

VOLUME ONE PERSPECTIVES OF EDUCATIONAL PSYCHOLOGISTS AND
SPECIALIST TEACHERS TOWARDS THE ASSESSMENT AND SUPPORT OF
STUDENTS WITH DYSLEXIA

by

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Abstract

Educational Psychologists (EPs) and Specialist Teachers (STs) working within Local Authorities (LAs) are ideally placed to assess and advise on support for children with dyslexia. Their views and approaches however, may differ. As the dyslexia screening and teacher training bill was recently proposed “to require screening for dyslexia in primary schools” (Hancock, 2021), a current representation of the views of EPs and STs working in LAs is timely. In light of this, the current study aims to investigate the perspectives of EPs and STs working in LAs on assessment and support for students with dyslexia. A mixed methods approach was utilised. Questionnaire data was used to compare and contrast the views of 39 EPs and 30 STs. Focus groups with 5 EPs and 5 STs provided additional qualitative information which was analysed using thematic analysis. The findings reveal that EPs and STs in LAs typically hold very similar views on assessing and supporting students with dyslexia although there are some differences. The differences relate typically to conceptualisation with STs more likely to use the label as they do not consider dyslexia to be a ‘within child’ difficulty. Both groups however, spoke about the need for greater equity in relation to support. Implications for EP practice and further research include the need for an established, working definition to be used by all professionals, further collaboration between STs and EPs during assessment and the need for caution when using tools for screening.

DEDICATION

This thesis is dedicated to my daughter Lydia Grace O'Connor

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Contents

Abstract	4
Chapter 1: Introduction	13
1.1 Overview	13
1.2 Background to the research	13
1.3 Rationale	14
1.4 Research questions	15
1.5 Thesis Overview.....	16
1.6 Defining ‘Dyslexia’	17
1.7 Prevalence	21
1.8 Aetiology	22
1.9 Associated difficulties.....	24
1.10 Assessment.....	26
1.11 Support.....	29
Chapter 2: Literature Review.....	31
2.1 Overview	31
2.2 Training and Rationale.....	31
2.3 Search strategy	33
2.3.1 Perspectives of educational and / or school psychologists	35
2.3.2 Perspectives of Specialist Teachers	40
2.3.3 Unifying concepts.....	44
2.3.4 Consensus	44
2.3.5 Equity	45
2.3.6 General or specific	48
2.3.7 Labelling.....	50
2.3.8 Literature review conclusion and rationale for the present study.....	51
Chapter 3: Methodology	53
3.1 Theoretical orientation.....	53
3.1.1 Ontology.....	53
3.1.2 Epistemology.....	54
3.1.3 Researcher’s position.....	54
3.2 Design.....	55
3.3 Participants	56

3.4 Data collection tools	59
3.4.1 Questionnaire.....	59
3.4.2 Focus Groups (interview schedule).....	62
3.5 Data analysis.....	63
3.5.1 Survey.....	63
3.5.2 Open ended survey questions and focus group.....	63
3.5.3 Rationale for four separate thematic analyses	67
3.6 Procedure and Ethics.....	68
3.6.1 Ethical considerations	69
3.8 Validity and trustworthiness of the present research.....	71
Chapter 4: Results.....	73
4.1 Chapter overview	73
4.2 Analysis of quantitative data from the survey	73
4.3 Analysis of qualitative data from the survey	78
4.3.1 Assessment:.....	78
4.3.2 Support	79
4.4 Key Findings from Quantitative Analysis.....	80
4.5 Qualitative Analysis.....	81
4.5.1 Overarching theme: ST perspectives on assessment and support for students with dyslexia (survey responses).....	81
4.5.1.1 Theme 1: Conceptualisation of dyslexia.....	82
4.5.1.2 Theme 2: Assessment	84
4.5.1.3 Theme 3: Support	85
4.5.1.4 Summary.....	85
4.5.2 Overarching theme: ST perspectives on assessment and support for students with dyslexia (focus group)	86
4.5.2.1 Theme 1: Conceptualisation.....	87
4.5.2.2 Theme 2: Assessment	88
4.5.2.3 Theme 3: Support	90
4.5.2.4 Theme 4: Equity	91
4.5.2.5 Summary.....	92
4.5.3 Overarching theme: EP perspectives on assessment and support for students with dyslexia (survey)	92
4.5.3.1 Theme 1: Conceptualisation.....	93
4.5.3.2 Theme 2: Assessment	95
4.5.3.3 Theme 3: Support	97

4.5.3.4 Summary.....	98
4.5.4 Overarching theme: EP perspectives on assessment and support for students with dyslexia (focus group)	98
4.5.4.1 Theme 1: Conceptualisation.....	99
4.5.4.2 Theme 2: Assessment	100
4.5.4.3 Theme 3: Support	101
4.5.4.4 Theme 4: Equity	102
4.5.4.5 Summary.....	103
Chapter 5: Discussion	105
5.1 Introduction	105
5.2 The perspectives of EPs and STs regarding the assessment of dyslexia: similarities and differences.....	105
Research question 3: What are the similarities and differences between the perspectives of the professional groups regarding assessment?.....	106
5.2.1 Similarities between STs and EPs perspectives on assessment of dyslexia	106
5.2.1.1 Key finding 1: STs and EPs conceptualisation of dyslexia varies although most consider it a difficulty with literacy related skills (reading and spelling). .	106
5.2.1.2 Key finding 2: Importance of background information in the assessment process	108
5.2.1.3 Key finding 3: Dyslexia can be incorrectly identified as the cause of a literacy difficulty.....	109
5.2.2 Differences between ST and EP perspectives on assessment of dyslexia	111
5.2.2.1 Key Finding 1 of EP-ST differences: Within child vs medical model (conceptualisation).....	111
5.2.2.2 Key finding 2 of EP-ST differences: Labelling	112
5.2.2.3 Key finding 3 of EP-ST differences: Models of assessment and practice	114
5.2.2.4. Key finding 4 of EP-ST differences: Equity and access to assessment	115
5.3 The perspectives of EPs and STs regarding how children with dyslexia should be supported: similarities and differences	117
5.3.1 Similarities between STs and EPs perspective regarding how children with dyslexia should be supported.....	118
5.3.1.1. Key finding 1: Individualised support.....	118
5.3.1.2. Key finding 2: Resources	120

5.3.2 Differences between STs and EPs perspective regarding how children with dyslexia should be supported.....	121
5.3.2.1. Key Finding 1: Equity – is it fair to provide additional support to students with a label?	121
5.3.2.2. Key finding 2: Do Children with literacy difficulties really need a different approach?	122
5.3.2.3. Key finding 3: Support at a school level	123
5.4 Strengths.....	124
5.5 Limitations	126
5.6 Implications for practice	128
5.7 Implications for Research.....	129
5.8 Conclusion	130
Chapter 6: References	133
Chapter 7: Appendices.....	145
Appendix 1: Questionnaire analysis	145
Appendix 2: Questionnaire.....	149
Appendix 3: Focus Group Schedule.....	159
Appendix 4: ST responses to open ended questions within the survey	161
Appendix 5: Transcript from the focus group completed with STs	172
Appendix 6: EP responses to open ended questions within the survey	199
Appendix 7: Transcript from the focus group complete with EPs.	216

LIST OF TABLES

Table 1: Overview of thematic analysis (Braun and Clarke, 2006).....	64
Table 2: Details of separate thematic analyses.....	66
Table 3: Table to show how often EPs and STs work with children who experience literacy difficulties.....	73
Table 4: Table of percentages to show Educational Psychologists and Specialist Teacher responses to questions on assessment and support for students with dyslexia.....	74

Table 5: Mean scores showing Specialist Teachers and educational psychologists responses to questions on assessment and support for students with dyslexia.....76

LIST OF FIGURES

Figure 1: <i>Thematic map of themes from the survey completed by STs on assessment and support for students with dyslexia</i>	81
Figure 2: <i>Thematic map of themes from the focus group completed by STs on assessment and support for students with dyslexia</i>	86
Figure 3: <i>Thematic map of themes from the survey completed by EPs on assessment and support for students with dyslexia</i>	92
Figure 4: <i>Thematic map of themes from the focus group completed by EPs on assessment and support for students with dyslexia</i>	98

ACRONYMS

AMBDA	– Associate Member of the British Dyslexia Association
CYP	– Children and Young People
EP	– Educational Psychologist
EPS	– Educational Psychology Service
PATOSS	– Professional Association of Teachers of Students with Specific Learning Difficulties
SASC	– SpLD Assessment Standards Committee
SEN	– Special Educational Needs
SENCo	– Special Educational Needs Co-ordinator
SpLD	– Specific Learning Difficulties
ST	– Specialist Teacher
STEC	– SpLD Test Evaluation Committee
TA	– Thematic Analysis
TEP	– Trainee Educational Psychologist

Chapter 1: Introduction

1.1 Overview

This research is the first volume of a two-volume thesis and constitutes an investigation into the perspectives of Educational Psychologists (EPs) and Specialist Teachers (STs) into the assessment and support of students with dyslexia.

1.2 Background to the research

Before training as an educational psychologist, I was a specialist teacher involved in assessing and supporting students with Specific Learning Difficulties (SpLD) in a local authority in the West Midlands. As a Trainee Educational Psychologist (TEP), I have become increasingly aware that there are differences in the perspectives of various professional groups involved in assessing and supporting students with SpLD and specifically, those with literacy difficulties such as dyslexia. The present research serves two purposes. Firstly, it aims to collate the views of STs and EPs working in local authority services (either traded or maintained) on this topic through the use of surveys and focus groups with the intention of identifying similarities and differences between the two professional groups. It is anticipated that this will clarify whether there are, as identified in a recent paper, tensions between EPs and STs that could potentially be a barrier to collaborate and cohesive working (SASC, 2022a). Secondly, it is hoped that the

findings can be used as a guide for LAs with regards to the assessment and support of students with dyslexia. The aim is that pupils with literacy difficulties subsequently have better access to assessment and support.

1.3 Rationale

In the West Midlands and beyond, debate exists over whether dyslexia should be diagnosed and how children with dyslexia should be supported (Bodkin, 2019). Educational Psychologists (EPs) and Specialist Teachers (STs) who have completed a British Dyslexia Association BDA accredited qualification are qualified to diagnose and support students with dyslexia. However, the content covered in each course varies significantly. Furthermore, the initial training routes for EPs and STs differ greatly. Consequently, EPs and STs may develop different views regarding the assessment and support of students identified as having a specific learning difficulty (dyslexia). Previous research has focused predominantly on student views and the views of teachers (Gwernan-Jones & Burden, 2010; Worthy, et al., 2016) with regards to support and assessment. There is limited research investigating the views of UK EPs towards dyslexia, although some research does exist (Stothard, et al., 2018). There is limited research investigating the views of specialist teachers in the UK towards dyslexia although, again, some research does exist (Ryder & Norwich, 2018). No prior research has compared the views of specialist teachers and EPs working in LAs with regards to the assessment and support of students with specific learning difficulties. EPs and STs in England typically operate in similar circles, and it is not uncommon for them to collaborate regarding assessment and support for children with special

educational needs. Differences between the opinions of EPs and STs may result in tensions between the two groups. Developing an understanding of the contrasting views between EPs and STs will have implications for both professions regarding the assessment and support of students with specific learning difficulties. It is hoped the findings will help strengthen the relationships between STs and EPs so that the groups can work more effectively to support children and young people. A subsequent aim is that collating views from professionals will enable LAs to make informed decisions regarding whether and how to assess students for Dyslexia. This is timely as the Dyslexia Screening Bill which proposes the provision for screening for dyslexia in schools is currently being reviewed at parliament and will have implications for practitioners (UK Parliament , 2023).

1.4 Research questions

The study seeks to answer the following questions:

- What are the perspectives of educational psychologists and specialist teachers (working within local authorities) towards the assessment of “dyslexia”?
- What are the views of EPs and STs (working within local authorities) regarding how children with dyslexia should be supported?
- What are the similarities and differences between the perspectives of EPs and STs regarding assessment?

- What are the similarities and differences between the perspectives of EPs and STs regarding support for students with dyslexia?

1.5 Thesis Overview

Chapter 1 presents an introduction to the topic of dyslexia and provides an overview of different definitions, models and support that will be explored from both a cognitive and socio-cultural perspective.

Chapter 2 presents a literature review on perspectives of assessors with regards to assessment and support for students with dyslexia. Themes from the literature will be discussed.

Chapter 3 details the research methodology and includes the formation of the survey and focus group. Information on the sample and thematic analysis used for the analysis of the findings is also detailed in this chapter.

Chapter 4 presents the results of the survey with a description of the findings. Quantitative data from the survey are included in the form of descriptive statistics whilst an overview of the themes that emerge from the thematic analysis is also included.

Chapter 5 includes a discussion of the findings and refers back to research included in the literature review. Strengths, limitations and implications for LAs and further research are discussed.

1.6 Defining 'Dyslexia'

Whilst there are a wide range of different definitions to describe dyslexia, they all relate to a difficulty with reading (Elliot, 2020). Many definitions used by professional bodies also add that dyslexia can affect literacy skills in some form or other (Reid, 2016). The term was first coined in 1877 by the ophthalmologist and academic Berlin in 1883 (Kirby, 2020). The term implied a physical disease of the brain that affected reading (Kirby, 2020). Hinshelwood introduced the concept of 'word-blindness' (a difficulty learning to read in children with normal/undamaged brains), but this was distinct from dyslexia which he stated was a 'peculiar form of word-blindness' (Hinshelwood, 1896). Debate about what dyslexia is continues today (SASC, 2022a).

In relation to the UK, dyslexia was mentioned in the Warnock report (Warnock, 1978) as one possible reason for reading, writing and spelling difficulties although no definition was provided. Mary Warnock was later told by a senior civil servant at the Department for Education and Science that she 'should not suggest that there is a special category of learning difficulty called dyslexia' (University of Oxford, 2022, The struggle for recognition section).

A large number of definitions for dyslexia exist, particularly when looking at definitions used for dyslexia in other countries (Elliot and Grigorenko, 2014; Reid, 2016). Three definitions are commonly referred to in the UK (Reid, 2016). This includes the definition of dyslexia in the Rose Report (Rose, 2009), the working party definition developed by the Division of Educational and Child Psychologists

(DECP, 1999) and the definition in the Diagnostic and Statistical Manual of Mental Disorders (DSM) which is included as a note rather than a separate condition.

The DSM 5 defines dyslexia as “an alternative term (*to specific learning disorder with impairment in reading*) used to refer to a pattern of learning difficulties characterized by problems with accurate or fluent word recognition, poor decoding and poor spelling abilities. If dyslexia is used to specify this particular pattern of difficulties, it is important also to specify any additional difficulties that are present such as difficulties with reading comprehension or math reasoning” (DSM, 2013, pg 67). This definition suggests that dyslexia is a more general difficulty relating to literacy skills and notes that individuals with dyslexia may also have difficulties in other areas affecting attainment.

A working party from the Division of Educational and Child Psychologists (DECP) established a working definition in 1999 (DECP, 1999). “Dyslexia is evident when accurate and fluent word reading and/or spelling develops very incompletely or with great difficulty. This focuses on literacy at the word level and implies that the problem is severe and persistent despite appropriate learning opportunities” (DECP, 1999, 6.2).

The Rose Review (Rose, 2009) later made recommendations on the identification and teaching of children with dyslexia. A more detailed definition was proposed although the report also acknowledged that there are many definitions of dyslexia and that professionals had only agreed on two ‘basic’ points: “First, dyslexia is identifiable as a developmental difficulty of language learning and cognition” (Rose, 2009. Pg 9). Secondly, debate over its existence should lead to the development of

building expertise in identifying dyslexia and helping learners develop strategies to overcome its effects (Rose, 2009. Pg 9).

Many specialist teachers and other educational professionals today, continue to use the definition of dyslexia that appears in the Rose report (2009).

“Dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling.

- *Characteristic features of dyslexia are difficulties in phonological awareness, verbal memory and verbal processing speed.*
- *Dyslexia occurs across the range of intellectual abilities.*
- *It is best thought of as a continuum, not a distinct category, and there are no clear cut-off points. Co-occurring difficulties may be seen in aspects of language, motor co-ordination, mental calculation, concentration and personal organisation, but these are not, by themselves, markers of dyslexia.*
- *A good indication of the severity and persistence of dyslexic difficulties can be gained by examining how the individual responds or has responded to well-founded intervention.”*

(Rose, 2009 p. 30).

Although Rose (2009) acknowledged that professionals would vary in their different views towards this diagnosis, a united definition was still proposed. This was also true for the working definition developed by the DECP (DECP 1999). These definitions may present the following challenges:

Firstly, some professionals may consider dyslexia as placing the difficulties within the child that is, that the reason the child is struggling is because of the child

themselves (Mackay, 2009). There is no mention in this definition about quality first teaching which is known to affect the development of literacy skills and therefore, would not be 'within child' (Department for Education, 2014). The SEN Code of Practice also states that intervention cannot compensate for a lack of good quality teaching and this therefore acknowledges that a child's difficulties are not only because of 'within child' factors. There is also no mention of attendance at school, which again, is something that should be taken into consideration as this will affect the development of key literacy skills and is not 'within child' (UCL, 2022).

Additionally, dyslexia is considered a specific learning difficulty and not a general one (International Dyslexia Association, 2022) however, the definition contained in the Rose review mentions that dyslexia occurs across a range of intellectual abilities. This suggests that you can have general difficulties demonstrated by 'low ability' and still be dyslexic. This has led to debate within the profession about when dyslexia can and cannot be diagnosed (SASC, 2022a). It has also led to discussion about how low an individual's phonological awareness or other literacy skills need to be before one can conclude that they are dyslexic (SASC, 2022a), but at present there is not yet consensus (SASC, 2022a). There is also debate over how low these need to be in relation to cognitive ability for them to be adjudged "unexpected," a term used in the International Dyslexia Association's definition of dyslexia (International Dyslexia Association, 2022).

Finally, academics tend to adopt a narrower definition of dyslexia such as Elliot (Elliot, 2020). For academic research, Elliot suggests that dyslexia is a "a word level reading difficulty," (Elliot J. G., 2020) and whilst he suggests that dyslexia is synonymous with the concept of a reading difficulty, this does not take into consideration that there are many definitions (such as the definition proposed by

Rose) that refer to dyslexia as a more general difficulty with literacy that can include both writing and spelling in addition to reading. The International Dyslexia Association (International Dyslexia Association, 2022), National Institute of Health (National Institute of Health, 2023), British Psychological Society (Division of Educational and Child Psychology, 1999), American Psychological Association (American Psychological Association, 2023) all offer definitions that consider dyslexia to be a more general difficulty with literacy that affects reading and/or spelling. Furthermore, in peer reviewed academic literature, many authors either refer to dyslexia as a difficulty with reading and spelling (Bishop, 2004; Snowling, 2014) or will refer to spelling throughout their work, such as Vellutino et al. (2004) (Bishop & Snowling, 2004; Snowling, 2014; Vellutino, et al., 2004). There seems to be enough evidence to suggest that it is appropriate for spelling to be considered within the conceptualisation of dyslexia.

Despite these issues, the definitions in the Rose report and the DECP report are used by many organisations including the BDA (British Dyslexia Association, 2022), Helen Arkell (Helen Arkell Dyslexia Charity, 2022) and the British Psychological Society (DECP, 1999). It has also been adopted by several local authorities, for example, Wigan (Wigan Council, 2022) and Cornwall (Cornwall Council, 2022).

1.7 Prevalence

Figures for prevalence of dyslexia vary across sources ranging from 5 to 20% internationally and in the UK (Wagner, et al., 2020). Most sources, however, suggest that the prevalence of dyslexia in the UK is around 10% (Dyslexia Institute, 2005); (National Health Service, 2018). The variance in prevalence can be attributed in part to different operational definitions used which affect the likelihood

of a diagnosis being given. For instance, if dyslexia is based only on the presence of unexpected difficulty in one area of literacy, more students will be classified as dyslexic than would be if two areas of literacy need to be affected. Prevalence is also affected depending on the 'cut-off' used for identification (Fletcher, et al., 2019; Wagner, et al., 2020). "Cut offs' relate to the use of specific criteria on a standardised assessment which indicates the presence or absence of a condition (Wagner, et al., 2020). Wagner refers to this in depth in his work (Wagner, et al., 2020). If an individual is deemed as having dyslexia when they achieve a standard score on a standardised assessment of 84 or lower, equivalent to one standard deviation away from the norm and percentile 14 (percentiles indicate where an individual is compared with what would be expected for 100 individuals of the same age; for example, if an individual is ranked at the 14th percentile, it would mean that he/she scored higher than 14 out of 100 individuals of the same age), then roughly 14% of the population would be classified as dyslexic. If a different 'cut off' were applied, for example, individuals scoring below standard score 80 (percentile 9) are diagnosed with dyslexia, then roughly 9% of the population would be classed as dyslexic. Therefore, the 'cut off' used will affect the number of individuals classed as having dyslexia and will subsequently affect the rate of prevalence of the condition.

1.8 Aetiology

Whilst dyslexia has no exact known cause (Elliot & Grigeronko, 2014; Reid, 2016), it tends to run in families suggesting that there is a genetic link, which is still being investigated (Francks, et al., 2002; National Health Service, 2018).

Theories relating to the causes of dyslexia fall typically into either the biological, cognitive or sociological paradigms. The IQ discrepancy model which is rooted within a cognitive paradigm proposes that an individual may have dyslexia when there is a 'significant difference' between their performance on a test of intelligence and their literacy skills, this theory has since been refuted (Restori, et al., 2009). One reason for this was due to debate over the precise difference needed between IQ and literacy ability tests before making a diagnosis. If an individual has a difference of 14 points between their IQ and dyslexia, they could be considered 'not dyslexic' where an individual with a difference of 15 points could be (Wheldal & Pogorzelski, 2009). This is arbitrary. Despite this, SASC, an organisation which "has a responsibility for providing guidance on training and implementation of standards and for overseeing and approving processes of awarding SpLD Assessment Practicing Certificates" (SASC, 2022g) states that "Performance (on different tests) will be discussed, with particular reference to any important discrepancies." (SASC, 2022e pg 9).

Another theory that exists is that of the magnocellular deficit hypothesis (Stein, 2019). Here, Stein (2019) proposed that dyslexia is the result of impaired cells that fall between the retina and visual cortex which affect visual stability and make it more challenging to read and spell. This, however, was not true for all the participants who had been diagnosed as dyslexic and who participated in Stein's study. Equally, the cerebellar deficit hypothesis which is another biological based theory suggests that dyslexia is the result of aberrant functioning within the cerebellum but this is not true of all people with dyslexia (Nicolson & Fawcett, 2019).

The phonological deficit hypothesis is possibly the hypothesis with the largest research base (Elliot and Grigorenko, 2014). Several high-profile studies have been

completed suggesting that difficulties in phonological awareness, which can be defined as the ability to recognise individual sounds and patterns of sounds such as rhyme, alliteration, syllables and more, (Stringer, 2021) is a common feature in the majority of dyslexic students (Snowling, 2003). However, as Wagner, et al., (2020) highlights, there is no established concept of how much difficulty an individual should experience in this area before they can be considered “dyslexic.”

There is also research that considers dyslexia with a socio-cultural lens. Dyslexia is not identified in the same way across time and culture (Soler, 2009). For example, dyslexia is more common in countries with particularly difficult orthographies such as English (Reid, 2016). It is less obvious in Italian where the orthography is less complex (Reid, 2019). Another socio-cultural consideration is that many children who are identified as having English as an additional language are not identified as dyslexic as their difficulties are assumed to be the result of speaking English as a second language (Artiles, 2009).

When considering the causes of dyslexia, it is therefore important to remember that, aside from evidence that there is likely a genetic component, a precise cause has not been established. It is therefore necessary to consider dyslexia holistically, taking account of a wide range of factors.

1.9 Associated difficulties

Research suggests that individuals with dyslexia are at an increased risk of Attention Deficit Hyperactivity Disorder (Germano & Gagliano, 2010), Specific Language Impairment (McArthur, et al., 2000), Developmental Coordination Disorder (Dyspraxia) (Bental & Tirosh, 2007) and Maths difficulties, including

Dyscalculia, (Association for Child and Adolescent Mental Health, 2012). CYP with dyslexia also often experience mental health needs (Livingston, Siegel, & Ribary, 2018). Whilst these are some of the most commonly occurring difficulties, this is not an exhaustive list (Reid, 2016).

In addition to this, CYP with dyslexia may also experience difficulties with phonological awareness, memory and processing (Rose, 2009) and some individuals can also experience difficulties with vocabulary and comprehension (Elliot, 2020). These difficulties can occur in all struggling readers and therefore “the presence of such problems cannot enable clinicians to differentiate between dyslexia and other poor decoders” (Elliot, 2020. Pg 563). Elliot (2020) proceeds to give an example that a child whose reading comprehension and vocabulary is superior to his/her decoding is unlikely to be judged as ‘non-dyslexic’ implying that they will be diagnosed as dyslexic. Elliot, however, does not mention in any part of his report the impact of sensory impairments involving hearing and vision. Difficulties in these areas could contribute to the profile he suggested without the individual being dyslexic and various professional bodies state that assessments of these should be carried out prior to an assessment (Gilchrist, et al., 2018). I, therefore, disagree that individuals are unlikely to be judged as non-dyslexic as there are other reasons why an individual may experience these difficulties that would first be ruled out.

1.10 Assessment

SASC (2022) note that there is variation in assessment practices. This begins by explaining that a wide range of professionals are involved in assessing dyslexia. These practitioners may “apply different rationale, evidence and assessment measures to derive a diagnosis” (SASC, 2022a, pg 10). As shared above, there is no set definition of dyslexia and this affects prevalence statistics. If professionals receive different training on the topic of dyslexia and then use different assessments, one would expect to see differences in assessment practices (see section 2 for further information about training in dyslexia for EPs and STs). SASC developed a diagnostic report template for under and over 16s in order to address this, though it is possible that some professionals may not use this template (SASC, 2022e). The SASC template recommends the following is covered in a full, diagnostic assessment for dyslexia (this is not exhaustive):

- Overview which includes information about the individual’s profile, the impact of their difficulties and a diagnostic outcome.
- Background information including details on health and development, family history of SpLD, educational history and current difficulties.
- Cognitive profile including tests of verbal ability and visual/non-verbal ability, working memory, phonological processing and processing speed. “Performance will be discussed, with particular reference to any important discrepancies” (pg 9).
- Attainment including single word reading (timed sight words and a test of non-word reading), prose reading, spelling and writing.

- Recommendations for support within the educational setting, at home and through individual/specialist teaching. There is also a section on access arrangements.

The British Psychological Society (BPS) Division of Educational and Child Psychology' produced a report in 1999 and this included an operational definition for dyslexia, information on current theories and other recommendations for assessment (Division of Educational and Child Psychology, 1999). Whilst the document provides no specific framework for a diagnostic report, Appendix D of this document includes information on how professionals could conduct an assessment. Below is a summary of some of the main points covered (this is not exhaustive):

- Assessment techniques and materials are chosen based on their relevance to the presenting problem. This should be sensitive to ethnic, linguistic, development and culture. Any psychometric or standardised measures used should be reliable and valid.
- Assessment will be carried out over time and in relation to different contexts.
- Assessment should inform intervention to be carried out so that it can impact on learning, social and emotional development.
- It should include the views of the child, parents and where appropriate, other professionals.
- The psychologist will be aware and acknowledge the impact of the assessment process on the child's motivation, self-esteem and the impact it can have on the family (expectations of the child) and the school system.

Both the BPS and SASC recommend that quantitative (in the form of standardised assessment) and qualitative (in the form of background information and the

professional's comments on test performance) information is used in order to assess for dyslexia. There are, however, notable differences. The SASC guidelines, for instance, adopt a narrower approach in that the assessment should include a test of cognitive ability, processing, phonological awareness, single word reading and others. The BPS guidelines on the other hand, emphasise the importance of selecting assessment techniques and materials on the basis of their "relevance to the presenting problem and to the purpose of the assessment" (Division of Educational and Child Psychology, 1999, p123). Whilst this allows the practitioner to include only that which is relevant (for instance, they may not assess processing speed if evidence from reading and writing speeds suggests that this is not a cause for concern), it does mean that there can potentially be much greater variance in the way EPs carry out assessments when compared to STs, particularly when different professionals may use different tests. The variance in assessment practice is potentially problematic as it can affect the conclusions of the assessor. An ST using one test may conclude an individual is dyslexic whereas an EP who chooses not to assess that particular skill or use that particular test may conclude that they are not dyslexic. Such variation leads to differences in opinions and this in turn affects conclusions made by professionals and subsequent recommendations. These differences could lead to inequity.

Whilst it is appropriate that different professionals use different tests (some UK tests can only be carried out by EPs for instance), it is important to consider that some tests may better reflect the target population than others. It could therefore be suggested that for any individual, the test may not be a good representation of the individual's ability due to its standardisation. This can subsequently affect the work of the practitioner (Division of Educational and Child Psychology, 1999).

As mentioned in '1.7 Prevalence', another issue is that different professionals may use different 'cut offs' for identification (Fletcher, et al., 2019). Some practitioners may consider an individual as having a literacy difficulty if they fall at the 25th percentile (1 standard deviation away from the norm) whilst others may adopt the 2nd percentile (2 standard deviations away from the norm) (Wagner, et al., 2020). Some may consider a literacy difficulty when a difficulty in one area is observed (example single word reading), others may look for two or more areas of difficulty in literacy (example, single word reading and reading rate of prose text). Some may look for standard scores in areas of attainment (literacy) that are one standard deviation below their "ability" rather than one standard deviation away from the norm. Consequently, there are a range of perspectives on this.

1.11 Support

CYP with dyslexia can be supported through 'reasonable adjustments' (Department for Education, 2014). This means that they have appropriate access to assistive technologies to aid reading/writing (Department for Education, 2014) and additional support in exams, if the student does not have an EHCP and if they meet the criteria following assessment for access arrangements (Joint Council for Qualifications, 2022). Depending on their level of need, they may also require access to evidence-based interventions for literacy difficulties. Interventions should be systematic, well-structured and multi-sensory. They should also include time for direct teaching, consolidation and frequent opportunities to overlearn (Snowling & Hulme, 2011; Reid, 2016). It should be noted that the reasonable

adjustments and intervention described will benefit struggling readers and writers regardless of whether they are or have been labelled as dyslexic or not (Elliot & Grigersonko, 2014).

The precise support offered will vary from pupil to pupil and will depend on the nature and level of difficulties that they are experiencing. This is in line with the Special Educational Needs Code of Practice (2014).

The next section of this thesis will examine the views of specialist teachers and educational psychologists towards the assessment and support of students with dyslexia. This will include a literature review.

Chapter 2: Literature Review

2.1 Overview

This literature review examines existing research investigating the views of assessors regarding the assessment of dyslexia, and how children and young people with dyslexia should be supported. This chapter begins by outlining the differing training routes for EPs and STs, thus setting the context for why the two professional groups may differ in their view of dyslexia. Next, the literature review begins by explaining the search criteria used to determine which studies and reports were included in the review. An overview of the identified studies is then provided (focusing on the views of different professional groups), before common unifying concepts are examined and critical analysis is applied. The chapter will end with an explanation of the rationale for the present study, and the research questions will be presented.

2.2 Training and Rationale

Educational psychologists and specialist teachers are both positioned to identify and support children with dyslexia, however the training that is provided to both groups varies considerably (The British Psychological Society, 2019). There is no specific protocol for the teaching and assessment of dyslexia on the doctorate in applied educational and child psychology in the British Psychological Society standards for the accreditation of doctoral programmes in educational psychology (The British Psychological Society, 2019). Whilst providers should cover cognitive

development and learning (for example, language and literacy), and should support effective learning and development for children, young people and young adults, practice may vary significantly from university to university. One university, for instance, may spend more time covering the development of literacy skills and effective intervention compared to another. It is, therefore, theoretically possible that one provider could spend less than a day of teaching relating to dyslexia whilst others could devote significantly more time. One reflection made by Atkinson, et al., (2022) is that educational psychologists work holistically (Atkinson, et al., 2022). This is reflected in the BPS standards for accreditation of doctoral programmes in educational psychology. The course must cover all areas of the SEND Code of Practice, therapeutic approaches, assessment practice, evaluation, service delivery and organisational change, amongst other areas. As a result, it may not be possible to spend a prolonged period of time on a subject such as dyslexia.

The qualification for specialist teachers, however, is more linear and specialist. There were 18 providers offering qualifications leading to Associate Member of the British Dyslexia Association (AMBDA) as of July 2022 (British Dyslexia Association, 2022) although there are some other ways to qualify as a specialist teacher (SpLD Assessment Standards Committee, 2022). All courses have to follow specific criteria from SASC in order for a course to result in an individual qualifying for an Assessment Practising Certificate (this will also be necessary for a course to result in AMBDA as this automatically entitles an individual to apply for an APC) (SpLD Assessment Standards Committee, 2010). Since the date of this publication, all courses necessary to qualify as a specialist teacher should include teaching on: definitions of dyslexia, aetiology, teaching and learning, co-occurring

difficulties and assessment. The course must include at least 60 hours worth of lecture material of which 12 hours must be devoted to psychometric assessments. Assessors need to complete at least 3 assessments under supervision, one which must be observed. Almost all courses are worth at least 60 credits at level 7 – this could be described as Master’s level (UK Government, 2022).

Whether an individual has completed a course leading to AMBDA or a doctorate in educational psychology, both programmes spend a significant portion of time covering psychometrics as this is a requirement of all providers (SpLD Assessment Standards Committee, 2010; The British Psychological Society, 2019). Both will also have focused on the development of intervention and evaluation, however educational psychologists’ experience of this will be broader and will cover all aspects of the SEN Code of Practice (Department for Education, 2014).

As qualification routes vary significantly, it is likely that educational psychologists and specialist teachers working within local authorities may differ in their views towards the assessment and support of children with dyslexia. This literature review focuses therefore on specialist teacher and EP views towards the assessment and support of students with dyslexia. Further details on the literature review approach are provided below.

[2.3 Search strategy](#)

The aim of this literature review was to include peer-reviewed studies conducted between 2000 and 2023 concerning views of professionals responsible for assessing and supporting students with dyslexia. One exception to this exists and

was included in the review due to the large number of academics (all of whom have submitted a number of papers in peer reviewed journals) involved in the production of the report. This is the SASC consultation paper on the identification of and effective intervention for literacy difficulties (SASC, 2022a).

Searches were completed between February 2022 and April 2022 using PsychInfo, Web of Science and EBSCO databases. In addition to this, the Educational and Child Psychology journal was used as a source of information as was the SpLD Assessment Standards Committee. The following keywords were combined during the searches: Dyslexi* /perspective and Dyslexi*/ view /assess* / psychologist*. The reference lists of all included articles were also searched manually. This process was repeated again in April 2023 to allow for any additional research that might have been released between April 2022 and April 2023.

