sometimes that the arrangement that we've got is the best 9: 691</i></p> <p><i>And there's some parents, you know, who, we joke but say, you know, they will complain and complain and they'll only be happy when we provide a foot spa for them during the exam because they have no idea of the reality. Compared to others, they are so lucky to be in a school like this but anyway. 9: 696</i></p>
		Support arrangements restricted to dyslexia not other SEND	<p><i>So, but I do think it's really beneficial for those that do, that they then can get extra time or a reader or a scribe in an exam setting but it's there are other learning difficulty, something that don't get those requirements. So, if you're dyscalculic, you can have an assessment</i></p>

		needs like dyscalculia	<p><i>now to be assessed to see if you are dyscalculic, but you don't actually get any access arrangements that benefit you in that aspect. So, I said I think it's slightly just sort of restricted to one area. 11: 61</i></p> <p><i>I think you can, it like, sort of if you're diagnosed with ADHD or things, you can get additions of rest breaks and prompts and things. But there's nothing specific if you if you've got this dyscalculia that you can. You know, you can have an assessment and you can have it on your profile, but it doesn't actually help you with any access arrangements and exams. 11: 67</i></p>
		Managing support for range of needs for exams is a nightmare for teachers	<p><i>When it comes to public exams and things like that because x has certainly has got to a point where they, our public exams are an absolute nightmare to manage because of the range of needs that children have whether they have a scribe, no scribe, a PC, music. I mean, just everything and there's only a certain amount of space in our school that we can, we can offer. I, and I, so I can't imagine how other bigger schools deal with it and probably or don't need they. 9: 651-657</i></p>
The Role of Schools	Identification Processes and Support for SEND	Systems for identification of needs in place	<p><i>And in the schools I've worked at previously like x, I was really lucky that they had teachers, okay, we couldn't just like diagnose dyslexia, but we could hint suggest to the student that there were tendencies towards it. 7: 32</i></p> <p><i>I was in now in tutoring and I often have people come to me and ask if their child has dyslexia then they might only be 8 6 or 7. 8: 53</i></p> <p><i>And there are certain tests that we can do in school to sort of, you know, if those children are showing the signs and it doesn't necessarily mean straight away that they've got that diagnosis, but it's</i></p>

			<p><i>just, it's just, and knowing that, oh yeah, that constantly reversed in their fives or they, you know, find it hard 8: 71-74</i></p> <p><i>You know, in schools now we do so much more, we try and do so much more active learning. 8: 218</i></p> <p><i>And can do various little tests on them assessments on them to sort of prove that yes they've processing issues or whatever it is, Difficulties in phonological awareness, whatever, you know, and therefore that's affecting their reading, therefore we can give them some kind of concession through to their exams. 9: 179-181</i></p> <p><i>So, the support then is definitely different because it is quite a lot about building their self-esteem in the classroom. Predominantly first, in fact. I would say that's where we always go first to try and Build a feeling of self-worth in the classroom. And then giving them some tools to try and use in the classroom to make them feel good about themselves. 9:278- 287</i></p> <p><i>I don't quite know how you do it but you obviously do assessments in schools. 10: 406</i></p> <p><i>They're assessed when they come and do their visit when they come for a day or 2, they get assessed on their English, maths and science. And actually we can see straight away where their CAT scores are and flag anything even before they started 12: 137</i></p>
		Importance of interventions	<p><i>And we've introduced a program recently, I'd say the last 2 years, in x called Dyslexia Gold. I'm sure you're aware of that, but that's really, been helping to support these children. And yeah, it's quite a personalized individual program which they can, you know, it's supposed to be quite independent too even though they do need</i></p>

			<p><i>monitoring to how they going, but it's all online and it's monitored to their individual progress. 8: 17-26</i></p> <p><i>As with all these things it has an impact on you know, what do the children miss to allow them to fit in dyslexia goal for example because it's so important that they have to do their English and their math every day and then at a faith school like x, they have to be involved in the daily worship every day. You know, there's always an impact in terms of the missing out and then it's like, oh no, I'm really sorry you're missing the fun things which generally in the afternoon, whether it's your topic work or your PE, but it's yeah, it's trying to get the balance, I find, with working with these children so they don't feel they're excluded from all the sort of nice bits to the learning as such. 8: 29-35</i></p> <p><i>So, it's looking at a bigger, more holistic approach. When you're dealing with the child and their needs to support their speech language in the classroom. 10: 46</i></p> <p><i>You can sort of reflect on one child's behaviour and apply Technique with more of them. Well across the board in fact. Good teaching practice to help dyslexic children will help all children. Will help understand the whole classroom as well. 10: 316</i></p>
		Dyslexia requires a consistent/ continuous approach	<p><i>but it keeps constant, you know, 20 min sessions every day, just that continuous, consistent approach. 7:188</i></p> <p><i>Just because they are able to kind of cope in a classroom. And I think we should be questioning if that's Expectable, just about coping. You can work hard enough on those things. 10: 235-238</i></p>

			<p><i>And using consistent language with them as well. I think that might be key for children. Over explaining, sometimes we give them An answer in our question. They can become quite compliant because they want to please you. 10: 283-286</i></p> <p><i>So, you have to repeat things regularly and you know break down into little steps, for others it might be really slow processing speed it takes them a long time to think about an answer. So where as if you don't understand it, you might ask a question in a classroom and think somebody doesn't know because they don't reply quickly, but really they're just thinking about what to say. 10:19- 22</i></p>
		<p>Bespoke education to CYPs presenting needs</p>	<p><i>But, but yeah, it's just making sure that you really are tailoring to the individual as to what their needs are. 8: 77</i></p> <p><i>So it is really sort of, you know, tuning into the individual and just trying to work out what their needs are. And if it's dyslexia or if it's something else and supporting family too I think. 8: 98-101</i></p> <p><i>And I have, you know, and I, and it is more challenging actually to help the ones who a higher functioning with dyslexia because they do need they you know they get it so you can move on quicker you don't have to do the reinforcement in, you know, 4 different ways because they get it, but they just needed that first door to be opened for them in a in a slightly different way and that what they were going to get on the classroom. 9: 404-407</i></p> <p><i>But I'm always trying to support what's going on in their English lesson. So everything that I do is actually, it's got to be sort of in line with what they're doing in the curriculum. because the reinforcement of things is essential at the secondary stage. 9: 494- 500</i></p>

