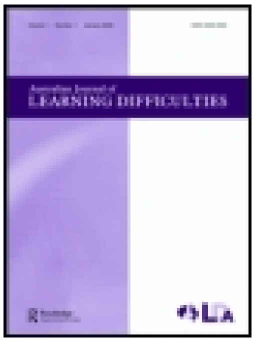

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Educators' perceptions of the impact of reading difficulties for young people

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ABSTRACT
There is a growing body of work describing the psychosocial impact of reading difficulties. Educators play a key role in teaching children to read; therefore, it is important to consider how they view the impact of reading difficulties on young people. Given this, the aim of this research was to explore the lived experiences of educators who work with young people with reading difficulties. A qualitative phenomenological approach was adopted to develop an understanding of educators' perspectives of the impact of reading difficulties. Twenty educators were interviewed, and transcripts analysed thematically.

The themes identified contributed to a compelling narrative regarding how educators perceived young people's response to a diagnosis of dyslexia, and a number of contextual factors that appeared to shape mental-health outcomes of young people with reading difficulties. In particular, educators' perceptions of young people's response to diagnosis appear to reflect a broader narrative of "difference" and "shame".

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Introduction

Reading difficulties are widespread. In 2016, 14% of Australian young people aged 15 years failed to meet the Organisation for Economic Co-operation and Development basic reading standards (Masters, 2016). Of these, a sizeable proportion (approximately 7%) will experience persistent difficulties with reading and spelling despite adequate intervention, and cognitive skills within the average range, and may be considered to have dyslexia (Elliot & Grigorenko; 2014; Hulme & Snowling, 2014). The DSM-5 (American Psychiatric Association, 2013) includes a category for a specific learning difficulty that includes people with dyslexia. These figures suggest that within any one classroom, there may be two to four young people experiencing substantial difficulties with learning to read.

There is a growing body of research describing the psychosocial impact of reading difficulties on children and young people (Boyes, Leitão, Claessen, Badcock, & Nayton, 2016). This has included both internalising (emotional) and externalising (behavioural) problems. For example, in a longitudinal study, Arnold et al. (2005) followed 94

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adolescents with reading difficulties and 94 typical readers for a period of two-and-a-half years. The poor readers reported significantly higher levels of depression, trait anxiety, and sleep difficulties compared with peers (after adjustment for demographic characteristics and attention deficit hyperactivity disorder, ADHD), but differences were not reported in aggressive behaviours. Importantly, a recent meta-analysis identified a significant association between poor reading and internalising problems (Francis, Caruana, Hudson, & McArthur, 2019), confirming the findings of previous narrative reviews of generalised learning problems and internalising problems (Maughan & Carroll, 2006; Mugnaini, Lassi, La Malfa, & Albertini, 2009). In particular, the review by Francis et al. highlighted a statistically significant association between poor reading and anxiety.

The evidence for a relationship between reading difficulties and externalising problems is less clear due to the common co-occurrence of reading difficulties and ADHD. For example, a large British dataset revealed an association between literacy disorders, ADHD, and conduct disorders, in addition to anxiety (Carroll, Maughan, Goodman, & Meltzer, 2005). Boyes, Tebbutt, Preece, and Badcock (2018) found poor reading was associated with internalising symptoms, but that while self-esteem moderated the effect of reading difficulties on externalising symptoms and overall difficulties, this was not the case for internalising symptoms.

Given that the evidence for the relationship between persistent reading difficulties (and/or dyslexia) and poor mental health is growing, it is important to understand the factors that may underlie this relationship and how these are perceived by key individuals in a young child's life, including parents/carers and teachers. Consideration of a socio-ecological theory, such as that proposed by Bronfenbrenner (1979), highlights the importance of the interaction between an individual's environment and their community and culture on their lived experience. According to Bronfenbrenner's model, an individual is positioned at the centre of several layers of influence. The individual's most immediate relationships, such as those with family or close friends, are placed in the next layer (the microsystem). The outer layers (the mesosystem, exosystem and macrosystem) represent increasingly distal relational settings significant and impactful to the individual. Examples include: relationships the individual may have within the school, workplace or broader community; the influence of government policy, and, broader social and cultural factors such as values and world views. This model can be used to facilitate consideration of risk and protective factors at each of these layers and their interactions, with protective factors in one layer perhaps reducing the impact of risk factors in another. For example, a good relationship between a teacher and a young person may lessen the impact of political decisions that impact school policy at a broader level.

