EXAMINING THE NATURE OF EDUCATIONAL INCLUSION FOR STUDENTS LABELLED WITH A SPECIFIC LEARNING DISABILITY (SLD)

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ABSTRACT
The phenomenon of defining, labelling and educating students with a specific learning disability (SLD) has undergone much controversy and debate. However, it remains unclear how an SLD label impacts on educational inclusion within the Australian context. In Australia there is no clear definition of SLDs, limited legal and policy acknowledgement of this disability group, and insufficient funding to support the educational inclusion of the estimated 10% of students who experience difficulties with literacy and numeracy tasks due to SLDs. This has increased the presence of educational barriers and the sense of exclusion experienced by students with SLDs.

In Australia, a range of terms and definitions, typically drawn from the US, Canada and the UK, have been adopted to describe SLDs. These include dyslexia, learning disabilities, learning disorders and specific learning disabilities. A range of non-diagnostic terms have also been applied to students with SLD characteristics, with ‘learning difficulties’ being the most common in the Australian education context. The label ‘learning difficulty’ typically serves as a non-diagnostic umbrella term for a broad range of learning barriers. This label has been used to segregate students from the mainstream classroom, and has often resulted in the provision of inappropriate supports. This approach has been problematic for students with SLDs, and is likely to be associated with educational exclusion and overrepresentation in a range of negative life outcomes.

This study responds to the evidence gap on SLD inclusion through investigating the lived experiences of a group of tertiary students labelled with an SLD, and seeks a deeper understanding of responses to the SLD label within the Australian education context. In accordance with a qualitative instrumental case study approach, 21 students with a diagnosed SLD were interviewed in order to understand factors that have fostered or hindered their sense of educational inclusion. All participants described experiences in primary, secondary and tertiary education. Eight extended case studies provide additional data to support understanding of the lived experience of this cohort of learners.

The analytical process in this study employed Bronfenbrenner’s (1999) bio-ecological model, representing the individual within their broader social context. This enabled a range of influences and themes to be represented in the conceptual analysis of data. Findings in this study capture key themes pertinent to the experiences of students with ‘hidden’ disabilities in
an educational context where there is poor awareness of SLDs, and few supports in place to effectively cater for their learning requirements.

In order to foster an empowering sense of educational inclusion, the study provides evidence indicating the importance of the SLD label, knowledge about SLDs, and the provision of supports in alignment with an SLD profile of strengths, weaknesses and processing preferences.
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Thanks to the 21 students who gave their time to openly and honestly share their stories for this study. Revisiting your stories, including your perseverance against the odds, has provided me with the motivation to complete this thesis.

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Declaration
This thesis contains no material which has been accepted for the award to the candidate of any other degree or diploma, except where due reference is made in the text of the examinable outcome. To the best of my knowledge, this thesis contains no material previously published or written by another person except where due reference is made in the text of the examinable outcome. Where work is based on joint research or publications, the relative contributions of those workers or authors are disclosed.

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This thesis has been copyedited and proofread by Dr Jillian Graham (Articulate Writing Solutions), whose services are consistent with those outlined in Section D of the Australian Standards for Editing Practice (ASEP). Dr Graham’s own fields of study encompass Social History, Women’s Studies, Musicology and Psychoanalysis.

Signature: [Signature]
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<td>ABE</td>
<td>Adult Basic Education</td>
</tr>
<tr>
<td>APA</td>
<td>American Psychiatric Association</td>
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<tr>
<td>DDA</td>
<td>Disability Discrimination Act</td>
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<tr>
<td>DEST</td>
<td>Department of Education, Science and Training</td>
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<tr>
<td>DSM</td>
<td>Diagnostic and Statistical Manual</td>
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<tr>
<td>GRD</td>
<td>General Reading Difficulty</td>
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<tr>
<td>ENTER</td>
<td>Equivalent National Tertiary Entrance Ranking</td>
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<tr>
<td>ICF</td>
<td>International Classification of Functioning</td>
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<tr>
<td>IDEA</td>
<td>Individuals with Disabilities Education Act</td>
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<tr>
<td>IDEIA</td>
<td>Individuals with Disabilities Education Improvement Act</td>
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<tr>
<td>IEP</td>
<td>Individual Education Plan</td>
</tr>
<tr>
<td>NJCLD</td>
<td>National Joint Committee on Learning Disabilities</td>
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<tr>
<td>RTI</td>
<td>Response To Intervention</td>
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<tr>
<td>SEN</td>
<td>Special Educational Need</td>
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<tr>
<td>SLD</td>
<td>Specific Learning Disability</td>
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<tr>
<td>TAFE</td>
<td>Technical and Further Education</td>
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<tr>
<td>UDL</td>
<td>Universal Design for Learning</td>
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<tr>
<td>UNCRPD</td>
<td>United Nations Convention on the Rights of Persons with Disabilities</td>
</tr>
<tr>
<td>VCAL</td>
<td>Victorian Certificate of Applied Learning</td>
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<td>VCE</td>
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CHAPTER 1: CONTEXT OF THE STUDY

1.1 OVERVIEW

A group of students exists within mainstream schools whose members are of average to above-average intelligence, yet they experience difficulty learning. While reasons for learning difficulties are diverse, this thesis focusses on a subset of students who experience academic barriers due to a specific learning disability (SLD). SLDs are recognised as specific, not global, lifelong cognitive impairments identified through the unexpected underachievement in a range of standard learning processes. These processes typically include listening, speaking, spelling, written expression, mathematics, understanding, or reading including decoding and comprehension (American Psychiatric Association, 2013; IDEA, 2004; Hammill, 1990). SLD characteristics are particularly evident in the education context, where individuals are confronted with reading and writing expectations on a daily basis. For those unable to comprehend the written word or write to expected norms due to an SLD, the experience of education is often fraught with barriers that impact one’s sense of inclusion and success with learning.

There is significant variation across the globe in the awareness and educational inclusion of students with SLDs. A number of countries have no explicit recognition of this disability group at legislative or policy level. This in turn affects the presence of school-based interventions available to foster educational inclusion for the estimated 10% of students with SLDs (Rath & Royer, 2002; Mather & Wendling, 2012; Shaywitz, 2003). When unsupported, these learners are at significant risk of disengagement from education, and are overrepresented in juvenile justice, adult imprisonment, unemployment and suicide statistics (Macdonald, 2012a; 2012b; Daniel, Walsh, Goldston, Arnold, Reboussin & Wood, 2006; Wilson, Deri Armstrong, Furrie & Walcot, 2009). These negative life outcomes have been associated with limited inclusionary supports in education, resulting in school being a significant time of stress for many students with SLDs.

While the experience for students diagnosed with an SLD is invariably difficult, some progress has been made in recent years in a number of countries in addressing educational inclusion for this disability group. The identification and educational inclusion of students with SLDs has progressed particularly in the US, UK, Canada and the Netherlands (Firth, 2010a; 2010b; Steeg & Firth, 2011). In such contexts, SLDs are recognised at legislative and
education system levels. In addition, these countries demonstrate momentum towards embedding evidence-based inclusionary strategies and processes to identify and support students labelled with an SLD (Firth, 2010a; Steeg & Firth, 2011). For example, the dyslexia-friendly school model in the UK embeds not only funded identification processes, but also expertise in evidence-based pedagogical practices for the mainstream inclusion of students with SLDs (Firth, 2010b). Current advancements in these settings have demonstrated acknowledgement of the phenomenon of SLDs, and a systemic commitment to support this cohort of learners.

Research into the inclusion of students with SLDs has identified a range of specific and useful interventions. In particular, international literature suggests that acquiring an SLD diagnosis is useful in improving self-acceptance and access to support for students with SLDs (Glazzard, 2010; Macdonald, 2010; Taylor, Hume & Welsh, 2010). Another important strategy to encourage inclusion is for students with SLDs to be supported in their participation in mainstream education classes. The mainstream inclusion of students with SLDs is promoted in contexts that encourage full inclusion through the removal of barriers for all students (Slee, 1993; Taylor et al., 2010; van Swet, Wichers-Bots & Brown, 2011). This is complemented by student-focused pedagogy, an approach encouraged for educating students with SLDs due to an emphasis on educator insight into the learning needs of individual students (Fry, 2015; van Swet et al., 2011).

The inclusive education paradigm has been significant in promoting the progress towards inclusion for students with SLDs. Inclusive education is an approach that values the human rights of all students, is responsive to all learning needs and aims for barrier-free participation in the cultures, curricula and communities of mainstream education settings (Booth & Ainscow, 2002; Forlin, Chambers, Loreman, Deppeler & Sharma, 2013). In alignment with this position, the mainstream or inclusive school is regarded as the dominant context globally for educating students with disabilities (Rieser, 2012), including those with SLDs. For this cohort of learners, the inclusive education framework seeks to identify and remove the daily exposure to literacy and numeracy barriers that hinder full and equitable inclusion. When well implemented, this approach ensures that all students are catered for within the mainstream classroom.

The inclusive education paradigm is a key response to global advocacy for all children with disabilities to be educated in their local school within mainstream classrooms wherever possible (Rieser, 2012). The international recognition of disability as the relationship between an impairment and environmental barriers (World Health Organization & the World Bank;
2011) has been adopted in this drive for inclusion. This recognises the interplay between an individual’s functional limitations and barriers in the environment as jointly contributing to the impact of a disability (WHO, 2011). This position is emphasised in Article 1 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (United Nations, 2006) and the World Health Organisation’s International Classification of Functioning (ICF) Disability and Health (WHO, 2001). Of particular relevance is Article 24 of the UNCRPD, which acknowledges that education should be accessible, free from discrimination and delivered “on the basis of equal opportunity ... within an inclusive education system at all levels” (United Nations, 2006). Australia is a signatory to the UNCRPD, and the ICF’s internationally-accepted definition of disability is acknowledged by the Australian Government in its identification and recording of disability (Australian Bureau of Statistics, 2004; McIntosh & Phillips, 2002). This international stance on disability rights and inclusive education gives rise to an environment where equitable participation is the desired outcome for students with SLDs.

While some countries demonstrate progress in the educational inclusion of students with SLDs, a range of challenges remains. One key obstacle towards inclusion is the lack of clarity in a unified SLD definition (Scanlon, 2013). Settling upon a single description of the characteristics of an SLD has proven to be problematic, with a variety of definitions favoured within different disciplines and contexts. As a result, there continues to be a range of definitions and labels for SLD along with variations in causes and indicators for this condition (Kerr, 2001).

Historically, many different terms have been applied to individuals with indicators of an SLD, illustrating the challenges related to nomenclature for this condition over the past two centuries. The terms word blindness, partial word blindness and alexia were applied in the late 1800’s to describe children who could recognise letters, but had difficulty reading words (Gayan-Guardiolai, 2001). In 1943, Strauss published research in which students with SLD indicators were referred to as “cripple-brained” and as the “deficient child” (Carlson, 2005). It was not until the 1960s and 1970s that the US federal government popularised the term learning disability (Carlson, 2005).

In Australia, Learning Difficulties Australia (LDA), a national body designed to support students with a wide range of learning barriers, including SLDs, encountered conflicting advice over SLD terminology (Jenkinson, 2007). The nomenclature debated by LDA included “learning disabilities, specific learning disabilities and learning difficulties” (Jenkinson, 2007, p33). In addition, Daryl Greaves, former president of LDA, researched
alternative terms used to describe students with indicators of an SLD. These included “dyslexia, deep dyslexia, surface dyslexic, phonological dyslexic, reading disabled, learning disabled, and backward reading children” (Jenkinson, 2007, p33). Such terms indicate the ongoing debate and confusion in settling upon a single description for SLDs.

In the literature, and more significantly in today’s mainstream classrooms, the myriad of terms applied to SLDs that continue to impact the clarity of nomenclature for this disability group include: dyslexia, learning difficulties, language disorders, specific learning disorders, reading difficulties and learning disabilities. Compounding the confusion over the SLD label, many SLD definitions focus on a student’s level of deviation from normative standards. This focus on deficits is thought to negatively influence educator perceptions of students labelled with an SLD (Alton-Lee, Rietveld, Klenner, Dalton, Higgins & Town, 2000). As a consequence, the learning potential of students with SLDs risks being misunderstood, leading to inappropriate interventions and poor educational outcomes. It also leaves students with SLD characteristics feeling disempowered and excluded from education (Tanner, 2010). Further to the confusion surrounding the SLD definition and label, there is limited acknowledgement of the interaction between the cognitive nature of an SLD and the environmental barriers that can significantly impact one’s sense of inclusion. Contexts with limited awareness of SLDs often present with a range of literacy and numeracy barriers that impact the daily education of students with SLDs. Without acknowledging and addressing barriers within the education context, students with SLDs are likely to remain excluded from many educational opportunities.

1.2 THE AUSTRALIAN CONTEXT

In Australia, unlike the US, UK and Canada, students with SLDs do not have access to system-wide screening, assessments or appropriate educational supports (Firth, 2010b). As a result, inclusion of students with SLDs has not been strong. In addition, SLD continues to be poorly represented at legislative and policy level (Bond, Coltheart, Connell, Firth, Hardy, Nayton & Weeks, 2010; Payne & Irons, 2003; Steeg & Firth, 2011). The inconsistent understanding of the SLD label in Australia has most likely contributed to the poor identification and inappropriate or insensitive educator responses to students from this disability group (Callinan, 2011; Firth, 2010a; Munyard, Sullivan, Skues, & Cunningham, 2008; Skues & Cunningham, 2011; Tanner, 2010).

In Australia’s mainstream classrooms, the efficacy of SLD inclusion has been challenging for many educators. This has resulted in a number of students slipping through
the gaps because barriers to their learning have not been identified or supported (Bond et al., 2010; Fry, 2015; Skues & Cunningham, 2011). As a result, students with SLDs continue to be poorly understood and inadequately catered for within the Australian education system. This ongoing lack of recognition of the SLD label in Australia impacts advancements in the understanding and inclusion of this cohort of students. Consequently, the systemic and pedagogical barriers faced by students with SLDs point to a context in greater need of awareness of the educational experience of students from this disability group.

The field of SLD research in Australia has not been particularly strong. The focus of Australian-based studies has largely been on quantitative investigations concerned with SLD identification, or qualitative studies on teacher efficacy towards SLD inclusion. One study that has received some attention is that of Munyard and colleagues (2008), that identified limitations in educator awareness of, and capacity to cater for, students with SLDs. This study also highlighted Australia’s confusion around SLD nomenclature through the interchange of terms such as learning difficulty, learning disability and dyslexia (Munyard et al, 2008). Another study of interest is that by Tanner (2010), which focused on a tailored vocational education course for adults with dyslexia. According to MacCullagh (2014), this is the only published study in Australia reporting the experiences of tertiary students with a diagnosed SLD. Tanner’s (2010) research emphasised the detrimental impact that the absence of an early diagnosis and limited community awareness of SLDs had on study participants. In addition, poor life outcomes for individuals with SLDs have been reported in a number of Australian publications, indicating that those not identified while at school are at heightened risk of unemployment, criminal conviction and mental health conditions (Boon, 2001; Carroll, Houghton, & Bourgeois, 2014; Skues & Cunningham, 2011; Smart, Prior, Sanson, & Oberklaid, 2005; Tanner, 2010). The lack of inclusionary pedagogical strategies and limited opportunities to source early diagnosis in Australia appear to have played significant roles in restricting the successful educational inclusion of students with SLDs.

A dominant theme throughout Australian research is the revelation of limitations in awareness of the phenomenon of SLDs in the education system. Poor SLD awareness has been reported by students, disability specialists and educators. In particular, SLD as a disability group is not recognised by education departments or by the majority of teachers in Australia’s primary and secondary schools (Fry, 2015; Williams, 2013). This lack of acknowledgement of SLDs is also evident through the absence of quantitative data on the actual prevalence of SLDs in Australia. Research indicates that this may be due to limitations in funding, as well as inadequate recognition at legislative and policy levels of this disability
group (Bond et al., 2010; Callinan, Cunningham & Theiler, 2013, Fry, 2015; Payne & Irons, 2003; Skues, 2010; Williams, 2013).

Confusion over the meaning and application of the SLD label highlights a context with inadequate understanding of the defining features of SLDs. Further to this point, the majority of related studies in Australia focus on students within the broad non-diagnostic learning difficulty categorisation, with few Australian studies focusing on students with diagnosed SLDs. Despite the recent emergence of research related to SLDs and learning difficulties in Australia, there continues to be an absence of studies related to the student perspective, including understanding the role of the SLD label in educational inclusion. As a result, there remains a need to understand, through the student lens, the experience of inclusion or exclusion, the types of supports of value, and systemic responses to the SLD label within the Australian education context.

1.3 FOCUS OF THE STUDY

The focus of this study is on identifying factors that foster or hinder educational inclusion for students labelled with an SLD. This study does not seek to pose a new approach to defining SLDs, but rather to identify the role of the SLD label in access to and participation in education. This study is focused on the inclusive education context as the most dominant setting globally for educating this cohort of learners (Rieser, 2012). Readiness of the mainstream education system to receive students from the hidden disability group of SLD, the multi-dimensional impact of labelling for this student population, access to services, risks of myths and misconceptions, and the student response to their labels are all considered throughout this study.

1.4 SIGNIFICANCE OF THE STUDY

Despite the problematic application of SLD nomenclature and limited educational supports in Australian education settings, there has been minimal debate regarding the definition of SLDs. Skues and Cunningham (2011) postulate that this is in part due to the absence of funding for this cohort of learners. Consequently, there is a need to acquire a deeper understanding of how students with SLDs are accommodated in the Australian education context. This is particularly relevant, as Australia presents as a context with limited understanding and minimal systemic recognition of this disability group.

It is thought that by investigating student responses to the SLD label, this qualitative study can make a number of contributions in relation to participation in education for students
with SLDs. The outcomes of this study seek to assist in contextualising the application of the SLD label, and to identify factors that may improve the sense of educational inclusion for students from this disability group. In particular, through understanding the perspective of students who experience SLDs, the most prominent barriers to inclusion may be identified along with the key factors relevant to fostering their sense of educational inclusion. This contribution is of value to students with either an identified or not-yet-diagnosed SLD, as well as those who are interested in the educational inclusion of this cohort of learners.

1.5 AIM OF THE STUDY

The aim of this study was to explore the lived experiences of a cohort of students diagnosed with an SLD to understand:

- factors that foster educational inclusion for students with SLDs
- factors that hinder educational inclusion for students with SLDs
- the role the SLD label plays in access to and participation in education

Twenty-one students in Australia with a diagnosed SLD were investigated in regard to their engagement in primary, secondary and tertiary education. Within this context, the role of the SLD label in fostering or hindering educational inclusion was explored. In doing so, this study has investigated the discourse of SLD within the disability and education paradigms with the aim of gaining a deeper understanding of responses to the SLD label within the Australian education context.

1.6 STUDY DESIGN

This study used a qualitative research design to investigate the lived experiences of tertiary students with a diagnosed SLD. In particular, an instrumental case study methodology provided a framework for gathering and understanding a rich account of experiences (Stake, 1978; 2005; Yin, 1994). Semi-structured interviews were undertaken with a sample of 21 students with a diagnosed SLD. They shared stories about their transition through Australian primary, secondary and tertiary education systems. The investigation of student engagement with multiple government and non-government schools, vocational education providers and universities offers a unique insight into the educational experiences of students with the SLD label. A purposive sample (Patton, 2002) of students aged 18 to 30 years who had been diagnosed with an SLD and were undertaking tertiary level studies was selected for this study.
The literature referred to in this study has been selected so as to contextualise the complexities in identification and labelling of individuals with an SLD, analyse the discourse associated with SLDs, and understand how the inclusive education context responds to students with the SLD label.

Limitations to this study are largely related to the participant sample. Many individuals with SLDs in Australia are underrepresented in tertiary education. In contrast, participants in this study have gained entry into a vocational education or university course, with many already graduating from one course to transition into a higher level of study. This is not typical for the population of students with SLDs, due to current barriers in access to and participation in education. As a result, the participant sample in this study is viewed as a successful cohort of students with an SLD. In addition, given that the majority of students with an SLD in Australia remain unidentified, participants in this study are recognised as a subset of the broader SLD population.

1.7 STRUCTURE OF THE THESIS

This thesis consists of six chapters, commencing with an introductory chapter that provides an overview of the rationale and focus of this study. Chapter two offers a detailed investigation of international and Australian research in relation to identifying and educating students with an SLD. The review of literature is divided into three sections, commencing with an outline of the complexities in identifying and defining SLDs. This is followed by an investigation of labelling theory within the disability paradigm, including associations between SLD labelling and educational inclusion. Finally, the literature review focuses on inclusive education as the most common context for educating students with SLDs. Within this section, a range of primary, secondary and tertiary education contexts across the world are discussed in relation to their role in accommodating students labelled with an SLD.

Chapter three discusses the methodological approach underpinning this study. Within this chapter, the application of instrumental case study methodology and the role of Bronfenbrenner’s (1999) bio-ecological model are explored. This chapter details the relevance of this model in supporting an understanding the various bi-directional influences to inclusion or exclusion for students with SLDs.

Chapter four presents eight of the 21 student interviews as extended case studies, providing an illustrative demonstration of the lived experience in regard to the sense of educational inclusion for a sample of students labelled with an SLD. These case studies highlight a range of significant experiences in relation to the role of the SLD label in fostering
or hindering educational inclusion. This chapter aims to bring to life the lived experiences of a cross-section of participants in this study.

Chapter five provides an analysis of the interview data. The influence of Bronfenbrenner’s bio-ecological model is woven throughout this chapter, and an adaptation of this model for the presentation of findings is discussed. The dominant contribution of this chapter is the explanation and presentation of key themes, as well as the overarching factors of greatest significance to the sense of educational inclusion or exclusion for individuals labelled with an SLD, as identified through the data analysis.

The thesis concludes with a discussion chapter highlighting key outcomes from this study. This final chapter reveals a range of implications and recommendations for improving educational outcomes for students labelled with an SLD.
CHAPTER 2: LITERATURE REVIEW

2.1 OVERVIEW

The phenomenon of defining, labelling and educating students with a specific learning disability (SLD) has undergone much controversy and debate. Despite attempts to identify and progress educational inclusion for students with SLDs, confusion and discrepancies in supporting this disability group continue. Three discrete yet interconnected factors related to understanding SLD are the characteristics, social perceptions and educational responses for students with SLDs. These factors are drawn upon to frame this literature review.

This chapter is divided into three sections, commencing with the definitional debate. This is followed by situating the phenomenon of SLDs within the theory of labelling. Building on the preceding two sections, the final section examines the current evidence-base and the dominant approaches to educating students with the SLD label in primary, secondary and tertiary education.

2.2 SECTION ONE: THE COMPLEXITIES IN DEFINING SPECIFIC LEARNING DISABILITIES

2.2.1 Overview of Section One

An exploration of literature has identified global discrepancies in defining SLDs (Humphrey & Mullins, 2002; Kavale & Forness, 2000; Poole, 2003; Scanlon, 2013; Rose, 2009). Despite attempts, there is no unified agreement on the defining features of an SLD, resulting in a variety of definitions being favoured within different disciplines and contexts. This irregularity and confusion in the definitional realm impacts the assessment, labelling and educational inclusion of students with SLDs. This struggle reveals the challenges of researching and understanding this phenomenon far more than it offers conclusions about how the label and definition are used to support the education of individuals with this impairment. For the purposes of this study, the definitions of greatest significance are discussed along with a critique of their applicability for the education sector.

2.2.2 Defining Specific Learning Disabilities

An internationally-recognised definition for SLD, adopted in the Australian context to define participants in this study, is that by the American Psychiatric Association (APA). This definition both describes and operationalises SLDs:
“Learning Disorders are diagnosed when the individual’s achievement on individually administered, standardized tests in reading, mathematics, or written expression is substantially below that expected for age, schooling, and level of intelligence. The learning problems significantly interfere with academic achievement or activities of daily living that require reading, mathematical or writing skills. A variety of statistical approaches can be used to establish that a discrepancy is significant. Substantially below is usually defined as a discrepancy more than 2 standard deviations between achievement and IQ. A smaller discrepancy between achievement and IQ (i.e., between 1 and 2 standard deviations) is sometimes used, especially in cases where an individual’s performance on an IQ test may be compromised by an associated disorder in cognitive processing, a co-morbid mental disorder or general medical condition, or the individual’s ethnic or cultural background. If a sensory deficit is present, the learning difficulties must be in excess of those usually associated with the deficit. Learning Disorders may be persistent into adulthood” (American Psychiatric Association, 2000, pp 49-50).

This definition was developed from a psychological perspective for the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) for clinical, research and educational purposes (American Psychiatric Association, 2000). Following a 14-year revision process, it was superseded in May 2013 with the release of the DSM-5, and has adopted the term ‘specific learning disorder’, broadening its diagnostic application (American Psychiatric Association, 2013). Within this definition, there now exists explicit reference to the terms and diagnostic categories of dyslexia and dyscalculia (American Psychiatric Association, 2013), acknowledging dyslexia as a literacy-based SLD (Mather & Wendling, 2012) and dyscalculia impacting the acquisition of numeracy-related skills (Williams, 2013).

The most significant contribution in the revised definition is the removal of the controversial aptitude and achievement discrepancy formula (Scanlon, 2013). This has resulted in a greater emphasis on a search for meaning, both from within the student and their broader environment (American Psychiatric Association, 2013). In addition, the revised APA (2013) definition acknowledges student capacity to respond to various academic interventions. This position is aligned with the educational model in US legislation — the Individuals With Disabilities Education Improvement Act (IDEIA) 2004 — recognising that early identification
and intervention is particularly important for individuals with this impairment (American Psychiatric Association, 2013).

It is significant to note the longstanding disagreement with the DSM-IV, which is the definition applied to the identification of participants in the present study. This is due to its association with unexpected underachievement, indicated by a discrepancy between intellectual ability and educational achievement. The discrepancy reference is absent from many accepted definitions, considered as too complex to be solely relied upon as an operational indicator (Kavale & Forness, 2000). This debate indicates the risk in discrepancy testing, an approach requiring students to demonstrate significant failure before being singled out for identification and support (Cowen & Dakin, 2012; Heim & Keil, 2004; Johnson, Mellard & Byrd, 2006; Kavale & Forness, 2000; Poole, 2003).

Viewing SLD through the ability and achievement discrepancy is incongruent with US legislation, the Individuals With Disabilities Education Improvement Act (2004). It is also contested by some practising psychologists (Cowen & Dakin, 2012). Validating this concern, one study involving a large-scale population of students labelled with an SLD found that only an estimated 50% presented with a significant aptitude achievement discrepancy (Kavale & Reese, 1992). In contrast, Scruggs and Mastropieri (2002) affirm the discrepancy model as the most objective indicator of SLDs. Further to this point, many students with indicators of an SLD are often initially identified by a classroom teacher or parent through their presentation of higher cognitive potential than indicated by their academic performance. This is especially the case in contexts with poor awareness and limited support for students with SLDs. As such, the discrepancy model in the Australian education context continues to be relevant, due to limitations in early identification and incongruent academic interventions (Callinan et al., 2013).

Despite global recognition of the APA DSM-IV and DSM-5 definitions, alternative SLD definitions are frequently adopted by researchers and practitioners (Cowen & Dakin, 2012; Kavale, 2005; Kavale & Forness, 2000). The National Joint Committee on Learning Disabilities (NJCLD) and the Individuals with Disabilities Education Improvement Act (IDEIA) definitions are highlighted as being dominantly accepted within the critical analysis of learning disability definitions by Kavale and Forness (2000). NJCLD, a consortium formed in 1981 of six US-based professional associations representing SLDs, agreed upon a definition that emphasised the cognitive origin and permanent nature of this condition (Hammill, Leigh, McNutt & Larsen, 1988; Hammill, 1990). The NJCLD definition recognises that "learning disabilities is a general term that refers to a heterogeneous group of disorders manifested by significant
difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities" (Hammill et al., 1988, p1). In regard to causation, NJCLD states that these "disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span" (Hammill et al., 1988, p1). This definition also acknowledges that "problems in self-regulatory behaviours, social perception and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability" (Hammill et al., 1988, p1).

Another SLD definition of relevance, applied to the US education system, is found in the Individuals with Disabilities Education Improvement Act, 2004. This Federal Act was previously known as Public Law 94142 (1975) (Kirk & Kirk, 1983), and then the Individuals with Disabilities Education Act (IDEA) 1990, 1997, before its most recent version in 2004. Written into US federal legislation is this definition of SLDs:

“Specific learning disability” means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, or emotional disturbance, or of environmental, cultural, or economic disadvantage (IDEIA, 2004).

The IDEIA definition is most commonly used by the US education sector, due to its authoritative description of the characteristics of SLDs (Johnson et al., 2006), and its federal enactment ensuring recognition of SLD as a distinct disability group (IDEIA, 2004). Despite this definition positioned at legislative level ensuring the SLD label is named and reflected in law, it has not escaped critique. Its reference to brain injury and emotional or behavioural disturbance being in part responsible for the onset of an SLD is rejected by those pure to the cognitive origin and specific status of SLDs (Banai & Ahisar, 2006). As noted in the DSM-5, such behavioural features are best identified as secondary symptoms or reactive factors and not causes of an SLD (Scanlon, 2013). As such, the distinction between causation and presentation of associated behaviours is worth acknowledging within an SLD definition (American Psychiatric Association, 2013; Scanlon, 2013).
A review in Britain on identifying and teaching children and young people with dyslexia, being by far the most common of all SLDs, was led by Sir Jim Rose in 2009. This review considered numerous published definitions of dyslexia before constructing this working definition:

“Dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling. Characteristic features of dyslexia are difficulties in phonological awareness, verbal memory and verbal processing speed. It is best thought of as a continuum, not a distinct category and there are no clear cut-off points. Co-occurring difficulties may be seen in aspects of language, motor coordination, mental calculation, concentration and personal organization but these are not by themselves markers of dyslexia. A good indication of the severity and persistence of dyslexic difficulties can be gained by examining how the individual responds or has responded to well-founded intervention. Dyslexia occurs across the range of intellectual abilities” (Rose, 2009).

This definition raises a number of interesting concepts that are absent in other definitions. Most obvious is the notion of a continuum with no clear cut-off point, bypassing the two standard deviation cut-off points in the DSM-IV (American Psychiatric Association, 2000), alongside its potential incidence across the range of intellectual abilities. The reference to dyslexia being a difficulty rather than a disability is also contested, with most other definitions referencing the term ‘disability’, emphasising the permanent cognitive origin of this condition. This definition echoes the emerging theme also found in the DSM-5 (American Psychiatric Association, 2013) and IDEIA (2004), which recognises that understanding student responses to various interventions assists in the identification of an SLD. The notion of SLD identification in relation to response to intervention is explored in more detail when examining SLD diagnostic approaches later in Section One of this review.

The DSM-5 (American Psychiatric Association, 2013), NJCLD (Hammill et al., 1988), IDEIA (2004) and Rose (2009) definitions provide a snapshot of SLD, including the commonalities and differences across definitions. All four definitions recognise the lifelong cognitive nature of SLDs, alongside potential co-morbidity with other conditions. Despite some inconsistency across these definitions, they generally caution that SLDs are not caused by other disabilities or circumstances related to one’s learning environment (American Psychiatric Association, 2013; Hammill et al., 1988; IDEIA, 2004). This factor is often misunderstood in the education context.
The different nomenclature used in these definitions continues to indicate a lack of uniformity in SLD terminology across the globe. The transition to the SLD label in the IDEIA definition, however, emphasises a reference to specific rather than global characteristics, and has offered some protection from probable confusion with many other learning difficulties. For example, in the UK, the term ‘dyslexia’ is used to refer to SLDs, and the terms ‘learning difficulties’ and ‘learning disabilities’ are commonly applied to people with intellectual disabilities. The terms ‘specific learning disorders’, ‘learning disabilities’, ‘specific learning disabilities’ and ‘dyslexia’ applied respectively to these definitions continues to play a role in the confusion surrounding the SLD label in the education context.

Common to the definitions discussed is the specific nature of SLDs, and its impact on the basic literacy and numeracy skills that are foundational for whole-of-life tasks (American Psychiatric Association, 2000; 2013; Hammill et al., 1988; IDEIA, 2004; Rose, 2009; Scanlon, 2013). The distinctiveness of SLD as an impairment affecting specific areas of cognitive functioning appears to have been the driving force behind the establishment of a unified definition (Kirk & Kirk, 1983). This drive has occurred within the framework of respecting possible co-morbidity with other impairments, without assigning causality to these conditions (Fletcher, Lyon, Barnes, Stuebing et al., 2002). The emphasis on the specific nature and lifelong cognitive origin of SLDs has been significant in enforcing attention on the permanency of this impairment (Hammill et al., 1988; Fletcher et al., 2002). The precise knowledge of SLD characteristics in turn provides a platform for understanding and effectively responding to students with this disability.

In appreciating the common elements across definitions, Mather and Wendling (2012) stress the permanent neurological nature of SLDs evidenced by barriers in the acquisition, interpretation and presentation of spoken and written language and numeracy-based competencies. Hence there is general acknowledgement that SLDs are defined as specific and not global cognitive impairments, identified through the unexpected underachievement in a range of standard learning processes concerned with listening, speaking, spelling, written expression, mathematics, understanding, and reading including decoding and comprehension (Banai & Ahisar, 2006; Dumont, 1982; Fiedorowicz, Benezra, MacDonald, McElgunn, Wilson & Kaplan, 2001; Hammill et al., 1988; Hammill, 1990; Heim & Keil, 2004; Johnson et al., 2006; Kerr, 2001; Kirk & Kirk, 1983; Schumacher, Hoffmann, Schmal, Schulte-Korne & Nothen, 2007). Despite general acceptance by psychologists, educators and SLD organisations of these common aspects of SLDs, the search for definitional clarity continues to be complex, with discrepancies across the interpretation and presentation of this condition.
2.2.3 The Complexities in Defining and Understanding the Phenomenon of Specific Learning Disabilities

The process of naming and defining SLDs has undergone much controversy and debate. Due to contextual variability and multi-disciplinary perspectives, there exists a multitude of terms and defining features for this impairment. Acknowledgement of this complexity is significant in the understanding of the varied responses from the education sector to students with this label. Kavale and Forness (2000) acknowledge that "beyond a vague description about generalized learning failure, LD definitions are not particularly insightful" (p249). Further to this, most SLD definitions are critiqued for their focus on what SLD is not, rather than what it is (Kavale, 2001). As a result, debate amongst psychologists, educators and SLD specialists continues in regard to agreement on a consistent and universally-accepted definition of this impairment. In addition, the very nature of SLDs means that individuals will present differently in a range of cognitive, physiological and behavioural characteristics related to literacy and numeracy tasks (Francks, MacPhie & Monaco, 2002). This positions SLD as a disability with a range of characteristics that present differently from person to person. The impact of the varied presentations of SLDs and the associated definitional debate are largely reflected in the education sector's confusion and inconsistent responses to students from this hidden disability group.

Settling upon a single unified definition for SLDs is an ongoing quest, with the education sector continuing to draw upon different definitions and terms for this condition. This was affirmed by Tanner (2010) in her qualitative Australian-based study, which investigated the educational experience of adults with dyslexia in a tailored vocational education course for students with this disability. She stated that finding a clear definition acceptable to all is "akin to finding a needle in a haystack" (p36). Probably the most pertinent representation of the confusion surrounding the SLD definitional debate is the reference to the Humpty Dumpty character in Lewis Carrol's *Through the Looking Glass*, who said, "When I use a word . . . it means just what I choose it to mean – neither more nor less" (Kavale & Forness, 2000, p246). This statement reflects both autonomy and confusion in the generation and adaptation of SLD definitions, depending on the context and its intended use. As a result, the fundamental flaw in the overwhelming autonomy in SLD labelling is that such definitions do not need to be true, just useful (Rantala, 1977 cited in Kavale & Forness, 2000).

The inherent risk in using contextually-bound or stipulative definitions is most apparent when varying indicators are applied to measure for the one condition (Kavale & Forness, 2000). For example, the operational definition in the DSM-5 describes discrepancy
as the gap between expected and actual achievement (American Psychiatric Association, 2013). There is, however, no explicit reference to expected achievement measurements, and these can differ from country to country. With the absence of specified measurement tools in SLD definitions, and differing literacy indicators across the world, there is bound to be irregularity in the identification of SLDs (American Psychiatric Association, 2000; Kavale & Forness, 2000). SLD definitions are consequently lacking sufficient detail in regard to the actual nature of the impairment. This in turn impacts the existence of a unified suite of diagnostic tools used to identify an SLD (Kavale & Forness, 2000; Mather & Wendling, 2012).

The Greek translation of ‘diagnosis’ is to ‘get to know completely’ (Gayan-Guardiolai, 2001). This encourages a contextual understanding of an individual’s SLD. As such, it promotes a move away from a pure medical diagnosis to also take into consideration each student’s learning and support context (van Swet et al., 2011). With this in mind, there is some justification for the variability in definition and operationalisation of the SLD label in relation to differing education settings. Illustrating this point, Poole (2003) suggests that an ecological perspective, rather than a purely educational and scientific perspective, is more appropriate to support the understanding of SLDs. This approach incorporates an appreciation of the interactions between an individual and their environment when identifying an SLD. This removal from the pure cognitive focus of SLD identification is worth noting, as the variables in the education context can play a significant role in generating or removing barriers for students with SLDs (Bond, 1999; Macdonald, 2010; Tanner, 2009; 2010; Taylor et al., 2010; van Swet et al., 2011).

The search for a definition and label in many school contexts is often driven by funding and a desire to categorise students based on their degree of deviation from normative expectations (Tanner, 2009; 2010). For the purposes of funding, education settings accustomed to categorisation in accordance with a medical understanding of disability and deficit ontology are likely to be more stringent in defining an SLD than contexts that place the onus on the mainstream classroom teacher to educate students with SLDs. As a number of countries, including Australia, lack system-wide funding and SLD identification processes, defining this condition remains ad hoc, and is often driven by families interested in discovering the cause behind their child’s learning barriers.

In Australia, there has been significant international influence and variation in response to students presenting with SLDs (Allen & Scott, 2004; Firth, 2010a). Tanner (2010) affirms confusion in this matter, identifying the "definitional gymnastics evident throughout the literature as to what dyslexia actually is", and noting that there is no clear definition for the
Australian education context (p20). Munyard, Sullivan, Skues and Cunningham (2008) illustrate Australia's nomenclature confusion through the interchangeable use of 'learning disability' and 'dyslexia', with the former influenced by the US and the latter by the UK. In addition, there is an interchange between the labels of 'SLD' and 'learning difficulties' in Australia. This is significant for a number of reasons, primarily because 'SLD' is a diagnostic term for a specific disability, and 'learning difficulty' serves as a non-diagnostic umbrella term for a broad range of learning barriers, with each attracting often conflicting interventions (Skues & Cunningham, 2011; Munyard et al., 2008; Firth, 2010a).

In Australia, the term 'learning difficulty' is varied in its application, often encompassing a range of disability groups, or exclusively applied to only those with poor literacy skills (Ellis & Purdie, 2005). For example, the Australian government's formerly-named Department of Education, Science and Training (DEST) states that the label of “learning difficulties applies to students in mainstream schools who do not meet national literacy and numeracy benchmark standards” (Ellis & Purdie, 2005, p7).

The most problematic misinterpretation resulting from the interchange between the terms ‘SLD’ and ‘learning difficulties’ relates to the implementation of inappropriate and ineffective remediation-based interventions (Ellis & Purdie, 2005; Serry, Rose & Liamputtong, 2014). These are in direct contrast to the lifelong and cognitive nature of SLDs, which are resistant to intervention (Fletcher et al., 2002; Skues & Cunningham, 2011). Ultimately, the absence of an Australian definition for SLD exacerbates the lack of clarity of SLDs in the education sector (Allen & Scott, 2004; Callinan, 2011; Fry, 2015; Williams, 2013), with definitional and nomenclature inconsistency impacting the awareness of and inclusionary classroom practices for students with SLDs.

Despite the problematic application of the SLD label in Australian education settings, minimal SLD definitional debate has occurred. This is thought in part to be due to the absence of funding for this cohort of learners (Fry, 2015; Skues & Cunningham, 2011; Williams, 2013). In addition, Cunningham and Firth (2005) identify resistance to labelling of SLDs, due to the negative connotations of this impairment in the school system. In particular, Cunningham and Firth (2005) cite the NSW Education Department’s director of disabilities program, Brian Smyth-King, who states that his department “preferred to take a ‘non-labelling approach’ to learning difficulties” (p.7). This is also cited by Tanner (2010), confirming a continuing acceptance of this position. In addition, a recent resource by an Australian-based consortium of researchers designed to support successful mainstream inclusion of students with disabilities, including Disability Programs Directorate of the NSW Department of Education
Training, Brian Smyth-King, concluded that the “goal of any adaptation should be student success without labelling” (Shaddock, MacDonald, Hook, Giorcelli & Arthur-Kelly, 2009, p40). This position, although encouraging student-focussed teaching; reinforces “disregarding labels” for particular disability groups (p15). The New Zealand Ministry of Education aligns with this stance, also avoiding defining and categorising students with SLDs (New Zealand Government, 2007). Further to this point, there is no recognition of terms such as ‘SLD’ or ‘dyslexia’ in the NZ Ministry of Education, who suggest that there are risks associated with labelling students (New Zealand Government, 2007).

This non-labelling stance in Australia and New Zealand differs from the position in the US, Canada and the UK, where there is legislative and policy recognition of SLDs, as well as appreciation of the label, in both identifying and implementing relevant supports (Cameron & Nunkoosing, 2012; Firth, 2010a; 2010b; Williams, 2013). An accurate SLD diagnosis is recognised as significantly more effective in fostering educational inclusion than the absence of a diagnosis (Cunningham & Firth, 2005; Firth, 2010a). This position was highlighted in an Australian evaluation of targeted teacher training of students with SLDs, where “clarity of a definition of learning disabilities was the critical turning point for participants” leading to future changes in practice, including incorporation of inclusionary strategies in the mainstream classroom (Munyard et al., 2008, p256). Thus, accuracy in defining an SLD, including correct identification of both strengths and weaknesses, is thought to be paramount in the subsequent application of appropriate inclusive education strategies.

2.2.4 Identifying Specific Learning Disabilities

The multi-faceted nature of SLDs has resulted in a range of tools being required to measure educational achievement, cognitive processes and intelligence so as to acquire a formal SLD diagnosis (Gartland & Strosnider, 2006). Of particular significance in identifying SLDs is the multi-disciplinary approach. The origins of this are identified through the clinical work and research of Strauss as a neurologist, Werner from a psychological perspective and Lehtinen through an educational lens (Dumont, 1982). This multi-disciplinary input is significant in respecting the student within their education and support context. It also supports in the differentiation of SLD from other disabilities (Dumont, 1982, Hammill, 1990). Input from a range of disciplines enriches the diagnostic process, as professionals from different perspectives support in the identification of factors that may interfere with the acquisition and development of skills related to listening, speaking, reading, writing, reasoning and numeracy (Mather & Wendling, 2012). In practice, however, the diagnostic role remains in
the domain of psychologists, with variations in how they interact with professionals within the education context in the identification of an SLD.

In many countries, including Australia, a range of SLD assessment tools are adopted, adapted or developed through access to international resources. Typical assessments for SLD, administered by psychologists, measure for auditory processing, expressive and receptive language, cognitive processing speed, retrieval of information from long-term memory, attention and motivation, and motor dexterity (Mather & Wendling, 2012). Testing for these aspects of cognitive functioning and academic achievement supports the psychologist in arriving at an accurate diagnosis. Further to this, diagnostic results can be used to develop an individual profile of strengths, weaknesses, learning strategies and academic accommodations (Mather & Wendling, 2012). Information derived from a range of cognitive tests, combined with an understanding of the learning context, is particularly useful in developing a complete profile of the student with an SLD, including the identification of suitable supports.

Psychologists typically use a wide range of assessment tools to diagnose an SLD. For example, tests such as the Wechsler Adult Intelligence Scale (WAIS) or for children the WISC, the Comprehensive Test of Phonological Processing and the Sutherland Phonological Awareness Test-Revised, the Woodcock Johnson III Diagnostic Reading Battery, Wechsler Individual Achievement Test and the Neale Analysis of Reading Ability are often used in SLD assessments (Mather & Wendling, 2012).

To varying degrees, debate continues in regard to the diagnostic approach to assigning an SLD label (Callinan, Theiler & Cunningham, 2013; Ho, 2004), with this being considered by some as more an art form than a science (Macdonald, 2009). Further to this point, Elliott (2005; 2014) acknowledges that non-reading-based SLD symptoms are too subjective, and not exclusive to an SLD. This adds to the complexity in arriving at an SLD diagnosis. The variety of tools used to diagnose SLDs were identified by Sparks and Lovett (2009), who investigated the methods for diagnosis of an SLD among US post-secondary college students from 1990 to 2008. The authors highlight a lack of consensus among diagnosticians and researchers in regard to methods to diagnose an SLD, identifying “more controversy than consensus”, and revealing 39 different criteria for diagnosing SLDs across 108 studies (Sparks & Lovett, 2009, p496).

In the education context, the identification of an SLD has been described as a series of dance steps, indicating that "students cannot be learning disabled on their own. It takes a student and teacher making just the right moves at just the right time in the context of schools
that are well organized for the production of a learning disability" (McDermott, 1993). Although used by McDermott, (1993) to illustrate the social constructivist perspective of disability by demonstrating the external barriers that a student can move in and out of, this metaphor is more akin to Bronfenbrenner’s (1999) bio-ecological interpretation of the individual within their context. Through this lens, it can be understood that viewing the student as an active dancer rather than a passive recipient, they too bring not only their impairment but also a range of reactions or coping strategies that influence the dance moves. It is therefore relevant to view the entire context in the formation of a disability, and not simply environmental barriers, as social constructionists would suggest (Ellis & Purdie, 2005).

In the past decade, UK and US schools have initiated significant changes in the identification and inclusion of students with SLDs. This has led to a greater onus being placed on the classroom teacher in the identification process, incorporating reflections of pedagogical strategies that do or do not foster the inclusion of students with indicators of an SLD (Fuchs, Fuchs & Vaughn, 2008; Rose, 2009; Smith, Peters, Sanders & Witz, 2010). US and UK education systems incorporate the Response to Intervention (RTI) and the 3 Waves of intervention respectively in the identification of an SLD. These approaches promote teacher-initiated removal of learning barriers as the first response, potentially delaying access to a formal assessment (Kavale & Forness, 2000; Rose, 2009; van Swet et al., 2011). In these approaches, tailored differentiation and specialist interventions are introduced prior to the final stage of intervention where a student is recommended for an assessment (McKenzie, 2010; Rose, 2009). This approach suggests that only students who do not respond successfully to interventions require an assessment, positioning teachers at the forefront in the SLD identification process (Fuchs, 2003). The caution here is that the student voice is rarely elicited, with risks that potentially inappropriate responses will be implemented based on pedagogical assumptions rather than interventions guided by a medicalised assessment (Fuchs et al., 2008; van Swet et al., 2011).

### 2.2.5 Prevalence of Specific Learning Disabilities

Variations in awareness and differing interpretations of the SLD label alongside nomenclature confusion has significantly influenced estimates of SLD prevalence (Everatt, 2009; Johnson et al., 2006; Skues & Cunningham, 2011). A meta-analysis of the literature by Johnson, Humphrey, Mellards, Woods and Swanson (2010) highlighted three key factors restricting the identification of SLDs. These consisted of constraints on resources, differing stakeholder values, and variations in diagnostic tools used to identify an SLD (Johnson et al., 2010).
As a result, there are limited examples of nationally-funded SLD assessment processes that provide accurate country-wide statistics on SLDs (Fabelo, Austin & Gunter 2004). The limitations in identifying and recording SLD prevalence tends to result in an underestimate of the number of students with SLDs in many education systems. This in turn impacts advocacy for adequate and appropriate support for students from this disability group. This is particularly relevant in the Australian context, where there are no system-wide funding schemes to support the identification of SLDs (Firth, 2010b; Steeg & Firth, 2011).

In the US, UK and Canada, awareness of and legislative reference to SLDs have played a significant role in the increasing statistical reporting of its prevalence. Since the introduction of US SLD education policy in 1975, there has been a recorded rise of 200% incidence, and in 2008, SLD represented in excess of 50% of the special education cohort, and over 5% of the school population (Kavale & Spaulding, 2008). Shaywitz (2003) identified a 10 to 14% incidence and Gilger and Elbeheri (2010) estimated that 7% of US school students identify with dyslexia. Flanagan, Alfonso and Mascolo (2011) acknowledge that 2.6 million school-aged children are officially recognised with an SLD, representing close to 4% of US compulsory education students and 43% of those recorded with a disability. Also in the US, Mather and Wendling (2012) echo these statistics; however, they identify 3.5% of students recorded as requiring significant academic interventions as a result of an SLD label. This identification by Mather and Wendling (2012) is interesting to note, as it denotes a discrepancy between students with an SLD label, and a smaller yet still significant subset of this group requiring academic interventions.

Despite fewer students with SLDs transitioning into tertiary education, there is still representation of this disability group in vocational education and university courses in many countries. For example, in tertiary institutions across the US and Canada, there are estimates of the “number of college students with SLD at 10%” (Rath & Royer, 2002, p355). The majority of students with an SLD requiring support in tertiary institutions are diagnosed with dyslexia, being a literacy-based SLD. These students present with specific deficits in reading, comprehension, writing and spelling, representing an estimated 80-85% of this disability group (Mather & Wendling, 2012). Given the exposure to literacy demands in education contexts and the barriers faced by students with SLDs, it is understandable that this disability group is so prevalent in the education system. These statistics indicate the likelihood that SLDs would also be recorded as a high-incidence disability group in other countries such as Australia, if processes were in place to identify, record and support students with this disability.
In Australia, the incidence of SLDs tends to be extrapolated from overseas data. Lack of accurate statistical evidence for the prevalence of SLDs in this context reflects an absence of broad political and education system awareness of this impairment (Bond et al., 2010; Payne & Irons, 2003; Steeg & Firth, 2011). Restrictions in SLD awareness and minimal testing in Australia has resulted in inadequate recording of SLD incidence (Payne & Irons, 2003; Nevile, 1994). Bond and colleagues (2010) estimate that approximately 5-10% of Australian children and adults are severely impacted by the daily implications of SLDs. A more recent Victorian qualitative study by Skues (2010) identified a sample of 16% of school children with an SLD. These statistics indicate that SLD is a relatively high-incidence disability group, if not the most prevalent of all disabilities. Despite this, SLD continues to receive minimal government and education system attention in Australia.

2.2.6 Summary of Section One

In the UK, US and Canada, along with other developed countries, significant progress has been made in understanding, identifying and supporting students with SLDs (Firth, 2010b; Steeg & Firth, 2011). Among other factors, this is evidenced through SLD being the most common of all disability categories in US schools (Lyon et al., 2001). Of significance to this study are the limitations across Australian education systems in their identification and support of students with SLDs. The varied definitions and approaches in Australia in relation to labelling and operationalising SLDs aid in contextualising the confusion and inadequate support offered by the education sector in regard to students with SLDs.