The inclusion criteria included:

- Studies that gather views of educational and /or school psychologists and STs who have a role in assessing and supporting students with dyslexia. Studies were also considered if they included a wide range of professionals' views as long as participants included psychologists and STs who had a responsibility in assessing dyslexia, and the views of the different professional groups were represented separately.
- Studies were written in English but not necessarily completed within the UK alone.

- They were subjected to peer review in an academic journal (with the exception of the SASC consultation paper; SASC, 2022) as several academics contributed to this and the paper will have implications for the way in which dyslexia is assessed in the UK.
- The work was published between the years 2000 and 2023.

Exclusion criteria includes

- Teacher/lecturer perspectives if they have not completed an approved qualification.
- Trainee ST/EP views (including studies that gather information from participants before and after training).
- Parent perspectives
- Perspectives of students/pupils
- Masters or doctoral theses as these are not peer reviewed
- Studies that looked at the views of a range of professionals and does not segregate findings by professional group.

2.3.1 Perspectives of educational and / or school psychologists

Outside of the UK, several studies exist that examine the views of professionals and, in particular, psychologists. The psychological professions involved in assessing and supporting for dyslexia in the literature were typically educational psychologists (e.g. in the UK and Australia) and school psychologists (e.g. in USA). This research primarily originates from the USA as Sadusky and her colleagues show in the systematic literature review that they completed (Sadusky,

et al., 2021a). Due to the limited research in this field, they also included information from doctoral and master's theses alongside those from peer reviewed journals. They found that the assessment practices of psychologists varied considerably both nationally (within a set country) and internationally (across English speaking countries). Some psychologists continue to use the IQ discrepancy model to identify dyslexia whilst others adopt a 'response to intervention' stance. Furthermore, they found that some psychologists identify a pattern of strengths and weaknesses in order to inform their assessment. Consequently, they conclude that there is no consensus in the approach that psychologists adopt.

Sadusky, et al. (2021b) add to the research and used semi-structured interviews to gather the views of EPs working in Australia on assessing dyslexia. They found that despite no nationally recognised guidance for assessing dyslexia, many (not all) psychologists used the Diagnostic and Statistical Manual of Mental Disorders (5th editions). Psychologists there generally tended to characterise dyslexia as a literacy difficulty that included deficits in phonological processing (Sadusky, et al., 2021b). They conclude that there appears to be confusion around the definition of dyslexia. Furthermore, the same authors released another paper in 2022 that surveyed psychologists in Australia about how they assess and diagnose dyslexia in adults (Sadusky, et al., 2022). Despite a low completion rate of 32 psychologists where the survey was advertised through the Australian Psychological Society which has 24,000 members amongst other sites, they again found that psychologists tend to use the DSM's definition of dyslexia and attribute it to a difficulty with phonological awareness, and rapid automatized naming. They

then use standardised tests to measure clients' cognitive skills and achievement. They typically relied on their knowledge and experience of assessing children to assess adults. The authors discussed factors that influence the assessment practices of psychologists, which included the availability of resources or assessment kits, guidelines in diagnostic judgements (DSM 5) and supervision, amongst others. It should be noted that whilst the authors state that 32 psychologists completed the survey, responses on influencing factors were only received from 23 of the participants.

Benson et al (2020) completed a national survey of 1,317 school psychologists in the USA that examined the approach school psychologists adopt to assessment and whether state regulations and personal characteristics of the assessor (age and gender for example) affect this (Benson, et al., 2020). They found 'considerable variation among school psychologists with respect to the frameworks they use to identify' SpLD (Benson et al, 2020, pg154). They found that more than a third of school psychologists surveyed continue to use an IQ discrepancy model when completing assessment whilst half used a Response to Intervention (RtI) framework, and another half used a Pattern of Strengths and Weaknesses (PSW) framework (numbers indicate that many participants use a combination of frameworks).

The use of intelligence tests and achievement tests continue to appear to be prevalent in the USA. The work of Benson and colleagues (2020) appears to be an extension of the work of Maki and Adams (2018) who surveyed qualified school psychologists' practice and training and found similar results in that a range of

different frameworks (RTI, PSW and IQ discrepancy) are used by professionals to identify SpLD (Maki & Adams, 2019). These findings are also consistent with those of Unruh and McKellar (2013) who found that RTI was the second most used framework to identify SpLD after the IQ discrepancy model (Unruh & McKellar, 2013). In this study, PSW was not mentioned, however this study was completed ten years ago. It is noteworthy that many studies use survey as the primary method of gathering information and that qualitative methods have rarely been utilised overseas.

In the UK, Stothard, et al. (2018) completed semi-structured interviews with 6 EPs working within Local Authorities (LAs) in England. Whilst the findings from these cannot be generalised, as the sample size was small, it did provide some insights and has implications for the training of EPs regarding children's literacy. They found that confusion around the definition of dyslexia influenced EP thoughts and beliefs and therefore suggest the need to operationalise an agreed definition. They also found that EPs lacked confidence in developing literacy assessments and interventions despite 15 to 20% of the population (the figure provided by Stothard, et al), struggling with literacy. This study, however, makes no mention of the concepts of equity and equality (outside referencing the equality act, 2010) and very little mention of social justice outside of a single quote. This is very important as Elliot and Grigenko (2014) and other previous research indicates that there can be little difference between those with a diagnosis of dyslexia and those with low levels of literacy, but there can be a difference in support provided and attitudes of others.

Stothard, et al. (2018) note that EPs have limited training in the area and therefore their roles prior to training impact upon their knowledge. As there are no specific criteria for providers offering the doctorate in educational and child psychology, some practitioners may have more training relating to literacy difficulties during their training whilst others may not have sufficient knowledge to thoroughly assess literacy skills. EPs contributing towards assessments should reflect on their own skills and should “know the limits of their practice and when to seek advice or refer to another professional,” (Health and Care Professionals Council, 2015, 1.1).

In the UK, Ryder and Norwich (2018) also gathered the views of EPs via a large-scale questionnaire and subsequent interviews. They, however, focused on EPs and STs assessing students within the Higher Education sector. This study has therefore also been included in section 2.7.2 as it includes perspectives of specialist teachers. In relation to EPs, they found that they were more likely to regard literacy difficulties as necessary in order for them to make a diagnosis. They also found that EPs were more likely to consider the environment as a factor that may contribute to an individual’s difficulties and were less likely to place an emphasis on the neurological causes of dyslexia. None of these aspects, however, were significantly different from those of STs who they surveyed.

If educational psychologists (who are qualified to assess for dyslexia) do not have a shared concept of dyslexia this raises questions as to how adequately it can be assessed.

2.3.2 Perspectives of Specialist Teachers

At this current time, only one peer reviewed study has surveyed specialist teachers' views on dyslexia in England. This was completed in 2018 by Ryder and Norwich (Ryder & Norwich, 2018) who also surveyed EPs. They found that assessors lacked confidence in distinguishing literacy difficulties that occurred due to the environment and those that occurred due to dyslexia. They found that 60% of those surveyed used definitions of dyslexia that were based on a discrepancy concept that dyslexia is a combination of strengths and weaknesses. As the authors were surveying those responsible for assessing in higher education, it is possible that many respondents are independent contractors as opposed to working directly for the universities. There was also a large range in terms of experience of assessors surveyed (between 1 and 45 years with the average being 7 years). They criticise reliance on discrepancy models without analysing if these views were typically held by practitioners who had been working in the field longer. It is possible that those who completed their training a long time ago may have been trained to use this model to assess. It is also not possible, then, to determine the level of Continuing Professional Development (CPD) these practitioners engaged with and the subsequent effect of this. These are factors that were not controlled for and could have affected the findings.

Most recently, the SpLD Assessment Standards Committee released the findings of a consultation that investigated identification of and effective intervention for children and adults with literacy difficulties (SASC, 2022a). SASC organised a working group to "facilitate discussion and interaction between academics and

assessment practitioners” to address key questions such as “What is dyslexia”, criteria to identify dyslexia, appropriate support/intervention and implications for practice (pg 8-9). No specific methodological approach was used and the paper notes that “100% consensus on the issues discussed was never likely to be feasible.” Pg 8. The recommendations in this paper, then, are the result of a “general consensus”, though what this means precisely is not elaborated on.

Following the publication of the findings from the SASC consultation, an online survey was launched to gather the views of STs, EPs, SENCOs, Teachers, lecturers and student support workers (SASC, 2022b). The authors did not stratify the results according to professional group and, as the vast majority of respondents were specialist teachers, the findings of this survey are discussed in this section of the literature review. Although this is an exception to the stipulated literature review inclusion criteria, it was decided to discuss this paper in this review due to its prominence and relevance in the UK landscape of dyslexia assessment and support”

The findings show that 46% of respondents responded either “yes” or “unsure” to the following: “the only recommended standard score ‘cut-off’ point is for 1 Standard Deviation (SD) below the mean in one or more standardised tests of reading accuracy, reading fluency and spelling. Do you agree with this?”. This suggests that there might be assessors still using or unsure about a discrepancy-based approach to assessment. Furthermore, responses to the following question: “the purpose of testing underlying cognitive abilities in diagnostic testing should be to inform intervention and teaching strategies, not to imply causal

reasons for the attribution of a diagnostic label such as dyslexia. Do you agree with this?" were extremely mixed: 41% of respondents agreed or strongly agreed, however, this means that 59% either disagreed, strongly disagreed, somewhat disagreed or neither agreed or disagreed. Those who disagreed with the statement may have disagreed because they feel the purpose of testing cognitive abilities is to aid in implying a causal reason for the attribution of the label of dyslexia. If this is the case, then this supports the possibility that a discrepancy based model is still being used by assessors.

As a result of this consultation, the following was recommended by SASC:

- All children struggling with literacy require state funded assessment, intervention, monitoring and resources.
- Some individuals have persistent difficulty with literacy and require ongoing support in the form of intervention.
- The label dyslexia enables a common language for understanding intervention and support for those with persistent difficulties. Defining dyslexia is an ongoing task.
- There are other underlying factors present in individuals with highly persisting literacy difficulties such as weaknesses in phonological awareness.
- Specific interventions are required to support resilience and manage the difficulties of individuals with persistent problems. There is reference to professionals as "gatekeepers" (an individual who, through their involvement provides access to resources to individuals). Identifying an

individual as dyslexic should not act as a condition for the allocation of resources.

- Ideally, STs, EPs and other professionals would collaborate on assessment and intervention for individuals with dyslexia.
- Further scientific exploration of the validity of the term dyslexia and alternative labels for persistent literacy difficulties should continue.

In relation to diagnosing dyslexia, SASC state the following in their full paper:

“There needs to be clearer, state-funded routes to assessment for dyslexia and a more coherent, transparent and accessible set of policies regarding assessment and intervention across all education levels.” (SASC, 2022a Pg 32)

SASC reiterate this in their response to the Government Green paper: Right Support, Right Place, Right Time:

“. What is required is a needs-led system that also incorporates a nationally accessible, state-funded pathway to the identification of specific learning difficulties such as dyslexia.” (SASC, 2022d) pp3).

Despite findings from SASC that indicate concerns regarding the term dyslexia which does not have a universally accepted definition and concerns regarding consistency of practice relating to assessment, SASC are recommending state-funded pathways that may lead to the diagnosis of dyslexia. Their rationale is that it is not equitable for individuals who cannot afford to access the private sector for a diagnostic assessment. This is one of the primary themes emerging from the

literature on professionals' views of assessment and support of students with dyslexia.

2.3.3 Unifying concepts

The literature discussed reveals the views of psychologists and specialist teachers on the topic, and it seems that there are four concepts that emerge repeatedly. These relate to consensus (regarding definition and assessment), equity, specific versus general and labelling. These will be analysed in reference to the aforementioned literature.

2.3.4 Consensus

All studies included in the literature review (whether they used surveys or semi-structured interviews) note the absence of consensus on issues ranging from what dyslexia is, to assessment practices, frameworks and support. This is also in line with previous research and other reviews of literature (Elliot & Grigeronko, 2014; Wagner, et al., 2020). In all of the studies included in the literature review, the lack of consensus was between professionals belonging to the same group (for example, educational psychologists, as researched by Stothard, Woods, & Innoue (2018)). SASC (2022a) surveyed both STs and EPs, however they did not look at the difference in opinions of STs and EPs, but presented their views as one data set. It should be noted that the term "consensus" may mean different things to different people. In each of the studies included, the concept of "consensus" was usually missing and where it was included (SASC, 2022a), there was no

explanation as to what the term means, and at what level of agreement one might assume consensus. Consensus relating to definitions of dyslexia is discussed in section 2.2, Defining dyslexia.

2.3.5 Equity

Whilst equity was mentioned in some of the studies included in the literature review, others did not refer to it. One possible reason for this is that it is possible that assessors in some countries focus primarily on assessment and therefore, have less involvement in supporting pupils. A second possible reason is that practices in countries such as Australia or the USA are less likely to result in the notable existence of inequity. Consequently, research in these countries may have focused less on equity and more on consensus (see section 2.2.3). Equity however was mentioned specifically in the following studies: Ryder and Norwich (2018); Sadusky, et al., (2021b) and SASC (2022a). It appears that equity appears to be more likely prioritised by researchers based in the UK when considering the field of dyslexia, especially as Elliot and Grigeronko (2014) and Kale (2020), amongst others, have also referred to it.

Within this project, equity has been defined as fairness and justice by making adjustments to imbalances according to an individual's starting point (National Association of Colleges and Employers, 2022). In relation to dyslexia, equity refers to the inequality that exists between different socio-economic groups in relation to the term being applied as a diagnosis and the support subsequently provided (Elliot & Grigeronko, 2014).

In relation to assigning the label of dyslexia, there are local authorities in England that do not differentiate between dyslexia and children with literacy difficulties (for example, Staffordshire and Warwickshire; Kale, 2020). Various reasons have been provided for this. One relates to how the diagnosis of dyslexia is scientifically questionable, with no set definition, or specific criteria distinguishing dyslexia from other literacy difficulties. The second relates to social exclusion and issues of equity (Kale, 2020). The article alludes to the possibility that parents who are able to afford to privately commission a ST or psychologist may obtain a diagnosis privately and use this as a basis to secure a higher level of provision than peers with similar difficulties. The difficulty with privately commissioned reports is that only those with sufficient income can afford to commission an assessment to be completed privately, especially as the price of an assessment can cost between £300 and £900 (Kale, 2020). This means that some children who may have significant literacy difficulties may not have access to the same sort of literacy assessment, a point that was also made within the SASC consultation (SASC 2022a). They also note that whilst there are “quite high numbers of trained specialist teachers and psychologists in the UK... relatively few appear to be working in the state school system” (SASC, 2022a, pg 61).

The second issue relates to support. Some students with dyslexia may not require a high level of support, but parents who make an application for an Education, Health and Care Plan may secure it. One instance given in Kale’s article relates to two children. One described as preverbal with severe and profound difficulties and the other with dyslexia. The child with dyslexia was allocated resources whilst

the child with “enormous” difficulties did not get “anywhere near the same level of resource or funding” (Kale, 2022, paragraph 40). Elliott (2020) also proports that parents of sufficient income are able to secure attention and resources for their children at the expense of other children with similar or, in some cases, more severe literacy difficulties (Elliot, 2020). SASC (2022a) appear to offer an alternative perspective and refer to work completed by Kirby (2020) that states that the author either directly records, or made an inference that, parental pursuit of resources and support was not a response to a desire to want more but a response to a lack of provision available to children with literacy difficulties. Kirby (2020) however, refers to previous work he conducted which relies predominantly on anecdotal accounts of individuals such as Jennifer Salter (a specialist teacher lobbying the LA for support for her son) and Marion Welchman (a mother in Bath seeking support) in order to make this claim (Kirby, 2019). Elliot (2020), SASC (2022a) and Kirby (2019) make valid points. It is likely that there may be parents that, as Elliot purports, are attempting to secure attention and resources at the expense of other parents. It is important though, that one remembers that this is a small minority. There are however, as Kirby (2019) and SASC (2022a) both affirm, many parents that are seeking support for their children who are not currently receiving support, that is, they are responding to a lack of provision. One cannot automatically assume that parents of children with literacy difficulties are seeking to secure resources and attention at the expense of others.

2.3.6 General or specific

In the SEN Code of Practice (2014), dyslexia comes under the category of “Specific Learning Difficulties.” One theme that emerged from the literature relates to identification. In all of the studies, it was found that some professionals (up to a third in some instances) continue to rely on some form of a discrepancy model and this appears to be promoted by SASC as their pre-16 assessment template states that “Performance will be discussed, with particular reference to any important discrepancies” (SASC, 2022e, pp 9). Although, it should be noted that the term ‘discrepancies’ is not defined by SASC.

In order to identify a specific learning difficulty, one must ensure that the difficulty is not “general”. If a student’s difficulties are general, it may be that different terminology is more appropriate such as the term “Moderate Learning Difficulty” (this is consistent with the SEN Code of Practice). Wagner et al (2020) refers to standard deviations relating to assessment and notes that this has implications for whether or not an assessor will conclude dyslexia for the purposes of research (Wagner, et al., 2020). When SASC surveyed assessors, they found that 21.5% responded “yes” and 24.25% responded unsure to question 15, “In the suggested criteria for the identification of dyslexia... the only recommended standard score ‘cut-off’ point is for 1 Standard Deviation (SD) below the mean in one or more standardised tests of reading accuracy, reading fluency and spelling. Do you agree with this?” (SASC, 2022c pg 32). This suggests that there is confusion around whether or not to apply a discrepancy model or not. This confusion may have arisen due to seemingly conflicting information. The Rose Review’s

definition of dyslexia states that it “occurs across the range of intellectual abilities.” (Rose, 2009, pg 9). The definition notes that it occurs across a range of abilities, but that dyslexia is not a generalised difficulty. For instance, an individual scoring at percentile 2 for ability and percentile 0.1 for literacy measures could, if one adopts a one standard deviation model, be considered dyslexic (if other conditions were met). A limitation of this approach is that it assumes that the test of ability is a reliable measure in every circumstance and/or situation.

Whilst standardised tests can be useful, there are various factors that should be taken into consideration when using them. Even though standardised tests can be considered as positivist, they require an element of interpretation; for example, one assessor may consider percentile 10 as very low and another may not. Such interpretation is therefore subjective and is specific to the individual psychologist (Billington, 2006). Additionally, one professional may consider a score as an accurate reflection of the individual's ability whilst another may not. Their reasoning for this is again, subjective. Furthermore, tests can be stress inducing and stress can subsequently affect an individual's performance on an ability test (Moran, 2016) Whether the stress is sufficient to affect performance is at the discretion of the assessor (Division of Educational and Child Psychology, 1999). These are just some examples of why tests of ability may not always be a valid measure in every circumstance or situation.

2.3.7 Labelling

Labelling is discussed in all of the research included in the literature review from within the UK and none of the research outside of the UK. Many of the studies that refer to labelling typically adopt the view that labels are negative (Ryder and Norich, 2018; Stothard, et al., 2018), however some of the work also includes positive elements of labelling, especially when it is perceived as a medical condition that requires additional support (Ryder and Norwich, 2019).

SASC (2022) presents a series of points for and against the term: “Applying names or labels to a grouping of trait-like characteristics with complex and multiple potential causes, acts a descriptive short-cut and reference point for all those concerned, enabling important conversations about managing difficulty” (SASC, 2022a, pg 13). They note that it is useful for purposes such as research. They also note in this report that there is no single definition of dyslexia and therefore, there is a need to produce exclusionary criteria about what does not constitute dyslexia.

Whilst the term can be useful for research and providing a common language, there are wider considerations that the literature shares and is found in other, relevant literature. Ryder and Norwich (2018) make two key points. Firstly, that assessors need an awareness that the use of a label such as dyslexia can perpetuate unfair access to disability provision, something that Elliot and Grigernko (2014) also comment upon. This is discussed in detail in section 2.3.4.

Secondly, they warn that staff need to be aware that there is substantial diversity within the label (as previously discussed, see section 1.6, defining dyslexia).

Research by Stothard, et al. (2018) found a general unwillingness from EPs to assign a label such as dyslexia. One EP commented that the term is “woolly” whilst another commented that “labels don’t allow us to move and grow and change” (Stothard, et al., 2018, pp 18). Whilst the authors do not expand on what this could mean, the EP interviewed could be alluding to several things. A label such as dyslexia affects self-concept: for some, it may be a relief but for others, they may feel themselves disabled and subsequently, unable to learn and progress (Pollak, 2009). It could also be that teachers feel less pressure when working with children with dyslexia. They may feel that the student’s difficulties will affect their progress and may therefore be less motivated to help a student to progress (Pollak, 2009).

[2.3.8 Literature review conclusion and rationale for the present study](#)

Whilst there is only a small body of research, the views of EPs and STs towards assessment and support have been presented and some emerging concepts have been highlighted (for example, equity). The research presented however does not consider whether ST or EP participants were working with local authorities, and there could be a large number of independent EPs and STs who contributed to the work. Furthermore, many of the studies reviewed include the views of professionals working within Higher Education. To date, there is no research comparing and contrasting the views of STs and EPs within the local authority

sector on the topic. This therefore suggests that the research is important, particularly as tensions between professional groups have been highlighted (SASC, 2022a). There is also limited research that considers the views of assessors on support for students, possibly because intervention and support provided to students does not directly come from assessors but from teachers and support workers who would be more likely to be providing the support (Department for Education, 2014). This may explain why support is rarely referred to within the literature review.

As a result of the findings of the literature review, and in particular the limitations and gaps in the literature highlighted above, the present research aimed to seek the views of EPs and STs regarding the assessment and support for dyslexia.

More specifically, the research questions are as follows:

What are the perspectives of educational psychologists and specialist teachers (working within local authorities) towards the assessment of dyslexia?

What are the views of EPs and STs (working within local authorities) regarding how children with dyslexia should be supported?

What are the similarities and differences between the perspectives of EPs and STs regarding assessment?

What are the similarities and differences between the perspectives of EPs and STs regarding support for students with dyslexia?

Chapter 3: Methodology

This section includes information relating to the researcher's philosophical orientation. It also includes details relating to how the project was conducted and includes information about processes, participants and measures.

3.1 Theoretical orientation

Each researcher has their own perspective which will be based on their background, culture and other influences, and this will subsequently affect their beliefs, assumptions and how they view reality (Crotty, 1998). Researchers need to understand and acknowledge their own views and how this affects their thoughts and, the approach they take to their work (Holmes, 2020) The reader can then orientate themselves to the researcher's way of thinking and can understand their philosophical, epistemological and methodological positions.

3.1.1 Ontology

“‘Ontology’ is the study of what there is and of what ‘what there is’ is like,” (Cartwright & Montuschi, 2014, pg 6). It explores the study of being or reality and considers what it is to exist and how this is fundamentally different to non-existence. Ontology can be viewed on a continuum ranging from relativism to realism. Relativists tend to adopt the view that what is true is not universal or

objective but relative to the individual and their background, whilst at the other end of the spectrum, realists tend to view reality as true and therefore it is observable, measurable and generalisable (Della Porta & Keating, 2008) The individuals own perception of reality influences their beliefs and subsequently affects the research questions they develop.

3.1.2 Epistemology

“Epistemology approaches epistemic questions by asking about the strength of arguments and evidence. It is assumed that individuals produce the arguments and gather and evaluate the evidence” (Cartwright & Montuschi, 2014, pg 250) Epistemology explores the relationship between knowledge and the researcher and is therefore rooted in the researcher’s own ontological positioning. It is therefore concerned with how we know things. The researchers epistemological position will be based on what they want to know and how they can access this. It considers what tools will be best suited to gather the information so that they can interpret this and reach a conclusion (Kivunja & Kuyini, 2017).

3.1.3 Researcher’s position

The present research is underpinned by a pragmatic ontology and epistemology. This approach is summarised by Creswell (2014) who suggested that pragmatists are not committed to a single system of philosophy and reality, and that researchers have freedom to choose. Truth is therefore viewed as what works at

that moment in time and consequently, is never an absolute entity. They agree that research occurs in a range of contexts, for example, historical and social (Creswell, 2014). A pragmatist considers 'the what' and 'how' of research. A pragmatist will therefore endorse any methodology that is most suited to answering the research questions that they have developed. The focus is on the question rather than the method (Creswell, 2014).

3.2 Design

This is a two-part cross-sectional study where information from participants was gathered to elicit their views about dyslexia. In the first part, participants were invited to complete a questionnaire on the topic. The questionnaire was open for participant completion between September 2022 and the end of December 2022. During the second part, participants were invited to participate in focus groups. These took place on the 12th and 13th of December 2022. This study is grounded in a pragmatist research philosophy. In this study, self-report measures (questionnaire and contributions obtained in focus groups) are assumed to be a true reflection of participants' reality on the topic of dyslexia.

The methodology adopts a pragmatic approach to answer the research questions. When completing the literature review, it became apparent that whilst there is much information on the topic of dyslexia, there is much less on the topic of EP and ST views on the topic. Although SASC completed work on the area very recently, there are important differences with regards to participants and methodology between their work and the present study (SASC, 2022a). Work completed by SASC was heterogenous and included views of a wide range of professionals, including lecturers, and teachers who had not completed an accredited SpLD qualification. The work also did not distinguish between views

obtained from individuals working privately to complete assessments and those who work for local authorities either within a traded capacity or as council employees although tensions between the groups are noted in the report.

In the present study, results from the questionnaire will be compared to findings from the recent SASC consultation where possible and relevant and will be compared to research included in the literature review. Additionally, the findings will be used to help develop questions for the focus groups which will use more phenomenological elements (for example, perceptions of STs to EPs with regards to dyslexia and vice versa) in order to add richness and depth to the understanding of perspectives of different professional groups to dyslexia.

Focus groups were selected in lieu of interviews for several reasons. As focus groups consist of several participants, people who may be more reluctant to contribute in a one-to-one interview may be encouraged to do so due to dynamics of group work (Robson, 2011). Additionally, participants may be stimulated by hearing the thoughts and feelings of others who contribute to the discussion enabling them to contribute further. Participants may find interviews a more stressful approach and this can inhibit their responses (Robson, 2011). It was therefore anticipated that the group dynamic intrinsic to focus groups would allow for greater richness and depth to complement the findings from the surveys.

3.3 Participants

Specialist Teachers and Educational Psychologists.

STs and EPs working within LAs in England were approached to complete the questionnaire. For more information about the consent procedure, please see *Procedure and Ethical Considerations*.

Information about this project (including a link to the questionnaire) was shared through several media. Firstly, the link to the questionnaire was shared with TEPs placed at different local authorities in the West Midlands who shared the link with their respective EP services. An explanation of the questionnaire and link were also uploaded to Twitter and various Facebook groups (example: the SpLD teachers, tutors and dyslexia specialists (U.K) group and Praxis CPD community). Finally, messages were also sent to SASC, the BDA and PATOSS via email or through the standard messaging services on their website if an email address was not found. Two reminders were sent out. The questionnaire was open to responses between September 2022 and Friday the 23rd of December 2022.

All specialist teachers and EPs were invited to complete the questionnaire as long as they met both of the following conditions. Firstly, they had to have completed either an accredited course in Educational Psychology (sufficient to then register as a practitioner psychologist with the HCPC) or had completed approved training as a specialist teacher (sufficient for them to apply for an Assessment Practicing Certificate). The reason for this was that the questionnaire asks questions about training and responses could therefore be skewed by any respondents who have not completed the training. The second criterion was that practitioners had to be actively working with a Local Authority, either maintained through LA funded or in a traded capacity. The reason for this is because respondents engaged in private

work may have provided very different responses based on their experiences. The views of the independent sector are represented in research conducted by Ryder and Norwich (2018) and SASC (2022a).

A total of 47 EPs and 53 STs completed the questionnaire, however, this was reduced to 39 EPs and 30 STs as this was the number that met the criteria of having completed an approved training course and worked primarily with a LA (either in a traded or maintained capacity). The main reason for exclusion was because individuals completing the survey did not primarily work with an LA – only three participants were eliminated because they had not completed a course. It is not possible to determine the location, gender or ethnicity of participants who completed the questionnaire. Further details explaining the rationale for the information gathered is provided in 3.4.1 questionnaire.

At the end of the questionnaire, a box was provided where participants could leave an email address if they were willing to participate in a focus group about the topic of assessment and support for students with dyslexia. Their email address was not linked with their responses in the questionnaire, thus ensuring that their responses remained anonymous. As multiple participants had volunteered for the focus groups, initials were input into an automatic generator and the first six names in the list generated were sent invites to attend the focus group (this process was repeated for EPs and then STs).

Two focus groups were completed. Focus group one consisted of five Specialist Teachers (one did not return consent for the focus group and subsequently did not

attend) who had completed an accredited qualification and are employed in a local authority (in either a traded/local authority maintained) capacity. All participants were female and worked with different local authorities (traded/local authority maintained) in England. Focus group two consisted of five Educational Psychologists registered with the HCPC and were employed in local authorities (traded/local authority maintained) in England. All participants were female.

3.4 Data collection tools

3.4.1 Questionnaire

The questionnaire was developed for the purposes of the present study. No previous research used a questionnaire that could be aimed at both EPs and STs working in LAs to assess their perspectives on the topic of dyslexia in relation to assessment and support (many focused on one or the other or gathered perspectives from other groups); therefore, a questionnaire was developed for the purposes of the present study. The development and composition of the questionnaire are discussed below.

Questionnaire statements were adapted from the questionnaires provided in Ryder and Norwich (2018) and their subsequent work (Ryder and Norwich, 2019), in addition to questions developed by me for the purposes of the present research. Each statement and question was evaluated using a checklist based on the work of Robson (2002) and Bryman (2012) (see Appendix 1). The checklist was developed to help avoid non-essential questions, overly complicated language, leading questions, double negatives and questions that are too general or too

technical. An issue with any of these could adversely affect the responses provided. For example, if a question was deemed, too technical, respondents may not understand the question and their response could be hindered by this (Bryman, 2012; Robson, 2002). Additionally, including non-essential questions increases the time it takes respondents to complete the questionnaire and this could result in questionnaires not being completed, or could lower the potential number of respondents willing to complete the questionnaire (Bryman, 2012, Robson, 2002). Questions generated were checked against the checklist by me and both the academic supervisor and placement supervisor. The aim of this was to help minimise any potential bias I may have towards any particular questions (see appendix 1).

The questionnaire contained three dichotomous questions to ensure that participants met the criteria for the research: these related to role, whether they had completed an approved training course and worked primarily within an LA. The questionnaire then included 16 multiple choice questions and three open ended questions and the option for participants to share any other comments. Questions regarding sex, gender and ethnicity were not included. It was anticipated that the majority of respondents would be white and female as this reflects the current workforce (Health and Care Professions Council, 2019; Schoolteacher workforce, 2023). Without a suitably large sample, it would not be possible to compare and contrast participants from other ethnic groups or genders and therefore, the decision was made not to include this. Furthermore, comparing responses according to gender or ethnicity was not a research question of the present study.

The questionnaire was piloted in July 2022 by two specialist teachers and two educational psychologists. They provided additional feedback on the questionnaire and questions. Some minor changes were made to the text boxes (increasing size for respondents) and grammar/punctuation. No changes were made to the questions.

The questionnaire was then inputted onto Qualtrics survey software (Qualtrics, 2022a). Qualtrics was used as respondents could access the survey from a variety of devices such as phones and laptops, and it is compatible with different operating systems (Qualtrics, 2022b). The software also provides “enterprise-grade security features including data encryption, redundancy, continuous network,” and it is compliant with “EU data sovereignty” so that it is used by “government departments,” (Qualtrics, 2022b). This means that participants could be assured that their responses would be kept confidential and secure.

In addition to gaining the feedback from the pilot participants (see above), Qualtrics provides an “expert review” of the questionnaire, rating it on several scales including predicted duration (the time it will likely take participants to complete the questionnaire); clear, concise questions; and number of text boxes (questions that involve a typed response). The survey was rated as ‘great’ with the following minor suggestions recommended: reducing the number of questions for written response, making it shorter and, adding in bot detection. The questionnaire was then distributed in September 2022 to EPs and STs via Facebook, Twitter, emails to colleagues at different local authorities and, word of mouth. A copy of the questionnaire has been included in Appendix 2.

3.4.2 Focus Groups (interview schedule)

A draft interview schedule was devised and submitted alongside an application for ethical approval in January 2022. Interview schedules from studies included in the literature review were considered, however none of these were deemed to be suited to the present research questions. The intention was to wait until results from the questionnaire had been compiled and to use this to further enhance the questions for the interview.

Each statement in the interview schedule was assessed using the same framework applied to the questions on the survey based on the work of Bryman (2012) and Robson (2002) to ensure that questions were not repeated, were clear, were not too technical and were not leading (Bryman, 2012; Robson, 2002) (see appendix 3 for the focus group schedule).

Following this, the interview schedule was shared with two qualified educational psychologists and two specialist teachers who offered feedback. This resulted in further changes. The interview was piloted with an educational psychologist.

The interview schedule for the focus group was designed to help gather further information that could support the researcher in addressing the established research questions (see section 1.4). Therefore, questions for the focus group covered the same themes present within the survey relating to conceptualisation of dyslexia, assessment and support. However, results from the survey also affected the development of the interview schedule. For example, many STs and EPs felt that dyslexia could be diagnosed, and this then informed one question around how dyslexia might be misdiagnosed. This provided further information on the topic for the researcher that the survey did not 'capture.'

Two focus groups were carried out: one for STs (n = 5) and one for EPs (n = 5) . The focus groups were carried out and recorded via Microsoft Teams; the audio recording was transcribed, and this was then analysed (see below for more information on analysis).

3.5 Data analysis

3.5.1 Survey

Answers from closed questions (choice-forced) were collated, segregated into two groups (STs and EPs) and percentages of participants who endorsed different responses (e.g., agree, don't agree, etc) were reported. Further descriptive statistics were also included in the form of means and standard deviations.

3.5.2 Open ended survey questions and focus group

Responses from open ended questions from the survey and focus group were collated, segregated into two groups (STs and EPs) and inputted into NVIVO. The responses from both the survey and focus group were analysed using thematic analysis. Thematic analysis was selected as the method for data analysis as it is flexible and can be used across different theoretical perspectives and epistemological approaches (Braun and Clarke, 2006; Braun and Clarke, 2022) and consequently, can be used within a pragmatic approach. This method provides the researcher with a framework for analysing multiple, complex sets of

qualitative data in detail in a way that can then be communicated with others (Boyatzis, 1998). It allows a researcher to identify recurring patterns (themes). Furthermore, Braun and Clarke, (2006; Braun and Clarke, 2022) also note that unlike other methods, the researcher does not need to have a detailed knowledge of the theory or technical aspects of the approach and can still be used to generate insight into the data to audiences unfamiliar with qualitative methods. One criticism of the approach that has been made is that because there is no set process for conducting thematic analysis, there can be a high degree of variability in the way in which the method is applied to the analysis of data (Boyatzis, 1998). As a result, researchers have to provide a description of process and practice so that the research can be evaluated and compared to other, relevant pieces of work.

