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Children's Experiences of Dyslexia and Transition

Being a Thesis submitted for the Degree of

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By Ruth Felicia Stevens, Bsc. (Hons) Psychology

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Overview

The portfolio has three parts:

Part one is a systematic literature review, in which the empirical literature relating to the effect of having dyslexia on self-esteem in children, is reviewed and critically evaluated. It aimed to explore the impact of having dyslexia on self-esteem in children and adolescents to gain a greater understanding of this relationship.

Part two is an empirical paper, which explores children with dyslexia experience and parents perception of the experience of the transition from primary school to secondary school. In order to achieve this, semi structured interviews were carried out with children aged 11- 12 in year seven of mainstream secondary school alongside parents of these children. These interviews were analysed through interpretative phenomenological analysis and emerging themes were discussed and linked to previous research in this area. The clinical implications and methodological limitations are also discussed and other potential areas of research are considered.

Part three consists of the appendix, which provides further information in relation to the systematic literature review and the empirical paper. Also, it incorporates a reflective statement.

Contents

Part One: Systematic Literature Review

Part Two: Empirical Paper

Part Three: Appendices

List of Tables

Running Head: DYSLEXIA & SELF-ESTEEM IN CHILDREN

Part One

Systematic Literature Review

What is the impact of having dyslexia on self-esteem? A Systematic Review

Ruth Stevens*, Dr Annette Schlosser and Dr Poppy Nash

Department of Clinical Psychology and Psychological Therapies, Hertford Building

University of Hull, Hull, HU6 7RX, UK

* corresponding author: Tel: +441482 464106

Email addresses: ruth.stevens@2006.hull.ac.uk, a.schlosser@hull.ac.uk,

poppy.nash@york.ac.uk

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Abstract

Research into dyslexia suggests that children can experience secondary psychological problems alongside academic difficulties. This review focuses on one specific aspect: self-esteem and the effect of having dyslexia on self-esteem. Nine articles were reviewed and their results were synthesised. Results suggested that there is no clearly defined relationship between dyslexia and self-esteem, but most studies indicated that global self-esteem was not significantly affected. Other results suggested the importance of the child understanding their dyslexia and how this had a positive impact on the development of the sense of self, including self-esteem. Furthermore, children in independent schools or special learning difficulties units had, in general, higher levels of self-esteem than those attending mainstream schools. This difference is extensively discussed in this review. Suggestions for the importance of interventions for children with specific learning difficulties who experience low self-esteem are also discussed. This review also highlights the need for further research into the development of self-esteem in children with learning difficulties, calling for studies of a more longitudinal design to explore this further.

Key words: Dyslexia; self-esteem; schools

What is the Relationship between Dyslexia and Self-Esteem?

The review will focus on the relationship between dyslexia and self-esteem in children. Firstly, a definition of dyslexia will be addressed, after which the concept of self- esteem will be explored. A rationale for the review will be given and further literature regarding the relationship between self-esteem and children with dyslexia will be discussed.

Dyslexia is defined as difficulty in mastering the relationship between the spelling pattern of words and their pronunciations (APA, 2010). Children with dyslexia therefore have difficulties learning to read accurately and with adequate speed (Snowling & Hulme, 2012). Approximately 4- 8 % of people in the UK are affected (NHS, 2012). Alongside academic difficulties, children with dyslexia often experience secondary symptoms including low self-esteem (Humphrey & Mullins, 2002) and anxiety (Mugnaini, Lassi, Malfa & Albertini, 2009).

Self- esteem as a concept has been defined in many different ways over the years. A particularly well known definition of self- esteem is Coopersmith (1967 p6): 'self-esteem is a personal judgement of worthiness that is expressed in the attitudes the individual holds towards themselves'. The idea of what constitutes the self and how it evolves has been a constant debate amongst researchers (Davis- Kean & Sandler, 2001). Furthermore, researchers cannot come to an agreed definition of both self-esteem and self-concept (Butler & Gasson, 2005). Self-esteem is considered a dimension of self-concept and it could be postulated that self-esteem can be broken down into global self-esteem and academic self-esteem (Risdale, 2005). Therefore individuals could experience low academic self- esteem, but not necessarily low global self-esteem. Various terminology is used to describe self-esteem, including self-worth, self-

concept, self- perception and self-image, which are all used interchangeably in the literature to address the same thing (Butler & Gasson, 2005).

Positive self- esteem is associated with both good physical and mental health, but poor self- esteem is associated with a broad range of mental difficulties and social problems, including depression, anxiety and problems with violence (Mann, Hosman, Schaelema & Vries, 2004). Mann et al (2004) also argue that self-esteem is therefore considered a core element of mental health promotion. Additionally, self- esteem is linked with resilience and positive adjustment (Dumont & Provost, 1998) and with improved levels of happiness (Baumeister, Campbell, Krueger & Vols, 2003).

These matters are important to take into consideration when exploring the area of self-esteem in children. Promoting self-esteem in children is ideally possible through strategies in schools (Webster-Stratton, 2002). One example of this is the Social and Emotional Aspects of Learning (SEAL: DfES, 2007) programme utilised in both primary and secondary schools. This intervention has several aims, one of which is to encourage the development of good emotional wellbeing.

Measures of Self Esteem

Self-esteem is often measured using questionnaires, with the child recording their answers on paper. This method can be considered insensitive as it requires the child to access self-beliefs that they may find particularly upsetting (Marsh, Craven & Debus, 1999). Furthermore, Risdale (2005) argues that self-esteem can be defined in several ways, with different discrete categories including global self-esteem and academic self-esteem; it is therefore questionable whether measures of self-esteem encompass all of these categories and thus provide a valid measure. Hughes' (2002) review of self-esteem measures in children argues that the Piers-Harris Children Self Concept Scale (Piers, Harris & Herzberg, 2002) is considered to be the best measure for

clinical use. However, Hughes (2002) discusses that findings are often questionable due to social desirability, as children fill out the questionnaires with an awareness of what the researcher is looking for, or alternatively, are not truthful because they feel others will accept them more if they appear to be well functioning. This bias is also supported by Butler & Gasson's (2005) review, who also suggest that Rosenberg (1965) Self Esteem Scale is a useful scale at measuring self-esteem because it is a short, uni-dimensional measure that has been normed on a large sample size (5,024) of children and adolescents.

Children with Dyslexia: Self Esteem

Children with dyslexia may experience low self-esteem for a number of reasons. Firstly, children may endure negative experiences at school which result in feelings of failing to achieve academically (Humphrey, 2002). Children with dyslexia may also compare themselves to their peers who are not struggling academically, which may then have an impact on their self-esteem (Gurney, 1988). Additionally, consequences of low self- esteem in the classroom may include a lack of confidence to take responsibility for learning needs (Reid, 2011), which could result in lack of motivation to succeed (Pintrich, 2003). These feelings of inadequacy and incompetence can be transferred from the classroom into other environments, including other social situations with peers (Nash, 2006). Research suggests that children with dyslexia are at greater risk of being bullied by their peers (Mishna, 2003), which will result in lowering self-esteem (Singer, 2005).

Government policy for special educational needs does not put significant priority on identifying and working with children with learning difficulties who are experiencing low self-esteem (DfES, 2001). The Department of Education and Skills [DfES] (2006) recognise the importance of educating children on promotion of

wellbeing, including a focus on self-esteem, which is explored in the Personal, Social and Health Education curriculum. This therefore makes a major contribution to the Every Child Matters (DfES, 2003) five outcomes for children and young people and it further contributes to schools responsibility to promote wellbeing as set out in the Children Act (DfES, 2004).

An early study by Rosenthal (1973) indicated that children with dyslexia presented with lower self-esteem, and that this relationship was stronger dependent upon whether the participant's family had an awareness and understanding of their difficulties. However, we now have a much greater knowledge of dyslexia and how it impacts on a child's academic and psychosocial functioning (Terras, Thompson & Minnis, 2009).

The earliest literature review, which summarised findings in the relationship between children with learning difficulties and self-concept, concluded that children with a learning disability have, in general, lower general and academic self-concept (Chapman, 1988). Chapman (1988) indicated that there was a larger discrepancy between academic self-concept compared to children without any learning disabilities. However, Chapman (1988) also argued that the findings were extremely varied, perhaps due to the considerably different measures of self-concept and self-esteem. A more recent review, aimed at establishing an understanding of this relationship for children with learning disabilities found that 89% of studies suggested that children had lower academic self-esteem, but not lower general self-esteem (Zeleke, 2004). Therefore, low self – esteem in the classroom specifically due to academic difficulties may not always be transferred to outside the classroom and children may manage well in other environments. However, this review focused on learning disabilities and is therefore not as relevant when considering children with learning difficulties. Burden (2008)

provided an overview of the literature into this area and argued that the development of self-esteem needs to be measured longitudinally.

It is important to consider the context in which research into this relationship takes place. Burden and Burdett (2005) interviewed 50 boys, aged between 11 and 16, attending an independent special school for pupils with dyslexia. They found that general levels of self-esteem and self-efficacy were high. However, they were unable to replicate their results for children with dyslexia attending a mainstream school and it is questionable whether those in mainstream schools receive as much direct support as those attending an independent school for pupils with dyslexia. Additionally, the pupils in the independent school only had other pupils with dyslexia to compare themselves to academically, which may have reduced feelings of inadequacy in terms of academic achievement.

Humphrey and Mullins in their 2002 study used teacher and pupil ratings of self-esteem in dyslexia. They found that the presence of dyslexia had marked effects on the children's self- concept and self- esteem, with additional feelings of isolation from peers. These two studies suggest contradictory findings, which again could be linked to the differences in measuring self-esteem, but also the context in which the studies have taken place, namely an independent special school versus a mainstream school.

Interventions to Help with Low Self-esteem

Risdale (2005) indicates that interventions for raising self-esteem could focus on many areas, some of which include literacy skill enhancement, increasing peer group support, promotion of adaptive attributions, and modifying goal orientation. The latter includes setting goals in a non-threatening, manageable way with a focus on completing tasks, rather than aiming to succeed in tasks, which should impact on how the children feel about themselves. Burton (2004) provided a 6 week intervention based around

increasing self-esteem and providing emotional support to children with dyslexia. The results indicate that the pupils acknowledged the importance of working with others who have similar difficulties. Furthermore, a self-rating score for self-esteem indicated an overall rise in self-esteem from pre to post intervention. Humphrey (2003) focused on facilitating a positive sense of self in children with dyslexia and suggested that the roles of teachers needs to be changed in terms of them developing skills in counselling to nurture children's self-esteem. Additionally, Singer (2005) analysed which strategies children use to maintain self-esteem and argued that those children who focus on academic progress are more likely to have increased self-esteem.

The Review

The literature into the area of the relationship between self-esteem and dyslexia is difficult to synthesise for a number of reasons. Firstly, as mentioned, the methodology for measuring self-esteem varies from study to study, in terms of the definitions used for self-esteem, but also the measures used (Zeleke, 2004). Secondly, outcomes for studies may be affected by contextual factors, such as recruiting participants from independent special schools as opposed to mainstream schools or in the family context (Burden & Burdett, 2005; Humphrey & Mullins, 2002). This review aims to identify significant contextual factors and their effect on the relationship between self-esteem and dyslexia in children. Thirdly, studies recruit participants using different criteria for the diagnosis of dyslexia. For example, in Glazzard (2010), the researcher requires an official diagnosis of dyslexia, whereas Terras et al (2009) required participants to undertake an assessment using a standard IQ-reading ability discrepancy criterion. This is also an important factor that needs to be considered when interpreting results. A systematic review of this literature is extensive, considering differences between studies and how they have been carried out, but with an overall aim

to clarify the relationship between dyslexia and self-esteem and important factors that affect it.

As mentioned, there have been several reviews looking into the relationship between children with learning disabilities and levels of self-esteem (Chapman, 1988; Zeleke, 2004), which both suggest different overall conclusions and implications. More recent literature reviews by Burden (2008) did not review the literature in a systematic manner, and have adopted the approach of providing and detailing an overview of key findings in this area research. Therefore, this review will build on the existing literature by providing a systematic literature review which will aim to establish a greater understanding of the relationship between dyslexia and self-esteem in children. Furthermore, it will aim to identify the effects of context. This review will also identify specific gaps in the literature which warrant further investigation. From these aims the following research questions were developed:

1. What is the relationship between dyslexia and self-esteem in children?
2. How does context influence this relationship?

Method

Data sources and research strategy

Electronic databases were searched (PsychINFO, PsychARTICLES, CINAHL and ERIC) for articles regarding the effect of having dyslexia on self-esteem. The search terms used were:

dyslex* OR reading diff* OR reading achievement* OR reading attainment OR reading disabilit*

AND

school* AND adolescen* OR learner* OR young pe* OR child* OR youth OR teen*

OR pupil* OR student

AND

self-worth* OR self-esteem* OR self-confidence* OR self-competence* OR self-

efficacy* OR self-perception* OR self-concept* OR self-image* OR self-construing*

The search terms were identified by looking at other systematic review papers and

words that journal articles used to describe dyslexia and self-esteem. For example,

America journals tended to use reading disability (Swanson, 2012) rather than dyslexia

and therefore this was incorporated in the search terms to avoid eliminating these

articles. Furthermore, Butler and Gasson, (2005) identify different terms used to

describe self-esteem, which were incorporated into the search terms. The researcher

considered various terminology to establish search terms to describe children and young

people and it was felt through searching various terms used in other journal articles, the

ones chosen were appropriate.

A limit of articles published between 1990 and 2012 was set due to dyslexia and

psychosocial functioning not being particularly researched extensively previous to this

time (Barrett & Jones, 1994). Barrett and Jones (1994) also acknowledge that research

into the effect of other learning difficulties on self-concept and self- esteem has been

carried out, but there is a dearth of work on aspects of the self, such as self-esteem, and

dyslexia (Humphrey, 2002). Most of the research prior to this period looked at self-

esteem and dyslexia, but were not always identified as a discrete group (Riddick,

Sterling, Farmer & Morgan, 1999; Burden & Burdett, 2007) and attitudes and

approaches towards dyslexia have changed dramatically over the last 20 years (Burden,

2008). Studies that were in a peer reviewed journal were only accepted as this would

hope to provide articles that are of a greater quality and standard. Papers published in

English were only accepted because there would be lack of resources and limited time to translate papers that are written in another language. Additionally, the inclusion criteria around accepting reported experiences of adults describing their childhood meant that further papers could be included offering reflections of experiences of growing up with dyslexia. A diagnosis of dyslexia was necessary to eliminate the possibility of using papers with participants that had a level of difficulty with reading but not an actual diagnosis of dyslexia. Having a diagnosis of dyslexia would further reduce the learning differences in participants in the studies that were reviewed. Studies that had aims around looking at overall psychological functioning were accepted as long as there was a particular focus on components of measuring self-esteem. Qualitative and quantitative studies were accepted due to the nature of the research body, which includes different methodologies to measure self-esteem (Risdale, 2005).

It was expected by the researcher that the review may be UK centric to a higher rate of dyslexia diagnoses than other countries. For example, there are a larger number of people diagnosed with dyslexia in the UK because orthography is more complex than in countries like Italy, where orthography is more transparent (Spencer, 2000). Furthermore, it is expected that different countries have unique school systems and various forms of assessment and learning and therefore dyslexia may be viewed differently by the education system and by society as a whole.

Study Selection

The review included studies that met the following criteria:

1. Published between 1990 and 2012;

2. Published in a peer reviewed journal;

3. Published in English;

4. The study included children aged 18 or under or reported on experiences of adults when they were 18 and under;

5. The study included participants with a diagnosis of dyslexia through formal testing either by the researcher or a previous report from an educational psychologist;

6. The study's main aim was to measure self-esteem rather than other aspects of the self;

7. Both qualitative and quantitative studies are acceptable.

Studies were excluded if they did not meet all of the inclusion criteria, or if they met any one of the following exclusion criteria:

1. Case studies;

2. Dissertations;

3. Discussion papers;

4. Literature reviews;

5. Papers aimed at designing a measure of self- esteem.

In order to maximise the pool of possible studies, all possible papers were included, and the researcher analysed the papers in terms of quality ratings using an adapted version of Downs and Black (1998) quality checklist for quantitative studies and National Institute of Clinical Excellence (NICE) (2009) checklist for qualitative studies.

Study Quality Assessment

The quality of the quantitative studies was assessed using an adapted version of Downs and Blacks (1998) checklist (Appendix C). The checklist asks 27 quality

questions which involve answering 'yes' or 'no' or 'unable to determine'. 13 questions were chosen to assess quantitative studies to fit with the design and methodology of the research reviewed and a further two questions were added which were relevant, including whether the study presents limitations of the research and whether participants in each group were matched on demographic variables. Questions around intervention groups and dropout rates were removed as these were not relevant to the studies being reviewed. The quality of qualitative studies was rated using the Methodology Checklist: qualitative studies (NICE, 2009). Each section consists of a yes or no response; one point for yes and zero for no. This checklist is out of 14 (see Appendix D). This was opted for studies where the main methodology was in the format of semi-structured interviews. Quality assessment reliability was checked through a process of consensus agreement with a peer. The peer quality checked two random quantitative studies and one qualitative study and then a process of calibration occurred. The researcher was satisfied that the quality assessment of those papers not rated by a peer were also valid.

Data Extraction and Synthesis

Information was collected from the studies, including the study's aims, design, details on participants, and measures. Due to the heterogeneity of the measures and methods used, it was not possible to carry out a meta-analysis. Results were therefore analysed qualitatively (see Table 1).

Details of the included and excluded studies

Electronic searches generated a total of 1296 results. After removing articles that had not been peer reviewed 393 articles were left. Articles published before 1990 were removed, leaving 256 articles. Title examination resulted in a total of 185 articles being rejected. 23 articles were then removed on the basis of reading the abstract. Article

examination removed 38 articles as they were not appropriate. Eight articles remained.

References were checked on papers selected and articles searched for but after reading

were found unsuitable. Hand searches were carried out in Dyslexia, the Journal of Child

Psychology and Psychiatry and the Journal of Educational Psychology and resulted in

one extra article being included. After this process, nine articles remained and were

included in the review (Appendix E).