In order to investigate the impact of dyslexia on young people and their parents, Leitão et al. (2017) conducted semi-structured interviews with 13 children with dyslexia[1] and 21 parents. The child and parent interviews explored children's experiences, challenges, and successes as well as potential protective factors that may have impacted upon these constructs. The data were analysed thematically following Braun and Clark (2006), and interpreted using Bronfenbrenner's model (1979). At the microsystemic level, both children and parents reported on the impact of a diagnosis of dyslexia, and the impact of this on their mental health, with some children identifying feelings of frustration and other internalising symptoms. Parents identified both challenges and opportunities in supporting their child's mental health. At the mesosystemic level, both parents and children identified the important influence of the school environment, and the important role that educators play in the lives of children with dyslexia. Many parents and children reported on the positive and facilitative contribution made by an educator who they felt understood dyslexia and the individual child. For example, one child reported " … …. *since she's known that I have dyslexia, she's let me do things a bit differently, which helps me a bit and it's become more easier and I've learnt more"* (Leitão et al., 2017, p. 7). However, many participants also reported on the impact of an educator who lacked a sound understanding of dyslexia. Finally, at the outermost level of the exosystem, parents identified broader issues such as the importance of teacher training and government policy (Leitão et al., 2017).

The task of teaching children to read is generally considered the focus of educators (mainly teachers) in the primary years, within the context of the classroom (Stark, Snow, Eadie & Goldfield 2016). Therefore, educators have a significant role in the lives of young people, especially those requiring extra support. Given this, teachers' attitudes toward dyslexia are an important consideration. Hornstra, Denessen, Bakker, van der Bergh, and Voeten (2010) investigated how well teacher attitudes towards dyslexia predicted their expectations of individual students with dyslexia, and the achievement of these students. Hornstra et al. used a priming task on 30 teachers from the Netherlands to measure implicit attitudes towards dyslexia and an explicit self-report measure of their attitudes and expectations for the students). Student achievement was assessed by teacher-dependent and independent measures; evaluation of free writing and their most recent national-standard spelling and math scores, respectively. While the implicit-attitude measure accurately predicted teacher-dependent achievement ratings and the teacher-independent spelling scores, the explicit measure did not predict any of the outcome measures. This suggests that teachers may not report negative attitudes of children with dyslexia when explicitly asked. In addition, students with dyslexia were found to receive lower ratings of writing achievement from their teachers when the teacher held a more negative implicit attitude toward dyslexia. However, it is unclear how these attitudes are communicated to the children and what impact this might have on the children's mental health. Overall, the findings of Hornstra et al. clearly highlight the influence of educator attitudes on student achievement.

Wadlington and Wadlington (2005) found that many teachers hold significant misconceptions about dyslexia. Similarly, Washburn, Joshi, and Cantrell (2011) found preservice teachers had limited knowledge of what dyslexia was, and felt they were not well prepared to work with children with dyslexia. Stark et al. (2016) reported that teachers lacked self-confidence in their beliefs and views associated with teaching children with reading difficulties in general. However, there is some evidence that teachers are able to identify the impact of dyslexia on self-esteem. Humphrey (2002) found that when teachers rated the dyslexic children in their class on a self-esteem checklist, they rated children with dyslexia as more timid, noted they asked for help more often, and avoided stressful situations as compared to typically developing children. When children with dyslexia in a mainstream school were compared to children with dyslexia in a specialist setting, those in mainstream settings were rated as having significantly lower self-esteem (Humphrey, 2002). It was concluded that the additional expertise of the teachers in the specialist setting may impact on their ability to recognise and respond to behavioural manifestations of low self-esteem, thus providing a buffering effect. This highlights the inter-relationships between service provision and service providers (in this case, educators) and the young people themselves.

Given these findings and that parents and children identified the school setting and educators as having a significant impact in the lives of all children; particularly those who are likely to struggle in the classroom, such as students with reading difficulties and dyslexia, it is important to understand the perspective of the educators who work with these children, both in the classroom, and those providing extra support in the form of in-school withdrawal support or tutoring. The aim of this study was to extend the work by Leitão et al. (2017), and explore the lived experiences of educators who work with young people with reading difficulties. The outcome of the current research adds to our understanding of risk and protective factors in a child's environment which may inform the development of professional learning for educators, and support programmes for the children and their families.