Thematic analysis includes six steps: familiarising oneself with data, generating initial codes, searching for themes, reviewing the themes, defining and naming themes, and producing the reports. An overview of each step will now be provided. Information on this process is provided in table 1 (see below).

Table 1*Overview of thematic analysis (Braun and Clarke, 2006)*

No	Description	Process
1.	Familiarising oneself with data.	This included transcribing the focus groups recorded on Microsoft Teams which would be completed initially by Microsoft Word. The transcriptions still needed to be checked as it was unlikely that Microsoft Word would transcribe the audio with complete accuracy. This was completed by playing back the recording and checking this against the transcript compiled. This means that the transcripts would be re-read as a result this would aid with familiarisation. Written responses from the survey did not require any amendments and were used in their original format within the analysis.
2.	Generating initial codes.	NVivo was used. Written responses from the questionnaire and the transcripts from the focus groups were uploaded separately to NVivo and were also split into EP and ST responses. There were 4 data sets analysed: questionnaire EP responses; questionnaire ST responses; EP focus group; and ST focus group. More information on this is presented below. The responses were re-read and relevant statements were coded. Three deductive codes were included in each section, namely conceptualisation, assessment, and support, and were included because the questions from the survey and focus groups focused primarily on these areas. Further coding was open in its nature, was incidental and focused on semantics. Latent coding was considered; however, this was not chosen because this focuses on finding underlying hidden meanings and therefore, can be considered very subjective (Robson,

		2002). The codes therefore were derived from what is in the transcript and other information provided. The researcher did not attempt at this point, to search for or identify themes. Some data reduction took place at this stage. An example of this included a participant who requested a question be repeated. This did not need to be coded as it does not add or take away from the final analysis. In the spirit of transcription though, this data reduction needs to be mentioned and will be in the results/discussion.
3.	Search for themes.	NVivo allows the user to select a code and to see all corresponding transcriptions. At this point, open codes were categorised or merged into axial codes. For example, open coding initially included the following categories, 'medical information,' 'history of support,' 'teacher views,' 'parent views' and these were subsequently merged into one group as 'the student's background'.
4.	Review the themes.	All comments within each axial code were then re-read to ensure it was relevant and appropriate. Some statements within each code were moved and others were removed.
5.	Define and name themes.	Clear names for themes were then selected although these were subjective. This process was discussed and reviewed with the project supervisor.

6.	Completing the results (producing a report)	When writing up the results, the main themes were named and explained, quotes from the transcripts and other information were provided and the findings summarised.
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3.5.3 Rationale for four separate thematic analyses

Four separate thematic analyses were conducted. These are detailed below in Table 2

Table 2

Details of separate thematic analyses

Thematic Analysis	Source	Focus
1	ST responses on survey	Conceptualisation, assessment, support
2	EP responses on survey	Conceptualisation, assessment, support
3	ST focus group	Conceptualisation, Assessment, support, equity
4	EP focus group	Conceptualisation, assessment, support, equity

Carrying out four separate thematic analysis allowed me to make the following comparisons:

- i. Comparing responses between EPs and STs who completed the survey.
- ii. Comparing responses between EPs and STs who completed the focus group.
- iii. Comparing responses between STs who completed the survey and those who completed the focus group.
- iv. Comparing responses between EPs who completed the survey and those who completed the focus group.

There are two rationales for making the comparisons above. Firstly, comparing results of EPs and STs allowed me to answer the research questions (presented in Section 1.4 and discussed in Chapter 5). Secondly, comparing the responses received by the same professional group on the survey and focus group allows for triangulation. If there are notable differences between the responses of those within the same professional group on the two different measures, this could suggest a methodological flaw and the need for further investigation into the topic.

3.6 Procedure and Ethics

In April 2022, the Humanities and Social Sciences Ethical Review Committee at the University of Birmingham granted study approval. In September 2022, the Principal Educational Psychologist (PEP) at the EP service at which I was on placement shared the link to the questionnaire with other PEPs within the West

Midlands. Links were shared on various Facebook groups, Twitter and e-mails with the link were sent to other trainees who passed these on to their PEPs. The questionnaire also included information about the research and a consent form. At the end of the questionnaire, participants were invited to attend a focus group on the subject. The option was then provided for participants to provide their email addresses. Reminders regarding the questionnaire were sent at the start of October 2022.

The questionnaire was open for respondents between September 2022 and November 2022. The findings were then used to help inform the interview schedule for the focus groups. Participants who had completed the questionnaire and indicated a willingness to participate in the focus groups were contacted via email in December 2022. The focus groups were arranged for January 2023. These took place via MS Teams. They were recorded.

3.6.1 Ethical considerations

The research was designed to ensure that it met the rigorous standards of ethical practice as outlined in the BPS Code of Human Research Ethics (The British Psychological Society, 2021). This recommends taking the following into consideration: risk, consent, confidentiality, deception and debriefing. Additional guidance is provided on other areas that were not relevant to this project (example, research in the NHS). The debrief in the survey included a statement offering participants the opportunity to talk about the research. This included contact emails. Participants in the focus group were also debriefed and offered a

one-to-one discussion. No deception took place. Risk, consent and confidentiality are explored in greater detail below.

Risk: It is highly unlikely that participants completing either the questionnaire or the focus groups would experience any distress. In the unlikely event that an individual completing the questionnaire experienced distress, contact details (email addresses) were provided for me and my academic supervisor in the information at the beginning. In the event that an individual experienced distress during the focus group, the focus group would be ended and postponed. In this eventuality, further participants would be recruited. Anyone affected would be provided with the researcher's contact details so that further debriefing could be established, and to provide additional support by signposting the individual to appropriate providers (for example, counselling).

Consent: Information about the research project was attached to the first page of the questionnaire (see appendix 2). This outlined the nature, purpose and possible consequences of the research. It also provided participants with the contact details for the researcher and, researcher's supervisors. The information leaflet also included information on opting out of the research. Participants were given the option to opt out from completing the questionnaire at any point. Their responses in this instance, would not be recorded. A note was included explaining that once submitted, it would not be possible to withdraw their responses as it would not be possible for the researcher to identify their specific questionnaire. Individuals who wished to participate in the focus group were asked at the end of the questionnaire to provide an email address.

In relation to the focus group, the information provided at the start of the questionnaire was attached to the confirmatory e-mail of participation. Some changes were made to this including the right to withdraw at any time during the focus group and the right to withdraw up until the work had been transcribed at which point, because pseudonyms are used to represent individual's and their responses, it would not be possible for them to withdraw this information.

Confidentiality: All questionnaire responses are anonymous. The only exception (and this is included in the information provided within consent) is that their response is initially linked to their email address if they provide one because they want to participate in the focus group. In this instance, the questionnaire would not be viewed. The email address would be obtained, added to a list and deleted from their questionnaire responses. This means that their responses would be anonymous, and it will not be possible for the researcher to identify whose responses belong to whose email address. The only identifying information needed is whether the participant is an EP or ST. It also asks if they work for an LA. It is not expected that this will lead to any individual who participated being identifiable.

With regard to the focus group, once the session had been transcribed, pseudonyms were applied so that participants remained anonymous. If any individual used a participant's name, the pseudonym was be applied.

[3.8 Validity and trustworthiness of the present research](#)

For research to be practical, it needs to be valid (where evidence supports the conclusions) if it is going to be of benefit to the intended audience (Yardley, 2000).

Robson also adds that research needs to be trustworthy and suggests that a piece of work can be considered trustworthy when it is valid, generalizable and reliable (Robson, 2002, pp 78). In order to increase trustworthiness and validity, I attempted to be as rigorous as possible. This was demonstrated in several ways. Firstly, I sent all participants contributing to the focus group a copy of the questions that were going to be explored during the group beforehand. It was intended that this would enable participants to think about their own personal responses to the question in advance. Sending questions beforehand can help reduce potential anxiety that participants may experience and, can help promote discussion, this has been noted in other, similar contexts (White & Rae, 2016).

In addition to this, the researcher conducting all focus groups personally edited transcripts generated whilst listening to the recording (this was completed twice to minimise risk of error). Through this, the researcher became more familiar with the readings. In regards to the surveys, all responses were included in the analysis as long as participants met the following criteria: they had completed an accredited course and, worked primarily within an LA (either traded or maintained). No response was removed. Finally, all written responses from those participants that met the above criteria was included in the analysis. When carrying out the thematic analysis, the transcripts from the focus group and, the written responses from the survey were read multiple times both before, during and following the data analysis. Furthermore, the researcher discussed findings with senior colleagues to ensure that the results were both valid and trustworthy.

Chapter 4: Results

4.1 Chapter overview

This chapter presents the results of the survey and focus groups. The quantitative results from the survey are reported before qualitative data from written responses and focus groups is presented via the results of the thematic analysis. There is a focus on similarities and differences between the perspectives of EPs and STs on assessment and support for students with dyslexia.

4.2 Analysis of quantitative data from the survey

Table 3 shows the frequency with which EPs and STs work with children who experience literacy difficulties. 93.33% of STs indicated that they work with children with literacy difficulties “very often” whereas, 28.21% of EPs indicated that they work with this group “very often.” 69.23% of EPs selected that they work with children with literacy difficulties “often.” One EP (2.56%) indicated that they work with children with literacy difficulties “rarely.” The table indicates that the majority of those who completed the survey currently work with children with literacy difficulties regularly.

Table 3

Table to show how often EPs and STs work with children who experience literacy difficulties

	Very often	Often	Neither often or rarely	Rarely	Very rarely
EP	28.21%	69.23%	0%	2.56%	0%
ST	93.33%	6.67%	0%	0%	0%

Table 4 shows how EPs and STs responded to the various statements in the survey. Percentages have been provided for each response that was provided in the multiple-choice questions. Table 5 presents the same data in a different format, so that overall responses from ST and EPs can be compared. Here, mean scores were calculated for each question, for each professional group. Each response on the questionnaire was weighted before the mean was calculated (strongly disagree = 1; Strongly agree = 5). Therefore, the lower the number, the closer the responses are to strongly disagree and the higher the number, the closer the number to strongly agree. Two statements were placed in bold. These were the two statements with the greatest difference in mean scores between EPs and STs.

Table 4

Table of percentages to show Educational Psychologists and Specialist Teacher responses to questions on assessment and support for students with dyslexia

Question	Percentage of Educational Psychologists' responses					Percentage of Specialist Teachers' responses				
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I know what dyslexia is.	2.56	2.56	17.95	43.59	33.33	3.33	0	0	40.00	56.67
I am confident in my ability to identify dyslexia.	7.69	17.95	12.82	46.15	15.38	3.33	0	0	50.00	46.67
I have had sufficient training to identify dyslexia.	5.13	17.95	33.33	25.64	17.95	3.33	3.33	0	50	43.33
It is not possible to identify dyslexia.	10.26	46.15	20.51	12.82	10.26	26.67	60	6.67	0	6.67
I understand the role of the SpLD Assessment Standards Committee.	23.08	33.33	10.26	33.33	0	0	0	3.33	63.33	33.33
Dyslexia can be incorrectly identified as the cause of the literacy difficulty.	0	0	15.38	58.97	25.64	0	0	6.67	83.33	10.00
Looking at the confidence intervals of tests is important in diagnosing dyslexia.	7.69	20.51	33.33	33.33	5.13	0	10.00	23.33	63.33	3.33
Diagnosing children with dyslexia leads to better support.	13.51	24.32	35.14	27.03	0	0	23.33	46.67	23.33	6.67
Children with dyslexia need different support from those with literacy difficulties.	29.73	40.54	24.32	5.41	0	6.67	33.33	16.67	40.00	3.33
I know a range of ways to support children with literacy difficulties.	0	0	8.11	51.35	40.54	0	0	0	30.00	70.00
Diagnosing dyslexia has a negative effect on the mental health of children.	8.11	21.62	67.57	2.70	0	13.33	46.67	33.33	6.67	0

Meeting the needs of children with dyslexia can take away resources available for other children.	18.92	37.84	29.73	5.41	8.11	10.00	33.33	40.00	13.33	3.33
Teachers have lower expectations of children with dyslexia.	2.70	13.51	43.24	35.14	5.41	0.00	6.67	66.67	26.67	0
Having a dyslexia diagnosis places the literacy difficulties 'within the child.'	0	8.11	13.51	54.05	24.32	6.67	36.67	36.67	20.00	0
I am very aware of current research into dyslexia.	8.11	18.92	13.51	45.95	13.51	0	3.33	13.33	46.67	36.67

Table 5

Mean scores showing Specialist Teachers and educational psychologists' responses to questions on assessment and support for students with dyslexia

Question	Role	Mean	Std.d
I know what dyslexia is	EP	4.03	0.9
	ST	4.47	
I am confident in my ability to identify dyslexia.	EP	3.44	1.12
	ST	4.37	
I have had sufficient training to identify dyslexia.	EP	3.33	1.12
	ST	4.27	
It is not possible to identify dyslexia.	EP	2.67	1.12
	ST	2	
I understand the role of the SpLD Assessment Standards Committee.	EP	2.54	1.29
	ST	4.3	
Dyslexia can be incorrectly identified as the cause of the literacy difficulty.	EP	4.1	0.55
	ST	4.03	
Looking at the confidence intervals of tests is important in diagnosing dyslexia.	EP	3.08	0.94
	ST	3.6	
Diagnosing children with dyslexia leads to better support.	EP	2.76	0.95
	ST	3.13	
Children with dyslexia need different support from those with literacy difficulties.	EP	2.05	1.07
	ST	3	
I know a range of ways to support children with literacy difficulties.	EP	4.32	0.58
	ST	4.7	
Diagnosing dyslexia has a negative effect on the mental health of children.	EP	2.65	0.74
	ST	2.33	
Meeting the needs of children with dyslexia can take away resources available for other children.	EP	2.46	1.04
	ST	2.67	
Teachers have lower expectations of children with dyslexia.	EP	3.27	0.73
	ST	3.2	
Having a dyslexia diagnosis places the literacy difficulties 'within the child.'	EP	3.95	1.05
	ST	2.7	

I am very aware of current research into dyslexia.	EP	3.38	1.09
	ST	4.17	

4.3 Analysis of qualitative data from the survey

The results show that on the survey, EPs and STs had similar responses to many of the items. Percentages of agree/strongly agree and disagree/strongly disagree between groups were compared so similarities and differences between the groups can be considered with greater ease.

4.3.1 Assessment:

With regards to the survey, both STs and EPs generally agreed or strongly agreed that they know what dyslexia is. 96.67% of STs agreed or strongly agreed that they were confident in their ability to identify dyslexia compared to 61.53% of EPs, suggesting that STs are more confident than STs in their ability to identify dyslexia. Furthermore, 93.33% of STs agreed or strongly agreed that they had received sufficient training to identify dyslexia compared to 43.59% of EPs. 86.67% of STs disagreed or strongly disagreed that it is not possible to identify dyslexia compared to 56.41% of EPs, suggesting that EPs were more equivocal about this. 96.66% of STs agreed or strongly agreed that they understand the role of the SpLD Assessment Standards Committee compared to 33.33% of EPs. Both EPs and STs typically strongly agreed or agreed that dyslexia can be incorrectly identified as the cause of a literacy difficulty. No respondents from either group disagreed or strongly disagreed with this statement. 66.66% of STs

and 37.46% of EPs agreed or strongly agreed that that is important to look at confidence intervals of tests when diagnosing dyslexia.

4.3.2 Support

Both EPs and STs provided mixed responses on whether identifying dyslexia leads to better support for children with 27.03% of EPs agreeing, and 30% of STs agreeing or strongly agreeing. The highest selected response for either group was neither agree nor disagree. STs were more likely to agree that pupils with dyslexia required different support when compared to other children with similar difficulties (40 % of STs disagreed or strongly disagreed) whilst EPs were more likely to disagree (70.27 % disagreed or strongly disagreed). Both professional groups indicated that they had an awareness of a range of different approaches to support children with literacy difficulties: more than 90% of each group strongly agreed or agreed that they knew of methods to support children with literacy difficulties. Furthermore, 29.73% of EPs disagreed or strongly disagreed that diagnosing dyslexia has a negative effect on the mental health of children with literacy difficulties compared to 50% of STs. A high number of EPs selected neither agree nor disagree on this question. Both EPs and STs had mixed opinions on whether meeting the needs of children with dyslexia takes away resources from other children. A high number of respondents in both professional groups selected neither agree nor disagree. The majority of EPs and STs answered that they neither agreed nor disagreed that teachers have lower expectations of children with dyslexia. Finally, 78.37% of EPs agreed or strongly agreed that dyslexia places the literacy difficulties within the child compared to

20% of STs. 43.34% of STs disagreed or strongly disagreed that this was true compared to 8.11% of EPs.

4.4 Key Findings from Quantitative Analysis

The main findings from the survey show that EPs and STs have similar views on many aspects relating to assessment and support for students with dyslexia, particularly with regards to support. Both EPs and STs indicated that they knew a range of ways to support children with dyslexia. Both groups held mixed views on whether a diagnosis of dyslexia leads to better support. They also held mixed views on whether teachers have lower expectations of children with dyslexia and whether meeting the needs of children with dyslexia can take resources away from other children. The mixed views may suggest that it is situational. For instance, some teachers may have lower expectations whilst others do not. The findings of the survey indicate that EPs and STs hold similar views on many aspects relating to support and assessment for students with dyslexia.

Despite the similarities, some key differences emerged. EPs generally indicated that they did not understand the role of the SpLD Assessment Standards Committee who provide guidance and advice on SpLD assessment. Additionally, STs largely agreed that they had received sufficient training to identify dyslexia whilst less than half of EPs felt they had received sufficient training. A final difference emerged showing that EPs generally agreed or strongly agreed that dyslexia places the literacy difficulties within the child whilst very few STs considered this to be true. This difference is explored in more detail in the discussion.

4.5 Qualitative Analysis

Four thematic analyses were carried out on the qualitative responses in the survey and on responses within the focus groups. The first analysis was carried out on ST responses to qualitative elements of the survey (see appendix 4 for responses), the second was carried out on ST responses within the focus group (see appendix 5 for transcript). The third analysis was carried out on EP responses to the qualitative elements of the survey (see appendix 6 for responses), and the final analysis was carried out on EP responses who participated in the focus groups (see appendix 7 for the transcript). The findings are shared in this section. Further analysis and reflection can be found in the discussion section.

Each thematic analysis contains the following main theme: conceptualisation, assessment, and support. These were deductive as the questions for the focus group were written in a way that meant responses received could be grouped into these categories (example, what intervention or support would you provide for a child with dyslexia means all responses received will likely be relevant to the theme 'support'). However, subthemes for each analysis vary and are provided in each thematic analysis included.

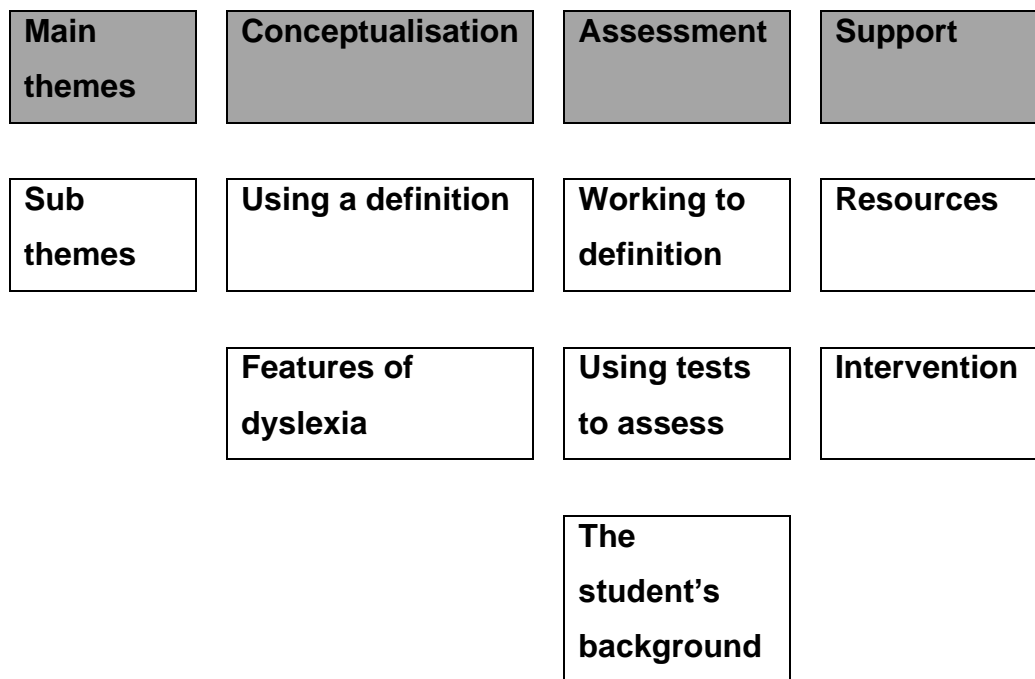
4.5.1 Overarching theme: ST perspectives on assessment and support for students with dyslexia (survey responses)

The first thematic analysis conducted was on the written responses of STs on the survey. The information from this will help inform analysis of the following

research questions: what are the perspectives of EPs and STs (working within local authorities) towards assessment of dyslexia and what are the views of EPs and STs (working within local authorities) regarding how children with dyslexia should be supported. A thematic map has been included below (see figure 1).

Figure 1

Thematic map of themes from the survey completed by STs on assessment and support for students with dyslexia



4.5.1.1 Theme 1: Conceptualisation of dyslexia

STs who responded to the survey typically provided an established definition of dyslexia, either by quoting/referencing one (subtheme 1: using a definition) or by detailing features that they felt were synonymous with dyslexia (subtheme 2:

features of dyslexia). *“We use the definition from the Rose review,”* (Participant 86) *“Dyslexia is a learning difficult that primarily affects reading and spelling. It can feature deficits in phonological awareness, verbal memory and verbal processing speed.”* (P71).

Those that provided a definition typically referred to the set definition from the Rose Report. Two respondents acknowledged that there are different definitions, however they mentioned the definition that they would use, *“I know there are lots of definitions, but I would use the one from the Rose Review”* (P77). Most respondents suggested that dyslexia affects spelling, writing and reading and not solely reading *“It is a severe and persistent difficulty with literacy skills such as reading accurately and fluently and/or spelling that is resistant to intervention.”* (P85). Most respondents suggested that dyslexia affects phonological processing in addition to other cognitive skills and does not respond well to intervention *“Dyslexia affects fluency and accuracy of reading. It can also affect spelling. These difficulties will be unexpected given the students age and ability. Phonological awareness, processing and working memory may also contribute to a student’s difficulties.”* (P81).

One participant made the following comment, *“I strongly believe that there are some people who have severe difficulties with developing literacy skills but I feel that people can get distracted by needing a dyslexia ‘diagnosis’”* (P64). This participant, unlike most, did not mention their conceptualisation of dyslexia but shared their view on how the diagnosis can distract from other issues. It is likely that the participant felt very strongly about this.

4.5.1.2 Theme 2: Assessment

Three inductive subthemes were identified within the deductive theme of assessment. Firstly, a number of respondents referred back to their definition of dyslexia, assessing areas that they perceived are necessary in identifying dyslexia, therefore working to definition, *“Assessing using standardised tools administered in accordance with test guidelines. Analysis of test results and profile information to make a dyslexia judgement in correspondence with the BDA definition that I follow”* (P56). A second subtheme was identified, and this related to the use of certain tests to inform the assessment process *“See if literacy skills are lower than would be expected given information from cognitive tests (phonological awareness, memory, speed of processing).”* (P76)s.

A final subtheme within this domain related to the importance of gathering information about the student’s background. This could include response to literacy intervention, results from eye and hearing tests and views of teachers/parents *“Talking to parents and school staff about child’s strengths and weaknesses.”* (P64); *“Information such as recent eye, hearing tests, attendance, etc also play a part in the decision-making process.”* (P66).

Two participants specifically mentioned that whilst they would complete literacy-based assessments, they would not diagnose dyslexia. *“We don’t in our local authority. We complete similar tests but, we don’t make a diagnosis.”* (P79)

4.5.1.3 Theme 3: Support

Two subthemes were generated within the main theme of support; these relate specifically to interventions and resources. Most respondents described the features of effective intervention, however some referred to different programmes. Features included, and were not limited to, the following: tailoring the intervention to the individual's needs, addressing phonological awareness, ensuring that it is evidence-based and includes opportunities for overlearning and is multi-sensory, *“Multi-sensory intervention which is cumulative and sequential with lots of opportunities for repetition... The actual intervention would depend on the results of the assessment and profiling.”* (P56).

In relation to resources, respondents referenced the use of assistive technology and using programmes or resources that are available in the setting. *“Depends on what's already available in school & whether in or out of classroom. Assistive technology, dyslexia friendly teaching approaches & materials”* (P65).

4.5.1.4 Summary

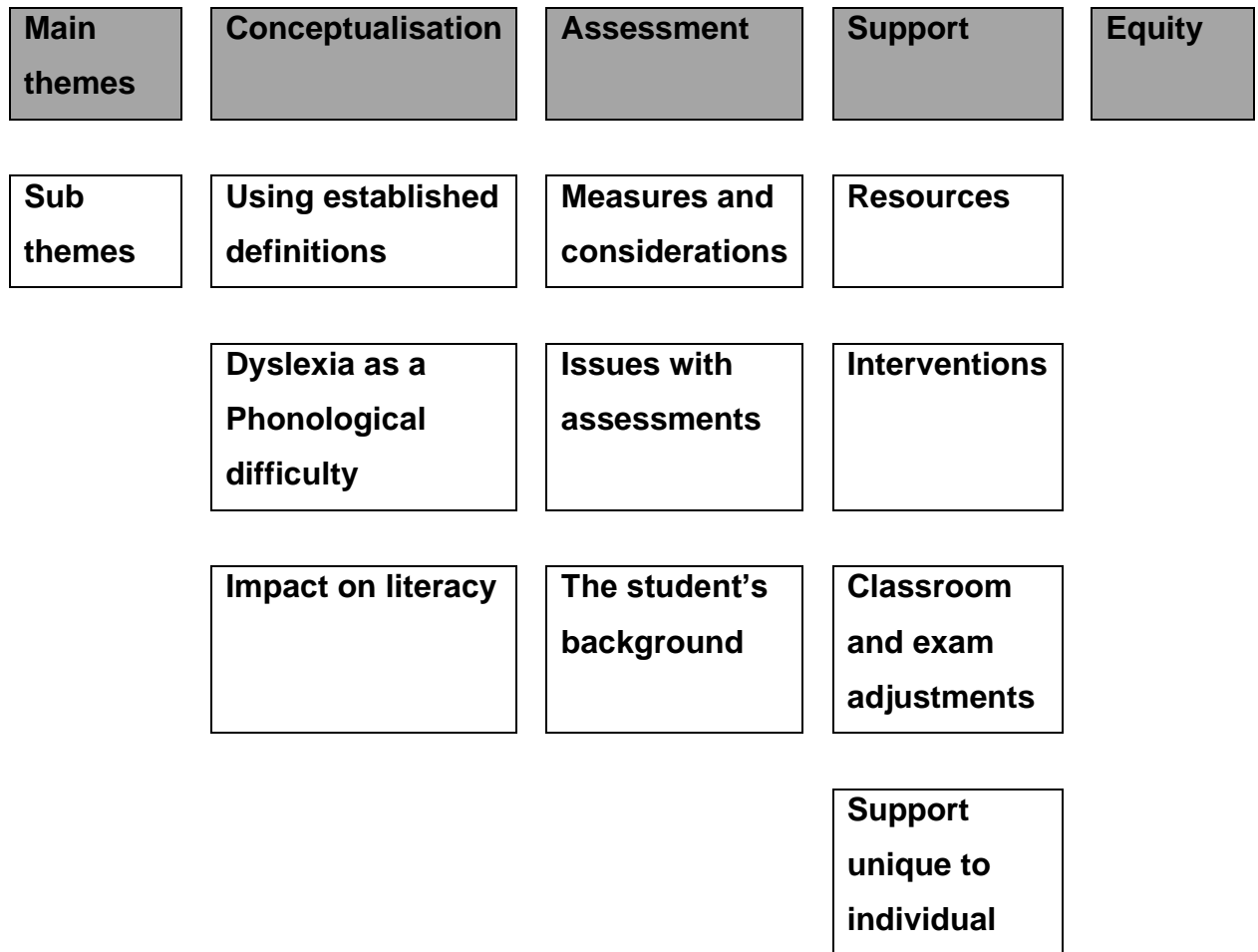
STs completing the survey typically use an established definition of dyslexia that shows it to be a difficulty relating to literacy skills (reading, writing and spelling). STs generally use assessments and background information to inform their conclusions. Assessments include standardised measures and this is then linked back to the definition of dyslexia that they use. STs mentioned various interventions and resources to help support individuals with dyslexia.

4.5.2 Overarching theme: ST perspectives on assessment and support for students with dyslexia (focus group)

The second thematic analysis conducted was on the verbal responses of STs during the focus group. The information from this will help inform analysis of the following research questions: what are the perspectives of EPs and STs (working within local authorities) towards assessment of dyslexia and what are the views of EPs and STs (working within local authorities) regarding how children with dyslexia should be supported. This approach allows the findings from the survey to be compared with the findings from the focus group. A thematic map has been included below (see figure 2).

Figure 2

Thematic map of themes from the focus group completed by STs on assessment and support for students with dyslexia



4.5.2.1 Theme 1: Conceptualisation

Three subthemes were identified – these are connected to the main theme of conceptualisation and were labelled ‘using established definitions’, ‘dyslexia as a phonological difficulty’ and ‘impact on literacy.’ Most of the specialist teachers participating in the focus group reported that they use an established definition of dyslexia and most participants referred to the definition from the Rose Report, “*I generally use the Rose definition for writing reports*” (Kylie). Participants

elaborated on this and many agreed that dyslexia can be conceptualised as a difficulty with phonological awareness that affects literacy as a whole (reading, spelling and writing rather than reading alone) *“you have to just base it around the definitions and so difficulties with reading spelling and phonological awareness, memory, verbal processing,”* (Beth). *“What we're looking for is gaps in phonological awareness, difficulties processing phonological information umm, issues, particularly with spelling”* (Dana)

4.5.2.2 Theme 2: Assessment

Three subthemes were identified within the main theme of assessment, and these were ‘the student’s background,’ ‘measures and considerations’ and, ‘issues with assessment.’ Participants shared the importance of *“gathering the views of parents and teachers about the strengths and the difficulties of the child's experiencing”* (Myriam). Participants also referred to gathering information about the history of difficulties, interventions that students have received and medical information *“I think you’ve also got to look at the child's background, then gather lots of background information. History of education. Have they had interventions before? Have they worked? If not, why not? Any early years difficulties, sight hearing, all of those things can play a part, (Anita). And I would say actually said that's really important at the moment”* (Kylie)

Measures and considerations were also discussed and formed a second, inductive subtheme from the focus group. Participants referenced both standardised and criterion-referenced assessments, *“I use about 7 to 8 standardized tests. Looking at phonological awareness, phonological memory, working memory, rapid naming,*

they're the sort of key cognitive tests, " (Kylie). *"I think there's also some uh mileage in doing informal assessments, like getting them to order the alphabet and doing a short dictation,"* (Dana). Members of the focus group however, also mentioned several factors they consider when completing assessments. These include considering how students might compensate for their difficulties and the impact that this might have on measures, *"I think the older pupils it comes to their voice quite a bit because they can be well compensated and you can dig underneath and you can pick apart,"* (Beth). They also mentioned that some students may have received specialist intervention. I inferred from this that they thought some students may perform better on some aspects of the assessment that are reflected in the intervention, *"some of the students I assess have had, you know, really specialist intervention,"* (Kylie).

Participants also shared some issues relating to assessment such as the reliability of screening tests, the impact of COVID on pupils and, the age of participants amongst others. *"I do have some concerns about the sort of screeners because in my experience I've had children not referred to me, who definitely should have been, and children referred to me who are not in any way dyslexic,"* (Dana).

"Because of COVID with the little one I'm not I'm I'm not accepting really little ones because they've missed those two years of education where the Key phonologic, you know awareness has been has been done," (Kylie).

Participants were asked, in relation to assessment, how they would distinguish between students with dyslexia and those with literacy difficulties who are not dyslexic. Individuals shared a range of different answers in response to this question. Two participants referenced response to intervention.

“And saying how they respond to further intervention if it's even if its intervention specifically for a dyslexic learner, is that working with one more than the other?”

(Anita)

Yeah”. (Beth)

Two referred to difficulties with phonological awareness, *“it's difficult because you've kind of need some phonological difficulties to diagnose dyslexia”* (Dana).

One mentioned that they would expect to see a difference between their oral responses and written work, *“I think the the mismatch between oral and written work I think is one of the keys I'd find for dyslexia.”* Consequently, it could be considered that, within this group, there did not appear to be a consensus on this question although each mentioned that they felt dyslexia could be misdiagnosed because of assessment practices that they did not consider to be effective, for example, assessing pupils when they are too young, *“it's easier to get it wrong when they're younger,”* (Beth).

4.5.2.3 Theme 3: Support

Four subthemes emerged from this. Many participants felt that the support should be ‘unique to the individual’, *“It's very important to tailor all the recommendations to that cognitive assessment,”* (Kylie). A second subtheme was ‘resources’ referring to assistive technology that might be used, *“We now need to put the technology in place to support the child,”* (Kylie). Participants also mentioned “classroom and exam adjustments”, that is, support for students within examinations or in class in the form of additional time or other means of support, *“you might put in access arrangements for smaller, quieter room,”* (Kylie).

Intervention, however, was the most discussed aspect and was the fourth subtheme to be identified, *“if they've got phonological difficulties, you might try, particularly in younger children, to be addressing those rather than just more phonics,”* (Beth).

4.5.2.4 Theme 4: Equity

Equity was referenced at various points during the focus group, particularly in regard to those who could afford to pay for a private assessment for dyslexia and those who could not.

“Umm yes, cause I mean picking up on Kylie's point it it means that it's unequal if dyslexia assessments are happening, then there should be a tool that are open to all.” (Dana)

“Thank you.” (Facilitator)

“Particularly if they end up having an impact on the provision for that child” (Dana)

“And also I think it's just a very wrong that you know I I do a lot of assessment for students in their first year of university when they've turned up at high red and they've been diagnosed then and they've gone all the way through the system.”(Kylie)

Participants also shared that assessment should coincide with support,

“we met with the wonderful Matt Hancock, who's bringing out this bill we all know about it. And I asked him, I said, OK, the screening is great. And what

happens, you know, what happens next? And he says, Ohh, that's something we'll look at," (Anita).

4.5.2.5 Summary

Whilst the information from the focus group completed by STs was congruent with the findings from the survey, in that they referenced using established definitions, the importance of gathering the students background information and support, the focus group provided additional information.

STs made references to dyslexia as a difficulty relating to phonological awareness.

Whilst this emerged in the survey, this was more evident in the focus group. Additionally, whilst they use standardised assessments, they mentioned issues that can arise through the use of such assessments – this was something that did not emerge in the survey.