			<p><i>But I do think for everybody if you've got a difficulty doesn't matter what it is, you want to have somebody who acknowledges it. And gives you some sort of support. To work your way around it to get to your end goal. So I am, I'm fully supportive of people having, needing support. 9: 663-666</i></p> <p><i>And then we are bespoke, at this school, particularly our education according to their needs. And find strategies to work around their dyslexia like our technologies we have at the x and having extra support in the classroom.10: 22-24</i></p> <p><i>just treat them as individuals with their own needs. 11: 10</i></p> <p><i>And all their needs are very much customized by the by their learning plans which are compiled by their head of learning skills. 12: 11</i></p> <p><i>Yeah. Oh, definitely because when they once they get assessed in our school, whether it's by or someone who's got the qualification to do so or an educational psychologist. This leads to a learning plan which is shared it all staff and is accessible at all times and we're supposed to implement them in all our lesson plans. So that we differentiate and give very, individual learning experiences to each child. 12: 50</i></p> <p><i>in this school is that children actually have a box where they say what they feel helps them? Actually, to hear from the people whether they prefer more visual activities, whether they prefer working groups or working on pen and paper. And this highlights it for the staff. So that's also useful because it's certainly makes their learning more direct to their learning. 12: 56</i></p>
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		Universities support dyslexia well	<p><i>I wonder if people drop out of university because of things like that that haven't been picked up earlier on. 10: 232</i></p> <p><i>I think universities have upped their game remarkably, most universities anyway, I don't know about all of them. I think most of them have. 10: 418</i></p>
	Focus on Behaviour	SEND linked to bad behaviour	<p><i>when I came into education, I was a little bit disappointed to be honest that there wasn't more widely available because I felt that they were kind of, said that they have these tendencies but often they were negative parts of it. Whereas my experience was looking at the positive sides of dyslexia and the label itself. 7: 35</i></p> <p><i>I think in this current climate, if I'm gonna be really honest, a lot of teachers that are asking for a child to be assessed are doing so because behaviour in that student has deteriorated. Or has always been quite difficult, quite challenging. It's very difficult to push people further up, if that child is not. Quote unquote, "kicking off". 7: 258</i></p> <p><i>no teacher that I've ever come across really thinks that any child is unreachable or unteachable or in a naughty or bad in any way, you know, we're all thinking, you know, how can we help? Ultimately however cynical we become. But I think it is the reality that we are just pushing for, you know, behaviours, certain behaviours, and if that's student is not meeting those strict criteria of behaviours, then there must be something educationally wrong with them. 7: 261</i></p> <p><i>And I think therefore, in my experience, that's why dyslexia tends to get pushed to one side. Because the students that I meet that are dyslexic are the bit of all, get on, work hard, try and find work rounds, hides the fact, desperately hide the fact, that they can't spell or can't write or can't read. You know, it's a minority that are playing up or</i></p>

			<p><i>misbehaving, because they don't want to stand out, you know, they don't want to be the kid that's in isolation again, you know, they don't want to be in that bucket because suddenly might somebody might notice that they can't, you know, read or something. Yeah, I think. I think it's really, it's a really tricky situation.7: 264- 267</i></p> <p><i>So, I think, things can merge, we can still see sometimes Negative classroom behaviour is just negative classroom behaviour and I think it's always having that ability and understanding to question why all the time. 10: 271-274</i></p> <p><i>And you will probably see those sorts of children, the ones that are really acting out as well. So they probably get a different label rather than the one they need or a group of labels that they need in order to really help them. 10: 475</i></p> <p><i>That we're maybe not seeing that or I think I didn't see it when I was a teacher in a mainstream, definitely would have sometimes classified someone as just being lazy or naughty rather than thinking about. 11: 154</i></p>
		<p>Takes a diagnose to change the attitude of people around the student</p>	<p><i>And then when he did have the actual diagnosis it was suddenly like oh yes. Yes, that makes so much sense. 7: 143</i></p> <p><i>And I think it is a bit of a shame that it does take that diagnosis to change the attitude of the people around you. But I think that's just true. It is just the way it is. 7: 149</i></p> <p><i>So I think as long as it comes down to and understanding behaviour as well is just That sort of standardized test of dyslexia. 10: 295</i></p>

	Teachers	Teachers feel unskilled and unqualified for breadth of their role	<p><i>I think there's a difficulty with teachers feeling unskilled on how to manage this so that becomes out in sort of a defensive, well I didn't know. I don't know. Or why is that important? And it's just an immediate response and it's all very human. And I think also the profession is full of people that don't have these problems, they have managed to go throughout their career with no problem with any of that. Because that's the nature of teaching. Why would you go into teaching if you don't want to write and you don't want to read? 7: 248</i></p> <p><i>I'm no expert 8: 197</i></p> <p><i>It's a bit like you know, I know there's a case last year, of child in my class who was trying to get an EHCP and just the hard work that goes into that. The paperwork, the evidence, you have to gather and everything. And, oh my goodness, you know, and that's not just, you know, I'm not just talking from the school point of view, I'm talking from family point of view and everything too, but it just seems like gosh. As primary school teachers I'm not sure if we're fully qualified to be doing all these extra things and to have specialists coming in and really, yeah, working with these individuals is just so important. 8: 275-281</i></p> <p><i>It's just so important, but I just think, you know, you can't be wearing every hat as a teacher too because you just can't do everything. 8: 425</i></p> <p><i>I like our tracking here and I've just looked at some this morning. And I'm sort of still feel that I'm not trained enough to know which figures. Which bits actually give me the profile that I need to incorporate in my teaching. I'm always asking to remind me which bit. Some of us do some of us don't, but I think that maybe that's the problem is schools</i></p>
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			<p><i>that there is a lack of understanding with certain people compared to others and making things more consistent. 10: 517-523</i></p>
		<p>Catering for individual needs vs whole class needs</p>	<p><i>Because I think it's really hard to do that, but I think it's also really hard to not feel like you're, and I hear this phrase a lot at the moment because I've only recently been appointed to literacy lead, but I'm hearing a lot "oh we're just dumbing down". And it's very hard to say, no, we're not dumbing down. What we're making is, making it accessible and making sure that everybody can access the curriculum. Because everybody deserves have equal access to a curriculum. 7: 222-224</i></p> <p><i>And with 6 who on the SEND register you know you've really got to cater for those individual needs as much as you are then catering for the rest of the class too. 8: 11</i></p> <p><i>How can they still access the full curriculum, what can I do to make sure I'm supporting this child in class so they're not being left behind or they're not sort of learning, you know, so as a class teacher, it's so busy the whole time, as I'm sure you fully appreciate by being in that schools the whole time, but, to have to you're constantly having to Think about your teaching in terms of your style to make sure that all children are accessing what you're saying. 8: 338-340</i></p> <p><i>Say, you know, you might be sort of, homing into the middle, but then you've got these extremes both ends whether it's your really bright children or your children who have got learning difficulties who, still need to be able to tap in and understand what exactly what's going on. 8: 344-347</i></p> <p><i>And you know, I know they are in and out of schools the whole time, but realistically just sort of seeing how busy your day is and how you</i></p>

			<p><i>know there's no day that's the same in the classroom because you know the whole time it's just like, oh suddenly this is happening, oh by the way this, oh you need to see this, so you might think you've got 40 min for an English lesson, then that's suddenly cut down to 25 min for whatever reason. And it's just sort of like, well, how am I supposed to be able to do my input maybe to spend 10 min with these children who have all got their SEND needs, you know, if you're trying to do one on one. 8: 371-374</i></p> <p><i>And so you've got to accept and that you are teaching a group generally yes you can try and individualize your teaching but it's so hard to try and yeah spend time one on one with these children because you just didn't have time in the day. 8: 428</i></p> <p><i>Seem to be an awful lot of children coming through with a label of some sort. And how schools can cater for that? 9: 648</i></p> <p><i>because I think practicalities of implementing such specific needs per child is just not going to happen. There's so many things you can do and each pupil is so different and when you've got for example in the bottom set for year 6. We've got 14 pupils and all of them across the learning plan. You cannot go lesson by lesson individualising everything. You've got to generally think of a few things, maybe over the course of the lesson that might help with the majority. And refine them for those who may be the weaker of the pupils.12: 199</i></p>
		Teachers focus on dyslexia not other SEND	<p><i>Within this teaching staff at x I don't think they're familiar with that so much and they latch onto dyslexia more. Which is quite erm you know, I think that's quite interesting because I think they think that if they've come to learning support, it's because they've got dyslexia, not because they might have other specific learning difficulties. 9: 8-11</i></p>