Results

Overview of papers selected

This review incorporates studies that mainly use quantitative approaches to assess self-esteem, using various scales and measures (Humphrey & Mullins, 2002; Alexander- Passe, 2006; Terras, Thompson & Minnis, 2009; Burden & Burdett, 2005; Frederickson & Jacobs, 2001; Taylor, Hume & Welsh, 2010; Alexander-Passe, 2006; Humphrey 2002; Burden & Burdett, 2005). Two research papers involving qualitative approaches including the use of semi structured interviews will also be reviewed (Glazzard, 2010; Ingesson, 2007). Overall, nine papers were selected through the literature review.

The main characteristics of the studies included in this review are displayed in Table 1.

Study	Design	Sample	Measures used	Results
Alexander-Passe (2006)	Participants completed three standardised tests for self-esteem, coping and depression.	• Opportunity sample of 19 children (mean age 11.5) • 12 males and 7 females participated. • Recruited from Dyslexia Action newsletters, referrals from educational psychologists and volunteers at school. • Recruited in the UK.	• Culture- free self-esteem inventory (Battle, 1981). • The coping inventory for stressful situations (Endler and Parker, 1999). • Beck depression inventory (Beck, 1996).	• Male sample scored significantly higher in scores of self-esteem. • Participant's raw data scores for general self-esteem, academic self-esteem and parental self-esteem is lower than the 'dysfunctional' and 'functional' samples from Battle (1992). • Social self-esteem raw scores higher than 'functional' and 'dysfunctional' samples (Battle, 1992).
Burden and Burdett (2005)	Interviews with pupils diagnosed with dyslexia attending an independent special school.	• 50 boys (aged between 11 and 16). • Random selection used for recruitment from one independent school for Dyslexia. • Recruited in UK.	• Semi- structured interview with participants regarding home and educational experiences, diagnosis, peers and teachers and their understanding of dyslexia. • Myself-As-Learner-Scale (MALS) (Burden, 2000).	• Pupils had positive self-efficacy. • Pupils had positive self-image. • No extreme feelings of learned helplessness. • Findings did not suggest any difficulties with self-esteem.

Frederickson and Jacobs (2001)	Participants completed questionnaire on self-worth, scholastic competence and attributions.	• 20 children diagnosed with dyslexia and 20 children in a control group (aged 8-11). • 17 males and 3 females in dyslexic group and 9 males and 11 females in the control group. • Recruited through specialist teachers who were attending a course. • Children in experimental group had severe reading difficulties which qualified them for additional specialist teaching from the Local Educational Authority and met the British Psychological Society definition of dyslexia. • Recruited in the UK	• Self- perception Profile for Children (Harter, 1985). • British Abilities Scale II (BAS II) Word reading test (Elliott, 1997).	• No significant difference between dyslexic group and control group on global self-esteem. • Lower perceived scholastic competence compared to control group (*p= 0.008*). • Children with dyslexia were significantly more likely to make uncontrollable attributions (*p<0.05*).
Glazzard (2010)	A semi-structured interview was carried out.	• 9 children (aged 14- 15 years old) with dyslexia volunteered to participate across two mainstream schools. • Recruited in UK.	• Semi- structured interview based on comparison to peers, social comparisons and self-esteem, peer relations, experience of teachers and parents.	• Comparisons made against peers who were not dyslexic prior to their diagnosis of dyslexia. • Feelings of isolation identified. • Impact of positive relationships with teachers,

				peers and family have a significant impact on self-esteem. Positive ownership of the label suggested as important.
Humphrey and Mullins (2002)	Participants completed an interview and a questionnaire.	• 63 children with dyslexia in main stream schools and special learning difficulties units. • 57 children in the control group. • Statement of special educational needs for dyslexia or progress towards a statement needed to participant. • Recruited in UK.	• Semi structured interview. • Self-description questionnaire (Marsh, 1990).	• For the total self-scale, the control group (*p=0.005*) and specific learning difficulties group (*p= 0.040*) scored significantly higher than the dyslexic main stream group. • Qualitative components indicated that children with dyslexia felt isolated and excluded at school.
Humphrey (2002)	Semantic differential method used with children in main stream schools, children attending special unit for learning difficulties and a control group.	• 23 children with dyslexia attending mainstream school (mean age=10.86yrs). • 28 children with dyslexia attending units for pupils with specific learning difficulties (mean age= 11.11). • 29 in control group (mean age= 10.82). • Recruited in UK.	• Semantic differential method used which involves participant placing self on a 7 point scale (Richmond, 1984). • 10 items asked in relation to self-esteem including popularity, various types of academic ability and intelligence.	• Control group showed significantly higher levels of self-esteem in the concept of intelligence than mainstream group (*p=0.043*). • Control group showed significantly higher level of self-esteem in terms of importance than mainstream school (*p= 0.013*). • Dyslexic- mainstream group had significantly lower levels

				of self-esteem related to reading ability than the special learning unit (*p= 0.05)* and control group and (*p= <.001).*
Ingesson (2007)	Interviews involving reflections of growing up with dyslexia.	• 75 young adults diagnosed with dyslexia, aged between 14- 25 (mean age= 19). • 48 males and 27 female participants. • Diagnosis of dyslexia obtained from medical records of participants. • Recruited in Sweden.	• Semi structured interview assessing impact of dyslexia on self-esteem, wellbeing, achievements and peer relationships. • Use of closed questions with five options of answers (not much at all, a little, some, quite a lot and very much).	• 40 % of participants said dyslexia had negatively influenced self-esteem 'quite a lot' and 'very much'. • Significant correlation between self-esteem and desires for future (p < *0.05).*
Taylor, Hume, Welsh (2010)	Dyslexic participants, general special educational needs participants and a control group completed two questionnaires.	• 26 participants in dyslexic group, aged between 8- 14 (mean age= 12.5). • 26 participants in general special educational needs aged between 8- 14 (mean age= 11.6). • 23 participants in control group aged between 8-15 (mean age= 11.1). • Participants had a diagnosis of dyslexia or non-specific learning SEN based on Educational	• Culture free self-esteem inventory (Battle, 1992). • The British Ability Scales II (BAS II) Word reading subtest (Elliott, 1996).	• Dyslexic group and control group had higher levels of self-esteem than the non-specific SEN groups (*p= 018).* • No significant difference between dyslexic group and control group in terms of self-esteem.

		Psychologist reports.		
		• Recruited in UK.		
Terras, Thompson and Minnis (2009)	Participants with dyslexia and their parents completed questionnaires, which were then compared with general population.	• Opportunity sample of 68 children aged 8- 16 (MA 11.2) diagnosed as being dyslexic. • 44 males and 24 females participated. • Dyslexia identified using the standard IQ-reading ability discrepancy criteria. • Dyslexia severity calculated using Turner (1997): Dyslexia Index. • Recruited from Dyslexia Institute and were invited to participate. • Recruited in UK.	• Self- perception Profile for Children (Harter, 1985). • Strengths and Difficulties Questionnaire (Goodman, 1997). • Understanding and perceived impact of Dyslexia scale (Terras et al, 2009).	• No global self- esteem deficit was found. • Children with dyslexia had significantly poorer self-perceptions of scholastic competence compared to general population ($p<0.01$). • For children with high self-worth, both children and parents had positive attitudes towards reading difficulties.

Table 1. Summary of main characteristics of studies included.

Characteristics of Research

Quality of the studies used

Studies that mainly adopted a quantitative approach ranged from 40% (Burden & Burdett, 2005) to 86 % (Humphrey & Mullins, 2002) in terms of quality ratings. Quantitative study quality rating scores were particularly influenced by the studies not having a representative participant pool (Terras et al, 2009; Alexander- Passe, 2006) and lack of control groups (Alexander- Passe, 2006). Also in cases where control groups were used, if there was a lack of information regarding matching participants on demographic variables, the quality rating dropped (Frederickson & Jacobs, 2001). Qualitative study quality ratings ranged from 64 % (Glazzard, 2010) to 71 % (Ingesson, 2007). For further information, see Appendices F and G.

Sample sizes

Sample size and measures varied between the different studies. Quantitative studies ranged from 40- 80 participants and qualitative study participants ranged from 9 to 75 participants. Some studies included larger sample sizes; for example, Burden and Burdett (2005) interviewed 50 children in their research and similarly, Ingesson (2007) interviewed 75 teenagers. However, other studies have sample sizes of around 20, including Frederickson and Jacobs (2001) and Alexander- Passe (2006). The smallest sample size was Glazzard (2010) qualitative study with 9 participants.

Measuring self-esteem

Self-esteem was measured in various ways in the articles selected for this review. Some studies used qualitative measures including the use of semi-structured interviews (Glazzard, 2010 and Ingesson, 2007). For studies that were of a quantitative design, various measures of self-esteem were used, including the Self Perception Profile

for Children (Harter, 1985) and the culture-free self-esteem inventory (Battle, 1981).

Two studies used the Self Perception Profile for Children (Harter, 1985) (Terras et al,

2009 and Frederickson and Jacobs, 2001). Two studies used the culture-free self-esteem

inventory (Alexander- Passe, 2006; Taylor et al, 2010). The semantic differential

method was also used by Humphreys (2002), which consisted of asking the child to

place themselves on a seven point scale between 2 opposite adjectives, such as 'popular'

and 'unpopular'. The self-perception profile has been reported to be satisfactory with

good internal consistency and test retest stability (Muris, Meester & Fijen, 2003).

However, Wichstraum (1995) found low to adequate reliability, but also low

correlations with the Marlowe Crowne social desirability index (Crowne & Marlowe,

1960), which suggests good validity. Standardised norms for this scale were created on

participants in the USA only (Butler & Gasson, 2005), which is a weakness of this

scale. The culture free self-esteem inventory demonstrates good reliability and validity

across studies (Riddick, Sterling, Farmer & Morgan, 1999).

All studies measured children's current levels of self-esteem either through a

measure or an interview. However, Ingesson's (2007) study asked young adults and

teenagers to reflect on their experience of having dyslexia and its impact during school

with a specific focus on self- esteem, alongside other areas including belief in the future

and peer relationships.

Aims of the studies

All studies aimed to develop an understanding of the relationship between self-

esteem or self-concept in children with dyslexia. Taylor et al (2010) primary aim was

not specifically related to measuring the effect of dyslexia on self-esteem, but was more

focused on the effect of labelling. The study looked at whether there was an effect of

being labelled as having general special needs versus having a diagnosis of dyslexia.

This study compared levels of self-esteem of these two groups of children alongside a group of children who did not have any specific learning difficulties. Similarly, Frederickson and Jacobs (2001) was partially focused on investigating self-esteem, but also looked for the impact of attributions and their effect on the individual.

Sample Characteristics

All participants were aged between 11 and 18, apart from one study were participants were aged 18-25 and were asked to think back on their school years, commenting on their experiences in various different subject areas. None of the studies stated that participants had any other learning difficulties alongside dyslexia. All participants in the studies had a diagnosis of dyslexia, which was confirmed through a previous official diagnosis or statement (Terras et al, 2009; Glazzard, 2010; Frederickson & Jacobs, 2001; Taylor et al 2010) or testing during participation. Ingesson (2007) was the only study to outline how the diagnosis was received through medical history notes. Three studies did not indicate whether the participants had an official diagnosis and stated them to have dyslexia (Alexander-Passe, 2006; Humphrey, 2002; Burden & Burdett, 2005). Humphrey and Mullins (2002) included participants who had a statement of special educational needs, or were awaiting statutory assessment for dyslexia.

Context of the research

Eight studies were carried out in the United Kingdom (Burden & Burdett, 2005; Humphrey & Mullins, 2002; Humphrey, 2002; Taylor et al, 2010; Alexander-Passe, 2006; Frederickson & Jacobs, 2001; Glazzard, 2010; Terras et al, 2009). One study was carried out in Sweden (Ingesson, 2007).

Educational setting

Participants were mainly in mainstream schools; however, some researchers compared children in mainstream schools with children in special units for children with specific learning difficulties (Humphrey & Mullins, 2002; Humphrey, 2002). One study recruited children with dyslexia and a control group of children with no presenting educational needs (Frederickson & Jacobs, 2001). One study focused on an independent school specific for children with dyslexia (Burden & Burdett, 2005), but argued the importance of the research being replicated in a mainstream setting. Taylor et al (2010) compared children who had different 'labels', but all attended mainstream school. Humphrey and Mullins (2002) used participants from nine primary schools in order to increase the validity of the groups. Similarly, Glazzard (2010) used participants selected from two schools to increase the sample size.

Overview of Results

Studies that compare children with specific learning difficulties attending either mainstream school or special units, offer insight into the potential effect educational context may have on self- esteem. Humphrey's (2002) research indicated that children with dyslexia had significantly lower levels of self-esteem compared to children attending special learning units and a control group of children with no identified specific learning difficulties. This semantic differential scale method is considered by the author as useful in that it measures the discrepancy between individuals' concepts of themselves and their ideal selves. Similarly, Humphrey and Mullins (2002) found that children in mainstream schools had lower levels of self-esteem compared to those attending special learning difficulties units and a control group of children with no learning difficulties. Additionally, those attending a special unit experienced lower self-esteem, which was more evident in children in mainstream schools.

Both Terras et al (2009) and Frederickson and Jacobs (2001) used the Self Perception Profile (Harter, 1985) to measure self-esteem for children with dyslexia. Findings from both studies indicated that children with dyslexia did not have a significantly lower self-worth compared to the general population. However, Frederickson and Jacobs (2001) used a control group of participants without any learning difficulties as a comparison to compare scores for children with dyslexia. Terras et al (2009) on the other hand used the standardised norms from the measure to identify whether children in their sample had lower levels of self-esteem compared to children of a similar age. Frederickson and Jacobs (2001) research was focused on attributions and their effect on scholastic competence. Results suggested that participants with attributions of uncontrollability had lower perceived academic achievement and therefore felt that success was out of their control. Terras et al (2009) found that even though there were no significant rates of lower self-worth, children with higher rates of social, emotional and behavioural difficulties were correlated with measurements of self-esteem. Terras et al (2009) argue the importance of children developing a good understanding of their difficulties as this can have a positive impact on the development of good self-esteem. This is also similar to suggestions made by other researchers in the review, including Humphrey (2002).

Burden and Burdett's (2005) study indicated that children attending an independent special school had high levels of self-efficacy and self-image, suggesting that having dyslexia does not impact on levels of self-esteem. However, Burden and Burdett (2005) interviewed pupils at an independent special school, where support may potentially be higher than in mainstream school, and additionally, pupils may not compare themselves with each other as much. It is noted that children begin to compare themselves to others around the age of 7 (Berk, 2003). Furthermore, it may be that

children might have a greater understanding of their difficulties at an older age and can separate academic difficulties from general difficulties.

Qualitative studies in this review used semi-structured interviews that were based on key theories and concepts in this area. Ingesson's (2007) sample included teenagers and young adults with dyslexia, which aimed to explore their experiences of school in specific relation to academic failure and self-esteem. This research suggested that participants experienced change throughout secondary school, from distress to then acknowledgement of their difficulties and channelling this difficulty into working hard. They reported experiencing low academic self-esteem, but not low general self-esteem. Changes in development of self were discussed.

Similarly, Glazzard (2010), who used semi-structured interviews, found that experience of teachers and family had a significant impact on a child's self-esteem. Participants in the study often compared themselves to their peers, which had a negative impact, but were able to acknowledge that their difficulties were unrelated to intelligence. Furthermore, Glazzard (2010) found that prior to a diagnosis of dyslexia, children's self-esteem was considered lower. This therefore suggests that diagnosis was helpful to the children's understanding of themselves and stresses the importance of early diagnosis. Taylor et al (2010) explored labelling of dyslexia and how this can affect self-esteem. They found that those children who had a specific diagnosis of dyslexia diagnosis did not have lower levels of self-esteem compared to a group labelled as special needs and compared to a control group of children without difficulties. These findings supports Glazzard (2010) who highlighted the benefit of children understanding and taking ownership of their diagnosis having a positive impact on their psychosocial functioning.

Gender Differences

Alexander-Passe's (2006) study highlighted gender differences, something that other studies in this review did not explore. Generally other studies involve more male participants, and this is linked to the fact that dyslexia affects more males than females (NHS, 2012). Results indicated that females had lower general and academic self-esteem, whereas males had 'normal' self-esteem levels compared to standardised norms. This study examined social desirability in respondents' answers and found that scores for males in the area of lying was significantly higher than females, suggesting that perhaps the results are not reliable.

Overall, some researchers (Humphrey & Mullins, 2002) suggest that self-esteem is affected by dyslexia, but this is dependent upon context (mainstream school or special learning unit); some suggest that global self-esteem is affected in general (Alexander-Passe, 2006) and some argue that understanding of difficulties results in a positive impact on self-esteem (Glazzard, 2010).

Discussion

The review offered a greater level of understanding into the effect of having dyslexia on self-esteem in children and young people, indicating that context can have a significant impact on level of self-esteem (Humphrey & Mullins, 2002) and positive ownership of the label can increase levels of self-esteem (Glazzard, 2010). Using a systematic approach, nine studies were reviewed. These studies were both qualitative and quantitative which all aimed to measure self- esteem in children with dyslexia. Although there was overlap in terms of the self-esteem measures that were chosen, a variety of measures were used. Due to the heterogeneity of the results, it was not possible to carry out a meta-analysis. Studies were therefore examined in a qualitative format.

Context

The review has indicated that a child's educational context can have a positive impact on the development of their self-esteem. For example, children in a special unit for learning difficulties appear to have higher levels of self-esteem, when compared to children who are in mainstream school (Humphrey & Mullins, 2002). Moreover, children in an independent school overall reflected good levels of self –esteem (Burden & Burdett, 2005) unlike children in a mainstream setting (Alexander-Passe, 2006). This could be due to a number of reasons. Firstly, there may be greater emphasis on developing a child's skills in other areas which can potentially make the child more resilient to difficulties they may experience in other areas (Goldberg, Higgins, Raskind & Herman, 2003). Secondly, it is clear that children often compare themselves to one another in terms of academic success alongside various other components, and in a school surrounded by children with similar difficulties; feelings of inadequacy may be reduced. This finding is in line with social comparison theory (Festinger, 1954), which argues that adolescents compare themselves to one another, which is part of the natural development of the self.