This may be because it was not explicitly asked. The group generally held similar views on each of the questions asked and there was no obvious dissension in their views.

4.5.3 Overarching theme: EP perspectives on assessment and support for students with dyslexia (survey)

The next thematic analysis conducted was on the written responses of EPs who completed the survey. The information from this will help inform analysis of the following research questions: what are the perspectives of EPs and STs (working within local authorities) towards assessment of dyslexia and what are the views of EPs and STs (working within local authorities) regarding how children with dyslexia should be supported. A thematic map has been included below (see figure 3).

Figure 3

Thematic map of themes from the survey completed by EPs on assessment and support for students with dyslexia

Main themes	Conceptualisation	Assessment	Support
Sub themes	Using a definition	Working to definition	Resources
	Labelling as an issue	How information is gathered	In class adjustments
	Features of dyslexia	The student's background	Interventions
	Equity	Focus on support	
		Don't diagnose	

4.5.3.1 Theme 1: Conceptualisation

Some EPs referred to using an established definitions and most of these referred specifically to the BPS definition, *"I would work to definition (BPS) - difficulties in reading/spelling that are resistant to intervention and ongoing,"* (P46). Some EPs however, mentioned that there were a range of different definitions, *"I think there are many definitions of dyslexia, which is the problem."* (P24). 'Using a definition' therefore, was the first subtheme that was generated.

'Labelling as an issue' was a commonly occurring subtheme throughout the survey. *"Our teaching was almost that it does not exist and the difficulties associated with the label of dyslexia can be addressed through Assessment Through Teaching,"* (P9). The term "label" was sometimes used when an EPs response suggested an element of scepticism as to the validity of the concept of dyslexia, *"I do not decide on this because I do not use the label because I think it does not have a single valid meaning."* (P24).

It was also used when EPs shared their perceptions on how others might respond to the term, *"I think that the label "dyslexia" makes educators and gatekeepers of resources treat a child's needs more seriously, but I don't think that this should be the case,"* (P24). Some, however, referred to how the term can be empowering or limiting, *"we should use the EP understanding of social models of disability and/or labelling to help empower rather than limit children,"* (P7). In most instances, the term 'labelling' was used negatively.

A final subtheme within the main theme of conceptualisation related to 'features of dyslexia.' Some EPs had a specific view of what dyslexia is, suggesting that dyslexia relates to *"difficulty with reading at the word level"* (P33). Most however,

offered a broader view of dyslexia in line with the BPS definition as a difficulty that could affect a range of literacy skills, sometimes at the word level and sometimes, broader, *“A lifelong difficulty with literacy (reading, writing, spelling)”* (P43). Most respondents mentioned that it is either resistant to intervention and/or persists despite intervention, *“I’d view dyslexia as a literacy difficulty (with some associated other difficulties, but there must be a literacy element) which persists despite ongoing and high quality intervention,”* (P4). Three respondents mentioned phonological awareness and two mentioned other areas of difficulty in cognition (memory, processing).

Equity was mentioned several times throughout by various EPs. One way in which equity was mentioned related to access to assessment and using this to gain further support and resources. This was referenced in relation to socio-economic status suggesting that parents who could afford an assessment, are more likely to do so. *“It worries me that children with a higher socio-economic status are probably more likely to be able to access a diagnosis and therefore access further support and resources,”* (P28).

4.5.3.2 Theme 2: Assessment

Some EPs referred back to the definition of dyslexia when describing how they would assess for it, *“follow the definition given by the BPS,”* (P38). Therefore, the first subtheme within the main theme of assessment was defined as ‘working to definition.’ These respondents make an assessment based on the definition they adopt of dyslexia.

Many EPs surveyed stated that they did not diagnose dyslexia. Some did not go beyond the statement whilst others provided additional information. Some

mentioned that they do not diagnose because of the LA position *“Diagnosing dyslexia is not part of my role in my LA.”* (P26) however, others mentioned that they do not diagnose dyslexia because they focus primarily on what the individual can and cannot do, and on support, *“We don’t. We identify what a child can/can’t do with regard to single word reading, reading for meaning and spelling and then identify targets and give schools/settings advice around how to teach the child those skills,”* (P3). Focusing on support was common within the responses from EPs, *“Describing clearly what the barriers for that child are (speech & language, phonics, memory, working memory, visual processing, vocabulary, response to intervention etc.) and how to remediate or compensate for them are helpful,”* (P12). As a result, two subthemes generated within this main theme relate to not diagnosing and focusing on support. Whilst comments from many EPs surveyed revealed a degree of scepticism resulting in the decision to not diagnose or to focus on support, some comments seemed to favour assessment and subsequent diagnosis – these comments were not common in EP responses to the survey. *“Use of Rose Report, DECP guidance and our LA guidance on identification alongside a broad assessment of developmental factors.”* (P17).

‘How information is gathered’ and ‘the student’s background’ were also aspects that respondents referred to when sharing views on assessment. Most individuals who shared that they gather background information, such as the views of those who know the child and information about interventions they have received, also mentioned how they would measure the child’s skills primarily through assessment of literacy and dynamic assessment, *“Literacy based assessment, dynamic assessment, discussion with staff/parents,”* (P46). Very few participants

mentioned standardised tests with only one explicitly referencing them, “Through examining response to targeted intervention, after an initial assessment.

Following the period of intervention, I would use standardised test to explore their difficulties in relation to memory/processing speed/phonological awareness, and their literacy skills.” (P43)

4.5.3.3 Theme 3: Support

Three subthemes were generated within this area, the first of which was ‘resources.’ This related primarily to assistive technology, “*Use of assistive technology in some cases e.g., depending on age and level of difficulty,*” (P24). The second subtheme was titled ‘in-class adjustments’ as comments typically referred to what the staff in school could do to help support an individual, “*Differentiation within the classroom - colour coding, visuals, printed worksheets, cloze procedures,*” (P40). The final subtheme was ‘intervention.’ Many EPs mentioned Precision Teaching as an approach, “*Probably precision teaching in the first instance and then go from there,*” (P39). Some mentioned that the approach should be unique to the individual, “*Depends on the difficulty - precision teaching, toe by toe,*” (P46). The remaining EPs made reference to features of effective intervention which included, “*repetition, practice, overlearning, and alternative methods to record their answers needs to be the basic minimum available,*” (P16) amongst others. Only one EP briefly referenced multisensory learning in relation to support (P2). This might indicate either a lack of awareness of multisensory strategies from EPs or could be because many just did not explicitly reference it.

4.5.3.4 Summary

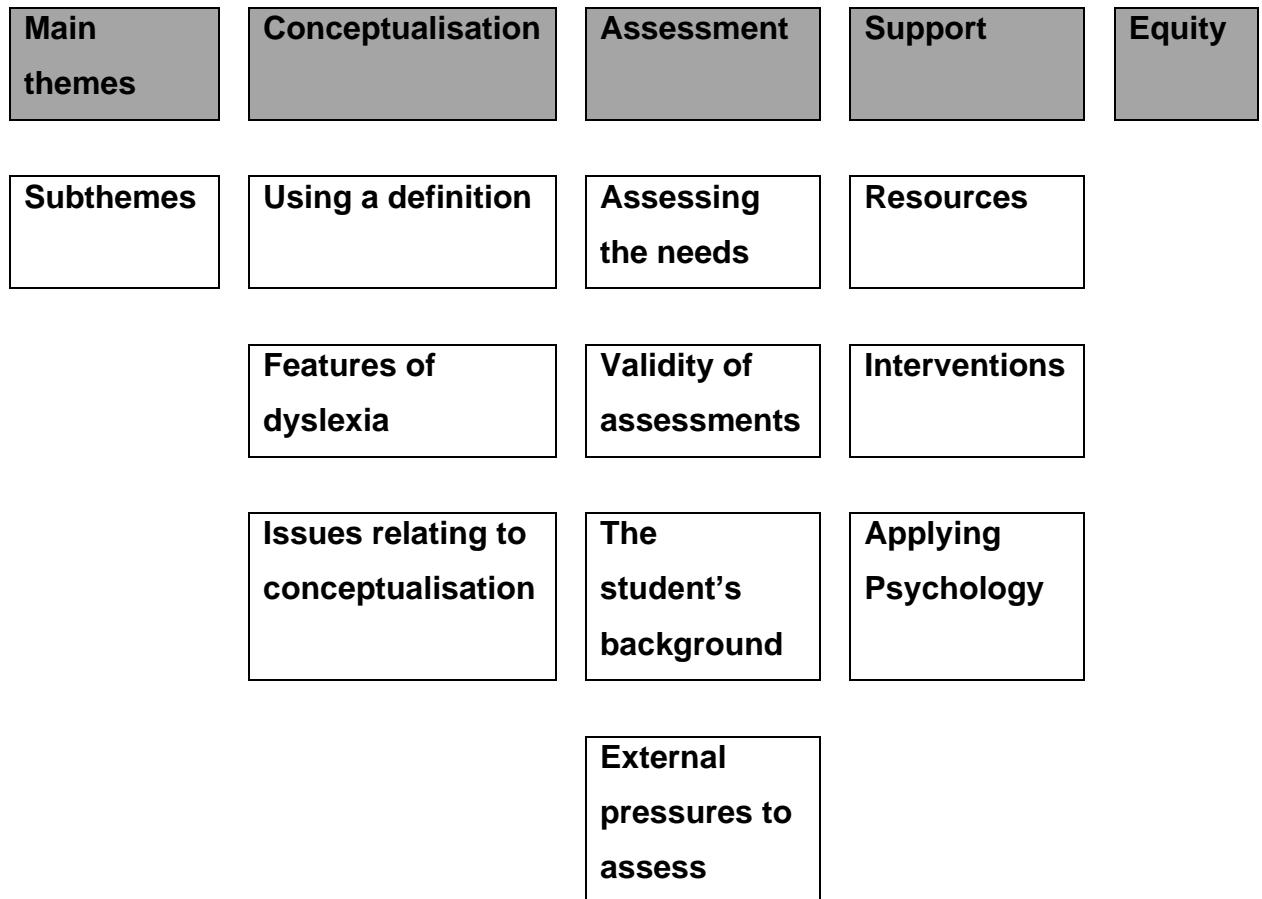
EP responses to the survey relating to assessment showed greater diversity in their views. Whilst some referenced specific definitions (BPS, Rose), others referenced the features of dyslexia. EPs generally conceptualised it as a literacy difficulty referring to reading, spelling or writing although some responses referenced reading as the sole indicator of dyslexia. With regards to assessment, EPs rely on multiple measures. Whilst they also emphasised the importance of background information, they referenced tests, dynamic assessment and consultation as methods of gathering information relating to literacy attainment. Consequently, there was a wide range of different answers EPs provided regarding how they might assess an individual's needs. Finally, EPs referenced resources, adjustments and interventions. Views on this topic were more homogenous.

4.5.4 Overarching theme: EP perspectives on assessment and support for students with dyslexia (focus group)

The final thematic analysis conducted was on the verbal responses of EPs during the focus group. The information from this will help inform analysis of the following research questions: what are the perspectives of EPs and STs (working within local authorities) towards assessment of dyslexia and what are the views of EPs and STs (working within local authorities) regarding how children with dyslexia should be supported. This approach allows the findings from the survey to be compared with the findings from the focus group. A thematic map has been included below (see figure 4).

Figure 4

Thematic map of themes from the focus group completed by EPs on assessment and support for students with dyslexia



4.5.4.1 Theme 1: Conceptualisation

Three subthemes were identified within the main theme of conceptualisation. The first subtheme was titled 'using a definition.' One EP reported, "*What we understand it to be is very different to what people that we often work with, understand,*" (Alisha). When EPs attempted to conceptualise dyslexia, they referenced what they perceived are 'features of dyslexia.'

“Difficulties at the word level with accuracy and or fluency relating to spelling and or reading. That we use a very broad descriptive term.” (Jessica).
“Think ours is similar, but then just the added it's severe and persistent despite adequate intervention. Yeah.” (Preeya).

EPs also divulged perceived 'issues relating to conceptualising dyslexia',

“I'd worked partly in quite an affluent area and I think some of the definitions used there with the discrepancy model. So the whole idea that it was just word reading and spelling was the issue where as everything else was fine. So that was the definition we didn't use. But I I think independent reports tended to use that quite a lot,” (Preeya)

“Yeah.” (Alisha)

In the example above, the EP reported that they had witnessed professionals who conceptualised dyslexia within a discrepancy framework.

4.5.4.2 Theme 2: Assessment

EPs spoke about different ways they assess the needs of students. One EP mentioned using standardised tests, *“I I do use standardized testaments as well. I'm not, you know, I don't have anything against them,”* (Jessie) whilst another mentioned that the measures used by EPs varies depending on their individual approaches, *“Everyone would have their own approach and kind of a way of going about assessing,”* (Rachel).

The validity of measures and assessment tools was mentioned by different participants. One EP mentioned that dyslexia can be misdiagnosed, *“where there hasn't been ample learning opportunities or interventions haven't been put in place*

and followed by schools,” (Gina). Another EP felt that it could be misdiagnosed *“where the discrepancy models (were) used,”* (Preeya).

EPs therefore, reported that ‘the student’s background’ is important when carrying out an assessment. Gina mentioned gathering the views of teachers whilst Alisha mentioned gathering parent views, *“I think we’d want a profile of what their literacy needs were and as EP’s that can be gathered in various ways, can’t it? It can be through consultation with the teacher,”* (Gina). EPs also mentioned the pressures they sometimes feel to assess, and mentioned, *“pressure from counsellors,”* (Alisha), and *“pressure from parents (and) schools”* (Gina).

One EP made the following comment.

“Where we work, we we, uh, we we kind of we flooded the market with the term dyslexia so we say anyone can use the term so they were taken away any need to. To to diagnose it, anyone can self-identify, we don’t care what you call it. Just get on with with things like about it.” (Jessie)

Jessie’s comment suggests that they allow anyone to refer to themselves as dyslexic. This was not a view shared by other participants and represented a dissenting view. This view was also not evident in survey responses.

4.5.4.3 Theme 3: Support

EPs generally spoke positively when discussing support for students, *“We used to have an advisory teacher who specialized in IT and kept up to date with that, and that was really helpful for us,”* Alisha. Intervention however, was mentioned several times, often in relation to what constitutes effective intervention that is

unique to the individual and their needs, *“I think my usual go to is precision teaching direct instruction as a starting point to see how they respond to that little and often daily intervention that is sort of really direct and focusing on getting them to the fluency stage,”* (Preeya). *“We’re advising an intervention based on their profile, their needs,”* (Gina).

One EP commented, *“you don’t need to assess for dyslexia to have a a system that works. You don’t need it to identify needs. We’ve got all the information to identify needs. Schools have got it. We can help do something with it* (Jessie).

Providing support was considered more important than diagnosis.

The EPs also made references to applying psychology to help support the young person. One mentioned motivation *“What’s gonna motivate that young person to do it,”* (Alisha) whilst another mentioned the *“the psychological principles of precision teaching”* (Preeya).

4.5.4.4 Theme 4: Equity

Equity was mentioned throughout the focus group.

“I’m gonna be a bit controversial and say in in my experience um sometimes it can be misdiagnosed when people have paid for an assessment and have paid for a, you know, a particular answer that they want to get. And I definitely do think that happens not all the time. And, you know, I’m not saying that all people who do, you know, work that’s paid for are misguided. But I don’t do that at all. But there have definitely been situations, as I said, where I’ve read a report and thought, well, how on Earth have you? Come to the conclusion that this child has got dyslexia. I can’t see any evidence of that. Yeah.” (Rachel).

“I think, Sencos find that really frustrating sometimes because they they know the children often know the young person really, really well and they’ve had things in place. But then these sorts of sometimes then these independent reports blow things out of the water a bit and and are also then parents. Families are demanding an awful lot, whereas actually they’ve already got proportionate intervention in place that, you know, people have believed is is working and and seems to be working well enough and and then you get those difficult tensions and conflicts.” (Alisha).

In this exchange, Rachel suggests that because someone paid for the assessment, they got the *“answer that they want to get,”* however, this depends on whether an individual can afford to pay for the assessment. Equity therefore, covers access to assessment. Alisha added to Rachel immediately. Her comment also relates to equity. Her comment mentions that families will sometimes make requests that are not proportionate to the child’s needs, based on recommendations in reports from private practitioners that *“blow things out of the water a bit.”*

4.5.4.5 Summary

EPs began the focus group by discussing the use of definitions and features of dyslexia – this was congruent with findings from the survey. They spent more time, however, discussing issues relating to conceptualisation and referenced instances where other individuals may conceptualise dyslexia differently. In line with findings from the survey, EPs mentioned various methods of gathering information on attainment relating to literacy. They did, however, also raise the question of the reliability and validity of some measures. They also discussed

external pressure to diagnose. This was not apparent in the survey but this may be because there was no question regarding this topic in the survey. Views on support were congruent with those found in the survey and EPs again referenced resources and interventions. The focus group therefore added to the findings from the survey regarding EP views on assessment and support for individuals with dyslexia.

Chapter 5: Discussion

5.1 Introduction

The discussion will begin by outlining the findings of the research in relation to the four research questions. The findings pertaining to the first and third research question (see section 1.4) have been amalgamated as they both pertain to assessment of dyslexia. The findings relating to the second and fourth research questions have also been amalgamated as they pertain to support for students with dyslexia (see section 1.4). Whilst similarities between the views of STs and EPs is included, a greater emphasis is placed on the differences. This is because STs and EPs share many similar views, particularly regarding how dyslexia is conceptualised and support for students with literacy difficulties. The main differences between the professional groups relates to assessment, whether it should take place and if so, what it should look like. Following this, there is a section on the strengths and limitations of the project. Implications for research and practice, and a conclusion, will end this chapter.

5.2 The perspectives of EPs and STs regarding the assessment of dyslexia: similarities and differences.

This section addresses the following research questions:

Research Question 1: What are the perspectives of educational psychologists and specialist teachers (working within local authorities) towards the assessment of “dyslexia”?

Research question 3: What are the similarities and differences between the perspectives of the professional groups regarding assessment?

As both questions focus on assessment, the decision to amalgamate them was made. The following key findings emerged through the analysis of qualitative information from the focus groups and open-ended questions from the survey and, quantitative information from the closed questions from the survey.

5.2.1 Similarities between STs and EPs perspectives on assessment of dyslexia

The first part of the discussion will focus primarily on similarities found between STs and EPs on assessment of dyslexia.

5.2.1.1 Key finding 1: STs and EPs conceptualisation of dyslexia varies although most consider it a difficulty with literacy related skills (reading and spelling).

Many EPs and STs who completed the survey, and those who participated within focus groups, referred to pre-existing definitions of dyslexia. Whilst EPs were more likely to cite the definition of dyslexia from the British Psychological Society working party in 1999 (Division of Educational and Child Psychology, 1999), STs were more likely to refer to the definition from the Rose Review (Rose, 2009).

One ST provided the definition of dyslexia from the International Dyslexia Association. EPs and STs appeared to be generally inclined to using a definition, although the definition that they selected varied. Those that did not refer explicitly to a definition typically referred to what they perceived as features of dyslexia. In most of these instances, dyslexia was conceptualised as a literacy difficulty that could affect aspects of reading and/or writing and spelling and this was evident for

both EPs and STs. This is contrary to Elliot and Grigorenko's (2014) conceptualisation of dyslexia as solely a difficulty relating to reading at the word level. However, their positionality may be because much research typically considers dyslexia as a reading difficulty without considering wider literacy skills (Elliot, 2020). Whilst dyslexia was mentioned by some respondents on the questionnaire as synonymous with a reading difficulty (typically evident within the EP group), most reported a broader conceptualisation.

Research by Stothard, et al. (2018) found that EPs who participated in interviews about their perspectives on dyslexia tended to use definitions such as Rose or BPS that also include an emphasis on spelling. The training programmes that STs and EPs complete could be the reason they adopt a broader definition as programmes tend to refer to the BPS or Rose definition of dyslexia (which reference spelling).

In relation to research overseas, Australian practitioners typically use the definition of dyslexia within the DSM 5, termed Specific Learning Disorder (Sadusky, et al., 2021b). The DSM describes dyslexia as an alternative term for 'Specific Learning Disorder: with impairment in reading' and notes that it is, "used to refer to a pattern of learning difficulties characterized by problems with accurate or fluent word recognition, poor decoding, and poor spelling abilities." If dyslexia is used to specify this particular pattern of difficulties, it is important also to specify any additional difficulties that are present, (American Psychiatric Association,, 2013, pp67). Consequentially, it is likely that most practitioners in Australia and the USA consider difficulties with spelling as one feature of dyslexia.

In line with past research (Elliot & Grigersonko, 2014; Reid, 2016), there was no consensus on precisely what dyslexia is, even though participants typically responded that they agreed or strongly agreed that they know what dyslexia is and consider it a difficulty relating to reading and/or spelling. This was more evident within the EP profession but, also appeared to some extent within STs. This has implications for assessment, particularly as many practitioners work to a definition when assessing for dyslexia and, this appeared to be the case for practitioners who support diagnostic pathways.

5.2.1.2 Key finding 2: Importance of background information in the assessment process

Both EPs and STs shared the importance of gathering background information about students to help inform the assessment process. Most comments relating to background information referenced the importance of gathering views from the school and parents, particularly regarding previous intervention. This seems to be linked to their conceptualisation of dyslexia as a literacy difficulty that is persistent despite adequate intervention and subsequently, is resistant to intervention; something that is referenced in the definition provided by the BPS DECP (Division of Educational and Child Psychology, 1999). Here, practitioners may be referring to a Response to Intervention approach which was commonly referred to in the literature review (Benson, et al., 2020; Maki & Adams, 2019). A second reason for this may relate to practitioners adopting a process of elimination whereby they dismiss other possible causes for literacy difficulties, including eyesight, which can affect the development of literacy skills (Handler & Fierson, 2011). It is commonly

accepted that dyslexia is not a difficulty in reading or related literacy skills as a result of vision impairments (Handler & Fierson, 2011).

5.2.1.3 Key finding 3: Dyslexia can be incorrectly identified as the cause of a literacy difficulty

Within both the survey and focus group, there was a consensus between professional groups that dyslexia can be incorrectly identified as the cause of the literacy difficulty. Three reasons for this were offered. The first reason related back to their conceptualisation of dyslexia. The BPS definition of dyslexia includes the words, “severe and persistent despite appropriate learning opportunities,” (DECP, 1999) and both STs and EPs suggested that Dyslexia could be incorrectly identified when the student’s difficulties are due to inadequate learning opportunities and/or, they have not received appropriate or sufficient intervention. One reflection here is that “appropriate learning opportunities” and appropriate/sufficient intervention (response to intervention) is subjective. What one individual perceives is appropriate, another may not. If a diagnosis is made on the basis that the individual has received “appropriate learning opportunities,” and this is not established, then professionals could differ significantly in terms of who they consider to be dyslexic.

The second reason offered was that some professionals continue to follow a discrepancy-based model despite research indicating that dyslexia can occur across a wide range of abilities (Benson, et al., 2020; Restori, et al., 2009; Rose, 2009). Individuals participating in the focus groups and, some responses to the

survey, suggest that this is ongoing and this is in line with findings from research (Benson, et al., 2020; Maki & Adams, 2019; Sadusky, et al., 2021a). One issue with this is that the individual makes the assumption that the assessments are a true reflection of an individual's ability which they may not be for several reasons that could include and are not limited to stress, illness on the day, distraction, and misunderstanding instructions amongst others. The second issue is that some students who might be considered by some professionals to be dyslexic, may not be identified as dyslexic because they continue to follow a discrepancy based model. This is not equitable.

The final suggestion for potential misdiagnosis relates to pressure from parents, particularly those who might commission their own assessment. EPs and STs may feel pressurised into making a diagnosis when the individual does not have dyslexia. Whilst this was not elaborated on further, one possible hypothesis for this is that they may fear potential conflict from not making a diagnosis which could create possible tension between themselves and the parents, with the possibility of legal challenges. This warrants further research.

Another similarity between EPs and STs was that both groups generally agreed on the survey that they knew what dyslexia is. Whilst there is some similarity between professionals in that they generally conceptualise dyslexia as a literacy difficulty affecting reading and spelling, qualitative information obtained showed that STs and EPs use different definitions and, refer to different features. Some mention a difficulty with phonological awareness, others do not. Some mention difficulties processing, others do not. Whilst both professional groups may consider that they know what dyslexia is, there is still variation in how professionals conceptualise dyslexia and this has been found in prior research

(Stothard, et al., 2018). This relates to assessment as many professionals assess based on their conceptualisation of dyslexia.

5.2.2 Differences between ST and EP perspectives on assessment of dyslexia

The next part of the discussion will focus primarily on differences found between STs and EPs on assessment of dyslexia.

5.2.2.1 Key Finding 1 of EP-ST differences: Within child vs medical model (conceptualisation)

One finding that emerged from the survey was that EPs agreed or strongly agreed that “having a dyslexia diagnosis places the literacy difficulties ‘within the child’,” whereas STs were more mixed on this or, disagreed that this was the case.

This difference has not been reported in past research. One possible explanation is that STs are more likely to medicalise the concept of dyslexia whilst EPs do not. In the same way that people suffering from epilepsy are viewed as having a medical condition requiring support, STs may view dyslexia in a similar way. This view was also found by Ryder and Norwich (2019). Whilst they did not interview STs, they found that lecturers in HE held this view, and it is possible that this view prevails in STs (Ryder and Norwich, 2019). Whilst EPs may consider that dyslexia places the difficulties within the child, they are not affording blame to the individual child, all professionals spoke very positively of children with literacy difficulties

5.2.2.2 Key finding 2 of EP-ST differences: Labelling

Labelling emerged as a common theme within the literature review, and was mentioned by various EPs participating in the focus group and survey; however, STs rarely, if ever, mentioned 'labelling.'

Whilst SASC (2022) note that labels can act as a descriptive short cut for all thus enabling discussion and support (SASC, 2022a), a number of the studies note the concept of labels negatively (Stothard, et al., 2018; Ryder and Norich, 2018).

Whilst research previously has focused on how a label can perpetuate unfair access to provision and this was mentioned by participants within the survey (Elliot and Grigorenko, 2014), Ryder and Norwich (2019) note that there is significant diversity within the label and often, other professionals who are not assessors (teachers and lecturers for instance), may not have this awareness. This view was shared by a number of EPs who noted that there is no fixed definition or, established method for assessing dyslexia and therefore, there can be significant diversity between two individuals both labelled as 'dyslexic' as noted in research (Maki & Adams, 2019; Sadusky, et al., 2021a). This awareness is not always shared by other professionals who may consider individuals with dyslexia to be a more homogenous group. One possible explanation for why EPs may consider this problematic is that other professionals working with the pupil may treat all individuals with dyslexia in a similar way rather than considering their individual needs and profile. Many EPs and STs noted the importance of considering the profile when thinking about support however, this may not be true for other

individuals who have not had the same level of training. It is therefore possible that some individuals with dyslexia might receive support that is not suited to their individual needs. In this instance, the use of a label like 'dyslexia' can be negative.

Stothard, et al. (2018) found that EPs interviewed were generally reluctant to assign a label like dyslexia because they felt it might hinder individual change and growth but, this was not elaborated upon in their work. This view was shared by one EP who completed the survey who said, "*we should use the EP understanding of social models of disability and/or labelling to help empower rather than limit children,*" (R13). One possible theory is that the literacy difficulties an individual experiences that then results in a diagnosis of 'dyslexia' could become a self-fulfilling prophecy where the individual feels unable to progress because of the dyslexia. In this example, the label of dyslexia hinders growth.

Another theory is that teachers may have lower expectations of children with dyslexia. The survey found mixed responses to this question with the majority of responders selecting 'neither agree nor disagree.' Some respondents clarified at the end of the survey that they had selected this response because some teachers appear to hold the view that individuals diagnosed with dyslexia cannot progress or grow as well as others who are not diagnosed with dyslexia. Consequently, the diagnosis may limit children not because they cannot achieve but, because individual's supporting them do not believe they can achieve.

5.2.2.3 Key finding 3 of EP-ST differences: Models of assessment and practice

Both STs and EPs shared the importance of gathering information about the literacy skills of an individual. However, As EPs generally do not adopt a specific model or approach and STs do, their approaches to assessment vary considerably. Their approaches may be different; however they all discuss information gathering in some form.

STs referenced tests and standardised measures more than EPs. Very few EPs referenced the use of standardised measures although alternative methods of gathering information were shared. STs referenced tests of working memory, processing, and phonological awareness, whilst EPs rely more on gathering information through consultation or, by using findings that other professionals had found. Some EPs did mention the use of standardised measures whilst others mentioned dynamic assessment. EP practice therefore was very diverse.

Research with psychologists in the USA and Australia generally indicates a greater willingness to use standardised assessments although younger practitioners may be less inclined to do so (Benson, et al., 2020; Sadusky, et al., 2021b). The difference in practice maybe due to the frameworks that practitioners apply to assessment.

Whilst Stothard, et al. (2018) found that EPs practicing in the UK typically do not apply a particular psychological or theoretical model when assessing for dyslexia , this was not true for EPs in Australia who typically adopted a phonological deficit model despite practitioners showing confusion around the definition of dyslexia (Sadusky, et al., 2022b). Findings from the survey and the focus group are

consistent with the Stothard, et al. (2018) findings. Whilst phonological awareness was mentioned by some of the EPs surveyed, the majority did not reference it. Contrary to this, STs typically adopted a phonological deficit model, perhaps because phonological awareness is mentioned explicitly within the Rose definition whilst it is not mentioned within the BPS definition. STs therefore referenced phonological awareness frequently throughout and felt that one of the key criteria for an individual with dyslexia was difficulties in phonological awareness. Consequently, STs working in LAs presented as a more heterogenous group compared to EPs whose views were more diverse.

SASC (2022) note in their paper that phonological awareness is one of the primary behavioural markers for individuals with dyslexia, however they also reference research suggesting that this is not the sole marker and suggest that a dimensional model that does not consist of a single deficit account of dyslexia should be adopted (SASC, 2022a). This is contrary to the views of many STs practicing in LAs but, would be more aligned with EPs, however EPs show increased reluctance to use labels due to a range of potential ramifications that can occur from them.

5.2.2.4. Key finding 4 of EP-ST differences: Equity and access to assessment

The dyslexia Screening and teacher training bill proposed by Matt Hancock is currently on its second reading at parliament (UK Parliament , 2023). EPs and

STs participating in the present survey were asked whether LAs should assess for dyslexia and were asked to explain their response.

STs who participated in the focus groups all responded that they felt dyslexia should be assessed by LAs. The reason for this related to equity. STs felt that in the current climate, only those who have enough money can afford to have an assessment and will commission it from an independent source. As an assessment can be expensive, those from low socio-economic status backgrounds may not be able to access an assessment. This was referred to by both Kale and Elliot and Grigorenko (Elliot & Grigorenko, 2014; Kale, 2020).

Contrary to this, EPs who participated in the focus group all responded that they felt dyslexia should not be assessed by LAs. EPs offered different reasons for their decision on this which included logistics. One suggested that around 20% of children would require an assessment in order to ensure all of those that might be dyslexic have an assessment. The second reason provided was that focusing on assessment could occur at the expense of support which, they considered to be more important than an assessment. Another reason provided was that one EP who had worked in an LA that identified dyslexia had found that those children who received an assessment typically did so because of the pressure placed on the LA by the parents for an assessment. This meant that other children with similar needs/difficulties did not receive an assessment. This was felt to be another instance of inequity in practice. Finally, EPs felt that in a scenario where assessments and diagnosis formed a routine part of LA work that they could be perpetuating inequality because support would become linked to a diagnosis, and

socio-economic status is linked to the likelihood of receiving a diagnosis. It was however, also acknowledged that this model could continue to perpetuate inequality as parents who can afford an assessment will continue to do so whilst those who cannot afford it will not (Kale, 2020).

Research from the higher education sector is pertinent in this instance as students require a diagnosis to access support. Ryder and Norwich found that some UK lecturers felt that this model was not equitable as those diagnosed with dyslexia received favourable treatment, even though some of their peers experiencing an equally high or higher level of need who do not have a diagnosis, did not (Ryder and Norwich, 2019). Ryder and Norwich (2018) also shared that this is exacerbated as there was no agreed criteria for a diagnosis of dyslexia and, there was evidence of inconsistent practice amongst assessors in HE.

5.3 The perspectives of EPs and STs regarding how children with dyslexia should be supported: similarities and differences

This section addresses the following research questions:

Research Question 2: What are the views of EPs and STs (working within local authorities) regarding how children with dyslexia should be supported?

Research question 4: What are the similarities and differences between the perspectives of EPs and STs (working within local authorities) regarding how children with dyslexia should be supported?

As both questions focus on support, the decision to amalgamate them was made. The following key findings emerged through the analysis of qualitative information from the focus groups and open-ended questions from the survey and, quantitative information from the closed questions from the survey.

Based on results from the survey and, from discussions arising from the focus group, EPs and STs working in LAs generally have similar views on a variety of different aspects relating to support for students with dyslexia. The main focus of this section, therefore, will be on the differences between the two professional groups.

5.3.1 Similarities between STs and EPs perspective regarding how children with dyslexia should be supported

This section focuses on the similarities between EPs and STs regarding how children with dyslexia should be supported. This represents some of the key findings from the work.

5.3.1.1. Key finding 1: Individualised support

Both EPs and STs made numerous references that support should be based on the child's profile and needs, referring to their strengths and weaknesses, which is a common approach used by practitioners (Maki & Adams, 2019; Sadusky, et al., 2021a). Almost all participants surveyed agreed or strongly agreed that they know a range of ways to support pupils with literacy difficulties and several responses to the survey reference what participants perceive to be effective features of

intervention. These features typically include the intervention being sequential, including opportunities for overlearning, occurring little and often, being multi-sensory, and addressing the unique needs of an individual. One inference that could be made is that there are occasions where support is not tailored appropriately to an individual. Both groups mentioned that support provided should consider what has and has not been effective for the student previously.

Regarding literature within the review, the majority focuses on perspectives of assessors in relation to assessment, although some research does discuss support. For example, support is referenced in the SASC full consultation. “In younger children the focus of an assessment that identifies a reading/literacy difficulty should be in exploring and identifying, in some detail, the current components of that difficulty, so that recommendations can be targeted around interventions that might address those difficulties” (SASC, 2022a, pp 41). One possible reason why research tends to focus more on assessment rather than support is that most practitioners appear to hold similar views with regards to the key aspects of effective intervention and therefore, research in this field may not add anything new. Whilst participants of the present study referenced a range of different interventions, all of the ones suggested were sequential, address overlearning and likely, would be tailored to the individual’s specific needs. Therefore, based on the findings of research and literature, there appears to be consensus in this area. However, STs generally referred to multisensory aspects much more than EPs.