2.3 SECTION TWO: LABELLING THEORY AND IMPLICATIONS FOR STUDENTS WITH SPECIFIC LEARNING DISABILITIES

2.3.1 Overview of Section Two

This section provides an overview of labelling theory and an investigation of its relationship to the experience of students identified with SLDs. Of particular interest is the revelation in the limited SLD labelling literature of students’ positive acceptance of the SLD label over more generic categorisations (Glazzard, 2010; Macdonald, 2010; Riddick, 1995, 2000; Taylor et al., 2010). However, this is cautioned by variations in knowledge of SLDs, impacting how students with an SLD label are received by the education system (Denhart, 2008; Macdonald, 2009; Riddick, 2001; Taylor et al., 2010). As such, there exists the potential for stigmatisation of students with characteristics of an SLD in contexts that lack sufficient SLD awareness or support.
2.3.2 Disability and Labelling Theory

The notion of labelling surfaced in the 1960’s through the work of Goffman (1963), where difference was pronounced to be determined by the dominant or normative group in society, hence stigmatising individuals for their deviation from the norm (Link & Phelan, 1999; Pescosolido, Martin, Lang & Olafsdottir, 2008). Stigma is associated with the social construction of identity where those who do not comply with normative expectations are at risk of becoming disenfranchised from their social contexts (Harvard Medical School, 2010). The categorisation and labelling of stigmatised individuals offers insight into the perceptions by the dominant members of a community, of groups situated outside the norm (Link & Phelan, 1999). As a consequence, the sense of stigma, being a mark of separation due to a socially-conferred judgement, is evident in situations where individuals or groups feel less valued than others, and are isolated from opportunities and expectations of the normative group (Pescosolido et al., 2008).

Labelling is thought to contribute to the justification of exclusion (Taylor et al., 2010), allowing community perceptions of deviant or medically-diagnosed groups to be singled out based on stigmatising characteristics (Barga, 1996). Over the years, stigmatised categorisations have, for example, included mental illness, obesity, HIV / AIDS and leprosy (Pescosolido et al., 2008), where individuals have in turn received differential treatment based on external perceptions of their label (Barga, 1996). As observed by Farrell (2006) in reference to the increasing categorisations in the Diagnostic and Statistical Manual of Mental Disorders, the question is raised as to "how many oppressed groups can be found in a society before the bizarre situation is reached where everyone is oppressed or excluded and there is nobody left to oppress or exclude them" (p16). Herein lies the challenge to provide a relevant and necessary label with the proviso that it serves the purpose of fostering inclusion rather than generating yet another exclusionary classification.

There are conflicting arguments in the debate for the labelling of an impairment. On one hand there is demand for scientific validation of a given condition, and on the other hand there is acknowledgement of the disabling factors that labelling itself brings upon an individual with a disability. Supporting the latter, Slee (2009) warns that labelling risks the adverse effects of recognition of difference in an education context, with teachers believing that they are not qualified to educate particular students. Here the label is aligned with traditional interpretations of Goffman’s theory in its justification of exclusion from the mainstream cohort of learners (Taylor et al., 2010). As a result, teachers with no corresponding strategies present with disempowerment when faced with students labelled with a disability (Kerr, 2001),
excusing lack of investment in disability inclusionary strategies and freeing teachers from blame when student competency is not attained (Metcalf, 1995, Slee, 1998). Supporting this perspective, social constructionist ontology recognises that the system is placing the onus on the student for their deviation from normative expectations (Dudley-Marling & Paugh, 2010; Finkelstein, 1980; Slee, 1998). Finkelstein (1980) reinforces this point, stating that people with a disability, by the very nature of their impairment, may fail to reach socially-imposed normative standards, and are therefore stigmatised for their level of deviance from society.

Contrasting interpretations of labelling theory are found in medicalised perspectives, where an individual is scientifically assessed in a search for meaning of their behaviours (Gilger & Elbeheri, 2010). Through this understanding, labelling is perceived to be of value in its capacity to identify particular characteristics (Pescosolido et al., 2008), with anticipation that this will provide insight into a range of support strategies (Foster, 2005). Further to this point, labelling enables categorisation and eligibility for disability support, and is therefore argued as positive in the allocation of resources for particular student groups (Lauchlan & Boyle, 2007).

Despite a disability label being critiqued for its focus on deficits (Schaller, 2008), identifying and labelling disability can be appreciated for its role in explaining particular behaviours (Bishop & Snowling, 2004). In light of this perspective, SLD identification and labelling is thought to offer insight into the nature and potential impact of an impairment within the education context (Gilger & Elbeheri, 2010; Scanlon, 2013).

2.3.3 Labelling Theory and the SLD Label

Labelling of SLDs rose to prominence in the 1960’s during the popularisation of deficit ontology (Bazna & Reid 2009). The SLD identification process, well entrenched in the medicalisation of disability, recognised an individual’s degree of deviation from normative expectations through the disability categorisations of mild, moderate and severe (Tanner, 2010). Due to its structural dominance, the education sector has permeated deficit discourse through establishing normative expectations, hence identifying those who fail to reach expected academic standards (Graham & Slee, 2008; Tanner, 2010). As a result, education systems have been found to alienate and inhibit students with the SLD label from demonstrating their capacity (Denhart, 2008), with SLD characteristics being increasingly evident when exposed to literacy-based expectations in the context of mass schooling (Riddick, 2001; Tanner, 2010).

Responses by teachers to individuals with an SLD are particularly stigmatising when teaching strategies do not align with processing preferences. In such contexts, students are
often placed in remediation classes, and can be made to feel that they are 'objects to be fixed' (Kiziewicz & Biggs, 2007). Further to this position, a study by Brown (2009), involving interviews with four Canadian students labelled with an SLD, demonstrated that power dynamics in schools exacerbated SLD-related deficiencies through testing student capacity based on established academic standards, resulting in exclusion of students with the SLD label. For this study, Brown (2009) employed a participatory ethnography using semi-structured qualitative interviews with students with SLDs who were recipients of special educational policy interventions in Canadian secondary schools. Brown (2009) identified oppressive structural barriers in the learning contexts in regard to access to support, indicating a power imbalance for students with SLDs. Such findings suggest that the dominant education structures favour their own members through literacy-based expectations, stigmatising individuals unable to meet these demands (Tanner, 2010).

The risk of stigmatisation related to misinterpretation of the SLD label has led to rejection of formal labels for learning barriers (Elliott, 2005; Ho, 2004; van Swet et al., 2011). This was the focus of research by Armstrong and Humphrey (2009), who investigated the psychological consequences of receiving a label of dyslexia. These researchers used a qualitative resistance-accommodation approach with 20 music students in a large tertiary institution in England. Participants in this study expressed concern over a sense of stigmatisation when their label was freely used in public, due to a sense of negative connotations of dyslexia (Armstrong & Humphrey, 2009). This finding was also identified in studies by Barga (1996) and Riddick (1995). One participant in Armstrong and Humphrey’s (2009) study articulated a common finding, associating dyslexia with low intellect, stating that teachers were seeking to "make out that I was stupid at school", qualified by the statement, "I’m not dyslexic, I’m not stupid", voicing a perception that stupidity is associated with the dyslexia label (p99). In addition, a study by Burton (2004) on inhibiting factors related to dyslexia demonstrate a student sense of shame, inadequacy and stigma leading to poor behaviour, low motivation and low academic results. These studies do not necessarily conclude that students should not be labelled with an SLD; however they do reveal poor educator awareness of the label, resulting in a sense of stigmatisation.

Disclosure of the SLD label presents as a common thread throughout the literature. To this effect, SLD is regarded as a hidden impairment, or according to Goffman (1963), one that is a non-evident disability. In light of this, disclosure has been cautioned by concerns over external perceptions of the label. This is evidenced by Brown (2009), Riddick (1995, 2000), and Armstrong and Humphrey (2009), who affirm student internal satisfaction with the label,
yet express a guarded protection of its disclosure, with the label shared only with trusted friends, family and educators. Barga's (1996) study, for example, identified that students with the SLD label reported concealing learning barriers in order to avoid disclosing both their sense of inadequacy and label for fear of stigmatisation. Further to this, Brown's (2009) Canadian study identified a sense of caution in disclosing the SLD label, with this comment from one participant: "I guess with my own label, it's something I have to be very, very careful of. [The] fear that they will stigmatise you is where the fear is" (Brown, 2009, p96). Such findings indicate that it is not the label per se that is in question, but rather the context in which the label is disclosed. This is further examined in Section Three of this review through an exploration of the education context and educator responses to the SLD label.

2.3.4 Alternative Labels for Students with Specific Learning Disabilities

A number of risks have been identified when students with SLDs are mistaken or mislabelled with generic or informal labels. The generic labels of SEN (Special Educational Needs), GRD (General Reading Difficulties) and Learning Difficulties are common alternatives to the SLD label in the absence of a formal diagnosis. These labels have been found to hinder academic and community inclusion due to students being categorised into a stigmatised group (Barga, 1996), and are associated with being more damaging than the SLD label (Macdonald, 2009; Taylor et al., 2010). The applicability of precise labels and corresponding definitional statements is therefore important in differentiating between SLD and reading difficulties, acknowledging that each have differing structures for viewing and responding to academic weaknesses (Kavale & Forness, 2000). Studies by Glazzard (2010), Taylor and colleagues (2010), Macdonald (2009) and Riddick (1995, 2000) offer the greatest evidence for validating the use of the SLD label over generic labels. Their findings dispel the assumption that there is only an arbitrary distinction between students with and without a special educational needs categorisation (Gale, 2000).

One poignant theme throughout the SLD labelling research is the distinction between the SLD label and labels that place students in a segregated special educational needs (SEN) category. This was highlighted in a UK study by Taylor, Hume and Welsh (2010), who compared the impact of the dyslexia label versus that of SEN on self-esteem for 75 children between 8 and 15 years of age. In this study, participants completed an age-appropriate version of the Culture-Free Self-Esteem Inventory and a standard test of reading ability (Taylor et al., 2010). Those in the control group, along with those with the dyslexia label, reported a significantly higher self-esteem over those with the SEN label, with researchers
linking this to the specific description and identification of accommodations provided through an SLD diagnosis (Taylor et al., 2010). This finding was mirrored in a UK study that identified use of the general reading difficulties (GRD) label where students, later to be labelled with dyslexia, were grouped with students with a GRD. This resulted in unsuccessful outcomes due to inappropriate interventions (Macdonald, 2009).

The SLD label has been associated with a positive identity, especially in contrast to labels of a generic nature. Parents, for example, have been found to seek out an SLD label to identify positive rather than negative attributes of their child (Gillies, 2005). This position is also supported by Elliott (2005), who demonstrated that the SLD label is sometimes associated with high academic achievement. Contradicting this favourable perception of the SLD label, however, is Macdonald (2009), who stressed in his UK quantitative and qualitative research that there was no evidence to support that the SLD label was sought after due to positive stereotyping. In fact, he found that some students reported a sense of stigmatisation and reduced expectation due to poor understanding of the SLD label.

Negative assumptions about student capacity, resulting in isolation for those either with the SLD label or associated characteristics, are frequently constructed based on myths and cultural misunderstandings of SLDs (Tanner, 2010). Such discriminatory stigmatisation has been found to result in externally-imposed informal labels of ‘lazy’, ‘stupid’ and ‘dumb’ (Brock, 1995; Humphrey & Mullins, 2002; McNulty, 2003; Taylor et al., 2010). Glazzard’s (2010) UK study involving semi-structured interviews with nine students with dyslexia aged 14 to 15 years from two UK schools found that all but one of the students identified comparisons with peers pre-diagnosis that "led to feelings of being stupid, disappointed or isolated" (Glazzard, 2010, p64). An earlier study by Riddick (1995) involving semi-structured interviews with 22 children diagnosed with dyslexia along with their parents, identified feeling stupid up until acquisition of their SLD label. In a study in 2000, Riddick identified that prior to being assigned a label, many students with dyslexia received informal labels from parents, educators and peers, often with negative stigmatising connotations. This resulted in a heightened tendency for students to welcome the label of dyslexia, viewing it as a socially-valid label. Riddick (1995) also noted that students avoid tasks such as reading when they do not experience success, resulting in teacher-appointed labels such as 'lazy' and 'immature' (p 8).

A number of studies affirm a consistent theme of student reattribution of failure and removal of self-blame following receiving an SLD label. "I thought I was thick", "so that's why I did so badly at school" are seen as common remarks following a diagnosis, along with a
sense of relief coupled with reorientation of attribution of failure (Ridsdale, 2004, p269). Attribution theory aligns failure with lack of ability, thus impacting one’s locus of control (Ridsdale, 2004). Illustrating this point, the research by Riddick (1995; 2000) warns of the risk of SLDs remaining undiagnosed due to effects on an individual’s self-esteem when experiencing academic barriers with no explanation of difficulties. Raskind, Goldberg, Higgins and Herman (1999) also note that student inability to compartmentalise academic difficulties leads to maladaptive reactionary responses to life experiences. Reattribution post-diagnosis was illustrated in a Greek study, which identified that, prior to acquisition of an SLD diagnosis, all 16 participants felt different, yet with no explanation, identified with labels of lazy and indifferent (Stampoltzis & Polychronopoulou, 2009). Upon receiving a label of dyslexia, participants in this study expressed relief, saying that the label provided a reason for their difficulties and enabled a process of reframing to occur, resulting in a positive self-identity (Stampoltzis & Polychronopoulou, 2009). In addition, a UK study by Pollak (2004) investigating the lived experience of 32 tertiary students across four universities identified that students with an SLD felt different from peers. Participants in this study who established strategies to manage their learning barriers shared a process of reframing their self-identity to one of acceptance of their disability label, whereas participants who perceived their SLD to be a deficit did not present with a positive self-identity. Overall, re-orientation of causation of failure is more likely for many students upon acquisition of an SLD label.

Compartmentalisation of failure was identified by Glazzard (1995) in regard to students differentiating between their specific difficulties and the notion of intelligence. Macdonald’s (2009) study affirmed that post-diagnosis, participants expressed positive responses regarding the effect their label had on identity, with seven of the nine participants transforming their “identities from a negative label of ‘low intelligence’, before diagnoses, to a positive identity after diagnosis” (Macdonald, 2009). Ultimately, students with sound awareness of their SLD label are more likely to demonstrate a positive sense of control (Raskind, 2004) and compartmentalise their weaknesses (Glazzard, 1995). As a result, it is likely that the SLD label is significantly more affirming than generic labels or the complete absence of a label.

SLD labelling confusion has permeated throughout Australia due to conflicting international influences. The labels of learning difficulties used interchangeably with SLD (Firth, 2010a; Payne & Irons, 2003) is critical to understand in the SLD labelling debate, as differing perceptions of these labels indicate varied responses by educators. The generic non-diagnostic label of learning difficulty is frequently used in the Australian context to
group students with a myriad of learning barriers. This label is often poorly understood by educators, leaving teachers with limited inclusive strategies (Firth, 2010a; Payne & Irons, 2003; Munyard et al., 2008; Skues & Cunningham, 2011; Westwood, 2008). This confusion is evidenced in Australia, with Queensland being the only state or territory education department to differentiate between these terms (Elkins, 2007; Rivalland, 2000). This confusion was illustrated in a national quantitative survey of Australian tertiary learning skills and disability practitioners, which asked if they knew the difference between a learning disability and a learning difficulty. Seventy-three per cent of disability liaison officers and 78% of learning skills advisors were unable to differentiate between these two labels (Payne & Irons, 2003). Inconsistent understanding of relevant terminology was also evident in Ryan's (2005) Australian research, where she intentionally adopted the term 'difficulty with learning' "due to contested definitions of learning disabilities and the potentially loaded nature of the term" (p437).

Gale (2000) argues that the differences between learning difficulties and learning disabilities are “not that important when consideration is given to how they are experienced by students” (p128). However, this stance is opposed in the literature, with researchers such as Skues and Cunningham (2011) identifying the importance of accuracy of nomenclature, and emphasising the marked difference in causation and pedagogical interventions for students with learning difficulties versus those with the SLD label. Clarity of the SLD diagnosis is therefore thought to be of significance, not only in improving self-awareness, but also for educators when designing effective academic interventions for students with SLDs.

2.3.5 Summary of Section Two

This section has provided an overview of labelling theory and its relevance to students with the SLD label. Of greatest relevance here are the findings of Glazzard (2010), Macdonald (2009), Taylor and colleagues (2010) and Riddick (1995; 2000), which affirm the misappropriation of stigmatising generic labels of GRD, SEN and learning difficulties as being more negative to students with SLD than the SLD label. Moreover, stigma related to the SLD label is associated with poor educator and community awareness, and with the high risk of its confusion with other potentially more stigmatising conditions. Ultimately, knowledge and positive, flexible and affirming responses by teachers to the SLD label are valuable in the educational inclusion of students with this impairment. In summary, there is a threefold benefit to the SLD label when well understood and received. Firstly, it prompts the delivery of appropriate interventions (Fry, 2015; Taylor et al., 2010); secondly, it counteracts negative and
inaccurate assumptions (Macdonald, 2009; Riddick, 2000); and finally, it enables the individual to make sense of their learning barriers (Barga, 1996; Glazzard, 2010; Taylor et al., 2010). What follows now is an understanding of the application of the SLD label within the inclusive education context.

2.4 SECTION THREE: EDUCATIONAL INCLUSION FOR STUDENTS LABELLED WITH A SPECIFIC LEARNING DISABILITY

2.4.1 Overview of Section Three

This section commences with an investigation of inclusive education as the dominant context globally for educating students with SLDs (Ainscow, Dyson, Goldrick & West, 2011; Macdonald, 2009; McKenzie, 2009; Rath & Royer, 2002; Riddick, 2001; Rieser, 2012). Particular attention is paid to the prominent inclusive education approaches for students with SLDs, revealing a varied reception to the SLD label. Of greatest interest is the revelation in the literature of poor awareness of SLDs presented through inadequate, inappropriate or insensitive educator responses to the characteristics of students with this impairment (Brown, 2009; Denhart, 2008; Glazzard, 2010; MacKay, 2002; Riddick, 2000; Tanner, 2010; Taylor et al., 2010).

Varied responses to students with the SLD label are found in the education sector due to deficit-based interpretations of SLDs (Alton-Lee et al., 2000; Brown, 2009), and the presence of environmental barriers also being responsible for the presentation of a disability (Oliver, 1992; 2009; Slee, 2010; Tanner, 2010). One study by Alton-Lee and colleagues (2000) highlights this point through two case studies established from an interrupted narrative investigation of inclusive education that represented either a medical model deficit discourse or social constructivist ontology. The case study representing a deficit approach presented the student as the problem needing to be fixed to fit the system, risking a charitable response with educators wanting to compensate for the student's deficit (Alton-Lee et al., 2000). The contrasting social constructionist case study focussed on the disability as the product of environmental limitations, and demonstrated onus on the education system to remove access barriers (Alton-Lee et al., 2000). Emerging out of these diverse perspectives is the overlay where both the individual and the system play an equal and active role in inclusion. This perspective, using a bio-ecological framework (Bronfenbrenner, 1999), is useful in representing both individual and environmental influences as relevant in the SLD labelling debate.
2.4.2 Defining Inclusive Education

Inclusive education emerged in the 1970’s as an approach to accept and educate all children in the one setting (Allan & Slee, 2008; Forlin et al., 2013; Sharma, Loreman & Forlin, 2012). Inclusive education is broadly defined as an approach that values the human rights of all students, is responsive to all learning needs and aims for barrier-free participation in the cultures, curricula and communities of mainstream education settings (Booth et al., 2002; Forlin et al., 2013; Guetzloe, 1999; Loreman, 2007; Loreman et al., 2010; Renzaglia, Karvonen, Drasgow & Stoxen, 2003; Stubbs, 2002; UNESCO, 1994). In principle, this approach seeks to respond to all forms of diversity, including culture, disability and gender (Booth & Ainscow, 2002), yet continues to legitimise exclusion when difference is perceived as beyond a school’s obligation (Ballard, 1995; Foster, 2005). For example, students with a disability may encounter exclusionary practices when they are unable to comply with mainstream learning expectations (Allan & Slee, 2008). As such, despite the presence of aspirational inclusionary policies (Rieser, 2008; 2012; UNESCO, 2008; UNESCO/UNICEF, 2007) and philosophical positions on inclusive education (Allan & Slee, 2008; Oliver, 1992; Shakespeare & Watson, 1997), operationalisation continues to be a challenge, with a limited evidence base of relevant inclusive pedagogical practices (Allan & Slee, 2008; Foreman, 2011; Forlin et al., 2013; Rieser, 2012).

Academics, practitioners, governments and international bodies have not only driven, but have also attended to the paradigm shift of inclusive education, resulting in challenges to special or segregated education approaches (Allan & Slee, 2008; Ballard, 1997; Larson, 2005). A social justice philosophy of inclusion in mainstream learning, regardless of school capacity, has in turn prompted studies in this area such as that by Allan and Slee (2008), Booth and Ainscow (2002), Denhart (2008), Fry (2015), Foster (2005), Loreman (2007), Taylor and colleagues (2010), Macdonald (2009), McKenzie (2009), and Rath and Royer (2002). In particular, an exploration of disability inclusion in education led Allan and Slee (2008) to interview key academics in this field, questioning their reflections of the validity and effectiveness of inclusive education approaches. Their initial findings showed that studies in the 1970s and 1980s, which analysed and challenged traditional approaches to special education, and where disability advocates such as Oliver (1992) opposed the paradigm of separation of children, were incompatible with traditional learning systems. Oliver regards exclusion as a practice of punishing the learner, and freeing the system from those viewed by educators as unfit for traditional modes of learning (Allan & Slee, 2008). Supporting this notion, staunch inclusive education advocates suggest that any segregation of students with a
disability is an inferior model that aims to further marginalise and exclude those who are assumed to be incompatible with mainstream learning (Brucker, 1994; Farrell, 2000; Thorley, Hotchkis & Martin, 1995; Taylor et al., 2010).

Despite philosophical support for inclusion, global reforms and encouragement for inclusive education alone has been insufficient, and much still needs to be achieved at a local school level through empirical evidence in regard to teacher capacity and attitudes towards students with a disability (Allan & Slee, 2008). A point articulated by Cornish to Allan and Slee (2008) who noted the risk of schools simply paying lip service to inclusion. As such, a child with cognitive difficulties could be "set-up for failure" in a mainstream school with no resources when the brand of inclusive education devoid of legitimate inclusionary practices is used (p152). This conundrum poses a challenge to schools, motivating a greater sophistication of practice in order to meet the complex needs of students with a disability appropriately (Forlin et al., 2013; Foster, 2005; Larson, 2005; McKenzie, 2009; Rieser, 2012; Slee, 2006; 2010).

As expected, the universal approach to educating children challenged opponents to inclusion, who stressed the strengths of specialisation of learning in segregated settings (Brownell, Sindelar, Kiely & Daniwlson, 2010; Foster, 2005). It is significant to acknowledge the absence of any strategic transition for disability inclusion into mainstream schools. The ad hoc response to educational inclusion of students with a disability is evident in the research of Foster, (2005) and Allan and Slee (2008), who warn of the brand of inclusive education with no explicit approaches or supports in place. In addition, Slee (2011) identifies inclusionary approaches that avoid challenging system-based barriers in curriculum and pedagogical approaches, with the onus remaining on the student to present with minimal resistance to their engagement in education. Despite this ad hoc approach to inclusive education, particular education systems and pedagogical responses have resulted in improved experiences for some students with a disability.

Alongside the increased population of students with a disability in mainstream schools (Rieser, 2008; 2012; World Health Organization & the World Bank, 2011), a number of studies are emerging that demonstrate the success of inclusive education. For example, research by Hall (2002) and Fletcher-Campbell (2000) showed that academic attainment of students with additional needs were higher when included in mainstream classrooms. Hall (2002) compared the academic outcomes of students with SLDs with the number of hours exposed to an inclusive education setting against the hours of learning outside the mainstream classroom. The academic outcomes in an inclusive setting were higher, especially for mathematics and reading, with results demonstrating that those who spent more time in regular classrooms
gained higher assessment scores (Hall, 2002). In addition, studies comparing outcomes between mainstream and special schools reported higher academic achievements for children in an inclusive environment (Fletcher-Campbell, 2000). A further study indicates inclusive pedagogical approaches as beneficial for all learners (Katz & Mirenda, 2002) indicating the value in inclusion for all learners and not just those with a disability.

Much inclusive education literature reflects a social constructionist ontology through an exclusive focus on environmental barriers (Alton-Lee et al., 2000; Sharma, 2012; Sharma et al., 2012). Nevertheless, there is an emerging trend of studies that combine the investigation of social barriers with the development of student-centred skills for the goal of mainstream inclusion (Foster, 2005; Guetzloe, 1999; Oviedo & Gonzalez, 2013, Rath & Royer, 2002; Nathanson, Crank, Saywitz & Ruegg, 2007). In fact, Foster's (2005) Australian research emphasises the student role in inclusion by recognising that inclusive education risks failing in contexts that avoid the capacity development of skills necessary for students with a disability. These include use of adaptive technologies, note-taking techniques and self-advocacy. The argument for capacity-building of students with a disability is supported by Guetzloe (1999) and Rath and Royer (2002); however, the need for this is rebutted by social model advocates such as Coles (2001), Oliver (1992) and Shakespeare and Watson (1997). Slee (1996) articulates this concern by acknowledging the potential risk of a focus on student development that may be perceived as a deficit approach, where the individual student with a disability is required to change to fit the system. Despite this, empowerment of learners with a disability is recognised as a useful component of inclusive education. This is due to the development of independent skills such as self-advocacy, use of inclusive technologies and alternative study techniques, that fosters the participation of students with disabilities in the mainstream classroom (Deshler, 2005; Foster, 2005; Fry, 2015; Guetzloe, 1999; Rath & Royer, 2002; Taylor et al., 2010; van Swet et al., 2011).

Specialist learning opportunities that target disability-related skill development are often recognised as an integral component of inclusive education. This is especially the case when this skill development aims to support independent student participation in mainstream learning opportunities. Despite some capacity development of students with SLDs occurring outside the mainstream classroom, such as specialist adaptive technology training (Phayer, 2010), this approach is still congruent with the principles of inclusive education, because the skills acquired enable greater inclusion in all learning opportunities (Rapp, 2005; Taylor et al., 2010). For example, one study by Taylor and colleagues (2010), using semi-structured interviews, identified student capacity development as a vital dimension in inclusive education.
In addition, Guetzloe (1999) stressed the importance of inclusive education approaches that not only harness system-based inclusionary strategies, but also focus on student skill development to support mainstream educational inclusion.

Another key dimension of inclusive education is the responsiveness to the student voice in their capacity to identify and advocate for removal of learning barriers. This was identified in a US quantitative study that evaluated student perceptions of the impact of a specialist course designed to support students with SLDs. A questionnaire was sent to 222 students over the previous eight years, and another was sent to the current 68 students (Chiba & Low, 2007). Improved self-awareness, a sense of acceptance and academic self-confidence were statistically significant findings in this study (Chiba & Low, 2007). In their 20-year longitudinal study, Raskind, Goldberg, Higgins and Herman (2002) investigated the characteristics, attitudes and behaviours enabling those with the SLD label to achieve successful life outcomes. Although this study was not exclusively focussed on education, the researchers identified a multi-dimensional view of success through positive family and peer relationships, good self-identity, life strategies, and educational and employment success. This study highlights qualities that exist beyond systemic barriers, identifying key success attributes as self-awareness, proactivity, perseverance, goal-setting, effective support systems and emotional coping strategies (Raskind et al., 2002). This study indicates that student self-efficacy is a powerful contributor to a sense of success (Raskind, 2004). Such findings demonstrate that skill development and self-advocacy is ideally founded on awareness of an SLD label and corresponding characteristics.

2.4.3 Inclusive Education Approaches for Students with Specific Learning Disabilities

The literature pertaining to educational responses to students with SLDs represents great variation in awareness and acceptance of the SLD label. Some approaches delay the SLD diagnosis, and some de-emphasise the need for use of the SLD label, while others acknowledge the SLD label as central in determining the most effective inclusionary strategies. Internationally, key frameworks designed to promote educational inclusion for students with SLDs include Response to Intervention (RTI) (IDEIA, 2004), the 3 Waves of Intervention (Rose, 2009) and the solution-based approach (van Swet et al., 2011).

The US Response to Intervention (RTI) approach is an important model worth noting, with its broad array of implementation styles (van Swet et al., 2011) pertaining to the identification of SLDs and inclusionary interventions (Fuchs et al., 2008; Kavale & Spalding, 2008). RTI seeks to respond to disability inclusion within the classroom context using a variety
of strategies to determine the most suitable responses to learning barriers (Fuchs, 2003; van Swet et al., 2011). This initial layer of RTI is designed to alleviate future learning barriers through early interventions, delaying and possibly avoiding the need for a formal label, thus promoting a focus on risks to inclusion rather than individual deficits (Kavale & Spaulding, 2008). RTI is, however, heavily dependent on school and teacher capacity to collaboratively develop inclusive strategies that match student barriers and improve learner engagement. Nonetheless, this approach has been critiqued for ignoring the student voice through an onus on educator-based strategies (Callinan et al., 2013b).

Similar to RTI, the UK 3 Waves of Intervention seeks to foster inclusionary practice through a focus on the removal of educational barriers prior to the use of formal diagnostic labels (Rose, 2009). The first wave of this model encourages teacher-led curriculum alterations over and above standard differentiation, so as to respond to the specific learning requirements of all students (Ekins & Grimes, 2009). Wave 2 allows for the introduction of additional support, such as tutoring, if deemed necessary by the school, and Wave 3 involves the introduction of SLD identification alongside access to funding (Ekins & Grimes, 2009). This model is tied to the UK Code of Practice, which makes explicit reference to dyslexia, with each school mandated to produce a Special Needs Report monitored on an annual basis (Disability Rights Commission, 2002). Similar to RTI, the 3 Waves of Intervention model places initial onus on the mainstream classroom teacher for removal of barriers, intercepting the motivation for the acquisition of a formal SLD diagnosis.

Successful educational inclusion through response to intervention models such as the US RTI and UK 3 Waves of Intervention are reliant on good-quality teaching, in anticipation that this prevents students presenting with learning barriers. This requires educators to possess a dynamic array of evidence-based pedagogical practices that can cater for the needs of a diverse range of students (Fuchs, 2003).

RTI and 3 Waves of Intervention delay the need for the SLD label rather than using a diagnosis to identify the types of interventions most relevant to student inclusion. This risks students remaining undiagnosed for an extended period of time, leaving the individual with no explanation for their learning barriers. RTI has been critiqued by Fuchs (2003), who postulates that both the student and educator may be more equipped to embed inclusionary strategies through reference to a detailed SLD assessment. As a result, both RTI and 3 Waves of Intervention are challenged for their stance that requires a delay in SLD identification until inclusionary measures have been exhausted (Callinan, 2011). This position also risks
impacting developmental opportunities associated with the delay in acquiring an SLD diagnosis (Glazzard, 2010).

Student-focussed teaching, such as that promoted by van Swet and colleagues (2011), recognises the role of the classroom teacher in the removal of barriers for all students (Forlin et al., 2013; Slee, 1993; Taylor et al., 2010; van Swet et al., 2011). This approach differs from RTI and 3 Waves of Intervention, in that educators are encouraged to be aware of the learning profiles of all students, and to tailor their classroom teaching accordingly. The solution-focussed approach, promoted by van Swet and colleagues (2011), harnesses student, school and family capacity to determine inclusionary strategies.

Within the inclusive education paradigm, techniques such as differentiation are implemented to cater for a variety of learning needs (Glazzard & Dale, 2015; Rieser, 2012). The student-focussed solution-based approach was compared in the US and the Netherlands by van Swet and colleagues (2011), inspired by the momentum across Europe of student-centred disability interventions. This approach was found to challenge the education system to transform teacher practice to a goal-oriented, reflective and evaluative focus (Blonk, 2006, cited in van Swet et al., 2011). In turn, this aims to promote a respectful partnership with the student (van Swet et al., 2011). The analysis by van Swet and colleagues (2011) downplays the need for open use of a disability label by emphasising student-focussed pedagogy founded on collaborative mechanisms that identify learning strengths and barriers, with teachers being cognizant of all student learning preferences. However, this approach is reliant on knowledge of inclusionary strategies and constructive relationships between teachers, parents and students.

The solution-focussed approach aims to diminish public use of a label rather than delaying the acquisition of a label, as in RTI and 3 waves of Intervention. This distinction is important to note, as the solution-focussed approach typically recognises the value in an early diagnosis to give meaning to a student's characteristics. Some caution is noted in this approach, with van Swet and colleagues stating that when a school environment is "evolving towards the ideal of diversity and inclusion, the need to label is diminished" (van Swet et al., 2011, p919). Such a statement risks avoiding a diagnosis if all barriers can be removed by educators. This position is likely to place students at risk when they encounter literacy barriers outside the school context, or when they transition into a less-inclusive setting. Qualifying their position, van Swet and colleagues (2011) affirm that the "use of assessment to identify challenges and possibilities, rather than to produce a label, is truly a step towards inclusive education" (p921). This indicates value in a disability diagnosis in informing one’s learning and
support profile, while simultaneously diminishing the need for public disclosure of a label. Unlike RTI and 3 waves of intervention, the disability diagnosis is ideally at the forefront in understanding the profile of individual learners in a student-focused approach.

Governments in a number of countries have responded to the educational inclusion of students with SLDs through a coordinated approach at legislative, policy and practice levels. This is evidenced in the US with RTI, and in the UK with 3 Waves of Intervention, with alternative systemic responses identified in other parts of the world. For example, in the Netherlands in 2004, the Government commissioned the establishment of a Masterplan to ensure an integrated approach to the educational inclusion of children with SLDs (Steeg & Firth, 2011). This Masterplan requires schools to create a dyslexia policy, and includes provisions for early diagnosis, teacher training, parent support services, access to a ‘dyslexia coach’ to support transition from primary to secondary school, and the establishment of an Individual Education Plan (IEP) (Steeg & Firth, 2011). Further to this, diagnosed children are provided with a Dyslexia Card that can be used to gain access to relevant supports, including assistive software and hardware, alternative formatting of reading material and exam adjustments. Disability-specific interventions such as IEPs are also a legislative requirement in US schools, and serve as a useful starting point in ensuring relevant supports are in place to cater for the specific learning requirements of students with SLDs (Stein & Lounsbury, 2004). These supports available to students with SLDs illustrate awareness at the legislative, policy and practice levels of this disability group, and further highlight Australia’s shortfall in catering for students with SLDs.

Although not the focus of this study, it would be remiss to exclude reference to specialist schools for students with SLDs, especially as such settings offer insight into the establishment of what may be considered ideal conditions for barrier-free learning. In such contexts, the SLD label is not only required for entry, but is also expected to be acknowledged and understood by educators. The US, UK, Canada, the Netherlands, Arab states and Israel all have a history of specialist schools exclusive to students with SLDs (Bazna & Reid, 2009; Burden & Burdett, 2005; 2007; Hellendoorn & Ruijsenaars, 2000; Vogel, Fresko & Wertheim, 2007). In such settings, students have reported targeted skill development and the positive affirmation of being understood (Bazna & Reid, 2009; Burden & Burdett, 2005; 2007; Hellendoorn & Ruijsenaars, 2000). One study, involving a survey and semi-structured interviews with 50 boys aged between 11 and 16 enrolled in a specialist residential school for students with dyslexia, explored emotional well-being and self-efficacy (Burden & Burdett, 2005). This study identified that those students who had transitioned from mainstream schools
improved their study skills and subsequent sense of worth, achieving excellent grades in public examinations (Burden & Burdett, 2005). In contrast, a study in the Gulf States reported importation of a Western medicalised approach to disability in Kuwait, where the validity of a specialist school for students labelled with SLDs was investigated (Bazna & Reid, 2009). This study involved focus group interviews with teaching staff in Kuwait's only SLD specific K-12 independent school. It found that staff were disempowered by and subservient to a western-imported model that was recognised as counter cultural and stigmatising of students, due to exclusion from mainstream education (Bazna & Reid, 2009). The largely Arab-Islamic teacher assistants in this study presented with their own cultural stigmatising identification of students through comments such as: "This person is unable to learn academics, these are his abilities and this is the way god created him, he might be fine in other stuff, but not in this one" (Bazna & Reid, 2009, p153). Yemen is identified as offering the only contrasting example in the region, recognised by the researchers as possessing a quality inclusive education system. This was reported as being due to an absence of disability deficit ideology (Bazna & Reid, 2009).

In contexts that possess options for either a specialist SLD school or a mainstream school, it is interesting to understand the student decision-making process in determining the most suitable choice. In the Netherlands, specialist schools for children with SLDs were prominent from the 1950s until the 1990s, with mainstreaming promoted for both financial and social reasons after this time (Hellendoorn & Ruijssenaars, 2000). Hellendoorn and Ruijssenaars' (2000) study identifies student choice in regard to their education setting, with 11 of the 27 participants transferring across to a school for students with SLDs. Four of these acknowledged the benefits of being understood, as voiced by this student: "At long last, I got teachers who understood and accepted my dyslexia, who did not treat me like dirt" (p235). In contrast, another student stated: "I felt humiliated having to go to a special school, with a special bus" (Hellendoorn & Ruijssenaars, 2000, p235). Most participants in this study identified that their special school choice was unavoidable, stating: "I did not like it. But had I remained where I was, I might have ended in a psychiatric clinic", and "I am sure that I would never have become what I am now if I had not gone to that special school. There they gave me at least some sense of myself, some sense of who I could be" (Hellendoorn & Ruijssenaars, 2000, p235).

The sense of being understood, as well as the provision of targeted skills to manage an SLD, are reported as more likely in a specialist SLD school than in a mainstream setting (Burden & Burdett, 2005; Hellendoorn & Ruijssenaars, 2000). This alone, however, does not
compensate for the philosophical promotion of inclusive education; nor does it override the mainstream responsibility for schools to cater for the needs of students with the SLD label.

One common theme for students in specialist settings is an identity of segregation and sense of exclusion (Hellendoorn & Ruijssenaars, 2000). Ultimately, regardless of the country context, the widespread implementation of segregated education perpetuates deficit ideology, is counterproductive to the inclusion movement, and is not financially viable for the proportion of students estimated to have an SLD (Bazna & Reid, 2009; Hellendoorn & Ruijssenaars, 2000). Justifying the economic argument alone, the independent report by Sir Jim Rose (2009) notes that despite promotion of mainstream inclusion, it is not even viable to have one dyslexia specialist in each UK school. As a result, all educators should be cognizant of the specific educational needs of all learners, and aware of pedagogical strategies to engage students with SLDs.

2.4.4 Australian Approaches to Inclusive Education and its Effectiveness for Students with Specific Learning Disabilities

Australia has been influenced by the international paradigm shift in disability and education, and as a result has adopted inclusive education as its dominant position in accommodating learners with a disability (Forlin et al., 2013; Foster, 2005; McKenzie, 2009, Sharma, 2012). Possibly fortuitously, SLD, still a hidden and unsupported disability in Australia, was not caught up in the controversy of segregated education. This has, however, kept SLDs hidden in the subsequent pressure for mainstream educational inclusion. Consequently, inconsistent or inaccurate understanding of SLD has contributed to inadequate teacher responses in Australian schools (Munyard et al., 2008; Rivalland, 2000), with students often 'slipping through the gaps' with their learning barriers existing without appropriate interventions (Ash, Bellew, Davies, Newman & Richardson, 1997; Jenkinson, 2006; Munyard et al., 2008; Skues & Cunningham, 2011).

Inclusion in education is mandated in Australia for students with a disability through national, state and territory legislation, and is reflected in relevant departmental policies (Forlin et al., 2013; Konza, 2008; MacCullagh, 2014; McKenzie, 2009). Of greatest relevance is the federal Disability Discrimination Act (DDA) (Australian Government, 1992) and associated Disability Standards for Education, 2005 (Attorney General Department, 2006) that promote full participation of students with a disability in education (Australian Government, 1992; George-Walker & Keeffe, 2010). Also of significance is the New South Wales Education Amendment (Educational Support for Children with Significant Learning Difficulties 2008),
which qualified such learners for support they had never previously been eligible for, and which was initially recognised as incorporating students with dyslexia (Barnes, 2009; Twaddell, 2009).

SLD is, however, obscure in its representation at legislative and policy level, recognised within the DDA under references to "a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction" (Australian Government, 1992), "a genetic predisposition to a disability", and "behaviour that is a symptom or manifestation of the disability" (DDA amendments, 2009). The NSW Educational Support for Children with Significant Learning Difficulties Act has also encountered opposition, especially as the original Bill was titled Educational Support for Dyslexic Children (Parliament of New South Wales, 2007). Both acts of parliament illustrate inadequate explicit reference to SLDs and risk diminishing rather than progressing awareness of the existence of the SLD label.

In practice, Australia reflects numerous models of inclusive education, as demonstrated in a national study by the Australian Council for Educational Research (Ellis, 2005), with the more common inclusive approaches for students with SLDs being full inclusion, withdrawal and differentiation (McKenzie, 2009; Forlin et al., 2013). However, the efficacy of such approaches is not necessarily taken into consideration, and their establishment can be more reactive than proactive when considering the inclusion of students with SLDs. Through an evaluation of Australian policies on evidence-based practice for the teaching of literacy, there is minimal uptake of evidence-based approaches in Australian schools (Hempenstall, 2014). The following provides an analysis of full inclusion, withdrawal and differentiation and their appropriateness to students with an SLD.

2.4.4.1 Full Inclusion

Full inclusion operates on the proviso that all students participate in the mainstream classroom, with all classes having a proportion of students with a disability, who are taught according to the standard curriculum. This is occasionally referred to as the zero-rejection model (McKenzie, 2009). Full inclusion has its origins in a human rights philosophy, and is based on the assumption that mainstream inclusion is the best option for all children (Farrell, 2006). When successfully implemented, it is thought that full inclusion can have a positive impact on the education of students with SLDs, counteract any potential learning barriers, and potentially diminish the need for labelling (Taylor et al., 2010; van Swet et al., 2011).
Particular evidence-based strategies, such as direct instruction, are well suited to supporting the success of a model of full inclusion (Berry-Johnson, 2006; McKenzie, 2009; Westwood, 2008). Explicit or direct instructional methods ensure that students receive quality teaching for text decoding and comprehension, along with demonstration of new concepts, opportunities to trial ideas, reinforcement of learning and systematic skill development (Christlea & Yell, 2008). Evidence has demonstrated the appropriateness of direct instruction within a full inclusion approach, especially for students with a disability (Becker, 2001; Christlea & Yell, 2008). In addition, peer tutoring and co-operative learning are seen to address disability-related barriers for students with the SLD label through appreciation of diversity and capacity to harness individual strengths (McKenzie, 2009, van Swet et al., 2011).

The full inclusion approach is aligned with the framework of universal design for learning (UDL), where all classes are expected to be barrier free and able to cater for all learners (Blamires, 1999, King-Sears, 2009; Reid, Strnadová & Cumming, 2013). Accompanying this approach is the assumption that quality innovative pedagogy will both be present and responsive to the needs of students with SLDs. Blamires (1999) describes the ideal of universal design for learning approaches that focus on the provision of multiple options for expression, control, engagement and motivation. Loreman acknowledges these principles for universal curriculum design through Blamires' work, and in doing so, demonstrates the potential for a unified yet sufficiently flexible curriculum that enables educators to teach in a student focussed manner (Blamires, 1999; Loreman, 2007).

One example of UDL catering for students with SLDs has been noted by Reid, Strnadová and Cumming (2013), who document the value of inclusive technologies such as tablets in the mainstream classroom. The authors identify that tablet devices, although useful for all students, offer a range of accessible applications of particular benefit to students with SLDs (Reid et al., 2013). They note that such technology gives "students with dyslexia the ability to be successful in inclusive settings", through customised applications such as text reading and predictive text (Reid et al., 2013, p177). The use of such technology aligns with the principles of UDL (Blamires, 1999), and has the potential to improve educational inclusion for students with SLDs. Given that this technology is already in popular use across many schools worldwide (Reid et al., 2013), and has the potential to cater for the diverse sensory preferences of students with SLDs (Reid, 2011), this application of UDL shows promise for the mainstream inclusion of a diversity of learners, including those with an SLD.

There continues to be an absence of substantive empirical evidence supporting full inclusion as a genuine response to inclusive education (Foreman, 2011; McKenzie, 2009). In
response, advocates for full inclusion are quick to rebut the argument that most teachers lack appropriate skills or resources to enable inclusion of students with disabilities, in turn challenging educators to ensure they take responsibility for this task (Loreman, Deppeler & Harvey, 2010). With this in mind, UDL within a full inclusion philosophy places onus on the education system to remove barriers, sometimes without additional student capacity building or disability specific interventions. The risk here is that teachers adhering to this approach ignore particular student skill development and the need for identification or labelling of students perceived as different, and hence strive to cater for students with SLDs with no genuine knowledge of congruent support requirements.

2.4.4.2 Withdrawal

Withdrawal is a commonly-used strategy for educating students with SLDs. This approach seeks to address educational needs of individual or small groups of students external to the mainstream classroom for an established time and purpose (McKenzie, 2009). For students with SLDs, withdrawal, sometimes called intervention programs, often target areas of weakness through remediation-based strategies (McKenzie, 2009; New Zealand Government, 2007). The Reading Recovery Program is one example of withdrawal available for students presenting with reading difficulties (McKenzie, 2009). The Victorian Department of Education and Early Childhood Development recognise value in this program, and despite the withdrawal element, acknowledge its aim to build student capacity for broader school inclusion; thus they have aligned the Reading Recovery Program with inclusive education pedagogy (DEECD, 2009; McKenzie, 2009). A number of studies, however, demonstrate that students with characteristics of an SLD who commence reading recovery in early grades fail to respond adequately to this intervention, indicating that reading recovery is ineffective for students with SLDs (New Zealand Government, 2007; Rose, 2009; Smart et al., 2005).

Many students have identified inappropriate or negative use of their SLD label in their segregation into withdrawal classes. For example, participants in Barga's (1996) US study identified stigma by classmates of special education classes, as they were considered to be for "stupid people and the troublemakers". According to Barga, “kids knew who was in each group and they stayed there forever” (Barga, 1996). To circumvent such stigmatisation, six of the nine students in Barga’s (1996) study employed techniques to conceal their disability, with one student hiding when leaving her special education class until the school hallway was clear (Barga, 1996). Glazzard’s (2010) UK-based interviews with students with the SLD label also illustrated a sense of exclusion in their withdrawal program, with this comment from one of his
study participants:

"When I go out of class to catch-up lessons they laugh and say ‘are you going to catch-up now?’... When I come back into the lesson everyone looks at me when I ask the teacher what work I’ve missed and what I’ve got to do. I get upset that I can’t do the work cos I’ve missed part of the lesson and some of them laugh at me" (p66).

This comment not only highlights a risk of stigmatisation due to embedded supports for those with the SLD label, but also emphasises broader concern in regard to exclusion from mainstream learning opportunities due to withdrawal programs.

Inclusive education researchers such as Taylor and colleagues (2010) and Glazzard (2010) align the withdrawal approach with systemic exclusion, noting that students experience a sense of isolation from mainstream learning opportunities and negative differential treatment. Teachers have also highlighted the stigmatising effects of withdrawal in the Australian Mapping the Territory research, with some students refusing to participate in this intervention for fear of stigmatisation (Louden et al., 2000b). Educators in this study did, however, attribute value to individualised follow-up support, more aligned with differentiation rather than formalised withdrawal, where there is a perception that such support is not associated with a disability (Louden et al., 2000b). In such circumstances, students were provided with a timetabled support class where they did not miss core subjects, or were offered specific tutoring during non-teaching times (Louden et al., 2000b).

2.4.4.3 Differentiation

Differentiation is a pedagogical approach that ensures that teaching delivery is cognizant of individual student preferences; hence it caters for multiple modes of learning (Glazzard & Dale, 2015; McKenzie, 2009). Differentiation, despite some inconsistency in its application, is arguably the most appropriate strategy for the educational inclusion of students with SLDs. This is because differentiation promotes use of a diverse range of strategies to cater for all learners. It is relevant to note teacher desire for competency in differentiation, with 100% of educators in an Australian study identifying this as a useful strategy for inclusion of students with SLDs (Louden et al., 2000a). Importantly, differentiation as an approach is thought to foster mainstream inclusion (McKenzie, 2009), and in turn avoid stigma by freeing the student from being identified for their SLD in front of classmates (van Swet et al., 2011).

Use of differentiation as a pedagogical strategy does not propose avoidance of the SLD label; rather teacher awareness of the label is promoted in order to better match
differentiated approaches to individual learners (Carlson, 2005; van Swet et al., 2011). Supporting the implementation of differentiation, Glazzard's UK study reported quality inclusive practitioners to be responsive to the learning preferences of students with the SLD label through alternative assessment modes. Students in this study reported that the "best teachers allowed them to record their work in a range of ways", with one teacher permitting the development of a short film to record outcomes of a science investigation (Glazzard, 2010, p65). Such responses are also congruent with the research of Taylor and colleagues (2010), who indicate inclusion of those with the SLD label being most effective through delivery and assessment modes based on individual strengths of learners, thus removing stigmatisation of students with the SLD label. In addition, the Australian Mapping the Territory research confirmed student preference for differentiation within the mainstream classroom (Louden et al., 2000a). Importantly, access to an SLD assessment is thought to be a useful component in supporting quality implementation of appropriate differentiated pedagogical strategies (Munyard et al., 2008; Denhart, 2008; Macdonald, 2009; Rath & Royer, 2002). However, there continues to be the need for widespread introduction of this approach in education, with differentiation still absent in many education contexts (Foster, 2005; Kavale & Forness, 2000).

2.4.5 Access to Accommodations for Students Labelled with a Specific Learning Disability

Educational supports, commonly referred to as accommodations, are valuable inclusive interventions for students with an SLD. This is especially the case when accommodations address areas of weakness and foster sustainable development of independent study skills. Accommodations for students labelled with an SLD commonly include note-takers, additional time, adaptive technologies, alternate formats (Payne & Irons, 2003), and the establishment of learning strategies and skill development addressing areas of weakness (Connor, 2013; Rath & Royer, 2002). Despite detraction from personalised accommodations due to a sole emphasis on removal of system-based barriers promoted in the social constructivist paradigm (Gergen & Gergen, 2000; Oliver, 1992), evidence from MacCullagh (2014), Rath and Royer (2002), Payne and Irons (2003), Taylor and colleagues (2010), Macdonald (2009) and Vogel and colleagues (2007) demonstrates the need and applicability of accommodations, which are commonplace for students with the SLD label in many parts of the world.

It is argued that students with SLDs who have access to relevant supports within an inclusive education context are more likely to possess a positive identity and experience
improved life outcomes (Goldberg, Higgins, Raskind & Herman, 2003; Leveroy, 2013; Raskind et al., 2002). One study, conducted by Heiman and Precel (2003) through the open University of Israel, focussed on accommodations for students with SLDs. It compared 191 college students diagnosed with an SLD with 190 students without an SLD. Participants completed two questionnaires designed to identify qualitative and quantitative data regarding academic difficulties, learning strategies, exam strategies, and student perceptions of factors that help or impede their academic success (Heiman & Precel, 2003). Participants with an SLD developed strategies different to those without an SLD, and preferred oral and visual explanations of academic concepts. As a result, the findings indicate that there is value in accommodations that cater for the specific learning requirements of students with SLDs. Another study, involving individual in-depth interviews with 16 Greek tertiary students with an SLD, revealed that the diagnosis was of significance, because the SLD label generated access to support and explained academic barriers (Stampoltzis & Polychronopoulou, 2009). The value of a diagnosis in identifying the most suitable accommodations was also affirmed in a recent Australian study by Fry (2015), with vocational education disability practitioners affirming “a firm belief that a formal diagnosis of specific learning disability was the essential first step in the process of supporting students to develop lifelong 'learning how to learn' skills” (p 138).

Accommodations that target the development of areas of weakness are of particular interest for the inclusion of students with SLDs. Validating this focus, an analysis examining the effectiveness of services and accommodations provided to US and Canadian college students with the SLD label found that learner-centred skill development was the primary service to contribute towards student success (Rath & Royer, 2002). Rath and Royer (2002) analysed studies on success of disability services, learning support, modifications, counselling, direct academic assistance and strategies focussed on addressing weak academic skills. Although time and cost intensive, students reported appreciation of, and improved academic results in, the primary service, which was targeting capacity development in areas of weakness (Rath & Royer, 2002). One phenomenological study of tertiary education barriers experienced by 11 students with the SLD label used a disability theory to reveal external barriers of being misunderstood, concern over requesting accommodations due to fear of stigma, and investing a significantly longer period of study time than classmates without a disability (Denhart, 2008). Participants reported that the university SLD specialist was crucial for their success. They also appreciated being understood and having a forum for specialist support (Denhart, 2008). Glazzard’s (2010) UK research in two mainstream schools also reported student benefits in identifying and advocating for supports due to the SLD label.
In addition, a Canadian study on self-reported learning strategies for college students with and without dyslexia by Kirby, Silvestri, Allingham, Parrila & La Fave (2008) reported that students with the dyslexia label demonstrated strong reliance on study aids and time management strategies as a result of self-awareness of their SLD.