Method

Ethical approval for the study was obtained through Curtin University Human Research Ethics Committee (PsychSP 2014–76). Educators were notified of the study through the newsletter of the Dyslexia–SPELD Foundation (DSF) in Western Australia. Interested educators made direct contact with the researchers, who then provided an information sheet and consent form. At the time of the interview, educators were reminded of the nature of the study, and their right to withdraw from the study at any time. Permission was sought to audio record the interview for later transcription.

Design

Given the exploratory nature of this aim, a qualitative design was adopted whereby educators were engaged in one to one, face-to-face semi-structured interviews. The interview guide was developed iteratively, and included broad questions aimed at exploring how educators conceptualise and engage in their role, perceived barriers and facilitators to success in providing educational support, and perceived ways to strengthen support provided to young people with reading difficulties. A phenomenological approach informed participant engagement and the interpretive approach adopted. Phenomenology describes the lived experience of a particular situation or circumstance, providing educators with a voice to help researchers understand the overall nature of their experiences. These experiences were viewed and understood according to social constructionist epistemology (Crotty, 1998; Gergen, 2001, 1985). This positioning assumes the existence of multiple and potentially diverse realities, honouring how individuals are both a product of but also contribute to the construction of their context and reality, therefore, "meaning is not discovered but constructed" (Crotty, 1998, p. 42). Within this research, the epistemological positioning translated into analysis and interpretation of data with an assumption that educator narratives describing their lived experiences as educators are complex, and reflect their unique understanding of the world, as told in their voice. Where this departs from constructivism though is our epistemological standpoint that the culture in which individuals are embedded shapes their construction (Crotty, 1998).

Participants

Participants were 20 educators who were registered with DSF, an organisation which provides family support and services to people of all ages with specific learning disabilities and difficulties, including access to a list of qualified specialist tutors. Over 1500 children and young people with learning and language difficulties are assessed annually through DSF. The educators in this study were registered with DSF as specialist literacy teachers, and as such had a minimum of two years classroom experience, additional training, and were working at the time of the study as either a classroom teacher or a private tutor of young people aged 5–18, with reading difficulties. All educators have completed a minimum of six days' specialist training, adhere to strict guidelines in terms of the intervention they provide, report on a term by term basis to both the parents and DSF, and work with students either in schools or off-site. The young people mentioned by the educators in this study includes those who may or may not have a formal diagnosis of dyslexia, but who have been identified with persistent reading difficulties, requiring extra support. Potential participants were notified of the study through a mail out to all members of the DSF database. Of the 56 people who contacted the Curtin University Research team to express interest in the project, 20 met our inclusion criteria of "educators" of young people with reading difficulties in WA, and an interview time and location was negotiated. As the research was exploratory in nature, educators from both Perth metropolitan and country areas were welcome to participate allowing for diversity in experience and opportunity for context specific future research to be proposed.

Procedure

Semi-structured interviews were facilitated by a member of the research team, allowing for consistency in interview facilitation. Interviews were either face-to-face or via video-conference. The intent of semi-structured interviews is to enable topics of particular interest to the research to be examined, while providing opportunity for participants to offer topics or content for discussion themselves, permitting the researcher to explore both anticipated and unexpected content in greater depth with the participant. The research team developed the interview guide collaboratively and iteratively. It consisted of five open-ended questions which explored the lived experience of the educators working with children with dyslexia and was based on questions used in a similar study with children with dyslexia and their parents (Leitão et al., 2017). Questions asked about perceived challenges and risk factors, and educators' experience about successes and beliefs about protective factors, and included questions such as *"Can you tell me a little about the challenges faced and how they may have had an impact on X (child)"*, and *"Can you tell me about the successes now, and what you think has supported your students in their successes?"* See Table 1 for a list of questions. Interview duration ranged from 45 to 60 minutes.

Analysis and quality assurance

A Thematic Analysis (TA) was conducted: an interpretative approach aimed at identifying themes within and between data sources. The approach adopted in this research was in accordance with the iterative procedure and analytical phases described by Braun and

Table 1. Interview questions.