5.3.1.2. Key finding 2: Resources

Both EPs and STs completing the survey and participating in the focus group referenced resources with relation to classroom adjustments, exam arrangements (extra time for example), and assistive technology in the form of ICT to help support individuals. Both groups made reference to issues around equity insofar that some individuals as a result of diagnosis, access a disproportionate level of support in relation to their need. Both groups felt that pupils should have access to support regardless of whether they have a diagnosis of dyslexia or not.

Several writers have commented on the topic of equity in relation to the allocation of resources including Ryder and Norwich (2019), Elliot and Grigorenko (2014) and SASC (2022a). Participants generally reported that allocation of resources should be based on need rather than a label; this was the case across both STs and EPs. “Proportionate” was the word used by one EP within the focus groups. Participants discussed that where individuals receive greater support than they are perceived to require by professionals including teachers and assessors, “tensions” arise. The tension seems to arise because professionals do not perceive the situation to be fair. This is also shared by Kale in their article (Kale, 2020). Participants all commented that children should receive support and resources based on their need; there was no dissension from this view. One possible consequence of the dyslexia screening bill proposed is that children who complete a screening test and then progress to have a full assessment may subsequently

be allocated with support that exceeds their level of need (UK Parliament , 2023).

This, from the perspective of many professionals, is not equitable.

5.3.2 Differences between STs and EPs perspective regarding how children with dyslexia should be supported

This section focuses on the differences between EPs and STs regarding how children with dyslexia should be supported. This represents some of the key findings from the work.

5.3.2.1. Key Finding 1: Equity – is it fair to provide additional support to students with a label?

Whilst both STs and EPs within the focus group felt that a label should not be needed to access support and that all students would be supported regardless of a label, equity was referenced much more frequently by EPs who completed the survey and focus group. Inequitable access to support was referenced by EPs, some of whom reported that socio-economic status is a factor, that is, parents who could afford an assessment sometimes expect a disproportionate level of support based on the findings. As a result, children from more affluent backgrounds access a higher level of support than those from lower socio-economic status. Ryder and Norwich (2019) found that lecturers had observed inequity previously insofar that students with a diagnosis received support whilst students with similar difficulties and no diagnosis did not (Ryder & Norwich, 2019).

Contrary to the findings within the focus group, EPs and STs generally disagreed or strongly disagreed that meeting the needs of children with dyslexia can take away resources available to other children. One possible difference for the findings could be due to the more open nature of the focus group where respondents were asked to elaborate on their views and ideas and therefore, inequity was discussed in more depth. Alternatively, it could be that EPs and STs were obliged to guess. EPs and STs often work alongside schools but do not necessarily see the impact of assessment and support at a whole class level.

5.3.2.2. Key finding 2: Do Children with literacy difficulties really need a different approach?

Although more EPs completed the survey compared to STs, a noticeably higher proportion of EPs mentioned precision teaching as an approach. I inferred from this that Precision Teaching was perceived by many EPs to be an effective intervention for students with literacy difficulties. STs however, were more likely to refer to multi-sensory approaches and, were more likely to suggest support that could help develop phonological awareness. STs recommendations are more in line with what psychologists in the USA and Australia might make as their assessments are more likely to include an emphasis on phonological awareness (Sadusky, et al., 2021a; Sadusky, et al., 2021b). Contrary to this, EPs surveyed and, those who participated in the focus group, rarely made any reference to phonological awareness. This difference may be because STs are more likely to use a range of standardised assessments to measure cognitive abilities such as working memory, processing and vocabulary. If a pupil has difficulty in various areas of cognitive ability, the practitioner may recommend a multi-sensory approach as this may help to address difficulties found through cognitive

assessment. EPs surveyed appeared to be less likely to use standardised assessment and this could affect the recommendations they make. The findings are not consistent with practitioners in either the USA or Australia. This may reflect a potential training need for EPs even though survey data indicates that EPs feel they know a wide range of ways to support students with literacy difficulties.

STs however, were more likely to agree that pupils with dyslexia require different support when compared to other children with similar difficulties (5% of EPs agreed compared to 43% of STs). Whilst almost all surveyed said that the intervention should be tailored to the needs of an individual child, EPs generally reported that children with literacy difficulties do not require different support whilst STs did. This may be why EPs were more likely to recommend a single approach (Precision Teaching) whilst STs were more likely to recommend a range of approaches. EPs views however, appear contradictory as they simultaneously report that support should be tailored to the individual but, the individual doesn't need different support to other children with literacy difficulties. This warrants further exploration.

5.3.2.3. Key finding 3: Support at a school level

Both EPs and STs provided mixed responses on the survey about whether identifying dyslexia leads to better support for children, with 27.03% of EPs agreeing and 30% of STs agreeing or strongly agreeing. The highest selected response for either group was neither agree nor disagree. In addition to this, the majority of EPs and STs answered that they neither agreed nor disagreed that teachers have lower expectations of children with dyslexia. One EP wrote that

“On some of the questions (where it asks about whether teachers have lower expectations for instance), I said I did not agree or disagree because it depends on the teacher. This was the same for some of the other questions.” This suggests that some teachers might have lower expectations of students because of the diagnosis of dyslexia. One inference that can be drawn from this is that EPs may believe that some teachers hold the view that dyslexia limits the potential of an individual. This could reflect a potential training need for teachers as described in the dyslexia screening and teacher training bill (UK Parliament , 2023). Additionally, if this is true and some teachers have lower expectations for children with dyslexia, this might affect the support that they provide to pupils, especially when those individuals may not be likely to achieve passing grades at GCSE.

5.4 Strengths

The research has several strengths. Firstly, there is very limited research that examines the perspectives of professionals on assessment and support for students with dyslexia and the research that does exist does not distinguish between the perspectives of independent practitioners and those working within LAs. This may be why some of the findings from this are not congruent with the findings from the SASC survey (SASC, 2022a). Furthermore, I am a qualified specialist teacher with an Assessment Practicing Certificate and a trainee EP. This positionality meant that I have an awareness and appreciation of the role of the ST and the EP and this likely influenced my interpretation of the results. It meant that I understood the specific terminology used by the STs and the tests that they referenced, and this meant I could ask follow up questions accordingly.

This positionality may also have encouraged participants to contribute. Instead of a TEP questioning STs, it was a TEP and ST questioning STs.

Another strength of this project is that because a survey and focus group were conducted on the topic, the results of both could be compared and contrasted thus providing a degree of triangulation. The reliability of the results were enhanced as the majority of findings from the survey were replicated within the focus groups. Additionally, research completed in Australia and the USA has typically relied on surveys and have not included a qualitative element meaning that practitioners are unable to share their own, precise voice (Benson, et al., 2020; Ryder & Norwich, 2018; Sadusky, et al., 2022). This therefore, makes an important, qualitative contribution to this topic.

Another strength is that several professionals (STs and EPs) were consulted when the survey was piloted. In addition to this, these professionals were also consulted when the focus group was developed. During this phase, questions were added, omitted and adapted to ensure that they were clear and relevant. As a result, one could suggest a degree of coproduction was enacted during the development of the questions.

A key finding from this was that EPs criticised the concept of dyslexia as being a within child difficulty whilst STs did not. It may be that STs passively adopt a medical model whereby the student's difficulties are due to factors outside of their own or, anyone else's control. This may explain why SASC (2022) found some tension between some EPs and specialist teachers and whilst it was not explicitly stated, this tension may be between LA and independent practitioners as opposed to EPs and STs (SASC, 2022a).

5.5 Limitations

The survey had a low response rate, particularly from STs, however a number of LAs in the West Midlands do not employ STs for learning. Whilst the survey was distributed to STs and EPs through several methods, the low response rate means the results cannot be extrapolated. Whilst triangulating the survey findings with those of the focus group helps to provide a greater degree of reliability, it is unlikely to be a true representation of the variability and diversity of opinion between different professionals. A second critique is that information about where participants practice in England was not obtained. Whilst a number of LAs in the West Midlands do not employ specialist teachers for learning, other regions may differ. Additionally, it is possible that the opinion and voices of practitioners may vary depending on where they work within England.

In regard to the focus group, it is possible that some participants within each group felt obliged to agree with the opinions of others within the group. This is sometimes called compliance within social conformity theory (Kelman, 1958).

Whilst participants were encouraged to be open and honest to their own beliefs, it is possible that this may not have happened. Findings from the focus group were generally similar to those from the survey suggesting that this is not the case, however participants were not asked individually following the survey whether their responses reflected their voice.

In addition to the above, there were times when participants offered a response, and their thoughts/opinions were perhaps not probed enough. For example, when

participants were asked about the support they would provide for students with dyslexia, follow up questions such as 'why have you suggested this' were not asked. Reflecting on this, I may have avoided asking specific follow up questions to avoid causing offence or, to avoid potentially shifting the direction of the focus group. The reason for this was to maintain neutrality and to ensure that I did not inhibit participant response.

Another limitation is that independent practitioners were not consulted. Their responses could be compared and contrasted with those working within LAs. This would enable researchers to determine whether tensions exist between independent and local authority practitioners, and if they do, what they are. The primary reason individuals were excluded from the results was because they did not work primarily for a local authority (in a traded or maintained capacity). A high number of participants completed the survey who did not work primarily in an LA. This may reflect their desire to contribute to the topic. Whilst SASC (2022a) gathered the views of practitioners, they did not segregate between practitioners working in the independent sector and those working for LAs. Further research on the views of assessors in the UK should consider including a question on whether they work primarily for an LA or are independent practitioners.

A final limitation is that information on gender and ethnicity was not included. Whilst it would not have been possible to compare different groups statistically due to the sample size (at least 30 participants from each sub-group would have been needed to carry out a statistical analysis such as a t-test; The British Medical Journal, 2023), findings from STs/EPs from different ethnic groups could have been compared qualitatively to assess whether participants from different ethnic groups had different opinions. Further research is needed to help consider this.

5.6 Implications for practice

As the dyslexia screening bill (UK Parliament , 2023) at the time of writing this project is on its second reading, and a committee has been established, an overview is provided of considerations for assessing students for dyslexia based on the research within the literature review and the findings. The following may be helpful for local authorities when determining their own diagnostic pathways.

It is necessary for an LA to adopt a definition for dyslexia as assessment is based on a practitioner's conceptualisation and the definition used affects this.

Nationally, SASC are updating the definition of dyslexia. It should be noted that there is no internationally agreed definition of dyslexia although most working definitions consider it to affect reading and spelling.

Screeners tend to over-identify pupils who may have dyslexia. An estimated 20% of the population may require a full assessment and logistically, this is not feasible with the current workforce. A cut off could be used (for example, only those scoring below the 5th percentile in reading are assessed), however, this may perpetuate inequality. For example, pupils achieving at the 6th percentile still have needs, however they would not be assessed in this instance.

Dyslexia can sometimes be incorrectly identified as the root cause of the literacy difficulty (misdiagnosis). This is possible and has been alluded to in the 'what is not dyslexia' section of the SASC consultation paper and participants completing the survey (SASC, 2022a). Two possible suggestions have emerged that may help to reduce the potential of this happening. Firstly, it is essential that background information gathered includes information on eyesight, hearing, attendance, access to intervention and other factors that might contribute to a

student's difficulties and may indicate that the root difficulty is not dyslexia.

Secondly, a collaborative, multi-agency approach whereby evidence gathered is considered by different professionals (STs and EPs). This would help to reduce the potential for misdiagnosis. This however, is only possible with a significant increase in the workforce (EPs and STs).

As some teachers may expect less for students with dyslexia, and some students with a diagnosis may subsequently experience a decline in their mental health as a result of diagnosis, the potential impact of a diagnosis on an individual within their current setting should be considered in each circumstance. If professionals consider a diagnosis will likely be detrimental to an individual, then a diagnosis should not be made and the reason for this should be clearly articulated to stakeholders (school, parents). Alternatively, teacher training and access to mental health support for students could be considered, although this is unlikely to fully address this consideration. It is important to note that for some individuals, an assessment of dyslexia may be helpful for their mental health.

Dyslexia is a spectrum, and some teachers may adopt a "one size fits all" approach to students who receive a diagnosis. The difficulty is that one intervention may be suitable for one student with dyslexia but, not another, particularly where one student has co-occurring needs or presents with other neurodiversities. This presents an opportunity for training for teachers.

[5.7 Implications for Research](#)

The research focused on EP and ST perspectives on assessment and support for students with dyslexia from an LA perspective. This does not consider the views

of independent practitioners who would likely offer alternative and valid opinions on the subject. Findings from the SASC survey (SASC, 2022c) are not always consistent with findings from this project. One possible reason for this is that SASC also interviewed independent practitioners but, did not separate responses between those working in LAs and, those working in the independent sector. It is therefore recommended that further research separates responses between those working in LAs and those working in the independent sector.

One finding from this which warrants further research is whether STs are, as the findings suggest, conceptualising dyslexia as a medical need and therefore, are more likely to diagnose it. A medical approach does not assign 'blame' to any individual for the pupil's difficulties. There are however, times when an individual's difficulties may be the result of a sensory need (where eyesight affects the ability to read) or, when school factors have contributed to their difficulties. A medical approach may alleviate potential tensions; however this may be disadvantageous to students. This warrants further research.

5.8 Conclusion

Generally, the findings of this research showed that EPs and STs working in LAs held broadly similar views in relation to assessment and support for students with dyslexia. For instance, both professional groups referenced the importance of gathering background information about a student and measuring literacy. Both groups shared the importance of ensuring support for students is tailored to their individual needs and is structured, sequential, multi-sensory and, includes opportunities for overlearning. There were however, some important distinctions between the groups.

STs reported that they were more likely to diagnose and use the label 'dyslexia' when compared to EPs. STs felt that preventing more vulnerable groups from access to a diagnosis perpetuates inequality as parents that can afford an assessment and diagnosis will do so. In addition to this, STs appear to adopt a similar view to those held by many lecturers in HE that dyslexia, like a medical condition, requires support, (Ryder and Norwich, 2019). On the other hand, EPs felt that labelling dyslexia could perpetuate inequality as students with similar needs, but without a diagnosis, may not receive the same level of support. They were also cautious of the effect of labelling, particularly when conceptualisation of dyslexia varies so much from individual to individual. In both instances, EPs and STs felt that support based on need is necessary.

The training STs and EPs receive during their qualification may have contributed to the different views held by the different professional groups, however both have knowledge and skills that are beneficial during an assessment of need. STs have more specialist knowledge of literacy whilst EPs work more holistically. Both groups are therefore ideally placed to collaboratively support the assessment of students with literacy difficulties.

Assessment leading to a diagnosis of dyslexia can be helpful for some, but it is also important to consider the potential ramifications of the label. Whilst the diagnosis can be helpful and supportive for some, for others it can lead to reduced expectations from teachers and, can have an adverse effect on their mental health. It can also reinforce a self-fulfilling prophecy where the student feels unable to achieve their potential due to the diagnosis. The differences in views articulated in this research do not seem resolutely polarised; the differing professional standpoints should be discussed in professional circles and

embraced in order to create equity for assessment and support for children with literacy difficulties.

The present research indicates three key findings that may help support the practice of EPs and STs. Firstly, different professionals adopt different definitions of dyslexia, and this subsequently affects their assessment practices and the likelihood that they may make a diagnosis. This suggests that there needs to a nationally set definition of dyslexia that professionals can use. The second key finding is that that EPs and STs have different knowledge and skills. STs tend to have more training in literacy whilst EPs tend to work more holistically. If LAs want to diagnose dyslexia, they should adopt a multi-agency approach to reviewing all available evidence so that all perspectives are included – this will reduce the potential for misdiagnosis. The final key finding is that the potential benefits of screening which may indicate the presence of difficulties, may also lead to over-identification of dyslexia. Screeners typically adopt a set algorithm and this may subsequently miss some individuals with difficulties whilst highlighting others that do not. This then has the potential to drain resources. Any LA looking at potentially developing a pathway for diagnosis of dyslexia should consider the above very carefully.

Chapter 6: References

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Chapter 7: Appendices

Appendix 1: Questionnaire analysis

Issue / Topic	Question	Type	Rating	Simple language	Essential	Repeated	Leading question	Technical terms	Too general	Comment
Background of participants	Are you an EP or a specialist teacher?	Dichotomous Possible responses: EP/Specialist teacher	6/6	✓	✓	X	X	X	X	Essential question. Definitely needed to compare EP/Specialist teacher views
	Have you completed an accredited course to become an educational psychologist or teacher?	Dichotomous Possible responses: yes/no	6/6	✓	✓	X	X	X	X	If any respondents haven't completed a course and not fully read the brief, then there will be questions that they cannot answer. Their questionnaire will not be valid. This is an essential question as some questions will relate to training. Anyone who indicates 'no' will need to have their questionnaire removed.
Assessment/ identification	I know what dyslexia is	SD, D, NAOD, A, SA	5/6	✓	✓	X	X	X	✓	Highly subjective however, easy to understand
	I am confident in my ability to identify dyslexia.	SD, D, NAOD, A, SA	6/6	✓	✓	X	X	X	X	

	I have had sufficient training to identify dyslexia.	SD, D, NAOD, A, SA	6/6	✓	✓	X	X	X	X	
	It is not possible to identify dyslexia.	SD, D, NAOD, A, SA	4/6	✓	✓	✓	✓	X	X	Relates to whether it can be identified as opposed to being able to do it as a professional.
	I understand the role of the SpLD Assessment Standards Committee.	SD, D, NAOD, A, SA	5/6	✓	✓	X	X	✓	X	As this is a regulatory body established in 2005 and they work closely with the government, etc it is important to look at this. Relevance: speaks to professional competence?
	Dyslexia can be incorrectly identified as the cause of the literacy difficulty	SD, D, NAOD, A, SA	5/6	✓	✓	X	✓	X	X	Speaks of perceptions of specialist teachers and EPs regarding assessment in the wider community. Could be considered a leading question
	Looking at the confidence intervals of tests is important in diagnosing dyslexia.	SD, D, NAOD, A, SA	4/6	X	X	X	✓	✓	X	MAYBE too technical but, I think there may be a sig dif between views on this between EPs and specialist teachers (this was a commonly held view)
	How do you decide if a child has a specific learning difficulty?	Open ended	6/6	✓	✓	X	X	X	X	

Implications of diagnosis on individual	Diagnosing children with dyslexia leads to better support.	SD, D, NAOD, A, SA	6/6	✓	✓	X	X	X	X	Clear cut, logical, good for seeing differences in perspectives of various professionals.
	Children with dyslexia need different support from those with literacy difficulties.	SD, D, NAOD, A, SA	6/6	✓	✓	X	X	X	X	Good, links in with national debate. Can see difference (if any) between professional groups.
	I know a range of ways to support children with literacy difficulties	SD, D, NAOD, A, SA	6/6	✓	✓	X	X	X	X	
	Diagnosing dyslexia has a negative effect on the mental health of children.	SD, D, NAOD, A, SA	6/6	✓	✓	X	X	X	X	
	Meeting the needs of children with dyslexia can take away resources available for other children.	SD, D, NAOD, A, SA	6/6	✓	✓	X	X	X	X	
	Teachers have lower expectations of children with dyslexia.	SD, D, NAOD, A, SA	6/6	✓	✓	X	X	X	X	

	Having a dyslexia diagnosis places the literacy difficulties within the child'	SD, D, NAOD, A, SA	6/6	✓	✓	X	X	X	X	
	What intervention or support would you provide for a child with a specific learning difficulty?	Open ended	6/6	✓	✓	X	X	X	X	
	Would you be willing to attend a virtual focus group about tensions? Length: Between 30 and 60 minutes.	If yes, please provide your email address								

Perspectives of Educational Psychologists and Specialist Teachers towards the Assessment and Support of Students with Specific Learning Difficulties

Background Information

My name is Chris O'Connor, I am a trainee educational psychologist working for Wolverhampton Educational Psychology Service (EPS) from 2021-2023. Since September 2020, I have been registered as a postgraduate research student at the University of Birmingham, where I am undertaking the three-year, full-time professional training in educational psychology. As part of my training, I am undertaking a two-year supervised practice placement within Wolverhampton EPS and undertaking this substantive research study for my thesis. This has been given to you because I am seeking your agreement to take part in this research project. Before you decide whether you would like to take part, please read this information so that you understand why the research is being conducted and what being part of the project will entail. If you would like further information or would like to ask any questions about the information below, please do not hesitate to ask (contact details are provided at the end).

My Research Aims

In the West Midlands and beyond, debate exists over who should diagnose Dyslexia, how it should be diagnosed and, how children with dyslexia should be supported. There is currently, limited research detailing perspectives of specialist teachers and educational psychologists towards the assessment and support of students with dyslexia and no research exists comparing and contrasting the views of these professional groups. The research has two, main aims. The first is to gather the perspectives of specialist teachers and educational psychologists towards the assessment and support of students with dyslexia. The second is to compare and contrast the similarities and differences between professional

groups.

Justification

It is expected that the findings will have relevance in helping local authorities to develop a collaborative, cohesive approach to assessing and supporting individuals with Dyslexia, particularly within the West Midlands. The findings may also have implications for other training providers and organisations.

Your involvement

If you are willing to participate in the study, please complete the questionnaire. The questionnaire comprises of a number of multiple-choice questions however, there are also opportunities for you to provide more detailed responses if you desire to do so. The questionnaire will take between 10 and 15 minutes to complete. If you would like to volunteer to participate in a focus group where I am able to gather further information, please leave an email address (there will be an option for you to do so at the end of the questionnaire). If you agree, the focus group will be conducted online and will be video recorded. (You do not need to engage in the focus group if you prefer not to!).

What will the findings be used for?

The research findings will be communicated in a research report for Wolverhampton Local Authority. An executive summary, or, should you prefer, the full report, will be provided to you upon request. These reports may also be shared with other professionals from other local authorities and the SpLD Assessment Standards Committee. Please note, your name, local authority and any other identifying information will not be included in any of the reports. The research findings will also be written in my doctoral thesis for the University of Birmingham, which will be published, in full, online in the University e-theses database. Shorter papers summarising the research may be written for submission to a peer-reviewed journal for publication, and findings from the study may also be disseminated at professional conferences.

What will happen to the data that is collected?

Questionnaire responses will be initially stored on Qualtrics and accessed on a City of Wolverhampton Council laptop. Once all responses have been received, they will be transferred to a password-protected folder on the University of Birmingham's secure electronic data storage system, BEAR DataShare. The files will then be erased from the laptop. Immediately after the focus group, the electronically audio-recorded and video-recorded data will also be transferred from the devices to a password-protected folder on the University of Birmingham's secure electronic data storage system, BEAR DataShare. The files will then be erased from the recording devices. Electronic transcripts and notes will also be held in a password-protected folder on BEAR DataShare. Any written notes and forms will be scanned in and also stored on BEAR DataShare in a password protected folder . A 10-year expiry date will be set for the electronic data stored on BEAR DataShare.

If I change my mind, can I withdraw from the study?

You have the right to withdraw from the questionnaire up until you submit it. Once submitted, it will not be possible to identify who has submitted it and therefore it will not be possible to withdraw.

Where can I seek further information?

If you have any remaining questions or concerns before, during or following the questionnaire, please use the following contacts:

Researcher: Chris O'Connor [REDACTED]

Research supervisors: James Birchwood [REDACTED]

Placement Supervisor Jan O'Connor [REDACTED]

Thank you very much for taking the time to read this information and for considering your participation in the study.

1. I have read and understood the project information.
2. I have had an opportunity to ask questions about the project (emails provided above).
3. I confirm that I am either: 1. A specialist teacher who has completed a level 7 qualification leading to AMBDA or 2: Am an educational psychologist registered with the Health and Care Professionals Council.
4. I confirm that I work within a local authority in England either in a traded capacity or directly for the local authority.
5. Right to withdraw: I understand my participation in the study is voluntary.
6. I understand that I can withdraw at any point without explanation with one exception provided in point 7.
7. I understand that once I submit my responses to the questionnaire that I will be unable to withdraw them as it will not be possible to identify my individual responses from those that have been collected.

Confidentiality: My views and identity will be kept confidential. If you want to participate in a focus group and provide an email address, this will initially be linked to your responses. Your email address will be added to a list and removed from your responses. Your responses will not be viewed in relation to your email address. This is aimed to help provide the highest level of confidentiality possible.

Privacy: I know that neither my name, nor the name of the local authority I work for, will be included in these reports. I understand that basic details about me (ie. occupation) will be summarised in the methodology section.

Data storage: All questionnaire responses will initially be gathered through Qualtrics. Once all responses have been received, information will be downloaded to a secure device (laptop) and deleted from Qualtrics. The results of the questionnaires will only be available to Chris, his University Supervisor and University assessors. In adherence to the Data Protection Act (2018), All electronic versions of anonymous documents will be stored on the University of Birmingham secure network for a period of 10 years, after which point, they will be destroyed.

Data usage: I understand that the results of this study:

- Will be used for Chris' Doctoral Thesis
- Will be shared with professionals from the Educational Psychology Service
- Will be made available to other professionals working in children's services in the West Midlands
- May be written up for professional journals or shared at conferences for people working in education (Wolverhampton will not be named when reporting outside of the area).

Do you agree to all of the above:

Yes

No

Are you an EP or a Specialist Teacher?

EP

ST

Have you completed an accredited course to become an educational psychologist or teacher?

Yes

No

Do you primarily work for an LA either as an employee of the LA or in a traded capacity?

Yes

No

I know what dyslexia is.

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

I am confident in my ability to identify dyslexia

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

Please could you describe your view of dyslexia

I have had sufficient training to identify dyslexia.

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

It is not possible to identify dyslexia.

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

I understand the role of the SpLD Assessment Standards Committee.

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

Dyslexia can be incorrectly identified as the cause of the literacy difficulty.

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

Looking at the confidence intervals of tests is important in diagnosing dyslexia.

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

How frequently do you work with children who experience literacy difficulties?

- Very often
- Often
- Neither often nor rarely
- Rarely
- Very rarely

How do you decide if a child has dyslexia?

Diagnosing children with dyslexia leads to better support.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Children with dyslexia need different support from those with literacy difficulties.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

I know a range of ways to support children with literacy difficulties.

- Strongly disagree
- Disagree
- Neither agree nor disagree

Agree
Strongly agree

Diagnosing dyslexia has a negative effect on the mental health of children.

Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

Meeting the needs of children with dyslexia can take away resources available for other children.

Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

Teachers have lower expectations of children with dyslexia.

Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

Having a dyslexia diagnosis places the literacy difficulties 'within the child.'

Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

I am very aware of current research into Dyslexia.

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

What intervention or support would you provide for a child with a specific learning difficulty?

Please use this box to provide any additional views where you have not yet had the chance to do so.

Would you be willing to attend a virtual focus group about this subject? If so, please include your email address. This will not be linked to the responses that you have provided.

Appendix 3: Focus Group Schedule

Focus Group Schedule	Questions (core – must be covered) Highlight core priorities (KEY-want detailed answers)	Follow up questions
Introductions and rapport building	<ul style="list-style-type: none"> • Participants will be thanked for agreeing to meet with me. • I will engage in neutral, rapport-building conversation topics (such as asking participants how their day has been so far and checking the time they have available). • The participant information sheet will be discussed, and the expectations of participation will be clarified. • If they do still agree to participate, their verbal consent will be obtained alongside an electronic consent form (this is because focus groups will be conducted online). 	
Identification of dyslexia	<ul style="list-style-type: none"> • What is Dyslexia? • How can you tell if someone may have Dyslexia? • How would you assess someone for Dyslexia? • How will assessment affect the mental health of students? 	<ul style="list-style-type: none"> - What questions might you ask family members? - What questions might you ask staff at the school? - What assessments would you use and why?

	<ul style="list-style-type: none"> • Do you think specialist teachers (have different views on how to identify dyslexia? If so, what do you think they might be? • Both EPs and STs indicated that they feel dyslexia can be misdiagnosed. How might this happen? When might this happen? • If you have two learners with similar literacy difficulties, how do you decide which is dyslexic and which is not? 	<ul style="list-style-type: none"> - -if needed clarify, low reading/spelling and no more.
Support for students with Dyslexia	<ul style="list-style-type: none"> • Do the results of the cognitive assessment affect the support recommended? If yes, how? • What support would you recommend for a child identified with Dyslexia? • How would the support you offer impact on the child? • Do you think specialist teachers have different views on how to support students with dyslexia? If so, what do you think they might be? 	<ul style="list-style-type: none"> - What interventions would you recommend and why? - What support during exams would you recommend and why? - How would the support be the same or different compared to other children with literacy difficulties? - It has been suggested that what works for children with Dyslexia works for children with general literacy difficulties. Can you think of one intervention that works for all groups– what makes this different?
Similarities and differences	<ul style="list-style-type: none"> • When, how and with who do you collaborate when completing an assessment of literacy difficulties? • How is collaboration with EPs/specialist teachers helpful? • What would 'the ideal' be when completing assessments with children with literacy difficulties? • Should local authorities assess for dyslexia? Explain the reasons for your decision. 	<p>Do you think EPs/STs have similar or different views on this? Explain your answer.</p>

Debrief	<p>Participants will be given the opportunity to tell me anything else that they feel is relevant.</p> <p>They will then be thanked for taking part, and asked the following questions:</p> <ul style="list-style-type: none"> • How was this focus group experience for you? • How have you been left feeling now? <p>Participants will be reminded of the right to withdraw within 14 days and of the contact details should they have any questions or concerns.</p>	
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Appendix 4: ST responses to open ended questions within the survey

Participant Number	Please could you describe your view of dyslexia.
47	Underlying cognitive difficulties such as slow processing and weak working memory that impact on learning, particularly reading and spelling. However I also see the strengths and wish the school system wasn't so focused on getting ideas down on a page so the creative dyslexic mind could be utilised in better ways.
48	Difficulties with fluent and accurate word reading, underpinned by poor phonological skills and working memory difficulties. Dyslexia can co-occur with other neuro-diverse conditions.
49	Elements can be supported through QFT but interventions do need to be specific which may not be possible within school. Children should not need a diagnosis in order to receive support- all schools should be dyslexic friendly which is not the case. If the school has a qualified SENCO then needs can be met
50	My view of dyslexia is a daily need to process at a slower pace, to re-visit reading, writing and spelling and to keep track of thoughts and deeds. It certainly has its difficulties but also has its strengths, the ability to empathise, see the bigger picture, see things a little differently. I consider the fact I am dyslexic to be my most helpful resource.
51	Difficulties with reading fluency and or spelling. Characterised by weaknesses in phonological processing and often verbal memory difficulties
52	Primarily a reading difficulty. Often signs of underlying cognitive processing difficulties including: phonological difficulties and/or difficulty in working memory and/slow speeds of verbal processing
53	
54	Difficulties with aspects of phonological awareness, memory and processing
55	A neurodiversity which presents with specific strengths and difficulties. It can be present in people with varying intelligences and can have comorbidity with other neurodiversity. Specific difficulties relate to phonological skills, sequences information and verbal

	memory and can particularly effect spelling and reading. Dyslexia difficulties can also impact on other areas of the curriculum.
56	Dyslexia is a life long neurological difference which affects an individuals auditory and visual processing accuracy and speed. I follow the BDA definition that although primarily it affects accurate and fluent reading and spelling skills, it also affects memory of information seen and heard, affecting wider learning, and can impact organisational skills. Dyslexia occurs across the range of intellectual abilities. It is a continuum and often is seen alongside concurring difficulties e.g. aspects of language, motor coordination, mental calculation, concentration and personal organisation. I follow the premise that an indication of the severity/persistence of dyslexic difficulties can be gained by exploring the individuals response to intervention. All individuals are different and will have strengths as well as difficulties. An understanding of the individuals strengths is important for the self esteem/self worth of the individual and in planning for effective multi sensory intervention to support development and progress.
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64	<p>I strongly believe that there are some people who have severe difficulties with developing literacy skills but I feel that people can get distracted by needing a dyslexia 'diagnosis'. I would prefer that all people who do not develop literacy skills as expected are called dyslexic, or the word was banned and concentration on the barriers were focused on.</p> <p>'Assessments do not diagnose, people do' and here lies differences between the opinions of assessors, with some seeing a set of assessment results and diagnosing dyslexia and others who would not. This is not at all helpful and highlights the problems with pinning dyslexia down. Do people with a diagnosis have more difficulties with literacy than those who do not? I'm sure those affected would say not.</p> <p>I also have concerns with the huge amounts of money which surround dyslexia, with people with lower incomes being priced out of most dyslexia assessments. It is not right or fair.</p>
65	A specific learning difference neurobiological in origin characterised by difficulties in phonological awareness & processing & reduced short term & working memory capacity. Individuals with dyslexia may have strengths in creative & artistic fields, be big picture thinkers & problem solvers.
66	A working definition of dyslexia can be found in the Rose Review 2009.