The focus on targeted skill development contradicts a pure emphasis on strengths (Davis, 1994). A US qualitative study by Connor (2013) offers a useful contribution to understanding value in building on weaknesses alongside harnessing strengths. He identified factors impacting transition from secondary school into tertiary education for two college students with diagnosed SLDs. Central to his findings were the recognition of both intrinsic and extrinsic factors in fostering success (Connor, 2013). Connor (2013) particularly identified value in the combination of tertiary education services that support the management of weaknesses in conjunction with opportunities to harness strengths as significant in fostering a successful transition from school into tertiary education for his study participants.

Many international studies identify that students with SLDs appreciate opportunities for skill development. For example, a US qualitative study involving classroom observations and interviews with nine university students with an SLD identified that positive coping included reliance on supporters, implementation of self-improvement techniques and academic management skills. Participants reported negative coping through task avoidance, and the overall findings stressed the need to establish self-advocacy skills (Barga, 1996). Interestingly, one participant in this study had elected to attend a private SLD specific college for a two-year preparatory course for students transitioning from secondary school into tertiary education, and noted the marked difference that access to SLD-explicit training made to his academic success (Barga, 1996). Most other students in this study spent at least three to five hours at the university’s learning disabilities clinic each week for academic assistance (Barga, 1996). Reinforcing the need for specific capacity development for students with SLDs, Boulet’s (2007) Canadian exploratory study into the positive coping strategies of six successful individuals with SLDs revealed the importance of specific strategies, such as time management and organisational skills, to counteract SLD-related learning barriers.

It is significant to note that irrespective of resource limitations, external support is regarded as a useful intervention for fostering mainstream inclusion, providing such services are well informed of the characteristics of an SLD. For example, a quantitative study by Vogel, Fresko and Wertheim (2007) investigated the impact of volunteer peer tutoring for students with the SLD label across Israel’s 25 tertiary institutions. This study surveyed 234 of the 480 students registered with an SLD in 2002, and identified overall satisfaction with this service.
However, the desire for tutors to be better informed about the nature of the SLD label, alongside students being more skilled in articulating their disability and corresponding needs, was lacking. Both tutors and students requested greater attention on capacity building in these areas (Vogel et al., 2007). Further to this point, Choudhary, Jain, Chahar & Singhal (2012) highlight the urgency in India for an awareness-raising campaign across the country to build understanding of the SLD label, which would in turn enable implementation of relevant interventions.

Inappropriate accommodations are largely found in contexts where the SLD label is absent, or where there is poor awareness of its presentation. For example, Reddy and Sujathamalini (2003) identified a government-funded intervention to address low literacy skills in India that resulted in poor outcomes. This was thought to be due to the lack of consideration of accommodations for students with SLDs. Such responses are not confined to developing countries; consequently there is a significant need across many countries for greater awareness of the label and appropriate interventions.

The SLD label appears to be of greater relevance than generic labels to both educators and students, due to the specific clarity it offers in explaining unique learning barriers, strengths and congruent accommodations (Macdonald, 2009, Taylor et al., 2010). For example, studies by Taylor and colleagues (2010) and Macdonald (2009) illustrate the risk of mislabelling students with a general reading difficulty, special needs or learning difficulty label, leading to inappropriate interventions. Macdonald’s (2009) study presents the perceptual narratives of 13 people diagnosed with dyslexia, where participants not identified at school reported an absence of relevant and sustainable accommodations, and exited school with minimal or no qualifications. One of the participants in this study reflected on the benefit that a dyslexia label could have provided:

"I didn't have any idea of dyslexia but, I feel I've lost opportunities. If I had been diagnosed earlier I'd got the help ... My lifestyle would have been [better]... financially-wise ... I could have worked with it, and I could have said look I'm dyslexic, this is what I need, and I could have sought the help" (Macdonald, 2009, p275).

This call for improved knowledge of the SLD label alongside awareness of suitable supports is significant, particularly in the Australian context where there are limitations in educator awareness, and insufficient supports for students with an SLD (Chanock, 2007; Fry, 2015, Munyard et al., 2008, Williams, 2013). Only a few targeted Australian studies have been able to shed light on the need for accommodations for students with an SLD, and in particular,
the student response to such supports. Australian literature reports the absence of dyslexia tutoring and other similar interventions that are present elsewhere internationally. This adjustment is regarded as of value in building student capacity and independence in education (Chanock, 2007; Cunningham & Firth, 2005; Fry, 2015; Payne & Irons, 2003).

Australian-based studies that focus on services for students who are either labelled with or exhibiting indicators of an SLD have identified minimal capacity to provide necessary accommodations, despite intentions to create a level playing field (Edyburn, 2010). In those studies that do identify instances where professionals are employed to support students with disabilities, it appears they receive limited or no training to cater for such learners (Louden et al., 2000a; Payne & Irons, 2003; Munyard et al., 2008; Watson, 2007; Williams, 2013). For example, an absence of accommodations was found in a Queensland study involving interviews with eight secondary students identified with learning difficulties. These students felt that their needs were unnoticed in the mainstream classroom (Watson, 2007).

Australian studies indicate a genuine risk that the education system is embedding inappropriate accommodations, due to confusion between the labels of learning difficulties and SLDs (Munyard et al., 2008). This inconsistency of awareness and understanding of the SLD label is likely to have contributed to poor teacher responses, including inadequate accommodations in Australian primary and secondary schools (Louden et al., 2000a; 2000b; Munyard et al., 2008; Rivalland, 2000). Inadequate awareness is also present in Australia’s universities, with a quantitative study surveying attitudes towards and knowledge of the SLD label revealing misunderstanding of the label by many Disability Liaison Officers. This perhaps reflects the lack of formal qualifications, ad hoc training and the structural variability in service delivery (Payne & Irons, 2003). As a result, students with the SLD label in Australia receive limited accommodations to support their educational inclusion (Chanock, Farchione, Paulusz, Freeman & Lo Giudice, 2008). This is evidenced by one Australian student with an SLD, who stated: "All through this ordeal I had no real support and no one could understand me. I had to fend for myself" (Tracey, 2006).

Despite studies showing greater accommodations in tertiary settings over that offered in compulsory education (Fry, 2015; Payne & Irons, 2003; Watson, 2007), Ryan (2005; 2007) reports significant barriers in access to tertiary accommodations, and poor educator awareness of learning barriers in Australia. Students in Ryan’s (2005) study noted that they "felt there was less tolerance for people who learned differently", with fewer opportunities for strengths to be valued at university than at school. Some participants in Ryan’s (2005) study described a sense of disbelief and hostility from academics to support requests and "even to their mere
presence at university" (p439). Ryan's (2005) participants were sourced through a request across one university for students who experience difficulties learning, an intentional recruitment process, with Ryan indicating the confusion surrounding the SLD label. As a consequence, her study participants did not identify with a formal SLD label, potentially impacting their ability to advocate for and to access disability services.

Poor awareness of the SLD label and lack of appropriate pedagogical strategies was found in a Melbourne study of school teacher engagement in a professional learning program designed to support inclusion of students with SLDs (Munyard et al., 2008). Of greatest interest in this study was the finding that the newly-discovered teacher understanding of the permanency of neurological processing barriers for students with SLDs led to improved perceptions and a change to more inclusive teaching practices (Munyard et al., 2008). Teacher reflection on attitudes prior to the training identified that "ignorance, confusion, and lack of appropriate provision had generally prevailed", in turn impacting teacher efficacy in education of students with the SLD label (Munyard et al., 2008, p254). This finding illustrates the value of SLD awareness in the establishment of corresponding strategies, empowering teachers to educate students with an SLD. This study involved a total of 93 teachers from years 5 to 9, along with specialist and leadership staff from two outer suburban state education school clusters in low-socio economic regions of Melbourne. The results of this study highlight the need for more appropriate teacher education and professional development in the educational inclusion of students with SLDs.

The need for improved teacher efficacy in disability inclusion is supported by Sharma et al., 2012), recognising access to appropriate skills as significant in improving attitudes towards teaching students with a disability in the mainstream classroom.

The SLD label, with a coinciding detailed assessment, is likely to increase access to targeted and effective supports in a timely manner (Taylor et al., 2010). Knowledge of strengths, weaknesses and processing preferences, traditionally identified through an SLD assessment, is therefore thought to be of value to both the educator, disability support service and the student in confirming relevant accommodations. Consequently, implementation of effective accommodations for students with SLDs is dependent on awareness of the disability and its educational impact, requiring educators to be cognizant of the context and confident in embedding appropriate supports.
2.4.6 Expectations and Aspirations for Students Labelled with a Specific Learning Disability

Expectations by others of student capacity can influence access to opportunities for students with SLDs. The few studies that reveal expectations of students with the SLD label illustrate significant variance, ranging from reduced expectations to an exclusive focus on strengths (Ash et al., 1997; Davis, 1994; Raskind et al., 2002; Rath & Royer, 2002). Congruence between aspirations and perceived student potential is therefore likely to play a role in inclusion and retention in education of students labelled with an SLD.

Several studies have reported reduced expectations by educators when confronted with students with an SLD label. For example, a US study that focussed on teacher perceptions of students labelled with an SLD reported provision of less tuition, more rigid teaching delivery and low career goals due to a reduction in expectations of student capacity (Kerr, 2001). This position is supported by a study focussed on student perceptions of teacher expectations, with students reporting shorter assignments and an overall sense that their teachers expected less of them due to their SLD label (Barga, 1996). One student in Barga’s (1996) US qualitative study reported on his sense of reduced expectations due to his SLD label, noting this comment from a university educator: "You can’t make it here, the students are smart and you could never keep up with them". Further to this point, an analysis of SLD research by Rath and Royer (2002) identified that many students with the SLD label adopted the reduced expectations conveyed by educators, and were more likely to present with low aspirations and enrol in vocational training programs rather than higher education. Complementing this finding, students with the SLD label identified a sense of being unfairly judged on their achievements until barriers to inclusion were removed (Ash et al., 1997).

A few studies acknowledge the significance of strengths for students with the SLD label. For example, studies by Raskind and colleagues (2002) and Stamoltzis & Polychronopoulou (2009) illustrate, to varying degrees, the value of emphasising the gifts or strengths of students with SLDs. Arguably the most detailed study in this area is that by Raskind, Goldburg, Higgins and Herman (1999; 2002; 2003), who identified life skills as a greater predictor of success than IQ and academic outcomes. This 20-year longitudinal study focussed on aspirations in relation to social, career, recreational, financial and spiritual goals, and identified student capacity to seek out their most compatible fit in accordance with individual abilities (Raskind et al., 2002, Raskind, 2004; Goldberg et al., 2003). In fact, Raskind and colleagues (2002) encouraged the identification of abilities and talents within
individuals with an SLD, stating that “when we're able to match those special abilities and talents to the proper setting, we tend to be more successful” (p8).

In contexts with poor SLD awareness and a lack of support, students with SLDs are more likely to avoid tasks that highlight their weaknesses, and to gravitate towards areas that emphasise their strengths. In the Greek context, where supports are minimal, finding success, particularly in non-academic areas such as sport, was identified as playing a significant role in the sense of educational inclusion for students with an SLD (Stampoltzis & Polychronopoulou, 2009). Consequently, it is thought that a focus on strengths harnesses conditions for improved successful life outcomes (Raskind et al., 2002).

However, there are some risks when the focus on strengths is to the exclusion of a student’s deficits. Armstrong and Humphrey (2009) describe the choice of successful subjects and avoidance of challenging areas as protective factors in career selection, as reported in a study of 20 UK college-based music students of 16 to 19 years of age diagnosed with dyslexia.

An exclusive focus on strengths can be perceived as protecting students from exposing their weaknesses. This can result in a limited uptake of evidence-based strategies that build on these areas, which leaves some students without basic literacy and numeracy skills. For example, a Scotland study by Terras, Thompson and Minnis (2009) involved exploratory research into self-esteem using the Self Perception Profile for Children and the Strengths and Difficulties Questionnaire to examine child and parent understanding, attitudes and the perceived impact of reading difficulties on daily life for 68 children with dyslexia. Findings illustrated a focus on areas of strength to protect students from academic failure, and a corresponding feeling of worthlessness by students (Terras et al., 2009). Poor perceived academic ability in this study resulted in high levels of emotional, behavioural and peer relationship difficulties (Terras et al., 2009). Student participants only presented with a more positive self-perception if they had a sound awareness of their SLD diagnosis (Terras et al., 2009). Under such conditions, students are in turn more likely to develop strategies to compensate for their weaknesses rather than ignore areas of difficulty.

Self-efficacy of students with SLDs may be at risk in contexts with an exclusive focus on strengths, and where students are not provided with opportunities to build on areas of weakness. A study by Gerber and Reiff (1991) identified weaknesses persisting into adulthood when participants had no associated coping strategies. A follow-up Dutch study reinforced the negative impact on students when offered inflated praise with no associated capacity development (Hellendoorn & Ruijssenaars, 2000). One participant in this study noted false
praise by teachers stating that "Mrs Z did her best, I appreciated that, but she will never know how much she humiliated me by giving me A’s for spelling, just because I worked hard, the other students and I knew quite well that I merited no more than C’s" (Hellendoorn & Ruijssenaars, 2000, p234).

In emphasising strengths, Davis (1994) promoted awareness of the unique abilities of people with SLDs through high capacity in problem-solving, sporting ability, three-dimensional thinking, intuitive skills and dominance in fields of acting, architecture and engineering. There is, however, an evident risk in assuming a common profile of talents and careers best suited to people labelled with SLDs. Such assumptions deny student capacity to build on areas of weakness, and to adopt strategies and accommodations to manage difficult tasks (Chanock, 2007). Such a focus also ignores the determination of individuals with SLD to attain their personal aspirations.

Given that Australia is a context with a limited knowledge of SLDs, many educators are at risk of possessing a diminished sense of the potential of students who experience difficulty learning. One Australian study found that students with learning difficulties were viewed by their teachers as Inactive and inefficient learners, easily distracted and often off task (Watson, 2007). This resulted in students expressing poor self-esteem and limited expectations, and selection of subjects that placed the least burden on weaknesses (Watson, 2007). This study involved six secondary students experiencing difficulty learning, with the researcher using the Education Queensland (1996) definition of learning difficulties, being students with "short and long term difficulties with literacy, numeracy and learning how to learn" (Watson, 2007, p52). Student expectations of poor performance, alongside educator attention on student deficits, indicates a sense of attribution of failure to the student, resulting in low aspirations (Watson, 2007). The role of the SLD label in influencing expectations and aspirations is inconclusive; however there is some evidence by Taylor and colleagues (2010) and Macdonald (2009) illustrating that the SLD label does play a role in this area. It is also evident that some conditions are more favourable than others in use of the SLD label to support the establishment of appropriate expectations and aspirations.

2.4.7 Risks Associated with Poor Awareness of the Specific Learning Disability Label

Failing to diagnose or provide relevant interventions for students with an SLD risks significant negative psycho-social effects. Students in contexts with poor SLD awareness and an absence of support have been identified with high rates of criminal offences (Hellendoorn & Ruijssenaars, 2000; Winters, 1997). In the UK, the British Dyslexia Association (2004) found...
that the prevalence of dyslexia amongst offenders was three to four times that found in the
general population. Using data from the Canadian Community Health Survey, another study
examined rates of mental health conditions among 670 people in Canada with SLDs. It
showed that people with SLDs were more than twice as likely to present with depression,
anxiety, suicidal thoughts and sessions with mental health professionals than people without
SLDs (Wilson et al., 2009). In India, research indicates that undetected SLD causes poor
school performance, detentions and withdrawal from school, with students exhibiting poor self-
esteeem, aggressive tendencies, anxiety and depression (Choudhary et al., 2012). This points
to evidence that not only highlights the need for appropriate educational interventions, but also
psycho-social support for individuals with an SLD (Macdonald, 2013). Despite examples of
negative life outcomes for students with SLDs internationally, this has been balanced by a
range of interventions at government and school level designed to foster the educational
inclusion of students with SLDs. This is not the case in Australia; consequently students with
SLDs remain under-diagnosed and inadequately supported. The limited opportunities to
source an early diagnosis in Australia, as well as the lack of pedagogical inclusionary
strategies, have been associated with a heightened risk of unemployment, criminal conviction
and mental health conditions (Boon, 2001; Skues & Cunningham, 2011; Smart et al., 2005;
Tanner, 2010; Williams, 2013).

2.4.8 Student Perspectives of the Specific Learning Disability Label

Critical studies reflecting the student perspective are noted here, with one common
finding encapsulated by Glazzard (2010) that the most significant factor that "contributed to
students' self-esteem was a positive diagnosis of dyslexia and ownership of the label" (p67).
One of Glazzard's (2010) participants affirmed that "being told I'm dyslexic has helped me;
yeah it definitely has because I have a label. I know I'm dyslexic. Before I knew it I thought I
was thick" (p67). The studies of Barga, (1996), Glazzard (2010), Raskind and colleagues
(1997), Rath and Royer (2002) and Taylor and colleagues (2010) affirm the positive impact of
the SLD label on student awareness, with many highlighting the establishment of strategies to
achieve academic expectations resulting from the diagnosis.

Glazzard's (2010) study involved semi-structured interviews with nine students with
the SLD label from two mainstream secondary schools in the north of England. He
investigated factors affecting the self-esteem of learners with dyslexia. The most significant
finding of this study was an early diagnosis, acknowledgement of dyslexia and ownership of
the label by students (Glazzard, 2010). This in turn aided in positive self-esteem. Despite the limitations of this study being a small sample across two schools, the findings are still significant in recognising that students with the dyslexia label were all regarded as confident due to their diagnosis and ownership of their label, and their capacity to disclose and advocate for academic supports (Glazzard, 2010). In contrast, Hellendoorn and Ruijssenaars (2000) found that students were only accepting of their SLD label when they received academic supports. Many of these 27 students reflected disappointment in teachers for the negative treatment they received (Hellendoorn and Ruijssenaars, 2000). A number of students in this Dutch study expressed concern over disclosure due to fear of being misunderstood (Hellendoorn and Ruijssenaars, 2000). This is validated through participant comments such as: "They made fun of it behind my back"; "People say they understand, but they really don't. They just made me feel I was dumb"; and "When they knew, they did everything to get me thrown out of training" (Helendoorn & Ruijssenaars, 2000, p233). This was also evidenced in a Greek study that identified an absence of university support, where students with SLDs avoided disclosure due to lack of accommodations and a fear of stigma related to SLDs (Stampoltzis & Polychronopoulou, 2009).

A number of international studies identify benefits in self-awareness associated with a diagnosis and acquisition of the SLD label (Glazzard, 2010; Riddick, 2001; Taylor et al., 2010). In Glazzard’s (2010) UK study, for example, students felt that the label enabled a way of explaining their difficulties to their peers, and the term dyslexia provided a reason for learning barriers. In addition, students were enthusiastic when identifying talented and famous people with the same label (Glazzard, 2010). In addition, a Swedish study by Ingesson (2007), involving interviews with 75 young people with an SLD, investigated their sense of well-being, self-esteem, participation in education, peer relations and future aspirations. The key factors improving the experience in education for study participants were an early diagnosis, participants having a sound awareness of their SLD label, and being in a learning context where they could develop strengths and talents (Ingesson, 2007).

A sense of control through access to a diagnosis and improved self-awareness are thought to be core strategies in empowering students with SLDs (Raskind et al., 2002). The literature reinforces student awareness of their SLD label in order to develop suitable management strategies (McNulty, 2003). This affirms research promoting an early diagnosis (Taylor et al., 2010). As such, provision of an SLD label early in one’s schooling is thought to support student development of the most appropriate study strategies, promoting avoidance of learned helplessness behaviour (Glazzard, 2010, p68). Van Swet and colleagues (2011)
progress this notion of empowerment by posing that students with an SLD should be positioned as active participants in establishing solutions to their educational barriers. This stance recognises the value of the student voice as central in self-advocacy, acknowledgement of their attributes, and recognition of capacity development opportunities. Student capacity to use their SLD label in order to attain their educational rights, including access to relevant accommodations, is a key strategy in enabling a sense of learner empowerment in their inclusion in education. In a US study, 104 tertiary students with a diagnosed SLD completed an online self-determination survey involving follow-up interviews with 19 students (Anctil, Scott & Ishikawa, 2008). The findings illustrated that students developed compensatory strategies as a result of their SLD label (Anctil et al., 2008). In the UK, Macdonald's (2009) sample group of 13 students were interviewed using a biographical interpretative method. They shared their experience of exiting education with literacy skills, an improved sense of self-worth and a qualification (Macdonald, 2009). They attributed the use of their SLD label to the establishment of skills in order to achieve these milestones (Macdonald, 2009). It is therefore thought that when students play a role in decision-making around their individual approach to learning, they are much more likely to take risks, develop independent learning strategies and succeed in a variety of academic settings (Connor, 2013; Twomey, 2006). As such, students who have mastered skills, have a sense of purpose and have achieved success, react to their SLD label in a creative and flexible manner, particularly in the face of adversity (Tanner, 2010).

In contrast to the evidence related to student approval of the SLD label, Taylor and colleagues (2010) caution that "labelling has the potential to negatively affect the self-esteem of the child" (p190). Consequently, Tanner (2010) recommends awareness of the educational and social framework in which the student with the SLD label is placed before promoting its disclosure. Expanding on this notion, and in contrast to promotion of open use of the SLD label, Taylor and colleagues (2010) suggest that there are risks to the individual in using the SLD label in contexts that are not supportive of the student’s learning needs. This was illustrated in an Indian study on compulsory education for students with SLDs, that found a high incidence of emotional difficulties due to internalising of learning barriers in a context with poor SLD awareness (Choudhary et al., 2012, p1480). This study found the presence of low self-esteem, anxiety, verbal aggression and depression in a statistically-significant proportion of the 500 students surveyed with SLDs (Choudhary et al., 2012). For this reason, van Swet and colleagues (2011) argue that students should "not be tied to diagnostic labels", due to risks prevalent in settings where a multitude of assumptions muddy the expectations,
interventions and supports for students with a disability (p912). This draws attention to the likelihood that not all settings will have sound awareness of the SLD label, with the possibility that students may encounter negative rather than inclusive responses as a result of misunderstandings about their disability.

The Australian context provides a unique setting in which SLDs are not explicitly recognised at legislative or policy levels (Steeg & Firth, 2011; MacCullagh, 2014). Due to limited studies in Australia that focus on the perceptions of students with a diagnosed SLD (MacCullagh, 2014), studies examining the experiences of students without a formal diagnosis, often labelled with a learning difficulty, have been drawn upon in order to understand their perceptions of the education system. One Australian quantitative study focussed on examining the coping mechanisms of 346 students in years 5 and 6 from eight Victorian Government schools with characteristics of SLDs (Skues, 2010). It identified that these learners were "less motivated, less connected to school and reported giving up more frequently than students with expected achievement" (Skues, 2010, p 3). Further to this, Skues and Cunningham (2011) noted evidence of over-representation in risk factors of school refusal, delinquency, incarceration, unemployment and mental health conditions for students with indicators of an SLD. Another study of relevance involved 93 year 7 to 9 Victorian regional and metropolitan students with SLDs, alongside 102 students without SLDs (Firth, Cunningham & Skues, 2007). This study highlighted that those with the SLD label did not cope well when they sensed a diminished level of control, and when exposed to negative external feedback (Firth et al., 2007). In this study, the researchers also identified that learners with an SLD were at greater risk of learned helplessness (Firth et al., 2007). It also found that this student group tended to develop a passive learning style, low self-regulation and a sense of social exclusion (Firth et al., 2007). These findings suggest that a significant proportion of students with SLDs identify with a sense of disempowerment in regard to the demands of education.

In the Australian context, Firth and colleagues highlighted that successful adults with an SLD appreciated strategies such as "persistence against the odds, the ability to work hard, and to be creative in problem solving" (p26). The strategies in this study are different to that identified in UK, Canadian and US studies. This suggests that responses to the SLD label differ according to the context. For example, students in Firth and colleagues' (2007) study suggest poor awareness of SLD from others and a lack of school supports. This indicates a reliance on self-regulated management and perseverance in absence of systemic interventions. As a result, student determination is against the odds rather than due to
systemic approaches. This was also found in Ryan’s (2007) Australian research, where university students with self-reported learning difficulties identified that their "achievements were generally made in spite of their lecturers, rather than because of them" (p439).

A few studies of relevance in the Australian context offer a qualitative focus using semi-structured interviews with students with SLD characteristics who do not carry the formal SLD label. The limitations in these studies due to the absence of a formal diagnosis should be noted. For example, Watson’s (2007) study interviewed six students in an Australian secondary school with learning difficulties. All were cognizant of their own failure, along with that of others with similar characteristics (Watson, 2007). The students in Watson’s (2007) study were well aware of their negative behaviour patterns, and had few if any strategies to manage their learning barriers. In addition, Ryan (2007) undertook similar research at one Australian university with tertiary students who self-identified with learning difficulties. All participants in this research stated that they felt misunderstood, and that academics had a poor awareness of their situation (Ryan, 2007). Of the eight students in her study, six were mature-aged and demonstrated confidence in their self-awareness of strengths and weaknesses, but frustration in working to their strengths in a tertiary context (Ryan, 2007). In response, Firth (2008) affirms self-awareness and development of an understanding of one’s cognitive functioning as valuable in the establishment of successful empowerment strategies.

In Australia, many students reflect with frustration that their SLD was not diagnosed earlier in their schooling. The only published Australian study involving tertiary students with a diagnosed SLD identified that those not diagnosed at school were frustrated at a system that lacked awareness of their situation (Tanner, 2010). These participants reflected with regret that they would have had a greater sense of self-awareness through a diagnosis (Tanner, 2010). The impact of a diagnosis was also identified in a study involving 10 vocational education disability professionals by Fry (2015). One of her participants discussed a student who had just received their SLD label and stated:

“When she got the diagnosis and the explanation from the expert about what the diagnosis meant… she was almost cartwheeling down the corridor the next day. She had a name to put to this condition and she understood that there were things that could be done… it was such a transformation from the defeated person she had been up till then” (Fry, 2015, p 139).

This finding suggests that this level of self-awareness is harnessed when an SLD assessment is used to understand corresponding strengths and weaknesses in light of one’s academic
context (Chanock, 2007; Hutchinson, 2006; Macdonald, 2009; Taylor et al., 2010; van Swet et al., 2011).

2.4.9 Summary of Section Three

Some inclusive approaches, on the proviso that there is appropriate educator awareness of the SLD label, are more favourable for students with an SLD than others. Ultimately, the most effective inclusive model is one that places the least limits on the potential of the student with an SLD (Fuchs, Fuchs, Mathes, Lipsey & Roberts, 2001; McKenzie, 2009), is adaptive to their learning needs (Fry, 2015, Taylor et al., 2010), harnesses strengths (van Swet et al., 2011) and builds on areas of weakness (Rath & Royer, 2002). With this in mind, awareness of the SLD label, its application and impact can be regarded as central to the educational inclusion of students with SLDs. The student-centred philosophy of inclusive education therefore appears to have much to offer students with SLDs (Fry, 2015; Macdonald, 2009; McKenzie, 2009; Taylor et al., 2010; van Swet et al., 2011).

Student-focussed inclusive education research indicates that the actual practice of inclusion must address the specific needs of each individual learner (Fry, 2015; Rieser, 2012; Slee, 2010; van Swet et al., 2011). This is most likely through acquisition of an SLD diagnosis, as it identifies individual strengths, weaknesses, accommodations and processing preferences (Cunningham & Firth, 2005, Denhart, 2008; Fry, 2015; Glazzard, 2010; Munyard et al., 2008; Raskind et al., 2002; Rath & Royer, 2002; Tanner, 2010; Taylor et al., 2010; Skues et al., 2011).

2.5 CONCLUSION

The literature referred to in this chapter has highlighted a situation in which identification of SLDs is a complex issue. In addition, students with SLDs are often not accurately understood, and are inconsistently accommodated in the education system. However, the situation in a number of developed countries such as the UK, US, Canada and the Netherlands has demonstrated progress in understanding, identifying and supporting this disability group (Firth, 2010a; 2010b; Steeg & Firth, 2011). This is evidenced internationally through legislation that explicitly identifies supports for students with SLDs, funded identification processes, development of Individual Education Plans, teacher training, dyslexia friendly schools and awareness and acceptance of students with SLDs in the mainstream classroom (Boulet, 2007; Firth, 2010a; 2010b; IDEIA, 2004; Rath & Royer, 2002; Steeg & Firth, 2011). These interventions are an example of the broad array of strategies that have
responded to the support requirements of what is identified as the most common disability category in US schools (Lyon et al., 2001).

The labelling of students with SLDs is thought to play a significant role in both self-identity and external responses to students with this disability. Further to this point, international evidence suggests that the misappropriation of stigmatising generic labels such as GRD, SEN and learning difficulties are more negative to students with SLDs than the SLD label (Glazzard, 2010; Macdonald, 2009; Riddick, 2000; Taylor et al., 2010). This challenges the non-labelling stance evident in Australia and identified by Tanner (2010), that further limits the access to and promotion of an SLD diagnosis. This position is likely to have contributed to the under-reporting of SLDs, and the absence of systems in place to access an SLD diagnosis. As a result, many Australian students with SLDs have remained undiagnosed throughout their compulsory schooling (Fry, 2015; Tanner, 2010), and have been grouped into the broad non-diagnostic learning difficulties category (Firth, 2010a). This situation is likely to have further marginalised students with SLDs, and restricted their sense of educational inclusion.

International evidence suggests that acquisition of an SLD label through a formal diagnosis is valuable in counteracting negative and inaccurate assumptions about the learning potential of students with SLDs (Macdonald, 2009; Riddick, 2000). The SLD label is thought to empower students through fostering self-awareness (Barga, 1996; Glazzard, 2010; Taylor et al., 2010) and delivery of the most congruent educational interventions (Fry, 2015; Taylor et al., 2010). In particular, adoption of educational approaches that respond to individual learning requirements within the mainstream classroom are regarded as of greatest value for the inclusion of students with SLDs (Denhart, 2008; Fry, 2015; McKenzie, 2009; van Swet et al., 2011). This prompts student-focused pedagogical practices that respond to the learning profiles of all students, and for those with an SLD, it harnesses the SLD label to establish suitable inclusionary approaches (Cunningham et al., 2005, Glazzard, 2010; Macdonald, 2009; Munyard et al., 2008; Rath & Royer, 2002; Skues & Cunningham, 2011; Tanner, 2010; Taylor et al., 2010).

Australia's limitations in regard to identification and support of students with SLDs is of particular significance to this study. The discrepancy in Australia over identification, nomenclature, systemic recognition and support prompts a call for a deeper contextual understanding of responses to students with an SLD. Although progress has been made in understanding the lived experience of students with SLDs internationally, little is known about this student population in Australia. Evidence in this context is particularly lacking in regard to
students with a formal SLD diagnosis. The few published studies of relevance in Australia focus on students with learning difficulties (Ryan, 2005, Watson, 2006; 2007), with the only Australian study on tertiary students with a diagnosed SLD, by Tanner (2010), involving a group of adults aged 20 to 60+ in Australia’s only vocational course for students with dyslexia (MacCullagh, 2014). Australia’s evident lag in regard to legislative, policy, financial and education system support for students with an SLD (Firth, 2010b; MacCullagh, 2014; Payne & Irons, 2003) highlights a gap in evidence, and a need for further research in this area.
CHAPTER 3: METHODOLOGY

3.1 INTRODUCTION

The purpose of this study is to gain insight into the role of the specific learning disability (SLD) label in fostering or hindering educational inclusion. In line with this aim, a qualitative approach has been selected, using instrumental case study methodology (Stake, 1978). This has been chosen to support the discovery of in-depth personal experiences, and to reveal key themes pertinent to the phenomenon under investigation. The study involved 21 semi-structured interviews, with eight of these developed into extended case studies.

The review of literature identified variations in the understanding of and responses to students labelled with an SLD in the education context. Of particular interest were the international studies that demonstrated students exhibiting a preference for their SLD label over generic non-diagnostic labels (Glazzard, 2010; Macdonald, 2010, 2013; Riddick, 2000; Taylor et al., 2010). The literature also indicated poor awareness and misunderstanding of the SLD label in the Australian education context (Callinan et al., 2013a; Cunningham & Firth, 2005; Firth, 2010a, Fry, 2015; Munyard et al., 2008; Payne & Irons 2003), alongside minimal acknowledgement of SLDs at legislative and policy levels (Bond et al., 2010; Firth 2010a, 2010b; Williams, 2013). The confusion over the SLD label and the variety of non-diagnostic labels applied to this disability group has led to the need for greater understanding of labelling of students with SLDs, and of the role this plays in fostering or hindering their sense of inclusion in education.

This chapter provides a rationale and description of the methodology and methods used for this study. It commences with an outline of my position as researcher, followed by a description of the methodology, gathering of the participant sample, an explanation of the research process, approach to data analysis and the ethical implications related to this study.

3.2 RESEARCH PARADIGM

The ontology and epistemology applied to this study reveals both my world view defining the nature of reality and the mode I have used to acquire knowledge (Crotty, 1998). In selecting an appropriate methodological framework for this study, I reflected on my own perceptions and influences, and their role in interpreting the phenomenon under investigation. Crotty (1998) suggests that individuals have the potential to adopt their world view as the only
reality, and to propagate assumptions accordingly. It is therefore significant for the researcher to understand their world view, and to recognise this as a particular perspective brought to the study. As such, identifying my ontological perspective is an important first step in ensuring a methodological approach that is congruent both with my world view and with the purpose of the study.

My personal and professional life has exposed me to varied presentations and perceptions of disability. Professionally I have worked for over 20 years in the disability sector as educator and advocate. A significant portion of this time has been spent working with students with SLDs, alongside educators and disability professionals responsible for their educational inclusion. This experience has revealed SLDs to be particularly poorly understood in the Australian education context, with students with this hidden disability expressing a sense of disempowerment in relation to their engagement with the education system. From a personal perspective, I identify as a person with a disability, and have been exposed over the years to the breadth of assumptions held by society about the roles, capacity and place people with a disability have in the world. My professional and personal experiences have not been ignored in this study, and particularly their role in influencing the methodological framework. Consciously acknowledging this influence recognises that I do not take an objective position, but rather I am active in the co-construction of the collection and analysis of data for this study. This perspective is acknowledged by Guba and Lincoln (2000), who encourage the epistemological position to incorporate an interactive relational dimension between the researcher and participants, and who view findings as co-constructed. This perspective recognises that meaning is co-created by researcher and participant in the attempt to seek a deeper understanding of the phenomenon under investigation (Haverkamp & Young, 2007). Through this position, I recognise that I have played a relational role with participants in supporting their ability to share their unique views of reality (Baxter & Jack, 2008).

In light of my world view, I have positioned this study within a relativist ontology. Ontology is the study of being, and as such is concerned with the nature of existence and structure of reality (Crotty, 1998). This perspective acknowledges that reality is self-constructed, subjective and varies from person to person based on differing perceptions and experiences (Denzin & Lincoln, 2005). This perspective has ultimately guided me to seek among the study sample a diversity of interactions and interpretations of the phenomenon. Within this understanding, elements of a relativist ontology can be shared between individuals, especially when a sub-set of a given culture is exposed to a shared experience (Denzin &
A relativist ontology is aligned with a constructivist epistemology. Epistemology is concerned with how knowledge is acquired (Crotty, 1998). As such, a constructivist epistemology is appreciated as a philosophical paradigm, based on the premise that reality is socially constructed (Baxter & Jack, 2008). Constructivism reflects a shift from realism to relativism, accepting a subjectivist rather than an objectivist epistemology (Denzin & Lincoln, 2005). Significant to this position is the notion that constructions of reality have no absolute truth, can vary over time and can in turn influence the nature or perception of reality for each individual (Denzin & Lincoln, 2005; Stake, 2005). This transactional epistemology recognizes that individuals cannot be separated from the knowledge of their lived experience. This mode of engaging in dialogue with those inextricably linked with the phenomenon under investigation acknowledges that the object and subject interact and influence each other in a search for meaning (Stake, 1978).

Rather than searching for a single objective truth, constructivism allowed me to explore the various realities that exist for participants through their self-reflection and interpretation of interactions with their environment (Guba & Lincoln, 2000). This interpretivist perspective allowed the search of multiple realities as identified by participants during the collection of data for this study (Abma & Stake, 2014; Crotty, 1998). Through this epistemological perspective, I was able to explore the multiple variables within the culture, education and support contexts for individuals labelled with an SLD (Guhn & Goelman, 2011). This interpretivist approach enabled access to unidentified content within the familiar (Stake, 2005), and hence has provided access to new information on the lived experiences of tertiary students in Australia with a diagnosed SLD.

3.3 QUALITATIVE RESEARCH APPROACH

This research adopted a qualitative approach, harnessing techniques required for understanding dynamic human interactions, often problematic when extracted through quantitative data (Hutchinson, Wilson & Skodol Wilson, 1994). This qualitative approach supported my investigation of the phenomenon within its natural context (Kohlbacher, 2006). This included the search for a deeper understanding of the meaning individuals ascribe to a given phenomenon (Kohlbacher, 2006). In line with this perspective, an interpretive approach within a constructivist epistemology allowed the qualitative method of semi-structured interviews to give space to engage in dialogue with study participants (Guba & Lincoln, 2000). This provided me with the conditions necessary for the co-construction of a shared and
meaningful reality. In accordance with this position, an interpretivist paradigm allowed me to view the participant as the expert, and through individual interviews, to seek out and analyse their relationship to the phenomenon (Larkin, Watts & Clifton, 2006; Lupton, 2008; Wilding & Whiteford, 2005).

The qualitative approach selected for this study positioned me as an interpreter of contextually-bound experiences rather than as a reporter of statistical information (Haverkamp & Young, 2007). In so doing, I was able to fulfil the purpose of interpretivist research, that aims to understand and interpret the meanings in human behaviour rather than to generalise and predict causes and effects (Haverkamp & Young, 2007). In recognising this influence, I have been conscious of ensuring that the participant voices dominate throughout the processes of collection, analysis and presentation of data.

The particular focus of this investigation was to understand how students labelled with an SLD perceived their sense of educational inclusion. Within the qualitative method of semi-structured interviews, I focussed my investigation on the reality of the participants’ relationship with the phenomenon so as to expose, interpret and give meaning to their lived experiences (Denzin & Lincon, 2005). This approach responds to the increasing call for an authentic and accurate account of the lived experiences of people with a disability in research (Shakespeare, 2006; Slee, 1996).

3.4 CASE STUDY METHODOLOGY

The qualitative approach of case study methodology was selected for this study due to its capacity to illustrate a range of critical elements within and across a phenomenon, providing depth over breadth in the search for meaning and interpretation of lived experiences. Case study methodology is an approach relevant to understanding evidence within a variety of disciplines (Bergen & While, 2000), and is based on a constructivist paradigm, recognising that truth is relative and therefore dependent on individual perspectives (Baxter & Jack, 2008). The application of case study methodology is consequently valued as it provides access to particular knowledge that is both time and context bound (Abma & Stake, 2014).

Case study methodology originated in the fields of psychophysics and medicine in the US through the University of Chicago (Bresler & Stake, 1992; David, 2007). Although its popularity declined in the 1930’s, as quantitative approaches were considered more favourable at that time, case study methodology re-emerged in the 1960’s due to some researchers’ frustrations with the limitations of quantitative methods (David, 2007). Case study
methodology became particularly popular in educational research, and rose to prominence through the work of Robert Stake, who promoted an alternative way of researching and representing educational phenomena through the portrayal of data through cases (Simons, 1996). As such, case study methodology offers a framework for dealing with a range of complex situations, enabling the researcher to understand how a phenomenon is influenced by its context (Baxter & Jack, 2008).

In the field of research, case study methodology is recognised as an empirical inquiry approach designed to investigate a contemporary phenomenon within a real-life context (David, 2007; Yin, 1994). Proponents of case study methodology recognise its potential to collect, analyse and report data for a broad spectrum of scenarios (David, 2007; Stake, 1978; Yin, 1994; Yin & Davis, 2003). The most valuable contribution of case study methodology is thought to be through its ability to add to existing understanding (Stake, 1978) by collecting qualitative data to analyse particular observations (David, 2007).

There are conflicting perspectives regarding the reliability of case study methodology. These are in relation to its relevance to forming generalisations and theory development (Baxter & Jack, 2008; Stake, 1978). In its application, case study methodology is, however, considered to be as robust as a scientific quantitative approach (Tellis, 1997). This is because case study methodology provides the tools to study complex phenomena within their context, supporting the “deconstruction and the subsequent reconstruction of various phenomena” (Baxter & Jack, 2008, p545). In order to enhance the study design and trustworthiness, a range of strategies, such as the inclusion of adequate detail within cases, is important for validity and credibility (Baxter & Jack, 2008). In order to achieve this goal, I aligned my approach with typical methodological strategies, such as ensuring that the case study research question is clear, the study design is appropriate for the research question, purposive sampling strategies have been applied, data are collected and managed systematically, and the data are analysed effectively (Russell, Gregory, Ploeg, DiCenso & Guyatt, 2005).

There are a number of documented approaches to case study methodology. Intrinsic, multiple and instrumental case studies are three common modes of this methodology, each with their own strength and purpose (Stake, 1995). These approaches are described slightly differently by Yin, who uses the terms single, holistic and multiple case studies, and further differentiates these approaches through the descriptions of explanatory, exploratory and descriptive (Baxter & Jack, 2008). Intrinsic case studies are applied to research for deeper understanding of an individual experience, and not for collective analysis or theory
development (Baxter & Jack, 2008; Creswell & Plano Clark, 2007). Multiple, also known as ‘collective case studies’, are relevant to a focus on collective cases for investigation of a phenomenon or community, but with minimal interest in an individual experience (Stake, 1995). The instrumental case study approach, which was selected for this study, is useful both for understanding individual experiences, and collectively for the purpose of thematic analysis (Bergen & While, 2000; Stake, 1995; 2005).

Instrumental case study methodology is particularly compatible for this study, as it supports the depiction of a sample of student experiences as extended case studies, as well as engagement in a thematic analysis across all transcripts, conceptually representing multiple cases simultaneously (Stake, 1995). This approach is particularly relevant when there is greater interest in a phenomenon or a population of cases rather than in an individual case (Wilson & Vlosky, 1997). Instrumental case study methodology is therefore applied when insight is required into an issue, with cases serving a supportive role (Stake, 1995). Consequently, through access to individuals who collectively share a range of perspectives of the one phenomenon, an understanding of an issue or shared experience is possible, contributing to the construction of current knowledge (Wilson & Vlosky, 1997). In acknowledging this position, cases are investigated in depth, with activities detailed and scrutinised so as to add value to the overarching purpose of the investigation (Baxter & Jack, 2008). With this in mind, this approach offered a framework to conduct an integrated investigation of patterns of behaviour with the aim of an improved understanding of the lived experiences of a group of students in the Australian education context labelled with an SLD (Stake, 1995; Wilson & Vlosky, 1997).

In the application of instrumental case study methodology, I acknowledged the importance of maintaining focus, both on the broader phenomenon and on the stories found in the individual cases. This is often a pitfall for novice case study researchers, with the risk that only the individual case is scrutinised (Yin & Davis, 2003). Instrumental, multiple or collective case study methodology requires an in-depth analysis of the issue within and across cases (Stake, 1995). This level of analysis, although time consuming, is regarded as a robust approach in supporting theory and the broader understanding of a given phenomenon (Baxter & Jack, 2008).

Triangulation is often used in case study methodology to support validation and clarification of data (Bergen & While, 2000; Stake 2005). This method of validating data through access to multiple sources of information is, however, not always necessary (Stake, 2005), and has not been used in this study. Although triangulation can be valuable in
increasing the prospects of generalisation of data, the capacity to make generalisations across cases within qualitative research is cautioned against the "tension between the study of the unique and the need to generalise" (Simons, 1996, p239). Other means of verification of data have been used for this study, including checking the development of codes, categories and themes with other researchers (Baxter & Jack, 2008), and revisiting coding until a saturation point was reached (Abma & Stake, 2014). For the purpose of checking codes, I was able to draw upon the guidance of my supervisors. I also took time to immerse myself in the data during the coding process as a means of ensuring that appropriate codes were applied to quotes, and to confirm the intent of all quotes.

Another factor supporting the credibility of case study methodology is the creation of boundaries on cases. Boundaries were established to support both the collection and analysis of data. Boundaries provided a clear framework for identifying the time, activity and context for interview questions during the data collection phase (Creswell, 2009; Stake, 1995). This resulted in a contained collection of data for the purpose of analysis (Baxter & Jack, 2008; Stake, 1995; Yin & Davis, 2003).

Eight of the 21 interviews were developed as extended case studies through in-depth immersion in interview transcripts. These eight transcripts were selected in an attempt to represent a cross-section of participant experiences, tertiary courses undertaken and differing responses to the SLD label across various education contexts. In accordance with case study methodology, these cases acted as a bounded system (Bergen & While, 2000) representing personal experiences in summary form (Stake 2005; Yin & Davis, 2007), with an emphasis on describing interrelationships between each participant and their education context, rather than a quantitative drive to provide statistical validation (Greenwood & Lowenthal, 2005). This has positioned the cases as a central focus of the study, highlighting the lived educational experiences of study participants.

3.5 PARTICIPANT SAMPLE

Research requires a clear identification, definition and rationale for sourcing of the sample group under investigation (Bergen & While, 2000). The participant sample was therefore selected based on their relevance and theoretical usefulness to the study (Wilson & Vlosky, 1997). With this in mind, I sourced a selection of tertiary students 18 to 30 years of age who had been formally diagnosed with an SLD, and who represented a variety of educational settings within the Australian context. Such a targeted group of study participants allowed me to question student reflections in regard to the role of the SLD label during each
participant’s engagement in and transition through primary, secondary and tertiary education. This provided an opportunity for an in-depth and intensive investigation of the phenomenon under investigation.

Given that study participants are required to represent the population of relevance to the phenomenon, a purposive sampling approach was applied to guide the sourcing of participants (Stake, 1995). Purposive sampling is a non-probability sampling technique used to source a specific and small sample size for the purpose of qualitative research (Seawright & Gerring, 2008). In qualitative inquiry, purposive sampling is particularly recommended for gathering data rich in information and experience, so as to illuminate questions under investigation (Patton, 2002; Seawright & Gerring, 2008).

Homogeneous sampling, one of a number of purposive sampling techniques, is of particular value in identifying research participants who share similar characteristics, and is especially relevant when the researcher is well aware of the parameters of the group under investigation (Seawright & Gerring, 2008). This approach ensured a focus on participants between 18 to 30 years of age who had been formally diagnosed with an SLD, and who were enrolled in tertiary education. In contrast to maximum variation sampling, this homogeneous sampling technique helped to ensure that participants presented with the shared conditions of an SLD label in the tertiary education context, to provide greater insight into an issue poorly understood in the Australian context (Patton, 2002). The characteristics in common for participants were in line with the parameters for this study. This approach therefore supported the location of tertiary students who were able to share their educational experiences as students labelled with an SLD. This approach, however, did not limit the inclusion of varied characteristics related to the types of schools attended, courses studied and SLD-related experiences. In fact, variation was important in these factors so as to represent differences in exposure to the phenomenon under investigation across the defined group of participants.

To source study participants, I initially contacted Victorian vocational education and university disability networks. As a professional member of these groups, I recognised that their members had direct contact with tertiary students with SLDs. At network meetings, I made verbal requests for study participants, and also sent letters of request to Victorian vocational education and University student services directors, asking that they be forwarded to campus disability units. Although numerous students have been sourced through the same networks for non-research purposes in the past, no students were referred through this mechanism for this study. Feedback from professionals within the tertiary disability networks
indicated that they may have been selecting out participants, based on their perspective that their students with SLDs were not suitable for the study.

Due to initial difficulties in sourcing participants, the technique of snowballing was applied (Atkinson & Flint, 2001; Trochim, 2006). It is argued that snowballing is inextricably linked with bias, since participants are selected by people aligned with the research focus (Atkinson & Flint, 2001; Handcock & Gile, 2011). In the context of this study, this approach was applied because my first attempt to source participants had been unsuccessful. Snowballing was therefore recognised as a useful technique to encourage engagement with alternate networks for the location of participants.

Through the process of snowballing, I made verbal requests to specific learning disability networks and professional contacts outside of the tertiary education system (Castillo, 2009; Marshall, 1996). These contacts included directors of specific learning disability associations and private psychologists. This process provided me with greater autonomy in locating participants without them being selected in or out of the study by disability service providers within the tertiary education sector. This broader search for participants circumvented the risk that tertiary disability service staff may have selected out students likely to give negative feedback about their service, biased students who they saw as 'successful', or only identified participants more likely to provide positive feedback about their service. As a result, the participant sample is likely to be a more unbiased and realistic view of the population under investigation.

A total of 21 students was sourced for this study, proving to be a suitable sample size (Green & Bowden, 2005, Patton, 2002). Students who expressed interest in this study emailed or called me directly. I then engaged in a conversation with each prospective participant to provide further detail of the interview process, including responding to questions about the study. Prior to the interview, each participant’s SLD was confirmed to ensure that a recent diagnosis had been undertaken based on Australian psychological testing requirements that adhered to the DSM-IV definition for learning disorders at the time of the study. To validate this, participants were further questioned on their assessment to confirm that they had received a formal diagnosis. Some but not all of the 21 participants presented a copy of their assessment at the time of their interview. Participants were given a written and verbal explanation of the consent form before signing, and were provided with a hard copy of the form for their records.

The final collection of participants were all formally diagnosed with an SLD, were enrolled in or had recently completed tertiary studies, and were aged between 18 and 30
years. This ensured currency of experience. The study was conducted in Victoria, with all participants having undertaken studies in Melbourne with many also having studied in regional and interstate locations. Participants had attended government, catholic or independent schools, and represented a range of socio-economic backgrounds. There were eight males and 13 females who participated in this study. This sample group had undertaken studies in a variety of areas, including the performing arts, aged care, social sciences, law, office administration and trade courses. In sourcing this participant sample, I recognised that they did not represent the broader student population, the many individuals with SLD characteristics without a formal diagnosis, or the expected larger number of individuals with SLDs who have not engaged in tertiary level studies. However, this sample was consistent with the aims of the study, allowing me to focus on each participant’s engagement with and transition across primary, secondary and tertiary study as students labelled with an SLD.

3.6 DATA COLLECTION

Semi-structured in-depth interviews were adopted as the exclusive method for gathering data for this study, an approach valued for its generation of responses of a personal and complex nature (Corbin & Strauss, 1990). Interviewing, acknowledged as a conversation with a purpose, allowed me to obtain information that would have been difficult to observe or source through existing data (Denzin & Lincon, 2005). This data collection approach provided me with the tools to enter into another person's life, and to hear their experiences from their perspective. According to Yin and Davis (2003), interviewing is one of the most important sources of case study information. Case study interviews are intended to be open ended, enabling key questions to be posed, as well as sourcing a range of examples about the phenomenon (Kohlbacher, 2006; Yin & Davis, 2003).

The qualitative interviewing techniques applied in this study sought to gain insight into the role of the SLD label in the education context. To understand the intricate details of qualitative interviewing, I sourced information drawn from a range of qualitative approaches. Within this process, I identified a selection of common techniques used to source information. One particular approach that guided my interviewing style was the techniques used in phenomenographic interviews.