1.	Tell me about the children you work with? Do most of the children you work with have a diagnosis? Is this dyslexia? Or something else? If no diagnosis, how do you come to work with them? If dyslexia has been diagnosed – Who usually makes the diagnosis? And at what age?
2.	Tell me about the sorts of reading difficulties the students you work with tend to experience. How would you describe these?
3.	Perhaps we could talk a little now about the challenges? Can you tell me a little about these and how they may have had an impact?
4.	Now let us talk about the successes? And what you feel has supported your students in their successes
5.	Can you tell me a little about these and how they may have had an impact

Clarke (2006). The first phase consisted of us familiarising ourselves with the verbatim interview transcripts through repeated reading, and by documenting our reactions and impressions of the data content. The second phase marked the commencement of identifying initial topic codes (codes describing content in interview transcripts). This was followed by the third phase that sets out to identify the potential themes through analytical coding (synthesis of topic codes according to higher-level interpretation of the meaning depicted in these codes). Themes were then reviewed and refined (phase 4) within the context of this research project. This process of analysis and refinement was iterative and deeply immersive and required us to contemplate what our themes meant in light of our research objective. Three members of the research team who had independently engaged in analysis met to discuss themes identified, and thematic mapping was used to facilitate this process of discussion and interpretive validation. This strategy provided the team with a mechanism for appraising the legitimacy of themes identified, and a means to conceptually and visually identify the thematic structure of the analysis. For example, in instances where there was significant thematic overlap, two themes were collapsed into one. Transcript excerpts were then identified for means of illustrating and justifying themes identified and assisted in the process of finalizing and naming the themes (phase 5). This process of researcher triangulation confirmed thematic similarity between the research team members' independent analysis and interpretation. This increased the credibility of the research findings by illustrating that despite independent analysis and interpretation, there was thematic consistency between team members' analysis. In the final phase of analysis, the research team collaborated on producing the report. This included final deliberation of the thematic structure, and the selection of vivid and rich quotes to illustrate and justify our themes.

Findings

Six themes were identified in the data: defining dyslexia, approach to educational support, educators' perceptions of how young people respond to diagnosis, family context, educational context and perceived mental health implications. Each of these themes will be discussed, and verbatim quotes from interview transcripts used to illustrate and support claims made. The quotes are drawn from across the participants and were chosen due to their richness.

Defining dyslexia

Educators reflected on their perceived understanding and definition of dyslexia, and in the main these perceptions were sound, aligning with principles within the diagnostic criteria. In some instances, the definitions were quite specific: *"somebody has difficulties with reading or writing in spite of good education"* (E17), while in others, the definition was more general for example: *"he could tell you what he did on the weekend, he just wasn't able to write it"* (E10). Some educators extrapolated on formal definitions, describing how they "saw" dyslexia in their experience, for example, one participant stated, *" . . . they were just a lot slower with words but I guess the writing is the big obvious one that kind of gave it away that they were dyslexic"* (E31).

Approach to educational support

Variability was also evident in educators' described approach to providing educational support. More specifically, educators tended to conceptualise intervention according to one of two overarching approaches; a strategies approach where the child is taught strategies to assist with coping in their current situation, and a remediation approach where the child is taught the skills required. For example, some educators described modifying the educational setting to accommodate the young person. One participant reflected: *"[it is a] teacher's job to help them work ways around how to manage high school. And if they haven't got really strong strategies in place, high school can become very difficult. And once these strategies are in place and I know the strategies are in place, they work for most children"* (E7).

Comparatively, another approach focused on improving the young person's skills; an educator stated, *"We would go in on a daily basis and withdraw these children for half-an-hour or forty-minute sessions and give them very intense provision of that, training them to the level of being automatic with those early functions, then take them back 15 minutes later and I personally believe that whatever they missed in class was nothing in comparison . . . ."* (E21).

Other educators focused on identifying and investing in an existing skill, strength or capability held by the young person. This centred on identifying a skill or talent within the young person, and using this sense of achievement as a mechanism to build their confidence overall. For example, an educator reflected on their perceived necessity to identify areas of success, stating: *" . . . they need to have some success, and you know, pursue the things that they're good at rather than um . . . the areas – it takes the focus away from the areas they're not successful in" (E27)*. This particular approach reflected the educator's implicit recognition of the impact that dyslexia can have on self-esteem, and an implicit recognition of the benefit that may come from bolstering or supporting the young person psychologically and socially to help improve educational outcomes.

Educators' perceptions of how young people respond to diagnosis

Educators reflected on their perceptions of the response by young people to the diagnosis of dyslexia.