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71	Dyslexia is a learning difficult that primarily affects reading and spelling. It can feature deficits in phonological awareness, verbal memory and verbal processing speed. It can be associated with a number of co-occurring difficulties and is not related to ability. It is associated with a number of strengths as well as weaknesses.
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74	Dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling. Characteristic features of dyslexia are difficulties in phonological awareness, verbal memory and verbal processing speed.
75	A specific difficulty with reading and spelling that does not respond well to normal intervention.
76	Where literacy skills do not reflect ability, weaknesses in working memory and phonological awareness.
77	I know there are lots of definitions but I would use the one from the Rose Review.
78	
79	I think that dyslexia is a specific literacy difficulty which presents with difficulties in phonological awareness and other aspects of cognition. I think that it is over diagnosed and that there is huge variation in practice between assessors.
80	
81	Dyslexia affect fluency and accuracy of reading. It can also affect spelling. These difficulties will be unexpected given the students age and ability. Phonological awareness, processing and working memory may also contribute to a student's difficulties.
82	
83	<p>"Dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling."</p> <ul style="list-style-type: none"> ● Characteristic features of dyslexia are difficulties in phonological awareness, verbal memory and verbal processing speed. ● Dyslexia occurs across the range of intellectual abilities. ● It is best thought of as a continuum, not a distinct category, and there are no clear cut-off points. ● Co-occurring difficulties may be seen in aspects of language, motor co-ordination,

	<p>mental calculation, concentration and personal organisation, but these are not, by themselves, markers of dyslexia.</p> <ul style="list-style-type: none"> ● A good indication of the severity and persistence of dyslexic difficulties can be gained by examining how the individual responds or has responded to well founded intervention.
84	A difficulty that affects literacy skills solely although other difficulties can co-occur
85	It is a severe and persistent difficulty with literacy skills such as reading accurately and fluently and/or spelling that is resistant to intervention. Typically phonological awareness is low and this may be accompanied by difficulties with working memory and/or processing. This is my view and I am aware that there are other definitions.
86	We use the definition from the Rose review.
87	

Participant Number	How do you decide if a child has dyslexia?
47	I have been trained to use the Rose definition and compare data from the assessments to this. However as I become more experienced there is an element of gut instinct although I obviously back that up with observation, data and go back to the definition.
48	<p>Poor word reading that affects reading rate and fluency.</p> <p>Poor phoneme-grapheme correspondence when spelling.</p> <p>Poor phonological awareness.</p> <p>Poor verbal and visual memory.</p>
49	Background information from parents and school, assessments and BDA quote As assessment is private some assessors give a diagnosis- I assess and some of the reports, scores and knowing the pupil, is something I would not have given. I find that teachers say child is dyslexic as it is a way of 'justifying' why progress has not been made, rather than thinking what barriers can I remove in Oder fir pupil to access this lesson
50	If I am teaching a child, young person or adult, I often know before any formal assessment. During assessing, signs of dyslexia are made clearer and then backed up and confirmed through standard scores and diagnosis.
51	Weakness in single word reading (particularly non words) and difficulties with reading and or spelling, manipulating phonemes within words. Diffs with rapid access naming. If child does not score below 85 in a number of these key areas, I would factor in their underlying ability as strong cognitive functioning can provide measure of compensation for the individual
52	Full diagnostic testing, background information and history of reading/sorting difficulties. Generally. Low/below average scores in aspects of reading/spring scores. With older students, history of difficulties key

53	
54	observations, test results, educational history, information from parents
55	We decide if a child has specific learning difficulties through looking at strengths and difficulties. Analysing the type of difficulties and looking at underlying skills through assessment and observation. It is important to be open minded and also have an awareness of other issues which may cause similar difficulties. It also needs to be considered if the difficulties are particularly resistant to intervention.
56	Through monitoring response to intervention. Through investigating hearing and vision difficulties to identify if there are underlying sensory barriers to auditory and visual information. Profiling background information. Assessing using standardised tools administered in accordance with test guidelines. Analysis of test results and profile information to make a dyslexia judgement in correspondence with the BDA definition that I follow. Regular CPD is essential in keeping up to date with developments in the field of dyslexia and in identifying tricky profiles.
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64	Poor attainment and progress with reading and/or spelling. Below average phonological awareness. Below average verbal working memory. Below average verbal processing speed. Poor improvement with focused, interleaved and cumulative literacy intervention over time. Talking to parents and school staff about child's strengths and weaknesses.
65	Free writing sample can be most revealing. Series of testing in areas of cognitive processing - wm, processing, PA. Attainment tests to identify difficulties at word level. Ability testing to identify strengths.
66	I refer to the Rose Report (2009) definition and collate qualitative and quantitative information then use this to make a fully informed decision. Information such as recent eye, hearing tests, attendance, etc also play a part in the decision making process.
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71	By taking a holistic approach. I look at how children tackle assessment tasks in terms of the strategies employed, background information such as the response to intervention, educational opportunities, development history and familial occurrences of SPLD as well as the scores achieved.
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74	Use a range of standardised tests including the WRIT, CTOPP2, YARC, TOWRE etc. I would initially baseline, implement intervention, monitor and review. Depending on the outcomes, I would then decide whether the pupil is dyslexic or not.
75	Work with the pupil, discuss with the school and teachers, consider what intervention has taken place, complete tests of cognitive ability and literacy.
76	See if literacy skills are lower than would be expected given information from cognitive tests (phonological awareness, memory, speed of processing).
77	Through discussion with those who know the child and assessment.
78	
79	We don't in our local authority. We complete similar tests but, we don't make a diagnosis.
80	
81	Assessment completed over time with the student. Monitoring intervention to ensure that it is resistant to typical intervention. Use standardised assessments.
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84	We use similar tests but, don't diagnose.
85	Gather background information from parents, teachers. Complete a standardised assessment involving tests of literacy and cognitive ability (visual, verbal, phonological, memory). Consider literacy skills in relation to ability but, taking account of anything that might have affected the tests of ability (dyslexia can occur across a range of abilities).
86	Assess, plan, do and review. We then have a multi agency meeting where we discuss different possible causes for the difficulties.
87	

Participant Number	What intervention or support would you provide for a child with a specific learning difficulty?
47	Depends on how it is impacting in the class and how severe the difficulties. I think a lot of support is just good quality teaching. However a minority do need intensive intervention ideally through a specialist teacher.
48	Systematic and multi-sensory programme of phonics to support reading and writing. Direct instruction approaches and lots of practice for over-learning. Multi-sensory approaches. Visual checklists and worked examples to help with recall and support independence. Pre-teaching.
49	Interventions of 10 minutes that recaps on previous learning and then new learning Lots of reinforcement Visuals where possible Time to process what has been said Additional time to complete work Phonics and daily reading at 95% accurately to build confidence Flash card of new words from reading book to revisit at start of reading session Task planners, support ST memory Planners when writing Possibly colourful semantics to support sentence structure Possibly laptop fir longer pieces of written work
50	I would try to give more time to those with an SpLD, a rich and varied multi-sensory curriculum with the opportunity for over learning and re-visiting alongside target intervention in small groups or 1:1
51	Bespoke cumulative, multi sensory, usually phonics based, precision teaching, regular practice, over- learning. Advising school staff and parents/carers on ways to support
52	Multi sensory cumulative intervention on a regular basis (at least once a week). Various of activities to revisit and embed learning. Activities to support encoding, decoding, support writing memory and build confidence in writing and reading. Using individual strengths to support learning.
53	
54	It depends on the need, the age of the child and what has already been tried.
55	Short burst multi-sensory teaching which focuses on over learning key literacy skills. A systematic approach to learning which is based on careful assessment. Focus on self esteem and recognition of strengths. Environmental/ teaching changes to support memory, processing etc which can increase access to the curriculum. Use of IT to support learning and prepare for adulthood.
56	Multi sensory intervention which is cumulative and sequential with lots of opportunities for repetition. Intervention that encourages metacognition, where the individual engages in the learning and is encouraged to develop their thinking, make their own decisions and strategies. The actual intervention would depend on the results of the assessment and profiling. Multi sensory phonic intervention is high on the list. But other methods would also be used including consideration for study skill support and the use of technology/ alternative approaches so that reading, memory, processing speed or spelling isn't a barrier to studies.

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63	Specialist teacher support followed up by consolidation from another member of staff.
64	This would depend on factors such as age, resources available. And learning profile of the individual.
65	A huge question! Depends on what's already available in school & whether in or out of classroom. Assistive technology, dyslexia friendly teaching approaches & materials. Strategies to support w/m & slow processing speed. Phonological awareness training & a cumulative, structured & m/s phonics programme. Paired reading & real books.
66	Evidence based interventions for reading and spelling. Sessions where the child learns about their dyslexia and what skills they can use or acquire to manage this e.g. short term memory strategies. In my opinion, it is important that the child can evaluate how effective an intervention or strategy is for them, so that it helps them to become an independent and successful learner.
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71	It would depend upon the age and stage of the child and their individual difficulties. However, an intervention aimed at improving phonemic awareness or morphological awareness would be included at the appropriate level as well as specific reading and writing intervention. Memory and speed of processing intervention would also be included. Strategies would be given for whole class teaching as well as home. They would all be specific to the child.
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74	For phonological awareness, I might recommend Sound Linkage or Sound Discovery. For reading, I might recommend repeated reading, precision teaching, 5 minute

	<p>box.</p> <p>For spelling, I might recommend Stareway to spelling or another programme. I would recommend something that has an evidence base and has been shown to be effective.</p>
75	<p>Something literacy based like toe by toe, stare way to spelling, alpha to omega, 5 minute box. It would depend on the students age and difficulties.</p>
76	<p>I would find out what intervention the pupil had already received and the impact of this. I would then look at the main difficulties and would tailor intervention to this. I would focus on developing areas of weakness (phonological awareness).</p>
77	<p>Depends on what the child is struggling with.</p>
78	
79	<p>This question is massive! It depends on many things such as age and the type of difficulty they have. I know lots of different interventions but, would comment that there is not one specific intervention that would work for all children.</p>
80	
81	<p>What works for children with literacy difficulties gives lots of evidence based interventions. It includes information about what each intervention addresses and the age that the intervention is aimed at.</p>
82	
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84	<p>I would use a multi sensory approach to develop gaps in literacy. I would also use something to develop areas of need (phonological awareness, working memory).</p>
85	<p>A multi sensory approach is generally considered to be the most effective as shown by work carried out by Orton and Gillingham. The pupil would require an intervention that is structured, includes a high degree of repetition and addresses the skills that the pupil is struggling to acquire.</p>
86	<p>I would consider what the pupils' main difficulties are and would then tailor intervention based on this. I have a bank of recommendations and interventions. I would trial the approach and adapt as necessary.</p>
87	

Participant Number	Please use this box to provide any additional views where you have not yet had the chance to do so.
47	<p>Some children really benefit from a diagnosis and others don't so I gave some middling answers to those questions.</p>
48	
49	

50	Sadly, I feel some teachers do have lower expectations of a dyslexic learner although I myself do not. A recent example was a child just left school who I taught weekly for two years privately 1:1 for an hour a week. The child was in the second to bottom set for English and predicted a 2. I helped the parents get the child moved to next to top set with exam access arrangements in place and he achieved 7's for both language and literacy.
51	
52	Examination Access arrangements are key to ensuring support in examinations, especially extra time and readers.
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56	A dyslexia diagnosis is a starting point. It's what it leads to and what comes from it which is important. E.g. skill development, understanding strengths and using these, study skills e.g strategies/over learning etc, self esteem building, adaptations within the learning environment e.g processing time, technology to support reading/writing. This should be matched to the individual, not delivered as one size fits all.
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65	I want to clarify the question about meeting the needs of ch with dyslexia can take away resources from other ch. Not per se but certainly if money is having to be spent on diagnoses when the support with or without a diagnosis is in place in a school. In my view better to spend money on targeted support for any ch with low levels of literacy regardless of the cause.
66	RE: diagnosis - it is my opinion that the right support and strategies, along with the child understanding their dyslexia, is more important than having a diagnosis. Many of the strategies for dyslexic learners also benefit non-dyslexic learners.

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80	For a lot of the later questions, I put neither agree nor disagree. When it asked about teacher expectation and better support for instance, it depends on the school, the teachers, the circumstances. I think it depends on lots of things.
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Appendix 5: Transcript from the focus group completed with STs

Facilitator

My first question is what is dyslexia? What is Dyslexia?

Beth

OK, shall I go first? I suppose you have to just base it around the definitions and so difficulties with reading spelling and phonological awareness, memory, verbal processing.

Myriam

Yeah. And I think because the three of us have all done an Edge Hill course, I don't know if Dana where you did your training.

Dana

Yeah, it's my. Yeah, I did mine with the BDA. So they used the Rose definition and they also add on a bit about visual processing as well, which is maybe a little bit controversial. But generally speaking, yeah, I totally agree with what you said in terms of the things that you're looking for.

Anita

And to make the point...

Beth

But a lot

Anita

Sorry Beth to make the point that you can be dyslexic and have one of those areas of difficulty or you can be dyslexic and have all of those areas of difficulty.

Facilitator

Thank you. We've got a guest waiting. I'm just gonna invite her in. Hi, Kylie.

Kylie

Hi sorry I had a bit of a problem getting in.

Facilitator

Please don't apologise here happens I have started recording. So are you happy?
First of all to be recorded.

Kylie

Yes, that's absolutely fine.

Facilitator

Brilliant. You understand that? I will when I transcribe it. Anyway, the video will be deleted and your name will be anonymous, so all your contributions will be anonymous.

Kylie

Yep that's absolutely fine.

Facilitator

Brilliant. We've that we've just started with the first question, what is dyslexia? Is there anything you want to add? I mean, most of us have. I mean, most of the participants have reflected on the Rose definition.

Kylie

Yeah, I generally use the Rose definition for writing reports, and essentially I would say a reading difficulty primarily.

Facilitator

Thank you. So my next question is how can you tell if someone may have dyslexia? How may you? How can you tell if someone has dyslexia?

Kylie

That to me or to everyone, sorry.

Facilitator

To everyone, it might be easier if we put hands up. I didn't wanna use hands. I thought we were a small group, but it might be easier if we do hands. Yes, Dana.

Dana

OK, I'll go. I suppose what we're looking for is gaps in phonological awareness, difficulties processing phonological information umm, issues, particularly with spelling in terms of you know, perhaps things not being phonetically plausible and also reading accuracy they might be very well compensated, but there might really struggle with polysyllabic words that they're not familiar with because they haven't got the strategies to break them n this necessarily. Umm, but there's a whole load

of you know, issues with that because it's it's always about that. Kind of balancing act. You're also looking for difficulties that mean that they're struggling at school. Some children might not be really struggling, but they might still have some of those issues that we would associate with dyslexia. So that's, I'm just thinking about a child I'm missing at the moment, who has some clear sort of phonological difficulties. But at the moment they're not struggling. But then if they're very well compensated. Then it's. It's really tricky because you don't wanna deny them it because there is, they're very well compensated, but so yeah, it's tricky. One. It's always tricky, isn't it? That's the thing. I'm how many you do there's always a new child that comes in. You think? Ohh. I'm not sure, but generally, yeah, those things are looking for.

Facilitator

Thank you very much.

Anita

You're also looking at how well a child can retain what they've been learning. Umm, literally from page to page in a reading book. If they can't read the same word they've previously read correctly, or the next day they've forgotten information they were taught, or the next week. If they're revisiting something, do they have to start from scratch again?

Facilitator

Thank you. Uh Kylie.

Kylie

Yeah. Sometimes I think with the older sort of student who's compensated, as you say, Dana, I often find that sometimes the flooding is really fluent for the secondary age student. But actually the comprehension is a lot weaker and much weaker than they're oral skills. So sometimes that shows up that they're reading without really taking, and particularly the detail.

Facilitator

Thank you, Myriam. Beth, do you want to add anything to that and you don't have to Please remember that.

Myriam

I think with the secondary school aged children that I work with, it's also you can see it in their writing when they're asked to write n their ideas on their own, they struggle struggle to organize their thoughts into a written form.

Facilitator

Thank you.

Beth

I think the older pupils it comes n to their voice quite a bit because they can be well compensated and you can dig underneath and you can pick apart. Difficulties that sit beneath their compensating skills but only they know how much of an issue that is for them and and you know, are you helping by picking this apart? Do they do they appreciate it or or are they happy with what they're doing it? And some of them are better able to vocalize that than others.

Facilitator

Thank you. Has anyone else got anything they want to add on that question?

Kylie

I think it's also important to look at the history, because sometimes some of the students I assess have had, you know, really specialist intervention. And it's important to look to see whether there's a history of sort of continuing difficulties Despite that, whereas other students I've had have had no intervention, have got parents that can't support. And so it's it's trying to make sure that you marry those up as well.

Facilitator

Thank you. What assessments would you use and why? Or how might you gather the information?

Kylie

Now I can start off if you like. I mean, I use about 7 to 8 standardized tests. Looking at phonological awareness, phonological memory, working memory, rapid naming, they're the sort of key cognitive tests. Underlying ability and then looking at the attainment test, continuous reading, reading efficiency, single word reading, spelling, sometimes numeracy, maths. And and you know, just for dyslexia, that's

where I would start. And you really looking at a spiky profile with those sort of scores, I suppose, and looking for that standard deviation of all the scores are in line. That's where your student is I guess but it's. And you know, we're not allowed to diagnose specifically now on on sort of matching things to underlying ability. But I think it's a good indicator if things are completely out of line with underlining ability, it starts to allow you to dive deeper.

Facilitator

Thank you very much.

Anita

I think you've also got to look at the child's background, then gather lots of background information. History of education. Have they had interventions before? Have have they worked? If not, why not? Any early years difficulties, sight hearing, all of those things. Can play a part.

Kylie

And I would say actually said that's really important at the moment because of COVID with the little ones. I'm not. I'm I'm not accepting really little ones because they've missed those two years of education where the Key phonologic, you know awareness has been has been done. So I generally tell them to come back in a couple of years time.

Dana

I think there's also some uh mileage in doing informal assessments, like getting them to order the alphabet and doing a short dictation. Perhaps seeing how they're spelling is in the dictation rather than a single word. The free writing as well can often show up spelling mistakes that don't show up when they're really concentrating on single words, and also like the confidence with the child as well them talking about the things that they like and don't like what their experiences are like. In the classroom.

Kylie

Yeah, I did assess a little one the other day, but again it wasn't a full diagnostic. Just a skills profile and I guess she couldn't write enough to write any story. So we just did an oral story and tell me an oral story just to start assessing that was quite interesting. But also I I noticed with primary school teaching now they know their

letter sounds and not letter names. So it's very different. Difficult to do the rapid naming cause they just don't know it. They haven't been taught it.

Facilitator

I see lots of nodding there.

Beth

I think doing some extra assessment tasks of your own if you didn't get any information from the standardized tests, but you the the information that you gather yourself can lead into the recommendations that you give. You can pick it apart further and tailor them more accurately that way.

Facilitator

Thank you. Myriam, did you want to add anything to that? And please again, don't feel you need to and I will make sure all names are anonymized once this is typed up.

Myriam

I think was I just gathering the views of parents and teachers about the strengths and the difficulties of the child's experiencing.

Facilitator

Thank you. OK. Trickier question. I think this is my perspective though. I should say, do you think specialist teachers have different views on how to identify dyslexia compared to educational psychologists. Do you think specialist teachers have different views on how to gather or how to identify dyslexia compared to compared to educational specialists? **Redacted (rephrasing question)**

Myriam

I thought this question was quite hard for us facilitator because we were. Possibly differently to other people, and that you know, our educational psychologist. If there's a learning concern, really. Come to the teachers who have got the learning experience. But I think they would do it more through a consultation with teachers, parents and gathering the views that way rather than doing the assessments. But that's just from.

Myriam

My experience.

Facilitator

It's a perspective and your perspective is completely valid. Any other contributions?

Anita

I think from my experience I've I've known EP's that don't like to diagnose dyslexia, they sort of skirt around the houses. I'm not sure, but they won't commit to saying yes dyslexia. But I don't know but that that's my what I've experienced on often. You know quite a few times.

Kylie

And my county, are not assessing anyone for dyslexia anymore, they don't have no in-house dyslexia specialist anymore. All schools are dyslexia friendly, and I've seen one student come through in the last 20 years. That was diagnosed for dyslexia at the age of 15. Very late and given a full statement for it and. Bit late and she was in a Welsh speaking school. So it was compounded.

Facilitator

Thank you. Dana, did you want to add anything?

Dana

Well, I just wanted to sort of concur with what what you said about when you work in a authority that has specialist teachers, then normally EPs will flag up. There may be a problem and defer to the specialist teacher because obviously our training is much more sort of focused on one particular area rather than those sort of broad sweep. But I have had private. Um EP assessments put my way and. Well, one of the ones that I saw was quite alarming as he hadn't done any phonological tests at all on the child and said that he thought the child has some kind of visual dyslexia. Which sort of like ohh was like God, you know it's very difficult to kind of you don't want to say well this load of rubbish but that's what you think. And so you have to sort of be very diplomatic. Umm, with the parents and so forth. So I mean that is just a one that's just a one off. I'm not saying that is the experience of all EP's that diagnosed dyslexia because as I said in the authority that I worked in until recently, we had the EPS, generally speaking worked really well with us and deferred to us often just because they knew that we do. We'd be

much more forensic about the literacy difficulties because they didn't have time to be as forensic.

Kylie

One other thing I'd like to say is when I've had some private EP assessments, the recommendations are very thin and not very educational based and therefore of not much use to supporting the schools and the teachers in the schools.

Facilitator

Thank you right

Beth

I agree with both of those, I think. I don't know what their view is, but I've certainly had private EP reports where I think forensic does describe what specialist teachers do and I've had private EP reports where they've only done 1 subtest of the CTOPP or the pupils come out as average for everything. And when I did actually work with the pupil, I I did agree in the longer term, but there was nothing in the report that really explained it to me and I think EPs recommendations can be a bit more Long term or life skills focused. Whereas I think teachers are a bit more sort of. This is what they need to do in depth right now and I think we probably need both, but they do seem to come at it in a slightly different way.

Facilitator

Thank you. Really useful contributions from everyone there. If you have two learners with similar literacy difficulties, how do you decide which is dyslexic and which is not? If you have two learners with similar literacy difficulties, how do you decide which is dyslexic and which is not?

Kylie

I think the history here in the background responding to intervention and the history of difficulties. And also making sure if there's no Co occurring difficulties I suppose.

Facilitator

Thank you.

Anita

And saying how they respond to further intervention if it's even if its intervention specifically for a dyslexic learner, is that working with one more than the other?

Beth

Yeah.

Dana

Yeah, I'm um I think what you're saying earlier Kylie about the the impact of the pandemic in children being out of school and also if they haven't had that support. I've seen children that I've worked with recently who were a very low base when I started working with them and they're progress was so incredible. It made me look amazing. But I knew it wasn't really all about me because it was just that they had actually had missed so much. The phonics teaching and, you know, had a bit of a weakness there. And then once it was really kind of explicitly taught them they were like flying, you know, but I've never seen that rapid progress before, and I've I could only put it n to those gaps. So you know, they could have been maybe misdiagnosed because they got it really quickly once they actually were taught it.

Facilitator

Thank you. Has anyone got anything else to add to that topic?

Beth

I think largely I'm not entirely sure, but I think people that I feel are dyslexic. There are certain types of errors that they they fall into even phonological memory with decodable words, those sort of things. And there's also a gonna sound awful, but a type of child who is really quite secure with what they can do in reading, but just seems to be going slowly and that doesn't feel like dyslexia to me. It there's there's something very secure but steady but that's not a very scientific explanation at all.

Dana

I think there's some children who've got some painfully slow reading, and it's almost like they have the main problem that they have is with rapid naming. More so than phonological awareness, it's difficult because you've kind of need some phonological difficulties to diagnose dyslexia, but the impact on their reading is so profound if their recognition is sort of, you know, constantly.

Kylie

And as they get older, of course, the phonological awareness, it should and often does become a little bit more compensated anyway, just because they're older. And they've been, you know, they've been exposed to that reading level of material, dyslexic will not. And also I think the mismatch between oral and written work I think is one of the keys I'd find for dyslexia. That's often a sort of, you know, just in chatting when you're assessing and all of that that I think you get a sense of where the child is before you even start doing the tests orally. The.

Dana

But don't you think sometimes there's a problem in that they're back because they don't read much? Their vocabulary can be not great because, you know, it's that sort of vicious cycle in the way. It's tricky, isn't it?

Kylie

And when you get the low vocabulary and matrices schools and you're starting to go, ohh yeah, it can.

Dana

Yeah.

Facilitator

OK. Thank you.

Beth

We work in the local authority, Myriam and I, that where low vocabulary is is not a minority position at all and that that starts to make it. That's hard.

Facilitator

OK. Thank you. Last question for this section before we move on to looking at support. Most educational psychologists and specialist teachers indicated in the questionnaire the surveys that dyslexia can be misdiagnosed. How might this happen and when?

Myriam

Like we've just been talking about early childhood, when children aren't developmentally ready to be tested for dyslexia.

Beth

I think younger children, it's it's easier to get it wrong when they're younger.

Kylie

I think that sometimes a lot of parental pressure pressure and I think this is when the private report sometimes come in. And I was very glad when I was a SENCO that we weren't allowed to use private reports anymore to give extra time and access arrangements that we had to do our own assessment because I thought it was one of those Gray areas.

Anita

I think some parents think it's a magic wand, don't they? That's that that diagnosis diagnosis. And then suddenly everything will be OK and you'll get your EAAs and you'll get your extra support and it's not a cure. There's no cure for dyslexia, but it it's just. Uh, yeah (**redacted, requested by participant, something not relevant to discussion**)

Facilitator

Dana, did you want to add anything to that?

Dana

Of course, completely lost the thread now

Facilitator

It was about how both Ed Psychs and specialist teachers feel that dyslexia can be diagnosed? How might this happen and when?

Dana

Yeah, I mean, I was just going to, obviously we talked about the impact of a lack of teaching and a friend of mine does has been doing some assessments for children at home educated. Obviously, you have no idea what's going on and how what the quality has been there. And obviously with the gaps that we know and from COVID and all that. But I was going to pick up on that idea of parents sort of wanting that diagnosis and it being the be all and end all. And I feel like I've said to more than one parent, you know, if they're. If I haven't given the diagnosis, it's not that we just go. Ohh. Dyslexia. That's why I just get this box of dyslexia cures n

and that will be golden. And you know that actually, in terms of my support for that child or the school support for that child, shouldn't actually matter whether they have their label or not, because the report is individually tailored to that child. But I think it is difficult because people do. Respect it as a shorthand for what it means, and also I think parents feel like there's less of a stigma to say their child is dyslexic than to say my child's not very good at reading or spelling or has difficulties reading and spelling. It's almost like well. You know you can be. People have perceptions, and I think that that's causes pressure on parents as well.

Kylie

And I think that's also one of the things to remember. Sometimes they have the label to child and they've been diagnosed, say, quite late and then the parents were asking, well, what should the school now be doing in addition? And actually this child is largely remediated and the school are meeting their needs and the child is succeeding.

Dana

Yeah.

Kylie

And but yeah, it's that difficult pressure

Facilitator

Thank you very much. OK. Moving on to support, do the results of cognitive assessment affect the support recommended? If yes, how?

Kylie

It's very important to tailor all the recommendations to that cognitive assessment for, for kids, we talked about rapid naming. If the key issues are, you know, speed and then you know extra time is key extra time obviously not just an exams, but in the classroom and also teachers recognizing that when they finished reading a piece of work that that child might not have finished and might not be there before you start throwing the questions out just, you know, chip making them aware that that child is gonna be just need more time in verbally as well in responding. So it's really important.

Facilitator

Thank you.

Beth

And if they've got phonological difficulties, you might try, particularly in younger children, to be addressing those rather than just more phonics, more phonics, although obviously that can improve phonological awareness as well. And I think with older pupils there comes a time when you need to be focusing on other strategies. If they're still really weak phonologically, you may make a decision that, you know, visual context syntax will be. A better way forward and and yeah, it's it's tailored, isn't it? You look at all the information and you, you tailor and getting what you think an appropriate amount to sort of spam the profile they've got.

Kylie

I think technology now particularly, you know when to do that, but later years there comes a point where you know we now need to put the technology in place to support the child to get through that those exams. If they.

Anita

And also just in the sorry Kylie

Kylie

No, I was just saying, if they haven't made the progress, obviously.

Anita

And also just in the classroom setting, if they've done well on diamonds or you know something with multisensory elements, you've got evidence there then to tailor recommendations and suggest that the child responds well to manipulatives or multisensory aids. Yeah.

Kylie

To work on the strength to try and work on their difficulties.

Dana

I think there's also a place for sort of measures that can be put in place to increase children's self esteem, because I think from when I fed back to um school staff. Sometimes there's a, you know, maybe the child's behavior is a bit out of whack or, you know, they're saying, well, they're really disengaged. And it's sort of

explaining that if I sort of have to say people, if you went somewhere every day and it was really hard all the time, how would you respond to that? Because I know for me, I would not respond well to that at all. And just things like copying from the board and.

Kylie

Yeah.

Dana

This I know I've got bee in my bonnet about pen licenses. I don't know if you've come across this, so I get really upset when people children come through and they're like, I'm never gonna get a pen license if you know you're not then this shouldn't happen. You know, it's not. It's not fair, is it? Really? So it's just sort of being able to spread awareness around those issues as well.

Facilitator

Thank you very much.

Kylie

Yeah. And I said, yeah, also with parents, I think it's really important that, you know, some of my parents are very demanding and think that there's, you know, as we talked about magic wand. But the pressure that and the additional pressure there sometimes putting on the child like the child is struggling. And then there's extra tuition. There's extra tutoring. There's this, that and the other then they're making them do this when they come home. And the poor child has exhausted and worn n and. And yes, the emotional health is the biggest impact that I think would help if it was supported rather than just more of the same.

Facilitator

Thank you. OK. Myriam, did you want anything to that? I don't know. Is if you did or not, then I might have lost my train there.

Myriam

I couldn't really 'cause I didn't hear the whole conversation, OK?

Facilitator

OK, from what support would you recommend for a child identify with dyslexia? And I know that's very similar to what we've just been saying, so I'm gonna also

add in the second question. So what support would you recommend for a child identified with dyslexia, and how would the support be the same or different compared to other children with literacy difficulties? So what would you recommend for a child identify with dyslexia and how would the support be the same or different compared to other children with literacy difficulties?

Kylie

So I would extra time for any put you know, processing difficulties and sometimes for those with focus and concentration Co occurring, you might put in access arrangements for smaller, quieter room. You might be looking at putting in for a a child who's dyslexic, who's very able audio books and and putting some more. So they're still building their vocabulary and stretching and getting their literary, literary, literary appreciations, I suppose. And then obviously for younger child, you would definitely give some decoding and morphology and all of those things. But for a child who's not a low ability learner, you might, the differentiation might be just to shorten the tasks. To allow them to record in a different way bullet points mind maps and give them lots of pre printed material prior to that learning, you know scaffolding, the writing activities keywords vocabulary. Some of those you'd use for dyslexic child. But sometimes it's there's there's a difference because it's more generalized, say for low ability child and very specific for that specific dyslexia learner.

Facilitator

Thank you. Anyone else?

Anita

I think you've got to allow them to achieve, give them maybe start slightly lower n and just build up that confidence and self esteem before you try and do too much higher level intervention work possibly. Just to get their confidence up.

Dana

Yeah, I think that's often the battle, isn't it? Getting children just to get used to working independently, particularly if they've had maybe a teaching assistant with them all the time. Sort of writing things on the board for them to copy and so on. Yeah, but independence is really key, isn't it? Even giving them something that they can definitely do is a good strategy for them in the short term.

Facilitator

Thank you. Anyone else got any sort of thoughts on the support they'd recommend for a child identify with dyslexia and how that would be different to other children with general literacy difficulties.

Kylie

I think one of the things I find really frustrating I suppose and this ties in is a child has got low phonological difficulty. It could really benefit from some specialist phonological teaching that needs to be a, you know, we we move from lesson and a specialist teaching context, you know, one to two and not just in a small group TA general Reading support group and that's fine for some children. But I just don't think the catch up programs always in the ability to put that in place in primary schools. When it could be so effective, if it was there.

Facilitator

Thank you.

Beth

I think there can be with letters and sounds and the like. The sequence of letters and sounds and the phonological stuff is at phase one as this assumption that you you move through it and then you don't need it anymore. But there's, you know, there's a whole cohort of pupils that we need that we work with, who really need phonological awareness. Right the way through because it doesn't stop being an issue and it's, you know it can be difficult to get schools to take that on board.

Kylie

And as you say, Dana, the work you've been doing with those who've missed that, you know foundation phase and then suddenly made that catch up with you know with that continued teaching that should be in place when every primary school for those that have phonological difficulties as well as particularly at this point in time with the COVID difficulties.

Beth

I think real phonological teaching can be a bit tokenistic sometimes in schools and they can be a bit quick to sort of right done that.

Kylie

Yeah. Move very quickly through it.

Beth

Yeah.

Facilitator

Thank you. And did anybody else want to add anything else on that?

Myriam

I was just going to say I think it's important that they feel that they're successful in other areas and that they see literacy as being a barrier and we then gives the the support to help remove that barrier, but they recognise that they are very capable in other areas, and that they're not just judged by their literacy skills.

Facilitator

Thank you.

Beth

I think really carefully about those pupils with good comprehension, good verbal skills, because it can be so frustrating when cognitively you're able to be doing age-appropriate stuff or more, but you're constantly held back by the head or get it n at paper and paper and you know, you really need to enable those children to access something that's age appropriate.

Facilitator

Thank you. OK, quick question here. Well, not a quick question actually. Do you think specialist teachers have different views to educational psychologists on how to support students with dyslexia? If so, what do you think those differences might do? So do you think specialist teachers have different views to educational psychologists on how to support students with dyslexia? If so, what do you think those differences might be?

Kylie

I don't know, I can't answer that one I'm afraid.

Facilitator

OK. Thank you.

Anita

I guess the fact that specialist teachers are in school teaching makes them, you know, ground level. They're there, they've got the resources. Hopefully they can build up a relationship with a child, whereas an EP who might come in and do an assessment they might tootle off again and never be seen again I don't know it. Yeah, like Kylie It's a harder one to answer. Umm, I don't know how many EP's come and work with children on a regular basis.

Kylie

One of the things I can say when I was in school, because I was in in the school working and and then I would know exactly what the difficulties were. So the biology teachers would send me a list of the keywords and we could focus when they're at GCSE on doing things specifically, like drawing out the heart, putting all the keywords on and so it could be very tailored towards an element of the curriculum and the same, you know, see in terms of developing the secondary school child, you can make it much more curriculum focused to get them through that that area of difficulty that they have because you are on the ground and you've got a teaching background and I would say that as well now a lot of the students I support, I have an English teaching background. So again, when we get to GCSE a level, I even have a level students I you know, we're working towards that curriculum as well as the as the dyslexia support.

Facilitator

Thank you.

Myriam

I think as teachers we do have an understanding of the curriculum whereas the EP's might not necessarily have that, but they do have more the the theory behind some of the cognitive profiles and more knowledge sometimes about memory and aspects like that, so I think the two can knit together well and provide good support.

Kylie

Yeah, because its not all about curriculum because I support students at higher Ed and obviously I don't understand the subjects they're studying.

Facilitator

Thank you. That was a tough question. I was aware of it.

Kylie

Yeah.

Facilitator

OK so when, how and with who do you collaborate with when completing an assessment of literacy difficulties, when, how and with who do you collaborate with when completing the assessment of literacy difficulties?

Kylie

Parents firstly child when they come school, which is very tricky sometimes. Sometimes I just get a copy of the School Report which in secondary is often meaningless. I'm sorry to say, but if I can get my form out and it gets comes back to me, that's fantastic and primary is much better cause generally the class teacher will do it and it's it's much more detailed and thorough secondary becomes problematic I would say.

Beth

And secondary, it's a bit like, well, some schools actually call it the round robin, don't they? And it goes out to everybody and everybody sends back a sentence or two, but nothing actually, really. Leaks into any detail it's a bit bitty.

Anita

I find I'm having to do like a zoom call before an assessment with parents just to get a bit more detail because as you say, sometimes it's a bit sketchy from teachers or sencos even or parents. If it's just a yes or no or a tick, you don't quite have enough information, you need to put a bit of bit of meat on the bones really.

Kylie

Umm.

Dana

I think sometimes it's. If it's a tricky call, I'll ask another specialist teacher what they think, because I think that happens quite often cause it's sort of, you know, there's a lot of knife edge decisions about whether or not there's enough evidence for a diagnostic decision. Uh, yeah.

Facilitator

Thank you.

Kylie

I send a long Google form before I do any assessment and I won't agree to anything until that's completed and that gives me a big, big indication. But yeah, it's getting it from other people other than the child and the parent. And I found out from the student. My case as well.

Facilitator

Thank you. How is collaboration with educational psychologists helpful then? How is collaboration with educational psychologist helpful?

Dana

Now I thought realize that I just think that if you have the report that they've already done, I think that can be really useful to sort of look at what they've observed. And because it can provide a a sort of focus of inquiry for us. And also you might not want to repeat some tests that have been done really recently that that sort of test the same thing like if they've done the whole sort of WISC, you might not do a whole cognitive profile if you're working in the school, that is. We didn't always do uh underlying test IQ tests. Right.