Phenomenography was established in the 1970s as a methodological approach to record the qualitatively-differing ways people experience, perceive and conceptualise particular phenomenon (Bowden, 2000). Phenomenographic interpretivist techniques to semi-structured interviewing positioned me within an epistemological framework consistent with the purpose for
and design of this study. These techniques served as a useful guide in data collection, resulting in an enhanced insight into the learner-context relationship (Bowden, 2000).

The phenomenographic techniques of open-ended questioning in one-on-one semi-structured interviews were harnessed so as to capture the lived experiences of participants in this study. This guided the interview design through encouraging a focus on ‘why’ rather than ‘what’, with a broader aim in eliciting information being to discover why a conclusion was formed or a strategy was derived, rather than simply what the strategy was (Akerlind, 2005). This aided in capturing information of a more detailed nature about the lived experiences of study participants.

In developing the interview format, a list of questions of greatest relevance to the phenomenon was established. These questions were designed to provide boundaries and frame the interview structure (Bowden, 2000; Creswell, 2009; Stake, 1995). This preparation phase took as much consideration and planning as the interviews themselves (Green, 2005; Kohlbacher, 2006), in appreciation that the craft of semi-structured interviewing requires planning and practice (Akerlind, 2005; Larkin et al., 2006). Within this approach, pilot interviews were undertaken so as to test pre-planned questions (Bowden, 2005). A process recommended within case study methodology (Yin & Davis, 2003). Pilot interviews ultimately assist in refining both the procedures and processes involved in the collection of data (Kohlbacher, 2006).

The three pilot interviews undertaken for this study, although not used in the final collection of data, were influential in refining questions and building my skill in the interview process (Walsh, 2000). These pilot interviews were my first exposure to semi-structured interviewing for the purpose of research, and as a consequence of learnings from this phase, I made adaptations to the final set of questions, and adjusted my interviewing style to ensure greater focus on the phenomenon under investigation. Through the process of pilot interviewing, I learnt the importance of probing questions in order to gather information of greatest relevance to the phenomenon. This included asking for examples, which often took the interviewee back to the time of their early schooling. Through gathering this information, I practised the technique of questioning about emotions or feelings associated with these experiences. Due to the semi-structured approach to interviewing, I learnt first hand the risks associated with participants moving away from the phenomenon under investigation. As a result, the process of linking probes back to the role played by the SLD label in educational inclusion was practised across all pilot interviews. This assisted in maintaining focus on the phenomenon, and encouraged me to link each question or probe back to the impact of the SLD label throughout all 21 interviews used in the study. These learnings from the pilot
interviews ultimately played a critical role in validating the actual purpose for the study, as well as in my capacity to gather adequate richness and depth of data. This ensured a focus on dynamic information within a fluid conversation (Bowden, 2000).

Following the pilot interviews and further reflections on qualitative interviewing techniques, the final set of pre-planned questions was designed. Within this process, I aimed for diagnostic questions and probes, in order to identify the varied approaches to the understanding of the phenomenon under investigation in a minimalist interview framework (Barnacle, 2005; Stake, 1995). The absence of leading questioning allowed for each participant to respond, not with an aim of fulfilling particular responses, but with genuine experiences and views of the phenomenon (Bowden, 2000). Although this interviewing approach can appear to be unstructured, planned questions were common to every interview (Akerlind, 2005). In addition, the interview format was intentionally open, allowing the interviewee to share as candidly as possible their views, experiences and examples related to the phenomenon (Bowden, 2000; Stake, 1995).

The influence of phenomenographic methodology has aided in establishing my technique in the art of probing for depth and richness of data. Significant to this approach is the use of prompt questions, purposefully free from scripting, and used throughout the interview to clarify and seek further information in response to interviewee inputs (Bowden, 2000). Probes were of particular relevance in supporting the fluid flow of each conversation, with prompt questions on hand when further details were required to gain deeper insight into experiences of most relevance (Bowden, 2000; Minichiello, Aroni, Timewell & Alexander 1995). In accordance with this process, the probes used in the interviews included: "Why did you do that?; What were you hoping to achieve?; Can you explain this point further?; Can you give me an example of this point?" Importantly, probes were prefaced with their context, a technique useful when communicating with people with an SLD. For example, during one of the pilot interviews, rather than asking for more information without any context, I asked: “So can you tell me more about when you said you were afraid that you might be stigmatised in some way if you did identify that you had dyslexia?” This type of interviewer attention to participants and their particular requirements is affirmed by Denzin and Lincoln (2005), who encourage awareness and flexibility to respond to particularities as they arise during the interview. This technique was also noted by Tanner (2010) in her Australian research on adults with dyslexia. She recognised the need to return to the question, and to provide context or an explanation for the question in order to elicit relevant responses. This approach catered for the needs of the participant sample, supporting the focus and meaning of each probe without participants needing to ask for clarification.
Setting the scene for the interview was integral in encouraging participant comfort with the topic. All questions were asked in each interview, supporting consistency of inputs for all participants. The pre-planned questions, probes and flexible approach were applied to all 21 interviews, encouraging participants to feel comfortable in sharing experiences and personal interpretations of the phenomenon within a conversational format. This approach equipped me with techniques to harness the voice of each individual participant in order to gather their understanding of the phenomenon (Entwistle, 1997). The data collection occurred in a single interview sitting for each participant. This ensured that consistent conditions were in place for all interviews. Avoiding the need to revisit participants following their interview motivated me to cover all questions and respond to participant inputs with as much depth as possible.

Undertaking interviews in a single sitting is consistent with qualitative approaches such as phenomenography, and provides the researcher with all content required for the data analysis process upon completion of the interviews (Akerlind, 2002; Bowden, 2000; 2005).

Within a qualitative conversational framework, interviews were audio recorded and transcribed verbatim. Each interview commenced with building familiarity and comfort for the participant with the interviewing procedure. This included putting the participant at ease through offering a drink, having chairs diagonally opposite each other and a reminder of freedom to withdraw or not answer questions at any time. A digital audio recorder was positioned in a non-obstructive place close enough for a quality recording. Immediately following the interview, each recording was transcribed into a Word document for the purpose of data analysis.

The interviews commenced with a statement outlining the focus of the conversation, being on experiences across primary, secondary and tertiary education as a student labelled with an SLD. Each participant was initially engaged through some overview questions about the phenomenon. They were then asked some explicit questions about their studies, SLD diagnosis and educational experiences in school and vocational education or university. All questions and probes were related back to the participant's status as a student labelled with an SLD so as to maintain focus on the phenomenon.

Throughout all interviews, I was conscious that participants applied different terms to their SLD. This factor is inextricably linked with the research topic, and as such was taken into consideration in the gathering of data. To assist with participant comfort, terms were slightly adapted for each interview. This was determined following the initial question, when I asked participants to explain their SLD and the process of acquiring their diagnosis. I adapted the terminology used in response to introduction by participants of alternate labels. For example,
the term learning disability rather than SLD was used throughout many interviews, as this was recognised as the disability label most commonly understood by the participants. Overall, the labels learning disabilities, LD, SLD or dyslexia were used throughout the interview conversation in response to participant inputs, and familiarity and comfort with language around each participant's SLD.

All participants were initially asked: "What can you tell me about your learning disability?" and: "How did you come to this understanding?" This provided useful information on the participant perspective of their SLD, as well as their interaction with various influences impacting their knowledge of their disability. Participants were also asked about the impact of their SLD on their current studies, with the aim of eliciting information about the relationship between their SLD and their learning environment. Further questions were then introduced to enable a discussion around factors affecting transition into vocational education or university as a student with an SLD. This enabled access to valuable information pertaining to interactions with various education settings, allowing me to move back and forward between different learning contexts as led by the participant. Probes were useful in this process, as they encouraged the sharing of examples, and elicited further detail about a range of experiences as they came to light. Following a final offer for the participant to share any additional information, an expression of appreciation was given.

3.6 DATA ANALYSIS

An in-depth analysis of data was undertaken to explore individual and shared interpretations of the phenomenon under investigation. For this study, data were analysed using instrumental case study methodology in accordance with an interpretivist paradigm. This qualitative analytical approach guided a search for patterns or common themes in the data (Kohlbacher, 2006; Labuschagne, 2003). These patterns were then analysed within the context of participant experiences (Kohlbacher, 2006). This approach allowed for revelation of the "unique and the universal and the unity of that understanding" (Simons, 1996, p239).

Within the analytical approach, methods were embraced to allow interpretation and presentation of data so as to represent individual cases alongside a thematic representation of shared experiences. This approach acknowledged that understanding human affairs, especially when shared across a given population, is ideally attained through the gathering of personal stories, leading to the acquisition of improved knowledge (Stake, 1978). This constructivist and interpretivist lens to data analysis encouraged me to focus on each participant's perspective through a broad and deep search for experiences and hidden
meanings within interview transcripts (Wood, 2006). Within this approach, data was acknowledged as being apparent and true at the time of collection, with experiences both contextually and historically positioned (Creswell, 2007; Radley & Chamberlain, 2001; 2012).

### 3.6.1 Coding of Data

Careful analysis of data through the establishment of codes is an important first step in the analytical process (Kohlbacher, 2006). Identification of quotes is a common approach to gathering raw data that supports the revelation of participant emotions, thoughts, experiences and perceptions of phenomena (Labuschagne, 2003). It is therefore important that the codes emerge strictly from the data, and that external influences do not interfere with this process (Kohlbacher, 2006).

For this study, a coding system was used to identify and categorise key concepts or themes throughout the data. This identification and coding of relevant statements or quotes occurred through immersion in the transcripts. This detailed immersion in the data, through time and contemplation (Stake, 1995), assisted in my identification of quotes relevant to key concepts pertaining to educational inclusion or exclusion for students labelled with an SLD.

An open coding process was adopted that supported a rigorous identification of experiences through careful and detailed examination of interview transcripts (Corbin & Strauss, 1990). A manual coding system, rather than software such as NVivo, was used (Bogdan & Biklen, 2003). This allowed for greater flexibility in engaging with the data. Quotes were captured throughout each interview, based on participant identification of their SLD label and the impact of this diagnosis within their educational context. The meaning of each quote was then validated through revisiting the broader context of the statement (Bronfenbrenner, 1976). Once all codes were embedded into each of the 21 transcripts, a document was created to insert hundreds of quotes relevant to numerous codes. This initial phase of the coding process acted as a catalyst for the emergence of categories and themes pertinent to the phenomenon under investigation.

In accordance with the instrumental case study approach undertaken in this study, I employed an analytic strategy to identify categories and themes apparent within the codes and related quotes. The collection of quotes into a central document enabled me to undertake the process of sorting and rearranging quotes into descriptive groups (Kohlbacher, 2006). As expected, this task was not linear, and exposed me to moments of confusion in the drive to determine those overarching categories and themes of greatest relevance to the
phenomenon. At the same time, I undertook a process of identifying common categories and themes that transcended individual experiences (Creswell, 2009; Yin & Davis, 2003). This guided the organisation of data around particular topics and themes (Kohlbacher, 2006; Yin & Davis, 2003). This process provided me with the organisation of data to view all quotes, codes and categories to ensure that content was appropriately sorted (Kohlbacher, 2006).

Throughout this process, I identified commonalities and differences across quotes, which led to continuous exposure of new content throughout the analysis phase. Within this, I aimed for clarity of purpose for each category, while ensuring sufficient distinction from other categories (Guba & Lincon, 2000). Due to the establishment of numerous categories, these groupings were further refined into a smaller number of significant overarching themes. Within this process, careful attention was paid to variation across study participants, in order to ensure that categories and themes were sufficiently broad to represent unique experiences that may only relate to a few participants. Overall, this approach fulfilled the ultimate aim of case study research, being to “uncover patterns, determine meanings, construct conclusions and build theory” (Patton & Appelbaum, 2003, p67).

The coding process resulted in four overarching themes, with eight groupings of quotes, codes and categories. These eight groupings reflect the factors that either foster or hinder inclusion for the participants in this study. As a sample, Diagram 1 illustrates the process of sorting codes. This includes a sample of quotes, their related codes and their alignment with categories, and their ultimate association with the theme of SLD empowerment strategies. The analytical process resulted in eight similar diagrams that allowed me to use quotes to establish codes, categories and overarching themes.
3.6.2 The Process of Developing Cases

Following significant immersion in the data, and having attained comfort with the themes, I commenced the task of developing a series of eight extended cases in accordance with the principles of case study methodology. Transcripts were selected for cases based on an aim to represent a breadth of experiences across the phenomenon. This included ensuring diversity in time of diagnosis, encounters with different vocational education and university settings, types of courses studied, regional and metropolitan locations and gender balance. Ensuring variation across cases in the research design is desirable, as it increases the relevance of findings through representing the maximum spread of participant experiences (Bronfenbrenner, 1976; Radley & Chamberlain, 2012).

The eight extended case studies were developed through an iterative process, allowing time for immersion in the data and reflection of participant inputs. This assisted in the establishment of contextually-relevant cases designed to illuminate the reality of participants in this study (Alton-Lee et al., 2000). When developing cases, it is the researcher’s responsibility to convert information about a complex phenomenon into an easily-understood format (Baxter & Jack, 2008). As such, I sought to developed cases to provide a user-friendly representation
of the phenomena to the reader.

A typical case study is a lengthy narrative or report of the phenomenon under investigation (Yin, 1994). This is recognised by Stake (2005) as the product of an inquiry. It is therefore important that the report or case study describes the phenomenon in a comprehensive manner, so that the reader may feel sufficiently engaged in the phenomenon relevant to the study (Kohlbacher, 2006).

In preparing the extended case studies, I was cognizant not only of representing the individual, but also the details of the context, as well as the overarching phenomenon (Kohlbacher, 2006). With this in mind, I sought to provide sufficient examples of participant experiences across a range of education settings, along with descriptions about the impact of their SLD label on inclusion in education.

Cases can be presented in a range of formats. Common approaches to structuring case studies include telling the reader a story, providing information as a chronological report, or by addressing key issues (Baxter & Jack, 2008). Stake (2005) suggests that issues constitute a key aspect of case study methodology. Likewise, Yin (1994) promotes this focus through the use of propositions (Baxter & Jack, 2008). Stake (2005) and Yin (1994) identify that issues or propositions are necessary elements of case study research, as they lead to the development of a conceptual framework that guides the research (Baxter & Jack, 2008). Issues are not questions; rather they are complex contextual themes that draw attention to ordinary experiences alongside overarching phenomena (Stake, 2005).

In accordance with the study approach, I found that issues served as a useful conceptual structure for cases through supporting in the organisation of data, indicating key concerns and deepening the understanding of a case (Stake, 2005). My search for key issues occurred through returning to the research focus and reviewing the collection of categories and themes from the coding process. The cases in this study have consequently been established to represent a range of dominant issues related to the research focus, such as the acquisition of an SLD diagnosis, time of diagnosis, the degree of knowledge of SLDs within the education context, and the impact the SLD label has had on educational inclusion or exclusion.

When preparing cases, it is important not to succumb to the risk of entering superfluous data that may have been sourced during the interview process (Kohlbacher, 2006). I was aware of this risk when I undertook the development of cases, and consequently aimed to maintain focus on the phenomenon and edit out irrelevant information. The identification of issues played a useful role in this process through framing the structure and
focus of cases. As such, issues indicate the broad overarching contextual focus of the study, including its political, social and personal context (Stake, 1995). The emergence of issues during the development of the eight extended case studies have ultimately guided the thematic analysis of this study.

3.6.3 Approach to the Thematic Analysis

The process of coding data and the development of cases has been described. This section now turns to the theoretical framework used for the analysis and conceptual presentation of data. In accordance with instrumental case study methodology, I sought to formulate a relationship between the cases and theory (Bergen & While, 2000). As a result, a theoretical framework was sourced that enabled emerging issues and key factors identified by participants to be acknowledged in the presentation of findings. Bronfenbrenner’s (1999) bio-ecological model was introduced in this study in order to support this process.

Urie Bronfenbrenner’s (1999) bio-ecological model provided a useful theoretical framework to represent the relationships between the participants and their environment across multiple layers of influence. This theory is significant, as it acknowledges that both the individual and the environment influence the dynamic bi-directional relationships impacting human development (Boon, Cottrell, King, Stevenson & Millar, 2012; Tissington, 2008).

The bio-ecological model incorporates a series of five nested structures: the individual, the micro-system, meso-system, exo-system and macro-system (Bronfenbrenner, 1976; 1995; 1999; Guhn & Goelman, 2011). This model is particularly useful in identifying the influences of teachers, schools and policies at an individual or community level, as inputs can be organised into direct or indirect categories (Boon et al., 2012). These various systems of influence were applied to the conceptual data analysis process to support the representation of findings.

Bronfenbrenner’s (1999) bio-ecological model is conceptualised as a series of concentric circles that illustrate various layers of influence, beginning at the centre with the individual (Bronfenbrenner, 1999). The next layer, regarded as the micro-system, is the most direct layer of influence to the individual (Bronfenbrenner, 1993; 1995). This layer represents a range of individuals or organisations of immediate influence to the individual (Bronfenbrenner, 1995). For the purpose of this study, this layer reflects the school and family, including teachers, tutors, friends, siblings and parents, since they are particularly dominant sources of influence on study participants. The following layers—meso-system and exo-system — are not concrete structures; rather they are relational dimensions of interaction. The meso-system
focuses on relationships between the individual and significant others within their immediate environment (Bronfenbrenner, 1995; Rosa & Tudge, 2013). The exo-system represents the relationships between people or groups within either the micro or macro-systems, without the individual's involvement (Bronfenbrenner, 1999). The final layer is the macro-system, representing the overarching education systems, laws and culture of a given context (Bronfenbrenner, 1995). This layer is recognised as influencing all other layers, and can ultimately impact the individual at the centre of this model (Rosa & Tudge, 2013).

Figure 1 represents Bronfenbrenner's bio-ecological model, which incorporates the domains of influence beginning with the individual positioned in the centre, followed by the micro-system, meso-system, exo-system and macro-system. Image adapted from Bronfenbrenner's bio-ecological concentric circles model (Forrest, Elman & Shen Miller (2008, p184).

In accordance with the bio-ecological framework, I was able to acknowledge participants not as passive recipients, but as active contributors in relation to interactions with educators, peers, support staff, parents and the broader social and cultural structures of their education context (Tissington, 2008). To understand the micro-system in more detail, it is necessary to take into account how the bi-directional and reciprocal activities and patterns of interaction in the individual's immediate surroundings impact the degree of educational inclusion for participants in this study (Bronfenbrenner & Morris, 2007; Guhn & Goelman, 2011; Tissington, 2008). Within these interactions, participants can transform responses from individuals in the micro-system, due to their capacity to shape their own environment.
Likewise interactions can be affected by the presence of third parties where, for example, supporters influence the quality and impact of relationships (Tissington, 2008). At the meso-system level, influences on individual development can be identified when supports such as student-teacher consultations or mentoring programs exist (Tissington, 2008). Exo-system level interactions — positioned outside the individual's control, yet within their environment — draw attention to linkages between parents and school staff, or to an association with organisational structures and policies (Guhn & Goelman, 2011; Tissington, 2008). This then connects with the macro-system as the outermost level being concerned with overarching patterns of micro, meso, and exo-systems typical within the participants’ social contexts, including values, laws and customs. Change at this level impacts factors such as attitudes and access to supports (Guhn & Goelman, 2011; Tissington, 2008).

The purpose of and interface between the layers within the bio-ecological model have been further enhanced through the maturation of Bronfenbrenner’s model, that now incorporates a range of proximal processes that are seen to play a significant role in the development of the individual across all systems (Rosa & Tudge, 2013). These proximal processes consist of Person, Process, Time and Context (PPTC) variables, that influence development, especially in relation to interactions between the individual and their environment (Bronfenbrenner 1995; 1999; Rosa & Tudge, 2013). This is particularly relevant to this study, as it delineates a conceptual distinction between Personal characteristics, Context characteristics, Process variables and Time variables, with such components understood within an interactional, holistic and ecological framework (Guhn & Goelman, 2011).

In its application, the PPTC proximal processes can be embedded into each of the layers of the concentric circles to reflect various influences for the developing individual. This framework enabled me to disaggregate data based on varying personal and environmental influences and their impact on each participant’s sense of inclusion in education. When incorporating the PPTC framework into a research design, I identified quotes from the data that aligned with relevant proximal processes (Guhn & Goelman, 2011). This delineation was useful in determining more accurately the influences of greatest relevance in fostering or hindering educational inclusion.

The influences of relevance to this study were highlighted within the bio-ecological model with particular focus on the student, parents, teachers, peers and the overarching education system. For example, a participant’s interaction with their school and family (micro-system) alongside the influence of particular teachers (meso-system), interactions between
parents and the school (exo-system), and overarching values and laws (macro-system) were all represented in the presentation of findings within the framework of the bio-ecological model. An investigation across these systems is particularly relevant within a phenomenon that in itself does not generate meaning, but rather the relationship between the individual and the phenomenon brings meaning to existence (Crotty, 1998). This perspective has enabled me to observe the interaction between each participant and their environment (Crotty, 1998), so as to generate a greater understanding of the role of the SLD label in fostering or hindering educational inclusion.

3.7 LIMITATIONS TO THE STUDY

While this study used a qualitative approach to investigate the sense of educational inclusion or exclusion for 21 students labelled with an SLD, a range of limitations are noted. The qualitative approach adopted in this study inherently inhibits the generalisability of findings. As a result, data is bound to the time and context of the participants’ involvement in the study. Given that this study involved participant reflections of their primary, secondary and tertiary education, the recollection of particular events is likely to be affected by time. Therefore, the inherent unreliability associated with the recollection of events from the past should be taken into account.

Longitudinal studies, such as that by Raskind and colleagues (2002), would assist in improving reliability of data. In such approaches, student reflections provided during their actual age and stage of schooling relate to the time they occurred. With this approach, events are consistent with the age of the individual’s development. In contrast, the participant experiences in the present study are retold through a retrospective adult lens, when participants have both the time and maturity to process childhood events. This carries with it the risk that stories are impacted by other experiences, and that they have altered over time.

More reliable data could have been sourced by triangulating the lived experiences of students with other data such as school records, parent information and interviews with teachers and disability support staff. As the voices of students with a disability were selected as the sole data source for this study, other sources were not considered at the time of the design of data collection methods. Triangulation of data sources is, however, common in case study methodology, and is regarded as a valuable method for future studies that seek to investigate educational inclusion of students with SLDs.

Within the present study, perceptions of individuals other than the participants themselves have only been reflected through the participants’ voices. This inherently limits the
validity of the perceptions of others in relation to the educational inclusion of the participants in this study. To gain a more complete picture of the experience of inclusion of students with SLDs, future studies would add value by sourcing the perspectives of disability practitioners, educators, parents and classmates. In addition, a quantitative approach would have been able to give some broader examples of factors that foster or hinder inclusion from a larger number of students with SLDs. This too would be useful in providing more generalisable data of relevance to individuals with an SLD in the education sector.

The participant sample in the present study is considered as a successful cohort of students, because transition into tertiary education is not a typical life outcome for individuals with SLDs. Also, as Australia does not offer system-wide funding for SLD assessments, many students with SLD characteristics remain undiagnosed. This sample therefore does not represent the larger proportion of students expected to have an undiagnosed SLD; nor does it represent those individuals who have not engaged in tertiary-level studies.

However, the student sample selected for this study is useful in hearing the first-hand lived experiences of a disability group in Australia with limited opportunities to share their perceptions of access to and inclusion in education. The participant sample has therefore provided in-depth and rich lived experiences, and this has enabled deep analysis of content in relation to the phenomenon under investigation. The number of participants in this study, along with the variety of education settings and courses represented, reflects a qualitative study involving a comparatively large and broad participant sample for the Australian context. It is hoped that the findings have some relevance in informing future practice, policy, theory and research towards improving the educational inclusion and learning outcomes for students with SLDs. The methodological approach and analytical tools used in this study may also have relevance for further studies in this area.

3.8 ETHICAL CONSIDERATIONS

Ethical considerations operate beyond standard risk-averse research ethics clearance processes, and reflect a concern with professional treatment of participants and credible collection and representation of data. This understanding motivated my adherence to participant input through an appropriate research design. Respect for the participant and their experiences was an overarching consideration within this study. Hence I was aware of potential sensitivities within the content being shared, and recognised the rights, privacy and dignity of each participant. The factors of honesty, informed consent, avoiding harm and exploitation, and confidentiality of information were all taken into consideration in the collection
of data for this study (Stake, 1978). Valuing and respecting each participant’s contribution supported my adherence to accurate and credible use of data. I was also respectful of the motive of many participants for involvement: they affirmed their interest in the study due to their hope that findings would improve the future experiences of others with an SLD.

This study was subject to the ethical approval process through the Swinburne University of Technology Human Research Ethics Committee. Within the ethical clearance process, there was an aim to protect and uphold the rights of all participants, including those involved in the pilot study. Participants were identified as ‘high risk’ due to potential sensitivities related to their disability. Protective measures were therefore put in place. These included holding the interviews in a location of the participant’s choice, generally in a room within their tertiary institution. Participants were clearly informed of their voluntary status, were notified that they were free to pause or withdraw at any time, and, if relevant, were made aware of counselling available at their academic institution following the interview. This information was also made clear in the written consent form signed by participants. Participants were all provided with a hard copy of their signed consent form prior to commencement of their interview.

Within this study, privacy and confidentiality of participant information, including data, were maintained. Interviews were recorded in mp3 format on a digital recorder, and data was downloaded onto a CD following the interview. The audio file was then deleted from the recording device, and the CD and transcripts were placed in a secure location. Participant anonymity was preserved, with names changed and information such as tertiary institutions and courses de-identified. In adherence with participant anonymity, no transcript is included in full in this thesis.

3.9 OVERVIEW OF RESEARCH PARTICIPANTS
This table provides an overview of each of the 21 participants in this study, including their pseudonym and age at time of interview, education background and fields of tertiary study.
## List of study participants

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Primary and secondary education settings</th>
<th>Field of tertiary studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bree</td>
<td>28</td>
<td>Independent schools: Prep-Yr 12, Internally-assessed year 12</td>
<td>Diploma in Horticulture, Bachelor of Science</td>
</tr>
<tr>
<td>Britney</td>
<td>19</td>
<td>Government schools: Prep-Yr 8</td>
<td>Traineeship in Office Administration</td>
</tr>
<tr>
<td>Christina</td>
<td>28</td>
<td>Government schools: Prep-Grade 2, Independent schools: Grade 3-Yr 12, Internally-assessed year 12</td>
<td>Certificate IV in community services</td>
</tr>
<tr>
<td>Darlene</td>
<td>26</td>
<td>Independent schools: Prep-Yr 12</td>
<td>Bachelor of Science, Masters in Business</td>
</tr>
<tr>
<td>Emily</td>
<td>26</td>
<td>Independent schools: Prep-Yr 10, Government school: Year 11 – 12</td>
<td>Bachelor of Education (incomplete), Bachelor of Social Sciences</td>
</tr>
<tr>
<td>Eric</td>
<td>23</td>
<td>Independent schools: Prep-Yr 12</td>
<td>Diploma in Fine Arts, Bachelor of Social Sciences</td>
</tr>
<tr>
<td>Georgia</td>
<td>21</td>
<td>Independent schools: Prep-Yr 12, Internally-assessed Year 12</td>
<td>Diploma in Fine Arts</td>
</tr>
<tr>
<td>Helen</td>
<td>29</td>
<td>Government schools: Prep-Yr 12</td>
<td>Bachelor of Fine Arts, Bachelor of Education</td>
</tr>
<tr>
<td>Jacinta</td>
<td>22</td>
<td>Independent schools: Prep-Yr 12</td>
<td>Bachelor of Social Sciences</td>
</tr>
<tr>
<td>Kyle</td>
<td>24</td>
<td>Independent schools: Prep-Yr 12</td>
<td>Diploma in Outdoor Recreation, Bachelor in Human Movement</td>
</tr>
<tr>
<td>Mark</td>
<td>22</td>
<td>Government school: Prep-Yr 1, Independent schools: Yr 2-12</td>
<td>Bachelor of Arts</td>
</tr>
<tr>
<td>Melinda</td>
<td>27</td>
<td>Government schools: Prep-Yr 12, Internally-assessed Yr 12</td>
<td>Diploma in Office Administration</td>
</tr>
<tr>
<td>Nick</td>
<td>28</td>
<td>Independent schools: Prep-Yr 12, Internally-assessed Yr 12</td>
<td>Apprenticeship</td>
</tr>
<tr>
<td>Peter</td>
<td>24</td>
<td>Independent schools: Prep-Yr 12</td>
<td>Diploma in Outdoor Recreation</td>
</tr>
<tr>
<td>Quentin</td>
<td>23</td>
<td>Independent schools: Prep-Yr 10</td>
<td>Apprenticeship</td>
</tr>
<tr>
<td>Shae</td>
<td>27</td>
<td>Independent schools: Prep-Yr 12</td>
<td>Bachelor of Performing Arts, Bachelor of Social Sciences</td>
</tr>
<tr>
<td>Shaun</td>
<td>25</td>
<td>Independent schools: Prep-Yr 12</td>
<td>Diploma in Information Systems, Bachelor of Information Technology</td>
</tr>
<tr>
<td>Simon</td>
<td>27</td>
<td>Government schools: Prep-Yr12</td>
<td>Diploma in Performing Arts, Bachelor of Social Sciences</td>
</tr>
<tr>
<td>Tamzin</td>
<td>25</td>
<td>Independent schools: Prep-Yr 12</td>
<td>Bachelor of Laws</td>
</tr>
</tbody>
</table>
3.10 CONCLUSION

This chapter has revealed my ontological and epistemological position and its relationship to the phenomenon. The data-gathering approach and corresponding methodology has been identified and linked to the process and purpose of this study. In particular, the association between a relativist ontology and constructivist epistemology has been of relevance in the search for meaning of SLD labelling in the education context. As this study sought to formulate a deeper understanding of the role of the SLD label in educational inclusion through an interpretivist lens and relativist ontology, a range of student perceptions were investigated to determine how individuals perceived their status as a student with an SLD, and how they perceived that others viewed their label. A constructivist epistemology positioned me to explore both the dynamic variations and shared perceptions in the lived experiences of students labelled with an SLD, and to understand their various constructions of reality. This has been particularly conducive in sourcing, interpreting and representing participant encounters with the phenomenon under investigation.

For the purposes of this study, instrumental case study methodology has been utilised in its application in identifying and validating experiences (Heitzman, 2008). This approach enabled the revelation of lived experiences (Bergen & While, 2000, Yin & Davis, 2007), and has assisted in the production of findings that can inform future policy and practice in the educational inclusion of students labelled with an SLD.

The immersion in the data incorporated an investigation into each participant’s emotions, thoughts, experiences and perceptions of their SLD label within their education and support context, along with the broader laws and systems influencing the impact of their disability and access to a quality education. This process allowed for the identification of participant reflections of relationships with educators, disability support staff, parents, siblings, and with schools and overarching education systems. The description of lived experiences throughout the eight extended case studies in the following chapter and the analysis of key findings across all transcripts resulted in four principal themes. These themes are described in chapter 5. The findings represent a range of elements likely to contribute to fostering or hindering educational inclusion for students labelled with an SLD.

The following chapter presents the eight extended case studies, with each following a similar formula in accordance with instrumental case study methodology. These individual stories illustrate the participant’s background, overview of their interaction with the phenomenon, experiences of education based on being labelled with an SLD, and key issues as identified by participants. When reflecting on the contribution of the 21 participants, their
untapped and unique depth of encounters with education has provided a privileged glimpse into the phenomenon under investigation.
CHAPTER 4: CASE STUDIES

4.1 INTRODUCTION

This chapter presents eight extended case studies developed from a sample of the 21 interviews. In alignment with an interpretivist lens and relativist ontology, the first-hand lived experiences of students with a diagnosed SLD were sourced. These experiences were documented and developed according to an instrumental case study methodology, which provided the framework to represent a depiction of contextually-bound experiences (Bergen & While, 2000; Stake, 1978, 2005; Yin, 1994). Within the case study framework, the identification of issues, as identified by Stake, 2005), allowed key themes to emerge that highlighted a range of participant experiences alongside overarching phenomena. The cases in this study were consequently established to represent a range of dominant issues related to the research focus, such as the acquisition of an SLD diagnosis, time of diagnosis, responses to the SLD label, and the impact the SLD label has had on educational inclusion or exclusion. This has positioned the cases as central in this study, highlighting lived educational experiences of a collection of people labelled with an SLD.

In accordance with the social model of disability (Oliver, 1992) lived experiences of people with a disability provides access to first-hand perceptions of the phenomenon under investigation. Harnessing the voices of people with a disability is well documented in accordance with a social model ontology (Oliver, 1992; Rieser, 2012) highlighted by Finkelstein (1985) through the statement, ‘no participation without representation’ (cited in Oliver, 1992). As with the approach of Macdonald (2009), this study acknowledges the voices of people with a diagnosed SLD as paramount to the study and its findings. This approach moves away from the medical model perspective dominant in much SLD research (Macdonald, 2009; Riddick, 2001) and rather focuses on an individual’s experience of disability and their perceptions of their environment within their educational context. The voices of people with a diagnosed SLD as shared in the following case studies offer first-hand perceptions and experiences, fostering a significant insight into the role the SLD label plays in educational inclusion.

These eight cases were intentially selected to provide a cross-section of participant experiences. The extended cases represent students from regional and metropolitan government and independent schools, a diversity of vocational education and university
courses and a range of empowering and disempowering encounters with education. Through the use of an empirical inquiry approach, case study methodology provided a framework to illustrate a range of critical elements within and across the phenomenon in order to provide depth over breadth in the search for meaning of lived experiences (Abma & Stake, 2014; Bergen & While, 2000). This constructivist paradigm positioned truth as relative and therefore dependent on the individual perspectives of the participants in this study (Baxter & Jack, 2008). In order to contribute to the current limited body of knowledge in this field, the diversity of cases and subsequent analysis of participant experiences supports the presentation of a cross-section of participants from different geographic locations, education settings, courses, gender and socio-economic circumstances (David, 2007; Stake, 1978). As a result, these eight detailed cases offer an in-depth description of a variety of participant perceptions of factors that foster or hinder their sense of educational inclusion as students labelled with an SLD.

The chapter commences with a brief overview of all study participants, followed by the presentation of the eight extended cases. The extended case studies illustrate factors such as the time and process of gaining an SLD diagnosis, awareness of the SLD label, and participant perceptions of individual responses to their label. Although all cases follow a similar format and many issues or headings are consistent, each individual's experience is reported as a unique record of their encounter with education as a student labeled with an SLD.

4.2 OVERVIEW OF STUDY PARTICIPANTS

All participants in the present study were aged 18 to 30 years at the time of interview. They had all been formally diagnosed with an SLD at least once throughout their time in education. The cross-section of participants reflects experiences in a variety of primary and secondary education settings, including independent and government schools from metropolitan and regional locations in Australia. At the time of the interviews, each participant had engaged in tertiary education, with many undertaking more than one course across vocational and university contexts. Tertiary courses undertaken by participants include traineeships in office administration, trade apprenticeships, and degrees in science, law, social work, social sciences, fine arts and performing arts.

In accordance with ethical considerations, anonymity has been respected, with pseudonyms used for all participants, as well as for others mentioned in the cases. Demographic information such as schools and tertiary institutions has not been mentioned.
Where courses are acknowledged, only the overarching field of study and institution type are mentioned in order to further protect the privacy of participants.

4.3 THE CASE STUDIES

The following eight case studies provide a detailed presentation of a cross-section of participant encounters with education as students labelled with an SLD. The bio-ecological model (Bronfenbrenner, 1999), has provided a framework to identify a range of individual and environmental influences, relevant to representing the sense of educational inclusion or exclusion for participants in this study.

In accordance with this approach, all cases follow a similar format; however, some content varies depending on the attention given by each participant to different aspects of their SLD label, and its impact on their engagement with education. In general, the case studies commence with an overview of the participant, provide content about the individual’s diagnosis, SLD awareness, learning systems, influences, SLD empowerment strategies, perception of self, perseverance and aspirations. They conclude with a brief summary of the impact of the SLD label in fostering or hindering participation in education.

4.3.1 Case Study 1: Bree

Overview

Bree is in her late 20’s, and is in the final semester of her university degree. She received her first specific learning disability (SLD) diagnosis and label as a young child. She was assessed again in secondary school, and for the third time at the beginning of her university degree. Bree’s SLD, including the identity that came with this, had a significant impact on her engagement in education. Interactions with different educators and education contexts exposed varying responses to Bree’s SLD label. These in turn altered her perception of herself. Bree’s first transition into further education was into a vocational education course following completion of an internally-assessed VCE (Victorian Certificate of Education). Upon completion of her vocational education diploma, Bree entered university, where she connected with a learning skills advisor, who appeared to have a positive influence on her education. Bree credited this advisor with building her independent learning capacity, stating that she "was able to change me completely". Overall, Bree expressed appreciation for supportive individuals who offered interventions aligned with her SLD profile. She consciously connected herself with such influences throughout her time in education.
**The diagnosis: "I thought it was just me just being an idiot"**

Bree was informed that she "had dyslexia" following an assessment early in her primary school years, but she had no memories of this time. Her next access to formal testing came during her secondary schooling, when they "decided that there was a problem that had to be checked, they checked my hearing, my sight, did all that stuff, then decided they needed to do a new psychology report.... they just did a very short one and it just came up that yeah, she's still dyslexic". Bree was frustrated that her SLD was not well understood at school; neither was it catered for. At the same time, her diagnosis helped reframe some of her stigmatising self-labelling; she had referred to herself as "an idiot" and "stupid" based on her difficulties with school tasks.

At university, Bree was required to obtain a new SLD assessment in order to register for disability services. At this time she identified with a desire to validate her SLD as the cause for her learning barriers: "I was really scared at the time that they'd diagnose me and they'd tell me that maybe it was all in my head and that there was nothing really wrong with me and I wasn't going to get any help." Bree’s third assessment resulted in a learning disorder label rather than her former dyslexia label, to which she had become accustomed. She demonstrated confusion and frustration associated with this altered label, and her naming of her condition varied between dyslexia, learning disorder and learning disability. Such changes in nomenclature appear to impact Bree's identity, based on what she is told, or what she perceives these differing terms to mean:

"When I went to the psychologist they told me that it probably won't be dyslexia, it might be something different and I didn't know what they meant by it could be something different and so when they came out and they said oh hang on a minute, it's not dyslexia it's a learning disability. I thought what comes with that? Because I felt like I had an identity as being dyslexic even though I had no help. I felt different about it, I felt like it was an identity that came with me. When I was re-diagnosed with a learning disorder it was horrible and it was difficult and I felt like it was an uphill battle that I was never going to be able to cope with."

Despite Bree’s confusion over the change in labels for her SLD, she appeared to value the role her third assessment played in improving her awareness of her SLD profile,
because she received a detailed explanation of her strengths and weaknesses. The assessor was able to "break it down and tell me exactly where my problems lie, but where my strengths lie too".

**SLD awareness: "They thought I was stupid"**

At school, Bree felt that her disability was not understood, and that teachers had a poor awareness of people with SLDs. This was despite the school noticing her learning barriers, and being in receipt of her SLD assessment. Bree stated: "My learning disability at my high school wasn't recognised as being an issue." She expressed a sense that they thought she "didn't have enough mental capability to do what they expected". Upon reflection, she was disappointed at the fact that they did not entertain the notion that "there's a problem, let's try and fix it". She felt that they "really didn't understand" how she learned. Bree presented as having adopted stigmatising labels, because of her sense that the teachers thought she "was stupid", leading to her feeling stifled at school.

After completing high school, Bree transitioned into a vocational course, where she was referred to a psychologist who "had no idea about learning disabilities". Consequently, this referral did not lead to any additional support.

**Learning systems: "In secondary school I'd end up on the floor in tears"**

Bree openly shared her sense that she "didn't really receive any help at school". In fact, she took on board a perception that her teachers did not think she was capable of the standard of learning expected of her in her independent school. This indication of reduced expectations, associated with poor school awareness of SLDs, seemed to be disempowering for Bree. Consequently, she was disheartened by a secondary education system that she described as "the worst years of my life".

Bree identified that traditional teaching practices were not aligned with her SLD profile: "They just wrote it down and I had to do it off the paper work or a sheet." She recalled being "completely lost" in this environment, as such modes of delivery clashed with her SLD profile. Bree acknowledged that her "learning experience was horrible, absolutely horrible", and associated this experience with limited support and the absence of independent study strategies. Bree's sense of disempowerment, related to minimal direction and limited SLD study skills, played out in emotional responses when attempting to complete work. "Oh it's hideous, it's horrible. It's like your heart's pulled out. You feel so stupid that you just can't do it. It makes you so angry."
Towards the end of year 11, Bree was asked to undertake her year 12 subjects as internally assessed. She believed that the school staff "were all worried about their marks", noting that she "wouldn't pull their marks down" if she were excused from externally-examined assessment tasks. Bree was affected by this sense of teachers' reduced expectations of her learning capacity, and this was a theme throughout her secondary schooling. Her feelings around this reinforced her self-imposed 'stupid' label.

Once in vocational education, Bree noticed that teaching styles were more aligned with her SLD profile. However, this was more a reflection of teacher-student interactions in a vocational education context and enrolment in a practical course, rather than formal awareness of her disability label. She noted that it was "a lot about practice, practical stuff....once I learnt this style and what they needed I was then able to reproduce it again". Nevertheless, she continued to experience barriers in complying with mainstream examination processes: "I had to sit in the exam room with everyone else and do the exam there. I wanted to talk and I wanted to colour and I wanted to draw and I wanted to express myself and I couldn't, because I wasn't allowed that experience." Bree did not register with her vocational education provider’s disability service, as she was unaware of its existence until after completing her course.

Upon commencing her university degree, Bree "couldn't believe it" when "all these things were being offered to me and all the help I was getting. It was just mind blowing". Bree’s university recognised her SLD, and specialist staff aligned interventions with her SLD profile. Consequently, she appeared to be overwhelmed at the provision of disability and learning skills support that she had not received in previous education settings. The introduction of such assistance led her to a reflection of frustration and anger at the absence of this support at school and vocational education:

"To think that I could have had that at my school, I could have had that at primary school. I could have had that at my first course. I really got why wings, I expanded myself and I was really able to fly once I came to university because I was recognised as having a learning disability, they worked out exactly the issues and then I was able to be thrown in the right direction."

Influences

Bree responded positively when she encountered individuals who offered academic support and encouragement. In her early years, she reflected on the input of her mother, "a primary school teacher who was able to help me a lot". Bree perceived that school work was
overwhelming, noting that "most of the time I'd sit there with mum and she’d have to help me work it out". Bree identified a minimal level of SLD awareness by her family, stating that "mum feels she did the best we could at the time because it wasn't well known about, we didn't know what to do". Consequently, Bree described the support from her mother as reactive, neither of them being equipped with SLD-related strategies. Input appeared to be provided by her mother out of desperation for the situation, with Bree expressing her sense of inadequacy in managing her school work at that time:

"In secondary school I'd end up on the floor in tears. I'd be under the bed, I'd be under the doona crying my eyes out... I'd just explain to my mum, I can't do it, what do I do, and so she'd sit there at the typewriter and she'd write it for me."

At high school, Bree discovered an interest in science. As a result, she gravitated towards certain teachers in this subject area. She discovered that they believed in her and encouraged her strengths: "The science teachers, some of them were great." Bree acknowledged the inclusive pedagogical approaches offered by these teachers through practical demonstrations rather than written explanations. She remembered these teachers fondly as the ones who "were more open… accepting and understanding". Under such conditions, she noticed that she "could do it really well, other kids would ask me questions because they could see that I understood because I saw it and heard it". This mode of delivery, aligned with her SLD profile, presented as important in Bree's acquisition of knowledge, confidence and engagement in science.

**SLD empowerment strategies:** "I completely cherish what she's given me, I feel like she's just turned me into a brand new person"

Bree received support from her mother, a few friends, her husband and Renee, a learning skills advisor at university, who all enabled her to persevere with her education. Among these individuals, it was her husband and a university learning skills advisor who were particularly significant in developing Bree's capacity in new and independent study skills. She welcomed these influences, and acknowledged their positive words, such as: "Look how far you've come with your so-called disability", and, "You're amazing what you have achieved."

One service at university that appeared to be particularly empowering for Bree was the learning skills unit. This service focussed on gaps in her academic skills. She appreciated the role that Renee, a university learning skills advisor, played in understanding her specific learning requirements. As a result, Renee empowered her with a range of essay-writing techniques. Bree appeared to be strongly impacted by Renee's input, noting that she was
"able to just change me completely, really enable me to express myself properly". Bree attributed her learning "to write at 25" to Renee's influence as providing the first genuine input in establishing effective independent study strategies. Renee was a specialist in teaching students from non-English speaking backgrounds, and used these same strategies with Bree:

"She found she could show me something and go through it with me, only slower. Once she showed me, I'd pick it up and I'd be fine. So she did a lot of skills and activities with me and helped me to improve my writing, to improve everything and that's just opened so many doors. I completely cherish what she's given me, I feel like she's just turned me into a brand new person, it's very special to me."

Bree said that this service was "able to help, they were able to work on things and fix things rather than just being told you're stupid, you're dumb, don't worry about it you just can't do it'. This indicates that she was moved by the effort the university devoted to support her in building her independent study skills, especially in areas of weakness. This suggests that Bree thought her school had given up on her. As a result of this reflection on her school’s inability to adequately build her capacity, Bree reverts back to the use of stigmatising labels such as 'stupid'.

**Perception of self:** "I didn't really understand myself, I just thought I was stupid"

Bree identified times throughout her education when she was torn between owning stigmatising labels and embracing her SLD label and corresponding profile. When reflecting on contexts with poor SLD awareness and limited support, she indicated that she was experiencing tension between compartmentalising difficulties through ownership of an SLD label, and a global self-identity related to low intelligence: "A lot of the time you go well maybe I am dumb, maybe there's something wrong with me, maybe I am stupid." Bree's self-perception was particularly impacted by the lack of external acknowledgement of her SLD. The interchanging of the label "stupid" and SLD labelling appears to have influenced her confused identity. On reflection, Bree noted that "it angers me, it makes me really frustrated that I didn't get help for it", referencing how limited understanding of her SLD had stunted her growth as a person: "I feel as if I wasn't able to be me because... I was not very confident."

**Perseverance:** "I was just so strong willed that I just went okay well stuff it and pushed through"

Bree's level of determination has influenced her perseverance through education. She noted that she just wanted "to be better every time, I just want to be as good as I can, I just
want to push as far as I can”. Her efforts have also been confirmed by external feedback: “People say that I would be an A grade student by the way I work, I work bloody hard. It's just what I have to do to pass.” Alongside this, she has recognised her inner resistance to those who doubt her ability: “It's that raspberry thing… you'll tell me I couldn't do it, I'll show you I can.” She acknowledged this mind set in adding to her motivation to achieve: “I see it more as a, kind of showing people wrong.”

Bree’s determination has helped her to work through internal and externally-imposed doubts. This has been enhanced by the establishment of SLD study strategies: “Now I can actually make things flow better, this should go first and this should go second, but that's actually taken me a lot of time.”

**Aspirations:** "You can't tell me what I can't do"

As Bree's time in education has shown, her moments of success, coupled with the establishment of study skills, have been critical in her goal setting. Academically, Bree has faced significant learning barriers, and finding success has been crucial. Early on in her schooling, she expressed gratitude for her musical ability when she was experiencing no other areas of success. This in turn aided in maintaining her retention at school: "If I didn't have music I would never have got through school. I would have dropped out in grade 6, grade 7, I wouldn't have got any further, because I didn't have anything else positive." This first encounter with success was acknowledged as crucial to Bree’s sense of belonging, motivation and retention in high school:

"I was very lucky that music was my passion. It was my way of expressing myself and I felt that I was a bit better than other people, it was something I could excel at so I could have that push me up, knowing that my other areas put me down."

Although Bree acknowledged the place that music had played in her schooling, when contemplating this as a career, she recognised that "I would have loved to have done music but I knew that I wasn't wonderful". She seemed to have no regrets about this decision. Acknowledging that she “always loved nature and science”, this interest became her focus for further study.

In searching for a relevant tertiary course, Bree was appreciative of her school career counsellor, who was aware of SLDs and successful alternative study pathways. He identified a relevant vocational education course in which she did not need to undertake externally-assessed year 12 exams in order to gain entry. As a result of these discussions, Bree "knew the only way I was going to be able to go where I wanted to go was through TAFE [vocational
education]. With such advice, she was able to complete an internally-assessed VCE, and to have an identified course goal ahead of her. She ultimately reflected with disappointment on her lack of SLD support at school, noting that if she had received services at a young age and in her first course, "where would I be now? I wouldn't be struggling... not finished my degree yet, I would be where I want to be".

**Summing up...**

Bree’s experiences across primary and secondary school, vocational education and university demonstrate differing levels of SLD awareness and support. Acknowledgement of her SLD, receiving support aligned with her SLD profile and a particular focus on capacity development in areas of weakness were each evident for the first time at university. After she commenced at university, recognition of her disability and access to aligned supports fostered the reframing of her self-perception. She also emphasised her mother’s ongoing guidance, encouragement from understanding friends and teachers, her husband and Renee, her learning skills advisor at university. All have fostered her continued engagement with education.

### 4.3.2 Case Study 2: Britney

**Overview**

Britney is in her late teens, and has completed a traineeship in office administration. She has a young baby, and presents as enthusiastic in seeking employment in a field related to her studies. When reflecting on her education, Britney recalled that she experienced difficulty understanding expected learning tasks numerous times. She left high school halfway through year 8, and undertook a range of learning and work trials, where she experienced barriers due to her specific learning disability (SLD). Britney regained confidence in study after commencing employment at her mother’s workplace, where she found encouragement and support from staff. She enrolled in a traineeship soon after starting in this setting, and appreciated the on-the-job approach to learning.

**The diagnosis:** "How did it feel having that testing done? Not good, I felt stupid"

Britney was first assessed with her SLD at the start of year 8, but had limited memories of this event. Her only recollections indicate that her SLD assessment was not a positive experience. Britney’s SLD was identified through her school counsellor at the start of year 8, when things were not working well for her academically. Britney stated that she “felt
stupid" during the SLD testing process, concluding: "I don't think it would have been positive because I left school."

Despite having some knowledge of her SLD, Britney presented with limited capacity to articulate the diagnosis, and had no language or label following her assessment. Throughout her schooling, she experienced a range of learning barriers that were poorly addressed, and this resulted in academic failure. During her primary school years and her limited time in high school, she lacked the capacity to identify the most appropriate supports, as she had no SLD label for the majority of this time.

Britney's understanding of her SLD's relationship to her learning capacity ended up being a gradual process. She identified exposure to successful learning approaches during her traineeship a couple of years after leaving school. Knowledge of her SLD assessment was strong in this context, due to her mother being her employer, fostering access to understanding and supportive trainers and colleagues. It was at this point that Britney realised that she had the capacity to learn in one-on-one settings where she could apply her learning step by step in a practical way.

**Learning systems: "I gave up on them but they gave up on me too"**

Britney acknowledged that she experienced difficulties accessing relevant academic assistance at high school. Her teachers did not appear to have any knowledge of SLDs; neither did they respond to her needs, even though they were aware of her diagnosis. In addition, Britney had limited capacity to advocate for her specific support requirements, based on poor knowledge of her assessment and her possession of limited language to describe her SLD. As a result, she experienced frustration and received limited support in her education. It is likely that this contributed to limiting Britney's academic growth, as she spent a significant amount of time in year 7 and 8 waiting for help. She had many questions left unanswered, hindering her ability to proceed with class work:

"You know how you put your hand up to get help, it was more like they went around and they helped as many people as they could but they didn't get to me ... I kind of felt betrayed in a way. Like they were going to everyone else but me, like I don't know, it was like they gave up on me."