In the following excerpt, an educator described a student's negative response to his diagnosis, stating*: "One student in particular just said to me that um he felt different. That he felt that once the diagnosis came through that there was something wrong with him. And that maybe not everyone understood and his words were: "I'm a freak, there's something wrong with me". Yeah so my concern was his wellbeing in general because he'd actually given that label to himself . . . he knew things weren't right and instead of being relieved when the diagnosis came through that yes, that is the difficulties you've been having, he then felt* *that the label had made him not like everyone else" (E5)*. In this example, the educator describes a commonly reported concern raised by students relating to feeling and being perceived as different from their peers. It was apparent to educators that some young people experience a sense of burden with being "labelled", where the label of dyslexia was attached with shame, for example: *" … the hardest kids to work with are those that experience shame. As soon as they have shame about it and don't want to be seen in the Learning Centre, because people will think 'I'm in the dumb class or whatever', um but can't help them and that's really hard. Because they'll all shut down and not calm, and uh get the support they need" (E17)*. It appears that shame is attached to feeling as though young people would be perceived as being stupid. In this example, the label for the student became public and explicit through engaging with a Learning Centre; paradoxically, the mechanism designed to provide the student with support appears to be resulting in their disengagement in support seeking.

Alternatively, educators reflected that for some young people, diagnosis provides an opportunity to gain some agency, particularly in terms of an explanation for their difficulty and for some context to help them move forward. For example, an educator relayed a positive response to diagnosis by some students, stating: " … *.phew what a relief, I finally – I know I'm a bit different and I'm not dumb, and it's really – and is actually the best thing that's ever happened to them, being – knowing they have dyslexia" (E 19)*. Positive reactions by students to diagnosis were generally described by educators as relating to a sense of resolve or a reason to account for difficulties experienced. Contrary to those who felt a sense of shame, young people who were relieved by a diagnosis no longer felt stupid, rather felt that the label of dyslexia gave account for their educational difficulties.

Several educators perceived gender differences in young people's response to their reading challenges. Boys were noted to demonstrate more externalizing behaviours, for example: "*boys, I found, get a little more distracted, muck around, they can't do the work so they'll just distract everyone else, umm, and they become the naughty child" (E3*), and *"I find more so with the boys they will then manifest that in their behaviours … they're quite disruptive in class" (E5)*. Girls, on the other hand, were reported to demonstrate more internalizing behaviours, for example: "*she was very, very anxious in class, doing a lot of avoidance strategies and also trying to cover the fact that she had no idea what was going on" (E9)* and *" … for my girl in year five, I know that she was very nervous, very anxious, very timid … she didn't even want to come to school." (E10).*

Family context

Educators described a perceived importance of the family context with particular attention paid to the roles they perceived were typically performed by parents. Mothers were commonly viewed by educators as performing a "doing-role", for example: *"mums are always the ones that will contact and come to the school interviews" (E5)*. It was apparent that mothers were particularly active in ensuring systemic support for their child, whether by pursuing diagnosis or securing appropriate and ongoing educational support. Comparatively, educators perceived fathers as tending to perform a different role, quite often as a "role model" for their child. Several of the educators reflected that the young people often came from families with a history of reading or writing difficulties, and commonly these difficulties were experienced by the fathers. In such instances, fathers were commonly presented as a "success story" for their children, for example an educator stated the typical position adopted by fathers was to convey the message to their children: *"Hey look at me, I can't spell and write" (E9)*; a message intended to instil hope that the child can still achieve despite their difficulties. This message and relationship appeared particularly pertinent for boys, for example: *"it's the boys' relationships with the dads, that they'll listen more carefully." (E5).*

Educational context

Educators raised a number of factors they perceived as relating to students' educational context. These contextual factors, including geographic location and year level, were reported by educators as shaping resourcing. There was a reported distinction between metropolitan and rural contexts, for example, an educator stated: *"For remote education, you need to get educators up there" (E40)* and patterns in educator turnover was noted by another: *" … .I do find it difficult, with the school at (country town), the staff was quite static it was fine … .but at (NW town) the teachers leave on average every two years." (E5).*

Different challenges were identified between primary and secondary school contexts, and this appeared to be related to the level and intensity of intervention made available to students, specifically: *"I felt that as he went into high school he would have less contact with people that were keeping a regular eye on him" (E41).*