Facilitator

Thank you.

Kylie

I think they've got the expertise in all the other aspects as well um sort of the Co occurring difficulties and but yes, we'll go back to that and when we talked about when they're younger, there's global delay that catch all. Umm, but unwilling to sort of commit to anything which I find I you know it's probably good, but it also has its insides, because it's you keep chasing.

Beth

Definitely useful when there are Co occurring difficulties.

Kylie

Umm.

Beth

And you know, having two people coworking with an EP, not so much, you know, not just for dyslexic pupils, but sort of seeing the pupil in the round and contributing your ideas along with school is really useful. I think he gets some good assessment work working that way.

Kylie

And I would say speech and language therapists have been, I think, the most insightful for me, because obviously to separate the speech and language from the dyslexia and their expertise.

Facilitator

Thank you.

Myriam

I'm just going to say, Facilitator, you get more of a holistic picture sometimes of the child when the EPs have worked with them first and then they come to us and they've gathered a lot of information from different agencies.

Facilitator

Thank you. So what would be the ideal when completing assessments with children with literacy difficulties? What would be the ideal, the perfect way of working when completing the assessments with children, with literacy difficulties, if you could choose any any way of working?

Kylie

I'm. Umm. I think.

Myriam

I think a detailed conversation with parents initially. Which I think for us in our role is sometimes what we struggle with more than working with the school.

Beth

Time Pressures isn't it? If you took away the time pressures that you will be good to sit in with everybody and probably go into class and look at the context before you sit in and do any assessment work. But we have so much casework that we do tend to just plough through it, I'm afraid.

Kylie

I would say time, money and I, you know, from being in a school and then from being out of school. Now to being called in. I just sort of feel that there was never enough time to get any assessments when we're in school. And now I just wish local authorities would fund private assessments if it can't happen in school, to ensure equality of opportunity because now I'm just saying that it's a lot of private assessments coming through and obviously that's for the parents that can afford to pay. And therefore, what about those that are in school that the, you know, the schools don't have the time because they've got too many SEN pupils on their books. And I just wonder what happens there.

Anita

Like it's a case of getting all your ducks in a row, isn't it? And having all the background stuff and meeting people, but it would be ideal from when, like you said for to come, because I don't tend to go into, I only do a few primary schools, mainly secondary, but it would be amazing to just go and sit and observe a child in the classroom. I don't get that opportunity that would give the give real insight actually. Yeah.

Beth

And you could have more certainty that your recommendations were actually meeting the schools need as well as just the pupil, so that it helped you to marry at the two, wouldn't it?

Kylie

Yeah.

Anita

Yeah.

Kylie

Yeah, because I've been in both camps and they can see that the other different sides of it. When I'm in school, I can really see what the difficulties is but are but don't have the opportunity to get that all done. And I'm out school. I'm working outside of it off and not seeing them in the classroom. You know, just speaking to people about that child and it be, you know, interesting to see the interaction with other children and how they are generally.

Facilitator

Thank you. OK, I'm gonna bring you on to sort of the the end of our discussion actually always like to leave a couple of minutes at the very end just for you know discussion. But this is gonna be quite a lengthy question I think. Should local authorities assess for dyslexia? Please explain your decision. Please can I just add here you can choose any answer. OK, that's fine.

Kylie

I think so yes, and my local authorities now screening for dyslexia and primary all primary schools are screening being screened, but obviously that's a bit of a a, a rough tool and and therefore it's. It's a bit of a catch all, I'm afraid, but when even though their screened, then what's happening is this little provision to meet those needs. So then there's a panic from the parents and so I'm seeing that and I think it's just, you know, it's just creating broad anxiety because they're screening and not diagnosing and they're not putting in any strategies. So there's no good just assessing if we're not gonna put provision in place.

Dana

I think.

Anita

It goes back to teacher training as well, I think, doesn't it? You know, we're we're good teachers and if we're if we're good, teachers of dyslexic children, then we're good teachers of all children. And I think if dyslexia is more in teacher training. Then you know teachers begin their career more aware, more armed to become specialist teachers in their own right.

Facilitator

Thank you.

Dana

Yeah, I'm thinking in an ideal world um it wouldn't really be about diagnosis or identifications of any learning difficulty. Each child should have their needs met, whatever their needs are whether there's a label or not. But we know that we don't live in the ideal world in education very far from it, and so it does provide that that sort of shorthand. I do have some concerns about the sort of screeners because in my experience I've had children not referred to me, who definitely should have

been, and children referred to me who are not in any way dyslexic, and I, you know, am I worry that it just becomes a substitute for proper diagnosis when it shouldn't be. Umm.

Facilitator

Thank you. Dana, can I ask and please bear in mind I've names are anonymized in the transcript. You don't have to answer the question, though. So do you think local authorities should assess for Dyslexia?

Dana

Umm yes, cause I mean picking up on Kylie's point it it means that it's unequal if dyslexia assessments are happening, then there should be a tool that are open to all.

Facilitator

Thank you.

Dana

Particularly if they end up having an impact on the provision for that child.

Kylie

And also I think it's just a very wrong that you know I I do a lot of assessment for students in their first year of university when they've turned up at high red and they've been diagnosed then and they've gone all the way through the system. And I just think actually you've worked so hard to get to this place with such difficulty that, you know, wish they'd been seen earlier. Yeah.

Dana

Yeah, University is a very good, aren't they actually putting that in place. And it. You're right. What are those kids that would have got if they'd had a bit more support.

Kylie

Yeah. And the students are there, you know, they it's only been picked up because of the higher level reading, and they're suddenly struggling and they've got through, you know, on pure, you know, work hard ethic mainly. But um I. I think, you know, it's I just can't believe how many students arrive at university without a diagnosis. And no, Facilitator, you're probably aware of that.

Facilitator

I am. OK.

Facilitator

Right, Anita, I'd like to get your views as well. And please do not feel the need to answer. You don't wanna answer, you do not have to. Should local authorities assess for dyslexia?

Anita

Yeah, I feel they should. But like we're we're saying this afternoon, what happens then? You know, I was, I don't know if I was fortunate enough, but I was on a a group when I was doing my dyscalculia course, and we met with the wonderful Matt Hancock, who's bringing out this bill we all know about it. And I asked him, I said, OK, the screening is great. And what happens, you know, what happens next? And he says, Ohh, that's something we'll look at. You know, and and there can be a big gap then and it's about teachers knowing what to do and it's about parents expectations and like we said before, if if we've all got a good awareness anyway like Dana made the point, maybe you don't need that label. It's just good teaching for all.

Kylie

Yeah.

Facilitator

Thank you, Myriam. Again, I'm gonna say the same question to you and Please remember you'll be anonymised and you can abstain from the question as well. Should local authorities assess for dyslexia

Myriam

Yes, I think my should said that. Because people understand what dyslexia means, and then they'd understand the difficulties that the child is experiencing. But again, like everyone said, you need the provision in place and in an ideal world every child's needs would be met.

Facilitator

Thank you. And finally, Brown went same question.

Beth

I think they should. I think we've got a 2 tier system at the moment with parents who can't afford to pay and parents who never will be able to afford to pay. And in that, that's not right and I think within I speak for our local authority, though I think if we started giving diagnosis of dyslexia that would become our teams. It would take up 95% of our teams work and is that then going to start discriminating against the pupils who aren't dyslexic but would benefit from our input. You know you would need more rather it. You can't just let that replace the current work that we do. And I think people mentioned screeners as well, those sort of electronic computer based screeners. I've I do have concerns about. It seems I've known a couple of pupils, I mean notably a girl this week with the school of phoned me up because she got standard scores in the 40s. And they said she was compensating and she got through to year 10 and thought that's some compensation that is. And I just asked her at, like, a couple of years back. And she was in the 70s. But that's a huge discrepancy. And another one who they said got a reading age of five. And I think I think these computer based ones, they click and then they can't change their mind. And if those sort of child who self corrects or needs time to think about it, that's not really a reflection. So I think that they risk over like you say, causing anxiety. But by over over estimating need at times.

Facilitator

Thank you. OK. Thank you everyone for that last question. Before we finish, do you think EP's have similar views on this? That's all. Do you think EP's have similar views on whether local authorities should assess for dyslexia?

Dana

Don't know.

Kylie

I don't know either.

Beth

I think they probably don't.

Facilitator

It is anonymous.

Beth

I'd like to know.

Facilitator

Well, we'll find out.

Anita

I don't have enough to do with EP's, unfortunately Facilitator to answer. I really wouldn't wouldn't know. And I am gonna have to leave you. I'm so sorry

Facilitator

No, that was perfect. If you have any questions, please do e-mail me. I mean I'm drawing everything to a close now anyway, but thank you very much for your time.

Anita

OK. Thank you.

Kylie

Have I?

Dana

I am nice to meet you.

Anita

Bye.

Facilitator

Uh by Anita, right before we sort of disappear. OK, everyone, I'm gonna stop recording and start asking and just a just a few sort of final thoughts and everything else. Just make check in with everyone. So I'm going to stop recording.

Appendix 6: EP responses to open ended questions within the survey

Participant Number	How do you decide if a child has dyslexia?
1	<p>Having worked for two LAs who operationalise dyslexia differently, I think an important part of the label is the YPs views as their views determine somewhat the use and therefore the construction of that label. Personally, understanding the specific reading, writing, and comprehension skills is more useful in determining specific learning difficulties- whether that be a 'spikey profile' or a generally 'low ability' in a number of skills (verbal vs written comprehension, labelling, vocab written vs verbal, reading speed, reading age etc). An important part of my understanding of the label is around whether a YP improves with mediation and over time, therefore a range of assessment tools (e.g dynamic) and a set of school provisions where the effectiveness is measured through a plan do review cycle is important in the use of dyslexia. Nonetheless, I tend to</p>

	report specific need and specific intervention rather than a word that carries a diagnosis (and a number of assumptions).
2	A term which describes a severe difficulty in the acquisition of word level literacy skills, despite adequate teaching. It does not exist solely in the 'brain' of a person but interacts with a number of factors including the nature of the language in which literacy skills are to be learned (some languages make it more likely that difficulties will be experienced).
3	I don't consider it a helpful diagnosis in that it doesn't identify the support or strategies that a person needs
4	It's a really tricky one I think - at a basic level I'd view dyslexia as a literacy difficulty (with some associated other difficulties, but there must be a literacy element) which persists despite ongoing and high quality intervention, but of course differentiating 'dyslexia' from a generic 'literacy difficulty' is, to my mind, near enough impossible, so I question the purpose of the diagnosis, beyond access to understanding from other people and possibly access to resources (which comes with its own issues and links to equality)
5	Dyslexia is a condition where reading and or spelling do not develop commensurate with other academic attainments despite appropriate supports. My view of dyslexia is that it exists but can be over diagnosed and Diagnostic protocols are frequently not evidence based
6	I think dyslexia is a debate to be had! I know how to identify literacy difficulties and understand the need to ask questions about what teaching a young person has had and a line of questioning (& subsequent action) around this.
7	I use the BPS definition. Two elements - reading/writing develops incompletely or with great difficulty; despite appropriate learning opportunities
8	Difficulties at the word level with reading and spelling in line with BPS definition
9	There is no set definition, which makes it very difficult to understand and to support others with understanding. Our teaching was almost that it does not exist and the difficulties associated with the label of dyslexia can be addressed through Assessment Through Teaching.
10	I prefer the term 'literacy difficulties' as I feel this means people are clearer about the need and what they can do to help.
11	Significant difficulties with reading and or spelling at the individual word level, combined with poor response to intervention over time.
12	I am trained as both a specialist teacher and EP. I use the BPS definition of dyslexia. Primarily we need to provide quality first teaching in both Speech, Language & Communication and word level competencies (Phonics, high frequency words & fluency) to develop skills in reading.
13	I have been an EP for many years. I used to work for a dyslexia association. I feel confident in using the BPS definition for identification. However, the description and definition of dyslexia is complex and fairly contested. It is difficult to be clear about identification in every case as presentation is different in many cases. I prefer to put my time into supporting better and more systematic teaching of literacy skills, than assessing for dyslexia
14	Dyslexia is evident when accurate and fluent word reading and/or spelling develops very incompletely or with great difficulty.
15	A specific literacy difficulty (reading, spelling, writing) which might link to reading, writing, memory, processing and/or organisation. Those who

	experience a persistent difficulty reading or spelling at a single word level despite interventions
16	A description of a range of learning difficulties that mainly centre around reading, writing and spelling
17	DECP and Rose Report definitions. Key points are the continuum, no clear cut off points and consideration of responses to evidence based interventions.
18	Dyslexia is significant and persistent reading difficulty that cannot be explained through other means (such as lack of instruction). It is almost always associated with a difficulty in phonological awareness.
19	It is conceptualised in different ways from difficulties at the word level through to specific cognitive profiles, and even motivational and self concept element. Therefore the prevalence rate varies and dubious methods like discrepancy models persist.
20	Difficulties with reading and/or spelling accurately and/or fluently at the word level. Not more complicated than that and doesn't recite further diagnosis to identify this.
21	My view is that there is overdiagnosis of dyslexia , in cases where a) the child is reading and writing at an age appropriate level but may have some processing or other needs, b) there has not been targeted intervention over time, and b) where the child is still developing their literacy skills due to age/stage of development.
22	Dyslexia is a construct. Sometimes it can be helpful to people. Sometimes it is less helpful as it does not describe the precise literacy difficulty being experienced. There is no universal agreement on what it is and how it can be identified.
23	I tend to use the Rose definition
24	I think there are many definitions of dyslexia, which is the problem. I think this makes the term meaningless. I have an awareness of different definitions and ways in which the term is used in practice and research.
25	
26	I view dyslexia as another term for a specific learning disability in reading, meaning that an individual is struggling to learn to read more than would be expected based on their cognitive functioning and other needs.
27	Inability to read despite having had exposure to regular teaching methods in reading
28	I believe it is important to identify what is causing the child to have difficulties acquiring literacy skills rather than giving them a diagnosis. I feel that all children struggling to read should have equal access to additional support and resources, whether they have a diagnosis or not. It worries me that children with a higher socio economic status are probably more likely to be able to access a diagnosis and therefore access further support and resources. I have only ever diagnosed a couple of children in my 13 year career as an EP and I probably wouldn't do it at all now and would refer to the LSS if this is the route parents or school wanted to go down. I believe that effective learning strategies for teaching a dyslexic child to read/spell are the same strategies that would be effective for any child who had difficulty acquiring literacy skills.

29	
30	Those with dyslexia know what they know, but they cannot always express their knowledge in terms of writing, spelling and reading. It is the process of learning to read, write and spell that present the challenges to children and their teachers and parents/carers.
31	
32	
33	It is my view that dyslexia is an unexplained difficulty with reading at the word level which is not responsive to high quality literacy intervention over time.
34	
35	
36	The assessment, identification, diagnosis and support for pupils presenting with literacy difficulties is highly variable across educational provisions and across local authorities. As a profession, reaching an agreement on best practice in relation to these areas would be beneficial to support increased consistency and equity for all children and young people. My view is that diagnosis of dyslexia in the current climate remains of value when the appropriate conditions are met: tested against a consistent and agreed definition (ie. Rose); assessment over time is indicative of persistence of difficulties; carefully and accurately measure response to implementation of high quality and evidence based intervention to address identified needs.
37	
38	over diagnosed in many cases and sometimes poorly diagnosed but does exist and causes much anxiety.
39	A label which can be useful in and of itself for the individual identified with dyslexia, regarding self-identity. However, there exists an inherent inequity in who is able to receive such a diagnosis. There is nothing to stop the support and interventions being put in place without the diagnosis, and in a way waiting for such a diagnosis can therefore hinder development as opportunities for learning are being missed.
40	I consider dyslexia to be a specific learning difficulty with reading and/or spelling at the word level.
41	A specific learning difficulty in which a person has difficulty acquiring aspects of literacy despite appropriate interventions and teaching.
42	
43	A life long difficulty with literacy (reading, writing, spelling) as a result of difficulties with phonological processing, verbal memory and processing speed.
44	It means different things to different people ... so it can mean a synonym for reading difficulties, not responding to reading intervention, a cognitive difference (neurodiversity) or a difference between intelligence and literacy needs.

	In my view it is not a useful term to use in education but recognise the emotional benefits for the child and family.
45	Dyslexia is a specific literacy difficulty that is severe and persistent over time despite the implementation of adequate and appropriate intervention. It is a difficulty that relates to the phonological processing of words and affects an individuals ability with reading, writing, and spelling. It can affect individuals with a variety of IQs.
46	I would work to definition (BPS) - difficulties in reading/spelling that are resistant to intervention and ongoing.

Participant Number	How do you decide if a child has dyslexia?
1	I focus on specific cognitive difficulties and need as there is many combinations of cognitive skills that could be deemed as dyslexia-The diagnostic criteria has broadened. An important consideration is helping the YP and families understand what assessments measure and what can help the YP in the future. This is often more important than a diagnostic label (unless it is important to the YP and family).
2	Through use of the local pathway which requires evaluation of intervention over time. I do try to discourage my schools from requesting dyslexia diagnoses for their students as it adds nothing to the support that they should be receiving for their literacy needs but takes up valuable time from their resources. When it is requested, this is often following parents' wishes.

3	We don't. We identify what a child can/can't do with regard to single word reading, reading for meaning and spelling and then identify targets and give schools/settings advice around how to teach the child those skills.
4	I don't diagnose dyslexia, so it's not something I decide generally. If a child has had their literacy skills assessed and a difficulty has been found, which has persisted despite ongoing and high quality intervention, then I might consider saying that a difficulty could be 'characterised as a dyslexic type difficulty', but even then I find I'm reluctant as I've found it becomes the focus to the minimisation of other relevant things
5	In our area we use a discrepancy based model which does not have a strong evidence base but is the only way to meet criteria for support
6	
7	According to definition above. Role is usually to support others to identify what evidence is needed and to gather it; supporting a process of assessment through intervention, and discouraging unreflective use of tests and cut offs
8	Monitor and review of Assessment and intervention data over time
9	I don't.
10	I wouldn't use the phrase.
11	We use the bps 2003 definition, in conjunction with intervention data. Still, there are no clear cut offs or diagnostic criteria and the situation is imperfect. Even within the same LA different teams have different approaches to identification
12	Dyslexia means difficulties with reading. If children are referred to me with difficulties in reading they have dyslexia in practical terms. Diagnosis is not helpful to understanding the barrier to developing fluent reading for comprehension. Describing clearly what the barriers for that child are (soeech & language, phonics, memory, working memory, visual processing, vocabulary, response to intervention etc.) and how to remediate or compensate for them are helpful. Noah need gas insisted on a single word label after such an assessment.

13	I use the BPS definition and so would use diagnostic literacy assessments, but NOT WISCs or equivalent. Gathering information on phonological awareness is important to me and considering issues around executive functioning, reading/spelling practice in school and at home, attendance etc.....so that I can identify the barriers to learning and possible gaps in learning that may be impacting on skills development.
14	If difficulties are severe in nature and persistent despite intervention
15	I don't
16	I look at their history of learning difficulties, rule out other issues such as visual difficulties, do a selection of cognitive assessment or take the results from tests Senco may have done and formulate a description of the child's needs. If the description seem to fit what the Rose report says, I will only say that the child fits the description of dyslexia rather than saying the child is dyslexic. However I usually only use the previous phrase if the Child's parents feel quite strongly about having a label otherwise I prefer to just describe the needs
17	Use of Rose Report, DECP guidance and our LA guidance on identification alongside a broad assessment of developmental factors.
18	I do not diagnose dyslexia.
19	Response to intervention framework and assessment through teaching as a prerequisite whole school framework and then specific intervention with increasing frequency and intensity. Close monitoring. I try to help like this.
20	If they are struggling with reading and/or spelling at the word level and if the CYP/their family feels it is a helpful term to describe their needs (having explained that the term doesn't have any bearing on causality, severity, intervention or resourcing).
21	I do not diagnose or identify dyslexia, but am clear that I can help to explore literacy difficulties. In my opinion, specialist teachers are best placed to do this by assessing, informing intervention, and monitoring progress in conjunction with school.
22	I'm not sure i do decide. I don't think that is my role. If there is no consensus on what it is, not sure it's possible to make this decision.
23	History of evidence in terms of response to intervention and progress over time, significant difficulties with literacy, ruling out other causes, usually linking it to cognitive markers such as working memory and phonological deficits
24	I do not decide on this because I do not use the label because I think it does not have a single valid meaning. When it is suggested that a child has dyslexia I note to myself that if they have good single word reading skills then this is unlikely even by the more acceptable definitions of dyslexia.
25	
26	Diagnosing dyslexia is not part of my role in my LA. Instead, we define learning needs and make recommendations to support students regardless of diagnosis.
27	I look at whether the child has had the opportunity to learn to read/spell and whether the child has had other gaps in learning which might account for delay

28	As I said before, I probably wouldn't make that decision.
29	
30	assessment overtime and as part of a multi-agency approach
31	
32	
33	I look at whether the specific areas of literacy difficulty have been identified in school and whether appropriate intervention to target these skills have been put in place. I would then review with school how the young person has responded to these interventions and suggest changes as needed. If the young person is still not making progress I would identify dyslexia.
34	
35	
36	<p>Via multi-agency involvement and collaboration.</p> <p>High quality and comprehensive assessment over time. (Assessment that includes reading accuracy, single word reading, reading in context, reading fluency, reading comprehension, phonological awareness, phonic skills, memory and speed of information processing). Considering both reading and writing skill development.</p> <p>Studying the persistence of difficulties together with response to high quality, evidence based intervention.</p> <p>Through ruling out other hypotheses or underlying conditions affecting literacy and phonological awareness difficulties (ensuring vision and hearing have been tested, understanding any speech, language, communication needs, understanding executive functioning and attention/concentration skills of individual).</p>
37	
38	<p>Cognitive tests, Literacy tests, school/self/family report.</p> <p>Family history educational history and motivation presentation</p> <p>follow the definition given by the BPS</p>
39	I never do. I will signpost elsewhere if school/parents/pupil are insistent but I conceptualise my role as looking at what can we put in place to support. I often say to people, "Okay, lets consider that ____ has been identified with dyslexia. Now what?" And I find that this is often useful in getting people to realise that

	the diagnosis in and of itself is not in anyway useful from a support and/or intervention capacity. So lets just get on trying those anyway!
40	Assessment over time to give detailed records of progress and response to intervention. Difficulties with phonological processing and reading and/or spelling at the whole word level.
41	If a child is experiencing difficulty in acquiring some aspects of literacy despite having had appropriate teaching and where there are no other significant factors which might have contributed to difficulties in learning.
42	
43	Through examining response to targeted intervention, after an initial assessment. Following the period of intervention, I would use standardised test to explore their difficulties in relation to memory/processing speed/phonological awareness, and their literacy skills.
44	I don't.
45	If their reading ability is severe and persistent despite adequate intervention. For example if a child scores significantly below average for reading ability, writing and phonological processing, and this is maintained following adequate intervention, this would suggest they have dyslexia.
46	Literacy based assessment, dynamic assessment, discussion with staff/parents.

Participant Number	What intervention or support would you provide for a child with a specific learning difficulty?
1	Often building vocab though low intensity interventions such as precision teaching, over teaching etc. use of visual frameworks, individualised instructions... but it is very dependent on the YP specific needs E.g the interactio between language development/acquisition, working memory, reading age etc.


2	precision teaching multisensory learning errorless learning direct instruction
3	Advice to school around: direct instruction, precision teaching, paired reading. Also give advice about how to support a child to access the curriculum despite their literacy difficulties..
4	This is a very broad question! It depends on all sorts - what is the specific learning difficulty (e.g., English or maths based?), what has been tried already, my knowledge of the school and what they can and can't do (or are and aren't willing to do!). Also, generally I wouldn't be providing the support myself as we sadly don't have the time! I have a few resources which I often recommend to schools which have a variety of evidence based schemes to support children with literacy or numeracy difficulties.
5	
6	I'd be asking questions before provision, as otherwise how do I know what to provide. Need to know about causes as much as possible. Firstly I would identify gaps and go from there.
7	It needs to be tailored to the specific needs with two aims - firstly to support literacy development, secondly to find ways round barriers to other learning raised by the literacy difficulties. Again a role to steer people away from off the peg solutions that are not individualised; key step is helping adults hear the child's experiences of learning and what helps
8	Not sure what you mean by specific learning difficulty.. intervention depends on assessment over time
9	Targeted phonics intervention eg toe by toe,
10	Build on their strengths. Try focusing on high frequency words. Ditch the phonics.
11	Precision teaching, paired reading or other similar intervention. Classroom adaptations
12	SoLD is another label which is not defined by the BpS. Intervention depends on assessment and is not generic. specific needs vary as with children referred as dyslexic. Knowing phonics and High Frequency Words/ Common exception words are important. I suggest: Early Reading Research, Precision Teaching, Alpha to Omega, Sound Linkage, Thrass, TRACKS and various apps as well as home made games, as well as onset/ time as needed

13	As a service we are supporting our LA approach to literacy development. This provides a range of strategies to use with all pupils and more systematically and intensely with those who have persistent difficulties with literacy. Our strategy has an emphasis on language development and phonological awareness, but also requires more systematic approaches to teaching and using common words and to use these in free writing etc.
14	Depends on the specific nature of the difficulty
15	Depends on the context and profile of the learning/literacy need.
16	Each child needs and abilities are different so one strategy may not work for another. It's more important to let the child learn and develop their skills at their own pace. So slowing down, repetition, practice, overlearning, and alternative methods to record their answers needs to be the basic minimum available
17	Advice, training and consultation for school staff and parent/caters on evidence based interventions, including monitoring over time. Person centred approaches based on the views and experiences of the child. Consultation with school staff on working with parental concerns. Exam access arrangements assessments. Guidance on any associated SEMH factors.
18	This is dependent upon age however, an individualised assessment through teaching model starting with phonics based instruction and reviewing impact. I may suggest that this is complimented by other approaches such as sight reading and morphology based approachds. This should be accompanied by upskilling in the use of technology (text to speech and speech to text software).
19	Word level; precision teaching, Toe by Toe, look through What works (Greg Brooks), Solity research using Assessment through Teaching, Teach your child to read in a 100 lessons (Engelmann) Comprehension: curriculum planning to increase background knowledge plus explicit teaching of inferences, prediction at specific times, black sheep press has lots of resources. Spelling: schemes that focus on content/ rational analysis, Paretos principle (see Solity's articles) e.g. spelling through morphology (DI) Monitoring and review; response to intervention, assessment through teaching, instructional design (to counter working memory and cognitive load) and mediation. Cognitive processes: support explicitly but embedded within tasks skills of organisation and planning, attention. Reading fluency: words per minute monitoring Print exposure: Paired Reading Whole class texts and adult reading out loud Overall, research on what works is not that robust (pretest, intervention, post test) which makes it difficult. I like to read about reading (see Scarborough rope, Ann Castles, Jonathan Solity).

20	Ensuring teachers are confident in making their classrooms accessible (aka dyslexia friendly classrooms), using the RTI model to identify the nature of needs and address accordingly - at tier 2 accuracy, fluency, comprehension, spelling, sentence construction or writing composition and matching a targeted intervention as needed. At tier 3, personalising interventions to specific needs.
21	It depends on the identified area of difficulty - there should be thorough assessment of their skills in order to inform support and intervention
22	It would depend on the specific need. But we have a literacy approach running in our service, so that might be a starting point. Or i would support school to carry out an assessment of the child's needs to help inform the intervention, which might consist of direct instruction and/or precision teaching.
23	Very interesting you've changed from dyslexia to spld here. I'll assume you mean dyslexia still. Key support is multi sensory teaching, differentiated teaching and curriculum, systematic behavioural interventions such as precision teaching, mastery and fluency approaches, assistive technology.
24	Targeted, systematic teaching of the skills they are lacking. Use of precision teaching. Use of assistive technology in some cases e.g. depending on age and level of difficulty.
25	
26	I would recommend that the council wide literacy intervention be implemented with the child. I may also suggest some specific support for the child, such as rhyming exercises or incremental rehearsal of high frequency words.
27	Support along the lines of Early Reading Research - distributed practice being better than massed practice
28	Use of evidence based literacy interventions - look at 'what works for literacy difficulties' and education endowment foundation documents. Precision teaching Little and often, interleaved learning Assessment for learning - look at where they are at, what the gaps are in their learning and work on those until they have achieved accuracy and fluency. Differentiation in the classroom
29	
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31	

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33	Once a specific learning difficulty is identified I would primarily be recommending strategies which would help them to access the curriculum and record learning taking into account they are going to have long term difficulties with literacy.
34	
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39	Probably precision teaching in the first instance and then go from there.
40	Precision Teaching, Paired Reading, spelling programmes, word banks, encourage literacy for pleasure. Differentiation within the classroom - colour coding, visuals, printed worksheets, cloze procedures.
41	Would seek advice from a specialist teacher in this area.
42	
43	Any intervention that supports their phonological awareness.
44	Staffordshire EP Literacy approach is for all children with literacy difficulties
45	Precision teaching programme to monitor progress on daily basis, with the use of direct instruction for teaching. Little and often approach with the use of visuals to remind and prompt children's learning.
46	Depends on the difficulty - precision teaching, toe by toe.

Participant Number	Please use this box to provide any additional views where you have not yet had the chance to do so.
1	Many answers to this section regarding teacher views and value of D was answered neither agree or disagree as it is dependent on the the specific skills of the YP and their views.
2	
3	
4	I think I've said everything I need to! Such an interesting topic, we've spoken about it in my service and there are strong views! From my experience, I'd guess that most EPs might be a bit wary or skeptical of dyslexia diagnosis so it will be interesting to see what you find with s'more representative sample
5	
6	
7	We know there is a continuum of literacy attainment, so any identification has an arbitrary element - we should use the EP understanding of social models of disability and/or labelling to help empower rather than limit children
8	
9	
10	
11	
12	
13	It would be helpful for the BPS to update their advice to EPs, given the further research on dyslexia. This term is contested, but parents use it and to fight against its use creates difficulties in relationships rather than working in partnership, so is counterproductive. As EPs our time can be better spent supporting better literacy teaching I feel, rather than assessing pupils for dyslexia.
14	
15	I think that there are different functions of the dyslexia label, e.g. linked to identity development or in FE where the SDA might be accessed. This questionnaire doesn't seem to explore this.
16	

17	Sharing the contemporary diverse understandings and debates around dyslexia is important during discussions with families and school staff.
18	
19	<p>Some of the premise of the questions is that one can conceptualise, define and identify dyslexia so what is the criteria that helps you DIFFERENTIATE dyslexia from poor reading. IQ, when knowledge of the actual functional skills (reading, spelling), does not add anything to intervention planning. There is no clear relationship between a specific cognitive profile and response to intervention or intervention planning. By the way, absolutely these difficulties exist! That's obvious. Let's learn about reading! I think EPs have very limited knowledge of how technical skills develop so are not skilled at supporting schools individuals who fail to read. I have heard strange views like they will read like you learn to speak with minimal direct instruction.</p> <ol style="list-style-type: none"> 1. There are an optimal number of sounds which need to be explicitly taught for beginner readers. This instruction is vital but not sufficient. 2. Vocabulary knowledge is important to aid self correction and partial decoding attempt so listening to stories, turn taking in conversations etc is vital. 3. English, despite single/ multiple letters representing more than one phoneme, contains high levels of regularity which needs to be taken advantage off (see Solity paper) 4. Decodable books (restricted word set) may be impacting on reading for pleasure habits and go against instruction psychology principles. 5. There isn't robust evidence for the use of a specific synthetic phonics programme but explicit instruction for optimal number of sounds is crucial. 6. Common sight words via flashcards are necessary at the earlier stages of decoding. 7. Reading is more than phonics. Absolutely.  . See Scarborough reading rope. 8. Through alphabet decoding and print exposure there is the move towards independent reading. This is helped by establishing reader identities and habits. Paired Reading can help at this stage. 9. Learning to read and reading to learn involves background knowledge, vocabulary, varied literacy experiences, metacognitive approaches. 10. Let the debate shift to finding out about the most efficient approaches depending on the learners stage of development. <p>I would recommend the following three, detailed and comprehensive, articles which help think about universal and targeted approaches and help to critically situate phonics instruction within a wider literacy approach.</p> <p>https://journals.sagepub.com/doi/full/10.1177/1529100618772271</p>

	<p>'Instructional Psychology & Teaching Reading: Ending the Reading Wars https://t.co/gcbGKuD2yw</p> <p>https://bera-journals.onlinelibrary.wiley.com/doi/epdf/10.1002/rev3.3314</p>
20	We need to move away from Individual models toward Systemic frameworks if we are to achieve more equitable support and a confident school workforce
21	
22	
23	It's really important to recognise the importance of a dyslexia diagnosis for the self perception of young people, particularly as they get older. It is usually very positive in that regard and that gets majorly downplayed in the dyslexia debate. The main problem in my view is the notion that only specialists can assess dyslexia, it's created an industry out of it and narrowed majorly the access to assessment. The solution is to broaden the definition and empower non specialist teachers with support to identify dyslexia themselves. They basically can do it anyway with the tests available to them, but there's a 2 tier system where some do and some don't have a label and there's no good reason for this and it's not needs based.
24	I think that the label "dyslexia" makes educators and gatekeepers of resources treat a child's needs more seriously, but I don't think that this should be the case. I think this label definitely increases access to resources, but I want that to change so that the CYP without this label also get given the resources they need. I think that the label "dyslexia" removes responsibility for good quality teaching and intervention provided by the educators (e.g. school).
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39	"Diagnosing children with dyslexia leads to better support." --> This was an interesting question. I believe it does, but not necessarily for the right reasons. We should have to wait for a diagnosis for such support and interventions to be put in place.
40	
41	
42	
43	
44	Struggled to answer some of these questions - can discuss further if needed
45	I find the debate a little tricky. Surely dyslexia is a form of literacy difficulties and I am not sure the added benefit to identifying it from a support/intervention perspectives. Do interventions and approaches for children who have general literacy difficulties differ from those who have dyslexia? I appreciate the importance of it from a self-identity purpose, but again does this just stem from the meaning and importance placed on the specific label of "dyslexia" instead of "literacy difficulties".
46	On some of the questions (where it asks about whether teachers have lower expectations for instance), I said I did not agree or disagree because it depends on the teacher. This was the same for some of the other questions.

Appendix 7: Transcript from the focus group complete with EPs.

Facilitator

I'm going to start off by asking this question. What is dyslexia? What is dyslexia, big question.

Jessie

When we use the term, we literally just mean difficulties at the word level with accuracy and or fluency relating to spelling and or reading. That we use a very broad descriptive term.

Preeya

Think ours is similar, but then just the added it's severe and persistent despite adequate intervention. Yeah.

Alisha

Yeah, that's that's what we've what we've used here. Well, what we used in recent years in (**redacted, identifiable information**) sort of originally using the BPS guidance and then the Rose report as well. So we've had City Council guidance that was Co constructive. So yeah, that's the working definition that we've been using in recent years.