Britney's lack of assistance from teachers led to her asking friends in class to explain work tasks to her. As a consequence, she was caught talking in class on numerous occasions, and was instructed to sit in the corridor. She expressed disappointment at her teachers for their lack of attention to her particular needs, and for their ignorance around the reason for her
talking. Her desire to learn was further held back through subsequent punishments. Britney’s insight into her isolation from learning due to this treatment was evidenced through her decision to withdraw from school:

"People would say something to me under their breath and I would say something back and I would get in trouble just because they heard me and I would get kicked out of class and all that kind of stuff so I didn’t really get a chance to really learn that much. Like I always got kicked out, got detention, and all that kind of stuff.... I didn't go, so I just got more and more. It just built up and I'm like, I'm not going to learn so I'm not going to go... that's what made me stop going to school."

Britney noted her extremely low results at school, which she associated with a learning system that did not seem to cater for her needs. Subsequently, her lack of success appeared to impact her level of motivation at school:

"In maths one time, I got like a 3 out of like 100. I felt so bad, that made me feel so bad. I think in a couple of other things I got really low scores and that just kind of like killed my mood completely about school. Like it really doesn't make you want to go on and do it anymore, like because you try, and then it turns into nothing."

**Learning systems**

Following her departure from school and a couple of years in and out of unsuccessful work trials, Britney enrolled in an office administration traineeship at her mother's workplace. Here she found that their approach to learning was congruent with her SLD profile. Her position in the office meant that she was seated near a few staff, including her mother, and could ask for help as required. Britney noted that they understood the impact of her SLD, and were all supportive of her learning needs. Unlike her school experience, her colleagues and trainer were always able to respond to her questions:

"I would be doing my school work and then I could just kind of like ask them because they would be in the same room as me and then I would just go on and I got through my book work so quick it was so good."

**SLD empowerment strategies:** "When you talk about it, then you try and understand it"

During Britney's traineeship, she recognised that sourcing one-on-one support and talking through her work were effective learning strategies for her. The change in structure of the learning environment from a school classroom to on-the-job training in a traineeship
appeared to be significant for Britney. The constant access to support, where she could ask questions as required, matched her processing preferences. As several people were available, she tended to receive a response instantly, and acknowledged that in this context, she "always got the help". In addition, the structure of the traineeship appeared to foster Britney's engagement in education, as it was task orientated, and involved learning through practical application:

"It is a lot better when you are in a traineeship because then they know that you are learning and they can kind of like walk you through it so you understand everything… You go through everything step by step so you can't really miss anything….. I reckon on-the-job is probably better than at TAFE [vocational education] because you get a lot more experience."

Influences: "When you have teachers that aren't nice, you just don't want to be there"

At her high school, Britney encountered a number of teachers whom she viewed as unsupportive, and at times unkind to her. Such interactions were most likely linked to her behaviours, such as asking friends for assistance. It was therefore unclear whether her teachers were directly unkind due to her SLD, or whether they were resistant to Britney's secondary behaviours such as talking in class. Britney was, however, clear in her opinion that she did not want to be at school because "the teachers, how they spoke to you, how they reacted with you" were not supportive. Britney "got into trouble a lot for things that weren't really that bad", and this reinforced her decision to leave school.

Her occasional exposure to voluntary work at her mother's workplace was pivotal in Britney's desire to return to study and engage in the workforce. She became familiar with this environment, as she first attended this setting for an informal work experience placement during her school holidays at the age of 14. Britney appreciated the encouragement she received from those around her during her first time volunteering at this office. She fondly recalled the reception staff, who provided her with relevant work tasks. One colleague "always used to say I should do this", and others would reinforce to Britney that she would do well in administration as a career. These moments of encouragement occurred when Britney was in year 8, during what was a negative time at school.

When she was 16, an opportunity was created for Britney in her mother's workplace. She was surrounded by a number of positive influences in this setting, including her mother, another manager called Morris, colleagues and a trainer. She felt that these people were understanding of her support requirements, and were encouraging and nice to her: "Morris is
like really nice and stuff so, we got along really well." Of significance here is the positive feedback Britney received, which appeared to be a new experience for her:

"My trainer was really good, she was really nice. She helped me out a lot, like she wasn't negative, like wasn't talking about it negatively. She was like, oh you did really good here, or whatever. She would praise the things I did good and then help me out with the things that were bad."

Perception of self

Britney's interactions with a range of individuals throughout her educational journey appear to have had a significant impact on her self-identity. She "went to the one high school and that was just terrible". She recognised that not understanding the work made her "angry, so I left". Britney also recalled one occasion in a group training setting after she left school. She expressed relief when she realised that the entire class did not understand the instructions, and not just her. It is interesting to note here that she did not label herself as "stupid" as in other situations. In this circumstance she stated that "it actually made me feel good, I knew that it wasn't just me, I didn't feel like stupid or anything". In this situation Britney did not relate her comprehension difficulties to her SLD; rather she blamed the instructor, because barriers were being experienced by the entire class.

Britney established a positive self-perception once she was in an encouraging environment where others expressed SLD awareness and aligned support to her SLD profile. This was the first time she experienced success, and from this turning point, she expressed only positive feelings about her identity and future. Britney’s fond recollection of success during her traineeship is interesting to note, as she lacks the language to explain positive academic results, which highlights this as a new experience for her. She also reflected on a pattern of poor results at school when recalling this good mark in her traineeship:

"In school I never got good marks. I was like yea, I actually did good at something.... I was actually really happy because I got, what is that when you get extra, like it's not good, but it's better? Yeah, I got a couple of them which was really good, I got really happy and my trainer was really happy with me. She said I did really well and she said I would probably have no problems doing a Cert III."

The experience of success alongside establishment of skills, in the workplace where Britney undertook her traineeship motivated her: "I love working, it's the best thing I have done. It's like, I love everything about it, I love being busy and having stuff to do." This sense
of contribution and achievement was a significant element in ensuring the success of her traineeship.

Aspirations

Britney established a desire to work in the employment context where she was supported and experienced her first sense of success and encouragement. During her informal work experience at her mother’s workplace, colleagues said that she would be good working in an office environment, and that she should pursue this as a career. With ongoing failure and negative interactions at school and in other work trials, exposure to her mother’s workplace was extremely valuable for Britney. She noted that this opportunity enabled her to feel capable and useful. Interestingly, she identified the need to affirm that she was "not stupid", and that she wanted to shake this label from her identity: a label that she frequently connected with her school experience: "That's what made me think I could probably leave school, I'm not stupid, I could do it."

Summing up...

Britney’s frustrations related to poor awareness of her SLD, as well as the lack of support, made school a disempowering experience. She was further impacted by unsuccessful work trials, where there was insufficient understanding of her SLD and alternative learning requirements. As a consequence of poor SLD awareness by Britney’s school, supports and teaching approaches were not aligned with her SLD profile, leaving her feeling disempowered, and hindering her sense of inclusion in education. Significant for Britney was awareness of her SLD, access to support, encouragement and associated success at her mother’s workplace.

4.3.3 Case Study 3: Georgia

Overview

Georgia attended independent primary and secondary schools in regional Victoria, and identified with her specific learning disability (SLD) label after first being diagnosed at the age of 8. She expressed relief at receiving her SLD label, because of its role in explaining her learning barriers. Georgia spoke of negative treatment by some of her primary school teachers, and connected this with poor school awareness of her SLD. In contrast, the disability service at her high school provided support consistent with her SLD profile, encouraging her sense of inclusion. Following a gap year overseas, Georgia moved to Melbourne to
commence a vocational education diploma, and now operates to her strengths, having established success in an artistic field.

**The diagnosis:** "It was good to know that there was a reason why I was different"

As a primary school teacher, Georgia’s mother had a reference point early on regarding her expected learning progress: "Mum noticed there was something not right, I was very different to all the other kids in the class." For this reason, Georgia’s SLD was assessed early on in her schooling. As a result, Georgia possessed an understanding of her strengths, and recognised that her weaknesses in reading, writing and spelling were due to her SLD. Consequently, she recognised that her diagnosis and corresponding label helped make sense of her learning barriers.

Despite her SLD label, Georgia sensed that her primary school viewed the assessment and label as a way of removing responsibility for her learning. As a result, she noticed that her school failed to introduce any congruent accommodations to support her SLD. She was in turn impacted by her perception of her school’s resistance, and surmised that "as soon as I got labelled dyslexic, it wasn't their fault that I couldn't read, it was sort of mine".

**SLD awareness:** "They said I couldn't be taught so they would take me out"

Georgia’s encounters at primary school indicated that the phenomenon of SLD, and in particular her own label, was not understood. She was taken in and out of special education classes, and was frustrated by their lack of awareness. This was likely to have led to Georgia feeling confused when "they said I couldn't be taught".

In contrast, her vocational education course established a sense of belonging as a student with an SLD. She sensed a greater level of SLD awareness in this context, acknowledging that she was supported to make her "disability into something photographic".

**Learning systems:** "The disability service pretty much is the only reason I got through school"

Georgia experienced a range of inappropriate pedagogical interventions during her primary school years. She recognised that her school did not understand her SLD label, and consequently did not have appropriate support systems in place. Georgia’s family hoped that her SLD assessment and label "meant I would have been able to get more help at school". She concluded, however, that use of her diagnosis in advocating for improved support "didn't turn out quite how I thought it would.... it meant they didn't really focus a lot on that, they were just like, oh well it's her problem we can't help her". Georgia was thus affected by poor teacher interactions throughout her primary school years, which impacted her self-confidence.
Once at high school, Georgia attributed her successful educational inclusion to the teachers in the disability service: "It was those teachers that pretty much got me through my schooling, cause there was a lot of ups and downs but there was those teachers that I kept going to and they, they were always there to help me." She connected with teachers in this service, and they became her constant encouragement, advocates and SLD supporters: "It made life a lot easier cause I started with them in year 7 and I went all the way through to year 12." Georgia attached herself to this service and the support staff, and felt that they were always available for her throughout her secondary schooling. This was important for her on a number of levels, including feeling understood and having access to supporters who would advocate to classroom teachers on her behalf. In comparison with her primary years, Georgia presented with significantly reduced stress levels in her reflections of high school: "I could go to them and I didn’t have to worry about the other teachers, they could deal with them and it was good just good support."

The disability service was formalised within the operations of her high school, and was automatically available for Georgia to access. Her SLD label was recognised, and her disability profile was well understood in this setting, where she was provided with aligned supports. When other teachers did not understand or accommodate her SLD, Georgia recognised this as a crucial link. She particularly appreciated the disability support teachers’ role in informing others of her strengths and weaknesses along with strategies for classroom inclusion. The relationships Georgia developed with disability support teachers contributed to her overall learning experience and sense of empowerment at high school:

"High school was a lot better for me because I had a few teachers there that I could go to and they would fight for me. They were in the disability unit so they would always come to the teacher and tell them about what I can do and what I can’t."

Following high school and a gap year overseas, Georgia commenced a vocational education course, and was confronted with a range of barriers. She was instantly reminded of the impact of her SLD in this new setting. From the time of enrolment, it became apparent to Georgia that she was going to require assistance: "Enrolling in TAFE [vocational education], that was pretty scary because someone just came into the room and said this is what you are going to do to enrol, and I was like, oh, I’m not going to be able to do this unless somebody sits down and helps." In this context, Georgia acknowledged her self-advocacy skills, empowering her capacity to manage education-system-related barriers: "Once I went overseas I realised it wasn’t so hard and you can just ask people."
Georgia acknowledged the importance of her SLD assessment in accessing tertiary disability services. Nonetheless, she also identified the limitations of the vocational education service in providing support aligned with her SLD profile. In particular, they offered an ad hoc supply of support workers, who were not briefed on Georgia's processing preferences. Georgia perceived a risk with this vocational education disability service, due to the need to educate each new worker of her SLD support requirements. As a result, she concluded that this service was incompatible with her approach to learning and with her specific support requirements. For this reason, she elected to reject the offer of services from disability support staff, confirming that she didn't "really have a lot to do with them here".

Georgia's assistance in vocational education was funded by her mother, enabling her to access a former disability support staff member from her high school. Georgia felt this support worker relationship was "just more efficient". She recognised that "it's good to have somebody that just knows how I work", and concluded that "it works just so much easier" in having a privately-funded tutor supporting her in occasional written assessment tasks within her vocational course.

Georgia worked directly with her vocational education teaching staff to negotiate minor adjustments to her assessment tasks. Their response illustrates both knowledge of SLDs, and a learning environment that is sufficiently flexible to accommodate Georgia's disability:

"The teachers are really good. They will um, if I have to do a presentation in a group, I will do all the background work, and do all the power points and all the pictures and um the two other people might do all the reading for the presentation. So they're really good at marking me on doing other things rather than doing the actual presentation."

Influences: "Some teachers, they didn't treat me very well"

Throughout her primary education, Georgia interacted with teachers who demonstrated poor SLD awareness and offered inappropriate accommodations. For example, Georgia's year 5 teacher "used to stand behind me and read every word to me and spell it out, and in grade 5 most people can read so they knew something was wrong with me then, so that was really embarrassing". Georgia articulated the ongoing impact of this experience, noting that "it pretty much put a good fear in me of public speaking, I hate doing anything, reading aloud, anything like that". Georgia also described another teacher who made her "do all my work again because it wasn't to her standard, she used to rip pages out of my book and make me rewrite it. I used to stay in pretty much every lunch time re-doing it". As a result, she
felt that teachers had limited knowledge of SLDs, and could not accommodate for her learning needs:

"Especially through primary school, a lot of them didn’t know what it was either. They weren’t taught what dyslexic was and what like different ways different people would have different aspects of dyslexia. So it made it really difficult for some teachers, they didn’t treat me very well."

At high school, Georgia relished the interactions with the disability service staff who were her support base, noting that she "could always talk to the teachers in the disability unit". She credited her relationship with these staff with her survival at high school, due to their support of her SLD profile. These staff, frequently referred to as "friends", allowed Georgia to build her independent study strategies further. She said that she naturally gravitated towards these staff, who offered advice and support to manage her SLD. She commented on the maturity of conversations she had with school staff, which because of their SLD awareness and support, aligned her more with them than with those her own age:

"I spent a lot of time in the disability unit so it tended to be more the teachers in there that I became close to. I had friends and um that I could talk to and that sort of stuff but I was talking about stuff that was probably at a more mature level then them. They weren't interested in how I am going to work out how I am going to read at university and that sort of thing. So I could always talk to the teachers in the disability unit and I still keep in touch with some of them and one of them is still my tutor which is good. So, yeah, I think it was mainly them that got me through school more than friends."

**Perception of self: "You're not good enough"

Georgia's SLD has had a significant impact on the perception she has of herself. She expressed frustration at teacher responses to her limited literacy skills, and recalled moments when she found that her work did not meet the standards set by teachers: "I was always redoing work and that sort of thing in his class and that didn't do a lot for my self esteem." Such moments drew Georgia closer to a realisation that she was not at the standard of other students, and that she required significant growth to reach this level: "It was just that constant, you’re not good enough, you’ve got to be better, you’ve got to be this standard and I wasn’t going to get to that standard any time fast." Consequently, Georgia's literacy-based learning barriers influenced a desire to conceal her SLD:
"It was always a secret, like something to hide. I didn’t want to do any of my work with my friends in case they saw my writing. I avoided reading out loud in class if I possibly could… it was that constant hiding it."

Since commencing her vocational course, Georgia has noted an emerging sense of self-awareness that has come with age and experience. In particular, the confidence to disclose was an important factor in coming to terms with her SLD. After her SLD label was received in a positive manner when she disclosed it to staff and classmates in her vocational course, Georgia felt comfortable with the external perceptions of her disability. However, she is still hesitant to disclose: "I am concerned that if I do tell somebody that they may not want to associate with me." The inconsistent awareness by others of SLDs is therefore taken into consideration when she is considering sharing her SLD label.

Aspirations: "To have something that I was good at, that was where it started"

Georgia's discovery of her talent in art and her subsequent success were significant in her setting of future goals. In year 10, she received encouragement from others in her artistic work, and found personal enjoyment in her creative expression. In contrast to other subject areas, she recognised that she had capacity and performed well in art: "I just thought it is something that I could make a career out of..... I've always loved art and I've always loved doing stuff with my hands and it was something that I was good at from the start." In addition, Georgia responded positively when she received affirmation from others, noting that "my teacher said that I had something special":

"To finally have something that I was really good at and better than most of the class made me feel good, because it was something that I had never had before. Like I'd been so used to just being the one in the background that didn’t do very well, just the quiet one in the corner."

Summing up...

Despite negative encounters with teachers early in her education, Georgia has been able to harness encouragement from key individuals. Her mother, the disability service staff at high school, and an encouraging community of support in her tertiary course have played key roles in Georgia’s life. In addition, having a diagnosis at a young age has enabled Georgia and her family to appreciate the reason for her learning barriers, and to identify congruent support strategies. Her realisation of her artistic talent has consequently led to successful engagement
with further learning. Together with aligned support and a positive perception of her SLD, this has affirmed her capacity, which has been realised in Georgia's vocational course.

4.3.4 Case Study 4: Helen

Overview

Helen is in her late 20's, has recently completed her second degree and now holds a job related to her qualification. After completing high school, she embarked on a fine arts degree, which focussed on her artistic talent and limited her exposure to academic tasks that she found difficult. This first tertiary course appeared for the most part to be a positive experience for Helen, as it allowed her to focus on her interests and strengths. Her specific learning disability (SLD) was first diagnosed at the commencement of her second degree, after a friend who worked in the disability sector recommended that she should seek an assessment. Following acquisition of her SLD label, Helen developed a capacity for self-advocacy, recognising a newfound ability to articulate her support requirements and rights as a tertiary student with a disability.

The diagnosis: "I felt very confident because I had an official assessment"

Helen was first identified with academic difficulties towards the end of primary school; however, this led to the recommendation for a hearing test and not an SLD assessment. With no hearing impairment, Helen then progressed through her secondary schooling with no further testing of her learning barriers. She reflected on the fact that her school and parents were not aware of SLDs. This lack of knowledge was identified by Helen as a key factor in her not receiving a diagnosis in her childhood. She noted that "there was never a teacher that picked up that there might have been an issue and discussed it with my family". In addition, she recognised her parents’ poor capacity to navigate the system to seek out an assessment:

"One teacher maybe recommended that I should have a hearing test because they kind of thought that there was something that I was struggling with and they weren’t sure if it was hearing and I don’t think my family, I think my family did follow through.... they could have followed that up as well a bit more but yeah I suppose they just didn’t know what to do as well, they didn’t know who to follow up or who to speak to. So it’s kind of a little bit both. I just slipped through the loophole."

Slipping through the gaps in the system is a theme throughout Helen’s educational journey. It was not until she was studying for her second degree that "a friend recommended,
well why don’t you have a learning assessment”. She followed this advice, and her immediate realisation after gaining a diagnosis was the permanency of her condition: “This is what I'm dealing with for you know, the rest of my life.” Following this, Helen expressed a desire to “do a bit of research about it”. A formal label, the knowledge of her diagnosis, and a newfound understanding of its impact enabled Helen to advocate for her right to an education: “I felt almost like I was a very strong advocate.”

Reflecting on her past access to learning, Helen acknowledged the difference it would have made to her educational success if she had have been labelled sooner. She noted that "things have changed since going back and having a learning assessment. I feel more confident". Her newly-discovered confidence was contrasted with a sense of disappointment about the lost opportunities for success in her past studies. She associated this with the absence of SLD knowledge in her earlier education contexts:

"When I was doing my first degree, to be able to explain to, to tell my lecturer, this is what is happening, you know, and can I have this additional time. I think it would have really changed going into my first degree."

SLD awareness: "I felt as if it wasn’t recognised, as if I was just sort of making it up"

Helen noted poor educator awareness, the absence of a formal label, and no learning supports in primary and high school. There were numerous moments during her education when she reflected with regret that her SLD was not diagnosed sooner, as this had inhibited her access to appropriate supports. However, once diagnosed, she still identified occasional moments of experiencing others' poor knowledge of the SLD label. In such situations, it was apparent that her self-awareness of her SLD was valuable in fostering her understanding of aligned interventions, and her capacity to self-advocate for relevant supports. As a result, Helen reiterated a broader need for the SLD label to be understood: "It's really important for my lecturers to have an understanding of why this was happening." This would then enable academic staff to respond appropriately to her support requirements.

Helen felt frustrated when academic adjustments were perceived as optional by university lecturers: "I felt as if it wasn’t recognised, as if I was just sort of making it up, oh you know, to just make it easier but not sort of necessary."

Learning Systems: "I just really didn't feel like I was learning"

Helen attended two different secondary schools in an outer Melbourne suburb. She said that "the quality of my high school was very poor". She also observed: "I don't think
teachers were following up when there were children that were falling behind”, and stated that “neither of them picked up that there were issues”. As a result, she identified her gravitation towards the social aspects of school and disengagement from the learning process.

"I was quite disengaged actually. I think I was just chatting, you know, mucking around because a lot of the time I was just, I just didn’t understand, I needed someone to just read it through, just for clarity, so I suppose I just disengaged... at that time I just, I just really didn’t feel like I was learning."

Helen acknowledged that she "did really struggle with literacy" and shared her disappointment about the lack of support at school: "I remember being frustrated not having clarity about something, things weren’t explained properly." Poor awareness of SLD, absence of support, and pedagogical approaches not aligned with her SLD profile appeared to compound her frustrations with the learning system.

When Helen commenced her fine arts degree, she was pleased that she was enrolled in a course with a non-academic focus that was aligned with her strength and interest in art: "It was quite exciting to have something that, that was just focusing on what I really enjoyed doing." Consequently, she expressed comfort and enjoyment in the learning process in an artistic course largely aligned with her SLD profile. The only components in her course that Helen found difficult were literacy-based tasks. Helen attributed her learning barriers to a lack of access to support services. It is significant that her tertiary institution had relevant supports within their disability unit; however, without awareness of her SLD or a formal label, she could not register for this service:

"I found when I was studying my first degree which was a fine arts course I really struggled quite a bit with um yeah just doing lectures and with holding that information. So I found that very difficult and was yeah just really struggling. Because I wasn’t aware that I had a learning difficulty, I didn’t have access to the support services that were available."

At the commencement of Helen’s second degree, she had a newfound awareness of her SLD, including a formal diagnosis and label. As a consequence, she recognised the benefit of "having that additional understanding and support" through the disability service, which was embedded in the university system. The importance of accommodations aligned with her SLD profile meant that Helen "could have additional time for assignments, for exams, and that sort of thing". This "took a lot of stress off trying to complete my work load". The
experiences in Helen’s second degree offer an interesting contrast to her previous education. Within this context, Helen possessed awareness of her SLD label, had capacity to articulate her learning barriers, and accessed aligned supports offered by the disability service:

"I met with the University and they told me how they can assist and what sorts of supports I could get. So yeah, it’s more or less I was struggling in lectures, just when there was just so much information. I just wasn’t retaining that.... I felt really, oh great, this will really help, being able to record and they provided me with a recorder. I think just having a liaison officer just to, you know, just having that support at the university, I think was great that that was in place and really crucial."

Although Helen found the university note-taking service valuable, they were "on and off with the quality and on and off with people not turning up". As a result, she recalled sometimes struggling with systems that were not consistent in providing support aligned with her specific learning requirements. She also noted that "with recording, lecturers were refusing", although this was requested by the university’s disability service on her behalf. This left Helen feeling frustrated: "I just thought it was my right."

Influences: "I felt differently depending on who I was speaking to"

Helen’s first conversation about her SLD was with a disability advisor at her university immediately following her diagnosis. She was surprised by her emotional response at this meeting, and acknowledged the support of an individual who exhibited understanding of her situation: "The woman that was working there was amazing, she was really supportive."

During Helen’s second degree, she noticed "some lecturers that were really progressive and really supportive". She welcomed this response, acknowledging particular academics whose pedagogical approaches were well aligned with her SLD profile. However, she noted inconsistent awareness of SLDs, stating: "I felt differently depending on who I was speaking to." She recognised "lecturers that I felt a lot more comfortable with" and "one lecturer in particular, she was really supportive, it wasn't, you know, it wasn't made into this big deal, it was like okay great, this is what I will do, and just everything that I said would help me, was put into place". This was important for Helen, as she expressed a strong desire for inclusive approaches to be incorporated into the lecturer's role without public disclosure of her SLD: “There was no fuss, there was no need to tell the rest of the class, you know it was just really discrete, simple and professional." Helen remarked that when this support was embedded into teaching practice, "I felt great, I could just get on with it. It was just validated".
Helen was uneasy when talking about lecturers who were reluctant to follow through with formal requests for SLD-related accommodations. This was particularly evident when her assessment and requests for accommodations were questioned:

"With other lecturers it was this big deal of them wanting to know exactly, you know what, if my learning difficulty had been assessed. They wanted to speak to people in higher authority... I was put in a position where it felt like I was making it up or something or that it was just an inconvenience. I actually just felt that their resistance was my basic right."

**SLD empowerment strategies**

The skills of disclosure, self-advocacy and specific learning strategies were acknowledged by Helen as important in her access to education following acquisition of her SLD label. In particular, knowing how and when to disclose her SLD label, especially to lecturers, was important for Helen: "I don't really have a problem with people knowing that I have a learning difficulty, but it's up to me if I feel like I would like to tell people." Helen was conscious that her SLD was "not just something that is publicly announced". She in turn stressed that the choice to disclose remained within her control: "If I feel the need to say something, I would, otherwise there's no need for people to know."

Once diagnosed, Helen demonstrated her capacity for self-advocacy through awareness of her SLD profile and her rights as a student with a disability. Her self-advocacy skills following her assessment were obvious throughout her educational journey, and were particularly evident in requests for academic supports. For example, Helen noted that having a note-taker, and "being able to record lectures was great, specifically for my learning difficulty, being able to listen to that information again and again and stopping and rewinding".

**Perception of self:** "I was always frustrated that I couldn't get my ideas down, but I could verbalise"

Helen understood her learning barriers well before she received a diagnosis and formal SLD label. She recognised her difficulties at school as well as during her first degree: "There wasn’t that link with me being able to you know, verbalise what I was thinking and being able to write it down." This impacted her capacity to meet academic requirements, and influenced her life choices. However, she maintained a level of confidence in artistic areas in which she performed well. What is interesting with Helen is the awareness of her SLD label once diagnosed, and how this reshaped the perception she had of her own capacity. She recognised that she "could have done a lot better with more additional support". As a result,
Helen was able to extend her life choices beyond non-literacy-based learning opportunities following her assessment.

**Aspirations:** "If there is additional support you have so many other options"

Helen acknowledged that her choice for visual arts was influenced by the reduced reading and writing component within the course, coupled with a capacity to operate in her strengths. She said she "felt comfortable in that because there wasn’t a huge writing component". Although she moved beyond her comfort zone into a more literacy-based degree, it is significant that her initial career path pre-diagnosis was artistic. For Helen, having this capacity at school was crucial for her confidence, and she acknowledged that "I felt that I could complete the work to a good standard". It is important to note that her artistic strength was critical pre-diagnosis in a context without appropriate supports: "If I didn’t have that, I would have maybe been floating around, feeling that I was… not capable… it was a bit of a little saving to have something that I felt good at and confident and loved. It was really important actually."

When reflecting on course and career pathways, Helen noted that “things would have been really different if I had been diagnosed”. This statement is crucial in recognising that the absence of a diagnosis limited Helen’s options to a single artistic skill, further impacted by the lack of awareness or strategies around her SLD-related barriers:

"I might have felt a bit more confident in pursuing a different direction. It's hard to explain. I just think it would have been more additional support if I had a teacher that was aware. I just think that, if there is additional support you have so many other options. It's kind of up to you, not just what you feel comfortable with but maybe that you can possibly do whatever you want to."

**Summing up...**

Helen recognised the connection between her ability to articulate her SLD label and access to aligned academic supports as valuable in her successful educational inclusion and sense of empowerment as a student with an SLD. Overall, it is significant to note the important role Helen’s SLD label has played in her life. The establishment of SLD empowerment strategies enabled self-awareness, confidence and the capacity to embrace a new career.
4.3.5 Case Study 5: Kyle

Overview

Kyle is in his early 20’s, and in his final year of a bachelor’s degree. He attended two independent secondary schools and undertook a gap year before commencing tertiary education. His specific learning disability (SLD) was first diagnosed in year 11 at the age of 16. This label was advantageous in fostering access to a range of supports with the assistance of his school and family. In addition, Kyle's SLD label played a role in his self-awareness and confidence in embracing his strengths.

The Diagnosis: "I just thought I was a bit thick and couldn't read very well"

Kyle’s SLD was first diagnosed in year 11 following a teacher’s recommendation to source an assessment. Prior to his diagnosis, he described a long history of difficulty in learning, and the challenges involved in comparing himself to others: "Those last six years, I've always felt like that there was something wrong with me, I was stupid, I found everything hard and everyone else was so cruisey and it was easy and they were all confident." The absence of a reason for Kyle’s poor academic success is likely to have led to his stigmatising self-labelling, using terms such as 'stupid' and 'thick'.

Following acquisition of his SLD label, Kyle felt that he had permission for the first time in his life to reframe his self-blame regarding his poor academic achievements. Despite this diagnosis and the attribution of a formal label at the age of 16, he continued to articulate mixed emotions about attributing failure to his SLD. The process of self-awareness therefore took some time, with Kyle moving between stigmatising self-labelling and attributing weaknesses to his SLD:

"You don't think you have just got dyslexia, you still feel kind of, I don't know, a bit lesser in the intellectual department. I guess especially when you're around a lot of others that find everything really easy."

Once labelled with an SLD, both Kyle's school and family introduced a range of supports to accommodate his learning barriers. Consequently, his SLD label appeared to be understood by his family and teachers through encouragement and aligned support strategies such as extra reading time and additional tutoring.
SLD awareness: "The teachers were aware of it and they just tried to help you out"

Kyle expressed appreciation that his SLD was identified by his second high school, which provided relevant supports. At university, however, Kyle identified a number of examples of inappropriate responses to his SLD among friends, indicating poor awareness of the SLD label. He identified a range of experiences where friends did not understand what it meant to have an SLD, and this limited awareness affected his self-identity:

"You still get paid out by some of your best mates even if they do know it, they might not realise and they might pay you out for being a bit slow on something. At the time it's a bit funny but at the same time it still goes down deep and you internalise it, especially when you get it regularly."

Learning systems: "They didn't have anyone to be looking out for it"

Kyle's ownership of his poor academic success meant that he rarely imparted blame on external systems or individuals. He offered few reflections relating to the education system; however, he was cognizant of education settings that broadly did or did not support students labelled with an SLD. In particular, he noted that his first high school failed to cater for students like him, and he perceived poor SLD awareness in this setting: "I don't really think they had any students that have learning disabilities at the school because they didn't have anyone to be looking out for it."

Kyle identified avoiding learning tasks in education settings that lacked supports congruent with his SLD profile. As a consequence, he indicated adopting task avoidance behaviours to avoid learning at his first high school, including copying, being the class clown and avoiding homework. In this setting, he exhibited concern over investing effort in work when he anticipated failure. He recognised that "in high school I didn't try near as much as I could have for that reason of not wanting to be looked at as a failure and struggling and have to face that myself thinking that you can't do it". This statement reveals Kyle's likely fear of failure pre-diagnosis in a context with no SLD awareness, no supports and a lack of SLD empowerment strategies.

Soon after Kyle commenced at his new school in year 11, he noted awareness of SLDs in one teacher, who "recommended me to go and get this testing". Receiving an SLD label played a role in Kyle reorientating his identity of failure. This is likely to be due to his self-awareness, understanding of his label and access to educational supports aligned with his SLD profile.
Kyle’s school provided additional time, which "made such a big difference". He also noted access to a "maths tutor and an English tutor", who "really helped me out", along with after-school classes that supported his learning throughout years 11 and 12. Such after-school tutoring was part of the school timetable, and was available to any student who sought additional assistance within their subject areas. Kyle took up this offer, and acknowledged that it was useful to have "extra time with staff".

Upon completion of year 12, Kyle transitioned into a vocational course focused on his strengths in an environment where his SLD did not present as a barrier to success. He elected not to disclose his SLD label or to access disability support within this setting, as he was not impacted by disability-related barriers: "It was more communication between different groups and I didn’t find that tough at all." In this context, Kyle also noticed the ease of the learning pace, in that extra time was provided for all students when submitting small assignments: "A few of the assignments were little one page things which you know, you could spend a bit of time on." Kyle was comfortable concealing his SLD label in his vocational course, due to the practical subject area and the nature of course delivery, which incorporated group work, low word limits for assessment tasks, and increased completion time. These conditions meant that Kyle did not experience barriers to his education.

Following his vocational education course, Kyle transitioned into a university degree, where he anticipated exposure to greater academic challenges. He was motivated to disclose his SLD label here, and to register with the disability service at university so as to receive supports such as additional time for exams. In this context, Kyle expressed appreciation for the provision of reading material in advance, and for having an open interaction with the disability service to negotiate appropriate modified exam conditions:

"It was great. Yeah, so I had extra time, I had that computer usage and they even extended my extra time after the first exams because I ran short on a few of them, which was fantastic, they even gave me a reader. They gave me the option to have a reader read out the questions."

Influences

Kyle made an effort to gather supportive people around him throughout his time in education. In particular, he used individuals to assist with reading, comprehension, development of ideas and for shared assignment work. This was a crucial study strategy for Kyle: "I’ve always got away with having people around me which I’m good at using." This
strategy was particularly embraced following acquisition of an SLD label, after which he understood that talking through ideas improved his level of comprehension.

While living overseas during his gap year, the absence of this support network tested Kyle's own capacity to manage SLD-related barriers. He ended up gravitating towards new supports, including his Christian faith, to which he attributed his ability to cope while overseas:

"It developed my faith in that I, I really had to rely on God in helping me get through it. I wouldn't have got through it otherwise. The church that I went to there just had a lot of support around me which seems to be the theme for me."

**SLD empowerment strategies**

As Kyle did not receive his first SLD assessment until the age of 16, he had already developed a range of compensatory strategies related to task avoidance. This meant that new interventions involved changing these behaviour patterns in order to implement constructive strategies focused on skill development. Following high school, Kyle demonstrated appreciation for his gap year boss, who provided him with a sense of worth and helped him to establish independent strategies. Kyle recognised the benefit of this guidance, and the fact that his boss saw his potential and pursued this:

"It was really good for me because it's made me realise I guess that you really do matter. As much as it didn't seem like that at the time, I actually found that I was getting a lot of work done and my efficiency, effectiveness and that was going through the roof."

As a result of Kyle's self-awareness of his SLD and the interventions implemented by his boss, Kyle developed a range of useful SLD empowerment strategies. He noted that he "started getting really organised", and was "jotting everything down and had my own little note pad that he had set up for me so I wouldn't miss all of the appointments". Kyle was grateful for this investment, recognising that it "started making me feel really good about myself because I felt like I was getting things done and I was really needed". Kyle acknowledged his own growth through the development of these successful strategies that addressed SLD-related weaknesses and assisted in developing his sense of worth.

**Perception of self: "If you're just fooling around and not trying, then you are not really failing"**

Kyle connected his early school task avoidance behaviours with a sense of being perceived as a failure. From year 7 to year 10 pre-diagnosis, Kyle identified himself as a class clown, and noted that he did as little work as possible. He recognised that he purposefully
avoided work, and that his school did not push him to achieve academically. Kyle noted that
he was more comfortable in accepting failure when he knew he had put in limited effort:

"You know, if you're just fooling around and not trying, then you're not really failing
because you haven't tried. I guess that's one way I really dealt with it. I was probably
a bit of a class clown...... I just got around it cheekily in terms of either copying from
someone else or I don't know, or not doing it somehow."

A change in schools at the start of year 11, together with the acquisition of an SLD
label, led Kyle to make a conscious choice to access a range of supports. It was a significant
turning point for him to acquire an SLD label and transition into a new school, where teachers
were aware of the phenomenon of SLDs: "I thought it was just my personality to be like that,
but to find out why and try and give things a go, yeah, I guess there was a reason."

Acknowledgement of strengths and the experience of success were important for
Kyle's self-identity. He expressed appreciation of his successful participation in a variety of
sporting groups, where his SLD did not prove to be a barrier. This was an important factor in
Kyle's engagement throughout his schooling, especially in a context where he encountered
barriers to inclusion and experienced academic failure. His sense of identity was strengthened
through his success in sports, which was vital in ensuring a sense of balance, and contrasted
strongly with his poor academic outcomes: "Having sport as a strong point of mine is quite
motivating and encouraging." This allowed Kyle to compartmentalise his poor achievements,
in the knowledge that he was successful in other areas of his life.

Aspirations: "Having sport as a strong point of mine is quite motivating and encouraging"

Kyle was uncertain about his future direction while at school, especially when he
recalled his poor academic success. As a consequence, he harnessed the one area in which
he was performing well; however, he was still disheartened when he noted that his success
was overshadowed by a lack of academic achievement. This in turn impacted on his setting of
goals, and on his sense of being able to make a contribution in life beyond school:

"I didn't know where I was going then. I just felt like, I was really like, nothing in my
life, you know, apart from sport, I was doing well at. There wasn't really much else... I
wasn't confident, I didn't feel happy with myself at all."

Kyle's gap year overseas was recognised as a key motivating experience that allowed
him to realise his strengths. He seemed grateful to be in an environment where he could focus
on his interests and abilities. In addition, Kyle appeared to appreciate the opportunity to build
on his weaknesses in relation to time management and organisational skills, and he
acknowledged his growth in these areas:

"The change in me was huge. Just my confidence and independence, I'd just never
felt before. I was getting things done. I wasn't having to do all these readings and
different things at school, you know, I was working in my strengths which is a real
key."

Summing up....

Kyle has managed to surround himself with supportive individuals who have enabled
him to address his learning barriers through the provision of cooperative study arrangements.
In understanding his SLD, he expressed gratitude towards his second high school, as they
facilitated identification of his SLD label and offered aligned supports. Overall, he has
harnessed strengths and influences including communication and sporting skills, his gap year
boss, teachers, family and his faith in his sense of empowerment as a student with an SLD.

4.3.6 Case Study 6: Mark

Overview

Mark is in his early 20's, and is halfway through a university degree. He was first
diagnosed with a specific learning disability (SLD) in year 4, but was not made aware of this
label until he was in high school. Mark is cognizant of his learning barriers, and articulates
frustrations related to inaccessible learning systems. As a bright and insightful student, he
recognised the value of self-awareness of his SLD, along with awareness by others, as
contributeing to his sense of educational inclusion. As a result of knowledge of his SLD label
and his personal determination, he appears to be confident about his future education
prospects.

Learning Systems: "I'm feeling disenfranchised after my experiences with the learning
system, it's not worth the effort, it's not a fun experience"

Mark's primary and secondary schools exposed him to a sense of injustice and
inequity related to his SLD. Although he did not recall the time of his assessment, he was
gradually made aware of his SLD label and its corresponding profile early in his high school
years. From this point on, he identified systems that either included or excluded him, based on
SLD awareness and the degree to which supports were aligned with his SLD profile. Mark
responded to education providers by embracing or disengaging, depending on his perception
of the system’s response to his SLD.
One example of Mark's response to a learning environment incongruent with his SLD profile was found in high school English. For this class, "we did spelling three times a week and I don't think I went to most of the English classes". He revealed arriving late for school on numerous occasions and avoided tasks that focussed on his weaknesses: "I could slip through, it was good because I wasn't prepared to be humiliated getting 0/50 words continuously when everyone else was getting 45/50."

In year 10, during an overseas exchange to Japan, Mark identified a successful approach to learning English. The explicit direct instructional approach to learning English as a second language worked well for Mark. He noted that this was different to how he had been taught in Australia, acknowledging that "I would attribute it to the teaching style partly because I learned it as a second language....it was so good because it made sense. It was the first time in my life English made sense.... I felt liberated because I could spell". This seemed to be a pivotal moment in Mark's educational journey, and he recognised the impact this experience had on his motivation and success with learning. Although his teachers in Japan were unaware of his SLD label, Mark was well versed in his SLD profile, and was able to identify teaching techniques that were of greatest benefit to him:

"It wasn't until I went to Japan that I really understood spelling and grammar and everything. because I studied in Japan for 10 months and that was in a Japanese classroom where everything was taught in Japanese.... I studied six hours a day every day for nine months. I could pass most of the tests which was good. But when I got back I really could spell better... I know patterns of spelling now, like I know the combinations of letters and the sounds they make."

Back at school in Australia, Mark appreciated access to support from his teachers, who understood his SLD label and corresponding profile. He enjoyed the ease of asking for extensions and having them approved without any onerous systems: "All my teachers knew I had a learning disability, they'd give me an extension with no problems." The only time his SLD presented as a barrier in sourcing supports during his high school years was for his year 12 externally-assessed exams. He noted that "it was only in VCE [Victorian Certificate of Education] where it became such an issue because everything had to be perfect, because someone outside of the school was going to assess my work." He related the expectation of perfection back to his poor spelling, and spoke of his frustration with being the only student with an SLD label, unable to receive necessary support through the exam authority positioned outside the school’s jurisdiction:
"For VCE I got rejected for getting a scribe for chemistry because I did too well in biology the previous year.... because I didn't get the scribe, I not only had to learn the course I also had to learn how to structure sentences properly and memorise all the chemistry vocabulary which is difficult for me because I can't spell.... I was annoyed and I just thought people that were doing it are idiots. I honestly think that the education system in Victoria, the VCE is stupid. Everything is hidden so that no one can find faults with the system. When I spoke up about this, everyone thought I was just whining. Because everyone else in my high school was fine and I was the only person with a diagnosed learning difficulty."

The task of requesting accommodations was onerous for Mark, and he was angry at a system that was unable to smoothly match accommodations to his SLD profile. Mark also exposed the reality of the additional energy required to navigate this system, on top of an already demanding year of study:

"I'm just bitter at the emotional ordeal that was added upon the emotional ordeal. it's like year 12 is an emotional period for any young person but then I had this other extra stress of like oh look, I'm dyslexic, I have to do all this other stuff."

Mark's exposure to teaching styles incongruent with his SLD label continued to present at University: "It's usually quite bad... they don't really teach, they tell you information." His various encounters with differing pedagogical practices demonstrate styles that clearly did or did not align with his SLD profile. This had an impact on his engagement with the education system. At university, Mark also identified a sense of frustration with the formal processes required for the approval of supports such as assignment extensions. He recognised disability-related barriers in navigating university systems and completing forms, contrary to their purpose. This compounded his frustrations in accessing education. Such systems were not used to their full extent by Mark, because of the complexity associated with completing support application forms:

"It was very structured and it was really really stupid. You have to write in forms, I'm dyslexic, I have trouble writing in forms, that's why I need to write these forms. Wouldn't you structure it so someone with learning difficulties or any sort of difficulty could access the system so they could get the consideration. Instead of making consideration they need and the process to get the consideration they need against them already before they even try."
Despite some processes presenting with access barriers for Mark, he noted some systems being inclusive at university in comparison to school. Such systems were often technology based and designed to support all students. Mark was able to take advantage of such universal systems to improve access to information for his studies, and therefore overcome some of his SLD-related barriers:

"I can get most of my readings online which you can't do in high school. I can get them put on audio... all the lectures are online so I don't have to take notes in lectures, I can read the lecture slides later on, all the lectures are ordered so I can listen to the lectures I don't have to take notes... most people use because they can't be bothered going to lectures. I use them in my study preparation for the exam because reading is such an intimidating task."

Influences: "By her helping me, it renewed my motivation to actually work harder"

Mark encountered a range of individuals with either informed or ignorant responses to his SLD label. Mark said that his "first English teacher didn't believe in people being dyslexic", resulting in his label being disregarded by this teacher. Mark's interchange between the use of ‘dyslexia’, ‘learning disability’ and ‘learning difficulty’ further indicates a context with inconsistent or interchangeable language to describe SLDs.

Educators who implemented strategies congruent with Mark's SLD profile were received well, and were appreciated for their supportive influence. Such approaches were recognised as fostering Mark's engagement with education. For example, he was responsive to one particular teacher, saying that he "worked hard because he was nice and I was willing to put in the effort and he did fun exercises rather than writing essays". This combination of teacher interaction and a pedagogical style that suited Mark's SLD profile was perceived as a motivating influence. Mark warmly recalled that he was "a really cool teacher", and noted his positive influence: "For six months of the year he met me every week to go over my work, to see how I was going, to give me tips ... he helped me with the larger stuff that you need to know for essay writing.... he really did go out of his way for me a lot."

When Mark entered university, he identified disability support staff who expressed ignorance of his SLD label and of specific support requirements. Mark exclaimed: "I'm dyslexic and they won't or can't do anything about it." The approach from the disability service that greatly impacted him was related to attitudes towards his SLD label and how he managed his learning barriers. This created additional barriers for Mark, who noted that he felt he could not access the disability service at all. In this context, he shared concerns related to disclosure,
and the impact that poor SLD awareness had on his mental health and motivation towards his university studies:

"It's crying from like the pain of being a small child and having all these problems which get brought up every time I talk about being dyslexic and not wanting to be different or not wanting to stand out, knowing that you'll be teased for it."

The disempowering impact of interactions with people ignorant of SLDs presented as a dominant theme for Mark. He recognised that "not everyone who works in a disability liaison area or whatever you call it is actually nice". He identified meeting with disability advisors at his university, "who demeaned me and like almost psychologically broke me down". Such interactions with disability professionals with inaccurate knowledge of SLDs were disempowering for Mark: "I was upset. I cried like a little child in front of her numerous times. I was so distraught afterwards, after seeing her I would just go home and cry." This led to Mark's decision that he "couldn't access the help systems to actually get help at university". He said that "I had to struggle through by myself" rather than face further ignorance related to his SLD.

Perception of self: "I've had to find the positive in being dyslexic because there's no other choice"

Mark demonstrated insight and maturity as a result of his interactions with individuals and systems. He acknowledged that, due to personal growth from SLD-related experiences, "it makes relating to people my own age sometimes very difficult because they're really immature". Mark reflected that he was "either the quiet shy person or the guy who knows everything" in contexts where he experienced SLD-related barriers in class. This frequently presented as a distraction tactic in relation to a fear of being discovered for not following instructions or class discussions: "I don't want to be found out I don't know what's going on."

SLD empowerment strategies: "It's how I discovered how I learn"

Mark appeared to appreciate knowledge of his SLD in the development of specific study techniques. He particularly articulated sound insight into his SLD label and an associated suite of alternative learning strategies. This insight has in turn supported Mark in framing his SLD in a context where strengths are maximised and weaknesses compartmentalised:

"I'm kind of glad I've got a learning disability....it's helped me so much to get me to where I am because it is such a large influence. I'm happy where I am, it's a good
thing, like, I'd know how I learn, I know pretty much every single study technique for memorising stuff that there is… I know areas I struggle in, I know areas I don't struggle in, like really really really well. I don't even have doubts when I think grammar, don't worry. I don't get it straight away, I'll get it quick enough. Because I know how I learn, the areas I don't do well I can focus my energy a whole lot better. Which is related to my learning disability because it's how I discovered how I learn."

Aspirations

Mark's awareness of his SLD profile motivated his VCE subject selection. He attempted to choose subjects where the exams did not have significant writing components, so that he could gain higher marks. This motivation was driven by a desire to improve his chances of gaining a university place, and were not linked to subjects he necessarily enjoyed or even planned to continue after leaving school: "In VCE, I chose subjects with a minimal amount of writing... because I needed good grades, not necessarily the subject I liked." Mark's determination to undertake a degree appeared to be not only related to a career goal, but also to a motivation to prove that even with an SLD, he could complete a university degree:

"I'm at university really for myself to show to myself and other people that yeah I'm dyslexic but yeah I can still do it. Because I was kind of like told when I was a bit older that I would get treated really dumb by my teachers in primary school. They've kind of setup issues that I'm trying to work through and finishing university is part of that because I can show to myself that yeah I can do it."
Summing up...

Mark's engagement either with systems that fostered inclusion or presented with exclusionary practices have impacted his participation in education. Systems focussed on explicit instruction and those that embed useful mainstream interventions, such as online access to recorded lectures, were welcomed and embraced by Mark due to their alignment with his SLD profile. Overall, his resilience, insight and maturity have fostered his perseverance with education systems that have not consistently been inclusive.

4.3.7 Case Study 7: Simon
Overview

Simon is in his late 20's, and is in his final year of a social science degree. He attended regional primary and secondary schools, where he was identified as needing special education support. Without an SLD label during his primary or secondary education, he was connected with a range of inappropriate supports that he found counterproductive to his learning and self-identity. Simon moved to Melbourne for a vocational education course after completing year 12, and was then diagnosed with his specific learning disability (SLD). Receiving an SLD label at the commencement of his vocational course was a significant turning point, especially in regard to his self-awareness and capacity to develop alternative reading and writing strategies.

The diagnosis: "I felt the confidence from the diagnosis"

Simon’s primary and secondary schools had some knowledge of his learning barriers; however, this did not translate into a formal SLD diagnosis. Throughout his schooling, he expressed frustration with the fact that his learning barriers were not appropriately supported, and that no staff had referred him for an SLD assessment. He was frustrated that the reasons behind his learning barriers were not explored: "I can't figure it out and you can't figure it out." Further to this, Simon expressed a desire to prove his learning capacity; however, he was unable to demonstrate this within his school, as teaching approaches did not cater for his SLD: "I'm actually really smart, I know I'm smart but I just can't prove it to you and I can't prove why I'm not achieving what you want me to achieve." The absence of an SLD label and the associated lack of provision of inappropriate interventions are likely to have exacerbated Simon's frustration with the education system.

Simon’s first formal SLD diagnosis was at the age of 18, after he had transitioned from high school into a vocational education course. The assessment was an enlightening process
for him: "She would tell me about my strengths". Being told "you are not dumb, you're quite smart" for the first time in his life by someone outside his family was expressed as empowering: "That is sad when you get to, I was 18 at the time, and you get to 18 and no one's ever said, you are a remarkable boy, remember, you're smart."

Simon regarded the testing process, in which he was measured and "prodded mentally", as such a "unique, confronting, exciting, nerve wracking experience" that left him so exhausted that he felt like he'd "run 15 or 20 K's mentally". He noted that "at some points it was really challenging... she was pushing all my weakness buttons". Following his assessment Simon expressed a sense of enlightenment at the acquisition of his SLD label and the development of insight into his strengths, weaknesses and processing preferences. He also appeared to be affirmed by the assessor identifying his SLD-related challenges. For Simon, her awareness presented as important in establishing trust in the assessment process:

"Doing the testing, I learnt a lot about myself... I actually learnt a lot about my strengths through doing it. I already knew what I was bad at, I knew that for the life of me but it was good to hear that coming from someone else. I remember one thing that she said to me, was that, I think you really struggled learning how to read a clock, I said, yeah, I didn't get that until year 11.... she would empower me by saying I bet you would have done this, or this or this or this and I said, how did you know that, no one has ever known that and it was like she was repeating my life."

As a result of his SLD diagnosis and formal label, Simon's vocational education disability advisor provided him with a range of accommodations aligned with his SLD profile, including access to adaptive technology. He presented with a newfound sense of empowerment through such supports and equipment, especially when interventions focussed on areas of difficulty: "I could do that, you know, I've got this computer, got this software, it isn't great but you know, it's an improvement, it's a step".

Following the acquisition of a formal label, Simon reflected on his past schooling, noting that he was "a bit angry" following the realisation that his "past could have been a lot different". He experienced barriers in the development of literacy skills at school, but without an SLD label, he did not receive appropriate supports. The lack of awareness and absence of appropriate accommodations in his primary and secondary schools resulted in limited learning opportunities for Simon:

"If it's not diagnosed and you don't have intervention sort of thing, it kind of snowballs when you're a kid because you don't learn how to spell like everyone else and you
just start falling behind and the horse just keeps galloping during primary school and high school and you're still behind. From there, the gap between you and other students just keeps growing in terms of literacy, self-confidence, you know, academic success, possibilities for higher education, to TAFE [vocational education] to uni, to apprenticeships. It really kind of has a massive effect."