Burden and Burdett's (2005) findings indicated that those attending an independent school for children with dyslexia reflected positive self-esteem, which they argued was due to children not having to make comparisons with non-affected peers at school. However, Government legislation argues the importance of inclusion for children with learning needs and that there should be a move away from separate settings (DfES, 2001; DfES, 2004).

Gender

One interesting factor that has been discussed in the literature is the effect of gender on the level of self-esteem in children with dyslexia. Research suggests that boys

demonstrate 'normal' levels of self-esteem and girls tend to present with lower levels of self-esteem (Alexander- Passe, 2006). Standardised norms from Battle (1992) were used to make this comparison. Unfortunately, this review only incorporated one study that looked at self-esteem for both males and females with dyslexia. It could be that there are no gender differences in terms of self-esteem; males may over-report high self-esteem. In general, males do report higher levels of self-esteem compared to females (Birnderf, Ryan, Auinger & Afen, 2005) and Alexander-Passe (2006) indicated that males scored higher on the social desirability scale. In general, research suggests that males cope with difficulties using an emotion distracting way of coping (Piko, 2001), and differences in self-esteem could be related to this.

Negative and positive impact on self esteem

Some studies demonstrated that having dyslexia can have a negative impact on self-esteem when compared to a control group of children without learning difficulties (Alexander-Passe, 2006). However, other studies suggested that having dyslexia did not have a significant effect on self-esteem when compared to children without difficulties (Taylor et al, 2010; Terras et al, 2009). Furthermore, Burden and Burdett (2005) found that children had positive self-efficacy and it may be that previous research that suggests that children with dyslexia experience real problems with self-esteem can therefore be challenged. Taking a positive approach, such as the concept of positive psychology (Compton, 2005), could help identify coping strategies, including developing resilience, to reduce the possibility of experiencing low self-esteem. It must be noted however, that often low self-esteem can be a result of specific incidents at school that could be considered traumatic for the child (Edwards, 1994). Focusing on emotional literacy, incorporating children's emotional needs alongside their academic needs can support positive levels of self-esteem (Long, MacBlain & MacBlain, 2011).

Perceived level of support

Level of support was emphasised as a positive factor for overall self-esteem. The child is part of a wider system rather than simply an individual, so according to the ecological theory perspective (Bronfenbrenner, 1979), their experience may be determined by a number of factors. These would include perceived level of support at school and home and more specifically the family's understanding of the child's difficulties. Glazzard (2010) identified the importance of good experience with teachers and positive relationships with peers in order to maintain positive self-esteem and to gain a positive ownership of the label of dyslexia. This is supported by research which emphasises the role of teachers in helping children to develop adaptive coping mechanisms by confirming their self-worth and re-affirming the importance of understanding dyslexia (Singer, 2007).

Development of self-esteem over time

The participants in the studies reviewed differed in age, and it appears that age may have a significant effect on self-esteem levels (Robins, Trzesniewski, Tracy & Gosling, 2002). It may be that older children have developed a better understanding of their difficulties and receive or seek appropriate levels of support, which in turn may influence overall self-esteem. Research into dyslexia over the life span suggests that self-esteem fluctuates, beginning with problems in self-esteem in early childhood, to experiences of failure in adolescence thus reducing levels of self-esteem, to developing a sense of competence and compensation in other areas which increases self-esteem (McNulty, 2003). Furthermore, the concept of resilience and its development over time could have an impact on levels of self-esteem (Zeleke, 2004). Ingesson's (2007) study measured retrospective experiences at school and the effects on self-esteem. Reflections

from the past may not always be accurate and those memories that are attached to strong emotions are likely to be recalled and discussed more frequently (Christianson, 1992).

Limitations of the Review and the studies included

There are limitations that can be applied across several of the studies incorporated. Some studies recruited through Dyslexia Action charity (Terras et al, 2009; Alexander-Passe, 2006), which suggests that the participants may not have been representative of the entire population of children with dyslexia, because we could assume that these participants are from homes where parents can afford tuition, perhaps being of a higher social-economic status. Furthermore, Burden and Burdett (2005) involved only children attending an independent special school for children with dyslexia, and again, their sample may not be representative of the population of children with dyslexia. Additionally, those studies that used control groups did not specify how these groups were matched in terms of demographics (Humphrey & Mullins, 2002; Humphrey, 2002; Frederickson & Jacobs, 2001; Taylor et al, 2010), which again questions the quality of these studies.

As stated earlier, due to the methodological heterogeneity of the research papers reviewed, only a qualitative summary of the results has been presented. Furthermore, the way in which self-esteem was assessed varied from study to study and therefore, it is not possible to indicate a definitive effect of the impact of having dyslexia on self-esteem. Additionally, some of the studies included in the review did not have high quality ratings (Burden & Burdett, 2005) which therefore limits the interpretation and implications of the studies.

Another limitation of the review is the way in which self- esteem was defined. Some researchers suggest that self-concept and self-esteem are intertwined and cannot necessarily be separated (Burnett, 1993; Zeleke, 2004; Burden, 2008); however other

researchers indicate that these are two separate components (Byrne & Shavelson, 1996; Harter, 1996). The review accepted articles where the main component of measuring was self-concept rather than self-esteem and furthermore incorporated a study which involved participants reflecting on their levels of self- esteem over time, which may have resulted in inaccurate ideas around levels of self-esteem due to other experiences that may have influenced the participants' views on this area. However, despite these limitations, the review offers further understanding in relation to the experience of children with dyslexia and identifies further research that could be developed in the future.

With studies that involve measuring aspects of the self, using a self-report measure, participants potentially answer in a socially desirable manner (Mesmer-Magnus, Viswevaran, Deshpande & Joseph, 2006), and it is therefore important to take this into consideration when interpreting the results of the review. For example, a child may not want to admit they are having difficulties and will therefore aim to please the researcher by filling in questionnaires giving completely positive answers.

Another limitation is that even though it has provided a summary of key literature in this area and systemically reviewed this literature, there is no conclusion to present around the impact of having dyslexia on self-esteem. This was mainly due to conflicting findings in studies reviewed, and due to the studies having many different characteristics that may influence the findings including ages of the participants, social desirability effects and the lack of control groups.

Clinical Implications

Even though the research findings are varied, some studies suggest that having dyslexia can have a negative impact on self-esteem. However, some studies suggest no differences in levels of self-esteem when compared to a control group (Terras et al,

2009). It is still important to consider how children who experience low self-esteem can be helped by the education system.

It is thought that children develop an understanding of themselves in relation to others around the age of 7-11 and this may therefore be a time when self-esteem develops the most (Berk, 2003). It is therefore crucial that children with low self-esteem are identified early on to ensure appropriate help and support can be given to develop positive self-esteem. This could be as part of self-esteem groups, which have been found to have positive effects on self-esteem of children with dyslexia (Burton, 2004). It is also important for teachers at school to recognise low self-esteem in children with special needs so that they can assist in helping the child develop their self-esteem and academic self-esteem levels. Training for teachers now includes learning about dyslexia and it would therefore be hoped that these teachers have a greater understanding of difficulties of the children and how they can help facilitate their learning and emotional development.

Research into this area also emphasises the importance of peers and teachers. A positive psychology approach (Compton. 2005) would therefore be useful, targeting specific strategies to improve self-esteem and build up resilience in children considered as vulnerable learners. Teachers should be aware of the effect dyslexia can have on self-esteem (Singer, 2007) and be trained in helping these children.

Conclusions and Research Directions

Overall, the review indicates that there is still no agreement regarding the relationship between self-esteem and dyslexia, due to a diversity of findings in this area and the heterogeneity of participants. Some results highlighted support for Burden's (2008) overview which suggests that global self-worth is not generally affected by having dyslexia. However, other studies (Burden & Burdett, 2005) reflect that being in

a school that has a specialist component which allows greater understanding of the child's difficulties can help raise levels of self-esteem. Research in this area is sparse. Dyslexia affects a large group of adults and children (4- 8% of people in the UK: NHS, 2012) and so this dearth of research is unexpected.

Further research into this area could focus on identifying what helps children with learning difficulties who experience low self-esteem. Self-esteem groups specifically for children with dyslexia have been found to be effective (Burton, 2004); however there are few of these types of studies documented. There is some research around effective coping strategies for when children with dyslexia experience difficulties with self-esteem (Singer, 2005), and many researchers suggest the importance of teachers and family acknowledging the child's strengths in order to increase self-esteem (Glazzard, 2010; Goldberg et al 2003). As mentioned, when children are what is considered 'vulnerable learners' which can have an impact on other areas of their development, classes engaging children in developing or improving levels of self-esteem could be very useful both in terms of future academic achievement, but also the child's overall psychological functioning (Nash, 2008; Nash & Henderson, 2010). Furthermore, research into the relationship between self-esteem and dyslexia would benefit from longitudinal designs, identifying fluctuations or changes in self-esteem over a long time period. Although this was explored in Ingesson's (2007) study, it was retrospective and so it is questionable as to how accurate participants' reflections and specific experiences were. Other helpful research, reviews in particular, should examine coping strategies in families and the effect of resilience and understanding of difficulties.

Overall, the review offers further understanding in terms of factors that can impact upon self-esteem levels including context of educational placement and age of participants. It is clear that some children with dyslexia can experience low levels of

self-esteem in comparison to their peers. The results also suggest the heterogeneity of

children with dyslexia and how we cannot necessarily see them as a group, who will

experience similar difficulties academically and psychologically. Taking a positive

stance of facilitating the development or enhancement of self-esteem alongside

promoting resilience seems essential for these children to learn and thrive at school.

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PART TWO

Empirical Paper

Exploring the transition from primary to secondary school: Experiences and parental

perceptions of children with dyslexia

Ruth Stevens*, Dr Annette Schlosser, Dr Poppy Nash and Dr Lesley Glover

Department of Clinical Psychology and Psychological Therapies

University of Hull, Hull, HU6 7RX, UK

*corresponding author tel: +44 1482 464 106

Email addresses: ruth.stevens@2006,hull.ac.uk, a.schlosser@hulll.ac.uk,

poppy.nash@york.ac.uk, l.glover@hull.ac.uk.

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Abstract

Objectives: Research into children with dyslexia suggests that experiences of secondary symptoms are common, including low self-esteem and anxiety alongside difficulties with reading and other academic skills. Low self-esteem is known to have an impact on general mental health. The transition from primary school to secondary school is considered a big change for children; however, how children with dyslexia experience this transition has not been researched.

Method: Seven participants (five boys and two girls) all in year 7 aged between 11 and 12, who have recently moved to secondary school with a diagnosis of dyslexia, were interviewed using a semi-structured interview. Parents of these children were also interviewed separately. Interpretative phenomenological analysis was used to analyse the interview data.

Results: Themes from the child interviews included 'growing up', 'impact of being dyslexic' and 'achieving academically'. Themes generated from parent interviews included 'the balancing act, 'interpretation of their child's inner world', 'concepts and consequences' and 'increasing familiarity'.

Conclusions: Children with dyslexia do not appear to experience a decrease in self-esteem following the transition to secondary school, overall reporting positive experiences of the transition. Parents often described more anxiety about their child's ambivalence of the label of having dyslexia and responses from peers towards this. Clinical implications and future research are also discussed.

Key words: *children; dyslexia; transition*

Exploring the transition from primary to secondary school: Experiences and parental

perceptions of children with dyslexia

There is no universally agreed definition of dyslexia (Beaton, 2004). However, the British Association of Dyslexia suggests that dyslexia can be defined as a neurological condition with symptoms that may affect many areas of learning and function and may be described as a specific difficulty in reading, spelling and writing. (British Dyslexia Association, 1998).

Developmental dyslexia is also characterized by an unexpected reading difficulty in children and adults who otherwise possess the intelligence and motivation that is necessary for accurate and fluent reading (Shaywitz & Shaywitz, 2005). Dyslexia is thought to be one of the most common learning difficulties, with 4-8% of all schoolchildren in England having some degree of dyslexia. It is estimated that boys are one and a half to three times more likely to develop dyslexia than girls (National Health Service, 2012).

It is suggested that children who have problems with reading in particular, will experience difficulties during their time at school as learning other subjects will involve the ability to read and write well (Snowling, 2000). Holen and Lundberg (2000) indicate that the main problem with dyslexia is decoding. Decoding refers to seeing the string of letters on a page and knowing that they represent a word, and consequently being able to read that word (Snowling & Hulme, 2012). Several secondary symptoms also exist, which include difficulty in comprehension (Taub, 2011) and also difficulties in various subject areas including mathematics (Miles, Haslum & Wheeler, 2001) as well as non-academic difficulties (Humphrey & Mullins, 2002). Additionally, it has been identified that children with learning difficulties may experience lower levels of self-esteem when compared to children without learning difficulties (Alexander-Passe, 2006) and

increased likelihood of experiencing anxiety (Mugnaini, Lassi, La Malfa & Albertini, 2009).

Effects of Dyslexia on Psychological Functioning

Researchers have considered secondary symptoms experienced by children with dyslexia, specifically self-esteem, self-concept, anxiety and emotional difficulties. Research has also focused on how children with dyslexia develop resilience. This section will address the effects of having dyslexia on psychological functioning.

Self-Esteem

Self-esteem can broadly be defined as 'a personal judgement of worthiness that is expressed in the attitudes the individual holds towards himself' (Coopersmith, 1967, p 4-5). Importantly, positive self-esteem is correlated with factors such as ego functioning and an internal sense of control, whereas lack of self-esteem is related to feelings of anxiety and depression (Mruk, 1999). Low self-esteem appears to be rife amongst children who find it difficult to succeed in education (Lown, 2002). Risdale (2005) indicates that dyslexia affects mainly academic self-esteem and that there is often an interaction between dyslexia, poor self-esteem and behavioural difficulties. Therefore self-esteem is not always affected globally, but more specifically with regards to academic self-esteem.

There is no agreed understanding of the relationship between dyslexia and self-esteem. Burden and Burdett (2005) interviewed 50 boys, aged between 11 and 16, attending an independent special school for pupils with dyslexia. Findings indicated that the general levels of depression were relatively low in contrast to the positive feelings of self-efficacy, locus of control and commitment to learning. However, this study has not been replicated with people with dyslexia attending mainstream school and it is questionable as to whether those in mainstream schools receive as much direct support

as those attending an independent school for pupils with dyslexia (Alexander-Passe, 2008). Significantly, the boys in the Burden and Burdett (2005) study attending an independent school only had other pupils who experienced similar difficulties to compare themselves to academically.

Humphrey and Mullins (2002) measured teacher and pupil ratings of self-esteem in dyslexia. They concluded that dyslexia can have demonstrable negative effects on self-esteem. Potentially, those children who participated in Burden and Burdett's 2005 study received more support academically and did not feel the need to compare to their peers, whereas those in Humphrey and Mullin's study may have compared their own progress to their peers, which might have affected their levels of self-esteem. This could point to mediating factors such as a sense of belonging, or greater understanding of children's difficulties by teachers and peers or group processes, such as social comparisons.

Self-Concept

Self-concept can be defined as a person's perceptions of the self that are formed through communications and experiences (Shavelson et al, 1976). According to Burns (1979), self-concept is a psychological entity which includes our feelings, evaluations, and attitudes, as well as descriptive categories of ourselves. The Shavelson and Bolus (1982) model of self- concept suggests that self-concept can be divided into academic and non-academic self, which further divides into academic self-concept related to subject areas such as literacy and numeracy, and non-academic areas (emotional, physical and social).

As children develop, they become more aware of differences in their age groups (Burden, 2005) which suggests that they will also become aware of differences in academic performance. Erikson's (1959) stages of psychosocial development suggest that children of age 7- 11 are in the industry versus inferiority stage. One element of this

stage is the importance of feeling a sense of competency, being given praise in order to feel industrious, or alternatively, not being given praise and feeling incompetent and therefore demonstrating feelings of inferiority. Therefore, for children to move through this stage of development, it is necessary to gain a sense of competency and achievement. However, for children who struggle with certain aspects of learning, this may prove difficult.

There is only limited research considering the effects of having dyslexia on self-concept, both academic and non-academic (Burden, 2005). Frederickson and Jacobs (2001) compared academic self-perceptions and attributions for success and failure for 20 children with dyslexia and 20 matched controls with no learning difficulties. They found that children with dyslexia displayed lower academic self-concepts than their matched peers. In addition, children with a strong internal locus of control, those who felt a sense of control over their academic achievements, tended to have higher academic self- concepts than those who saw their success and failure as outside of their control.

Resilience

The aim of Positive Psychology is to identify and develop people's skills and talents in order to make life more fulfilling; using a strengths based approach (Compton, 2005). This approach ties in with resilience and acknowledging positive assets. Resilience focuses on a range of factors that influence how an individual copes with periods of adversity (Jindal-Snape & Miller, 2008). Protective factors such as support from family and the wider community help with positive adaptation (Luthar, 2006). Children with dyslexia may need to build resilience to cope with day to day learning at school. Goldberg, Higgins, Raskind and Herman (2003) found that adolescents with dyslexia acknowledged strengths as well as weaknesses and made use of the social support available to them. They were also able to focus on a particular ability or interest

to help them develop self-worth. Chapman (1988) also suggested that dyslexic children are often able to compensate their loss of self-esteem through acknowledged success in non-academic or extracurricular activities, so for example playing a sport or being artistic and creative. Therefore, it is necessary to explore the significance of protective and risk factors as determinants of how children cope with the challenges of transitioning to secondary school (Jindal- Snape & Miller, 2008).

Anxiety and Emotional Difficulties

Children with literacy difficulties are reported to be at increased risk of anxiety (Carroll, Maughan, Goodman, & Meltzer, 2005) Furthermore, Terras, Thompson and Minnis (2009) studied children with dyslexia aged 11 years old; they examined child and parent understanding, attitudes and the perceived impact of reading difficulties on daily life. Rates of social, emotional and behavioural difficulties were significantly higher than in the general population. It was suggested that children with a greater understanding of dyslexia could avoid such emotional difficulties. This research is particularly useful as it provides insight into the functioning of children aged 11, the age of transition to secondary school in the UK.