Facilitator

Thank you,

Gina

Same same as everyone else has said.

Facilitator

Thank you. That's absolutely fine. Sometimes there's, there's just nothing else to add, is there. Right. That's a nice quick starting question.

Jessie

Umm. Yeah.

Alisha

I think he's well. Can I? Can I just? Sorry. Can I just add something? I mean, I think it's interesting. So sometimes parents and families that we meet have very different definitions. And I think that's that's sort of quite interesting to acknowledge. Maybe we'll come on to that. But I think that's the that's the key thing, isn't it? What we understand it to be is very different to what people that we often work with, understand.

Preeya

I think I think when I was an assistant, I think ohh, I'd worked partly in quite an affluent area and I think some of the definitions used there with the discrepancy model. So the whole idea that it was just word reading and spelling was the issue where as everything else was fine. So that was the definition we didn't use. But I I think independent reports tended to use that quite a lot.

Alisha

Yeah.

Redaction – irrelevant – late comer joined, consent obtained.

Facilitator

So we're just asking what is dyslexia and we've mentioned.

Rachel

Umm.

Facilitator

Reading and spelling at the word level, fluency, accuracy, resistant to intervention, severe and persistent, but that also.

Rachel

OK.

Facilitator

Some some private reports we sometimes see have the discrepancy model

referenced. Is there anything you want to add to that, or should we move on to the next bit?

Rachel

And I think you can move on to the next bit.

Jessie

I was just gonna. Sorry to be a pest. I was just thinking what I was saying. I I don't know whether it's worth saying from our point of view. Again, we don't distinguish between dyslexia and other. Literacy difficulties that I don't know if that's coming in another question, but I I didn't know whether just to add that in in here now.

Facilitator

I've got a good question.

Jessie

Or do you? Oh, sorry. Sorry. OK, jumping ahead.

Facilitator

No, that's fine. That's fine. You know, it's it's a. I mean, I might just do this question now, so just jump down. If you have two learners with similar literacy difficulties, how do you decide which is dyslexic, which is not. If you have two learners with similar literacy difficulties, how do you decide which is dyslexic and which is not?

Preeya

I feel like my automatic thought to that is, does it matter? If the if you identify they've got literacy difficulties, does it matter whether we identify it as dyslexia or not? What difference does that make? Sorry.

Gina

As a pressure from certainly some of the the areas that I've worked in, the schools that I've got at the moment, there's a pressure from parents to. Identify as dyslexia. And we're kind of a returning to. It's either literacy difficulties or a specific literacy difficulty, but there is kind of that notion that they want you to say the

words dyslexia to have that written down so that there's a diagnosis in their mind. I just feel they're are same.

Jessie

Umm.

Alisha

Other professionals often give that emphasis as well, don't they? They want that social workers, I found often pediatricians, CAMHS people. Yeah, sort of people who aren't in the education sector often have put that pressure on as well as families. Yeah.

Jessie

We're um, we're kind of flooding at everywhere. We're kind of we're we're just refusing to talk about is it dyslexia or not anymore because it's just such that a rabbit hole of energy, it's kind of the wrong question. So we're just saying we we don't care what you call it call it that if you want but anyone can use the term if somebodies got difficulties at the word level. So we specifically say it when there's no we're not we don't recognize diagnosis we recognize identification of literacy difficulties if you and when you use the term dyslexia. Fine by us, but it won't make any difference to what happens.

Rachel

Yeah.

Alisha

Yeah, and this might come up as well. But I mean, you know in the media, so if you look at man, Matt, Matt Hancock and what he's doing at the moment,

Jessie

Oh yes

Alisha

You know it's all about, you know, this diagnosis I've, you know, the government even used, you know, the diagnosis of SEND which you know, what does that mean, you know? So I think it's it's that's that's that's the real tension, isn't it? It's used so much in common parlance around special educational needs and

dyslexia in particular. I guess in terms of a learning difficulty. But it's yeah, it's very difficult, isn't it, to try and counter that. But exactly like you, Joanna, that's that's exactly our our take. Years and years ago we had a collaboration between the advisory teachers and the EP that was called making sense of dyslexia and we rolled that out to every single school in the authority and then we revisited that few years later making more sense of dyslexia. So we were sort of and and. More recently, our most recent policy came from pressure from counsellors. In fact, a counsellor who had a son with dyslexia who wanted to have something written for the local authority, and that's that's that's what why our our recent guidance is where that came from really.

Facilitator

Thank you, Rachel wants to add something I think.

Rachel

Yeah, I was just gonna say I think I was gonna say something similar about it being kind of say prevalent in the media. And I think also it's a term that people understand. So people outside of education have got, like, a vague understanding of or if if you say someone's got dyslexia, it means this struggle with their reading and their spelling. And so I think that might be why parents prefer that to just literacy difficulties, which to me it's the same thing, but to other people, literacy difficulties sounds a bit more vague, maybe.

Facilitator

Umm.

Rachel

And like what? What exactly does that mean to people who who aren't the kind of knowledgeable about education? Whereas dyslexia? Everybody's heard of that. Everybody's got some notion of what it might mean.

Preeya

I feel like it's ohh sorry as I feel like it. That's the case for many things. I think for us as professionals who understand these things so well because it's our jobs. The labels don't matter because the provisions the same for us. If the child presenting with a particular difficulty we will recommend what we think will address that difficulty with or without a label. Well, I had the same conversation about

autism. Just that to me, my my recommendations are the same. The diagnosis doesn't make a difference, but I think it's yeah, people outside of the bubble that is education, educational psychology don't understand it in the same way. So it's almost like a impairing self identity.

Rachel

Yeah.

Preeya

Thing that comes with it that people it stops from being you know that child you know is isn't very clever or that child's naughty too. Ohh, they've got this particular difficulty. That's why they can't do this or that's why they're doing that.

Facilitator

OK. Thank you.

Jessie

Yeah, I think that's the real tension, isn't it? Because I think people, lots of people report that they find the term impairing to describe their own needs. And I do think while there's the the whole argument about the validity of the scientific definition of the label, I don't think we're in a position to say you can't use that term to describe yourself anymore. So I think there's there's, I think there's a lot to be said about how to navigate that really carefully and to kind of allow people to say, you know, refer to themselves as dyslexic. Absolutely. Fine. But it can't be. First of all, that that relies on external diagnosis because it's not equitable and it's not really valid. And secondly.

Alisha

Yeah.

Jessie

Uh, it it doesn't. It can't its own come with anything additional. I think it has. It can be about identification. Absolutely fine. But I I I think it that's probably where it ends and I think previous attempts to say we're just gonna get rid of the term have kind of gone off on a they've they've lost the point they were trying to make cause

everyone's arguing about. What we call it a not about what we do about it. Sorry, total rumble.

Alisha

It tends to backfire if that happens, doesn't it? And I think the concept of the continuum is the really important thing that that like with autism, is about well actually what is the profile of needs. And you know that that's much more helpful, isn't it, to know what a profile of needs is. And then that leads to intervention.

Facilitator

OK. Thank you. I'm gonna try and bring us back to a quick question here. So if we've got two learners both with low reading and spelling. Which ones dyslexia and which one isn't? Or did you just not matter? I don't know. How would you distinguish?

Jessie

I'm not even sure at the question itself. I think that the question suggests that there is a difference, and I I'm I'm I wonder if there is. Yes and What do you do about it?

Alisha

Suppose you for me it just comes back to just what I said. It's about. What is that profile of need? And yeah, there doesn't know. For me, it doesn't matter what we call it. It's very important. Thing is identification and which will lead to some helpful intervention.

Facilitator

Thank you. Yes, I'm just throwing those questions out there to see the answers. So thank you very much for just bearing with me on that one. Just out of curiosity How would you assess someone for dyslexia? This is if you would even assess. So if you were going to assess someone for dyslexia, what would you do?

Jessie

I'd find out if they were for dyslexia. I'd. I'd find out by asking their teachers whether they were struggling at the at the word level. Yeah.

Preeya

Umm.

Gina

I think we'd want a profile of what their literacy needs were and as EP's that can be gathered in various ways, can't it? It can be through consultation with the teacher. I suppose it's kind of using the least intrusive way of gathering that information as well. So if I can get that information from the teacher and they've got good evidence and tracking of the pupil's progress. That shows me what their literacy needs are.

Alisha

And family.

Gina

If I needed to do further assessment to support that, I would, but it it I think at least intrusive first.

Facilitator

Thank you.

Alisha

And families often have, you know, is their narrative as well. I mean, yeah. So, for example, there was a young person that I assessed just a few weeks ago who actually has his Crohn's disease is missing lots and lots of school, but and and was working towards an EHCP because he's so absent and he's missed so much. But his mum said to me, you know, I think he's probably had some mild dyslexia all the way through. So then I was asking her about his history of needs, what she had done. And, you know, the intensity of intervention because she's a teacher.

Jessie

Umm.

Alisha

Intensive intervention that he's had additional to anything the school might have had is is massive, so you know, and I and I talked them through things, you know, obviously also also assessed his literacy directly because it was marginal. I just wanted to see how he processed things. But actually for him it was more around speed of processing because he'd actually managed to learn a lot of really good,

helpful skills through lots of practice. But it was still the underlying thing for him was the speed of processing.

Rachel

I think.

Jessie

I think a I think on that sort of again I I probably, I don't know if I'm being helpful, but I just thinking that idea of assessing for dyslexia is so. er dangerous, Because, yes, I'm not criticizing the question at all. That's what I'm trying to say with the spirit. But I I think again in that that that narrative out there in the media and particularly with the Hancock bill and and all that is about we need to assess for dyslexia. But if we are talking about difficulties at the word level, then we miss so much because literacy is about way more than just the word level. So I think that's part of the the issue is I wonder whether other aspects of literacy that are crucial, like comprehension, like, writing composition, all of those things get missed because we're down this rabbit hole of. Something that's probably not the thing we need to be worried about.

Alisha

Umm.

Facilitator

Thank you.

Jessie

Umm.

Rachel

I think I was just gonna add and I'd also want to think carefully about kind of response to intervention and make sure if you're saying that a child's got difficulties in this particular area, have they actually had targeted intervention focusing on those specific skills, have they actually been taught and, you know, the the things that they need or have they missed out something that's crucial for me rather than just looking at, OK, what's their ability now?

Facilitator

Just moving on very, very slowly. Part of my thesis is looking at the differences

between EP and specialist teachers. I wanna ask you now, do you think specialist teachers would have different views on on this topic of how to identify dyslexia and if so, what do you think those different views might be? So do you think specialist teachers have different views on how to identify dyslexia? Is So what do you think they might be?

Alisha

I.

Preeya

I don't think they'd have different views I just think they might assess in a different way. They might use different methods of assessment um then what we might use, but I feel as though. Of obviously, I have a very limited experience, but from most of my work with specialist teachers, they work off the same definition. They work off the same pathways and most of the time they're in the two well four local authorities I've worked in the dyslexia identification pathways tend to be created between the EPS and the specialist teachers.

Jessie

Umm. Umm.

Alisha

That's just what I was gonna say, because potentially they're not a homogeneous group because I think where they do work really closely with EP's, then I think they align very closely to us. But that is I think sometimes when they work in little bit more sort of slightly more silo way then you can have some variation I think yeah that's we talked about earlier and I think sometimes in my experience as well. Now I have a couple of friends, very old friends who two of them ended up working the private sector and they did dyslexia, BDA type training specialist, and they have very and actually a third old school friend also did that, set up her own company and they have. They have much more I think discrepancy models than the sort of social and interventionist model I think. Then when my I don't have detailed conversations with them but it seems to me that they've got a different approach because of the way that they were taught on the modules that they did.

Rachel

I also.

Jessie

That really resonates that the way you've described that, Allison, I think a lot of it's to do with the perspective that you come at it from. So I I think one of the differences you might get between EP's and specialist teachers who've done the more formal OCR training routes is that I I think that that's probably quite prescriptive and there's pretty a very direct positivist. This is what it is. This is how we find it out. Whereas I think for EP's we we've probably come to be a bit, you know, develop our own skills and I just in different way and I don't know whether this is true and and and you know I'm totally totally you know up for for being being challenged on this. But I wonder whether also EP's as a group are quite happy with sitting on the fence about things and maybe as a as a cohort we maybe have a slight more hint of anarchy or rebellion about us anyway. So we we might be, you know, we I don't think we're afraid to say actually that I know that says that but actually my view is it's not not that for this reason. So I wonder whether there's something about the paradigms and the. And the positioning.

Alisha

Yeah, I think we're quite happy to sit with uncertainty, aren't we?

Jessie

Yeah

Alisha

It's because, you know, we know that everybody's an individual there. Life history is individual to them. What's happened, including the teaching that they've received, have they responded to the teacher? So I've always been very interested in the emotional response

Jessie

Yes

Alisha

to children with with, you know, with with what pronounced literacy difficulties. Because when I was in advisory teacher, it was we actually had a direct teaching role as well. We had children who came with their parents. And it was a teaching

model where we taught. The parents how to help them. And then the teachers would come occasionally and and observe what we were doing. And yeah, so it was a very intense intervention model. But yeah. So yeah, so it's and all of that makes a difference, doesn't it, to have a a child might understand their own difficulties and then how a family might and the teacher might help them to, to come to terms with those difficulties and work with them.

Facilitator

Thank you.

Gina

I was going to mention the the emotional response as well because I I come from more of an SEMH background and and I don't I always think that. Somehow does guide me naturally to pick up on those things, even even if a referral comes through and it's very specific that we want a Dyslexia assessment I'm, you know, I'm OK. We'll look at literacy, but I'm always thinking of the social emotional factors as well. And I think as group of EP. I think all EP's probably do have that.

Alisha

Yeah.

Gina

Angle as well, but I wanted to pick up on something else, Alishasaid about the independent EP reports. And that I I sometimes have because we're talking about ourselves, so sometimes it feels like we are a homogeneous group. Sometimes we're not. But I think that our I've definitely got independent EP reports that I've read, which have still used the discrepancy model, and I'm talking near recent times where that feels very alien to us.

Alisha

Yeah.

Gina

Because, see, lots of people nodding, agreeing. But it's still, you know, it is still it's still out there, isn't it?

Rachel

Also and also, independent reports where they've done like a whole list of

assessments and then somehow come to the conclusion that the child's got dyslexia. But then you look at the assessments and think, well, OK, they've done, like

Gina

They've done 1 subscale of a CTOPP. That's what I'm.

Rachel

some assessment of kind of spelling and word reading. But they haven't done anything to look at kind of phonological awareness or verbal memory. I think so. Then I'm like, well, how have you come to that conclusion?

Alisha

And then I see other reports as well from specialist teachers that I think, goodness me, they spent they, the parents pay lots of money and and the child is often and you're young person's often spent a whole day going through a battery of about 20 assessments. And I'm thinking why I mean I think you know because I think we can be really efficient in helping to identify a profile of needs, you know like Jessie was. And Gina was saying, you know, but just by talking to people. First of all you can get so much from that. From that, that approach that you don't need ethically you don't need to put a child through all those elements of pushing them to their limits.

Rachel

I feel like I'm in our life authority. I do feel like the specialist teachers? I could be wrong, but I do feel like they might have a standard kind of list of assessments that they might do when exploring dyslexia, whereas I don't think as EP's we do, we just. Everyone would have their own approach and kind of a way of going about assessing that. So I think that's one difference. I don't know. I could be wrong, but I do feel like there's a standard way of doing it.

Preeya

I think it's situational as well for us. So I think each situation is different because it depends on. I've done one dyslexia diagnosis, identification, whatever as a trainee and it was different to how our supporters and assistant because the situation was different. There was also specialist teacher involvement. They'd already done a wealth of assessment. So for me it was the consultation. I was also assessing for EHC needs assessment. So I'd done the consultation identified. Need through that and then we went putting intervention. Then I came back and sort of reassessed progress to be made and it hadn't. But that was very different. Oh, I did it previously because it's situation dependent what information's already there, who's already involved, what assessments are already been done.

Facilitator

Thank you.

Jessie

I think it's really hard I think on that I that I completely. I get that it could. It is by situation. I think sometimes parents are perhaps other professionals. No matter what we say, we just click straight to the numbers and the standardised assessments. I I do use standardized testaments as well. I'm not, you know, I don't have anything against them, but I I think it's exactly as you said their Preeya like we're we're situating that information that we're finding out about children. If we do choose to use them because we think there's a bit of information missing among the wider pool of knowledge about them from the people, you know, the wells teachers, the parents, but I I think it it that information often isn't always perceived as as as reliable as the numbers, and that's really hard because I think it's harder to get that information. Actually we're working harder and we have to be more skilled to use it. So I think there again something about how we, how we show confidence about what we do because I think we all just go oh, so I don't wanna talk about Dyslexia in case anyone shouts at me but but actually I think that that we really do as a workforce need to say. We know what we're doing with that. This information is is so much more valid than, you know, uh, a WIAT that you did on a wet Wednesday where the kid wasn't paying attention.

Alisha

Yes.

Facilitator

All your contributions are extremely helpful and extremely valid. Just want to say that I'm gonna move us slightly on because I'm looking at the type now. This is perfect. It's been perfect and actually I've got a number of questions I was going to ask. You've already answered some of them anyway, so you've actually been answering some of the questions I haven't written down without me asking, so that's been really helpful. One quick question here, this is the last one in relation to sort of identification, then we're gonna move on to support. Both EPs and specialist teachers indicated that they feel dyslexia can be misdiagnosed. How might that happen and when?

Preeya

Left.

Facilitator

Just want to know your thoughts so the surveys finding that both professional groups believe that it can be misdiagnosed. How might this happen and when?

Preeya

Would it be in? Ohh sorry.

Gina

I think go go on Preeya you go first. I'll go next.

Preeya

Would it be in the times where the discrepancy models used potentially? So when we talk about those private reports? And could it be times where people just diagnosed it without even looking at intervention and response to intervention? Because that is the Rose reports working definition is severe and persistent despite intervention. So should we be explicitly looking at that?

Jessie

It Could equally be when people aren't taking it seriously enough. So we're saying, you know, there's so much contention about dyslexia unless it's severe difficulty. We haven't paid enough attention to the need. And actually we're on a continuum.

Children, all children's needs have to be addressed in terms of literacy. The fact that it's not severe need doesn't mean that they don't need support at some level. So I wonder if the that we've kind of we we can miss that bit sometimes doesn't necessarily mean huge amounts of support, but we do need to make sure they get it. We know from school.

Gina

I was going to say. And I think Preeya said it the second point. Was a where there hasn't been ample learning opportunities or interventions haven't been put in place and followed by schools.

Rachel

I'm gonna be.

Gina

Is it possible? Possible source?

Alisha

And I think, you know, children with SEMH difficulties quite, you know, quite often that they, you know, other things have so much got in the way of them acquiring literacy and maybe they've, you know that that's been a little bit difficult and so they're motivation is low and and people make a lot of assumptions I think sometimes sometimes assumptions about children who've actually got underlying language difficulties but it's but you know we we know that DLD is just not well understood. You know the prison population that's a very high level of need. And also dyslexic literacy difficulties. So and I think people often don't don't look below

Rachel

I'm. I'm gonna be a bit controversial and say in in my experience um sometimes it can be misdiagnosed when people have paid for an assessment and have paid for a, you know, a particular answer that they want to get. And I definitely do think that happens not all the time. And, you know, I'm not saying that all people who do, you know, work that's paid for are misguided. But I don't do that at all. But there have definitely been situations, as I said, where I've read a report and thought, well, how on Earth have you? Come to the conclusion that this child has got dyslexia. I can't see any evidence of that. Yeah.

Alisha

And I think sencos find that really sorry, sorry. Like, I think, Sencos find that really frustrating sometimes because they they know the children often know the young person really, really well and they've had things in place. But then these sorts of sometimes then these independent reports blow things out of the water a bit and and are also then parents. Families are demanding an awful lot, whereas actually they've already got proportionate intervention in place that, you know, people have believed is is working and and seems to be working well enough and and then you get those difficult tensions and conflicts. To work with as well, which you know can be a. You know in this whole world can be, you know, what does that really difficult things to work for them as well? Yeah.

Jessie

Which brings us back to that first point at why are we asking? Is this child dyslexic or not? It's the wrong question. It's that that question causes all of that difficulty.

Alisha

Yeah, yeah. Yeah.

Gina

So it can raise expectations of parents, can't it? That then it puts us in a position of conflict because there's they're saying, well, why haven't you been answering that question?

Jessie

hmm.

Alisha

hmm.

Facilitator

OK. Thank you. I think that brings us nicely onto my next section, which is focused on support for students with dyslexia. And I think this is key, so. What support would you recommend for a child with dyslexia and would this be different? Or the same compared to another child with literacy difficulties. So what support would you recommend for a child with Dyslexia and would this support be the same or different compared to other children literally difficulties?

Jessie

The second part no. First part, it depends on what aspect they have. Literacy. There was struggling with.

Facilitator

Thank you.

Alisha

And.

Preeya

I think my usual go to is precision teaching direct instruction as a starting point to see how they respond to that little and often daily intervention that is sort of really direct and focusing on getting them to the fluency stage. But again, it would it's situation dependent. Is it appropriate has it been used before? Is it being used in the right way? And actually when I am recommending precision teaching, although we recommend direct instruction, its got the evidence space, I haven't been a teacher, so I will say quite frankly to the teacher, I'll recommend direct instruction, but equally I'm not going to tell you how to teach as long as you're following the principles of precision teaching, then you're welcome to do whatever you want to do within that teaching moment, but direct instructions, obviously is evidence based one that we would recommend.

Alisha

And that's why our systemic contributions are so important, isn't it? Because we, you know, we rolled out precision teaching, probably more than 10 years ago in **(redacted, identifiable information)** and, you know, and, you know, we were expecting every school really to acquire the skills to be able to do that so that, you know, then it then it might be, I think, what what is happening now in this is the bigger picture, isn't it about EHCP's is we are assessing children and young people with far less than we ever have done before. And that is obviously one of the things that we. And now recommending where we never really had to recommend anything before. And you know, because you usually it was sort of part of the the school's own provision map.

Facilitator

Thank you.

Alisha

And sometimes our job with them was just to help them tweak it and look at actually, well, let's look at your precision teaching. Show me your charts. Let's look at the pace at which you're going and and and talk to the child. Get the child to be about it and actually, then look at actually, well, you know, are we actually getting getting the program quite right. But as you say, you know, sometimes not all educational psychologists are necessarily have been literacy teachers. So have they got that level of detail or actually SENCOs are often more skilled and trained in that, I guess. And then some educational psychologist.

Facilitator

Thank you. I just wanna go a little bit deeper. At the moment. We've mentioned precision teaching and mentioned direct instruction. Would we do that for a dyslexic child and would we do that for children with not dyslexia but literacy difficulties? Would we do something different? I don't know.

Gina

I I don't think. I don't think we'd be advising anything different. Because I think from what Jessie said earlier, it's like we see them as one and the same. But we're we're advising and intervention based on. Their profile, their needs. So for one child that's got a difficulty with. Reading and working memory would have a completely different recommendation to a child who's processing speed and writing composition, so it's based on need, isn't it?

Jessie

Yeah.

Alisha

It is. I think you could actually. Then we have to broaden it again to motivational factors

Jessie

Yeah.

Alisha

actually. What's gonna motivate that young person to do it actually, how much is the family able to support literacy? Do does somebody in the family need more help to know how to help their child? So the interventions are much broader, aren't they?

Jessie

We use a response to intervention model, so we've got it as a framework across the local authority and then we're trying to embed it in our schools. Obviously not all the schools are using it. That's another issue. I'm not pretending it's perfect, but what we've got we say is kind of beyond making sure you've got accessible classrooms, blah blah blah for the interventions. We say workout is it. Word reading is it accuracy? Is it fluency? Is it spelling? Is it rice competition, uh writing composition is it, you know? And then we we say, you know, what interventions have you got for each of those things? So what we're trying to do as far as possible is to build on what schools have already got. And where they've got gaps, then we can feel the gaps with our interventions, because we find that schools are much more likely to do that then to start from scratch to. Some of them will involve precision teaching as well and and interventions based on direct instruction. But what we're saying is kind of the perfect sometimes is the enemy of the good enough.

Alisha

And we used to have an advisory teacher who specialized in IT and kept up to date with that, and that was really helpful for us. And I I personally, I used to know a lot more about the IT, you know, sort of software packages that were good. I've done must say no idea anymore. But I think schools are really skilled schools in, you know, hours schools, locally, secondary schools in particular and and some Academy chains. Now we've got quite a lot of those are buying in big packages, literacy ones and that. And sometimes I do wonder how effective they are, but actually. The feedback I get is actually for many of the children. They are working quite well or very well.

Facilitator

OK, so I'll ask this question, but you've you've kind of already answered it. Do the results of assessment affect the support recommended or not? You've really

answered that haven't you where you've talked about depending what the need is will affect the intervention that we recommend. So I'm gonna bring you on to the next question which is do you think specialist teachers have different views on how to support students with dyslexia? Do you think specialist teachers have different views on how to support students would dyslexia? Think about it and explain your Thoughts.

Preeya

I think yes, but because they work from a different paradigm to us, we're psychologists they're teachers. So they're gonna have different. Again, going back to my point, I've never been a teacher. I've never worked in a school, so I don't have that teaching experience. I've always been a psychologist, so all have resources, strategies, knowledge that our group will be different to what a teacher has because we're trained in a different way. So mine are probably more psychological, whereas teachers are probably more pedagogical and whatever else they do as teachers, if that makes sense.

Jessie

I think my experience is that, um the specialist teaching colleagues I work with, who are amazing. Uh, they tend to be more directive. So do this. Whereas I think because we're so trained in consultation approaches, I think I these are, like Preeya says we we just come at it slightly differently and that might be why we're more open to flexibility in what they're actually doing as long as they're on the same page and why they're doing it.

Alisha

Yeah. I think for us it's very much about finding things that are workable for them sort of, you know, working with them to develop the things that are gonna be helpful to them and and and then sort of, you know monitoring that rather than rather than exactly as you said that sort of you need to do this, you need to do that. Yeah.

Gina

I think when we've talked about precision teaching. You know, I have had schools that they've said, Ohh no, we haven't got anyone trained in that and it's like well, do we just delay an intervention until we can train everybody in precision teaching? No. We look at what are the principles, what are the psychological principles of precision teaching and what have you already got and how we can fit that together almost. So whatever you're doing, can we make that more little and often can we make that interleaved learning? So you're doing new and old. Yeah, that would. And so I think, I don't know if that's. He got off on a different topic there answered the question you'd you'd asked, but someone said it and it made me think of that.

Facilitator

Thank you. Anything else on that topic? Perspectives of specialist teachers on supporting students with Dyslexia

Alisha

Is is. It's not. It's not really answering that question at all, but I think maybe it's a point to make at this point is that we no longer have any in our local authority. There are none. They, they, they, they all went and all we have is 1 send consultant and that's it.

Facilitator

Thank you. Thank you. OK, I'm gonna move on to sort of the last couple of bits and this is very much thinking about the way forward. So moving forward in this field, OK. When, how and with who do you collaborate with when completing the assessment of literacy difficulties, so this is thinking more holistically when, how and with who do you collaborate with when completing the assessment of literacy difficulties.

Alisha

I guess we've touched on this a bit already. We're not always the family young person, in particular getting their views about what, what they remember, what their experience is. Teachers and teaching assistants can be really helpful where NSA's as well, you know, the ones who are working really closely with them all the time. So sometimes it's hard to get them to be released to. So if you're in a

classroom observing, then sometimes you can get to have a quick word with them. I find that that works quite well.

Jessie

And I suppose just building on that. If there are other professionals involved in, you know, if the speech and language therapy involved, you definitely wanna find out what they um, what what they um had found often. If the social care involved. And we're thinking about emotional factors and situational factors, we would want to know who they got to say. So I think I think what we're really good at is EPs is looking at the big picture and then picking out the bits that are relevant for us. So I'd say anyone who's probably been in involved really because we would. We would never just be looking at Literacy. We'd be looking at literacy as part of the wider need. I think.

Preeya

Uh, yeah, I'd say the same. Sorry I pressed the wrong button to unmute and kicked myself out instead. But yeah, now everybody involved, even external professionals to pediatrician, speech and language, occupational therapist, physiotherapy, I mean all of them because they will have a different perspective and all of that information is useful to understand what's contributing to the child's presentation. It's unpicking. So as your formulation isn't it, if that's our working formulation, we need to test it. Is there anything else that could account for what's going on? Is there anything else that we need to add to support that formulation? Is there anything else that can account for what's what's taking place here?

Facilitator

Thank you. Thank you. Now the last question is in well, there's two more questions, but this one's extremely controversial one. First of all, doesn't matter what your answer is, you can choose to abstain from this question if you want to do so. If you want to answer yes, feel free to do so, but don't feel you need to, but do give an explanation. So should local authorities assess for dyslexia? Explain the reason for your decision.

Jessie

No, because it's impossible that we would ever be able to. First of all, because we don't need to, because you don't need to assess for dyslexia to have a a system

that works. You don't need it to identify needs. We've got all the information to identify needs. Schools have got it. We can help do something with it. Having it doesn't make a difference to what you do about it. We know what to do. So what we need to do is we focus on that. And secondly, even if you did need it, it's not operationable. So we think if we're working on 20%, which might even be an underestimate of kids with literacy difficulties. I think that's 1.8 million kids school age in the UK. And it's it's physically impossible, and it's the wrong question. It's all the energy is going on the wrong bit. So that's my view.

Facilitator

Thank you.

Preeya

My view would be.

Alisha

Yeah. And I think that I, I, sorry.

Preeya

Sorry, my view would be the same, I just don't think it's equitable. I I was in a local authority a few years back and they did a bit of research in that local authority and found that we were identifying 3%.

Jessie

hmm.

Preeya

Of children that possibly could have it. And what does it add? What does it gain? And it becomes that whole those who shout the loudest get it, and that's not ethical to me. That's not why I'm in this profession. I'm not about that. All children should receive the support that they need to be able to achieve. What they need to achieve, and I think by assessing for dyslexia, you're putting people at a

disadvantage because you're not gonna reach physically. It's impossible for you to be able to reach every single person. Some.

Alisha

Yeah, it's not. It doesn't feel to me to be an effective use of resources. It. I mean I think we should be there. I think the local authority, while there are SEN services have a have a role in supporting schools when it's not clear. But I think very often and this is the approach that we've taken in (**redacted: identifiable information**) is actually schools have a responsibility. You know they already do under the code of Practice have a responsibility to identify and then intervene with special educational needs and that you know that includes literacy difficulties, doesn't it?

Facilitator

Thank you. We've had we've had three views so far and. Thank you very much very much Rachel. Ohh, go on. Go on. Go. Yeah, absolutely.

Jessie

Can I just add some one tiny bit on that? that there is really strong evidence that social economic status is a predictor of the likelihood of getting dyslexia labels. So again, I think just building on Preeya's point ethically, we must not have a system where we had relying on the diagnosis of dyslexia and order to acknowledge needs, because if we do, all we're doing is perpetuating that inequality.

Alisha

Yeah.

Facilitator

Thank you.

Rachel

I I think I think I agree. I agree completely with what everyone said, but I do worry that if local authorities suddenly say we're not going to be assessing for dyslexia, is that gonna make then lead to? Even more inequity with people who are wealthy paying for more private assessments rather than and kind of going away from the school and little authority and also then are we then opening the door to a loads of assessments and diagnosis of dyslexia, where actually I don't know how people

have come to that conclusion or, you know, the assessments have used are a bit dubious or the.

Rachel

And information they based that on was a bit dubious. So I I I agree. With what everyone said but with a a note of caution.

Facilitator

Thank you, Gemma.

Gina

This was the one when I had a peek at your questions that you you sent before and I was like really, I don't know what I'm gonna say to that. And I think during the conversation as we've gone through, my gut feeling is no, but I haven't been able to put that as eloquently as other people have done today, so actually this has really helped me. In understanding why my position is, is that so some of the things that other people have said have made me think. Ohh yeah that's that's what. So my my feeling is no. But I I don't think I can add anything more eloquent than other people have said.

Facilitator

Thank you very much. OK, my final question and thank you very much for your time and contrubutions

Gina

It's still very dark where Alisha is.

Jessie

Yeah.

Alisha

I know I've not put the light on. There's a street light over there.

Facilitator

OK. Do you think specialist teachers have similar or different views on this concept of whether local authorities should assess for dyslexia? Explain your thoughts.

Preeya

I.

Gina

So Facilitator, can I just check what you when you're saying local authorities should? Assess the dyslexia. Do you mean as part of the statutory? HCP process or?

Facilitator

That's a good question.

Gina

Like I I'm not sure I I understand the concept of that either. It's not. I'm sorry.

Facilitator

I appreciate that. I think what we're looking at there is let's look at what my Hancock is proposing at the moment. So the dyslexia screening bill and if you're actually read the bill, it's it's 2 pages long. Once the screening is done, there has to be a protocol in place for subsequent assessment. And at some point, diagnosis, which would not be part of the EHCP process. So that's what the bill is currently proposing. I was hoping not to mention that..

Gina

OK.

Facilitator

Uh, however, so it's interesting to think what a specialist teachers saying on this topic.

Preeya

Well, I think.

Facilitator

I'm just curious what you think.

Preeya

I think it's difficult to answer because I think it's the same for. We're not my views isn't representative of the EP profession. It's my view as an individual, as an educational psychologist, and I think it be the same for specialist teachers. I don't think there's a shared single viewpoint there'll be themed. I mean, I've just done my thesis on viewpoints on permanent exclusion and that pulled out the same

thing that people have shared beliefs. But they're not all the same, even when they're working within the same system, they're not the same beliefs. So I think there would be specialist teachers that agree with what we're saying. I think they'd be specialist teachers that would disagree. But likewise, I think they'd be educational psychologist. That would disagree.

Jessie

Yep.

Preeya

So I think that's hard to answer if that makes sense.

Facilitator

It's a tough question.

Jessie

Think it might depend on on context as well. So where where we work? Where we work, we we, uh, we we kind of we flooded the market with the term dyslexia So we say anyone can use the term so they were taken away any need to. To to diagnose it, anyone can self identify, we don't care what you call it. Just get on with with things like about it. I think where we are by and large that are my specialist teaching colleagues. As far as I can tell her on board, because I think it's it's impossible not to be. When you look at it from a social justice point of view. And so I think it depends on the perspective. You come at it from. If you come at it from the individual diagnosis medical model where you're thinking about one child at a time or how can we possibly help this child if I don't have a diagnosis? That might be one thing I think if you look at it from a macro system level where you're looking at the needs of a large population, you you can't argue with it. And so I think the specialist teachers who take that view by, by and large I think would be on board with with what we're saying. But I could be totally wrong.

Facilitator

Thank you. Thank you. Anyone else wants to weigh in on that question, it's it's it is

a. It's not an easy question. OK. Is anybody else got anything they want to add before I stop the recording? OK.

Jessie

Just thank you for looking into this, Facilitator. This there's such an important area, so thank you.