			<p><i>So, if I think about a classroom, you might have a child that really, really can't read at all versus another one that can read, actually fine, but just take some really long time to process the information. So, unless you have that breakdown. I mean, it is a teacher's role, I think, to figure that out for themselves. 11: 115</i></p> <p><i>Yeah, I think that's what I sense and obviously as teachers we are expected to flag anything we suspect is leading towards dyslexic behaviour. We've got a new pupil who's showing dyslexic tendencies or having an issue with numeracy or literacy, we can fill out a reports which we do through our head of school, so I'd go through the head of middle school, and all the subject teachers would be asked for feedback before it gets to the next stage. 12: 107</i></p>
	Parents	Language can cause breakdown of relationship between school and parents	<p><i>And then the parents might begin to think that school is failing their child and you can understand how that dialogue breaks down and how we've had kids here who've had a bad experience at school, I think it's a lot to do with the language and how we actually support parents with children who need additional support in being able to be successful with Language and English on a whole. Well you know, actually every subject. As every subject that they will encounter will have the same barrier 10: 136-142</i></p> <p><i>And so it's using dialogue I think with parents to give hope and understanding and a strategy for that child at home and at school as well. 10: 145</i></p> <p><i>So I think it is it comes down to how we as teachers and ed psychs talk about the child. 10: 169</i></p>

		<p>Parents lack understanding of SEND</p>	<p><i>And so a parent might come and say, oh, but they're reversing all the letters. They're reversing their numbers. You know, do you think they're dyslexic? And I always just try and sort of calm parents down by saying like, you know, you've got to really make sure that you're not rushing into. Yes, I know labels can be helpful, but I also think you've got to be careful about just sort of, diagnosing things too quickly.8: 59-68</i></p> <p><i>And if it's dyslexia or if it's something else and supporting family too I think. 8: 98-101</i></p> <p><i>So yeah, I think it is helpful, definitely. But, I just think it's making sure that they're fully aware that, you know, please don't feel that this is going to stop your child from being successful, they can still go on and do so many amazing things in life because I think, and maybe that's just an attitude that needs changing over time 8: 146-152</i></p> <p><i>And I do think the parents latch onto that thinking, well, that's perfect. And without understanding 9: 71-74</i></p> <p><i>but that's when parents usually get very upset because it's awful. 9: 275-278</i></p> <p><i>An approach where parents have to be supported once they've been given this diagnosis as well on, it not being a limitation, but it being an understanding of Now what's going to happen and how we can help. 10: 79-82</i></p> <p><i>Yeah, and I think sometimes if you sort of talk to your parents about struggling, things like that, they go out and buy all these books on the shelves in bookshops and they sit there and they make their children doing this spelling and handwriting. They might say their working</i></p>
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			<p><i>really hard, why can't they still do it? And that becomes this really negative spiral for the parent and the child and their idea of Schooling and education. 10: 130-136</i></p> <p><i>I think, parents can read about dyslexia, and can appear to be quite rigid Definitions on websites and things like that. And it might be hard to apply that to that child as well. 10: 172-175</i></p> <p><i>I think we know so much more now about child Development, don't we? There's actually development for children can happen at different stages. It's nothing set in stone and I think that's an important thing for parents and for children to understand 10: 197-205</i></p> <p><i>I think it's a document that has that sort of weightage, as well, as parents often don't understand what it means either. 10: 367</i></p>
	Systemic Barriers	Budgets and time make it hard for teachers to do their role to the best of their ability	<p><i>Again, you just sort of feel like these are one of the things which just like, you know, Xx county council, so I'm sure it's bad elsewhere, but just, you know, to be going to Whichever school I'm working in, you know, you've got to be hearing about like, oh, oh, there's no money in the budget. 8: 269-272</i></p>
		Challenges in implementing professionals' advice for SEND	<p><i>And with 6 who on the SEND register you know you've really got to cater for those individual needs as much as you are then catering for the rest of the class too. 8: 11</i></p> <p><i>I'm not an educational psychologist, but my experience as primary school teacher I feel like gosh you know because you're not just working with one child. But when you've got 29 or 30 children in the class, it's really, really hard the whole time. You are constantly like, oh my goodness, you know, another child with SEN, another child with SEND the whole time, you know, which is awful to say because</i></p>

			<p><i>sadly I think sometimes primary school teachers do feel like that because I know say last year in my last class at St amands it was just so heavy with SEND kids and you just like, how am I supposed to fit this in? And then it's all the extra paperwork that goes with it the whole time. 8: 350-356</i></p> <p><i>And sometimes you might think, you know, someone externally can come in to school and just think, oh yeah, you need to put this in place in class, you need to do this, you as a teacher you're like....But I just don't.....8: 359</i></p> <p><i>And again, I think it's just hard when an ed psych might come in and just say, oh, well, they need to be reading more with you as a class teacher, they need to be doing this and it's like, but there aren't enough hours in the day. And I'm sure, you know, they understand that, but it is just being realistic about what can be fitted into the school day really. 8: 392</i></p> <p><i>I think the learning plans we do are fairly extensive and because there are so many of them, you're never really going to want too much information. If your trying to implement it all, the lesson plans are going to become impossible. 12: 188</i></p>
		Impact of pandemic on CYPs abilities	<p><i>So my last class there was a year 3/4 class so they were 7 to 9 year olds. And so COVID hit when they were pretty much in. Coming out of early years, year one, year 2. And so there's a crucial years in primary school. So you know you could say well maybe that's why they were so weak because they just missed time in school for that. 8: 407-410</i></p>

	Role of TAs undervalued	Some TAs under qualified for need of CYP they support	<i>because I have worked in some schools over the years and in supply, I've seen a huge amount of teaching assistances who really don't seem to be qualified, have no idea what they're doing. And I know they'll lowly paid, which is why, you know, when you get a good one you're thinking oh my goodness it's such an asset. 8: 380</i>
		Teacher not enough time to spend 1:1 with CYP so need TAs	<p><i>Because I must say the role of a TA in a busy classroom is so crucial. And going back to my experience with dyslexia gold at x they've really helped to support that set up and get those groups going. And I don't think as a class teacher, you know, I don't think I would have had time to get that going with a busy day and routines that are going on. Whereas if you've got a fantastic TA on site who really works these children and then they can spend more time because, yes as a class teacher when you're trying to teach, you are trying to spend individual time with these children who are dyslexic, but you just, you know, realistically you can't. You know, there isn't time in the day that means you can hear these children read individually on a one on one basis. 8: 386</i></p> <p><i>But again, our TAs in the morning, we used to have like for 10-15 min. They used to go out. In the playground for example and just do a spelling group out there where they'd be just writing out the selling words for chalk and playground or making words out of sticks and going into the forest there and you know, just picking up twigs, it was very boy heavy to that class, and so again, your constantly find in practical things that they could do. So, you know, getting little sticks or twigs and making their spelling sounds or spelling out simple words and things like that. And there's no way as a class teacher, you know, I could fit that in because I'm then working with the rest of children in the class. But for TA to be able to go out and just do that for 10 or 15 min each morning was just hugely beneficial for those children. 8: 413-422</i></p>

		TAs not used well enough and need to be included in teachers training	<i>But it think the role of a TA, the teaching assistant is so important too. And oh my goodness, I think they're so undervalued 8: 378</i> <i>I think sometimes we don't utilize our TAs enough on that as well and they should be part of the training. 10: 532</i>

Appendix X: Quotes reported by participants.