The Transition to Secondary School

Parents' Experiences

Parents often experience anxiety about accessing the right resources and support for their child (Reid, 2004). This is particularly relevant in the transition to secondary school, as support systems may differ across schools and parents may anticipate how this could affect their child's education. Parents are often aware that support in secondary school generally declines, especially for those who have less obvious difficulties (Parliament of Office of Science & Technology, 2004). Some parents worry that their children will find the move to secondary school difficult, for various reasons,

such as struggling to move rooms, remembering books and dealing with different teachers (Squires & McKeown, 2006). This potentially makes the move to secondary school more stressful rather than exciting. Furthermore, parents are considered the most important source of support and encouragement for children with dyslexia (Singer, 2005), and if parents themselves are anxious, this may impact on the support they offer their child.

Children's Experiences

Researchers recognise that the transition to secondary school can be a stressful time for children and their families (Ward, 2000). The child becomes one of the youngest in the school, unlike the final years at primary school where they were the oldest and probably the biggest. Furthermore, in the final year of primary school, children are likely to be well known to staff and understood and supported with their difficulties (Graham & Hill, 2003). Additionally, children may have no friends from primary school at their new school, so it is a time of building relationships with peers, and also with teachers, in a completely new environment. This could be one of the biggest adjustments a child has had to face in their life so far. There is a common fear of being bullied by older children (Chedzoy & Burden, 2005); however, children with learning difficulties may be even more vulnerable (Norwich & Kelly, 2004). Therefore, the transition from primary to secondary school is regarded as one of the most difficult in pupils' educational careers (Zeedyk, Gallacher, Husband & Lindsay, 2003).

Even though parents are important in the transition, research on parent perceptions of the transition process is scarce (Akos & Galassi, 2004). Some research including Worsley (1986) shows that parents are particularly concerned with the change in difficulty of classes. Other studies show that students and their parents have similar perceptions of the transition and are mainly concerned about homework and getting

used to the environment (Akos & Galassi, 2004). However, some specific differences were identified: students struggled most with classes whereas parents' perceived the change in responsibility and getting along with other students as the child's main concern. (Akos & Galassi, 2004)

Zeedyk et al. (2003) examined the opinions of teachers, pupils and parents with regards to the transition. This therefore provided an overall, systemic viewpoint. Zeedyk et al, (2003) suggested that a child's main fears are around being bullied, getting lost, increased workload and also making new peer relationships. Parents had relatively similar concerns. Teachers rarely identified children's academic skills as making a difference to the transition process and argued the importance of institutional initiatives to help pupils overcome feelings of helplessness. This research is of particular interest, as it suggests that all children experience difficulty with this transition. Jindal-Snape and Foggie's (2008) qualitative study found that transition was complex and its success largely depended on the impact of a child's internal attributes and relationships with family, peers and teachers at school. This reinforces the importance of maintaining a systemic viewpoint.

Those who are considered 'vulnerable', or have learning or emotional difficulties, can experience increased difficulty in the transition to secondary school (Nash, 2010). Intervention programmes have been developed and evaluated to support vulnerable learners making this transition. Nash (2010) facilitated a 10 week intervention programme to those considered vulnerable learners, which was based upon secondary objectives of the Department of Skills and Education's Social and Emotional Aspects of Learning (DfES, 2007: SEAL) including psychological resilience and emotional literacy. The intervention was effective, especially in reducing anxieties in those preparing for secondary school and those experiencing negative beliefs about their academic ability.

In summary, previous research highlights that children with dyslexia are at risk of experiencing learning problems as well as emotional problems, such as low self-esteem. The transition to secondary school can be considered the most difficult in a pupil's life so far (Zeedyk et al, 2003). Therefore an exploration into the children's experiences of this transition would provide insight into how children with dyslexia experience this change and how it can potentially affect areas such as resilience, anxiety, and self-esteem. Furthermore, this is also a worrying time for parents and as parents are considered the main source of support for children (Squires & McKeown, 2006), insight is needed into their perceptions of their child's experiences and how these compare to their children's views.

Research Aims:

- To explore the experience of the transition from primary school to secondary school in children with dyslexia;

- To develop an understanding of parents' perceptions of their child's experience of the transition;

- To investigate the impact of the children's reading difficulties on their transition experience;

- To investigate the impact of the transition on the children's psychological well-being including anxiety, self-esteem and resilience;

- To investigate the similarity between children's and their parents' perception of the move to secondary school.

Method

Design

A qualitative design was adopted to explore participants' experiences of the transition to secondary school, using semi-structured interviews. Participants' parents were also interviewed about their perception of their child's experience of the move to secondary school. Interviews were conducted and then analysed using interpretative phenomenological analysis (IPA).

Measures

Participants were asked to take part in a semi-structured interview. This was guided by an interview schedule, designed to ask open ended questions about both the child's experience and the parent's perception of their child's experience of the transition to secondary school (see Appendix H and I). The schedule used open ended questions based on the research questions and important areas from the literature. In the interview schedule, prompts were used to elicit further information or to help clarify a particular answer. Interviews lasted between 20 and 80 minutes.

Before the semi-structured interview, parents were asked to complete a demographic questionnaire (Appendix J). This provided further contextual information in relation to the child's age, diagnosis of dyslexia, school environment, recent stressful life events, current and previous involvement with the dyslexia charity and also family history of dyslexia.

Recruitment

A dyslexia charity was presented with the rationale and procedure of the research. Inclusion and exclusion criteria were specified (outlined in Table 2). All former pupils and current year seven pupils who fitted the inclusion criteria were sent

information packs with the researcher's contact details. Thirty five participants were contacted in total. Nine families responded, however, two were not asked to participate as they did not fit the inclusion criteria. Participants contacted the researcher directly by electronic mail or telephone. All participants were then checked against the inclusion criteria. No payment was received for participation. The researcher aimed to have a maximum of 8 families to participate in the research, but it was acknowledged that interpretative phenomenological analysis recognises that it is important to reach data saturation and small sample sizes are recommended for this type of analysis (Smith, Larkin & Flowers, 2009).

Participants

Seven young people (5 males and 2 females) consented to take part in the study along with their parent(s). All young people were aged between 11 and 12, in year seven of mainstream secondary school. They had been at secondary school for 5-6 months. All participants attended average sized mainstream schools in urban areas apart from one participant who was at a secondary school in the countryside. None of the participants attended the same schools. All participants had a diagnosis of Dyslexia obtained through an assessment from an educational psychologist. The mean age for a diagnosis of dyslexia was 8 (range between 7 and 9 years old) (See appendix K). Two of the parent interviews involved interviewing both of parents together and for the purpose of analysis, this data was combined into one transcript.

Participant Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Children will have a statement of special educational needs for dyslexia.	Participants should not be receiving a service from CAMHS.
The children will be aged 11-12, in year 7, attending a mainstream secondary school having come from a mainstream primary school.	If the child, parent or Educational Statement suggests that there are further developmental or mental health difficulties, such as Asperger's Syndrome or ADHD, the participant will be excluded from the study.
Parents need to be willing to take part in the study	Participants have not experienced any severe illness, traumatic life event, or missed considerable time in school.
	Children should have English as their first language. Where parental consent is not obtained, the children will not be able to take part. The children will be asked to assent to the research. Children who are unable or unwilling to assent will not be included in this study.

Table 2. Inclusion and exclusion criteria for participants.

Procedure

Ethical approval for the research was obtained from the Postgraduate Medical Institute at the University of Hull (see Appendix M). Principal teachers at two dyslexia charity centres provided information about the study to those families who would be eligible to take part. Participants were approached with a covering letter from this organisation (Appendix N) and an information pack (Appendix O) to the parent and also a letter of invitation (Appendix P) and an information pack (Appendix Q) to the child

participant. The letter of invitation provided the contact details of the primary researcher so that families could contact the researcher to discuss participation.

When a parent contacted the researcher, a suitable date and time was arranged to meet. During the meeting, the researcher went through the information pack with both the parent and the child and they were encouraged to ask any questions. Parent participants then filled out an informed consent form indicating that they were aware that they could withdraw at any point, that the interview data was confidential (subject to safeguarding issues) and their responses would remain anonymous. Pseudonyms were used in reporting the findings. Participants were also informed that after data analysis, they would be sent a summary of the study's findings.

If both the parents and the child agreed to take part, the parent filled out an informed consent form. If the young person was willing to take part, they were asked to sign an assent form and their parent was asked to sign a parental consent form (Appendix R and S).The parent was then asked to fill out the demographic form on behalf of the child (Appendix J).

After consent was obtained, the researcher interviewed the parent or parents without the child being present. After this interview, participants were given the opportunity to ask questions or explore any issues in relation to what was discussed in the interview. After the parent interview, the child was interviewed. They were asked whether they would prefer a parent in the room with them or not. If a child appeared distressed at any point during the interview support would be offered by the researcher. Interviews were held at the participants' home and averaged from 20- 80 minutes. Approximately five months after the interview, participants were contacted and sent written summaries of the research findings through the post.

Analysis

All interviews were recorded using a Dictaphone and transcribed into text form by the researcher, which allowed the researcher to immerse themselves in the data. Transcripts were analysed using IPA. This provided the opportunity for the researcher to identify the emergent themes and to develop a structure which aims to understand the relationship between these themes (Smith, Flowers & Larkin, 2009). A detailed explanation of the choice of analysis is in Appendix T. A systematic approach was taken to assess the validity of themes that were generated from the analysis. Themes were validated through peer validation, which included the swapping of transcripts and discussion of the themes generated to reach overall conclusions and also through at length discussions with the researcher's supervisor.

Results

The results were analysed through IPA. Child and parent transcripts were analysed separately, but common themes between the two were considered and discussed.

Children's experiences

The analysis generated a total of 11 themes which were then grouped into 3 super-ordinate themes. These included 'growing up', 'impact of being dyslexic' and 'achieving academically'. These sub ordinate and super ordinate themes are demonstrated in Table 3, below.

Super-ordinate Themes	Themes
1. Growing up	1.1 Journey towards independence
	1.2 Confidence
	1.3 Responsibility
	1.4 Peer relationships
2. Impact of being dyslexic	2.1 Concept of dyslexia
	2.2 Consequences of dyslexia (e.g. teacher relationships)
	2.3 Ambivalence of ownership of the label
3. Achieving academically	3.1 Wanting to achieve (motivation)
	3.2 Fitting in with peers academically
	3.3 Recognising and building up strengths in areas
	3.4 Worrying about not achieving

Table 3. Themes and super-ordinate themes generated by the data.

Superordinate theme 1: Growing up

This theme demonstrated children's experience of change in several areas when they moved to secondary school, including internal feelings around growing up and increasing in confidence but also external pressures including being encouraged to be more independent and responsible for themselves, with the expectation of having control over their relationships and education.

Theme 1.1: Journey towards independence.

Participants often discussed feeling they were more independent and becoming a young person rather than being a child. This was also evident in views of teachers who, rather than helping with different tasks, allowed more independent work and were seen as more distant:

'I learnt that I can do stuff myself and don't need help I don't need to rely that much

that cos I have learnt to rely on myself you know a lot more'

(Michael: lines 278- 280).

'They didn't really do anything, they sort of relied on us to get ourselves organised and

get to, cos they thought if they helped us I think that we might think they would always

help us' (Robert: lines 207- 210).

Similarly, Katie explained that:

'I can do things on my own and I am not a little girl anymore and I feel more safe and

that' (lines 301- 302).

This idea of independence also included choice and being able to make one's own

decisions:

'I feel more independent, you choose what you want to eat, and catching a bus and stuff

like that' (David: lines 214- 215).

Theme 1.2: Confidence.

Several participants talked about noticing positive changes in themselves following the

transition, particularly in their confidence. Michael felt as though teachers at school

were a big help in this:

'*they tryna make me improve a lot more so I can get a bit more confidence'* (line 382-

383).

Similarly, Katie felt:

'more confident and so I am more confident so I can do things better' (lines 300- 301)

and demonstrated the positive impact increased confidence was having on her work, something that was previously lacking:

'I think my confidence has grown…….you get to put your hand up in class and teachers don't pick the same person so there isn't someone who knows every single question'

(David: lines 206- 207)

David therefore acknowledged that being picked to answer questions, something that was not previously the case, really helped him increase his confidence. Some participants felt their confidence had increased, but could not expand on how they had noticed this; they just got a sense that it had:

'I think I am getting a bit more confident than when I started' (Jack: line 144).

Theme 1.3: Responsibility.

Participants talked about the school and the teachers placing more trust in them and allowing them to take responsibility for things, as evidenced in the following quotes:

'In primary school you were told to do everything, in secondary school you have choices to do other things' (David: line 111-112).

'I knew when I was going into secondary school; I couldn't be naughty anymore .... I think it's just growing up, I have more responsibility so I feel a lot better' (Michael: lines 66- 67).

'It's more advanced because they trust you more you can do things on your own and you are mostly outside' (Katie: line 289- 290).

Theme 1.4: Peer relationships.

Participants discussed their experiences of peer relationships. Often participants worried about whether previous relationships would continue after the transition to secondary school. For instance:

'We were really close but then we went to different secondary school. So then I got kind of worried but then I made lots of friends' (Katie: lines 6- 9).

Some participants acknowledged that building friendships and creating an identity in a new environment had been relatively positive:

'Some of the ones who I used to already know who moved schools and some who I have never met before and I think it went quite well' (Michael: lines 226-228).

Robert really appreciated the new people he had begun to know: *'erm there are loads of nice people in my form like Ant* but my new best friend is this boy called Tony* who is really nice and funny'* (line 228-230).

One participant expressed a more mixed experience of peer relationships:

'Well I met a few friends in my tutor group, but in my new class I don't really like my new friends' (Adam: line 88).

Superordinate theme 2: The impact of being dyslexic

Theme 2.1: Concept of dyslexia.

This theme describes the concept of dyslexia and its meaning for the participants as well as teacher's perceptions.

Katie discussed how in the past, teachers were already aware of her difficulties:

'Ermm well cos my teachers knew I was dyslexic before I was dyslexic they knew that I had something that I struggled with' (line 152-154).

Robert discussed how because of his difficulties, he struggled with maths:

'Well I was worried about Maths because I am really bad at Maths but and ... erm ... we had been doing algebra and I was thinking numbers and letters and all got muddled up in my head' (line 91-94).

Theme 2.2: Consequences of dyslexia.

Participants provided examples of times when their difficulties had an impact and that they felt that teachers did not understand as described in the following two quotes:

'I was, well, when I was in secondary school, once the teacher told me off for my spelling and I was like ahhhh!' (Alex: lines 62- 63).

'He was asking us to do it, most things are ok, but there is just one thing, paragraphs, I know how to do paragraphs but I did one too short and I think he gave me a hard time' (David: lines 175- 178).

Participants also reported positive consequences of experiencing dyslexia in terms of gaining the right level of support.

'My English teacher Miss James*, she is really nice and erm when we did Hamlet she kept making sure that I was doing fine ... . so it was easy, but not too easy so I was getting on with the other class, like with the rest of the class' (Robert: lines 300- 304).

Katie also explained how she noticed that there was a different level of support for her difficulties after the transition:

'If you didn't get it you just tell them and they explain it again and erm they just its just better because at primary there was lots of people who struggled and there was some people who didn't and them people just messed around and everything so you didn't know' (lines 131- 135).

Michael discussed how teachers did not initially understand his difficulties but good communication with the school meant that they could adapt to his needs*:*

'My Mum's sent a letter to her and she started going a bit……she was understandable a bit more. That I wasn't just messing around, I was trying a lot harder I think. I got the help… was good' (lines 176- 179).

However, teachers did not always understand needs in relation to dyslexia:

'They are just not giving me any help in anything because the teachers don't help us at all. They just tell us what to do and then they don't help us' (Adam: lines 137- 138).

Theme 2.3: Ambivalent ownership of label of dyslexia.

Throughout the interviews, participants changed their mind about having dyslexia. Some participants reported that on certain occasions they were proud to be dyslexic and it really helped that other famous people also had dyslexia and had a positive ownership of the label, but then later on discussed how they were unsure as to whether they wanted other peers to know and how at primary school this was considered different as everyone tended to already be aware of their dyslexia.

Several participants demonstrated positive ownership of the label of having dyslexia.

'I just overcome it and think, I'm different, everybody is different and I tend to think people with dyslexia are a bit better' (Michael: lines 313- 314).

'A while ago it was dyslexia week and the teacher was like putting on this programme about Cara Tonton, a documentary about it ... . she put it on and it showed people, no one really knows, just my best friends that I am dyslexic' (David: lines 126 -129).

Participants discussed their peer's perceptions of dyslexia and that it took time for other pupils in the class to understand:

'Then after a while everyone gets used to you in the class cos the classes are kind of the same and everybody doesn't mind after a while' (Michael: lines 327- 330).

Some participants indicated that they did not experience low academic self-esteem due to their specific learning disability.

'I was worried that they would think I had some weird disorder because I have dyslexia and erm and in the end they thought it was really cool cos Einstein and Tom Cruise have dyslexia' (Robert: lines 72-75)

Some participants did not want to particularly discuss what it meant for them and what it felt like to be dyslexic. For instance:

'It does not really bother me who knows' (Jack: line 180).

In general, participants did not mind other pupils knowing they had dyslexia:

'It's up to them how they feel, I mean I wasn't really bothered who knew' (David: line 227)

'I thought that, it might affect how people thought of me, so I tried to keep it a secret but people know and I don't really mind anymore' (Robert: lines 330-332).

Superordinate theme 3: Achieving academically

Theme 3.1: Wanting to achieve.

Participants indicated a keenness to achieve. Katie indicated:

'I feel like I am achieving a lot because when I left school I was 3 something for maths and now I am a 4 I know I have improved for science as well' (lines 263-264).

Participants often gave examples of how they were improving academically:

'I have seen my work and I have seen my maths and my sports go up a lot and my reading age has moved up what I am happy at' (Michael: lines 346 - 348).

It was also recognised that participants felt they were achieving better than in primary school:

'I am learning stuff, more than I learnt at primary school, a lot more' (David: line 168).

Theme 3.2: Fitting in with peers academically.

Participants expressed a wish to be at the same level as their peers. Several participants indicated wanting to be in a high set so that they were with people of a similar ability:

'I want to be with nice people and things so I like tried really hard to get in the good sets' (Katie: lines 28-29)

She also worried about not meeting the demands of the high sets. Comparison to peers was also evident:

'In some subjects, I feel as though I can do better, and in some I can't half and half really' (Jack: lines 128- 129).