Perceived mental health implications

It was not uncommon for educators to comment on how they perceived the emotional wellbeing of the young people they engaged with. Educators described a range of factors they thought contributed to their students at times experiencing low self-esteem, poor self-confidence, or expression of anxiety and depression. For example, one educator described the behaviours and emotional response they observed in the classroom setting, stating: *" … more of them are umm quiet and umm probably a little bit depressed, even at that young age. You can see their self-esteem is so low, you can see them if you're walking around the classroom where they're working, they are the kids who do not want to make eye contact too easily. They're hoping that you go past and not come and have a look at what they've done because they know they're struggling. Umm … so it does impact them hugely, emotionally. And you can see it in their body language." (E21)*. This excerpt suggests an attempt by young people with dyslexia to adopt an invisibility approach within the classroom or educational context, and again perhaps alludes to a sense of shame attached to either the title of having dyslexia, or more broadly having difficulty learning. Another educator, described what they saw as learned helplessness, stating: *"the biggest challenge I haven't been able to overcome is kids who – kids and parents who are not resilient and therefore they school refuse … They're not learning to become resilient, they're actually learnt helplessness is what I call it, is umm generations of learned helplessness is the hardest where they can't get them to school, can't get them to do anything, won't engage with me to help them umm because of the shame factor, and yeah … those are the hardest. Where do you go?" (E17).*

Discussion

The aim of this research was to explore the lived experiences of educators who work with young people with reading difficulties. This included their experiences of providing educational support to young people with reading difficulties, their perceptions about the challenges and successes experienced by the young people themselves, and their perceptions and beliefs about factors that could either be protective or increase risk of mental health issues. A number of interrelated themes emerged from the interview data, providing insight into how educators understand dyslexia, their perceived role in education support, perceived barriers and success in providing educational support, and suggestions as to how education support could be bolstered. The themes identified contributed to a compelling narrative regarding how the educators perceived young people's response to diagnosis, and a number of contextual factors that educators perceived might shape mental health outcomes of young people with dyslexia. In particular, educator perceptions of young people's response to diagnosis appear to reflect a broader narrative surrounding the impacts of "difference" and "shame", and from an educator's perspective ultimately appear to shape young people's mental-health outcomes. Given the complexity, there is merit in considering educator perspectives ecologically to contextualise the factors more broadly. Therefore, in this research, we have positioned the educator at the centre of Bronfenbrenner's (1979) model.

Identifying educators' perceptions regarding the mental health of the young people they support was not an explicit aim of this research. Rather, this finding emerged from our inquiry and perhaps suggests pervasiveness of mental health issues and quality of life of young people with reading difficulties, particularly in terms of their resilience to diagnosis. It is useful to speculate on the myriad of factors raised by educators as contributing to mental-health outcomes for young people diagnosed with dyslexia, using an ecological perspective. The Bronfenbrenner ecological systems theory (1979) enables consideration of the educator within the context of their environment, culture, and community. Figure 1 depicts themes with the data mapped to Bronfenbrenner's

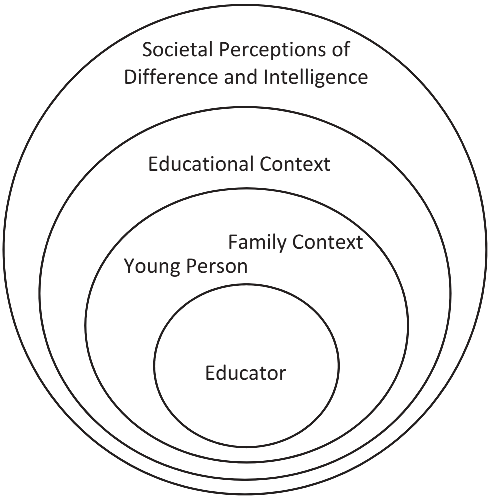

Figure 1. Ecological analysis of educators' experiences.

model. The educator is positioned at the microsystem level, and encapsulates the educators' understanding of dyslexia (Defining Dyslexia), and the manner in which they provide support to young people (Approach to Educational Support). The young person who the educator works with, and their family, are located at the mesosystem level. Educators described the way the young person responds to their diagnosis of dyslexia as significant (Theme: Perceived Young Person's Response to Diagnosis). Similarly, educator perceptions regarding a family history of reading or writing difficulty and gendered role performance by parents (Theme: Family Context) is reflected at this level. At the exosystem level, educator perceptions regarding the educational context (Theme: Educational Context) are captured, whereby educators perceived the type, degree and opportunity for educational support (factors seen to be shaped by funding availability, and teacher education and training) as influential to their experience and capacity to provide educational support. At the macrosystem level, educators' discussion of how they saw some of the young people they work with experience "shame", and feelings of being perceived as "stupid", and/or "different" were identified (Theme: Perceived Mental Health Implications). These perceived responses in young people appear to reflect the, at times, negative societal perception directed towards those who may be viewed as being intellectually "different".