Appendix X.1. Quotes reported by participants in relation to the areas of difficulty related to dyslexia.

Quote	Participant
<i>"...it's more of a reading thing than a writing thing."</i>	Nancy, line 32
<i>"it's a broad interpretation of speech and language difficulties."</i>	Sophie, line 4
<i>"they're going to have generally a poor working memory."</i>	Carol, line 7
<i>"it usually means that...person cannot ever memorise shapes of words or format of words"</i>	Joe, line 17

Appendix X.2. Quotes reported by participants in relation to the influence of biological factors on dyslexia.

Quote	Participant
<i>"there's something genetic."</i>	Carol, line 94
<i>"that part of the brain is not functioning as ours does."</i>	Joe, line 17

Appendix X.3. Quotes reported by participants in relation to the importance of creating bespoke education for CYP.

Quote	Participant
<i>"...you really are tailoring to the individual as to what their needs are."</i>	Lydia, line 77

<i>"it's got to be sort of in line with what they're doing in the curriculum, because the reinforcement of things is essential"</i>	Nancy, lines 494-500
<i>"...we always try and build a feeling of self-worth in the classroom. And then giving them some tools to try and use in the classroom"</i>	Nancy, lines 278-287

Appendix X.4. Quotes reported by participants in relation to the link between SEND and bad behaviour.

Quote	Participant
<i>"If that student is not meeting those strict criteria of behaviours, then there must be something educationally wrong with them."</i>	Luna, line 261
<i>"I definitely would have sometimes classified someone as just being lazy or naughty rather than thinking about their needs."</i>	Carol, line 154

Appendix X.5. Quotes reported by participants in relation to the lack of confidence and expertise around literacy in teachers.

Quote	Participant
<i>"...there's a difficulty with teachers feeling unskilled on how to manage."</i>	Luna, line 248
<i>"I'm no expert"</i>	Lydia, line 197

Appendix X.6. Quotes reported by participants in relation to the variation in teacher's roles.

Quote	Participant
<i>"You can't be wearing every hat as a teacher because you just can't do everything."</i>	Lydia, line 425
<i>"...who was trying to get an EHCP... As primary school teachers I'm not sure if"</i>	Lydia, lines 275-281

<i>we're fully qualified to be doing all these extra things"</i>	
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Appendix X.7. Quotes reported by participants in relation to challenges faced by teachers when trying to cater for individual needs.

Quote	Participant
<i>"I think [the] practicalities of implementing such specific needs per child is just not going to happen..... You cannot go lesson by lesson individualising everything."</i>	Joe, line 199
<i>"And with 6 [children] who [are] on the SEND register you know you've really got to cater for those individual needs as much as you are then catering for the rest of the class too."</i>	Lydia, line 11
<i>"Seems to be an awful lot of children coming through with a label of some sort. And how can schools cater for that?"</i>	Nancy, line 648

Appendix X.8. Quotes reported by participants in relation to parent's lack of understanding around SEND.

Quote	Participant
<i>"A parent might come and say, oh, but they're reversing all the letters. You know, do you think they're dyslexic"</i>	Lydia, lines 59-68
<i>"parents' latch onto that thinking, without understanding"</i>	Nancy, lines 71-74
<i>"Development for children can happen at different stages. It's nothing set in stone, and I think that's an important thing for parents and for children to understand."</i>	Sophie, lines 197-205
<i>"I think it's a document (an EHCP) that has weightage and parents often don't understand what it means either."</i>	Sophie, line 367

Appendix X.9. Quotes reported by participants in relation to increasing numbers of CYPs with SEND.

Quote	Participant
<i>“You are constantly like, oh my goodness, another child with SEN, another child with SEND the whole time.”</i>	Lydia, lines 350-356
<i>“Someone externally can come into school and just think, oh yeah, you need to put this in place in class, you need to do this, you as a teacher you're like....but I just don't.... it is just being realistic about what can be fitted into the school day.”</i>	Lydia, line 359

Appendix X.10. Quotes reported by participants in relation to EPs identifying CYPs needs through observation and assessment.

Quote	Participant
<i>“I think it's really useful if they come and watch the children in the classroom setting.”</i>	Carol, line 121
<i>“I've seen it as assessing children to see if they can get a diagnosed.”</i>	Carol, line 100

Appendix X.11: Quotes reported by participants in relation to the EP role including communicating between different groups of people around CYP.

Quote	Participant
<i>“...talking to all the people who know the child in question, really, because, you need to get a full picture of exactly what the child's like.”</i>	Lydia, lines 302-304

<i>"...it's just making sure the communication is clear between those different groups."</i>	Sophie, line 470
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Appendix X.12. Quotes reported by participants in relation to EPs expertise.

Quote	Participant
<i>"I think that teachers very much look up to educational psychologists, as kind of the, almost like the person on the pedestal. You've got all these skills and training".</i>	Luna, line 239-241
<i>"I think they respect educational psychologists. What you're doing is so much more specialist".</i>	Lydia, line 257
<i>"So, an ed psych would have all the background, all the knowledge and expertise in diagnosing that child"</i>	Sophie, line 331

Appendix X.13. Quotes reported by participants in relation to EPs and teachers lack of time to work together.

Quote	Participant
<i>"...because you've only got a very small number of sessions that each school is entitled to, you end up with a system ultimately that is trying to solve problems"</i>	Luna, line 261
<i>"I certainly don't have any communication with ed psych."</i>	Nancy, line 594
<i>"I think we don't have much time. You come in or the children are diagnosed at weekends or after school, you know, it's not cohesive or put together. It's paperwork that we then read."</i>	Sophie, line 340

Appendix X.14. Quotes reported by participants in relation to the use of the term dyslexia in reports.

Quote	Participant
<i>"...by seeing the term dyslexia, then yes, you've got a clear understanding because we generally know what that child is then struggling with."</i>	Lydia, line 449
<i>"I think if it wasn't mentioned, it'd be then hard to differentiate those that need a certain level of support and those that don't."</i>	Carol, line 106

Appendix X.15. Quotes reported by participants in relation to the challenges in implementing personal strategies presented in EP reports.

Quote	Participant
<i>"Recommendations from the ed psych, will say things like, sit them at the front of the classroom, give them something to fiddle with, you know repeat the questions, get them a visual something to focus on. And we have 10 of those kids in the classroom."</i>	Nancy, lines 564-573
<i>"The more personal the obviously better it is, even though that might present certain challenges again for class teacher."</i>	Lydia, line 440

Appendix X.16. Quotes reported by participants in relation to the ill-defined definition of dyslexia.