Once Simon completed his vocational education diploma and transitioned into university, he had a much clearer idea of his learning support requirements due to his diagnosis. However, the impact of his SLD was amplified in a more academic setting, reinforcing his frustrations over not being labelled in his childhood. Consequently, Simon experienced a threefold learning curve at University, where he had to focus on course knowledge, development of SLD study strategies, and compensation for basic literacy skills left underdeveloped during his schooling:

"Academically they expect you to be on the ball and on the go, and when you're not, it's a really really challenging experience. That's because you're playing catch up the whole time. Not only are you trying to meet deadlines for assignments and get your head around all these new ideas but you're also going, well, how do I structure a paragraph. These are things I really should have known beforehand. But because of my LD not being diagnosed, it causes a flow on effect to my education and self-development."

**SLD awareness: "I felt like I got treated like a dumb ass"

Throughout Simon's schooling, he experienced a range of inappropriate supports that were incongruent with his SLD profile. Such interventions illustrated a lack of understanding of the phenomenon of SLD, and were humiliating for Simon. These accommodations did not adequately address his disability; nor did they seem to build on his strengths and learning potential. Simon related his feelings of being perceived as 'dumb' as a frustrating time, when he was struggling to prove his capacity:

"It was horrible, I would go to this room, she would give me a list of words, like cat, dog, truck, close line. Learn these. I'm like, I know those, that was grade 8, I remember that, and that was, 13 or 14.... I felt like I got treated like a dumb ass. I'm like, I'm not dumb."

For Simon, it was important for his SLD label to be understood by others. Throughout his primary and secondary schooling, however, Simon and his teachers had no label to
attach to his learning barriers, resulting in the use of self-imposed stigmatising labels such as 'dumb' and 'stupid'.

At university, Simon recalled feeling "good" when coming across people such as the learning skills advisor, who "could understand me". The contrast between not being supported at school and being understood at university was significant, especially as Simon did not come to a level of self-awareness of his SLD label until commencing tertiary education.

**Learning systems "I felt like the problem"**

Simon observed that his primary and secondary schools were unable to identify the cause of his learning barriers: "It never really worked because they never figured out what was happening, what was different about me." Consequently, there were many times in Simon's schooling when he was withdrawn from class to join generic 'special education' classes, where he recalled feeling degraded. In this process, he recognised that he was not empowered with learning strategies aligned with his SLD profile. According to Simon, these classes presented as a practice of exiting all poor learners into a segregated setting. Simon articulated this experience as "a really sort of disempowering process where the system has put you in the too hard basket". He said: "I felt like the problem, the dumped sort of, we don't know what to do with him, so we're going to put him here and see what happens."

Simon expressed an ongoing theme of exclusion in primary and secondary school, through separation from classmates, lack of genuine acknowledgement of the cause behind his learning barriers, and absence of appropriate accommodations aligned with his SLD profile. The lack of acknowledgement of his SLD, along with withdrawal from classes, fostered Simon's stigmatising self-labelling of 'stupid' and 'dumb'. He noted that "from years 7 to 11, I would be put in the dumb class. I would keep struggling". This left him feeling like "the dumb kid at school":

"In years 9 and 10, stuck in the class, struggling, not getting it, but the teachers would never have time for me because they'd be dealing with people who probably had diagnosed and undiagnosed ADD, behaviour problems and you know, when they dump all the too hard kids in a room and you're the quietest one, you've got no hope, you've just got no hope, you're just going to slowly disappear off the radar until you eventually drop out, that was difficult."

Simon described his first access to accommodations aligned with his SLD profile, which contrasted with the sense of disempowerment he had felt related to the systems of withdrawal and exclusion. This occurred through the intervention of a teacher in year 12, who
facilitated access to a scribe for an exam. This intervention was a powerful turning point for Simon, who remarked that "all of a sudden I started doing really well and achieving and it became fun". This accommodation was part of the external examination system when Simon was in year 12, and was instigated by his teacher, who recognised that he could not demonstrate his true potential through writing, but that he could verbalise his knowledge:

"The first time I had a scribe it was like letting loose... it was just like, you're like wow, it suddenly just feels right. This feels good. This is working, I don't know why it is working but it is working. It gives you a bit of hope. I was like wow, maybe I'm not so dumb after all."

Without his SLD label, Simon was unsure why this intervention was effective, yet he identified that it addressed a particular weakness. Simon acknowledged an ability to shake his self-imposed 'dumb' label, and recognised that his knowledge could be transferred to the exam paper through the medium of a scribe who recorded his verbalised content. Despite Simon's appreciation for this particular intervention, he acknowledged that "you've still got this system bearing on you saying, you're different, you're wrong, you're not fitting the square, you're a circle, but it gives you that little spark I guess, then that kind of gave me the courage to go, okay, I can do this stuff now". Awareness of the success of this intervention appeared to be quite empowering for Simon. However, it did not lead to self-advocacy for future support, since he lacked knowledge of its connection with his SLD profile, because of the absence of an SLD label.

Upon leaving school, Simon first entered a vocational performance-based course, where he noticed that he "didn't have to write any more, and it was great". For Simon, he perceived that, within his vocational education context, his learning was consistently successful. He was offered leadership roles, and was able to operate to his strengths rather than his weaknesses. The acquisition of an SLD label, the use of his diagnosis to source appropriate accommodations, and studying in a course well aligned with his strengths and processing preferences were recognised as empowering to Simon in his vocational education course.

Following completion of his vocational education diploma, Simon transitioned into university, where he encountered greater academic learning barriers, and the need to seek out relevant supports. His SLD label and assessment enabled registration with the university's disability service. However, Simon appeared to be challenged by the type of disability support on offer. He was greatly frustrated with a system-wide change to the disability service that
happened partway through his degree, and this led him to withdraw from their support. The changes to the ways in which the University sourced their staff and offered accommodations meant that Simon had no regular note-taker; therefore he would have to educate each new worker about his SLD profile, including its academic impact and his note-taking preferences. This had formerly been understood by a few consistent support workers: "The previous workers had understanding of disability, about disclosure, these little things that make life easier." In contrast, the new system meant that staff "had no idea, she had no idea what it was like to have a disability".

Influences: "My family have helped me and people have helped me along the way"

A range of inappropriate interventions were identified by Simon as counterproductive in his development. For example, he "had a teacher in grade 2 and she would take me into a side room", and "she'd just keep yelling at me" when asking him to spell words, and he would say, "I can't, and she'd say, spell it out, sound it out, and I'm like I can't... and there was the problem right there in grade 2". Simon recognised that "nobody knew about dyslexia as widely as we do today so we'd just keep going through these sorts of things". These experiences suggest a context in which there was no knowledge of SLDs, and one which implemented interventions that were inconsistent with Simon’s learning requirements. This left him with a sense of disempowerment.

At university, Simon located a learning skills advisor, who provided significant support in the development of his writing ability. He identified this as a vital link in his capacity to catch up on literacy skills that he had missed out on at school. Although this system was embedded in all universities, Simon's appreciation of this service was sparked by one individual, who gained insight into his SLD profile. Simon found her input encouraging, noting that she could teach him skills without having to degrade him, as had been his experience in primary school:

"Eventually I came across someone and we just clicked, she could understand me and my quirkiness and the way that I think, the way that I analyse things and express myself. She could encourage me the right way without patronising me.... she would be really nice about it and do it in a way that was empowering and friendly and non you know, non, you're doing it wrong, you're stupid, none of that sort of thing, it was really good."
Perception of self: "You've got to work with your strengths"

Simon's placement in special education classes impacted his sense of identity. He perceived this as "a really sort of disempowering process where the system has put you in the too hard basket". Simon responded by being "really frustrated", and he would "break down and cry all the time". He indicated that when supports were poorly aligned with his SLD profile, this had a negative impact on his self-perception as a student in a system that was "not always inclusive": "I had really low self-esteem all because I wasn't succeeding in the education system set up to reward those who succeed."

Upon receiving his SLD label, Simon recognised this as part of his identity, and embraced his strengths as identified in his assessment. Once diagnosed and in tertiary education, he acknowledged that his SLD "has given me a different sort of writing style to everyone else. My essays are more like stories and that's how it works, you've got to work with your strengths and that's my strength".

Perseverance: "It has required me to do some hard work and sticking it out"

Simon recognised the importance of his resilience, which enabled him to persevere through a range of education-related barriers. He also acknowledged the consistent support he received from his parents, who believed in his ability, and encouraged him to persevere through education:

"Resilience comes from my strong safety net that I've got which is my family. For kids that don’t come from a family that is largely supportive or safe, I wonder how we create resilience in people with LD that have families that aren’t safe. Because that’s the thing, what do you do. Kids who make it are usually the ones like me who have got good families and that takes a lot of guts if you had your family saying you can’t do it, you’re dumb and the system saying you can’t do it, you’re dumb, why would you continue."

Aspirations: "It's all about your ENTER [Equivalent National Tertiary Entrance Ranking] score, and how you can play the game, and I couldn't play the game"

Simon experienced difficulty identifying course and career goals due to his limited skills and lack of success at school. He reflected that when in year 10, he felt that: "I have no idea what I am going to do with my life". Simon associated his lack of career goals to learning challenges, alongside the absence of relevant supports or empowerment strategies. As a
result, he experienced frustration with a system in which he encountered difficulty performing to their externally-imposed measurement of success:

"You don't know what you're going to do when you get out of high school, you feel like a complete failure. There's all this pressure on you to get really good VCE [Victorian Certificate of Education] results."

Through a conversation with a school careers counsellor, Simon said that he felt gratitude when shown alternative pathways in which his ENTER score was not required: "It was during the VCE exam period that I went up to my careers teacher and I'm like, what do I do, what do I do, what do I do, what do I do." As a result of this conversation, his careers counsellor helped him find a vocational education course that focussed on his strengths.

**Summing up ....**

Simon came in contact with a range of individuals who played a crucial role in supporting his development. Although some of his reflections suggest inclusive systems, the significant theme for Simon was the need for key individuals to provide support aligned with his SLD profile when the system itself was not consistently inclusive. His greatest turning point in his educational journey appears to have been his acquisition of an SLD label, which exposed him to services, strategies and a sound awareness of his strengths, weaknesses and processing preferences. The acquisition of an SLD label, as well as the establishment of empowering strategies, supported Simon’s endurance through a range of barriers to enable his transition into his university course.

### 4.3.8 Case Study 8: Zoe

**Overview**

Zoe has lived with her father and older sister since early primary school. She maintained that there were numerous occasions when her father and other family members were key supporters of her as a student with a specific learning disability (SLD). As a result of moving house and one school closure, she attended three outer suburban government high schools. After much deliberation, Zoe undertook a Victorian Certificate of Applied Learning (VCAL) before commencing a certificate course at a local vocational education provider. Her SLD was labelled early in primary school, after which a range of interventions of varying success were applied in response to her learning barriers.
The diagnosis

Zoe fondly acknowledged a close bond with her father, the sole parent since her early childhood. Her father helped her complete her homework on numerous occasions, during which he observed difficulties with her learning: "Dad noticed that I was struggling....with reading and writing and maths and arithmetic and everything like that." He organised an assessment for her, "and that’s how they discovered that I’ve got a learning disability..... my weaknesses are reading, maths and writing". Zoe has no memories of her actual SLD assessment; however, she is able to articulate her learning barriers, and the supports of greatest value for her.

SLD awareness

Zoe identified frequent moments of frustration while at school. Even when she was able to source help from teachers, she recalled that they would not understand how she processed information. As a consequence, she did not understand academic tasks, which resulted in her attempting class work without appropriate assistance. In regard to assignments, she stated that she "got it partially right and wrong" and would frequently "take work home and get dad to help me". Her father’s understanding of her SLD label was significant in ensuring that she had someone to support her through her studies. In contrast, Zoe indicated her sense of being ignored by teachers, which left her feeling unsupported. She perceived these teachers as having no awareness of strategies to engage her in the learning process: "I just didn’t find the help they gave me was much help."

Learning systems: "School was difficult for me"

Zoe remembered "struggling to learn in school, cause they were moving along so fast and I was behind, it just made it very hard". This sense that her class was moving along at such a fast pace reinforced Zoe’s difficulties with learning. Aware of the barriers she was experiencing, her father and aunt sought support to help her manage at school. Her "family actually went out and searched for a tutor". Tutors were utilised throughout Zoe's primary and early secondary education. She said that in response to SLD-related barriers, two tutors were financed by her father and another was organised through her high school. Her tutors were made aware of her SLD label, and were described as generally being useful in the management of her homework load.

As Zoe was concerned about her capacity to maintain the pace of learning, she regarded the input of tutors as beneficial. She reflected that "having tutors that come to help
me made it a lot easier to keep up”. However, it should be noted that while Zoe suggests that tutors were of some assistance, it was only when they implemented strategies congruent with her SLD profile that their input had significant long-term benefits. Zoe's acknowledgement of empowering strategies revealed her genuine appreciation for one particular tutor:

"I had a tutor just down the road, Tracy. I used to go to her every Monday night. She helped me a little bit with sounding words out, how to spell words. Like thanks to her, to this very day I know how to spell because off the top of my head. Ben Eats Carrots And Uncle Sam's Eggs."

This mnemonic strategy played a significant role in improving Zoe's capacity to spell words that were difficult for her, and this addressed one of her SLD-related barriers. While some tutors assisted Zoe in developing independent study skills, she described others as frustrating and irrelevant. One tutor assigned to Zoe by her high school not only withdrew her from her timetabled classes, compounding her concern about falling behind, but also restricted support exclusively to homework tasks. Zoe thought that this tutoring did not address SLD-related barriers and her need to develop compensatory strategies, and indicated that this tutor had limited knowledge of her SLD. She remarked that it was "not very helpful at all". In fact, "it was more of a homework catch up, that's all it really was, it wasn't actually trying to help me". Zoe's insight reinforces the distinction between mere homework catch-up and the establishment of SLD empowerment strategies. In addition, class withdrawal appeared to have a detrimental impact on Zoe:

"They were people that were meant to help you but they take you out of class so you can't keep up with the work that your class is learning and you're doing homework and you're falling behind. I just found it very frustrating and stressful."

At her third and final high school, Zoe was presented in year 10 with the option of undertaking her Victorian Certificate of Education (VCE) or the Victorian Certificate of Applied Learning (VCAL). For Zoe, this was a decision between an academic or a practical learning option. Zoe was torn in this decision, and turned to her family for advice. Her family gave much thought to this, and realised that the choice should be based on the impact of her SLD in an education context. She took time deliberating on recommendations by her family, and recalled a unanimous concern regarding her capacity to meet the academic expectations of VCE.
Upon commencing VCAL, Zoe was required to attend a combination of school, vocational education and a work placement every week. She remarked that she "tried out VCAL and let’s just say, um, for the first week it was fun and from then it was a big disappointment". In understanding this experience, Zoe articulated a sense that she felt degraded in class activities:

"What they made us do was nothing to do with year 12 work. Like one of the things we had to do was write a PowerPoint on our best friend. I was like, I'm sorry, you don't need to know that, why on earth, we're in year 12, we're not five years old. Why are we doing this?"

Zoe engaged in a vocational training placement, which she described as stressful. This was a compulsory element of her VCAL program. She identified that she "got so stressed" in her attempts to comprehend work tasks, and that she felt the physical effects of this stress: "I realised they were stress headaches. It made me feel really emotional, tired and angry." Zoe was confronted with learning barriers in this numeracy-based subject, saying that she "didn’t want to go to school". For Zoe, placements in learning and work contexts that required her to utilise skills that were underdeveloped because of her SLD profile was both common and distressing. Given that she had no SLD support beyond her family, and no assistance in establishing alternative strategies, these experiences presented as psychologically and physically stressful for her:

"I got very stressed that I pretty much got a headache every day. I kept taking panadol and if I didn’t take panadol at a certain time of the day, I couldn’t get over the headache and I’d be stuck with it and I’d be so angry and tired and my head would hurt."

As part of her VCAL program, Zoe sourced a work placement, which she found to be a valuable experience. This placement required her to undertake tasks aligned with her strengths. She reported this as an empowering time in her education:

"I loved it. I got to do heaps of things there. Filing, I had to file for 2 hours every day, I got to do data entry, answering phones, making spreadsheets, making packages for interviews that they do. You know, just running around the offices delivering forms to people. I loved it, it was the most funnest, probably the most funnest place I’ve ever been to. The people that I worked with were so friendly. I loved it. So I did that and
yeah, usually with work experience they pay you $5 per day. Well they paid me, I think it was $10 per hour."

Experiencing success, her sense of contribution, external encouragement and being rewarded for her efforts were factors that were consistently reinforced throughout this work placement. Zoe also stressed her motivation: "I wanted to be there and I was encouraged by those at work. I got up at the crack of dawn and was ready by 7am for work at 9am." This enthusiasm was in contrast to her low level of engagement at school: "At school, my dad couldn’t get me up and every second day I was sick, my asthma flared up or my headaches kept me away." It became apparent that when she was engaged in an encouraging and supportive environment, with delivery of instructions aligned with her SLD profile, Zoe’s physical health was stable, and she presented with confidence about her contribution. When Zoe was confronted with learning barriers, this appeared to have such an adverse impact that her health was detrimentally affected.

Having completed VCAL, Zoe entered a certificate-level course at a vocational education provider, where she connected with their disability service. For the first time in her education, Zoe’s SLD label was recognised and supported. She noted that the disability advisor interviewed her to discover her "strengths and weaknesses, what I struggle in the most, um, do I prefer to read words or listen to them on a tape or have them repeated back to me". Zoe expressed gratitude for this approach, where she was consulted regarding appropriate academic accommodations that would ensure supports were aligned with her SLD profile.

In regard to the overall approach to teaching in vocational education, Zoe still "found it difficult to keep up with the notes that the teacher was putting down and understand some of the words that she was using". After accessing disability support, however, Zoe was better able to manage her concerns: "I wasn’t too stressed about it once the support started two weeks into the course." This learning context provided an interesting contrast for Zoe, in that she discovered the ability to remain in class without the need for additional tutoring. Unlike her experience in secondary school, she accessed in-class disability support. As the disability service was embedded within the vocational education system, no parental advocacy was required to source extra assistance. Zoe appeared to express significant relief that such systems were in place. There was also the sense that she had the confidence to access this support. This in turn altered her engagement with learning: "I love TAFE [vocational education] and don’t regret one second of it. It’s fantastic."
Influences: "At school you don’t want to feel like an idiot. You want to actually learn something"

During her two-year VCAL program, Zoe experienced some disempowering treatment by teachers. She recalled that their approach to teaching her left her feeling "very pissed off". There was a strong sense from Zoe that she was left feeling like an 'idiot' in class at times when teachers would deliver basic tasks or talk slowly to her. When exposed to influences that exhibited poor SLD awareness, Zoe would often introduce stigmatising labelling such as 'idiot' to describe herself. This was often applied to represent how she felt others perceived her. Such influences during her VCAL further highlighted Zoe's concerns around her course choice, and she expressed frustration that she was not learning at a level compatible with her ability and interests:

"I didn’t like it, I didn’t like the work we had to do. I didn’t like the way some of the teachers treated you. Like I had a few teachers treat me like I was an idiot. I’m like, seriously and that’s when I used to get really crabby with the teachers, when they treated me like an idiot. They’re like, oh, and come right up to you and go, (talking slowly) you need to do this, you need to do that, do you want some help. And I’m like, no. Are you sure, yep, and I would be just very short answered with them. Cause I’m like, you know, when you’re at school you don’t want to feel like an idiot."

Aspirations: "I’m actually learning something that I want to learn"

In her VCAL course, Zoe was motivated by the sense that "the faster I get the work out of the way, the faster I get signed off and the faster I can leave". This desire "just to be out of school and look for a job" appeared to be motivated by the lack of support available at school. In addition, her desire to enter "into the real world" indicated an interest in finding opportunities aligned with her strengths and SLD profile. Upon leaving school, Zoe chose a certificate course in the field matching her successful work placement. Zoe's recognition of her success, both in her work placement and her vocational education course, were viewed as significant motivators in establishing related education and career goals. Also important in her choice was the positive encouragement she received from her father. She was excited to "come home" to show her dad what she had learned: "I’m like, hey dad check it out, and he’s like, wow, you’re really smart now."

Zoe said that practical pedagogical approaches focussed on work-related tasks were more aligned with her SLD profile: "I found it a little bit more easier to understand." Ultimately, Zoe was motivated to be successful in employment, and saw vocational education as a
pathway to gain suitable work in a field in which she was capable, and where success was affirmed on numerous occasions.

Summing up...

Supportive influences in Zoe's family, finding success, and identifying her place in the world of work have all been valuable in Zoe's successful engagement in learning. In contrast, systems, opportunities and influences incongruent with her SLD profile have played a disempowering role in her psychological and physical well-being. Having developed an awareness of her strengths and weaknesses from her SLD diagnosis, Zoe has been able to focus on building her abilities. This has motivated her aspirations to focus on a study and career pathway in which she has experienced success and can harness her strengths.

4.4 CONCLUSION

The eight extended case studies reported in this chapter offer insight into the role of the SLD label in fostering or hindering educational inclusion for a selection of participants in this study. Insight into a range of empowering and disempowering interactions with family members, teachers, disability support staff and peers has provided a glimpse into the lives of a sample of students in Australia labelled with an SLD. In addition, the cases have illustrated the supports and barriers to inclusion available within and beyond the various education systems in which the participants have been enrolled. These cases have supported the conceptual understanding of issues or themes of greatest relevance to the phenomenon under investigation.

The bio-ecological framework (Bronfenbrenner, 1999), has provided a model to represent individual and environmental influences contributing to the sense of educational inclusion or exclusion for students labelled with an SLD. Bronfenbrenner’s (1999) bio-ecological model disaggregates factors into separate layers of influence based on the individual, their immediate environment and broader influences within the systems and cultures in which they are situated. This has aided in identifying and sorting influences and experiences as identified by participants within the eight extended case studies. In the next chapter, information from these extended case studies is used in conjunction with all 21 transcripts to conceptually analyse the role of the SLD label in fostering or hindering educational inclusion.
CHAPTER 5: ANALYSIS OF FINDINGS

5.1 OVERVIEW

This chapter builds on the eight cases in the previous chapter along with all 21 transcripts to present a conceptual analysis of findings. It commences with an overview of the application of the SLD profile, followed by a discussion of themes of relevance to this study. Themes are presented in accordance with Bronfenbrenner’s (1999) bio-ecological model. The thematic analysis is then expanded to present a collection of the key factors of relevance to the phenomenon under investigation. These factors are presented as variables that illustrate the conditions most likely to foster or hinder educational inclusion for students labelled with an SLD.

5.2 THE SPECIFIC LEARNING DISABILITY PROFILE

The SLD profile has been identified in this study to describe the presentation of each individual’s SLD. This acknowledges that individuals with an SLD will present with different strengths, weaknesses and processing preferences, alongside variations in environmental influences that also impact on the presentation of an SLD. Learning barriers can be generated or removed based on student coping strategies, as well as a range of environmental influences such as the classroom context, pedagogical styles, learning material, subjects studied, peer influences, teacher perceptions and education system interventions. Acknowledgement of such variables supports the application of the SLD profile as a framework to better understand an SLD within the education context.

5.3 THE EMERGENCE OF THEMES

The thematic analysis described in chapter 3, leading to the emergence of a collection of quotes, codes and categories, resulted in four prominent themes. These are:

1. SLD awareness
2. SLD empowerment strategies
3. accommodations
4. systemic approaches

These four themes depict a range of factors either fostering or hindering educational inclusion for the participants in this study. SLD awareness refers to varying levels of awareness of SLDs by the student and others. The theme of SLD awareness reflects the
absence or acquisition of an SLD label, and is associated with the varying degrees of knowledge of SLDs by individuals with whom the student interacts, such as teachers and parents. The theme of SLD empowerment strategies represents the absence or presence of a range of techniques possessed by the student to support their independent participation in education. These include use of inclusive technologies, as well as specific reading and writing strategies that address SLD-related learning barriers. The theme of accommodations reflects the range of supports initiated by the school or family in response to SLD-related barriers. Such responses include tutoring, exam adjustments and advocacy by parents. The final theme of systemic approaches refers to a range of system-wide interventions including legislation, policies and universal design approaches that may foster or hinder the inclusion of students with SLDs.

5.4 REPRESENTING THEMES WITHIN THREE DOMAINS OF INFLUENCE

The themes of SLD awareness, SLD empowerment strategies, accommodations and systemic approaches represent elements recognised as either intrinsic to the student or found within their environment. For example, the establishment of independent reading techniques reflects the capacity development of students, whereas the provision of additional reading time for exams indicates an accommodation within the education context. As a result of the analysis of the codes and categories associated with each of these themes, three discrete yet interconnected domains of influence were identified. These are:

1. student domain
2. school and family domain
3. education system domain

These domains are represented through an adaptation of Bronfenbrenner’s (1999) bio-ecological model, a framework used to position various systems of influence between an individual and their environment. This aided in sorting data across all themes in regard to their relationship to the student as the central focus of the study.

Bronfenbrenner’s (1999) bio-ecological model was identified as a useful framework to separate: 1) findings of greatest relevance to the individual, 2) elements within the student’s immediate environment, and 3) elements within the broader systemic and cultural structures in which the participant was situated. Bronfenbrenner’s (1976; 1995; 1999) layers of individual, micro-system and macro-system have been adapted to represent three critical domains of influence. Within the context of this study, the individual is represented as the student domain,
the micro-system as the school and family domain and the macro-system as the education system domain. Within Bronfenbrenner’s (1999) model, he identifies two additional layers, the meso-system and exo-system, representing relational influences between the individual, school, and family and education system. For the purposes of this study, references to these layers are embedded throughout the discussion of the three main domains of influence for students labelled with an SLD.

5.4.1 Student Domain (Individual)

The individual student is positioned as the focal point within Bronfenbrenner’s bio-ecological model. The centrality of the student is a core element of the approach to this study, recognising the student voice as the means of gaining insight into the phenomenon. The student is recognised as playing a central role in their engagement with education, and in influencing bi-directional interactions with individuals in their family and school contexts.

Bronfenbrenner (1974; 1999) describes the person as a complex bio-psychological being, possessing a developing and dynamic capacity of human function. As a result, the student domain acknowledges the role of the individual as having capacity to influence, modify and even select their surroundings. In turn, the bi-directional relationships between the student and significant others within the school and family domain can impact a student's sense of self and their responses to a range of environmental interactions.

5.4.2 School and Family Domain (Micro-system)

The school and family domain is situated within the micro-system layer in Bronfenbrenner’s bio-ecological model. Bronfenbrenner (1999) recognises that the structures or individuals of greatest influence are located in this layer. The micro-system is regarded as the first external domain of influence for the individual, incorporating significant others, structures and activities in a student's immediate surroundings, such as their home and school (Bronfenbrenner, 1999; Guhn & Goelman, 2011). In accordance with Bronfenbrenner’s (1999) description of the micro-system, this layer hosts a range of significant others, and represents relationships with the individual at the centre of the bio-ecological model. In the context of this study, bi-directional interactions between the student and disability services, teachers, tutors, classmates and parents depict a range of influences that can either foster or hinder inclusion. As a consequence, factors within this domain have the capacity to foster inclusion through recognition and support of participants labelled with an SLD, or to exclude participants through experiences of rejection and poor understanding of the SLD label.
Attitudes and beliefs held by significant others are particularly relevant within the school and family domain (Bronfenbrenner, 1995; 1999). As a result, evidence from the data has been drawn upon in regard to relational interactions between the student and parents, peers, disability specialists and educators in order to provide a more complete picture of the individual and the phenomenon under investigation (Tissington, 2008).

5.4.3 Education System Domain (Macro-system)

The outermost layer in Bronfenbrenner’s (1999) model is referred to as the macro-system, regarded as the education system domain in this study. This layer refers to the systems, values, laws, and customs of each participant’s context (Bronfenbrenner, 1999). The recognition of student requirements within the macro-system level affects direct support available at the micro-system level (Tissington, 2008). As a result, the education system domain is of particular interest in regard to overarching structures that respond to the educational inclusion of students labelled with an SLD (Guhn & Goelman, 2011; Tissington, 2008). The position of the education system domain is therefore relevant, due to its capacity to influence the other domains, potentially leading to a revision of beliefs, attitudes and services reflected at the individual, school, policy and systemic levels (Bronfenbrenner, 1999; Tissington, 2008). For the purposes of this study, education systems incorporate primary, secondary, vocational education and university education departments or systems, and the cultural, policy and legal frameworks in which they operate. The relational interactions within the exo-system that do not include the student are also incorporated within this domain.

Figure 2 illustrates the domains of 1) student, 2) school and family, and 3) education system. Image adapted from Bronfenbrenner’s bio-ecological concentric circles model (Forrest, Elman & Shen Miller (2008, p184).
5.5 CONCEPTUAL PRESENTATION OF THEMES

The four themes that emerged through the data analysis are presented in this chapter in the following order: SLD awareness, SLD empowerment strategies, accommodations and systemic approaches. The domains of student, school and family, and education systems have also been incorporated to support the presentation of data, as they relate to each of the themes.

5.5.1 SLD Awareness

5.5.1.1 Student Domain

SLD awareness is relevant within the student domain due to the importance of the individual’s own level of knowledge and understanding of their SLD. Self-awareness was very evident throughout the data, with almost all participants having referred to the importance of their understanding of their SLD label in supporting their educational inclusion. The vast majority of study participants emphasised that following acquisition of an SLD label, they identified with an improved sense of self in relation to their awareness of strengths, weaknesses and processing preferences. Although the review of literature found minimal research reflecting this factor in the Australian context, many international studies acknowledge the positive impact an SLD label has on self-awareness (Barga, 1996; Gerber & Reiff, 1991; Glazzard, 2010; Hellendoorn & Ruijssenaars, 2000; Morrison & Cosden, 1997; Raskind et al., 2002; Rath & Royer, 2002; Taylor et al., 2010).
Illustrating self-awareness, Mark articulated: "I'm kind of glad I've got a learning disability because it's helped me so much to get me to where I am because it is such a large influence". In a similar vein, Shae noted: "I did a lot of research on dyslexia and why that all kind of happens so, I feel better about it now". Self-awareness through acquisition of a disability label gives value to the scientific search for the meaning of particular behaviours (Pescosolido et al., 2008), alongside identification of congruent empowerment and support strategies (Fry, 2015). Consequently, this level of awareness is significant for students with SLDs, irrespective of the level of awareness within their environment.

When analysing the role of the SLD label in relation to self-awareness, the time element of Bronfenbrenner's (1995) PPTC framework was of particular value. This prompted acknowledgement of the time when each participant first acquired their SLD label. The analytical process found that the age of diagnosis played a critical role in the participant's level of SLD awareness. In particular, many participants diagnosed later in their period of education expressed significant regret about the delay in acquiring their label, and stressed that they would have had an improved experience with education had they been diagnosed early in their childhood.

Participants who had their first SLD assessment delayed were more likely to impose labels of 'stupid' or 'dumb'. Such self-imposed labels reflect stigmatising language associated with low intelligence, as affirmed by Goffman (1963), who identified the notion that certain language or labels reinforce a sense of deviation from socially-normative expectations. A number of UK-based studies, such as that by Macdonald (2009; 2010), validate this position, revealing use of self-imposed stigmatising labels prior to a diagnosis. The labels participants in the present study commonly assigned to themselves pre-diagnosis included "dumb ass" (Simon), "stupid" (Britney) and "idiot" (Bree).

Attribution of failure along with negative self-imposed labels presented as a critical factor in this study, especially when considering the time of diagnosis. For example, Kyle reflected on negative self-imposed labels well before his formal diagnosis in year 11, noting: "I've always felt like that there was something wrong with me, I was stupid". This was also affirmed by Bree, who said that prior to self-awareness of her SLD profile, "I thought it was just me just being an idiot or that I was stupid". In turn, for those diagnosed later in life, a process of reattribution of self-imposed labels occurred before accepting an SLD label in a positive and proactive manner. Macdonald's (2009) UK study affirmed that post-diagnosis, students expressed a positive reception of their label, with many individuals transforming their identities from self-imposed labels related to low intelligence to a positive self-identity upon acquisition.
of their SLD label. This was also affirmed in a Greek study by Stampoltzis and Polychronopoulou (2009), that involved 16 students diagnosed with dyslexia.

The process of reattribution was particularly noted by Ridsdale (2004), and was affirmed by participants in the present study. For example Simon, who was diagnosed in his late teens, shared his reattribution process from self-imposed labels of "dumb" and "stupid". Simon paid particular attention to his first SLD assessment at the age of 18, noting the intentional reattribution of labelling by his psychologist: "She said to me, you are not dumb, you're quite smart".

Many participants indicated that they were less inclined to develop negative labels and undertake a process of reattribution if they were diagnosed early in their childhood. For example, Christina, first diagnosed at the age of 7, did not associate with any stigmatising labels, and affirmed: "I was really proud of being dyslexic". Participants diagnosed with an SLD early in their primary schooling presented as more likely to understand their own strengths and weaknesses, adopt compatible SLD empowerment strategies, and access appropriate accommodations within their school and family context. For example, Melinda, diagnosed early in primary school, identified with a sense of acceptance and capacity to adapt. She stated: "I don't regret having it... you just learn to find an easier way to say, oh by the way, I've got this, but you don't let it hold you back". Melinda also noted the role of her parents in maximising awareness of her SLD profile: "My parents did a lot of supporting sort of stuff and teaching stuff... through them finding out when I was so young". This acknowledgement of the SLD label being more affirming than the absence of a label has been identified in international studies such as that by Raskind and colleagues (2002), who found that individuals with sound awareness of their SLD are more inclined to reflect a positive sense of control.

5.5.1.2 School and Family Domain

The school and family domain represents the micro-system in Bronfenbrenner's bio-ecological model. As expected, this domain was the most prominent sphere of influence for study participants. Varying degrees of awareness of SLDs within this domain were identified by all participants. SLD awareness in this domain was also affirmed through the literature, particularly in regard to limited or inaccurate awareness of SLD as a disability. Limited knowledge and understanding of SLDs was identified in the literature as contributing to poor teacher responses in Australian schools (Munyard et al., 2008; Rivalland, 2000), with students
often 'slipping through the gaps' with their learning barriers inadequately supported (Ash et al., 1997; Firth, 2010; Fry, 2015; Jenkinson, 2006; Skues & Cunningham., 2011).

Poor SLD awareness was particularly evident prior to acquisition of an SLD label. Limited awareness of SLDs in the literature was frequently associated with informal labels of 'slow', 'lazy' or 'dumb' (Tanner, 2010), resulting in discriminatory stigmatisation (Brock, 1995; Humphrey & Mullins, 2002; McNulty, 2003; Taylor et al., 2010). In the present study, perceptions of negatively-imposed labels were found either prior to acquisition of a label, or when the label was poorly understood by those in the school and family domain. A range of self-imposed stigmatising labels were evident pre-diagnosis, likely to be in response to the absence of a formal SLD label. The assignment of a non-diagnostic label was largely driven by interactions within the school and family domain. For example, pre-diagnosis, Simon stated that he was treated like a dumb ass" and felt like "the dumb kid in class". Elaborating on this idea, Darlene reflected the impact that interactions with those in her learning environment had on her pre-diagnosis: "I'm not dumb but everything was making me feel like I was". In the same vein, both Kyle and Britney stated "I felt stupid" when referring to their schooling prior to receiving their SLD label. Such negative and inaccurate assumptions about student capacity frequently resulted in a sense of disempowerment for study participants.

Many participants shared examples of poor SLD awareness by those in the school and family domain pre-diagnosis that inhibited opportunities to acquire a formal SLD label. For example, poor parental awareness inhibited Helen's access to an assessment, and this was complicated by the fact that her learning context did not possess understanding of SLDs either. Helen noted the twofold impact of her parents and school staff not associating her learning barriers with an SLD: "They were very very working class, so I suppose that because the teacher hadn't really brought up anything, they didn't really realise there was a problem".

Poor SLD awareness was evident among school staff assigned to support students with a range of learning barriers. This particularly impacted Simon's first intervention at primary school pre-diagnosis, resulting in support not aligned with his SLD profile. Simon associated this with his school's low awareness of SLDs, and their subsequent inability to identify the cause of his learning barriers: "Nobody knew about dyslexia as widely as we do today". This led to many years of disempowering interventions throughout Simon's primary schooling.

Many participants referred to low awareness of SLDs by significant others within the school and family domain, even following their diagnosis. This particularly impacted the identity of those involved in this study in relation to their own awareness and acceptance of
their SLD label. Poor SLD awareness was identified in the literature as stigmatising, due to student isolation or the provision of inappropriate accommodations (Ryan, 2010; Tanner, 2010). Participants particularly exhibited self-doubt in relation to their understanding of their SLD label when they interacted with teachers who presented with low SLD awareness. Shae illustrated this point: "Maybe I actually am stupid, like you start to believe things that they all tell you". This was echoed by Bree, who referenced her time in secondary school: "A lot of the time you go well maybe I am dumb, maybe there's something wrong with me, maybe I am stupid". This inaccurate and stigmatising self-labelling was frequently revisited by participants, due to interactions with individuals with poor SLD awareness in the school and family domain.

Limited SLD awareness was evidenced through projection of blame onto the student for poor academic performance. Such projection of blame provides further insight into an association with negative labelling. In interactions with teachers, participants presented as carrying the responsibility for their learning barriers, particularly pre-diagnosis or prior to disclosure of their label. For example, before disclosure, Shae acknowledged: "You are always being told that you're not doing things good enough, but like you actually do try and you try really hard".

A number of participants reported incidents where they intentionally elected to conceal their disability. The motive to conceal one's SLD appeared to be due to relational influences within the school and family domain associated with the misunderstanding of SLDs. For example, Eric affirmed his justification for concealment based on his assessment of poor teacher and student awareness of SLDs:

"I don't really tell many people, not because it is something that I'm ashamed of, I just don't think people really, particularly, I'm sure with many disabilities, but my experience with people's understanding of dyslexia is that they don't really understand what it is or they think that it might have something to do with intelligence or something else. I just don't bother going there".

Bi-directional relationships with parents and teachers appeared to be enhanced when knowledge of SLDs was apparent. For example, at university, Bree was exposed to staff who exhibited SLD awareness. In turn, Bree identified the importance this played in her self-acceptance and opportunities for capacity development: "I expanded myself and I was really able to fly once I came to university because I was recognised as having a learning disability". Christina reinforced this point, recognising the value of SLD awareness across a range of education settings: "I'm lucky in any transition I've been through I've had at least some sort of
recognition that I am dyslexic and not that I am just slow or dumb". Christina's statement further reinforces a sense of appreciation of her SLD label being understood. This school and family domain knowledge of her SLD protected Christina from the use of self-imposed stigmatising labels such as 'slow' or 'dumb'.

Knowledge and understanding of SLDs by educators and others in direct contact with participants appeared to play a positive role in their sense of educational inclusion. Participants expressed a sense of empowerment when interacting with individuals who demonstrated SLD awareness. For example Christina expressed appreciation for a tutor who presented with relevant knowledge of the nature of her SLD profile:

"I thought most of my life, it's phonetic until I started seeing a tutor who like, I just gave her a sample of my writing and she's like, oh no, it's not just phonetic, it's you know, a lot of things. She's fantastic, Rachel. I learnt a lot, you know, on things about dyslexia, you know, things I'd never really asked before".

SLD awareness was also evident at a friendship level. Participants particularly reported appreciation when classmates were aware of their SLD profile, and could provide congruent support. This was articulated by Georgia: "It's really good not having to ask somebody that doesn't know, to ask somebody that does know is so much easier". Along the same lines, Eric noted that "one of my closest friends is also dyslexic... It was always good bouncing things off him". These interactions with individuals in the school and family domain appeared to play a supportive role in validating participants' degree of self-awareness.

Parental awareness was identified in this study as beneficial in both the identification of an SLD and in ongoing support. Parents who presented as playing the most significant role in supporting the identification and educational inclusion of their children with an SLD were those informed about SLDs, and who possessed the capacity to navigate the system. For example, Peter's mother “worked at a learning disability organisation” that provided her with information on SLDs and access to assessors. Eric noted his mother’s knowledge as a psychologist: “She knows a fair bit about learning disabilities”. Therefore "mum and dad had me back in primary school getting extra help". Elaborating on this idea, Christina's mother, a primary school teacher, used her SLD diagnosis to advocate for relevant accommodations at school: "Mum came home like at the start of every year she would meet up with the teacher and go through what needs to be done". Such examples highlight the role of informed parents in ensuring access to school support in alignment with an SLD profile. Of the 21 study participants, 10 had a parent who was a teacher, psychologist or who worked in the disability
sector. Of these, nine were diagnosed early in their schooling, with participants attributing their access to an early diagnosis to the fact that their parents were informed about SLDs, and had the capacity to navigate the education system. This is significant to note, as in a context with limited awareness, it is often left to parents to initiate interventions that can support their child’s inclusion in education. This finding suggests a reliance on parents being informed about SLDs, and further highlights that the Australian education system may not be performing an adequate role in the identification of SLDs.

Within the literature, there was evidence that irrespective of the learning context, students with SLDs encounter both positive and negative responses to their assumed capacity, based on perceptions of their label (Ash et al., 1997; Raskind et al., 2002; Rath & Royer, 2002). Such perceptions impact subject and career choices for students with SLDs. Congruence between student aspirations and perceived potential is therefore an important factor in inclusion and retention in education for students with SLDs.

The literature review revealed reduced expectations by educators of the perceived potential of students labelled with an SLD. Inadequate awareness of the SLD label is thought to cause students to feel less valued than others, and isolated from opportunities and expectations of the normative group. Consequently, there is likely to be an association between poor understanding of the SLD label and reduced expectations by individuals in the school and family domain. Reduced expectations by educators have been identified in this study in contexts where individuals possess a poor awareness of SLDs. For example, prior to her diagnosis, Darlene identified a reduced sense of belonging when she asked for support from her university lecturers: "I was made to feel that, you're just stupid, you're just dumb, what are you even doing here". Darlene was more likely to be adversely impacted by educator comments, as she could not revert to an SLD label to reframe such feedback. Shae, although diagnosed in primary school, had not disclosed her SLD throughout her secondary schooling, and identified with reduced expectations by teachers through examples such as: "She told me that there's no point me even trying because I would never be able to pass maths in year 11". In contrast to Darlene’s experience, Shae compartmentalised her feedback: "I knew that I wasn't stupid, it just took me a little bit longer". This is likely to be due to her self-awareness of her SLD. Incidentally, Shae reported that she resisted her teacher’s recommendation, enrolled in year 11 maths and received an A on her report card.

Participants frequently exhibited higher aspirations than they perceived others in their school and family domain had of them. This indicates the likelihood of an aspiration/expectation discrepancy, especially in contexts with poor awareness of the SLD
label. For example, Eric stated that “there wasn’t a lot expected… when you get bunched into those classes in high school… there’s an overall kind of vibe that you know, we will end up doing a trade”. External perceptions resulting in a reduced sense of capacity of students with SLDs is likely to have been a contributing factor in participants selecting vocational education courses.

Two-thirds of the participants in the present study first transitioned into a vocational education course after exiting secondary school. Six of these participants then moved into university studies, either following a diagnosis leading to an improved awareness of capacity, or upon realisation that their practical vocational course had been chosen based on reduced expectations by others. As a consequence, a number of participants illustrated a desire to set goals beyond what they perceived others expected of them. In particular, participants indicated that they were motivated to undertake university studies, not only to surpass their own expectations, but also to prove others wrong. This was articulated by Mark: "I’m at university really for myself to show to myself and other people that yeah I’m dyslexic but yeah I can still do it". This was also affirmed by Eric, who identified that "honours is almost a way to just kind of stick it to the man".

5.5.1.3 Education System Domain

Macro-system-level awareness through education systems is significant in ensuring that laws, systems and policies reflect students from this disability group. The literature review revealed a particularly low level of awareness of the SLD label at the systemic, legislative and policy levels in Australia. Limited SLD recognition has frequently resulted in an inadequate or inaccurate representation of this disability group in Australian education system contexts (Bond et al., 2010; Payne & Irons, 2003). It is, however, the education system domain that is responsible for the fulfilment of rights and the educational inclusion of students from all disability groups, including those with an SLD. The education system domain is positioned at a level that can play a significant role in the recognition and educational inclusion of students with an SLD. In turn, acknowledgement of SLDs and congruent systemic supports driven from the macro-system level plays an influential role in fostering educational inclusion throughout all layers of the bio-ecological model.

Complicating the promotion of SLD awareness at the macro-system level is the range of nomenclature associated with SLDs in the Australian education context. The confusion surrounding SLDs has resulted in the absence of a unified definition, and in the use of inconsistent language to describe SLDs. This study affirmed a significant gap in awareness at
macro-system level in relation to the SLD label within Australian primary and secondary school systems. For example, many participants remained undiagnosed throughout their primary and secondary education, indicating inadequate systems in place to identify students with an SLD. The literature review revealed contrasting international examples of system-wide accountability for SLD identification in primary and secondary education, such as the 3 Waves of Intervention model in the UK (Rose, 2009) and the US Response to Intervention framework (Fuchs et al., 2008; van Swet et al., 2011). Consequently, poor system-wide awareness of the SLD label in Australia is thought to exacerbate the prevalence of inappropriate systemic responses to students presenting with an SLD.

A poignant theme throughout the SLD labelling research is the value of the distinction between the SLD label and non-diagnostic labels that categorise students with a generic learning difficulty, which often results in separation from the normative group. Generic deficit-based labelling has been found to stigmatise students and is often more damaging than the SLD label (Macdonald, 2009; Taylor et al., 2010). Students with SLDs and those with other learning difficulties tend to have differing structures for viewing and responding to academic weaknesses (Kavale & Forness, 2000). When categorised alongside students with different learning difficulties, participants in this study expressed a sense of disempowerment, as their particular strengths, weaknesses and processing preferences were not understood. Therefore the application of precise labels tends to play an important role in empowering the sense of inclusion for students with SLDs.

Within this study, the most successful examples of macro-system acknowledgement of the SLD label were found through the provision, Australia wide, of disability and learning skills services in vocational education and university contexts. These services demonstrated accommodations provided to the majority of the participants in this study. One of the many empowering examples of SLD awareness through registration with university disability and learning skills services came from Bree, who, following her third and most comprehensive diagnosis, noted: “I expanded myself and I was really able to fly once I came to university because I was recognised as having a learning disability”. The acknowledgement of Bree’s SLD label enabled her to access her university’s learning skills service. Through harnessing her diagnosis to determine congruent interventions, Bree stated that “they were able to just change me completely, really enable me to express myself properly”.

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5.5.2 SLD Empowerment Strategies

5.5.2.1 Student Domain

The theme of SLD empowerment strategies is positioned exclusively within the student domain. This is because the associated strategies reflect the varying degrees of capacity of the individual to independently manage disability-related barriers. Such empowerment strategies include study skills, time management, use of adaptive technology and self-advocacy skills. The data analysis identified that effective SLD empowerment strategies were best established when aligned with SLD awareness and the individual’s SLD profile. In addition, such strategies were identified as integral to each student’s sense of independence and educational inclusion. Likewise, the data analysis highlighted numerous references to the absence of such skills, and the disempowering impact this had on participants in this study.

Prior to the establishment of SLD empowerment strategies, a number of participants expressed a sense of frustration due to the inability to complete particular academic tasks independently. For example, Tamzin stated: “You feel like you’re dumb because you can’t communicate”. Bree also identified: “I knew there was a lot more I needed in my toolkit to get myself through university”. She also reflected: “You feel so stupid that you just can’t do it”. Overall, participants provided examples that highlighted the importance of the need to give attention to the establishment of SLD empowerment strategies.

The data analysis identified participants reverting to disempowering and stigmatising labels when they lacked sufficient skills to demonstrate their capacity in education. An absence of SLD empowerment strategies was identified by many participants prior to their diagnosis. For example, Kyle identified that before his diagnosis, in comparison with his classmates, he lacked the skills to study: “I wasn't confident... I've always felt like that there was something wrong with me, I was stupid, I found everything hard”. The lack of empowering strategies particularly impacted participants pre-diagnosis, largely due to the absence of an explanation for their poor performance. This resulted in participants lacking a clear outline of congruent strategies, typically identified within an SLD assessment.

Many participants diagnosed later in their educational journey reflected with a sense of frustration on the delay in acquisition of their SLD label. Participants appeared to associate their inability to develop targeted SLD empowerment strategies to the absence of a diagnosis. Simon was particularly frustrated over the delay in development of his skills prior to his tertiary studies, due to the absence of an SLD label: "When you figured out that your past could have been a lot different, you're a bit angry about it". Simon went on to explain the impact the
absence of a diagnosis had on his skill development. "When you get to uni ... academically they expect you to be on the ball and on the go, and when you're not, it's a really really challenging experience, that's because you're playing catch up the whole time".

Limited educator attention on SLD empowerment strategies was evident in this study. There were numerous examples of primary and secondary schools freeing participants from difficult tasks rather than working on their weaknesses. This was articulated by Christina post-diagnosis:

"School really didn't do anything for me, it just gave me all these ways of not having to read and write ... they weren't so much teaching me how to become better at reading and writing with being dyslexic but you know, just get around doing reading and writing".

Interventions that focussed on avoiding areas of difficulty were identified by a number of participants. This led them to express a sense of disempowerment through being excused from learning opportunities as a result of their SLD.

The majority of participants explicitly reported the importance of capacity development in addressing their SLD-related barriers. The review of literature affirms that students with SLDs benefit from interventions that build their independent study strategies. For example, individual characteristics such as proactivity (Raskind et al., 2002) or alternative study techniques (Anctil et al., 2008) are regarded as valuable factors contributing to the success of students labelled with an SLD. The development of appropriate SLD empowerment strategies was linked in this study to the acquisition of an SLD label through a formal assessment. Upon diagnosis, participants presented with intentional development of SLD-specific strategies aligned with their unique strengths, weaknesses and processing preferences identified in their SLD profile.

SLD empowerment strategies were typically developed either to compensate for weaknesses or to maximise strengths for participants in this study. In accordance with Bronfenbrenner's (1995) PPTC framework, the time when SLD empowerment strategies are established plays a significant role in students feeling in control of their learning. The early identification of an SLD enabled participants more accurately to establish relevant SLD empowerment strategies. A number of studies in the literature review, such as research by Taylor and colleagues (2010), promote the value of an early diagnosis for this reason. Participants such as Shae, diagnosed early in her childhood, shared a range of strategies developed throughout her early schooling. "I do a lot of drawings and I colour code things, like,
I have found strategies that help me”. When implemented from an early age, strategies were more likely to be embedded as effective standard practices for participants in this study.

Participants who demonstrated a detailed awareness of their SLD profile often developed strategies that built on areas of weakness. The benefits of building capacity in problematic areas was highlighted by many participants, including Bree, who was particularly responsive to the disability and learning skills services at her university, who invested time into areas where she experienced greatest difficulty. She noted that they “were able to work on things and fix things rather than just being told you’re stupid, you’re dumb, don’t worry about it you just can't do it”. Bree’s statement illustrates use of her SLD diagnosis to understand and respond to weaknesses in a proactive and empowering manner, assisting her to detach herself from stigmatising labelling that she associated with times when she was excused from difficult tasks.

Many participants stressed the value in establishing study skills relevant to the presentation of their SLD profile. Participants seemed confident in identifying the most suitable skills following the acquisition of their SLD label. For example, Darlene stated that “just a few other strategies can mean the difference between doing really well and failing”. In a similar vein, Tamzin noted: “I did debating and that's when I started to work on my communication skills, knowing what my weakness was and wanting to work on that”. Building on this idea, Simon articulated the benefits of speech-to-text adaptive technology as recommended by his vocational college following his diagnosis: "I've got this computer, got this software, it isn't great but you know, it's an improvement". Finally, Shea used her assessment to work with her tutor on SLD-specific strategies: "I always had someone I could talk to about problems or issues that I might have with work who would spend time with me so I could understand it and develop strategies". Consequently, participant acquisition of an SLD diagnosis appeared to play a significant role in the establishment of the most suitable study skills to build on strengths and develop in areas of weakness.