Combined, microsystem, mesosystem and exosystem factors identified by educators appeared relevant to how resilient young people were perceived to be responding to their diagnosis of dyslexia, particularly within a macro-level context that appears to shame those who appear different and/or unintelligent. It is perhaps this resilience to diagnosis, that was perceived by educators, as being critical to mental-health outcomes.

Previous research has found that educators (Wadlington & Wadlington, 2005) and pre-service teachers (Washburn et al., 2011) have a poor understanding of characteristics of dyslexia. This finding was recently supported in Australia by Stark et al. (2016) who report teachers' knowledge of language and literacy concepts is limited and highly variable, and recommend this issue be systematically addressed. In contrast, the educators in this study appeared to have a clear understanding of dyslexia, which is likely the result of extra training and professional learning provided to educators who have a role in supporting children with reading difficulties. While the educators had extra knowledge, there was a noticeable absence of drawing on a solid evidence base to inform their practice. Rather, practice appeared to reflect educators' experiential and, at times, ideological positioning regarding what dyslexia is. This came across in the interviews as "I do it this way", a dynamic reflected in the theme *Approach to Educational Support*. Further, there appeared to be a lack of critical reflection on the part of educators as to whether their approach to providing educational support was necessarily the most appropriate way, nor any reference made to other approaches to providing support that are either available, or potentially more appropriate. This perhaps reflects a disconnect between dyslexia research and dissemination of this evidence base to those within a practice setting, and may have implications for a child/young person's educational outcomes, but also their mental health and overall quality of life.

There were a number of themes identified in both this research and in previous research with children with reading difficulties and their parents (Leitão et al., 2017). Common themes occurred at the microsystem level, with educators, parents, and children with reading difficulties reporting mixed reactions to diagnosis. For some children, and their parents and educators, a diagnosis of dyslexia provided an explanation for their difficulties in the educational context. However, for some participants in the study by Leitão et al. (2017), this was followed by a realization that the impact of diagnosis would be life-long. At the mesosystem level, all participant groups identified the significant impact educational context and the people in these settings, can have on children with reading difficulties. Both parents and educators reflected on the impact of factors at the exosystem level, including availability of extra resources to support learning within a small group, as well as experience and additional training received by educators.

Future research

Young people's response to diagnosis warrants further investigation; particularly in the context of educators in this study who described differences in how young people respond, comprehend, and engage in their lives post diagnosis. While there were reports that for some students, the diagnosis appeared to be somewhat empowering, adverse reactions were also reported and appeared to impact on the likelihood of engaging in and gaining benefit from, available support. Identification of factors that contribute to a more resilient response to diagnosis may lend themselves to improved engagement and better educational outcomes as well as improved quality of life.

Seemingly "less-resilient" responses to diagnosis were described by some educators as being a consequence of young people feeling a sense of shame attached to the label. "Feeling different", or perceived as "stupid" by their peers, appears to reflects broader societal issues surrounding how the general public understands and perceives dyslexia, and therefore how they perceive those with a diagnosis. Given this, there is merit in more broadly understanding how dyslexia is socially constructed.

We identified disparities in the provision of educational support to young people with reading difficulties, on the basis of a number of broader contextual factors. It may be beneficial to examine barriers and facilitators to the provision of education support services in regional and remote areas.

The educators in this study were registered tutors with DSF, and were therefore very familiar with working with young people with reading difficulties. Our findings indicated that their knowledge and understanding of dyslexia was, in the main, aligned with current research. It might be beneficial to replicate this research with a group of classroom teachers recruited through schools.