Quote	Participant
<i>"Having one name for this is a problem. I mean, maybe it's a bit like saying, well, we're just going to call cancer 'cancer' and we're just going to treat it like that."</i>	Harriet, line 288
<i>"What it doesn't tell you anything about is causality or treatment, if that's the right word. I also find it's such a catch-all term."</i>	Ralph, line 150-153

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Appendix X.17. Quotes reported by participants in relation to the difference between literacy difficulties and dyslexia not being explicit.

Quote	Participant
<i>"I think a lot of the language that we will use to explain something like a literacy difficulty is often so broad, and in some senses it's vague, because there is no kind of clear threshold to exactly what that means."</i>	Jasper, lines 232- 235
<i>"Whereas literacy difficulties is an all-encompassing term. Again, it's not really defined."</i>	Ralph, line 120

Appendix X.18. Quotes reported by participants in relation to an unclear diagnostic pathway for dyslexia.

Quote	Participant
<i>"I think people would see us as well if we are going to go down that route you are the person who could be doing that."</i>	Jasper, line 694-703
<i>"I'd often just signpost families to BDA for guidance."</i>	Dora, line 784

Appendix X.19. Quotes reported by participants in relation to current research around the criteria for dyslexia identification.

Quote	Participant
<i>"I don't think the literature is completely clear on exactly what dyslexia looks like."</i>	Jasper, line 163
<i>"...more research at an applied level is the thing that's going to make a difference going forward because if we're just passively taking on the latest research, often a year or 2 after it has been carried out or published, we're always playing catch up to"</i>	Jasper, lines 910-931

<i>kind of the new ways of thinking and the new approaches.”</i>	
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Appendix X.20. Quotes reported by participants in relation to the term ‘diagnosis’ not being appropriate to use when referring to dyslexia.

Quote	Participant
<i>“...diagnosis isn't really the right term for dyslexia, because it isn't something that is kind of formally or medically diagnosed. It's not a diagnosable condition.”</i>	Jasper, lines 94-97
<i>“It's not a diagnosis in any sense.”</i>	Ralph, line 132

Appendix X.21. Quotes reported by participants in relation to moving away from using the label of dyslexia.

Quotes	Participant
<i>“I don't want to label dyslexia. I really don't want to label dyslexia I would like to kind of get rid of the label, and we look at much more at literacy difficulties and individual needs”.</i>	Camille, line 169
<i>“I always felt as though the key role was to identify the need and it would be a description. I wouldn't say I've provided a dyslexia diagnosis”</i>	Dora, lines 250-262
<i>“We were really strongly guided in my previous local authority away from using the term dyslexia, so we were asked to really avoid using that label, even if it was used by another professional.”</i>	Jasper, lines 40-52

Appendix X.22. Quotes reported by participants in relation to whether it is unhelpful for schools to think of a CYP as dyslexic or not.

Quote	Participant
<i>"I usually try and avoid the term dyslexia...I am usually more comfortable talking about literacy difficulties. And wanting to go into the detail of those and understand what the difficulties are. It was just not helpful to think is this child dyslexic or not dyslexic."</i>	Harriet, lines 5-8
<i>"...he doesn't give you a grade on your essays and he said no because if he gives us a grade, all we look at is the grade and he wants us to look at the feedback. So maybe it's a bit like that. You know, if I were to say is it dyslexia or not, maybe that's all they pay attention to. What I really want them to pay attention to is the feedback."</i>	Harriet, line 133

Appendix X.23. Quotes reported by participants in relation to the discrepancy in the EP interactions with the term dyslexia.

Quote	Participant
<i>"I think that the label issue is quite a concern at the moment."</i>	Camille, line 883
<i>"I think there's not necessarily a consensus between parents and teachers and EPs, but also maybe consensus within the EPs about you know what really dyslexia is."</i>	Jasper, lines 85-88
<i>"Within EPs I think there's generally, I think there's different of opinion in large parts, so generally more like own personal stance on it."</i>	Dora, line 163
<i>"You've almost got kind of like rival bodies of educational psychologists within the profession who do and don't believe, who do and don't diagnose. I don't think that's very helpful for a profession.... I don't think that does the profession any good when you're a"</i>	Tina, line 313-320

<i>small profession that kind of wants to promote itself.”</i>	
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Appendix X.24. Quotes reported by participants in relation to the autonomy of the EP role.

Quote	Participant
<i>“...we have responsibility to make a decision on whether we use it or not. I don't think we can avoid that. I think the word is out there. We didn't put it there, it's out there. And we can't pretend it's not out there so we have to prepare a position for the various contexts in which it might come up. And have a line that we're happy with. And how we maintain the relevancy of educational psychology.”</i>	Ralph, line 144
<i>“This concept of resistance is quite well known within social construction. So, the difficulty is that if you do resist, there's a price for it. So, you take dyslexia, you resist that label you'll be seen as, you know, withholding something because you won't say. And you can get into, you know, debates around language, etc. You can't dodge that. Because if you do dodge that you're actually then, colluding with the construct.”</i>	Ralph, lines 327-330
<i>“Yeah, and I think the point is whatever you think, almost, that's not really the point. That having the controversy is not the point. The point is we're here to help the children and young people and we should all be doing, you know, what's best for them regardless of our personal opinions. And sometimes you just have to put those personal opinions to one side, I think, for the best interests of the child and young person.”</i>	Tina, lines 329-353

Appendix X.25. Quotes reported by participants in relation to differences in EP training around literacy.

Quote	Participant
<i>“...there is also slight discrepancy between EPs, I think, who have done their training at different points in time.”</i>	Jasper, lines 169-175

<i>"I feel like my doctoral training covered dyslexia...but we didn't really talk about what that would actually be like in local authority practice."</i>	Dora, lines 661-673

Appendix X.26. Quotes reported by participants in relation to EPs being seen as an authority in diagnosing dyslexia.

Quote	Participant
<i>"I think we would often be seen as experts in dyslexia and identifying dyslexia."</i>	Jasper, line 619
<i>"I think they very much see us as the people who say yes or no. So, I've had this said to me recently, oh, it's only EP's can diagnose dyslexia. And that is wrong on so many levels. But you're seen as the authority very much so."</i>	Ralph, line 231
<i>"And their say oh the parents will listen to you."</i>	Ralph, line 213
<i>"But they sometimes feel an outsider coming in is more powerful than school going, this is what we are putting in place."</i>	Camille, lines 799- 802

Appendix X.27. Quotes reported by participants in relation to part of the IEP role to conduct in-depth individual assessments.

Quote	Participant
<i>"I've also used a different reading test like the YARC and, also, now I use, as well, the intelligence and development scales."</i>	Tina, lines 56-59
<i>"...identifying causal factors, that's what we tend to know about."</i>	Ralph, line 46

Appendix X.28. Quotes reported by participants in relation to parental pressure for EPs to use the label dyslexia.

Quote	Participant
<i>"Parents still come in and go, but I think they're dyslexic."</i>	Camille, line 745
<i>"A lot of parents want it."</i>	Tina, line 101

Appendix X.29. Quotes reported by participants in relation to the importance of understanding the parents' views around labelling.

Quote	Participant
<i>"I had a full-on discussion with parents around how it fitted with them around their child having a dyslexia diagnosis and then what that meant for them."</i>	Dora, line 286
<i>"Sometimes you're just having a conversation where you're working with somebody else's language."</i>	Harriet, lines 115

Appendix X.30. Quotes reported by participants in relation to the lack of consensus in the hopes for EP involvement between parents, teachers, and EPs.