'I would have other friends that would be higher up than me and wouldn't be in the same set and I would be at the bottom' (Alex: lines 11-12).

There was also a sense of not wanting peers to know your scores if you did not do so well at something. For instance:

'Errrr well in IT I was cos I'm not very good with computers and we had to search the internet for stuff and we had to make spread sheets and stuff I was worried if we had to share to the class or something and I was like what and erm they might tell me off if I ask somebody about it' (Robert: lines 36- 40).

Theme 3.3: Recognising and building strengths in areas.

Participants acknowledged subjects that they were good at and could excel at, which improved overall levels of confidence and belief in themselves.

Katie acknowledged being really good at science:

'Like in science I can do things quite fast and when we have got erm a task I'm one of the me and Sophie* and Ashley* usually are the first people to finish' (Katie: lines 283-285).

Similarly, Robert acknowledged that he felt that he had been recognised by others as being artistic and this had helped him:

'I am a really good artist and we made clay models and mine was pointed out to be the best in the class' (Robert: lines 154- 156);

'Knowing that I had a place in this was like really settling and was really good about this because ... yes... if that makes sense' (Robert: lines 278- 280).

Theme 3.4: Worrying about not achievement.

Participants expressed concerns about not achieving in certain areas and struggling with these lessons. This was often in relation to their experience of dyslexia:

'There was one thing that I don't like and that is ICT, he goes too fast for me' (Alex: lines 113-114).

Similarly, some participants worried more about not doing well at school.

'I worry because of my dyslexia, I worry sometimes cos I always used to get really bad marks in the tests in school and I worry about if I get another bad test in secondary and everyone will start making fun of me' (Robert: lines 53-56).

Katie directly discussed her worries compared to primary school:

'I worry more in lessons now, like about the tests and things and doing well' (lines 88-89).

Parent's Experiences

The analysis generated 13 themes which were then clustered into 4 superordinate themes. These included 'taking a step back', 'the child's inner world', 'academic self-esteem' and 'increasing familiarity' (see Table 4).

Super-ordinate Themes	Themes
1. The balancing act	1.1 Letting go/ allowing the child's independence
	1.2 Trust (the middle ground)
	1.3. Communication
2. Interpretation of their child's inner world	2.1 Perceived confidence and self-esteem
	2.2 Bottling up
3. Concepts and consequences	3.1 Ambivalence towards label of their child
	3.2 Broadening horizons
	3.3 Holding back or underestimating intelligence
	3.4 Placing emphasis on strengths to compensate (building relationships)
4. Increasing familiarity	4.1 Routine (organisation and school environment).
	4.2 Perception of their child's experience of teachers.

Table 4. Superordinate themes and themes generated by the parent interviews.

Superordinate theme 1: The balancing act

This superordinate theme included parents feeling the need to step back, a realisation that their child was growing up and taking on new responsibilities. Parents also experienced a different relationship with the school and especially the SENCO (Special Needs Coordinator).

Theme 1.1: Letting go/allowing child's independence.

Parents noticed their child was growing up and developing a greater level of independence which comes alongside moving to secondary school with higher expectations around taking responsibility.

'I think the main change is just he has grown up, he is getting to be you know more independent and grown up' (Katherine: lines 194- 196).

Similarly, Richard discussed how he would leave and trust his son to do his homework independently.

'If you come home, we will leave you alone, you have got your homework to do, we will try leave you alone' (Richard: lines 451- 452).

Paul noticed a strength in his daughter regarding the transition:

'independent, she quite likes going and getting the bus on her own, doing and being a bit independent, being grown up, she likes that' (lines 426-428).

Sarah also discussed how her child travelling independently on the bus and managing and keeping their own bus pass was again a big change in independence:

'It's a big responsibility because they know you have spent that amount of money; it's an added stress to be honest' (lines 115-116).

Theme 1.2: Trust (the middle ground).

Some parents discussed how previously they had been heavily involved in their child's education and there was a general recognition that secondary school is very different, mainly due to the school size and the amount of teachers. Katherine discussed the importance of being proactive and

'keeping up but you know, not too involved cos you have to let them grow' (1063-1065).

Angela also indicated that trusting in the education system is vital;

'I think you have got to let the school get on and do its job, you can't be going in interfering, but if I thought there was a problem, I wouldn't hesitate to go in' (182-184).

Clearly this is a balancing act. Parents' acknowledged that going in to school too much is not helpful;

'if you become a pain, it's not going to be helpful to your child' (Paul: line 594-595).

Theme 1.3: Communication.

The majority of participants recognised the importance of building a positive relationship with the SENCO and other teachers.

'I think if you build a positive relationship with the school, it's going to benefit you and your child' (Paul: line 619- 620).

It was also emphasised that they often took the initiative:

'I instigated talking to the SENCO erm ... once I had gotten, once I have asked for support I have got it' (Denise: line 91- 93).

'I feel confident to enough to pick up the phone and ring and articulate my concerns' (Nicola: line 94- 96).

Lisa offered advice to other parents with children with dyslexia:

'I would definitely say it would be worth approaching the secondary school yourself and having a chat with them' (line 269- 270).

Superordinate theme 2: Interpretation of their child's inner world

Theme 2.1: Perceived confidence and self-esteem

Parents generally felt that their child's confidence had noticeably increased since starting secondary school.

'I think his confidence has grown, his self-esteem, cos he is he has been challenged a bit more' (Richard: line 582- 583);

'Isn't without those difficulties still but her self-esteem has definitely gone up' (Lisa: lines 31- 32).

'She seems quite happy in herself, quite self- reliant in herself and quietly confident and quietly sure about herself, I think' (Angela: lines 535- 537).

Theme 2.2: Bottling up.

Parents recognised that their child often did not want to disclose how they felt and preferred to keep things to themselves.

'*She tries to sort everything out herself ... she wouldn't come to us and expect us to sort things out; she would try sort things out herself'* (Lisa: lines 61- 64);

'He puts up a good front and sometimes that will cover up his concerns and worries about not being good enough actually' (Nicola: lines 377- 379).

Many parents talked about trying to discuss the child's feelings:

'He will bottle it up inside erm and you had to sort of wiggle it out of him…I have to sort of make him talk about it' (Sarah: lines 179- 180).

Parents indicated that this way of bottling up was not always really that helpful:

'She bottles it up, it's not helpful really but she doesn't like to make a fuss of things, and a lot of times she doesn't want us going in and making a fuss' (Angela: lines 53- 54).

Superordinate Theme 3: Concepts and consequences of dyslexia

Theme 3.1: Ambivalence towards label of their child.

Many parent indicated that their child did not want to be labelled as 'dyslexic' at secondary school and thought that the label would not be important, but gaining the right level of support from teachers was essential:

'He doesn't want to make a start at secondary school with not being different and doesn't really want anyone to necessarily know that he is dyslexic, but subconsciously, he wants to get that support' (Denise: lines 136- 139).

Nicola stressed her son's ambivalence of the label of dyslexia and how he changes how he feels about the label:

'He worries sometimes that he might be perceived as thick or stupid .... (but) ... sometimes he wears it as a badge of honour and he talks about Johnny Depp and lists those who are dyslexic' (lines 323- 326).

Paul highlighted his daughter's worries:

'I don't think she wants to be seen as different so she sometimes worries about that so she does not want to be labelled, she wants to be seen as normal and I think that's a big worry for her I think' (Paul: line 127- 129).

Paul later spoke about how his daughter was keen for the family to put a sticker on the back of the car that displayed how many people have dyslexia and argued:

'she is not completely scared of people knowing she is dyslexic, but she doesn't want to

make a big thing out of it' (line 343- 345).

Theme 3:2 Broadening horizons.

This theme is related to general transition experiences of all children. Parents discussed how secondary school provided a broader range of subjects and experiences in general, which may have been lacking in primary school. Sarah indicated:

'he is probably as well enjoying a bit more variety which you also get in transition to

secondary school. It does open your eyes to different things doesn't it, like doing

science experiments and stuff and it's quite exciting' (lines 422- 425);

'Just moving to something a bigger world than the one he was in so so in doing that, at

secondary school he has you know he is learning stuff erm he wasn't before and I think

he is enjoying that variety ...' (Nicola: lines 312- 316).

Theme 3.3: Holding back or underestimating intelligence.

Parents felt that on occasions, their child underestimated their achievement and what they could achieve. Lisa was asked: 'Do you think that Katie* believes she can achieve the same as her peers?' and she indicated:

'I think maybe no I don't think she does at the moment, but I think at the moment she is

beginning to realise that if you, if you, she has the potential to, but am not sure if she

thinks she can at the moment, but she is beginning to realise' (lines 258- 263).

Again, Nicola discussed how her son did not have as much belief in himself as she had hoped:

'he has an awareness that he is not at the top and probably an expectation that he won't

be which bothers me' (lines 368-369).

Similarly, Paul argued:

'I think she definitely sets her sights lower' (line 483).

Theme 3.4: Placing emphasis on strengths to compensate.

Parents acknowledged the importance of emphasising the strengths of their child and how this really helped them developing further belief in themselves and compensating for difficulties with reading and writing:

'I think recognise their strengths and qualities and the fact that they're dyslexic is not a bad thing and very often they are creative and interesting' (Nicola: lines 391- 393).

Furthermore, the importance of other people being aware of these strengths was important. Referring to P.E, Lisa said:

'she does a lot of it at secondary school and she is good at it and that is giving her more confidence because she is good at something and she is recognised as being good at something' (lines 126- 129);

'I think gymnastics was erm was really good and that is a lesson for anyone who is dyslexic or has any problems with anything really to find one thing that they can excel at and just really raise their confidence and it makes a difference' (Paul: lines 155- 158).

Parents were also able to acknowledge strengths in terms of building relationships with other peers. Most parents indicated that their child had no difficulty making new friends:

'I think, being voted onto the school council emphasises that he is probably fine in that department' (Sarah: lines 464- 466);

'*She has got a group of friends, for now within the hub of what going on it's not seen as a group of children as being different, I think she is fitting in, I think, we think'*(Angela, line 296- 298);

'*she has got a lot of friends, she is good at making friends, she makes lots of positive friendships'* (Lisa: lines 187- 188).

Superordinate Theme 4: Increasing familiarity

This theme describes making the school their own and developing a sense of identity there. This includes developing familiarity with the school environment generally, but also with the teachers and developing relationships with peers:

Theme 4.1: Routine.

Parents thought that the transfer days prior to the transition were useful for the child to develop some initial familiarity with the environment:

'*He met the staff and got the feel of the atmosphere of the school and erm yes it was good for him, it prepared him'* (Sarah: lines 8-9);

'*so I think that was a big help you know going there before hand getting a feel of the place'* (Katherine: lines 156- 157).

Parents recognised that organisation was an essential skill at secondary school as children need to be organised to bring the right books and remembering thing like sports kit and ingredients for food technology. This was a worry to some:

'*she was a bit worried about the organisation maybe'* (Lisa: line 41).

Additionally, Denise argued her son's transition was relatively smooth, but

'the only thing that he found difficult was organising his bag and worrying about what

books he had to have for what session' (lines 60-61).

Nicola also highlighted how getting into a routine and organisation involved more time than previously:

'he had to think about a lot of things and be organised……and needing to take

responsibility for his, the books he needs for the day and sports kit' (Nicola: lines 6-7).

Theme 4.2 Perception of their child's experience of teachers.

Parents discussed incidents where teachers had not understood their child's difficulties which had left their child feeling very upset:

'*One day he came home upset. There was an issue with English and he had been picked*

out in class and really made to feel embarrassed and the teacher had obviously

forgotten he was dyslexic' (Sarah: lines 314- 315).

Other examples included being placed in a lower set than expected:

'They got the head of English to look at it, and we got told it was wrong and she was

moved out of the class that she had been put in. I think that experience was a bit

upsetting for her' (Paul: lines 47- 50).

Janet described that the school was not aware of her son's difficulties:

'We had parents meeting three weeks maybe after they had started just to check that

they had settled in at that point, and he wasn't even on their list as having dyslexia so *

school hadn't passed it on which I am very disappointed' (lines 74- 76).

Other parents reflected on how good teachers had been:

'Because you are in an environment where staff understands that children with dyslexia will have less battles and it will be less hard' (Denise: lines 180- 182).

Discussion

This study explored the experiences of children with dyslexia in the transition to secondary school and their parents' perception of this experience. It aimed to identify the families' overall experiences and to explore whether parent and child perceptions of these experiences were similar. The study used IPA to analyse data from the semi-structured interviews.

Some of the themes generated from both child and parent interviews were consistent with existing literature on the experience of general transition in school children. For example, families discussed the need for increasing familiarity within environment (e.g. knowing where lessons are and also fears of being lost) (Zeedyk et al, 2003). Additionally, participants reported positive development of friendships with peers; something that is considered very important in transition (Isakson and Jarvis, 1999), as at this time, if peer relationships are successfully formed, future social identities are then shaped (Pratt & George, 2005). Interestingly, transition literature suggests that children usually experience a dip in self-esteem during this period of educational change (Galton, Gray & Ruddock, 2003); however, in contrast to this, most children in this study felt confident about their educational experience.

Ambivalence about the dyslexia label was discussed by both parents and children. Parents reported that the young people mostly did not want to be associated with it, but some young people were positive about the label. Riddick (2000) indicates that labelling can often lead to stigmatisation and assumptions that a child's needs fit with that particular label. However, if a child sees the label as having positive connotations, they are more likely to tell others of their dyslexia and develop positive ownership of the label (Glazzard, 2010). It may be that the children who participated in

this study were at a developmental stage where they were beginning to take ownership of and identify with the label of dyslexia, seeing it as useful to their learning and understanding of self. It was evident that some children were proud of being dyslexic and quoted famous dyslexics, but often they were unsure how new peers would react to their label. The idea of comparison to peers was a further theme identified in this study. This again is commonly found in literature on peer group responses, which can powerfully influence on an individual's perception of themselves (Morgan & Klein 2001).

It could be argued that it is society which transforms a child's impairments into a disability with negative connotations (Social Model of Disability; Oliver & Barnes, 1998). Such a dominant societal view needs challenging. Therefore, society (or the public and the media) need to have an awareness of how people experience their learning difficulties, but also need to understand and acknowledge strengths rather than focusing on impairments. This could be done through promoting awareness and understanding in schools but also to the general public. The dissemination of findings of research like this will help educate the public further.

Developing an identity is linked to positive psychological wellbeing (Berk, 2006). Adolescents are at a stage where identity formation is a vital process of exploration with a desire to find goals to guide their life (Marcia, 1980). It may be that children with dyslexia and adolescents with other learning difficulties and disabilities are confronted earlier with different aspects of the self which might be hard to integrate. Perhaps children with dyslexia need to pull together so many different strands of their identity, that from a younger age they become more aware of these different sides and as a consequence of this, they develop more or less resilience depending upon their experiences with the environment, including their educational experiences.

The concept of dyslexia and the meaning and consequences of being dyslexic were discussed by the children in this study. Specific consequences included having to have extra help from the teacher. Children talked in general about asking for help and how sometimes this was not necessarily a negative thing. However, specific examples of feelings of embarrassment due to teacher's lack of understanding were evident. Such examples are also well documented elsewhere (Rowan, 2010; Nalavary, Carawan & Brown, 2011). These incidents could have significant effects on children's academic self-esteem. Teacher understanding is therefore essential and is something that should continually be addressed and assessed through teacher training days. Government policies indicate the importance of informing and training teachers and other members of staff about dyslexia to ensure they have a good understanding of each child's needs (Rose, 2009). Perhaps there is a lack of strategy to assess whether this understanding is developing and acted upon.

Parents expressed how children experienced a particularly distressing day when they felt embarrassed and felt that teachers had no awareness or understanding of their difficulties. Long, MacBlain and MacBlain's (2011) study into supporting children with dyslexia in secondary school suggests that appropriate strategies can empower learners and raise standards. They also highlight the importance of teacher empathy in enhancing the quality of the learning environment. This is best achieved through collaborative practice and a whole- school systemic approach. National policies and government documentation (Department for Education & Skills, 2004) discuss the learning environment for children with specific learning difficulties, but they do not always acknowledge secondary symptoms such as low self-esteem. Therefore, the findings from this study stress again the importance of teachers being well informed and nurturing towards children with special requirements. Current reform proposals focus on children with more severe learning needs (Department of Education, 2012), with the

risk that those with less severe needs who work very hard to achieve, may end up overlooked or with reduced staff support. The consequences for the children and families could be catastrophic, in terms of both academic and social/emotional outcomes.

An interesting theme from the parents' perspective considered routines and organisation. Children with dyslexia often struggle to organise themselves (Reiter, Tucas & Lange, 2003) and parents indicated that at secondary school it is harder to hide these difficulties due to being in lots of different lessons and having to remember materials for each. Organisation and being independent are key skills at secondary school and therefore children with dyslexia not only have academic challenges, but also new challenges in relation to organising themselves. There is a greater emphasis placed on remembering homework, bringing a planner every day and being responsible for travelling to school and back. Not all children in the study were worried by this, suggesting that either they felt they were managing well enough or they felt it was insignificant. However, parents felt it had been a particular struggle. It may be that parents were taking on their children's worries, which is reported elsewhere (Roll-Pettersson & Mattson, 2007; Karande, Kumbhare, Kulkarni & Shan, 2009). Additionally it may be that at this age, an adolescent might not worry about organisation because other peers struggle with it, however, their class mates may become more organised as they develop and parents may fear that their child will not develop in the same way.

Increased independence is consistent with other research documenting the changes in the relationship between the parent and the adolescent during this time period (Vangelisti, 2004; Sillers, Koerner & Fitzpatrick, 2005); however it has been acknowledged as well that parenting children with specific learning difficulties can place a strain on the adolescent-parent relationship (Milgram & Toubiana, 1999).

Children may find it difficult to adjust to new expectations in secondary school and without parental understanding and awareness, the relationship may suffer. The theme highlighting the development of good communication and collaboration between parents and school, whilst allowing the child increased independence is therefore essential.