The context component of Bronfenbrenner’s (1995) PPTC framework guided the investigation to better understand the role of the education environment in supporting or hindering the development of appropriate study skills. The university context appeared to be the most common setting for participants to be supported in the establishment of independent study skills. Bree, Helen, Simon, Darlene, Emily, Kyle, Mark, Shea and Tamzin all identified development of SLD-related strategies post-diagnosis within the university context. Services accessed by participants for this skill development included disability services and learning skills services. For example, at university, Bree identified a staff member in the learning skills
unit who “did a lot of skills and activities with me and helped me to improve my writing, to improve everything”. Bree affirmed the value of this input: “I completely cherish what she’s given me. I feel like she’s just turned me into a brand new person”. Even though Bree was diagnosed early in her childhood, the university context was the first time she was supported in building independent skills that addressed SLD-related barriers. Post-diagnosis, Simon also affirmed the value of his university’s learning skills service: “They taught me so many skills, planning, organisation, I started with grammar, structuring paragraphs, all these little rules that make your life hell if you don’t know them”.

Building on the notion of skill development, many participants noted the value of a privately-funded tutor aware of their SLD label as playing a critical role in this area. Access to tutors was typically initiated by family, and in all cases was provided following an SLD assessment. The SLD profile was generally maximised in the student tutor relationship, where understanding the diagnosis was used to align interventions to the development of particular skills more effectively. For example, Christina noted that her tutor “Mrs Carter had the right idea, to actually help me and teach me how to read and write instead of avoid it”. This statement further highlights the significance of investment in skill development rather than being excused from difficult tasks.

Importantly, acquisition and understanding of an SLD label assisted participants to move beyond reliance on one particular skill or talent and develop a suite of SLD empowerment strategies to succeed in other areas. Such targeted intervention enabled the development of strategies and skills to support a sense of empowerment in the mainstream learning environment. A number of participants reported on their success following establishment of specific skills, particularly in areas of weakness. This was articulated by Simon, who noted the value of “Dragon NaturallySpeaking software” to support his writing barriers, acknowledging that “it’s like a miracle” in addressing a weakness in his SLD profile.

Participants particularly noted the ability to advocate for the provision of appropriate support, such as targeted skill development, upon acquisition and self-awareness of their SLD label. Self-advocacy and disclosure—categories under the theme of SLD empowerment strategies — were found to be significant in improving a sense of empowerment and participation in education.

SLD is regarded as a hidden impairment, described by Goffman (1963) as a non-evident disability. As a consequence, participants often identified with an option of disclosure or concealment. Disclosure of the SLD label for the purpose of self-advocacy was largely driven by the participants’ sense of external perceptions of the label. This was evidenced by
Brown (2009), Riddick (1995, 2000) and Armstrong and Humphrey (2009), who identified examples of guarded protection of the SLD label with disclosure only to trusted friends, family and educators.

Participants expressed perceptions of how significant others in the school and family domain understood their SLD. Many students reported poor awareness by others that affected their confidence in disclosure. For example, Georgia stated: "A lot of them didn’t know what it actually was". Christina identified variations in responses to her SLD: "I think not enough people know what it is... being open about it and saying that you’re dyslexic and things like that, you know, you really have to pick your crowd". These statements illustrate participant concern over a sense of stigmatisation when the SLD label is publically used due to potential negative connotations of the label.

Study participants revealed the need to conceal their SLD, not only to educators but also to fellow students. Concealing one’s SLD symptoms was a common occurrence, with a range of strategies adopted to avoid exposing areas of weakness. Shae said: "I've spent my whole time, you know trying to work out ways and strategies of doing things so it wasn't that noticeable", while Lee noted that "in class, I would try to memorise, I would read and when it was my turn I would try to hide". Georgia added:

"It was always a secret, like something to hide. I didn’t want, I didn’t want to do any of my work with my friends in case they saw my writing. I avoided reading out loud in class if I possibly could… it was that constant hiding it".

These examples illustrate a twofold rationale for concealment. Firstly, participants would hide their SLD if they lacked strategies to demonstrate capacity. Secondly, participants indicated concern over potential stigmatising effects of their disability based on poor SLD awareness by others.

Many participants presented with capacity to advocate for relevant accommodations through use of their label and associated SLD profile. Acquisition of an SLD label proved to be significant in participant disclosure when encountering individuals aware of SLDs. This was illustrated by Darlene, who initially recognised that prior to her diagnosis, "there was no way with [university] that I would have ever argued anything". Yet post-diagnosis at her second university she said: "I knew that there was a reason". She identified the difference her SLD label made in articulating her particular learning barriers: "It was totally different, because I knew that um, yes I had a problem but I knew that I could cope with it". She could also communicate with her university disability service when support was required. Mark shared
examples of his self-advocacy through statements such as: "I've got an actual problem, these are the solutions you should be setting up for me". This level of comfort in self-advocacy was identified in conjunction with self-awareness and acceptance of one's SLD label. For example, Peter noted: "By the time I got to TAFE [vocational education], I was happy with the fact that I do have these difficulties and therefore I do need help, I didn't really have a problem with going up and explaining that to people".

Perseverance was identified as another empowerment strategy used by a number of participants to enable them to maintain their focus on their studies. Perseverance was highlighted in the literature review as a trait of successful adults with an SLD (Raskind et al., 2002). In the present study, perseverance was demonstrated through participant devotion to what felt like significantly more time to study than peers without an SLD. Commitment to additional time and energy devoted to study was best appreciated following acquisition of an SLD diagnosis, where participants could understand and justify the necessity for their time commitment. Participants articulated their time devoted to study through comments such as that by Simon: "I was always playing catch up, everyone else was out having fun". Kyle remarked: "I feel like it would take forever doing things that might take someone, I don't know, an hour or a couple of hours a week, just in comparison".

Perseverance was also exhibited through participant capacity to pursue their studies, even against the odds, such as during times when their SLD was not understood or supported. For example, Kyle stated: "It made me realise that I actually have to do something myself you know, seriously be giving it a go, as much as I found it tough, I gave it a go". In a similar vein, Tamzin associated her perseverance with her need to establish SLD-related skills: "You're not going to succeed at it unless you have the drive to actually work on those skills and develop those skills".

Relational interactions with significant others in the domain of school and family impacted levels of perseverance by study participants. This was particularly the case when participants perceived reduced expectations by others. For example, Bree stated: "I'm pretty stubborn, you tell me I can't do it and I'll show you how I can do it… even if it takes me a couple of times and there's a lot of tears and a lot of problems I will do it eventually".

5.5.3 Accommodations

5.5.3.1 School and Family Domain

In the analysis of data, participants identified accessing a range of accommodations or supports related to their learning barriers. These accommodations were identified as either
fostering or hindering educational inclusion, depending on their degree of alignment with the presentation of each participant’s SLD profile. Participants thought that accommodations fostered their sense of inclusion when adjustments addressed their particular strengths, weaknesses or processing preferences. Likewise, accommodations were found to be disempowering and to hinder inclusion when they were not aligned with an SLD profile. Consequently, this study identified that implementation of effective accommodations for students with the SLD label was dependent on awareness of the disability and its educational impact, requiring educators to be cognizant of the presentation of each student’s SLD in order to embed appropriate supports.

Many participants noted the absence of accommodations or inappropriate accommodations prior to the acquisition of their SLD label. Under such conditions, some participants gravitated towards avoiding difficult tasks for which they had no support. For example, Helen stated that at high school, she "was quite disengaged" when unable to access appropriate support. Britney also felt unsupported, and associated this with her decision to leave school halfway through year eight: “I'm not going to learn so I'm not going to go”.

Participants not yet labelled with their SLD frequently engaged in task avoidance behaviour, typically due to poor alignment of accommodations to the presentation of their SLD profile, or to the absence of support altogether. There was also an association between task avoidance behaviour and the absence of SLD empowerment strategies. Establishment of task avoidance or learned helplessness behaviour was identified in the literature by Glazzard (2010) in relation to students with an SLD in unsupportive environments. The evidence of task avoidance is therefore significant to understand in a context where SLDs are poorly understood and inadequately supported.

Some participants articulated a motive for avoiding tasks linked with a perceived likelihood of failure. For example Kyle stated: "In high school I didn't try near as much as I could have for that reason of not wanting to be looked at as a failure... if you're just fooling around and not trying, then you're not really failing". This comment relates to a time in Kyle’s life prior to a diagnosis, when he was in an unsupportive learning context. Consequently, Kyle had no access to accommodations, and did not possess a suite of SLD empowerment strategies to counteract the need for task avoidance behaviour. In addition, Kyle’s statement indicates a desire to protect his self-identity from negative self-labelling associated with academic failure.

Before their diagnoses, a number of participants intentionally selected tertiary courses to avoid subject areas that focussed on their weaknesses. For example, prior to his SLD
assessment, Simon reported that he "got into this art course and... I didn't have to write any more, and it was great". Simon shared his relief in avoiding areas of weakness as a motive for studying in an area of strength, a factor echoed by a number of participants in contexts where SLD empowerment strategies and accommodations were minimal.

The common types of empowering accommodations identified in this study included support from teachers, disability-specific accommodations such as a tutor, accommodations focussed on establishment of SLD empowerment strategies, support from friends, and access to a champion or advocate. In Bronfenbrenner's (1999) bio-ecological model, these accommodations are situated at the micro-system level, as they are initiated by one's immediate education context or family, and are typically not identified as system-wide interventions driven by a legal or policy framework. Further to this point, a limited number of participants identified teacher-initiated accommodations based on awareness of processing preferences rather than on a formal SLD diagnosis. One example of this came from Simon, who, before his diagnosis, had a scribe during an exam in his final year of secondary school: "I don't know why it is working but it is". This was, however, the first successful intervention following a series of interventions and supports throughout Simon's schooling that did not work. This accommodation, although identified as effective, was problematic, as Simon was clearly not aware of the rationale behind its suitability.

In contrast with Simon's experience, teacher-initiated support within the mainstream classroom proved to be most effective when both the educator and participant were aware of the SLD label, including strengths, weaknesses and processing preferences as identified in an individual's SLD profile. Typically, disclosure of one's SLD label to teachers led to additional support, as evidenced in Melinda's comment: "The teachers kept checking, do I understand what is going on, do I need any extra help... every now and then, she'd catch me on my own and ask me if I'm dealing with everything okay". Along the same lines, Christina said that one of her secondary school teachers "asked a thousand and one questions you know, like he was really keen to find out anything he could do to help me and to be able to get his lesson across". This level of consultation was most effective with a diagnosis, as participants were able to provide information on their SLD profile, including congruent support strategies.

A few participants referred to particular teaching strategies that aligned well with their SLD profile. These included techniques applied to teaching English as a second language, and approaches involving practical instruction. These techniques were not necessarily implemented in response to an SLD, but were recognised by participants as empowering in
their learning. For example, Bree noted being able to write for the first time at the age of 24 due to a learning skills advisor who specialised in teaching English to speakers of other languages: “She was actually able to use the methods for that to teach me”. Similarly, when Mark was learning English as a second language in year 10 on an exchange program in Japan, he said that “it was the first time in my life English made sense”. Such examples point to instructional techniques such as explicit strategies used for speakers of other languages that may be of particular value to students with SLDs.

5.5.3.2 Education System Domain

There are a range of accommodations provided to students with SLDs from the education system domain. The data indicates that these accommodations either foster or hinder educational inclusion, depending on how well adjustments are aligned to the presentation of an SLD profile. Common accommodations offered by education providers include withdrawal classes, disability services and learning skills units. Participants identified that these services operated with differing approaches depending on the education context.

The provision of withdrawal classes in primary and secondary schools emerged throughout the conceptual data analysis process as a typical adjustment for many of the participants in this study. Withdrawal classes are acknowledged at the macro-system level, due to the education system’s responsibility for the provision of such segregated learning opportunities (McKenzie, 2010). Withdrawal classes were frequently initiated by schools, based on their identification of students unable to keep up with mainstream classes. This typically resulted in students categorised with the generic non-diagnostic label of a learning difficulty.

Placement in withdrawal classes, recognised as "special ed" by Tamzin, or the "dumb ass" class by Simon, were identified in the data analysis as inappropriate and somewhat damaging to participants in this study. Pre-diagnosis, Simon noted access to inappropriate accommodations in these classes: “It never really worked because they never figured out what was happening, what was different about me”. Simon’s experience indicates the impact of poor awareness of SLD at the macro-system level, leading to ineffective system-wide withdrawal classes. This intervention also illustrates an education system that is unaware of specific learning barriers, congruent accommodations or the learning potential of students with SLDs. In addition, a number of participants were placed in withdrawal classes post-diagnosis with their SLD label ignored or misunderstood by the education system.
The literature identified risks when students with SLDs are mislabelled with generic labels such as learning difficulties. US and UK studies have highlighted that these labels hinder academic and school community inclusion due to student categorisation into a nonspecific group, and that they are more damaging than the SLD label (Macdonald, 2009; Taylor et al., 2010). The participants in the present study validated this concern, highlighting that their specific support requirements were not taken into consideration when re-categorised into a non-specific learning difficulties group. Despite international evidence identifying risks in withdrawal classes, this approach was a common systemic response to participants struggling in the mainstream classroom. Consequently, the vast majority of participants expressed frustration and disempowerment when recalling withdrawal from the mainstream classroom into classes where they felt unsupported, ignored or excluded.

Accommodations identified as empowering for participants during their time in compulsory education were claimed to be the exception rather than the norm. One empowering systemic accommodation at secondary school level was shared by Georgia, who identified supportive staff in the disability service at her independent school. Staff in this service formed a relational level of interaction with Georgia, and advocated on her behalf to ensure mainstream teachers were aware of relevant inclusionary support requirements. Georgia recognised that “it was good knowing that there was somebody there just to help me”.

Accommodations resulting in adjustments for year 12 exams were noted by a number of participants in this study. Simon provided the only example of receiving year 12 exam adjustments without an SLD diagnosis. Other participants reported having to prove their disability through a formal SLD assessment in order to receive these adjustments. Simon’s exam accommodations occurred during a time when an SLD assessment was not required. This process was driven by one of his year 12 teachers, who noticed Simon's difficulties in communicating his ideas in writing but was able to dictate his answers to a scribe: “This is working, I don't know why it is working but it is working, it gives you a bit of hope, I was like wow, maybe I'm not so dumb after all”. Although this example illustrates the benefit of an accommodation addressing a particular weakness, the absence of a formal diagnosis hindered Simon’s understanding of the rationale behind this intervention.

Access to exam adjustments was typically recognised as a useful accommodation, with the SLD label supporting this process. The diagnosis appeared to be particularly useful in matching accommodations to individual learning barriers. For example, Nick stated: "I could get a special exemption, so I had dictation in year 12 exams", and Shae said: "When I was applying for my year 12 exams, I kind of thought it might be good if I had an extra half-hour so
I applied for consideration and I got it”. Interestingly, Mark, who had been labelled with an SLD, applied for the same support a few years later following a system-wide change to the exam adjustment application process, and experienced significant barriers: “I’m just bitter at the emotional ordeal that was added upon the emotional ordeal”, He noted that “I’m dyslexic, I have to do all this other stuff” to prove the need for exam adjustments. Mark’s frustration indicates process-related barriers at the macro-system level, revealing limitations in awareness of how to structure access to supports for students with SLDs. The placement in non-assessed year 12 programs was associated with barriers in year 12 exam processes. Such barriers consequently impacted the inclusion in education and transition into further education for a number of participants in this study.

Identification and disclosure of the SLD label played a useful role in empowering inclusionary strategies for a number of study participants. Once labelled with an SLD, many participants accessed formal disability services within tertiary institutions. These accommodations were recognised as functioning at the macro-system level in response to system-based obligations under the Australian Disability Discrimination Act (1992), and were delivered through vocational education and university disability services. As only participants with an SLD diagnosis could access these services, the label was an essential component to receiving such support. Tertiary disability services were identified as most empowering when staff consulted with individual learners on their support preferences, harnessed strengths, and focussed on approaches that support and build capacity in areas of weakness within a philosophy of mainstream inclusion. Many participants commented on the value of tertiary support services, For example, Emily noted:

“I probably wouldn’t have completed my studies if they weren’t there yeah, just to know that that extra support was there. I had extra time in my exams which was always beneficial. I had a scribe as well which takes the pressure off as well. Instead of learning the words you can concentrate on learning the study around it, so yeah, no, it was really relieving”.

5.5.4 Systemic Approaches
5.5.4.1 School and Family Domain

Systemic approaches are recognised as system-wide responses to educational inclusion for all students. They are often viewed as universal design responses that intentionally consider access requirements for learners with a disability (Edyburn, 2010), or as ‘one size fits all’ approaches based on popular pedagogical trends with an aim to cater for the
majority of learners (Ash et al., 1997). Some systemic approaches are positioned at the microsystem level, as such practices can be initiated by individual teachers rather than being driven by system-wide pre- or in-service training. In turn, these approaches, such as inclusive pedagogy, directly impact the student in their learning context.

Inclusive pedagogical techniques identified as empowering by many participants were associated with the acquisition of an SLD label and teacher awareness of individual learning needs. The literature highlights inclusive educators as successful when they utilise student-focussed pedagogical practices that allow for flexibility in delivery, and assessment modes inclusive of all learners (Allan & Slee, 2008; Booth & Ainscow, 2002; Guetzloe, 1999; Loreman et al., 2013; Renzaglia et al., 2003). However, teachers are best equipped for systemic approaches that include students with SLDs when they are aware of their student cohort and the particular requirements of individual learners, especially for those with a disability (Foster, 2005; Guetzloe, 1999; Rath & Royer, 2002; Taylor et al., 2010; van Swet et al., 2011).

Participants shared a number of experiences where they felt teaching approaches excluded, rather than included, their participation in learning opportunities. These were primarily associated with techniques not aligned with the participant’s SLD profile. For example, despite disclosing her SLD, Christina found interventions to be incongruent with her SLD profile. Christina required her teacher to read test questions, and was frustrated when the teacher suggested an open-book test where she could read through the book to find the answers. This adjustment required Christina to engage in additional reading, which was her greatest barrier. This intervention illustrates poor awareness of Christina’s SLD and associated support requirements. Christina responded by stating:

"I know all the answers, I just need someone to read me the questions, I don’t need the back of the book...... It was humiliating because it was in front of the classroom ... I just ran out of there crying and just sat in the hallway for the rest of it".

This adjustment not only focussed on Christina’s weaknesses, but further disempowered her by failing to acknowledge her ability to complete the test through provision of an appropriate accommodation.

In contrast to Christina’s experience, many participants shared a sense of empowerment through inclusive pedagogical practices that embraced individual strengths, aligned delivery modes to processing preferences, and monitored a sense of inclusion through individual consultations. Educator awareness of the SLD label, its application and impact was identified as central to empowering educational inclusion for study participants. For example,
Melinda noted the pre-established support of her vocational education teacher based on awareness of her SLD profile, where during class tests, "any time that I did get stuck with a question I was allowed to call the teacher in and say, could you just clarify the question for me so that way I could understand it a bit more". The optimum outcome identified by participants was in situations where educators used an SLD diagnosis to cater to processing preferences. Use of an SLD assessment is verified in the literature, with the diagnosis used in negotiations for appropriate inclusive practices (Fry, 2015; van Swet et al., 2011).

A number of participants reported empowering examples of inclusive pedagogy, when the educator would implement an inclusive technique for the entire class. This was identified through examples where participants disclosed their SLD and discussed congruent support strategies. For example, Peter talked about educators who responded to his SLD label, stating that some teachers "are conscious of this and therefore did make some considerations". Mark also referred to a secondary school English teacher who catered to his learning preferences based on his SLD profile, through initiating "fun exercises rather than writing essays". Such practices indicate educators adopting universal design approaches through catering to the needs of individual students in a student-focused manner, and using these strategies for the entire class (Edyburn, 2010).

An exploration of the context of inclusive pedagogical approaches found vocational education settings to be the most common context for students with SLDs to feel included without additional adjustments. Here it was found that the practical instructional delivery mode was empowering for participants labelled with an SLD. Many participants voiced their appreciation of opportunities for practical demonstrations and flexibility in reporting knowledge in the subject area. For example, Lee noted: "It was good. Like I kind of just needed to be shown once and then I’d go and practice". Inclusive pedagogical practices, although enhanced through awareness of a student’s SLD, are typically not exclusively dependent on this knowledge. Participants such as Shaun reported: "They made sure you understood the points and they allowed for you to give feedback and ask questions and all that more easily". Quentin noted that "everyone has the same stuff in front of them and you all go through the same things, like you are all at the same level, you don’t really move on as a class until everyone’s sort of up to scratch". These examples illustrate the vocational education system applying systemic approaches to ensure all students are engaged with the learning process. When questioned on the disclosure of their SLD, both Quentin and Shaun identified that they did not need to disclose it, because teaching approaches aligned with their learning style, and they did not experience any barriers in their vocational education settings. The decision not to
disclose an SLD in the vocational education context was common for many participants, who affirmed that they did not identify with learning barriers due to studying within a less academic system aligned with flexible and practical delivery modes.

Britney, Christina, Eric, Kyle, Nick, Peter, Quentin and Shaun all experienced success for the first time in vocational education, due to the absence of learning barriers. This was illustrated by Britney, who left school halfway through year 8. She had her first experience of success during her practical traineeship, and struggled to find the language to describe a positive result: "I was actually really happy because I got, what is that when you get extra, like it's not good, but it's better?" Within this context, and following acquisition of her SLD label, Britney was able to reframe stigmatising self-labelling: "I'm not stupid, I could do it". In this situation, she identified value in the self-paced instructional style, where she had access to the support of others to guide her through her learning tasks. This level of success was also noted by Nick, who averaged 30% at high school, but "got over 90% for pretty much my whole apprenticeship … oh it was good, it was success".

5.5.4.2 Education System Domain

Systemic approaches within the education system are largely driven by broader education policies. Such approaches are not intended to respond to individual student demands; rather they are established based on the access requirements of all learners, including those with an SLD. Study participants expressed that they felt empowered when they were able to participate actively in an inclusive education system. As expected, the SLD label was not directly required in order to access a range of supports embedded as universal design approaches within inclusive education systems. Participants in this study, however, indicated a greater uptake and appreciation of such supports when they had an SLD diagnosis. Once diagnosed, participants were more informed about the types of universal design supports of relevance to their particular learning and support requirements.

Many participants noted a range of systemic approaches that responded to their particular support requirements. A number of scenarios were identified in the context of independent schools, with such interventions available to all students, with or without an SLD label. For example, Kyle shared opportunities accessed within his independent school immediately following his diagnosis: "I went to a lot of group tutorial sessions that they might have had out of school hours… so that I had extra time with staff". In this example, it is likely that Kyle’s self-awareness of his SLD profile supported the up-take of such opportunities, though he could have accessed this support with or without an SLD label.
A number of participants spoke of empowering systemic approaches within the university context. For example, Bree noted: “If you don’t do well in a subject, the lecturer writes at the bottom, you should go to the language centre and get some help on this”. This is identified as an established system for all students at her university. This led to a referral to the learning skills service, where Bree used her SLD assessment to maximise the types of support available to her. Mark also identified use of self-awareness of his SLD profile to take advantage of systemic approaches at his university: “All the lectures are online so I don’t have to take notes… I use them in my study preparation for the exam because reading is such an intimidating task”.

In this study, systemic approaches fostering inclusion, and the subsequent removal of learning barriers, were generally found in contexts where mainstream teaching styles were inclusive of a diversity of students and aligned with SLD learning preferences. The data analysis showed an association between the implementation of particular systemic approaches and student success. This is significant for students from this disability group, as the experience of failure is all too frequent, and is regarded as disempowering for students labelled with an SLD. Success was revealed throughout the data analysis as either being due to the absence of SLD-related learning barriers, or to the recognition of a strength or talent. This is validated in the literature through studies on the effectiveness of student-focussed pedagogy that aims to remove learning barriers and concentrate on strengths and learning preferences of each individual student (Ingesson, 2007; Macdonald, 2009, Rath & Royer, 2002; Riddick, 1995; 2000; Taylor et al., 2010).

In the present study, participants were cognizant of contexts where success was less likely. This level of insight was particularly evident in participants diagnosed with an SLD who exhibited capacity to make a judgement about environments not conducive to their SLD profile. Here, they avoided contexts where they perceived the likelihood of success as minimal. This was affirmed by Mark, who noted: “In VCE, I chose subjects with a minimal amount of writing”, and by Peter, who shared that he “didn’t take their classes, pretty much because I couldn’t, because I wasn’t able to, well, I wasn’t able to succeed in those situations”. In such circumstances, the likelihood of failure was associated with education systems or approaches that did not align with the individual’s SLD profile.

Many participants emphasised the impact recognition of a talent had on their empowerment and sense of inclusion in education. Greatest value was placed on this by individuals in situations where their SLD was not recognised or supported within the school and family domain. For example, post-diagnosis, Eric affirmed the value of recognition of his
artistic talent at school: "I needed that because there were other things that I really struggled at". Greater importance was placed on a strength or talent in contexts in which there was less support and an increased frequency of failure. Post-diagnosis, Bree identified the value of her strength in music during her compulsory education, a context in which she was not well supported: "I'm just really lucky that music was my outlet... if I didn't have music I would never have got through school". Georgia, also post-diagnosis, affirmed the value of finding her strength in an artistic area in year 10: "I'd been so used to just being the one in the background that didn't do very well. Just the quiet one in the corner". Such a reliance on a single skill area, although significant at the time, highlights limitations in inclusion in other dimensions of the participant's education context.

5.6 VARIABLES FOSTERING OR HINDERING EDUCATIONAL INCLUSION FOR STUDENTS LABELLED WITH A SPECIFIC LEARNING DISABILITY

The themes of SLD awareness, SLD empowerment strategies, accommodations and systemic approaches were presented individually in the previous section to illustrate their role in fostering or hindering educational inclusion for students labelled with an SLD. This section builds on these themes to depict variables that illustrate the collection of conditions most likely to foster or hinder inclusion for students from this disability group. The variables represent combinations of factors within and across each of the themes. These factors highlight the overarching elements of greatest significance to participants in this study in regard to their sense of educational inclusion or exclusion.

Through a detailed analysis of key elements impacting inclusion or exclusion across the four themes, six factors were identified. The factors of acquisition or absence of an SLD diagnosis, knowledge or no knowledge of SLDs and supports aligned or not aligned with the SLD profile are recognised in this study as the key elements of significance. These are reflected throughout each of the four themes as representing the factors of greatest influence in fostering or hindering educational inclusion for students with an SLD. For example, the acquisition or absence of an SLD diagnosis is a significant factor across all themes, influencing degrees of SLD awareness, the establishment of SLD empowerment strategies, access to congruent accommodations and the uptake of systemic approaches.

The factors of SLD diagnosis and no SLD diagnosis, knowledge of SLDs and no knowledge of SLDs, and supports aligned with the SLD profile and supports not aligned with the SLD profile, although acknowledged in combination for the purpose of this phase of the data analysis, are also recognised as individual factors influencing a sense of inclusion or
exclusion for participants in this study. The presence or absence of an SLD diagnosis represents the provision or otherwise of a formal SLD assessment and subsequent application of an SLD label. The presence or absence of SLD knowledge represents variations in levels of awareness of SLDs. The notion of supports aligned or not aligned with the SLD profile refers to the types of supports that are or are not congruent with the learning requirements of students with SLDs. Although some participants acknowledged a complete absence of support in some contexts, it was more common for inappropriate support to be provided rather than no support at all. Therefore, for the purpose of this phase of the conceptual data analysis, the absence of support is acknowledged under the factor of support not aligned with the SLD profile.

In their various configurations, the six factors represent eight variables, which are discussed in this section. Particular combinations of these variables are more likely to lead to conditions that foster inclusion than others. For example, the variables of a diagnosis in an environment where key individuals possess knowledge of SLDs, and where support is aligned with the participant’s SLD profile, produce conditions optimal for fostering inclusion. In contrast, the absence of a diagnosis, no knowledge of SLDs and support not aligned with the SLD profile lead to the greatest sense of exclusion. The following section outlines a description of each of the configurations of variables and their impact on students labelled with an SLD.

5.6.1 No SLD Diagnosis + No Knowledge of SLDs + Support Not Aligned with the SLD Profile

The variables of no diagnosis in a context with no knowledge of SLDs and support not aligned with the SLD profile, or the absence of support altogether, invariably combined to leave students feeling disempowered and excluded from education. A limited knowledge of SLDs in the school and family context tends to lead to an inadequate insight into a student’s SLD, including limited awareness of strengths, weaknesses, processing preferences and associated support requirements. Evidence from the data indicates a likely association between no knowledge of SLDs and the absence of an SLD diagnosis. For example, ignorance of SLDs was identified by Simon. When reflecting that his teachers, although identifying difficulties with his learning, did not have knowledge of SLDs for the purpose of supporting access to a diagnosis, he said: "They never figured out what was happening".

When participants presented with learning barriers without an SLD diagnosis and in a context with no SLD knowledge, there was often assignment of non-diagnostic labels such as
'special educational needs' or 'learning difficulties'. In association with these labels, participants were frequently grouped into withdrawal classes during their compulsory schooling. A sense of feeling ignored was common in such a context, as identified by Melinda: "I did feel left behind at primary school because I did keep getting taken out of class". Many participants acknowledged inadequate support, especially in withdrawal classes, and consequently identified with a sense of exclusion.

Building on this exclusion, participants identified limited expectations of their capacity when the variables of no diagnosis, no knowledge of SLDs and support not aligned with the SLD profile were present. Under such conditions Eric stated: “There wasn’t a lot expected… when you get bunched into those classes in high school”. The presence of withdrawal classes for students with differing learning difficulties illustrates education contexts with limitations in their knowledge of SLDs. In such contexts there is a likelihood of the provision of incongruent accommodations and reduced expectations, leaving students feeling disempowered.

In the present study, many participants identified that when in a context where there was no knowledge of SLDs and no support to build on areas of difficulty, they were excused from tasks that focussed on their weaknesses. For many participants, this led to a sense of frustration and disempowerment. For example, Bree said that when she was excused from tasks that were difficult for her, some teachers at her school would give her the impression that they thought: "You're stupid, you're dumb, don't worry about it you just can't do it". This left Bree expressing a sense of frustration and disempowerment due to an absence of appropriate support, poor educator knowledge of SLDs and the lack of relevant academic skills.

A number of participants identified disengaging from school activities when the variables of no diagnosis, no knowledge of SLDs and support not aligned with the SLD profile, or the absence of any support, were present. Helen identified that she "did just really struggle with literacy" and "there was never a teacher that picked up that there might have been an issue” at her high school. In response, Helen acknowledged that she “just disengaged”. In addition, Kyle noted that “you could get away with not doing much”, adding that he acted as the class clown to avoid work. The absence of a diagnosis in this context impacted Kyle’s identity. He perceived he “was a bit thick and couldn’t read very well”.

When these variables were present, many participants expressed a sense of disempowerment and subsequent disengagement from learning. As a consequence, participants often used stigmatising self-labelling such as feeling “stupid” and called themselves “dumb” or “an idiot”. Based on this analysis, the absence of a diagnosis, no
knowledge of SLDs and support not aligned with the SLD profile indicate conditions that lead to the greatest sense of exclusion for students with SLDs.

5.6.2 No SLD Diagnosis + No Knowledge of SLDs + Support Aligned with the SLD Profile

Participants who had not yet received a diagnosis, and who were in a context with no knowledge of SLDs, yet with support aligned with their SLD profile, identified with some degree of feeling supported. However, when this configuration of variables were present, support typically originated from influences within the family, and not from within the education context. This finding highlights the role of family, especially when educators are not cognizant of SLDs. Under these conditions, the data analysis particularly identified factors such as student resilience and feeling protected. Simon, for example, stated in relation to classmates that “it’s good to know someone’s got your back”, and “my resilience comes from my strong safety net that I’ve got which is my family”. These comments by Simon demonstrate the value of family and friends playing a protective and supportive role, despite possessing no knowledge of SLDs and no explanation for learning barriers.

The analytical process showed that when not yet labelled with an SLD, individuals are more likely to have a limited understanding of their strengths, weaknesses and processing preferences. Under such conditions, weaknesses often form part of a student’s self-identity. This can lead to low education and career aspirations. Helen claimed that she had limited career choices before her diagnosis, and felt dependent on her single artistic strength: “Because I did struggle a lot in English or in mathematics that possibly I felt a lot more confident going into that sort of area”.

Limited SLD awareness within the education system inhibits identification processes, further restricting access to an SLD diagnosis. Such conditions increase the likelihood that students with SLD symptoms will be branded with a learning difficulties label, with accommodations generally lacking targeted SLD-related supports. In such circumstances, there are fewer system-wide interventions that are aligned with the learning requirements of students with SLDs, and there is a greater likelihood of limited expectations of student capacity by teachers. This combination of variables was present for Britney when she left high school halfway through year 8. Leading up to exiting high school, and prior to her diagnosis, Britney stated that she was “half at school and half not at school”, and that through family support, she would “be doing this home-schooling book and I would get help from my brother”. This type of support, in isolation of a formal diagnosis and no knowledge of SLDs, limited
participant empowerment, resulting in their sense of exclusion from education. The variables of no diagnosis and no knowledge of SLDs, combined with support aligned with the SLD profile, are therefore recognised as inadequate in including students with SLDs in the learning environment.

5.6.3 No SLD Diagnosis + Knowledge of SLDs + Support Not Aligned with the SLD Profile

Of the eight variables presented in this section, the configuration of factors of no diagnosis, knowledge of SLDs and support not aligned with the SLD profile is the only area that is not evident in the data collected for this study. This is understandable given the likelihood that individuals in a context with knowledge of SLDs in their school and family domain are typically supported to acquire an SLD diagnosis. This is not to say that this combination of variables would not exist across a broader sample of students; however, this configuration was not present for any of the 21 participants in this study. The lack of evidence of this combination of variables gives rise to the likelihood that if any individuals of influence within the participant’s environment possessed knowledge of SLDs, then the participant would have an SLD diagnosis. The existence of knowledge of SLDs within the school and family domain is therefore further highlighted as a significant factor contributing to access to aligned supports, and to the acquisition of an SLD diagnosis.

5.6.4 No SLD Diagnosis + Knowledge of SLDs + Support Aligned with the SLD Profile

Many participants identified operating in contexts with knowledge of SLDs and a feeling of being supported immediately leading up to acquisition of their diagnosis. These variables are generally recognised as conditions that prompt a recommendation for an SLD assessment. As a consequence, there is a greater likelihood for inclusion to occur when the environmental conditions of knowledge of SLDs and support aligned with the SLD profile exist. As stated in the previous configuration of variables, there is therefore a likely correlation between the existence of knowledge of SLDs within the school and family domain and the acquisition of a diagnosis. This level of knowledge was often held by families, probably because a high number of parents worked in the disability or education sectors. This factor would not be typical in a broader population of students. This finding therefore further emphasises the importance of SLD knowledge being promoted across all education contexts.

There are limitations in this configuration of variables due to the absence of an SLD diagnosis. In Darlene’s situation, she referred to her brother being diagnosed with an SLD early in his childhood. This indicates that her parents had knowledge of SLDs. As Darlene’s
learning barriers were less evident, and she was not diagnosed until after her first university degree, she acknowledged, in reference to her mother: “For me it’s a bit difficult for her to fight because at that time there’s nothing to fight against”.

Prior to the acquisition of an SLD label, participants were restricted in their self-advocacy for supports, and were limited in their development of independent SLD-related empowerment strategies. In addition, many participants lacked insight into the rationale for particular supports, leaving them feeling further disempowered. Prior to diagnosis, accommodations were based more on trial and error than alignment with their strengths, weaknesses or processing preferences as identified through a formal SLD assessment. Despite some interventions being of value, there is still an evident risk in this configuration of variables, as without an SLD label, individuals are less effective in articulating the rationale for accommodations. Therefore this impacts the ability to advocate for similar supports in future interactions within the school and family domain.

5.6.5 SLD Diagnosis + No Knowledge of SLDs + Support Not Aligned with the SLD Profile

Participants with a diagnosed SLD who interacted with peers and teachers with no knowledge of this impairment, and who were in situations where inappropriate or no support was provided, typically felt misunderstood. When others in the school and family domain did not possess knowledge of SLDs, information about the SLD diagnosis largely remained within the student’s domain. In most situations, a key individual within the participant’s family initiated access to a diagnosis. However, there were still examples where not all family members were informed about the diagnosis; neither did they offer support aligned with their SLD profile, as Bree’s comment demonstrates:

“Dad thought I was just stupid and that there was something wrong with me, I was lazy, I wasn’t trying, he’d tell me things I couldn’t do, ‘can you go do the shopping, can you get this this, this and this’, he didn’t write it down so unless he wrote it down I wasn’t able to remember it”.

This lack of knowledge, despite access to a formal label, left Bree feeling unsupported by her father.

Many participants provided examples of no knowledge of SLDs, and of support not aligned with an SLD profile within the school context, despite having an SLD diagnosis. Georgia’s experience in primary school illustrates this combination of variables. Following her
diagnosis, she encountered teachers who demonstrated no knowledge of SLDs. This resulted in a sense of disempowerment in year 5. “It was one of the most humiliating things” when her teacher would stand behind her when she was reading aloud in class, “and read every word to me and spell it out”. For Georgia, there was a connection between her SLD not being understood and her primary school not offering congruent supports.

The configuration of variables of a diagnosis, no knowledge of SLDs and support not aligned with the SLD profile often led to participants experiencing academic failure. Although diagnosed early in her primary school years, Shae experienced a context in which there was no knowledge of SLDs and incongruent supports. This left her reflecting that she “always felt like a failure… like it was something I was doing, I never tried hard enough… I felt stupid but it was really frustrating because I knew I wasn't stupid”. Shea was able to reframe her self-perception through awareness of her SLD diagnosis; however, this information was not received accurately by her teachers. Shae consequently concluded that when teachers had no knowledge of SLDs, she experienced a sense of failure and exclusion from education.

The variables of SLD diagnosis, no knowledge of SLDs and support not aligned with the SLD profile were reflected through participants concealing their SLD. Concealing SLDs was evidenced in comments such as that by Eric: “I don't really tell many people… my experience with people's understanding of dyslexia is that they don't really understand what it is”. In some cases, the lack of knowledge of SLDs was manifested in a context in which significant individuals simply did not believe that SLDs existed. Mark, for example, reported: “My first English teacher didn't believe in people being dyslexic”. A lack of belief in SLDs, or a misunderstanding of this impairment, often resulted in people being mislabelled, and having their SLD spoken about in stigmatising ways, as suggested by Christina: “I got told that I was lazy, not so dyslexic but just lazy”.

The experience of being mislabelled in a context where knowledge of SLDs was absent often led to participants being recommended for inappropriate interventions, which increased their sense of exclusion. A common outcome for participants in contexts with no knowledge of SLDs was withdrawal from the mainstream classroom into classes for students with a range of learning difficulties. There is a likely association between being mislabelled, being placed in withdrawal classes, and experiencing limited expectations from educators, as reported by Eric: “They never expected much of us when you get bunched into those classes”.

The conclusion drawn from this configuration of factors is that possessing an SLD diagnosis on its own is not sufficient for inclusion to occur. The variables of an SLD diagnosis, no knowledge and support not aligned with the SLD profile continue to leave students feeling
excluded. This is because of limitations in awareness and inappropriate support within the school and family and education system domains.

5.6.6 SLD Diagnosis + No Knowledge of SLDs + Support Aligned with the SLD Profile

Acquisition of an SLD label in a context with no knowledge of SLDs, yet with support aligned with the SLD profile, is typically associated with access to universal design approaches where a wide range of students are catered for based on awareness of a variety of learning barriers. Universal design as an approach to supporting students with SLDs is represented in the data through references to inclusive pedagogical approaches such as student-focussed teaching or systemic approaches such as provision of recorded lectures online for all students. This is illustrated by Mark through reference to access to audio recordings and notes for lectures: "Lectures are online so I don't have to take notes".

Participants often presented with a sense of empowerment to embrace such supports, due to their own insight into SLD-related barriers through a formal diagnosis. Participants also articulated that self-awareness of their SLD led to an active search for inclusive learning contexts that focussed on their strengths and talents and avoided areas of weakness. Quentin, for example, appreciated his vocational learning setting, where the teaching instruction was designed to cater for all learners: "They would not move on until everyone understood".

Inclusive approaches and services such as learning skills units that supported the strengths, weaknesses or processing preferences of students with SLDs were more likely to be embraced by individuals who had acquired a formal SLD diagnosis. Participants' awareness of their SLD fostered the uptake of a range of systemic approaches. The absence of SLD knowledge by individuals within the education context, however, limits the promotion and uptake of some interventions.

The absence of knowledge of SLDs is associated with hindering inclusion, particularly when those responsible for inclusion are not aware of how an SLD impacts an individual student. There is also a likely link between no knowledge of SLDs in the school and family domain impacting self-acceptance of one's SLD label. This was demonstrated by Kyle, who acquired his SLD diagnosis in year 11: "You don't think you've just got dyslexia, you still feel kind of... a bit lesser in the intellectual department". Kyle’s learning context prior to acquisition of his diagnosis had no knowledge of SLDs, a factor likely to have influenced his self-perception and stigmatising labelling.
The combined variables of an SLD diagnosis, no knowledge of SLDs and support aligned with the SLD profile tend to result in students independently identifying and harnessing congruent supports within their home and school environment. Consequently, when present, system-wide universal design approaches that foster inclusion were found to be of some value for participants with SLDs. However, participants continued to identify educational barriers due to the absence of SLD knowledge by individuals within the school and family domain. The absence of knowledge of SLDs, particularly by disability professionals and other key influences within the school and family domain, appears to be a significant missing link that impacts a sense of inclusion for students with SLDs.

5.6.7 SLD Diagnosis + Knowledge of SLDs + Support Not Aligned with the SLD Profile

The variables of an SLD diagnosis, knowledge of SLDs and support not aligned with the SLD profile are not ideal conditions for fostering educational inclusion for students with SLDs. Many participants in the present study identified a sense of feeling unsupported when particular accommodations did not match their strengths, weaknesses or processing preferences. This occurred even when participants had an SLD diagnosis and were in a context where key individuals possessed knowledge of SLDs. A sense of exclusion continued when relevant SLD knowledge was not applied to the implementation of the most congruent supports. In the presence of such variables, participants consequently indicated frustration because of a sense of being misunderstood. This was associated with disempowering support, as shown in comments such as that by Christina: "She sort of felt that she knew it all anyway and that was enough to re-educate me on how not to be dyslexic". This statement indicates that this combination of variables in the learning context are not ideal for inclusion, and greater awareness is required to ensure supports are aligned with the individual's SLD profile.

In contexts where support was not aligned with the SLD profile, knowledge of SLDs was generally restricted to the participant and their family. As a consequence, there was a greater incidence of the use of advocacy by students and parents in an attempt to access relevant supports when the variables of SLD diagnosis, knowledge of SLDs and support not aligned with the SLD profile existed. Under such variables, participants appreciated self-awareness of their SLD to support in their efforts to gain appropriate accommodations. This was demonstrated by Helen: "I felt very confident because you know, I had an official assessment". She also expressed that "I was a very strong advocate" immediately following acquisition of her SLD label. This statement referred to a context with broad knowledge of
SLDs, yet incongruent interventions were offered. This left Helen feeling unsupported, and needing to advocate for inclusive supports aligned with the presentation of her SLD. Acquisition of an SLD diagnosis and knowledge of SLDs without feeling supported are therefore variables that are not likely to foster the greatest sense of inclusion for students with SLDs.

5.6.8 SLD Diagnosis + Knowledge of SLDs + Support Aligned with the SLD Profile

The variables of acquisition of an SLD diagnosis in a context with knowledge of SLDs with support aligned with the SLD profile are optimum conditions for the educational inclusion of students with SLDs. Participants post-diagnosis, in a context with both knowledge and support, invariably expressed the greatest sense of belonging, empowerment and academic success. Where the level of SLD awareness is high, participants applied their SLD label with more confidence in negotiating appropriate inclusionary supports. In addition, conditions with educator knowledge of SLDs allowed teacher-student consultation to determine the most appropriate interventions, harnessing information within the SLD diagnosis. For example, tailored support was identified by Zoe: "She asked me what are my strengths and weaknesses, what I struggle in the most, do I prefer to read words or listen to them on a tape or have them repeated back to me". In her learning context, Zoe used her SLD diagnosis to meet with her vocational education disability advisor to access appropriate supports. The disability advisor's comments indicate awareness of SLDs, and an ability to ensure Zoe's sense of support through provision of the most congruent accommodations.

The variables of an SLD diagnosis, SLD knowledge and support aligned with the SLD profile combine to offer optimum conditions for establishment of SLD empowerment strategies. For example, upon presentation of Simon’s SLD diagnosis to his disability unit at his vocational education context, he was provided with adaptive technology that “did what I did badly”. When knowledge of Bree’s SLD diagnosis was harnessed to build her writing skills, Bree noted skill development through use of a learning skills advisor: “I cherish what they have given me”. Such conditions indicate a context where the SLD label can be used to harness strengths, and to determine targeted skill development in areas of weakness, use adaptive technology, and establish disclosure and self-advocacy techniques. Harnessing appropriate support was maximised in such conditions, where participants identified that they were understood. This was noted by Simon when sharing interactions with his university learning skills advisor: “She could understand me... the way that I think”.

An SLD diagnosis and knowledge of SLDs tend to lead to the establishment of accommodations more reflective of the individual learning requirements of students with SLDs. Consequently, appropriate supports and pedagogical interventions are much more likely to exist in a context where students are diagnosed and there is SLD knowledge. From the student’s perspective, there is a greater likelihood of harnessing supports to broaden study options. For example, Helen reflected on her goal-setting post-diagnosis in a context with SLD knowledge and appropriate support: "Since going back and having a learning assessment I feel more confident to... go into different directions".

The combination of SLD diagnosis, SLD knowledge and support aligned with the SLD profile indicates the optimum set of conditions for the educational inclusion of students labelled with an SLD. Such conditions should be recognised not as individual factors, but as a collection of inputs designed to maximise the inclusion, empowerment and successful participation in education for students with SLDs.

5.7 CONCLUSION

Through the conceptual analysis of data, four key themes have been identified as playing a role in either fostering or hindering educational inclusion across three domains of influence. Bronfenbrenner’s (1995; 1999) bio-ecological model and PPTC framework was of particular value in exploring and understanding the various domains of influence for study participants. This enabled data to be presented in a format that highlighted the individual student, the position of school and family, and the importance of the education system in influencing inclusion or exclusion for students with SLDs.

The optimum conditions for the inclusion of students with an SLD have been identified in this study as the variables of SLD diagnosis, knowledge of SLDs and support aligned with the SLD profile. These factors are important to understand, as in combination, they promote access to a formal diagnosis, as well as prompt knowledge of SLDs in families, schools and education systems, and foster the alignment of all accommodations with the individual’s SLD profile. Likewise, the factors identified as most likely to hinder inclusion—the absence of an SLD diagnosis, no knowledge of SLDs and support not aligned with the SLD profile — need to be understood, so as to avoid these variables when considering the inclusion of students with SLDs. Ultimately, the conceptual presentation of findings can be transposed into practical responses so as to improve future experiences with education for students labelled with an SLD. This in turn has implications for SLD identification and disability service provision, with recommendations that all interventions be aligned with each individual’s strengths,
weaknesses and processing preferences as identified through a formal SLD assessment.
CHAPTER 6: DISCUSSION AND CONCLUSION

6.1 OVERVIEW

This thesis set out to identify factors that foster or hinder educational inclusion for students labelled with a specific learning disability (SLD) in the Australian education context. This chapter discusses key findings, identifying where evidence is supported by or extends the literature. An outline of the limitations of the study follows. The findings are then considered in relation to their implications for practice, policy, theory and research.

This study has identified the need for multiple factors to operate simultaneously to foster an inclusive learning context for students with SLDs. These factors comprise of access to an SLD diagnosis, knowledge of SLDs, and supports aligned with the SLD profile. Likewise, in contexts that lack these factors, exclusion prevails. Central to the findings of this study is acknowledgement that a formal SLD diagnosis is of value not only to the student, but also to individuals in the school and family domain, along with overarching education systems. This provides students with a diagnostic label, recognised as more affirming than stigmatising self-labelling such as ‘stupid’, or generic non-diagnostic labels including the ‘learning difficulties’ label, which is commonly applied in the Australian education context.

Acquisition of an SLD diagnosis and its corresponding diagnostic label have been identified as providing a reason for learning barriers, as supporting the compartmentalisation of weaknesses, and as facilitating the implementation of the most congruent learning accommodations. The time of diagnosis is significant, with individuals diagnosed early in their schooling regarded as being more likely to access suitable supports, and as better equipped with independent study strategies. The SLD diagnosis is recognised as the most accurate method for gaining insight into individual strengths, weaknesses and processing preferences, recognised in this study as the SLD profile.

In association with a formal diagnosis, knowledge of SLDs across all domains, including the student, the school and family, and the education system play a pivotal role in the educational inclusion of this population of students. Findings identified that knowledge of SLDs in the Australian context is limited, with different education settings varying in their responses to the SLD label. Consequently, interactions with those who hold knowledge of this disability is appreciated for improving access to a diagnosis, advocacy for supports and fostering a sense of belonging. In this study, primary and secondary schools appear to have
the least knowledge of SLDs, with these contexts also failing to acknowledge or fund SLD as a
disability group at a systemic level. In contrast, Australian tertiary education providers are
recognised as possessing the greatest level of knowledge of SLDs, and also as providing
system-wide support to students labelled with an SLD.

Despite the variation in acknowledgement of SLD as a disability group across different
education providers, many educators and disability practitioners across all contexts continue
to lack knowledge of SLDs, resulting in an exclusionary and disempowering learning
experience for many students with SLDs. The absence of SLD knowledge by parents, and
within schools, tertiary settings and overarching education systems, is ultimately regarded as
contributing to a sense of being misunderstood, resulting in relabelling with a stigmatising non-
diagnostic label, and in the provision of inappropriate interventions or the complete absence of
support.

An SLD diagnosis and knowledge of SLDs form a valuable foundation for the
provision of congruent supports. When aligned with the SLD profile, supports are regarded as
beneficial in fostering educational inclusion for students labelled with an SLD. All features of
the SLD profile ideally need to be catered for in the establishment of aligned supports.
Findings particularly showed that supports designed to establish SLD empowerment
strategies, especially those developing areas of weakness, play a significant role in fostering
educational inclusion. In contrast, the most disempowering support identified in this study is
the provision of withdrawal programs in primary and secondary schools. Placement in these
programs was typically associated with the absence of an SLD label, and with studying in a
context with limited SLD knowledge. Under such conditions, rebranding with a non-diagnostic
generic learning difficulties label is commonplace. This results in pedagogical techniques
inconsistent with processing preferences, failing to address SLD-related learning barriers.
Further to this, students in withdrawal programs with the learning difficulties label are at
increased risk of reduced expectations of their capacity, and lack support to develop
independent study skills.
In this section, the key overarching factors identified in the present study are discussed with reference to findings and the literature to illustrate their role in fostering educational inclusion for students labelled with an SLD. These factors are:

1) acquisition of an SLD label through a formal diagnosis
2) knowledge of SLDs
3) supports aligned with the SLD profile

### 6.2.1 The specific Learning Disability Diagnosis Fostering Educational Inclusion

Acquisition of a formal SLD diagnosis and the subsequent provision of an SLD label have been identified in this study as significant factors in fostering the educational inclusion of students with SLDs. Participants appreciated their SLD label, as it provided a reason for learning barriers, fostered the compartmentalisation of weaknesses, and supported the development of a positive self-identity. Following acquisition of an SLD label, participants particularly expressed an improved sense of self in relation to awareness of strengths, weaknesses and processing preferences: in other words, their SLD profile.