Quote	Participant
<i>"I'd say there's a big tension, and I tell you the tension goes beyond just dyslexia, but more broadly to labelling and diagnoses, because I think that parents in particular, but also teachers, I think they are often very keen for diagnoses."</i>	Jasper, line 220
<i>"I've realised that there is a lot of conflict in my understanding of the expectation that families might have of me and that teachers might have of me and what I can offer."</i>	Dora, lines 796-799
<i>"Using the EP, it's a role that not everybody necessarily agrees is the same."</i>	Ralph, line 237

<i>"I don't like the fact that it's created so much controversy amongst parents, EPs, schools. I definitely would have had teachers or SENCOs, who would have told me what they thought it was I should do."</i>	Tina, line 305
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Appendix X.31. Quotes reported by participants in relation to managing school's expectations of a diagnosis.

Quote	Participant
<i>"...she decided that what she wanted was somebody who would give her a label or not give her a label. Actually, ultimately give her a label."</i>	Harriet, line 26
<i>"...well, that's a test you've done, not I've done. So, I don't need to explain your test to you. I'll suggest the piece of work that needs to be done is that you need better scripts for managing parents".</i>	Ralph, line 213

Appendix X.32. Quotes reported by participants in relation to the use of language to challenge other constructs.

Quote	Participant
<i>"...in terms of the language, I see it very much in terms of discourse. It's a discourse and it's a construct that's out there. And it's being deployed by people or used by people because they have an interest to use it in that way... if you challenge people's constructs very forcefully, you're actually challenging them as people."</i>	Ralph, line 72
<i>"Yeah, I think that is a risk that if you don't use it, you'll antagonise people. Because not using is not a neutral act, you're actually making a decision not to use a construct they're using."</i>	Ralph, line 99
<i>"If you don't use the term, I think you could be misunderstood by non-professionals. And</i>	Ralph, line 93

<i>I'd also include SEN officers in that as well."</i>	
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Appendix X.33. Quotes reported by participants in relation to the label of dyslexia being used to describe a large group of needs.

Quote	Participant
<i>"How is that meaningful because actually for a member of staff it's almost quite scary to look at all of these labels."</i>	Camille, lines 32
<i>"a lot of parents and teachers will tend to quickly look to dyslexia as an explanation for any form of literacy difficulty."</i>	Jasper, lines 148-150
<i>"the subtleties of definitions get lost on people."</i>	Ralph, line 93

Appendix X.34. The advantages of the label of dyslexia reported by EPs and teachers.

Advantage of the Label	Quote from Teacher	Quote from EP
Access to resources	<p><i>"I think it is open doorways and gateways." (Sophie, line 415)</i></p> <p><i>"For exam concessions purposes more than anything else to be honest." (Luna, line 20)</i></p>	<p><i>"I would argue that one of the main values of a label should be that it leads towards a better identification of kind of treatment or intervention or support." (Jasper, line 313)</i></p> <p><i>"So, it's still a very powerful term and I think people still feel that it gives you access to resources. That you know you still might be kind of treated differently." (Harriet, lines 35-41)</i></p>
Development of narrative of	<i>"So, once a child has got that label then you know what you're dealing with so as a teacher or as a parent too, you can really help support them." (Lydia, line 142)</i>	<i>"They feel like that's going to open doors for that child in terms of support and an understanding from other people." (Dora, line 367)</i>

CYPs difficulties	<p><i>“I think a diagnosis and how we would see it as teachers and parents it gives an understanding of why. Which is liberating because it means we know it's not that I'm struggling, or I can't do things, it's because of this.” (Sophie, lines 94-97)</i></p>	<p><i>“Reassure them that we learn in different ways that it doesn't mean that they're stupid.” (Tina, line 227)</i></p>
Relief and understanding for CYP and parents	<p><i>“the parent's point of view that it's a label that they are comfortable using and it explains why certain things.” (Nancy, line 35)</i></p> <p><i>“Well, I think it can for the child give them an answer; I think as well as giving them an understanding of why they may struggle with things.” (Carol, line 49)</i></p>	<p><i>“The value of a label is to just help put it together to help explain why something is difficult.” (Jasper, line 304)</i></p> <p><i>“So quite often for children the label is quite often a relief, and often for parents there may be a kind of a relief aspect to it as well.” (Camille, line 121)</i></p> <p><i>“But I do think that for lots of people there is a sense that the diagnosis is a lot tidier. It's a lot easier to understand and categorise into a way that makes more sense. You know it, perhaps brings something really, really complex, and it can simplify it a bit.” (Jasper, lines 229- 310)</i></p>
Positive Impact in later life	<p><i>“So, there's a diagnosis it gives us an idea that there's action to that needs to be taken. And how does that really look for people? And how do you our support teachers?” (Sophie, line 529-532)</i></p> <p><i>“It was just a starting point to kind of take things forward.” (Luna, line 13)</i></p>	<p><i>“So, in my mind I was very mindful of the power of that label, to either inhibit that child's future in some way but also to provide access to support and for them for this particular child it was helpful.” (Jasper, line 298)</i></p> <p><i>“So, for her that label has supported her, to achieve her potential and to and it supports her continuously within her workplace.” (Camille, line 52)</i></p>

Appendix X.35. The disadvantages of the label of dyslexia reported by EPs and teachers.

Disadvantage of the Label	Quote from Teacher	Quote from EP
Diagnosis used as an excuse	<p><i>"I've seen it happen, not always, but children can use it as an excuse. And then just give up, saying, oh, I can't do that I'm dyslexic." (Lydia, lines 113-116)</i></p> <p><i>"I think it can be sort of dangerous in that aspect that people use it as an excuse and sometimes parent uses as an excuse as to why maybe they child can't do homework or something, because they are dyslexic, which it shouldn't be used like that in my opinion." (Carol, line 55)</i></p>	<p><i>"Sometimes there's a risk that maybe children might use it as an excuse like with any label for a reason why they can't do something. As a kind of almost, you know, an excuse for, well, I can't do this because I'm dyslexic. And I suppose I wonder whether that might get in the way of maximum effort sometimes." (Tina, lines 212-215)</i></p>
Diagnosis can feel overwhelming	<p><i>"So, I find that just leading up to exams if they've just had the diagnosis, it's really hard to find out just before you've got exams. Oh, I've got this thing, and I don't know what to do with it, and teachers running around trying to help me and support me. And you feel a bit like overwhelmed." (Luna, line 118)</i></p>	Not reported in this group
Intervention is the same for literacy needs and dyslexia	<p><i>"Quality first teaching should, you know, and it benefits every child, whether they're dyslexic or not. Your lessons need to be sort of interactive, visual, all the things that would benefit any child doesn't matter whether they've got dyslexia." (Nancy, lines 104-107)</i></p> <p><i>"To me, it doesn't matter whether they are dyslexic or not</i></p>	<p><i>"You can still get exam concessions and all of those things sorts of things without a dyslexia label." (Camille, line 79)</i></p> <p><i>"So having a dyslexia diagnosis, thinking around that is they should already have accommodation they should already have intervention support, they should already be putting things in place regardless, so if the child has literally difficulties that covers dyslexia so it's almost like</i></p>