Parents perceived that their child often underestimated their own intelligence and ability to do well at school. Low academic self-esteem is often associated with children with dyslexia (Polychroni, Koukoura & Anagnostou 2007; Humphrey 2002; Alexander-Passe, 2006). Children expressed worry about their achievement levels comparing themselves to their peers in terms of achievement and placement in aptitude groups, but generally reported that they felt confident in themselves at school and felt they were progressing well academically.   It may be that the children feel they fit in better academically due to a larger range of ability compared to smaller classes at primary school.

Children talked a lot about things they were good at and recognised strengths in certain subjects and extra-circular activities. Often research into children with dyslexia offers a negative view on their academic self-esteem and overall confidence (Alexander- Passe, 2006; Humphrey & Mullins, 2002); however this study suggests that children see a lot of positives in their schooling. This was supported by parents' perceptions of the importance of finding compensatory strengths to offset the problems in reading and writing. However, other studies suggest that children often discount these strengths (Alexander, 2007). In this study, children were happy to discuss their strengths and things they had noticed after the transition. Several children responded that they were aware of their strengths during primary school, but during secondary school they were recognised for these strengths which in turn may have helped with their confidence. Acknowledgement of strengths is important and good for the development

of resilience, confidence and self-belief. This has been highlighted in research (Goldberg, 2003; Chapman, 1999; Morgan & Klein, 2001) and in policy (Department of Education 2001).

Individuals can be empowered by having clarity about their strengths and weaknesses, controlling their own learning and career development, and managing transition periods in their lives (Morgan & Klein, 2001). This resonates with Erikson's stages of psychosocial development (Erickson 1959) as 11 year old children successfully manage the industry vs. inferiority stage to create an identity based on being particularly good at something. Interestingly, it could be postulated that children with dyslexia have greater self-awareness and self-understanding as a way of building resilience and adapting to difficulties they have experienced.

Concerns specific to parents included the importance of developing good communication with teachers in order to request further support or query any school based difficulties. This importance of developing parent-school relationships with children is reflected in research on children with specific learning difficulties (Hellendoor & Ruijssenaars, 2000; Norwich, Griffiths & Burden, 2007). However, parents discussed the importance of gaining trust in the education system and not trying to be too involved with their child's education. Previous experiences with the child's primary school may have left the parents feeling they over-involved themselves, which may have resulted in negative outcomes. Parents are therefore engaging in a careful balancing act. Effective school-home collaboration is essential to ensure that the educational and emotional needs of the child are successfully met.

Parents also talked about their children's feelings and had concerns about their child 'bottling up' and not discussing how they felt. This is probably typical of many children this age (Berk, 2006). It could be that parents over estimate their children's maturity and ability to communicate how they are feeling or perhaps parents are hyper

vigilant due to the dyslexia and experience of problems in the past. It may also be that

the child is not aware of a worry until it reaches more distressing proportions. Children

with dyslexia are at an increased risk of developing internalising disorders when

compared to the general population (Carroll, Maughan, Goodman & Meltzer, 2005;

Maughan & Carroll, 2006) and it may be that they are experiencing anxiety and worry,

but do not always feel they want to discuss this with their parents. Again this is

consistent with age and developmental stage (Vangelisti, 2004).

Strengths and Limitations

The current study explored the experience of transition in children with dyslexia

gaining a systemic perspective by including parents' perceptions of this experience.

Transition to secondary school has been researched extensively (Nash, 2010). However,

no studies have been carried out with a focus on children with dyslexia and furthermore

none explored both parental and child experiences of this process, despite ecological

theory stressing the important influences of the social system and the environment on

the development and growth of children (Bronfenbrenner, 1979). Dyslexia is a clinical

label, which represents a spectrum of difficulties suggesting that children experience

their dyslexic difficulties differently. This could have therefore influenced their

experience of the transition to secondary school.

Due to the nature of qualitative research, a small sample was recruited. As

participants were recruited through a dyslexia charity with which there was current or

previous involvement, it might be suggested that participants are not representative of

the population. However, in qualitative research, exploration is the main aim of the

work and therefore representativeness is not a key issue (Silverman, 2004). Children

with additional difficulties were excluded from the study, which may also suggest that

the sample is not representative of children who might experience transition difficulties.

Furthermore, as participants were children, they may have not had full control over participation, which is more likely to have been the parent's decision, again possibly affecting the sample characteristics.

The analysis offered themes that were validated with peers and staff members; however, it would also have been interesting to validate these themes with participants. Respondent validation is considered to be part of a process that can reduce error, which involves generation of further original data which then requires interpretation (Mays & Pope, 1990). Perhaps more clarity and insight would have arisen from this process.

A qualitative approach was adopted, however using other techniques that enhance interpretative rigour or different forms of triangulation would have provided further data to support the findings (Kitto, Chesters & Grbich, 2008). An improvement to this study could also have been adding a quantitative element, so potentially assessing children's self-esteem including academic self-esteem, anxiety and resilience, which are the concepts that the semi-structured interview was based upon. The nature of this study would however have been altered and the data gathered offered rich data which allowed for interpretation and exploration of meaning, where a collection of quantitative measures alone would not have allowed for children's thoughts and experiences to be fully appreciated.

Future Research

Further quantitative research into this area would be helpful, to assess self-esteem and academic self-esteem before and after the transition. This could be done using a questionnaire study, which could support this study and would add further evidence on dyslexic children's non- academic experience of dyslexia compared to their non- dyslexic peers (Mugnaini et al, 2009). Examining dyslexic identity using the Dyslexic Identity Scale (Burden, 2005) across time points through the transition would also be interesting.

Furthermore, as other research has demonstrated (Burden & Burdett 2005), context is an important factor in children's education and it would be beneficial to carry out a study that measured children's experience of the transition to secondary school for those attending a main-stream school and compared to those attending a special learning school. Their experiences may be different and it may be things that children experience in main-stream school, such as teacher's lack of understanding or frequent comparison to peers, may not be evident in a special learning school. Further work could help to clarify the different interpersonal dynamics between children in their peer groups, and between staff and children, and might suggest a fruitful way forward to address difficulties.

It was clear during the initial research proposal and talking to professionals in the field that it would be important to obtain teachers' perspectives of children's transitions, specifically focusing on what helps with this transition. Teacher perspectives have been recognised in other research into children with dyslexia, for example Humphrey (2003) used teacher ratings alongside pupil ratings to measure self-esteem. It is noted that teacher understanding can provide good insight into a child's experience (Stringer, 2004). It could therefore add further understanding, extending a systemic view, considering teachers' perceptions and their level of understanding of dyslexia and their understanding of the children's adjustment to a new learning environment. Continuing with a positive psychology stance, teachers thoughts would be helpful to identify what facilitates this transition in order to help schools re-examine their transition programmes or provide specific information to families experiencing transition.

Clinical Implications

The current study has a number of implications for children with dyslexia and additionally, the school's and parents' involvement within the education process.

Children highlighted the importance of developing positive relationships with teachers and this resulted in them feeling that they could ask for help when they needed to, rather than becoming distracted or struggling with the work. Many of the children felt that this had not always been possible at primary school, but with feelings of increased confidence, this was something they were now able to do. In order to prevent embarrassing incidents reported by the children in this study, it is essential that optimal communication is developed between primary and secondary schools so that all teachers are given the most appropriate information on the child's needs. In addition, secondary school staff need to work in partnership with the child, and the child's parents, in order to secure the best possible types of support.

Another area of notable difficulty was the child's organisation of themselves and their belongings. This is a known symptom of dyslexia and further help should be available in schools to help manage this. Some children indicated having useful aids, such as colour coded diaries, but these are not universally available. Parents recognised the difficulties with organisation and often felt like they had to check to make sure that their child had the appropriate things for school. It would be beneficial for SENCO's to help children with their organisation skills, including helping with diaries and timetables in a visual format that is easily accessible. This could include colour coding lessons in their diary and co-ordinating this with the colour of the exercise book for that lesson. Teaching assistant staff could be helpful in an induction phase to closely monitor whether the children are accessing and benefiting from this support. As some children with dyslexia do not experience organisation difficulties, it would be essential to assess who would be appropriate for this intervention.

This study's important findings are that, in this sample, the children did not necessary have low academic-self-esteem. In fact, they indicated strengths as well as areas they struggled with; there was good evidence of belief in themselves as a result of

this realistic appraisal of strengths and weaknesses. However, it must be considered that the children in this sample may not be representative of children who would be expected to experience difficulties in the transition and furthermore, there was a lack of comparison group to compare other children. Further research into strategies to maintain good self-esteem would support the area of positive psychology and resilience. It would be interesting to test the hypothesis that children with dyslexia may have greater self-awareness of their strengths and difficulties compared to children without difficulties.

This study emphasises the importance of educating school staff and the general public on dyslexia and its associated difficulties. Obtaining a positive ownership of the label clearly increased both self-esteem and academic self-esteem in this study. On-going awareness training is therefore essential for school staff. As dyslexia has both educational and emotional consequences, it is essential to ensure that children are given the best possible school experience. Better schooled children, whose emotional and learning needs have been met, will ensure better outcomes for further education and employment.

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PART THREE

Appendices

Word count: 10, 243

Appendix A: Guidelines for authors for review paper

Dyslexia

Dyslexia is a quarterly journal for the study of specific learning disabilities and other developmental disorders with a target audience of both researchers and practitioners. It publishes articles on both normal and atypical developmental processes from perspectives including psychology, education, linguistics, neuroscience and developmental science.

The journal publishes four categories of articles. Regular articles are substantial accounts of research or practice and are approximately 15 published pages (8,000 words); Brief Reports provide shorter accounts of on-going research, interventions, or professional developments have a target length of about 8 pages (3,000 words); Innovations and Insights present ideas that have potential for research or practice, or comments on these, and will typically consist of 2–3 pages (1,000 words). Practitioner Reviews highlight pertinent issues for screening, assessment and remediation, and particularly those that focus on the practical implications of recently published empirical studies. Contributions of this kind should be discussed before submission with the editor.

Original articles only will be considered. Submission of an article is understood to imply that the article is original and unpublished, is not being considered for publication elsewhere, and will not be submitted elsewhere while it is under review by *Dyslexia*.

All submissions to the journal must be submitted online at http://mc.manuscriptcentral.com/dys. Full instructions and support are available on the site and a user ID and password can be obtained on the first visit. If you require assistance then click the 'Get Help Now' link which appears at the top right of every ScholarOne Manuscripts page. Authors may send queries concerning the submission process, manuscript status, or journal procedures to the editor atj.b.talcott@aston.ac.uk. The journal employs a plagiarism detection system. By submitting your manuscript to this journal you accept that your manuscript may be screened for plagiarism against previously published work. Manuscripts should conform to the conventions specified in the 6th edition of the Publication Manual of the American Psychological Association. Authors may be asked to reformat any manuscripts that do not conform to the following guidelines prior to editorial evaluation.

Preparation of Manuscript

Please provide a title page listing the full title, short title, and names and affiliations of all authors. Give the full address, including email, telephone and fax, of the corresponding author who is to check the proofs. Please also include the name(s) of any sponsor(s) of the research contained in the paper, along with grant number(s) if relevant.

Include up to six keywords that describe your paper for indexing purposes. Practitioner Points: We encourage authors to include up to five bullet points (each of 20 words or less) outlining the relevance of the research to professional practice.

Please double space all material. Manuscripts should have 3cm margins on all sides. Number pages consecutively with the title page as page 1. All tables and other end-of-paper matter except art should be number. A brief title should appear directly above each table. Footnotes are to be avoided: parentheses should be used instead.

Please prepare a brief abstract of no more than 200 words.

The manuscript, figures and tables should all be submitted as separate files. In addition, authors may upload additional material which will go out with the manuscript for review, or longer supplementary material, which will not.

Figures

Digital art files should be saved as TIFF or EPS format, and should be of sufficiently high resolution to appear sharp and artifact-free when printed. Ideally we would like authors to submit their figures in the actual final size. If colour illustrations are supplied electronically in either TIFF or EPS format, they **may** be used in the PDF of the article at no cost to the author, even if this illustration was printed in black and white in the journal. In situations where figures make essential use of colour, the journal can publish a limited number of colour figures in its hard copy version. The cost of printing colour illustrations in the journal will normally be charged to the author.

Numbering of Figures and Tables

Each figure and table must be mentioned in the text and must be numbered consecutively using Arabic numerals in the order of its appearance in the text. Figure captions should appear on a list separate from the text or on the figures themselves. The word "Figure" should always appear as Fig. in the text.

References

Contributors should refer to the APA Publication Manual for the correct listing of references in the text and reference list. All references must be closely checked in text and lists to determine that dates and spellings are consistent. Please note that the names of all authors should be given in the list of references, and "et al." used only in the text. Please include the words "in press" and the DOI number when citing work published online but not yet in hard copy. Examples for books and journals follow:

Journal Article:

Jeffries, S., & Everatt, J. (2004). Working Memory: Its Role in Dyslexia and Other Specific Learning Difficulties. *Dyslexia*, *10*, 196–214.

Book:

Paloutzian, R. F. (1996). *Invitation to the psychology of religion* (2nd ed.). Boston: Allyn and Bacon.

Book with More than One Author:

Natarajan, R., & Chaturvedi, R. (1983). *Geology of the Indian Ocean*. Hartford, CT: University of Hartford Press.

Hesen, J., Carpenter, K., Moriber, H., & Milsop, A. (1983). *Computers in the business world*, Hartford, CT: Capital Press. and so on.

The abbreviation *et al.* is not used in the reference list, regardless of the number of authors, although it should be used in the text citation of material with three to five authors (after the initial citation, when all are listed) and in all parenthetical citations of material with six or more authors.

Web Document on University Program or Department Web Site:

Degelman, D., & Harris, M. L. (2000). *APA style essentials*. Retrieved May 18, 2000, from Vanguard University, Department of Psychology Website: http://www.vanguard.edu/faculty/ddegelman/index.cfm?doc_id=796

Stand-alone Web Document (no date):

Nielsen, M. E. (n.d.). *Notable people in psychology of religion*. Retrieved August 3, 2001, from http://www.psywww.com/psyrelig/psyrelpr.htm

Journal Article from Database:

Hien, D., & Honeyman, T. (2000). A closer look at the drug abuse-maternal aggression link. *Journal of Interpersonal Violence*, *15*, 503–522. Retrieved May 20, 2000, from ProQuest database.

Abstract from Secondary Database:

Garrity, K., & Degelman, D. (1990). Effect of server introduction on restaurant tipping. *Journal of Applied Social Psychology*, *20*, 168–172. Abstract retrieved July 23, 2001, from PsycINFO database.

Article or Chapter in an Edited Book:

Shea, J. D. (1992). Religion and sexual adjustment. In J. F. Schumaker (Ed.). *Religion and mental health* (pp. 70–84). New York: Oxford University Press.

Spelling, Terminology, and Abbreviations

British spelling, rather than American is preferred. The Oxford English Dictionary is the standard reference work when in doubt. Please try to avoid jargon and, wherever possible, abbreviations that are not commonly accepted. All acronyms should be defined in the text.

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Further information

There is no page charge to authors. Proofs will be sent to the author for checking. This stage is to be used only to correct errors that may have been introduced during the production process. Prompt return of the corrected proofs, preferably within two days of receipt, will minimise the delay in publishing your paper. Free access to the final PDF of the article will be available via Author Services. Please register for this service— http://authorservices.wiley.com/. The PDF will appear on the *Wiley Online Library* site.

Reprints

Contributors may order reprints when page proofs are returned.

Appendix B: Guidelines for authors for empirical paper

Journal of Clinical Child and Adolescent Psychology

Aims and Scope

The *Journal of Clinical Child and Adolescent Psychology* (*JCCAP*) is the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53. It publishes original contributions on the following topics: (1) development and evaluation of assessment and intervention techniques for use with clinical child and adolescent populations; (2) development and maintenance of clinical child and adolescent problems; (3) cross-cultural and socio-demographic issues that have a clear bearing on clinical child and adolescent psychology theory, research, or practice; and (4) training and professional practice in clinical child and adolescent psychology as well as child advocacy. Manuscripts that discuss theoretical and/or methodological issues on topics pertinent to clinical child and adolescent psychology also are considered. Authors need not be members of Division 53 to submit articles to *JCCAP* .

There are several criteria that increase the likelihood that a manuscript will be favorably evaluated in *JCCAP* : (1) The paper reflects a substantive advance in our understanding of clinical child and adolescent psychology. (2) The paper is of such importance that it likely will influence an area of research. (3) The paper presents new ideas or creative methods. (4) The paper offers theoretically-driven hypotheses. (5) Multiple measures, informants, or procedures are used to collect data. (6) Sophisticated methodologies are carefully employed. (7) Longitudinal methods are used. (8) Data are rigorously and appropriately analyzed. (9) The implications of the findings for clinical child and adolescent psychology are well articulated.

Style of Manuscripts

Manuscripts should be prepared according to the guidelines in the *Publication Manual of the American Psychological Association* (6th edition; see www.apastyle.com). Typing instructions, including format, organization, and the preparation of figures, tables, and references appear in the Manual. Manuscripts may be submitted as Regular Articles, Brief Reports, or Future Directions. A Regular Article may not exceed 11,000 words (i.e., 35 pages), including references, footnotes, figures, and tables. Brief Reports include empirical research that is soundly designed, but may be of specialized interest or narrow focus. Brief Reports may not be submitted in part or whole to another journal of general circulation. Brief Reports may not exceed 4500 words for text and references. These limits do not include the title page, abstract, author note, footnotes, tables, and figures. Manuscripts that exceed these page limits and that are not prepared according the guidelines in the Manual will be returned to authors without review. Future Directions submissions are written by leading scholars within the field. These articles provide a brief summary of important advances that are needed within a specific research or practice area pertinent to clinical child and adolescent psychology. Future Directions submissions are by invitation only and undergo peer review.