Significance

Educators play a criticalrole in the lives of young people with reading difficulties and their families. We explored how educators view the impact of reading difficulties on young people. The themes identified contribute to a compelling narrative regarding how the educators perceive young people's response to diagnosis. Educators also identified a number of contextual factors that that they perceive may shape the mental health outcomes of the young people with reading difficulties they work with. These themes can be used to inform future professional learning that should be designed to be systematic and sustainable, focusing on educators' knowledge and understanding of literacy and dyslexia, and evidence-based practice. For example, future professional learning may consider the variations in response to diagnosis as well as how to interpret internalising and externalising behaviours in the classroom. Furthermore, the factors that were identified to contribute to poor mental health outcomes may be used to inform advocacy work to improve the community's understanding of dyslexia and therefore ensure that young people with dyslexia feel accepted and are supported to achieve their potential.

Note

1. Dyslexia diagnosis according to DSM-V criteria.

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References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5®)*. American Psychiatric Pub.

Arnold, E. M., Goldston, D. B., Walsh, A. K., Reboussin, B. A., Daniel, S. S., Hickman, E., & Wood, F. B. (2005). Severity of emotional and behavioral problems among poor and typical readers. *Journal of Abnormal Child Psychology*, *33*(2), 205–217.

Boyes, M. E., Leitão, S., Claessen, M., Badcock, N. A., & Nayton, M. (2016). Why are reading difficulties associated with mental health problems? *Dyslexia*, *22*(3), 263–266.

Boyes, M. E., Tebbutt, B., Preece, K., & Badcock, N. A. (2018). Relationships between reading ability and child mental health: Moderating effects of self-esteem. *Australian Psychologist*, *53*(2), 125–133.

Braun, V., & Clark, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*, 77–101.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge: Harvard University Press.

Carroll, J. M., Maughan, B., Goodman, R., & Meltzer, H. (2005). Literacy difficulties and psychiatric disorders: Evidence for co-morbidity. *Journal of Child Psychology and Psychiatry*, *46*(5), 524–532.

Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. Crows Nest: Allen & Unwin.

Elliott, J. G., & Grigorenko, E. L. (2014). *The dyslexia debate* (Vol. 14). Cambridge University Press.

Francis, D., Caruana, N., Hudson, J., & McArthur, G. (2019). The association between poor reading and internalizing problems: A systematic review and meta-analysis. *Clinical Psychology Review*, *67*, 45–60.

Gergen, K. (1985). The social constructionist movement in modern psychology. *American Psychologist*, *40*, 266–275.

Gergen, K. J. (2001). *Social construction in context*. SAGE Publications. ProQuest Ebook Central. Retrieved from https://ebookcentral.proquest.com/lib/curtin/detail.action?docID=254728

Hornstra, L., Denessen, E., Bakker, J., van den Bergh, L., & Voeten, M. (2010). Teacher attitudes toward dyslexia: effects on teacher expectations and the academic achievement of students with dyslexia. *Journal of Learning Disabilities*, *43*(6), 515–529.

Hulme, C., & Snowling, M. (2014). The interface between spoken and written language: Developmental disorders. *Philosophical Translations of the Royal Society B*, *369*, 20120395.

Humphrey, N. (2002). Teacher and pupil ratings of self-esteem in developmental dyslexia. *British Journal of Special Education*, *29*(1), 29–36.

Leitão, S., Dzidic, P., Claessen, M., Gordon, J., Howard, K., Nayton, M., & Boyes, M. E. (2017). Exploring the impact of living with dyslexia: The perspectives of children and their parents. *International Journal of Speech-language Pathology*, *19*(3), 322–334.

Masters, G. N. (2016). *Policy insights: Five challenges in Australian school education*. Camberwell: Australian Council for Educational Research.

Maughan, B., & Carroll, J. (2006). Literacy and mental disorders. *Current Opinion in Psychiatry*, *19*, 350–354.

Mugnaini, D., Lassi, S., La Malfa, G., & Albertini, G. (2009). Internalising correlates of dyslexia. *World Journal of Pediatrics*, *5*, 255–264.

Stark, H. L., Snow, P. C., Eadie, P. A., & Goldfeld, S. R. (2016). Language and reading instruction in early years' classrooms: The knowledge and self-rated ability of Australian teachers. *Annals of Dyslexia*, *66*(1), 28–54.

Wadlington, E. M., & Wadlington, P. L. (2005). What educators really believe about dyslexia. *Reading Improvement*, *42*(1), 16.

Washburn, E. K., Joshi, R. M., & Cantrell, E. B. (2011). Are preservice teachers prepared to teach struggling readers? *Annals of Dyslexia*, *61*(1), 21–43.