	<i>they still get support.” (Nancy, line 672)</i>	<i>there isn't a distinct group or a diagnosis to access any additional layer of support.” (Dora, line 472)</i> <i>“I think that all children need the intervention like if children are struggling as readers, they need the intervention regardless of what you call it.” (Tina, line 137)</i>
Stigma attached to dyslexia	<i>“I think there was a greater stigma attached and phrases like being slow or you know, having some sort of handicap in a way was something that was probably attached to the people who were dyslexic.” (Joe, line 29)</i> <i>“And teachers’ kind of just see it as being a bit of a lazy boy syndrome. Or, oh, he’s just never gonna get it or he’s never gonna make progress or just an acceptance that that is the status quo for him” (Luna, lines 137-140)</i>	<i>“They kind of have a whole load of associations with that rightly or wrongly. But at the same time, that could be a disadvantage because then they may also think that the young person can't do particular things that maybe they could.” (Tina, line 200-203)</i> <i>“Just thinking about in my thoughts would be that we would hope that employees would understand that a young person or adult has dyslexia and put some support in place for them, but maybe that might inhibit them from getting jobs” (Dora, line 400-402)</i>
Diagnosis does not recognise individual needs, focuses only on the diagnosis	Not reported in this group	<i>“Also, we're collecting data for intervention, not data for a label.” (Harriet, line 20)</i> <i>“But would I have concluded it was helpful to say dyslexia probably not because I think, you know, that doesn't necessarily tell anyone anything about her as an individual what they might have to do for her and with her.” (Harriet, line 70)</i> <i>“Because actually if you were a teacher in a class, that doesn't actually tell you anything about what you should be doing for that young person, whether you're a primary school teacher or secondary school teacher or a SENCO, it doesn't actually tell you anything at all. All it says is here's a red flag and this is a</i>

		<i>red flag that I know you'll recognize and you might take seriously.” (Harriet, lines 88-91)</i>
Labels are powerful and for life	Not reported in this group	<p><i>“I'm very conflicted by that kind of shorthand, and also the fact we label people for life.” (Camille, line 922)</i></p> <p><i>“So, in my mind I was very mindful of the power of that label, to either inhibit that child's future in some way.” (Dora, line 298)</i></p>

Appendix X.36. Quotes reported by participants in relation to the lack of equality in the labelling system.

Quote	Participant
<i>“Parents can't afford to either pay for an independent educational psychologist.”</i>	Luna, line 32
<i>“it comes under demographics, it's expensive to have that, I think it's about five hundred pounds.”</i>	Sophie, line 463
<i>“I don't think that parents who can't afford to pay for an educational psychologist should have to go privately to get that label.”</i>	Tina, lines 291-294

Appendix X.37. Quotes reported by EPs and teachers in relation to the impact of class on receiving a diagnosis of dyslexia.

Quotes from EPs	Quotes from Teachers
<i>“The diversity issue around those that have a strong voice that who might be asking for the label.” (Camille, line 23)</i>	<i>“And the majority of children who come into private school with a report of one form or other. I would say eighty percent are done by Ed psychs (EPs).” (Nancy, lines 428-431)</i>

<p><i>“More kind of affluent cohorts for example, there might be an expectation that the EP is the expert will come in and will diagnose will make recommendations about that child.” (Dora, line 505)</i></p>	<p><i>“Well, certain parents, I think it depends on the demographic diagnosis, but let's assume there is probably an inequality in the demographic being diagnosed because you have a certain momentum behind parent or an area of schooling.” (Sophie, lines 421-433)</i></p>
<p><i>“In part, almost like a middle-class problem. You know, so the like, the middle-class children might have dyslexia and then other children might have literacy difficulties. Because those parents maybe haven't pushed.” (Tina, lines 317-320)</i></p>	<p><i>“The middle classes probably get diagnosed and tap into resources much more. Because it's almost too expensive. But I think a huge amount of children aren't. And there is not enough understanding.” (Sophie, line 472-478)</i></p>

Appendix X.38. Quotes reported by participants in relation to dyslexia assessments always leading to a diagnosis.

Quote	Participant
<p><i>“The idea of turning up and saying, I want the dyslexia diagnosis, to a large extent suggests that you already think that they might have dyslexia?..... And I think sometimes that is the case with kind of what happens is that there's so much testing and there's so much looking specifically for dyslexia. That a dyslexia diagnosis comes out of that.”</i></p>	<p>Jasper, lines 733-751</p>
<p><i>“I think a lot of these organizations specialise, particularly in dyslexia. I think there's a level of pressure from them or on them to give a diagnosis of dyslexia.”</i></p>	<p>Jasper, lines 779-781</p>
<p><i>“I don't think I've ever read a specialist dyslexia assessment that concluded that someone didn't have dyslexia. Honestly, I literally don't think I've ever encountered that. And despite the fact that this child could read well, could spell well, could write well, had no apparent difficulties with literacy at all but did have some difficulties with processing they included they concluded that she was in fact dyslexic.”</i></p>	<p>Harriet, line 41</p>

<p><i>"I haven't seen one where somebody has gone for a diagnosis and hasn't got it. So, I don't know what that means. If people are at a point where they already know and then they get a report. It'd be interesting to know how many children go for a diagnosis and don't receive one."</i></p>	<p>Carol, lines 106-108</p>
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Appendix X.39. Quotes reported by participants in relation to the challenges experienced in managing access arrangements.

Quote	Participant
<p><i>"Our public exams are an absolute nightmare to manage because of the range of needs that children have...and there's only a certain amount of space in our school"</i></p>	<p>Nancy, line 651-657</p>
<p><i>"...there's some parents, who, will complain and complain, and they'll only be happy when we provide a foot spa for them during the exam because they have no idea of the reality."</i></p>	<p>Nancy, line 696</p>
<p><i>"But we haven't got the space, so they are in a room which is pretty loud... I would say they're actually almost at a disadvantage."</i></p>	<p>Nancy, lines 681-685</p>

Appendix X.40. Other professionals who have a role in labelling dyslexia reported by EPs and teachers.

Other Professionals who have a role in Labelling Dyslexia	Quotes from Teachers	Quotes from EPs
<p>Specialist Teachers</p>	<p><i>"Yeh so, obviously there is the level 7 assessors and there's, oh I can't think of the word right now. There is</i></p>	<p><i>"Yeah, so there are definitely specialist teachers who have the dyslexia qualification to do it, who</i></p>

	<p><i>an MA that you can achieve, and you can diagnose. There's a level 5 where you can suggest tendencies, but you can also support so there are other professionals out there that can help students" (Luna, lines 276-279)</i></p> <p><i>"The level 7 people, qualified people" (Nancy, line 461)</i></p> <p><i>"Well, some teachers can assess at schools, so they're trained" (Sophie, line 451)</i></p>	<p><i>been trained by British dyslexia association." (Tina, line 359)</i></p> <p><i>"Well, I see lots of specialist teachers who, there's some qualification I think you can do, isn't there?...But I'm thinking, you know, as psychologists we might perhaps have a broader understanding. So, I guess going back to those children who end up with a dyslexia diagnosis despite having few or no literacy difficulties but maybe some difficulties with processing and working memory. If you specialise only in kind of literacy and is it dyslexia or is it not dyslexia, what you see is a child who has some problems who's been brought to you because they're struggling perhaps accessing the English work. And you think, well, they've got some problems and they're struggling to, you know, to do this. So yes, I will conclude that that's dyslexia. But perhaps because you haven't got the breadth of other models to say okay so actually this isn't a literacy difficulty this is some other kind of need so let's think about what might help us to understand some other kind of need. So maybe that's maybe that's a risk" (Harriet, lines 236-248)</i></p>
Independent EPs	<p><i>"And it's still done privately even here so it would be paid for." (Sophie, line 457)</i></p>	<p><i>"A lot of the assessments for dyslexia tend to be independently gained" (Jasper, line 55)</i></p>