All Regular Article and Brief Report submissions must include a title of 15 words or less that identifies the developmental level of the study participants (e.g., children, adolescents, etc.). *JCCAP* uses a structured abstract format. For studies that report randomized clinical trials or meta-analyses, the abstract also must be consistent with the guidelines set forth by CONSORT or MARS, respectively. The Abstract should include up to 250 words presented in paragraph form. The Abstract should be typed on a separate page (page 2 of the manuscript), and must include each of the following label sections: 1) Objective (i.e., a brief statement of the purpose of the study); 2) Method (i.e., a detailed summary of the participants, N, age, gender, ethnicity, as well as a summary of the study design, measures, and procedures; 3) Results (i.e., a detailed summary of the primary findings that clearly articulate comparison groups (if relevant); 4) Conclusions (i.e., a description of the research and clinical implications of the findings). Avoid abbreviations, diagrams, and reference to the text in the abstract. A list of up to five keywords that describe the central themes of the manuscript should be included below the abstract on page 2. *JCCAP* will scrutinize manuscripts for a clear theoretical framework that supports central study hypotheses.

In addition, a clear developmental rationale is required for the selection of participants at a specific age. The Journal is making diligent efforts to insure that there is an appropriately detailed description of the sample, including a) the population from which the sample was drawn; b) the number of participants; c) age, gender, ethnicity, and SES of participants; d) location of sample, including country and community type (rural/urban), e) sample identification/selection; f) how participants were contacted; g) incentives/rewards; h) parent consent/child assent procedures and rates; i) inclusion and exclusion criteria; j) attrition rate. The Discussion section should include a comment regarding the diversity and generality (or lack thereof) of the sample. The Measures section should include details regarding item content and scoring as well as evidence of reliability and validity in similar populations.

All manuscripts must include a discussion of the clinical significance of findings, both in terms of statistical reporting and in the discussion of the meaningfulness and clinical relevance of results. Manuscripts should a) report means and standard deviations for all variables, b) report effect sizes for analyses, and c) provide confidence intervals wherever appropriate (e.g., on figures, in tables), particularly for effect sizes on primary study findings. In addition, when reporting the results of interventions, authors should include indicators of clinically significant change. Authors may use one of several approaches that have been recommended for capturing clinical significance, including (but not limited to) the reliable change index (i.e., whether the amount of change displayed by a treated individual is large enough to be meaningful, the extent to which dysfunctional individuals show movement to the functional distribution).

All manuscripts should conform to the criteria listed in Table 1 of the 2008 APA Publications and Communications Board Working Group on Journal Article Reporting Standards (published in *American Psychologist*). These reporting standards apply to all empirical papers. In addition, *JCCAP* requires that reports of randomized clinical trials conform to CONSORT reporting standards (http://www.consort-

statement.org/index.aspx?o=2965), including the submission of a flow diagram and
checklist. Nonrandomized clinical trials must conform to TREND criteria (see
http://www.cdc.gov/trendstatement/docs/AJPH_Mar2004_Trendstatement.pdf) and
meta-analyses should conform to MARS standards (see Table 4 in 2008 *American
Psychologist* article).

A masked review procedure will be used on all submitted manuscripts. To prepare
manuscripts for masked review, authors' names and affiliations should not appear on
the title page or elsewhere in the manuscript file (they can be entered into the system
and placed on a separate page in the cover letter file). Footnotes identifying the authors
should be typed on a separate page and submitted in the cover letter file. Authors should
make every effort to ensure that the manuscript file itself contains no clues to their
identities. Manuscripts that do not comply with these instructions will be returned to the
authors without review.

Publication Policies

Authors are responsible for all statements made in their work and for obtaining
permission from copyright owners to use a lengthy quotation (500 words or more) or to
reprint or adapt a table or figure published elsewhere. Authors should write to both
author(s) and publisher of such material to request nonexclusive world rights in all
language for use in print and nonprint forms of the article and in future editions. This
applies to direct reproduction as well as "derivative reproduction" (where you have
created a new figure or table which derives substantially from a copyrighted source).
Authors are required to sign an agreement for the transfer of copyright to the publisher.
All accepted manuscripts, artwork, and photographs become the property of the
publisher.

Submitting Manuscripts

JCCAP uses an online submission and review system, Editorial Manager, through
which authors submit manuscripts and track their progress up until acceptance for
publication. Authors will enter pertinent information into the system and submit the
following files: (1) Cover letter file, containing any comments to the editor, a statement
indicating that the findings reported have not been previously published and that the
manuscript is not being simultaneously submitted elsewhere, and a statement that the
authors have complied with the American Psychological Association's ethical standards
in the treatment of their sample; (2) manuscript file, containing the entire text of the
article, including abstract, all text, references, figures, tables, footnotes, and appendices.
Please log onto www.editorialmanager.com/jccap for information and instructions
regarding registration and manuscript submission.

Appendix C: Quality rating measure for quantitative studies

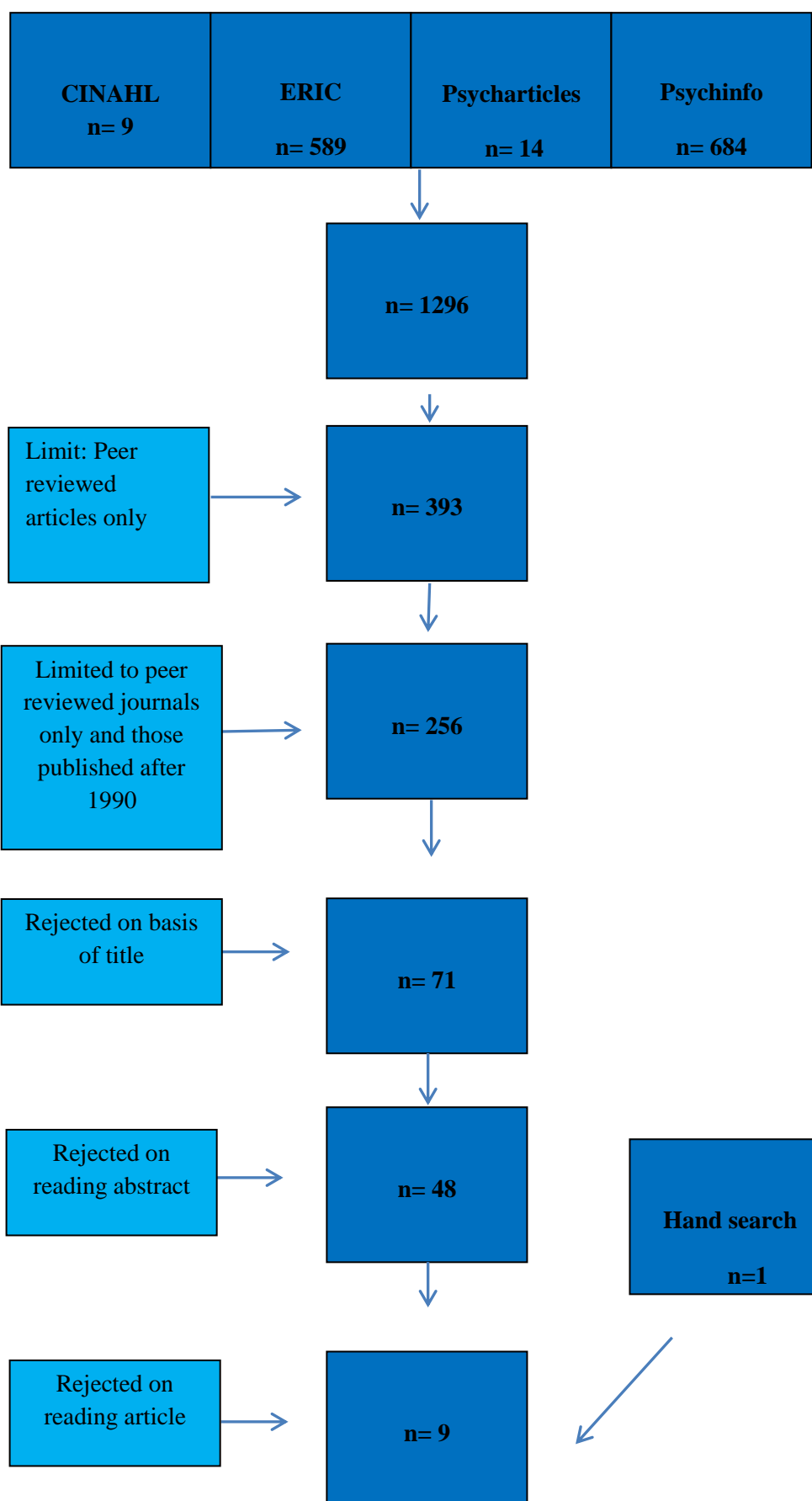|	Yes	No
1. Is the hypothesis/aim/objective of the study clearly described?		
2. Are the main outcomes to be measured clearly described in the introduction and methods sections?		
3. Are the characteristics of the participants in the study clearly described?		
4. Are the measured used clearly defined?		
5. Are the measures used discussed in terms of their reliability and validity?		
6. Are the distributions of principal confounders in each group of subjects to be compared clearly described?		
7. Are the main findings in the study clearly described?		
8. Have the probability values been reported (e.g. 0.035 rather than <0.05) for the main outcomes except where the probability value is less than 0.001?		
9. Were the subjects asked to participate in the study representative of the entire population from which they were recruited?		
10. Was a control group used?		
11. Were the groups matched on demographic variables?		
12. Were those subjects who were prepared to participate representative of the entire population from which they were recruited?		
13. Were the statistical tests used to assess the main outcomes appropriate?		
14. Were the main outcome measures used accurate?		
15. Are limitations of the study discussed?		

Adapted from Downs S., & Black N. (1997). The feasibility of creating a checklist for the assessment of the methodological quality of both randomised and non-randomised studies of health care interventions. *Journal of Epidemiological Community Health* 52, 377- 384.

Appendix D: Quality rating measure for qualitative studies

	Yes	No
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate?		
1.2 Is the study clear in what it aims to do?		
Section 2: study design		
2.1 How defensible/rigorous is the research design/ methodology?		
Section 3: data collection		
3.1. How well was the data collection carried out?		
Section 4: validity		
4.1. Is the role of the researcher clearly described?		
4.2. Is the context clearly described?		
4.3. Were the methods reliable?		
Section 5: analysis		
5.1. Is the data analysis sufficiently rigorous?		
5.2 Are the data 'rich'?		
5.3 Is the analysis reliable?		
5.4. Are the findings convincing?		
5.5 Are the findings relevant to the aims of the study?		
5.6 Are the conclusions adequate?		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations?		

Used from the National Institute of Clinical Excellence, [NICE] (2009) *Methodological checklist: qualitative studies* in NICE Guidelines manual (pp. 208- 212). London: National Institute for Health and Clinical Excellence.

Appendix E: Map of how papers were selected

| CINAHL n= 9 | ERIC n= 589 | Psycharticles n= 14 | Psychinfo n= 684 |

n= 1296

Limit: Peer reviewed articles only → n= 393

Limited to peer reviewed journals only and those published after 1990 → n= 256

Rejected on basis of title → n= 71

Rejected on reading abstract → n= 48

Hand search n=1

Rejected on reading article → n= 9

Appendix F: Quality ratings of quantitative studies selected

Study	Score (max score= 15)
Terras, Thompson and Minnis (2009)	9
Alexander- Passe (2006)	7
Humphrey and Mullins (2002)	13
Frederickson and Jacobs (2001)	11
Humphrey (2002)	11
Taylor, Humes and Welsh (2010)	12
Burden and Burdett (2005)	6

Appendix G: Quality ratings of quantitative studies selected

Study	Score (Max= 14)
Ingesson (2007)	10
Glazzard (2010)	9

Appendix H: Semi-structured interview for parents

How did you think your child found moving to secondary school?

What do you think were the things that they were most concerned about?

What do you think helped you the most with their transition?

Would you consider your child to have been a worrier in the past?

Would you say that they worry any more or less now?

Can you tell me about any times when your child felt worried about moving to secondary school?

How did they deal with this feeling when it happened?

Support

Tell me about the support that your child received.

- How well do you feel they were supported in the move?
- Teachers
- Family

How well do you feel you as a parent was supported?

Has your child had any problems with other young people at the new school?

Is this something that your child has experienced before?

Resilience

What do you think your child found the hardest thing to cope with when they began secondary school?

- What was about it that you think they found so hard?
- How did they manage that?

What would you describe as your child's main strengths have been in moving to secondary school?

What positive things have you noticed about how your child has coped with the transition to secondary school?

- What would they see as the best thing about moving?

Academic Self concept

In what way do you feel your child's difficulties with dyslexia have affected their experience of moving to secondary school?

How well do you feel as though your child feels they are achieving?

Do you think that they feel they can do as well as others?

Self-Esteem

Since secondary school, how do you think your child felt about themself?

Do you think this is any different from how they have felt previously?

How is it different?

Advice

What advice would you give to other children moving up to secondary school?

What advice would you give to other parents who are experiencing their child moving to secondary school?

What have you learnt that might be helpful to others who move up next year?

How would you sum up your child's experience of the move to secondary school?

How would you sum up your experience of your child's move to secondary school?

Is there anything else that you want to tell me about your child's move to secondary school?

Appendix I: Semi-structured interview for children

How did you find moving to secondary school?

What were the things that you were most concerned about?

What do you think helped you the most with the transition?

Have you ever been a worrier in the past?

Would you say that you worry any more or less now?

Can you tell me about any times when you felt worried about moving to secondary school?

How did you deal with this feeling when it happened?

Support

Tell me about the support you received.

- How well do you feel like you were supported in the move?
- Teachers
- Family

Have you had any problems with other young people?

Is this something that you have experienced before?

Resilience

What did you find was the hardest thing to cope with when you began secondary school?
- What was about it that you found so hard?
- How did you manage that?

What good/positive things have you noticed about how you have coped with moving to secondary school?

What would you describe your main strengths have been in moving to secondary school?

- What would you see as the best thing about moving?

Academic Self concept

How do you feel having dyslexia has affected your experience of moving to secondary school?

How well do you feel as though you are achieving?

Do you think that you can do as well as others?

Self-Esteem

Since secondary school, how have you felt about yourself?

Is this different from how you have felt previously?

How is it different?

Advice

What advice would you give to other children moving up to secondary school?

What have you learnt that might be helpful to others who move up next year?

How would you sum up your experience of the move to secondary school?

Is there anything else that you want to tell me about your move to secondary school?

Appendix J: Demographic information

Exploring the transition from primary to secondary school: Experiences and parental

perceptions of children with dyslexia

Demographic information

1. Sex of child participant:

Male   Female

(please circle appropriate box)

2. Age of participant:

3. . How old was your child when he/she was diagnosed with dyslexia?

4. Have any of the family experienced any stressful life events in the last year?

5. How much involvement does your family have with the Dyslexia charity*?

6. Please describe the type of secondary school your child attends.

7. Do you as a parent have dyslexia?

8. How did you overcome any difficulties you may have experienced?

Appendix K: Demographic information of participants

Participant pseudonym name	Gender	Age at participation	Age of diagnosis of dyslexia	Parent has a diagnosis of dyslexia	School type
Katie	Female	11	9	No	Average sized urban school
Alex	Female	11	8	No	Average sized urban school
Jack	Male	12	8	No	Average sized urban school
Robert	Male	12	8	No	Average sized urban school
Michael	Male	12	7	No	Average sized urban school
Adam	Male	12	8	No	Average sized urban school
David	Male	12	8	Yes	Small school in countryside

Appendix L: Ethics Committee letter

REMOVED FOR HARD BINDING

Appendix M: Ethical Approval

REMOVED FOR HARD BINDING

Appendix N: Covering letter for Parents

Dear parent,*

Ruth Stevens, who is a local trainee clinical psychologist studying at the University of Hull, approached me earlier in the year to discuss the feasibility of a study looking into how children with dyslexia cope with the transition from primary school to secondary school.

 I thought it was a great idea as this is an under researched area in children's schooling. The experiences that you and your child have encountered during this period will be invaluable for her research. The information collected will be useful to help many other students making the same journey.

Included is an information pack from Ruth for you and .... and Ruth's contact details. I fully support this doctoral research project. I really hope you will consider taking part in this and contribute your personal experience to her research.

Do not hesitate to contact me if you want any more information.

Appendix O: Parent information sheet

Parents Information Sheet

Exploring the transition from primary to secondary school: Experiences and

parental perceptions of children with dyslexia

You are being invited to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take some time to read the following information really carefully. Talk to others about the study if you wish.

Part 1 tells you the purpose of this study and what will happen if you take part. Part 2 gives you more detailed information about the research. Please ask if there is anything that is not clear or you would like some more information on it. This research is being conducted by Ruth Stevens, Trainee Clinical Psychologist at the University of Hull, as part of a Doctorate in Clinical Psychology.

Part 1.

What is the purpose of the study?

This study aims to find out what helps and what is difficult when children with dyslexia move from primary school to secondary school. This study specifically looks at the child's view of the transition, including how they coped with the change. I also want to look at parent's perception of their child's experience of the transition. It is hoped that the results of the study will help other families in the future.

Do I have to take part?

No, it's completely up to you and your child whether you want to take part or not. If you both do, you will be given this information sheet to keep and you will be asked to sign a consent form. You and your child are free to withdraw at any time and without giving a reason.

What will happen if I take part?

If you decide you would like to take part in the study, you can contact the researcher using the details given below, or ask at your Dyslexia charity* centre. The researcher will then telephone to arrange a convenient first meeting you, her and the study participant. This meeting can be at home or Dyslexia charity* centre, depending upon your preference. During the meeting, the researcher will explain more about what the research will involve and you will be asked to sign a consent form, which means you agree to take part in the study. Your child will also be asked to sign a form to confirm that he/she is happy to take part. The study will only commence if both you and your child agree to take part. The researcher will then ask you some questions on your child's age and their diagnosis of dyslexia. You will be then asked separately some questions

about your perception of how your child has experienced the transition to secondary school. This interview will also last up to an hour or less. Your child will then be asked questions around their experience of the transition to secondary school. This should last up to an hour or less. Both interviews will be recorded.

Will my taking part be kept confidential?

Yes, all the information about you and the child's participation in the study will be anonymous and confidential. If the researcher feels concerned about the well- being or safety of yourself or your child, she will discuss the possibility of talking through this with someone. Further details are included in Part 2 of the information sheet.

Contact details
If you have any further questions at this time, please do not hesitate to contact the researcher on [insert here] or email [insert here].

If the information in part 1 has interested you and you are considering taking part in this research, please continue to read the additional information in Part 2 before making any decisions.

Part 2

What will happen to the results of the study?

The results of the study will be written up as part of professional postgraduate training at the University of Hull and may be submitted for publication to an appropriate professional journal. It is hoped that the information will be used to provide advice for other families, but also provide information on how children with dyslexia experience the transition, and what are parent's perceptions of their child's experiences. An advice pack may be developed to give to families that have been in contact with the Dyslexia charity*. If you are interested in finding out about the results of the study, the researcher will arrange a way to feed this back to you.

What will happen if I don't want to carry on with the research?

If you withdraw from the study, all identifiable material will be destroyed, but we will need to use the data collected up to your withdrawal.

What if there is a problem?

If you have a concern about any aspect of the study, you should ask to speak with the researcher, who will do her best to answer your questions.

Will my taking part in the study be kept confidential?

All information which is collected about your during the course of the research will be kept strictly confidential. All information will be stored in a locked filling cabinet at the University of Hull and will have your name and address removed so you cannot be recognised from it. The interview recordings will be anonymised by the use of a coding system so that neither you or your child can be identified directly from the recordings.

Who has reviewed the study?

The study has been reviewed by the University of Hull Post Graduate Medicine Institute ethics committee.

Thank you for your time

Appendix P: Letter of invitation to children

Exploring the transition from primary to secondary school: Experiences and

parental perceptions of children with dyslexia

Dear ………………….

I would like to invite you to take part in a research study that looks at the experience of moving from primary school to secondary school. I would like to ask you a few questions about your experience, but also ask your parents questions on your experience as well. It would be really good to learn and understand how you found this, as it's such a big change.

You are completely free to choose whether or not to complete the study. You can also stop at any point. Anything you say will remain confidential, which means that no one else will be told. The option to withdraw what you have said will be given. All the things that we speak about will be anonymous, which means that your name will not be used. The information will be used to write a report, which may suggest important ideas for how to support children with moving to secondary school.

I am enclosing an information pack that will give you a bit more information about the study. It would be good to go through this with a parent.

Yours sincerely,

Ruth Stevens

Trainee Clinical Psychologist
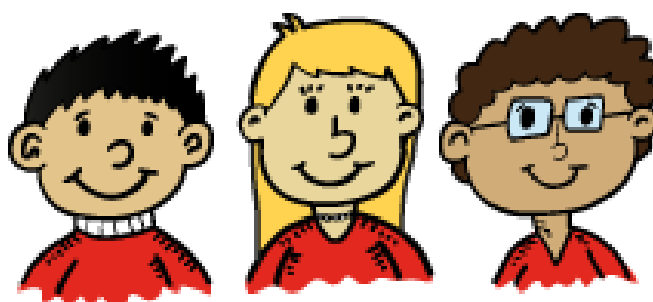
Appendix Q: Children information sheet

<u>Moving to your new school: What was it like?</u>

Exploring the transition from primary to secondary school: Experiences and parental

perceptions of children with dyslexia

Study Information Sheet

My name is Ruth and I am training to be a Clinical Psychologist. As part of my training, I have to do a research project.

Would you like to take part in my study? The study is about thinking about what helps you do well now that you are at your new school.

Before you decide if you want to take part, look at the information on this sheet. This sheet will give you information on this study.

If there is anything that you are not sure about, you can ask your parents, or ask them to ring or send an email so you can speak to me.

What is this study about?

The aim of this study is to find out about children with dyslexia experience of moving to secondary school and thinking about things that have helped in this process.

Do you have to take part?

No, it is totally up to you. If you decide that you would like to take part, you will need to sign a form to say that you would. Even if you say you would like to take part, you can change your mind at any time. If you change your mind, this is not a problem and no one will mind,

Can I ask questions before I decide?

Yes. Your parents have my email address and phone number so you can ask them to call or email with your questions. You can talk to anyone you want to about the study if you are not sure.

What will happen if I take part?

If you decide to take part, you will need to sign a form to say that you want to take part. After that, I will come to meet you and we will talk about ideas around the move to secondary school. This can be at home or at Dyslexia charity* centre. I would like to find out things that help at school, and things that you might find difficult. While you are talking, what you say will be recorded on tape. This is so that later I can listen again to you and write some ideas down. We will probably talk for about an hour or less.

Will what I say be kept private?

Yes everything that you say will remain confidential. If your parents want to know a little bit about what you have said, if it is ok with you, they will be given a general idea of the things that we spoke about. Only you and your parent will know that you are taking part in this study. Your school will only know if you and your parents say that it's ok. I will use a special code on the tape so only I know that it's yours. Tapes are kept in a locked cabinet so no one else can listen to them.
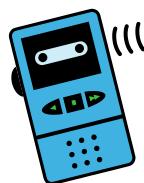
The only time I would have to tell someone is if I was worried that you are not safe. I will tell you if I need to talk to someone. I will NOT talk about you behind your back.

What will happen to the information that is collected?

I am going to write about what I find out. I might also talk to the people at the dyslexia charity* as there might be something that will be helpful to other families. If you or your parents want to know about what I have found out I will tell you.

What if there is a problem?

If you have any worries about this study, you can ask your parents to call or email, so you can speak to me.

Thank you for reading!

Appendix R: Assent form

<u>Assent form</u>

Title: Exploring the transition from primary to secondary school: Experiences and parental perceptions of children with dyslexia

Young person to circle all they agree with:

Has somebody else explained this project to you?	Yes/No
Do you understand what this project is about?	Yes/No
Have you asked all the questions you want?	Yes/No
Have you had your questions answered in a way you understand?	Yes/No
Do you understand it's OK to stop taking part at any time?	Yes/No
Are you happy to take part?	Yes/No

If <u>any</u> answers are 'no' or you don't want to take part, don't sign your name!

 If you <u>do</u> want to take part, you can write your name below

Your name   …………………………………………………….

Date   …………………………………………………….

The person who explained this project to you needs to sign too:

Print Name …………………………………………………….

Sign   …………………………………………………….

Date   …………………………………………………….

Thank you for your help.

Appendix S: informed consent form

Participant Identification number for this study:

CONSENT FORM

Title of project: Exploring the transition from primary to secondary school: Experiences

and parental perceptions of children with dyslexia

Please initial the box

Name of Researcher: Ruth Stevens

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without any medical care or legal rights being affected.	☐
4. I am aware of the potential risks and benefits of taking part.	☐
6. I agree to take part in the above study	☐

_____   _____

_____

Name of participant   Date   Signature

_____   _____

_____

Name of person   Date   Signature

Taking consent

Appendix T: Epistemological statement

The approach of qualitative analysis means that we as researchers are able to identify 'personally subjective, socially and historically contingent knowledge about a person's particular way of understanding the world' (Landridge and Hagger- Johnson, 2009 p 362). This is therefore unlike the positivist stance that focuses on a world where reality is fixed and measurable (Greig, Taylor and MacKay, 2007). It is suggested that there are three epistemological stances in which qualitative inquiry exists, which include interpretivism, hermeneutics and social constructionism (Schwant, 2000).

In planning the research, the researcher considered various options for methodology and postulated on what would offer the most insight into how children with dyslexia experience the transition to secondary school and how their parents perceive this change. Using psychometric measures that specifically targeted factors such as resilience and self-esteem would provide interesting data, but not the richness that comes with qualitative data. Qualitative data would allow for interpretation and really allow the researcher to gain insight and a significant understanding of the children's, and the families' experiences. Semi-structured interview seemed an appropriate way to explore these issues. The researcher had preconceived ideas around what both children and parents would disclose during interviews, however, during data collection, the responses offered differed from the researcher's ideas, which would be expected. The researcher expected that families would have seen the transition as more of a negative experience rather than a positive experience, however, families reported more success with the transition. Therefore the researcher considered the research more in terms of acknowledging the resilience of participants rather than focusing on difficulties experienced.

There are several ways in which qualitative data can be generated and analysed, which include grounded theory (Glaser and Strauss, 1967), discourse analysis (Harris, 1952) content analysis (Berelson, 1952), framework analysis (Richie and Spencer, 1994) and interpretative phenomenological analysis (Smith, Jarman and Osbourne, 1999). While this study utilised IPA, various other approaches were also considered.

Grounded theory seeks to make theoretical assertions that can be then tested and verified (Holloway, 2005). It involves identifying analytic categories as they emerge from the data. This methodology was considered unsuitable for this research, due to the nature of conducting research with a small pool of participants and being unable to proceed through the stages of developing questions and obtaining data. Furthermore, one of the main aims of the research was to develop an understanding of the experience of children with dyslexia making transitions, and aims were not based around forming theory.

Another method considered was content analysis. The procedure of content analysis involves systematic coding and putting text into categories, which allows for exploration of vast amounts of text (Grbich, 2007). It is, however, often criticised for providing a superficial overview (Grbich, 2007) as it tends to summarise pre-existing data rather than discovering new ideas and concepts; it was therefore rejected as an option for analysis in this study.

Discourse analysis was also considered. Discourse analysis was developed by social constructionists and concentrates on language use rather than emphasising meaning for participants (Landridge and Hagger- Johnson, 2009). Discourse analysis is mainly concerned with the study of grammar beyond the sentence, language in use and the rhetoric of power (Schiffren, Tannen and Hamilton, 2001). This method of analysis can be criticised for the perceived lack of a person in the approach (Butt and Landridge,

2003).This research aimed to explore individual's experience of the transition to secondary school, and therefore this method of analysis was not deemed appropriate.

Due to the chosen methodology of using child and parents' perspectives, framework analysis was also considered as a possible approach. This way of analysis starts deductively from pre-set aims and objectives; the analysis is informed by a priori reasoning, involving identifying themes and aiming to map these themes out and make links between them (Pope, Ziebland and Mays, 2000). It was considered as an option; however it is usually used for applied policy research with set objectives to achieve, which is not what this study set out to do. Additionally, it was felt that it would not capture the child's experiences in the same way as IPA would. The child's experiences were central to the researchers thinking throughout this research process.

IPA was the chosen methodology for this research. IPA aims to offer insights into how a person in a context makes sense of their experience, which is usually of some personal significance (Reid, Flowers and Larkin, 2005). Using this approach meant that the researcher could study the participant's words and develop themes from the data (Willig, 2001). IPA does not focus on concrete descriptions of experiences; rather it highlights beliefs and reflections, which therefore makes the semi-structured interview method an appropriate tool for data collection (Langdridge and Hagger- Johnson, 2009). This would therefore allow children and parents in the study to reflect on their attitudes and perceptions about transition. IPA also recognises that people may not be able to express inner processes, and IPA allows for further interpretation of the data. This applies to people of all ages; however, it is perhaps even more relevant for children, who may not have developed a level of understanding or awareness of inner processes, and it may be yet more relevant to children with additional difficulties. IPA as an analysis choice seemed to stand out at the most appropriate in order to gain an

understanding of children's experience of the transition to secondary school and their parent's perception of this experience.

It is always important to recognise our own values and experiences and how they may affect interpretation of the information shared by participants. Additionally, the researcher was aware that being relatively young herself may have an impact on interpretations made during analysis because the researcher has not so distant experiences of transitions in education. Therefore, the researcher utilised peers to discuss and validate the themes generated from analysis. Furthermore, the researcher discussed the transcripts and themes generated during research supervision to increase validity.

When carrying out research with children, it is essential to be aware that the interests of the researcher may not hold quite the same interest for children and young people and it is important for the researcher to really recognise and appreciate their participation (Roberts, 2008). Considering the children and the communication forms they use, and the children's characteristics is therefore vital (Tisdall, Davis and Gallagher, 2009). This again meant the methodological approach was tailored to gain an understanding of participants' experiences and really recognise and value their interpretations. Therefore, 'capturing children's lived experiences of the world and meanings they attach to those experiences from their own perspectives' (Hogan, 1998, p2) were the main aims of the research alongside obtaining parents perception of this experience and identifying any similar themes across interviews.

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Appendix U: Reflective Statement

This statement aims to document the journey I have experienced through the process of writing my thesis. It has been an incredible journey that has been fulfilling but also very challenging at times.

When I originally began considering ideas for research, I found it very difficult to choose a specific area that I wanted to focus my attention on. I was aware I knew that I wanted participants to be children, but had numerous areas of interest including experience of asylum seekers, fostering placements, sibling relationships and additionally, specific learning difficulties. I began to read a lot into all of these areas and as time went on I gradually narrowed down my area of interest to focus to specific learning difficulties. Being able to discuss ideas in research supervision was really helpful to consider what would be the area to focus on. This area was mainly chosen due to interest in how children with difficulties at school cope, with awareness that when children experience academic failure, this can also have considerable impact on their general functioning including sense of self, specifically self-esteem. I found this process quite enjoyable, but frustrating at times as it felt as though it took a long time to decide on my area of interest.

When I chose this area of research, I then began considering ideas as to what I would like to focus on. I considered the area of transition to secondary school and how children with dyslexia experience this transition. This area seemed particularly interesting and the more I read around children's experience of dyslexia, the more I began thinking about this transition.

When I first began considering how I would measure experience of transition for children with dyslexia, I favoured a quantitative approach. This was mainly due to consultation with my field supervisor and discussing how this would add further

understanding to this area of research and that a quantitative approach would provide measures before the transition and after the transition, offering a perspective on what ways the transition affects children with dyslexia.

I looked at various measures, including measures of self-esteem, academic concept and anxiety and thought about which areas would be interesting to measure. I considered adding a qualitative element to this research too as I felt that this would provide further data that would be rich and would value children's experiences. Due to time restraints and potential flaws in this methodology, a qualitative design was then adopted. I then considered what information I wanted to gather and looked at research in the area of general transition for children without any specific learning needs. It was decided to take a systemic approach to the research, in order to gain further understanding into parent's experiences of their child's transition alongside the child's experience. I developed a semi-structured interview that was based around key theories and concepts in this area, but also general questions around experience of this transition. Interviewing family members who were about to start secondary school was very beneficial as it gave me an opportunity to test out the questions and make sure that they were appropriate to the developmental stage of the participants I would be recruiting.

It was really helpful to have a field supervisor who had a considerable amount of knowledge in this area and was also able to start initial communication with the dyslexia charity from which I recruited participants. Recruitment was relatively straight forward; I had enough interest in the project to get the required number of participants needed for qualitative research. I was lucky that two dyslexia centres were willing to become involved in my research. Both principals were very interested in the project and were very eager to offer their input into the study, which was great. I had a lot of anxiety around the possibility of there being a lack of interest or willingness for families

to participate in the research, but I was pleasantly surprised by the responses that occurred. It was fascinating to hear about families' experiences and using a semi-structured interview approach meant that I was able to explore further ideas that came up during interviews. I really valued the enthusiasm and open approach that families took and felt welcomed into their homes and was really interested in the responses they gave. This resulted in gaining lots of rich data. Additionally, it was an interesting experience to take the role of a researcher rather than a clinician. I found that often I had to resist jumping in and saying things that would be more appropriate in a clinical situation.

After all the data was collected, I began the very tedious task of transcribing this data. This was a very time consuming and frustrating element of research, but also very essential and important. It was really useful to transcribe the interviews and to really experience what the participants were saying. I then considered what would be the most appropriate methods of analysis. As my research involved both parents and children, I considered framework analysis. I then began to think about using interpretative phenomenological analysis and the idea of developing emerging themes in participant's experiences. I particularly enjoyed the process of analysis, and really getting to grips with what the children and their parents were saying. It involved a lot of sifting through the material and really making sense of what was being said. On occasions, I found it difficult to remain objective and not allow my own ideas and hypotheses to interfere with the analysis process and the generation of superordinate and subordinate themes. I remained objective by constantly looking through the transcripts and carrying out IPA in a systematic way.

Writing up the research felt strange as the lead up to being in a position to then begin writing seemed very long. It felt as though I would not get to this point. I found the

write up pleasant, but also difficult as it involved a lot of editing, going back to the literature and a lot of thinking and developing ideas and thoughts around discussing the results. It felt very satisfying at the end to have an empirical paper written.

When I began my literature review, I considered many ideas but when I searched some of these, it was often the case that there was not enough research in the area to carry out a literature review. I was specifically interested in how children with learning difficulties experience psychosomatic symptoms that may result in them not attending school. I was interested in the area of resilience and the idea that children with learning difficulties may develop further resilience due to their difficulties at school. I also considered various aspects of psychosocial functioning in children and how I could look at literature in this area specifically related to children with dyslexia. I considered many areas including anxiety and depression, academic self- concept and self-esteem. I originally wanted to review symptoms of depression and anxiety; however, through researching this area, it was apparent that a review had already been completed. This process resulted in the final literature review being chosen: The effect of having dyslexia on self-esteem. I felt that this fitted really well with my empirical paper, which I considered very important.

I found the process of carrying out the review interesting, but also challenging. I often came across articles of interest that were then used in my empirical study. I really emersed myself in the literature. I found the process of reviewing the studies selected in detail, and thinking about their aims, design, methodology, findings and conclusions quite satisfying. I also enjoyed thinking about how the findings of each study fitted together and how comparisons could be made between different studies even though different methodology was adopted. The review highlighted how this question around self-esteem and dyslexia is difficult to measure, but also difficult to answer. I have a

specific interest in positive psychology, and it was nice to read about how children coped with difficulties and how self-esteem was not necessarily affected and some children were resilient and able to cope when they had difficulties at school.

Choosing journals to submit too was a more difficult task than originally predicted. It ultimately involved thinking about what would be the good things about submitting to specific journals, and what would be the not so good things. It was decided that I would submit my empirical paper to the Journal of clinical child and adolescence psychology. This was because it was a family based study that involved aspects of psychology and education and this journal seemed most appropriate. As my literature review could be interpreted as quite a specific area of research, it was decided that this review would be submitted to the Journal of Dyslexia on this basis.

Overall, I feel as though I have learnt so much through this journey of carrying out doctorate research. At times I felt very stuck and unable to proceed forward, at other times I felt productive and very engaged with the research. My research ideas have drastically changed from my original trails of thoughts and I feel as though I have developed a sense of resilience in relation to changing ideas. Unlike other pieces of work, I have felt emotionally attached to my thesis, probably due to it being something of mine and all the challenges that I have experienced along the way. I cannot over-emphasise how fantastic it was to meet the young people and their parents and for them to discuss their experiences in such an open and honest way. Finally, being offered guidance by several professionals really made me feel supported throughout this journey, something that was considered crucial in order for this research to be complete.

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158