		<i>“Only through private EPs.” (Dora, line 754)</i>
GPs	Not reported in this group	<i>“I’ve even come across GPs that do it.” (Ralph, line 219)</i>
ELSAs	<i>“ELSA is the other one too. I think just individuals who get to spend one on one time with children.” (Lydia, line 46)</i>	Not reported in this group
Play Therapists	<i>“We have, this amazing play therapist who comes in and that’s not really working with children, you know, she deals with children that the head feels could benefit from spending this one at one time with her. Various different reasons it doesn’t mean they have dyslexia, it could be complex family issues, it could be we have one child who was fostered and yeah just you know the emotional struggles there” (Lydia, line 464)</i>	Not reported in this group
SENCOs	<i>“Well, within the schools, there are individuals that might do, I don’t know, say the SENCO or people working within that department that do some of the testing. So, we’ve got people, at x that will test for access, particularly for access arrangements in the classroom and for schools and they’re not EPs. But I don’t think they can give the actual diagnosis of dyslexia, but they can assess for, you know, the processing speed, working memory, reading ability and things like that. That go forward to sort of almost saying yes, this child’s dyslexic but without an actual diagnosis.” (Carol, line 148)</i>	Not reported in this group

Appendix Y: A summary sheet of the research to be shared with participants and other interested parties.

Summary Sheet for Participants

This research aimed to explore the perceptions of EPs and teachers about the role of EPs in labelling dyslexia within an LA in the England. Semi-structured interviews were undertaken with six EPs and six teachers, during the summer term of 2022. Reflexive Thematic analysis was used to analyse the data. This qualitative approach aims to provide a detailed exploration of an individual's experiences and perceptions. The themes of the interviews were brought together, which resulted in 8 overarching themes for the EP profession and 7 themes for teachers. These are explained through the following questions:

Do key stakeholders differ in their perceptions about the risks and benefits of labelling CYP with dyslexia and the utility of this label for different professional groups?

The research acknowledged variations in dyslexia's operationalisation and conceptualisation, promoted by the differing use of the term as a medical diagnosis, psychological formulation, and social construct, which has led to the use of a term which holds little shared meaning among educational professionals. Yet, the label of dyslexia was highlighted to develop the narrative around CYP's difficulties, which disperses misunderstandings of CYP as a 'unintelligent' or 'lazy'. This raises important questions about the viability of differential diagnosis and disability entitlement, as the loosely defined diagnostic category can be used as an automatic passport to disability eligibility involving additional resources and academic reasonable adjustments. As a result, the labelling system was suggested to disproportionately accommodate advantaged economic, racial, and social groups, many of whom are customers of assessors employed to seek a label. It is therefore important to acknowledge the

importance of the social capital and culture when considering who has been labelled with dyslexia.

What are different stakeholder's views about whether part of an EP's role is to allocate the label dyslexia?

A hurdle to educational practice, social equity and science is that a large proportion of teachers, parents, and academics consider dyslexia to be 'diagnosable'. The language chosen to describe the identification of dyslexia, such as 'diagnosis' or 'label' or 'formulation', impacts how dyslexia is conceptualised and this percolates through assessment practice.

Literature does not identify if part of the EP role is to label dyslexia, but it does posit that discrepancy in EP interaction with the label dyslexia may be partially due to the autonomy of the EP role and the context of their work. Despite the possible role of other professionals, such as specialist teachers, in labelling dyslexia EPs seen as the authority in 'diagnosing' dyslexia and are at the centre of LA statutory processes. It is noted that the current reliance on statutory assessments highlights the lack of parental confidence in the non-statutory offer. This means the EP role not only restricted, but distorted, transforming their function in assessment to that of a "gatekeeper" for SEND provision.

If there are differences in stakeholder's perceptions about the role of EP's in using the label of dyslexia, might there be benefits in addressing these differences between professional groups?

The evident rise in SEND in all schools across England illustrates the challenges teachers face when tasked with creating individualised curriculums for CYP with SEN. Teachers highlighted the need for further training to able to identify the needs of individuals and implement appropriate adjustments into their practice. Yet, due to the pressures of funding,

the expectations of the EP role are often misaligned between teachers and EPs, leading to tension or a lack of consensus between key stakeholders. These different expectations of EP involvement need to be carefully considered and addressed.

Implications

There were many suggested implications for teachers, educational psychologists and wider government. These are:

Teachers

Despite their reported lack of confidence, it was clear that teachers were skilled within their role and had a clear vision about how to support children and young people with literacy needs. Some implications or areas to reflect on for teachers include:

- Schools should utilise the government funding for training, finding a course which produces the most helpful match regarding the teacher's ability and experience,
- Ensure teachers are familiar with all the external agencies available to support children, families, and staff. Schools should consider novel ways of getting support from agencies, such as consultancy,
- A teacher's role is full of complexity. Teachers should have a safe place where they can receive support around their practice and understanding of SEN. If available, teachers should consider attending a supervision space,
- Provide time when teachers' can be released from classes to work alongside EPs during their visits. This may include time for teachers to read and understand EP reports.

Educational Psychologists

Educational Psychologists play a key role in supporting the literacy needs of children and young people within schools. Therefore, it is likely that the EP services will be keen to consider how they can further support both the children and young people with such needs but also the adults around them. Some of these ideas include:

- Explain to schools the remit of the EP, so that SENCOs and teachers understand how an EP can support concerns around literacy,
- In SENCO supervision groups, if relevant to the group, discuss ways to support literacy needs without labelling, such as implementing a whole-school approach to reading,
- An EP service could consider leading a training course for teachers to improve their understanding of the EP role and/or literacy needs. EPs are well-placed to run such a course, with their knowledge about literacy and the application in schools.
- Liaise regularly with teachers and parents to ensure a joint approach is used when supporting schools to manage literacy needs,
- EPs may consider their approach to consultations with parents and teachers where literacy difficulties are the presenting need and carefully construct a joint focus of involvement.

Wider Policy Developments

At a LA level, some considerations include:

- Provide time when literacy leads and the link EP for each school can meet, to provide a joint-up service to schools.
- Re-assess and evaluate the literacy policy in the service and how this impacts the way EPs work.
- Consider training from external providers on literacy difficulties for EPs to aid their CPD.

At a national level, some considerations include:

- Strive towards an acceptance of the diversity of views around dyslexia. Due to the forces at play, there is stability in the dyslexia debate, therefore it may be beneficial to move away from debating whether the term dyslexia should be used and instead focus on helping children and young people with literacy needs reach their potential.
- Readdress the issue of equality in labelling SEND and promote social justice, so that ethically all children and young people with literacy needs are treated equally.

If you would like any further information regarding this research, please do not hesitate to contact the researcher Megan Bird at megan.bird@tavi-port.nhs.uk