Although the review of literature found minimal research reflecting student perceptions of their SLD label in the Australian context, many international studies acknowledge the positive impact that an SLD label has on self-awareness (Glazzard, 2010; Macdonald, 2010; Riddick, 1995, 2000; Taylor et al., 2010). In the literature related to disability labelling, the provision of a label derived through scientific means is regarded as empowering, as it gives meaning to particular behaviours (Pescosolido et al., 2008). Macdonald’s (2009) study identified the SLD label as of particular value in enabling students to self-advocate for appropriate supports. Further to this, the SLD label was identified in the literature as valuable in counteracting negative and inaccurate assumptions held by individuals, such as parents and educators (Macdonald, 2009; Riddick, 2000), allowing students to explain their learning barriers and processing preferences (Barga, 1996; Taylor et al., 2010). Findings from the present study affirm this appreciation and role of the SLD label in fostering the educational inclusion of students with SLDs in the Australian education context.

The present study has demonstrated the importance of the diagnosis in enabling the compartmentalisation of weaknesses, rather than these weaknesses influencing one’s global self-identity. This position acknowledges the diagnosis as providing a precise reason for
academic difficulties, and as subsequently giving permission to avoid or remove stigmatising self-labelling such as ‘dumb’ or ‘stupid’. Consequently, the risk of self-blame for academic weaknesses is minimised, with the diagnostic process enabling the reorientation of causation of failure.

The notion of compartmentalising weaknesses and reorientation or reframing of one’s self-identity upon provision of an SLD label is not new to research. However, the attention paid to this in the Australian context is minimal. This study supports international findings that claim that the SLD label is more empowering than the absence of a label or the provision of a non-diagnostic label. For example, in a Greek study by Stampoltzis and Polychronopoulou (2009), participants expressed relief upon receiving their SLD label, saying that this label provided a reason for learning barriers and enabled a process of reframing to occur, which resulted in a positive self-identity. Compartmentalisation of failure was also affirmed by Glazzard (1995) in relation to students’ ability to differentiate between their specific difficulties and the notion of intelligence. Macdonald’s (2009) study supports this position, acknowledging that, post-diagnosis, participants expressed positive responses regarding the affect their label had on identity. The majority of his participants transformed their self-identity from a negative label pre-diagnosis to a positive identity after acquisition of their SLD label (Macdonald, 2009). This finding is also supported by Australia’s only published study involving tertiary students with a diagnosed SLD, which recognises that access to a formal diagnosis improves the sense of educational inclusion for students with an SLD (Tanner, 2010).

Participants in the present study undertook a process of reframing consistent with that described by Reiff (2004). The reframing process commenced with access to a formal diagnosis. This was followed by a process of understanding through knowledge derived from the diagnosis and supplementary information about SLDs, which was then used to improve knowledge of the SLD profile. In accordance with Reiff (2004), awareness is recognised as the third stage of reframing. In this study, awareness was dependant on the diagnosis and understanding, as without these first two stages, participants remained unclear of the rationale behind particular interventions, risking the possibility of the application of stigmatising self-labelling.

In contrast, Tanner (2010) describes the reframing process as commencing with recognition, followed by acceptance and then understanding, stating that knowledge of the complexities and nature of dyslexia is not required in order to achieve acceptance. She validates this position based on her participants reporting a range of compensatory strategies prior to their development of a clear understanding of their SLD. Tanner (2010), Reiff (2004),
and Gerber and colleagues (1996) acknowledge a plan of action as the final stage, which is fulfilled through reference to information from the first three stages of reframing. Tanner’s adaptation of Reiff’s (2004) reframing model was based upon her participants’ reflections of a tailored course on dyslexia, and her sequence of reframing is consistent with that by Gerber and colleagues (1996). Findings in the present study, however, suggest that the greatest success is achieved when awareness is dependent on understanding through SLD knowledge, coupled with a diagnosis for the process of reframing. This is consistent with Reiff’s (2004) model of reframing.

Findings identified that the age of access to a diagnosis played a critical role in understanding one’s SLD and forming a positive self-identity. Many participants indicated that they were less inclined to assign stigmatising labels if they were diagnosed early in their childhood. Participants diagnosed with an SLD early in their primary school years presented as more likely to understand their own strengths and weaknesses, adopt compatible SLD empowerment strategies, and access appropriate accommodations within their school and family context. In addition, weaknesses were less likely to influence self-identity; consequently participants with an early diagnosis were less inclined to undergo a process of reframing from negative self-labelling to that of a positive self-identity. The time element of Bronfenbrenner’s (1995) PPTC framework was of particular value in understanding the impact of the stage in the participant’s life when an SLD diagnosis was acquired.

One evident trend in the present study is that compulsory education settings were less receptive to an SLD label than tertiary settings. Responses to the SLD label within the primary and secondary education context are discussed later in this chapter. The SLD diagnosis was identified as an essential requirement in the Australian tertiary education sector in order to register for disability services. The diagnosis was shown to be of greatest value when used in consultation with tertiary disability specialists to understand their SLD profile and negotiate for a range of interventions, including referrals to learning skills advisors for the establishment of independent empowerment strategies. Consequently, because the tertiary sector recognised the SLD label, participants were in a position to advocate for relevant accommodations through use of their label and SLD profile. The context component of Bronfenbrenner’s (1995) PPTC framework guided this attention to the learning context and understanding of the bi-directional relationships that influenced the reception of the SLD label.

Responses to the SLD label in the learning context play a significant role in the disclosure of one’s SLD. Findings support the stance dominant throughout the literature in confirming that confidence in disclosure varies depending on the likelihood of a positive
reception of the label by others within one's immediate environment. In accordance with Goffman’s (1963) acknowledgement of non-evident disabilities, disclosure of the SLD label often remains within the student's control. Findings support that of Brown (2009), Riddick (1995, 2000), and Armstrong and Humphrey (2009), who all affirm student internal satisfaction with the label, yet identify a guarded protection of its disclosure. As such, the choice for disclosure is influenced by the level of awareness by others of the label. This varied from context to context, with participants particularly reluctant to disclose their label when interacting with individuals who presented with limited or inaccurate knowledge of SLDs.

6.2.2 SLD Knowledge Fostering Educational Inclusion

Knowledge of SLDs has been identified as a significant contributing factor in fostering educational inclusion for students from this disability group. Participants presented with relief, a sense of being understood, and a greater sense of belonging and inclusion when surrounded by people who possessed knowledge of SLDs. This was particularly significant for participants in this study, given that the Australian context is inconsistent in its understanding of SLDs, and is inadequate in its reflection of SLD at the systemic level.

This study found an association between SLD knowledge within the school and family domain and access to a diagnosis. There was a particular association between parents being informed about SLDs, and their children receiving an early diagnosis. These parents also advocated for appropriate support, often within education contexts that had no knowledge of this disability group. This finding indicates a risk that only students with informed parents are likely to receive an early diagnosis and aligned support, while the Australian education system continues to remain inadequately informed about SLDs. The finding contrasts with the situation in countries that have system-wide identification processes, such as the US, UK, Canada and the Netherlands, where a diagnosis is sourced as a result of teacher identification and funded through the education system (Firth, 2010b; Steeg & Firth, 2011).

Educator identification of indicators of an SLD were far less common in the present study. There were only a few examples of participants being referred for a diagnosis as a result of informed staff within the education system. In addition, primary and secondary school disability unit staff in the present study by and large did not exhibit knowledge of SLDs. This is thought to be due to SLD not being a funded disability group in these school systems. Knowledge of SLDs within the education context was confined to individual staff. There was no consistent pattern to explain why some educators were knowledgeable of SLDs, while others were ignorant of or dismissed SLD as a legitimate disability.
Findings from this study build on existing Australian-based evidence by providing insight into the pathways harnessed to source an SLD diagnosis. The current reliance on informed parents facilitating access to a diagnosis highlights risks in the current inequitable and ad hoc opportunities students with SLDs have in regard to receiving a diagnosis. Such irregularity indicates a context in need of greater knowledge of SLDs, in order to embed system-wide processes to identify and support students with SLDs.

The significance of knowledge of SLDs in fostering educational inclusion is supported in international and Australian research. For example, in a UK study, SLD knowledge was identified as playing a significant role in ensuring that SLD-related supports are provided in an effective and timely manner (Taylor et al., 2010). Also in the UK, SLD knowledge was found to result in an increased sense of student inclusion (Macdonald, 2009). In the Australian context, the literature shows that tertiary education providers possess the greatest level of knowledge of SLDs. This is likely to be because SLD is acknowledged as a funded disability group by disability services across Australia’s vocational education providers and universities (Fry, 2015; Tanner, 2010). However, the present study shows that despite this systemic acknowledgement of SLDs, participants continued to encounter some disability practitioners and educators with inadequate levels of knowledge of SLDs in these settings. This resulted in a diminished sense of belonging for study participants, and in the provision of inappropriate supports.

The demand for all Australian education institutions to improve their knowledge of SLDs is echoed throughout the literature. This has been affirmed in studies concerned with educators, disability practitioners and the students themselves (Chanock, 2007; Fry, 2015; Munyard et al., 2008; Tanner, 2010). Tanner (2010), for example, explicitly identifies that knowledge of SLDs provides educators with the necessary tools to cater for this population of students, resulting in improved inclusion and an increased level of social awareness of the capacity of people with SLDs.

SLD knowledge has been shown in this study to serve as a useful foundation for teacher-student consultations to determine the most suitable supports. In conjunction with diagnostic information, such knowledge guides educators and students respectfully to negotiate accommodations that will foster equitable and successful inclusion in education. The recommendation in this study that SLD knowledge and the SLD diagnosis should form the foundation for consultations contradicts aspects of the US and UK education system RTI and 3 Waves of Intervention approaches. These approaches encourage teachers to trial a range of pedagogical strategies to determine whether students respond positively to interventions prior
to accessing a diagnosis (Fuchs et al., 2008; Kavale & Spalding, 2008; Rose, 2009). In contrast, findings from this study suggest that knowledge of SLDs and the diagnosis should be at the forefront in determining the most congruent interventions. It is for this very reason that some researchers suggest that caution should be exercised in the use of RTI and 3 Waves of Intervention. This is in recognition that inappropriate responses may be implemented based on pedagogical assumptions rather than interventions being guided by an SLD assessment (Fuchs et al., 2008; van Swet et al., 2011). In addition, these approaches suggest that only students who do not respond successfully to interventions require an assessment. This risks student self-blame for poor performance, along with other negative life outcomes associated with a delayed diagnosis (Fuchs, 2003).

The present study challenges the RTI SLD identification and support model; rather it suggests that students with learning barriers due to an SLD are more successfully empowered and included in education through an early diagnosis. Delaying a diagnosis, yet embedding teacher-initiated aligned supports through a process of trial and error, continues to leave the student poorly informed about the reason behind their learning barriers. As a result, this study recognises that the SLD diagnosis is of value when in the student domain, irrespective of knowledge or interest in the SLD label within other domains of influence. Therefore, even in contexts where individuals in the school and family domain do not possess knowledge of SLDs, and do not offer relevant supports, students still benefit from a diagnosis. Consequently, findings affirm that students are satisfied with their label irrespective of societal responses.

The SLD label is recognised in this study as significantly more affirming than generic labels or the absence of a label altogether. When an SLD diagnosis is within the student’s domain, they are able to establish a positive self-identity, compartmentalise weaknesses, and seek out supports congruent with their SLD profile, including the establishment of SLD empowerment strategies. Importantly, this finding does not free the education system from their responsibility to students with SLDs; rather it affirms the value within the student domain of a diagnosis, regardless of knowledge of SLDs within their learning environment.

Although this study has identified the importance of the SLD diagnosis and knowledge of SLDs within the student domain, this information is also significant for those within the school and family and education system domains. Knowledge of SLDs has been identified in this study as leading to access to a diagnosis and identification of the most suitable supports. This is significant, as unlike in Canada, the US, UK and the Netherlands (Firth, 2010b; Steeg & Firth, 2011), Australia does not have processes to organise or fund SLD assessments.
embedded in the education system. This finding highlights that the Australian education system is not performing at the same level as that in many other developed countries in the identification of SLDs. Participant experiences with supportive educators and disability professionals suggest that when staff are knowledgeable about SLDs, interventions are more likely to be aligned with an SLD profile, hence generating a greater sense of inclusion.

6.2.3 Supports Aligned with the SLD Profile Fostering Educational Inclusion

When aligned with the SLD profile, supports are regarded as beneficial in fostering educational inclusion for students labelled with an SLD. The SLD diagnosis and corresponding profile is recognised in this study as the primary source for determining aligned supports. With this information taken into consideration, findings indicate that the main supports of value within the student domain are interventions designed to establish SLD empowerment strategies that typically target areas of weakness. In the school and family domain, supports such as student-focussed pedagogy, opportunities to harness strengths, and inputs designed to develop weaknesses are of greatest value. Supports valued within the education system domain include the provision of universal design approaches, and access to system-wide disability and learning skills services.

Within the student domain, capacity development in a range of SLD empowerment strategies, such as study skills and self-advocacy, was found to be a key strategy in fostering educational inclusion. Participants particularly noted the ability to advocate for the provision of appropriate support, such as targeted skill development, upon acquisition and self-awareness of their SLD label. This study supports the position that “labels are particularly important for non evident disabilities in that they can mediate between the individual and their cultural context” (Riddick, 2001, p231). With respect to this statement, the SLD label provides an explanation for learning barriers, and a rationale for the provision of congruent supports within the individual's learning context.

In the present study, SLD empowerment strategies were typically developed either to compensate for weaknesses or to maximise strengths. The opportunity to move beyond reliance on one particular skill or talent, and in turn succeed in other areas, is an important factor identified in this study. Targeted interventions that build on areas of weakness enabled the development of strategies and skills to support a sense of empowerment in all dimensions of the mainstream learning environment. Such supports include capacity development in literacy skills and use of adaptive technology. This approach enables students to minimise reliance exclusively on a single area of strength or talent, with these strengths typically being
in a non-academic field such as art, drama or sport. Participants identified their reliance on a
talent when in a context where they experienced failure in academic areas, and where their
education provider did not offer opportunities to develop their weaknesses. This consequently
reinforced a continued sense of restricted participation in education.

The context for development in areas of weakness is interesting to note, as few
participants acknowledged their primary or secondary schools as playing an active role in this
area. These settings were frequently identified as contexts where participants were excused
from difficult tasks, rather than supported in developing relevant skills to perform in
challenging activities. In accordance with Bronfenbrenner's (1995) PPTC framework, the time
that SLD empowerment strategies are established plays a significant role in students feeling in
control of their learning. Individuals with a detailed awareness of their SLD profile early in their
schooling are more likely to develop strategies that build on areas of weakness.

Private tutors funded by parents during the primary or secondary years of education,
along with learning skills advisors in the university context, were credited with independent
skill development in areas of weakness for study participants. Some of the strategies used in
the capacity development of participants offer a unique contribution to research. For example,
a few participants mentioned learning literacy skills through professionals trained in teaching
English to speakers of other languages. When these strategies were taught to two participants
in particular, they reported that English made sense for the first time in their life, and they
developed a range of independent literacy-based skills. This indicates that some approaches
used to teach English to students with SLDs may be more effective than others. This
consequently warrants further investigation to ensure that appropriate evidence-based
strategies are implemented for students with SLDs. Other participants identified use of
inclusive technologies, mnemonics and kinaesthetic learning as useful strategies contributing
to the establishment of independent study skills.

Findings from the present study support international evidence, promoting
independent study skills for students with SLDs. For example, capacity development in areas
of weakness was identified as the primary service contributing to student success for US and
Canadian college students labelled with an SLD (Rath & Royer, 2002). This is also the case in
research with US tertiary students by Anctil and colleagues (2008). In the UK, 13 students with
an SLD highlighted their ability to exit school with literacy skills and an improved sense of self-
worth (Macdonald, 2009). Participants in a US study reported that their university SLD
specialist played a crucial role in their success, due to the provision of targeted skill
development (Denhart, 2008). In addition, Boulet's (2007) Canadian exploratory study into the
positive coping strategies of six successful individuals with SLDs revealed the importance of specific strategies, such as time management and organisational skills, in counteracting SLD-related learning barriers. The vocational education dyslexia course in Western Australia, used as the focus of Tanner’s (2010) study, is Australia’s only course of its kind, with her findings indicating a transformational change in her participants’ skills and identity as a result of this course.

As the Australian education context lacks SLD specialist tutors (Steeg & Firth, 2011), participants in the present study trialled engagement with a range of educators, tutors or learning skills advisors until they found support congruent with their SLD profile. Rather than SLD-trained professionals providing specific interventions as highlighted in international literature, participants in the present study ‘shopped around’ until they found appropriate support. Consequently, it was found that the supports of greatest relevance were those that aligned with each individual’s unique profile of strengths, weaknesses and processing preferences. Knowledge of the SLD profile is therefore even more significant in the Australian context, with this information guiding the selection of the most relevant supports.

An exploration of the context of inclusive pedagogical approaches found that vocational education settings are the most common context for students with SLDs to feel included without additional adjustments. Here it was found that the practical instructional delivery mode resulted in a pedagogical style that aligned with the SLD profiles of many participants. Participants voiced their appreciation for opportunities for practical demonstrations and flexibility in reporting subject knowledge. This was a typical experience across vocational education settings, indicating that this delivery style presents with the least SLD-related barriers, and that such approaches are likely to be embedded at the education system level. This suggests that this is a macro-system response to SLD inclusion. However, these educational approaches are less likely to be a result of intentional inclusion of students with SLDs; rather they are provided in compliance with overarching universal design principles that foster inclusion for all (Edyburn, 2010). Participants in this study indicated a greater uptake and appreciation of such supports when they had an SLD diagnosis. Once diagnosed, participants were more informed about the types of universal design supports of relevance to their particular requirements. This finding extends the literature on universal design approaches by suggesting that the SLD label and corresponding profile plays a central role in enabling students to access the most useful supports that foster educational inclusion.

In the present study, teacher-initiated support within the mainstream classroom was recognised as most effective when both the educator and participant were aware of the SLD
label and corresponding profile. Participants particularly identified appreciation for educators who, despite being aware of their SLD, did not single them out in the mainstream classroom, yet ensured that they were included through congruent pedagogical techniques. Student-focussed inclusive education practices are supported in the literature in contexts where approaches addressed the specific needs of each individual learner within the mainstream classroom (Rieser, 2012; Slee, 2010; van Swet et al., 2011), with inclusionary requirements typically identified through an SLD diagnosis (Denhart, 2008; Glazzard, 2010; Munyard et al., 2008; Rath & Royer, 2002; Skues et al., 2011; Tanner, 2010; Taylor et al., 2010). Inclusive techniques such as differentiation are recognised as of relevance in the present study and in the literature as an approach that caters well for a variety of learning needs, including those of students with SLDs (Glazzard & Dale, 2015).

This study supports the application of student-focussed teaching, such as that promoted by van Swet and colleagues (2011), to foster the mainstream inclusion of students with SLDs. This approach differs from RTI and 3 Waves of Intervention, in that educators are encouraged to be aware of the learning profiles of all students, and to tailor their classroom teaching accordingly. When delivered well, student-focussed approaches such as differentiation provide a platform for student consultation and use of the SLD diagnosis and profile to ensure inclusive strategies accommodate students with SLDs. Ultimately, findings demonstrate that there was a greater sense of educational inclusion in contexts that drew upon relevant information from the SLD diagnosis, harnessing strengths, building on areas of weakness and tailoring teaching towards individual processing preferences.

The most consistently-successful education system-level acknowledgement of the SLD label was identified in the Australia-wide provision of disability and learning skills services in vocational education and university contexts. These services recognised SLD as a disability, and provided accommodations to the majority of the participants in this study, on the proviso that they presented with an up-to-date SLD diagnosis. This is supported by the findings of Tanner (2010) and Fry (2015), who affirm the provision and significance of tertiary disability services for students with SLDs. These services, along with other supports across all education sectors, were most empowering when they harnessed strengths, aligned delivery modes to processing preferences, and monitored student inclusion through individual consultations.
6.3 KEY FACTORS HINDERING EDUCATIONAL INCLUSION FOR STUDENTS LABELLED WITH A SPECIFIC LEARNING DISABILITY

In this section, the key overarching factors identified in the present study are discussed with reference to findings and the literature to illustrate their role in hindering educational inclusion for students labelled with an SLD. These factors are:

1) the absence of a formal diagnosis, resulting in no SLD label
2) no knowledge of SLDs
3) the absence of support or support not aligned with the SLD profile

6.3.1 No SLD Diagnosis Hindering Educational Inclusion

The absence of an SLD diagnosis was identified in this study as a key factor contributing to a sense of educational exclusion. Most participants reported that when they had not yet been diagnosed with their SLD, they were more likely to have a limited understanding of their own strengths, weaknesses and processing preferences. This was demonstrated through a feeling of frustration, confusion, lack of belonging, a sense of being misunderstood, and use of self-imposed labels such as ‘stupid’ and ‘dumb’ to define one’s self-identity. As a result, prior to diagnosis, many participants reported limited coping mechanisms and insufficient empowerment strategies for managing learning expectations in the mainstream classroom. Further to this point, when presenting without a diagnosis in many education settings, participants were often branded with a learning difficulties label, with educators presenting with reduced expectations and limited strategies to foster their inclusion in education.

Within the student domain, the absence of a diagnosis typically resulted in the application of stigmatising self-labelling such as ‘stupid’ or ‘dumb’. Attribution of failure, alongside negative self-imposed labels, presented as a critical factor in this study, especially when considering the time of diagnosis. For those diagnosed later in life, a process of reattribution occurred before accepting an SLD label in a positive and proactive manner. Participants diagnosed later in their time in education presented with regret about the delay in acquiring an SLD label, and stressed that they would have had an improved experience with education had they been diagnosed sooner. The self-imposed labels identified in this study reflect stigmatising language associated with low intelligence. This is affirmed by Goffman (1963), who stated that certain language or labels reinforce a sense of deviation from socially-normative expectations.
Attribution theory aims to give meaning to a particular characteristic, such as academic failure (Ridsdale, 2004). Attributing failure through self-blame is a common response for students prior to acquisition of an SLD label. In the present study, this typically resulted in participants globalising their poor academic performances, with this influencing their self-identity, which in turn led to negative self-labelling. In accordance with attribution theory, identifying a reason for poor performance is central to the formation of one’s self-concept (Ridsdale, 2004). This finding highlights the negative impact on students with SLDs when they have no rationale for their poor academic performance, and subsequently attribute this to a perceived level of low intelligence rather than an SLD.

Negative assumptions about low capacity typically result in a sense of exclusion for those with either the SLD label or associated characteristics. This is supported by Macdonald (2009), who showed that students in the UK reported a sense of stigmatisation and reduced expectations due to poor understanding of the SLD label. Also in the UK, participants in Riddick’s (1995) study felt stupid up until acquisition of their SLD label. Building on her earlier study, Riddick (2000) demonstrates that prior to being assigned a diagnostic label, many students received informal labels from parents, educators and peers, often with negative stigmatising connotations, and this resulted in an increased likelihood for students to appreciate their SLD label. The present study supports these findings, acknowledging that in the Australian education context, a limited sense of capacity and negative self-labelling is commonplace for students prior to an SLD diagnosis.

This study contributes to the body of knowledge on SLD labelling in the Australian context. It particularly highlights the risks inherent in the stigmatisation of students with the SLD label due to misunderstanding of the defining features of an SLD. One of the greatest impacts of the inaccurate perception of the SLD label in this study is that of educators presenting with reduced expectations of students with SLDs. This was particularly evident for participants who were rebranded with a learning difficulties label, and attended schools that freed them from difficult tasks rather than initiating interventions to address their weaknesses. This finding indicates that the Australian context commonly excuses students with SLD symptoms from challenging tasks based on the assumption that they are not able to perform at the same level as other students.

An aspiration/expectation discrepancy has been identified in this study, especially in contexts with poor awareness of the SLD label. Participant aspirations were frequently higher than they perceived individuals in their school and family domain had of them. Reduced expectations were typically portrayed by educators within the secondary education context,
resulting in limited education opportunities, including restricted transition pathways into tertiary education. This study shows that reduced expectations by educators have been particularly evident in contexts where individuals do not possess knowledge of SLDs. As a consequence, participants were isolated from the opportunities and expectations of the normative group. These reduced expectations by educators constitute a significant factor in limiting life outcomes for students with SLDs in the Australian context.

In cases where educators lacked relevant inclusionary strategies, the literature identifies reduced expectations by educators when confronted with students with the SLD label. For example, a US study reports provision of less tuition, more rigid teaching delivery and low career goals due to insufficient inclusionary strategies and a reduction in expectations of the capacity of students with SLDs (Kerr, 2001). This position is also supported by a study focussed on student perceptions of teacher expectations, with students reporting shorter assignments and an overall sense that their teachers expected less of them because of their SLD label (Barga, 1996). Tanner’s (2010) participants also identified a sense that educators and employers had reduced expectations of them. Building on this position, Rath and Royer (2002) claim that there is the risk that students with the SLD label are likely to adopt the reduced expectations conveyed by educators, and present with low aspirations. In contrast, many participants in the present study differentiated between how they perceived themselves and how others perceived them. Consequently, a number of participants explicitly identified selecting tertiary courses at a higher level than members of the school and family domain expected they could achieve, so as to prove others wrong.

Another dimension to the absence of a diagnosis and poor understanding of the SLD label is withdrawal from the mainstream learning context and subsequent assignment of non-diagnostic labels. In learning contexts where participants did not have an SLD diagnosis, or where their diagnosis was not understood, there is an indication that the learning difficulties label was typically assigned. This generally occurred while participants were in primary or secondary school. As a result of withdrawal into generic classes for students with learning difficulties, many participants identified an association with this label when there was no other explanation for their learning barriers, while others were rebranded with this label despite being diagnosed with an SLD. The application of the learning difficulties label is thought to further expound the confusion between SLDs and learning difficulties, which each have differing structures for viewing and responding to academic weaknesses.

The claim of risks associated with generic non-diagnostic labelling is supported in a number of international studies. Generic labelling, such as general reading difficulties, special
educational needs and learning difficulties, is thought to hinder inclusion, due to students being categorised within a stigmatised group (Barga, 1996; Macdonald, 2009). In response, the present study, coupled with international evidence, validates use of the SLD label over generic labels. This is because the SLD label provides specific diagnostic information and targeted strategies to cater for learning barriers (Glazzard, 2010; Taylor et al., 2010; Macdonald, 2009; Riddick, 1995, 2000). The findings therefore dispel the assumption that there is no significant difference between learning difficulties and SLDs (Gale, 2000).

The absence in Australia of a unified definition and consistent nomenclature for SLD is evident throughout this thesis. This impacts on the diagnosing and recording of the number of students with SLDs in Australia’s education systems. The population of students likely to have an SLD is therefore not reflected in Australia’s primary or secondary education statistics; this is likely to be due to SLD not being recognised as a funded disability group. This further restricts the Australian education system’s recognition of and response to the genuine support requirements for students with an SLD.

Findings indicate an increased likelihood for the delay in a diagnosis in Australia, due to the absence of system-wide funded assessment processes. By contrast, in the US, UK and Canada, funding is embedded in education system laws and policies to provide for an SLD diagnosis (Firth, 2010b; Williams, 2013). As affirmed in the literature, the absence or delay in acquiring a diagnosis, especially in contexts with limited SLD knowledge and inadequate supports, is more likely to lead to negative life outcomes for students with SLDs (Boon, 2001; Skues & Cunningham, 2011; Smart et al., 1996; Tanner, 2010). For example, in a Melbourne study, Skues and Cunningham (2011) provide evidence of the over-representation of students with SLDs in school refusal, delinquency, incarceration, unemployment and mental health conditions.

6.3.2 No SLD Knowledge Hindering Educational Inclusion

The absence of accurate SLD knowledge is identified in this study as restricting opportunities for equitable participation in education for students with SLDs. Limited SLD knowledge by parents within schools, tertiary settings and overarching education systems was found ultimately to contribute to a sense of being misunderstood. This often resulted in the relabelling with a stigmatising non-diagnostic label. Limited awareness of the SLD label within schools, as well as minimal recognition of SLD as a disability group in policies governing primary and secondary education departments, was commonplace for study participants.
Within the student domain, the absence of information to explain learning barriers typically results in a sense of frustration and confusion. This was particularly the case when participants compared themselves to classmates without disabilities. A range of self-imposed stigmatising labels were evident pre-diagnosis, likely to be in response to the absence of a formal SLD label, and to studying in a context with limited or no knowledge of SLDs. Many participants shared examples of poor SLD awareness pre-diagnosis by those in the school and family domain, which inhibited opportunities to acquire a formal SLD label.

According to the present study, peers, educators and education authorities in Australia possess insufficient knowledge of SLDs, especially in primary and secondary schools. Findings indicate an association between this limited knowledge of SLDs and the provision of inappropriate treatment and ineffective support by teachers. Poor SLD awareness was also evident among some disability professionals assigned to support students with a range of learning barriers. This particularly impacted participants, as the very professionals entrusted with the expectation that they would possess relevant knowledge failed to deliver empowering supports to some participants in this study.

Participants particularly exhibited self-doubt in relation to their understanding of their SLD label when they interacted with teachers who presented with low SLD awareness. Limited knowledge of SLDs was particularly manifested in the projection of blame onto the student for poor academic performance, and this frequently resulted in negative self-labelling. The literature maintains that limited knowledge and understanding of SLDs contributes to poor teacher responses in Australian schools (Munyard et al., 2008; Rivalland, 2000), with students presenting with a sense of exclusion due to their learning barriers being inadequately supported (Ash et al., 1997; Firth, 2010a; Jenkinson, 2006; Munyard et al., 2007; Skues et al., 2011).

In the present study, participants revealed the need to conceal their SLD, not only to educators but also to fellow students. Disclosure was influenced in this study by external perceptions, assumptions and beliefs about the SLD label, and individuals were least likely to disclose if they believed that others did not possess knowledge of the SLD label. Consequently, concealing one’s SLD characteristics was common, with a range of strategies adopted to avoid exposing areas of weakness.

Concerns over disclosure are supported in the literature, with Hellendoorn and Ruijsseenaars' (2000) Dutch study pointing out student concern regarding disclosure due to the fear of being misunderstood. This was also evidenced in a Greek study, where students with SLDs avoided disclosure because of a fear of stigma related to SLDs (Stampoltzis &
Polychronopoulou, 2009). Tanner (2010) acknowledges the Australian context as one with limited SLD awareness, and as a result recommends consideration of the educational and social framework in which the student with the SLD label is placed before promoting its disclosure. This draws attention to the finding that not all settings have sound awareness of the SLD label, with the possibility that students may encounter negative rather than inclusive responses as a result of misunderstanding of their impairment. In accordance with the social model of disability (Connor, 2013), findings suggest that rather than continued concealment of the SLD label, awareness of this label needs to be raised in order to overcome stigma related to inaccurate knowledge and poor acceptance of students with SLDs.

Macro-system level awareness through education systems is significant in ensuring that laws, education systems and policies reflect the SLD label. The literature review revealed a particularly low level of awareness of the SLD label in Australia at education system, legislative and policy levels (Bond et al., 2010; Payne & Irons, 2003). However, it is the education system domain that is responsible for fulfilment of rights and the educational inclusion of students from all disability groups, including those with an SLD. Acknowledgement of SLDs and congruent systemic supports driven from the macro-system level therefore play an influential role in fostering educational inclusion throughout all layers of the bio-ecological model.

6.3.3 Supports Not Aligned with the SLD Profile Hindering Educational Inclusion

Findings from this study have identified that when support is not aligned with the SLD profile, the educational inclusion of students with SLDs is hindered. Participants spoke of pedagogical approaches that excluded rather than included their participation in learning opportunities. The absence of SLD empowerment strategies also restricts the ability to participate in education, as participants lack the independent skills required to partake in academic tasks. A lack of skills and the absence of appropriate support can result in the reliance on a single skill or talent. Although useful in fostering retention in education, this was not regarded as empowering for study participants, as they continued to experience barriers in most, if not all, academic tasks.

The type of support not aligned with the SLD profile found to be most disempowering to study participants was being placed in withdrawal programs in primary and secondary schools. Placement in these programs was typically associated with being rebranded with a learning difficulties label and taught with inappropriate pedagogical strategies. Consequently, the lack of support necessary to develop independent study skills, insufficient inclusive
pedagogical strategies, and inadequate system-wide inclusionary approaches combined to generate barriers to inclusion for students with SLDs.

Within the student domain, findings indicate that the absence of independent skills had a disempowering impact on students with SLDs. Prior to the establishment of SLD empowerment strategies, participants were more likely to feel frustrated by barriers in completing academic tasks. Participants diagnosed later in their time in education particularly reflected a sense of frustration at the limited opportunities to develop independent SLD empowerment strategies. The lack of independent study skills resulted in the increased likelihood of self-imposed disempowering and stigmatising labels.

This finding supports that of a number of international and Australian studies, which highlight student disempowerment when necessary academic skills are underdeveloped. For example, Firth and colleagues (2007) found that students with SLDs had insufficient coping mechanisms, a passive learning style, low self-regulation, and a sense of social exclusion. Tanner (2010) also demonstrated that her participants lacked the required literacy skills for educational success.

When in a context with inappropriate supports, participants became dependent on individual strengths or talents. Although this can be recognised as a factor fostering inclusion, it was only of value in contexts with significant academic barriers and no congruent supports. Participants consequently expressed a sense that they were restricted in opportunities to improve on areas of weakness, and felt that if failure was common in all other academic areas, their single area of strength was their only possibility to experience success.

In contrast, reliance on strengths has been identified, and in many cases promoted, in a number of international studies. For example, in the Greek context, success in non-academic areas such as sport was promoted as significant for students with SLD due to failure in classroom activities (Stampoltzis & Polychronopoulou, 2009). A Scottish study involving 68 children with dyslexia also illustrated a focus on areas of strength in protecting students from feeling disempowered through academic failure (Terras et al., 2009). Consequently, due to the education context possessing barriers to inclusion, the literature displays a trend towards the promotion of strengths.

The emphasis and reliance on a single skill area, although significant at the time, highlights limitations in inclusion in the education context. This points to barriers in the many learning contexts in Australia where education providers present with minimal knowledge of SLDs and a lack of inclusionary supports. This consequently restricts students to reliance on an area of talent, rather than developing capacity in a wide range of academic areas. Reliance
on a strength, to the exclusion of working on areas of weakness, suggests that education contexts avoid building student capacity. This can result in a limited uptake of evidence-based strategies that build on these areas, and leave many students with SLDs without the basic literacy and numeracy skills necessary for successful participation in education. As a result, this study acknowledges as a risk factor the reliance on a single area of strength when other academic skills are underdeveloped, and suggests that under such conditions, educational inclusion continues to be restricted.

This finding contradicts the promotion of a sole focus on strengths (Davis, 1994). Rather it suggests that greater attention needs to be paid to education system barriers, alongside the provision of opportunities for capacity development in areas of weakness for students with SLDs. This response encourages exposure to the full complement of educational opportunities, helping to ensure that education is free of barriers, and equitable for students with SLDs. This extends the findings from numerous international studies that emphasise promoting strengths for students with an SLD. Consequently, this finding offers a nuanced view of strengths through the support of Bronfenbrenner’s (1999) bio-ecological model, facilitating insight into the relationship between the individual and their environment. Findings illustrate that strengths are particularly valued when success in areas of weakness is limited, and when no supports are available to build student capacity in all academic areas. Thus students are likely to remain feeling disempowered as educational participation continues to present with numerous barriers, with students unsupported and under-skilled to manage the majority of their classroom activities.

Building on the risks associated with reliance on a single strength or talent, limited educator attention to SLD empowerment strategies was evident in this study. There were numerous examples of schools freeing participants from difficult tasks rather than address their weaknesses. Interventions that focussed on avoiding areas of difficulty were identified by a number of participants, who in turn expressed a sense of disempowerment when excused from learning opportunities as a result of SLD-related barriers. Responses by teachers to individuals with an SLD were found to be particularly stigmatising when teaching strategies did not align with processing preferences, hindering student participation in education. Associated with this, one specific consequence of the lack of aligned support was evidence of task avoidance behaviour. For example, subject and tertiary course selection by participants in this study reflected a desire to avoid tasks that focussed on their weaknesses. Task avoidance was common for individuals with no diagnosis, no knowledge of SLDs in the learning environment, and limited SLD empowerment strategies. Task avoidance behaviour was also
evident when family members and school staff did not have knowledge of SLDs, and could not offer suitable supports. Consequently, these conditions should be noted as factors contributing to the engagement in task avoidance behaviour by students with SLDs, ultimately hindering their inclusion in education. This finding extends on Australian studies by offering the rarely-elicited student voice in regard to factors contributing to their current sense of exclusion in many education settings in Australia.

Within the education system domain, structures well embedded in education systems across the world identify with normative standards, and consequently exclude students who fail to meet these expectations. For students with SLDs, Brown (2009) identified oppressive structural barriers in the Canadian education system, indicating an evident power imbalance in this context. As such, it is thought that the dominant education structures favour members who perform at or above benchmark standards, and stigmatise individuals unable to meet these demands (Tanner, 2010). Unlike many other developed countries, reference to SLD in Australia is obscure at legislative and policy levels, further diminishing access to support for students with the SLD label.

Complicating the promotion of SLD inclusion at the macro-system level is the range of nomenclature associated with this disability in the Australian education context. In particular, the present study affirms the findings from other Australian studies, acknowledging that the learning difficulty label is frequently interchanged with the SLD label, with both labels poorly understood by educators and disability professionals (Firth, 2010a; Payne & Irons, 2003; Munyard et al., 2008; Skues & Cunningham, 2011; Westwood, 2008). As a result, debate continues in the Australian context in regard to defining SLDs, with the dominant learning difficulties label reflected in current policy and practice (Tanner, 2010).

A poignant theme in this study is the value of the distinction between the SLD label and the non-diagnostic labels that often result in separation from the normative group. When categorised alongside students with a range of learning difficulties, participants in this study expressed a sense of disempowerment, as their particular strengths, weaknesses and processing preferences were not understood or supported. Withdrawal classes were frequently initiated by primary and secondary schools, based on their perception that students were unable to keep up with mainstream learning expectations. Placement in withdrawal classes, recognised as ‘special ed’ or the ‘dumb ass’ class, were identified as inappropriate and disempowering for participants in this study. This intervention highlights an education system unaware of specific learning barriers, congruent accommodations or the learning potential of students with SLDs.
The vast majority of participants expressed frustration and disempowerment when recalling withdrawal from the mainstream classroom into classes where they felt unsupported, ignored or excluded. Findings from the present study extend Australian studies by emphasising risks with the learning difficulties label and the associated placement in withdrawal programs. This was validated by evidence from participants, illustrating that SLD-related barriers and support requirements are not taken into consideration when there is re-categorisation into a non-specific learning difficulties group. This finding is particularly relevant within SLD research in Australia, as it reinforces that students with SLDs seek to have their disability label recognised and to be catered for within the mainstream learning environment. The application of precise diagnostic labels therefore plays an important role in providing a sense of educational inclusion for students with SLDs.

6.4 IMPLICATIONS OF THE STUDY

This section discusses the implications for practice, policy and theory in the field of educational inclusion for students with SLDs. Implications from this study and recommendations for identification and support for students with SLDs are of relevance in primary, secondary and tertiary education contexts. Although the findings relate to the Australian education context, results may also be of relevance in other settings, particularly contexts where SLDs are not well understood or supported.

6.4.1 Implications for Practice

Several factors have been identified in this study that can contribute to fostering an empowering sense of educational inclusion for students with SLDs in the Australian education context. The combined factors of an SLD diagnosis, knowledge of SLDs and supports aligned with the SLD profile are recognised in this study as playing a central role in the educational inclusion of students with SLDs. In practice, such factors should be recognised not in isolation, but as a combined collection of inputs designed to maximise awareness, independence, empowerment and the successful participation in education for students with SLDs.

Access to an SLD diagnosis in the early years of primary schooling is advised so as to foster a positive sense of self-awareness for students, improve parent and educator knowledge, and encourage education systems to be more responsive to the learning needs of the population of students with SLDs. Based on the current limited awareness of SLDs in the Australian context, it is important that those in a position to promote access to an assessment do so. Parents, disability specialists, SLD organisations and educators with knowledge of this
disability should therefore continue to play an active role in encouraging individuals with indicators of an SLD to source a formal diagnosis.

Individuals, especially in the school and family domain, are encouraged to develop and share knowledge of SLDs. Such knowledge not only promotes access to an assessment and accurate labelling of students with SLDs; it also offers a precise reason for learning barriers, and increases the likelihood of the provision of congruent supports. Thus opportunities to share knowledge through professional development and parent information sessions should be established and encouraged. This is likely to contribute to parents, educators, disability support staff and students being equipped with information that will foster the mainstream inclusion of students with SLDs. With the learning context possessing an improved awareness of this disability group, it is more likely that students will apply their SLD label with a greater sense of confidence to negotiate appropriate inclusionary supports. In addition, educator knowledge of SLDs, and the individual's SLD profile, can improve teacher–student consultations, enabling the most appropriate interventions to be determined. Within the school and family and education system domains, this knowledge supports the establishment of a culture of understanding and acceptance of students with SLDs.

As identified in the present study and in the literature, an SLD diagnosis and knowledge of SLDs encourages establishment of accommodations more reflective of the individual learning requirements of students with SLDs. Therefore all supports, including the important dimension of SLD empowerment strategies, should be facilitated through use of the diagnosis and SLD profile. Appropriate supports and pedagogical interventions are much more likely in a context where students are diagnosed and there is SLD knowledge. Under such conditions, there is greater likelihood of the provision of supports that will increase the educational inclusion and learning opportunities for students with SLDs. These factors should be realised in practice so as to ensure that the estimated 10% of students with SLDs are adequately catered for across all education systems.

The risks associated with maintaining Australia’s status quo in regard to restricted opportunities for a diagnosis include stigmatising self-labelling, generic non-diagnostic labelling and the associated exclusionary practices and negative life outcomes resulting from these inaccurate labels (Boon, 2001; Skues & Cunningham, 2011; Smart et al., 1996; Tanner, 2010). Without a diagnosis, students with SLDs lack an explanation for their learning barriers, are less likely to receive congruent supports, and are at greater risk of task avoidance behaviour and disengagement from education. In relation to students without a diagnosis, individuals and those in the school and family domain should be cognizant of the typical
factors of stigmatising self-labelling, self-blame for weaknesses, and an increased likelihood of failure. Educators and disability professionals are advised also to monitor the emotional implications associated with the absence of a diagnosis, along with the reframing process that can result from a diagnosis later in life.

In Australian primary and secondary schools, inaccurate knowledge of SLDs increases the likelihood that students with SLD symptoms will be isolated from the normative group. This is typically associated with students feeling stigmatised as a result of unexplained SLD characteristics. The association of generic labelling and placement in withdrawal programs is particularly important to note, as such practices risk alienating students, diminish expectations, and limit opportunities for skill development. It is therefore important for the education system to be aware that the assignment of stigmatising non-diagnostic labels, commonly associated with the absence of a diagnosis and inaccurate knowledge of SLDs, results in a greater sense of exclusion for students from this disability group. If limited opportunities to source an early diagnosis, poor knowledge of SLDs, and limited inclusionary pedagogical strategies prevail, these factors are likely to play an ongoing role in restricting educational inclusion of students with SLDs in Australia.

6.4.2 Implications for Policy

Findings from this study, and from the literature, affirm Australia’s confusion and discrepancy in relation to recognition of SLD as a disability group. Contention over SLD labelling and nomenclature impacts on the development and delivery of effective policy. This confusion over the meaning and application of the SLD label exposes Australia in particular as a context with inadequate understanding of the defining features of SLDs.

Evidence throughout this thesis points to the value of an SLD diagnosis. In contrast with the Australian education system, access to a diagnosis in the US, UK, Canada and the Netherlands has been addressed at policy level (Firth, 2010b; Steeg & Firth, 2011). To respond to Australia’s current policy gap in acknowledging and supporting students with SLDs, it is advised that the SLD label should be clearly defined, and students with indicators of an SLD should be referred for a funded assessment. In addition, embedding SLD as a discrete disability category, distinct from other learning difficulties, is likely to improve acknowledgement of this disability group at policy level.

Clarity of SLD nomenclature and a precise definition is likely to improve the effective provision of targeted interventions for students experiencing the unique learning barriers associated with this disability. In the Australian context, this will require both a shift from the
current non-labelling stance (Shaddock et al., 2009), and avoidance of the application of

generic non-diagnostic stigmatising labels (Firth, 2010a; Tanner, 2010). This paradigm shift is

important in the recognition of SLD as a disability. This in turn fosters the education system’s

legislative accountability to students with SLDs.

Acknowledgement of SLD as a distinct disability category is an important first step in

validating the educational barriers and support requirements related to this disability group.

This will allow all education bodies to collect data in order to better identify and monitor

students with SLDs. Although there is evidence that some students with SLDs are identified

and supported in Australia’s vocational education and university contexts, there continue to be

limitations in student disclosure, which restricts the monitoring of students as they transition

from one context to the next. The current limitations in identifying and recording SLD

prevalence tends to result in an underestimate of the number of students with SLDs in many

education systems. This in turn impacts advocacy for adequate and appropriate support for

students from this disability group. This is particularly relevant in the Australian context, where

there are currently no funding schemes to support the identification of SLDs (Firth, 2010b;

Steeg & Firth, 2011).

Access to funded SLD assessments is likely to improve data on the actual prevalence

of SLDs across Australia’s schools, vocational education providers and universities. Such

statistical data is likely to demonstrate, as in the US, that SLD is one of the largest disability

categories, if not the largest, in mainstream learning contexts (Kavale & Spaulding, 2008). In

addition, funded assessments and improved data collection processes are likely to increase

awareness of SLDs, further influencing policy-makers to respond to the specific inclusionary

support requirements of this disability group.

In comparison to many other developed countries, Australia presents poorly in regard

to educational supports for students with an SLD. To reduce the current level of stigma and

misinformation propagated about SLDs in the Australian education sector, improved

knowledge of SLDs is recommended. A precise SLD definition and opportunities to gain

knowledge on SLDs are likely to assist educators and disability professionals in designing

appropriate academic interventions. Some useful strategies to respond to the current

knowledge gap in the Australian education context include a compulsory subject on SLDs

being embedded in all pre-service teacher training programs; in-service teacher training on

SLDs; parent information sessions; specialist SLD-trained professionals embedded in schools,
vocational education providers and universities, similar to dyslexia coaches found in the
Netherlands (Steeg & Firth; 2011); or specialist trained staff according to the dyslexia-friendly schools model in the UK (Firth, 2010b).

Support for students with SLDs is recognised as most empowering when designed and delivered in alignment with the individual’s SLD profile. When implementing policies that cater for the support requirements of students with SLDs, it is important to ensure that supports address student-focused mainstream pedagogical strategies as well as opportunities for skill development, especially in areas of weakness. Supports that are woven into the pedagogical practices of educators and organisational structures of education settings improve sustainability and build on whole-school inclusionary approaches.

This study has presented the learning context as an environment that can either include or remove barriers to inclusion for students with SLDs. In the present study, primary and secondary schools were typically named as contexts with limited empowering support. Students were more likely to be freed from difficult tasks, assigned a stigmatising learning difficulties label, and segregated into withdrawal programs. In contrast, the vocational education context presented with the least amount of education-related barriers. In this context, the SLD label did not always need to be disclosed, as some participants identified a barrier-free learning environment. Consequently, a number of participants did not register with a disability service for formal academic adjustments in the vocational education context. This finding has implications at policy level, due to the potential under-reporting of SLDs in environments with limited SLD-related barriers. Given that students with SLDs are less likely to require support in the vocational education context, there are also lessons to be learned about the current inclusionary practices occurring in such contexts that result in fewer SLD-related barriers.

In the present study, the university context was identified as a setting that frequently supported the development of SLD empowerment strategies. Here participants were not excused from academic tasks where their skills were underdeveloped, but rather were supported in building their capacity to undertake challenging academic tasks. In the university context, it was typically learning skills units that played a significant role in the capacity development of participants in this study, where the SLD profile was harnessed to determine the most congruent supports. As a result, there are lessons to be learned about the types of strategies most effective for students with SLDs, which would also be of value in student capacity development in other learning contexts.

Within the education system domain, the application of student-focused inclusive pedagogical practices and universal design approaches are encouraged. When aligned with
individual SLD profiles, these approaches have been identified as useful in fostering the mainstream inclusion of students with SLDs. Those responsible for promoting student-focussed pedagogy, and for developing universal design approaches, are therefore advised to consult with students, so as to embed further approaches that address the strengths, weaknesses and processing preferences of students with SLDs.

Findings suggest that current education policies in Australia are designed without considering the student perspective. As has been illustrated in the literature review, particular views in Australia risk propagating a non-labelling stance, with the potential for students to be ignored. This further limits educational inclusion for students with SLDs in the Australian context. As such, the voices of students with disabilities, especially those with hidden or non-evident disabilities such as SLDs, should be heard and responded to in the formation of policy, in order for systems to genuinely and authentically cater for those currently most marginalised from education.

6.4.3 Implications for Theory

In the review of literature, the process of identifying SLDs was described as a series of dance steps (McDermott, 1993). This position was expanded upon in Chapter 5, acknowledging the interplay between the cognitive presentation of an individual’s SLD and the environmental influences that they move in and out of. As such, the individual’s impairment and their environment have been jointly implicated in the formation of a disability. This position is in alignment with that identified in the World Report on Disability (World Health Organisation & the World Bank; 2011) and the United Nations Convention on the Rights of Persons with Disabilities (United Nations, 2006), where disability is regarded not purely through a biological lens, but rather through recognition of an impairment in interaction with environmental barriers. This also supports Poole’s (2003) recommendation, which suggests that SLDs should be viewed within an ecological perspective, and not simply through a medical or psychological lens. This thesis builds on Poole’s (2003) contention by illustrating the types of environmental influences evident in Australia that foster or hinder educational inclusion for students with SLDs.

Poole’s (2003) retreat from the pure cognitive focus of SLDs, in conjunction with Bronfenbrenner’s (1999) bio-ecological model, were conceptualised in the previous chapter in order to create a framework for understanding the influences and implications of an SLD in the education context. The bio-ecological framework presented in Chapter 5 positions three domains of influence: 1) the student domain, 2) the school and family domain and 3) the
education system domain. These three layers of influence provide a framework to support the theoretical understanding of SLD as a lifelong cognitive impairment that interacts with a range of environmental influences. All factors within this model are recognised as affecting the degree of educational inclusion or exclusion of students with SLDs. This model acknowledges SLD not as a static impairment, but as one that is influenced by one’s environment. Likewise, environmental factors can alter through influences of the student and others, resulting in the reduction or addition of learning barriers.

In contrast to the present study, Tanner (2010) contests that the use of Bronfenbrenner’s concentric circles approach reinforces a deficit perspective by situating the individual in the centre. She suggests that this model requires the individual to fit the requirements of the system. As a result, Tanner (2010) recommends repositioning the student in Bronfenbrenner’s model through use of a river analogy, with the river representing the exo-system, micro-system and the individual, and the landscape representing the macro-system. However, the present study does not acknowledge Bronfenbrenner’s (1999) bio-ecological model as portraying a deficit ideology, and therefore has not made any adjustments to the model, such as that of Tanner. Rather, the interpretation of Bronfenbrenner’s (1999) model in this thesis serves as a theoretical framework to understand the student perspective and the layers of environmental influences that impact their sense of inclusion or exclusion from education.

The presentation of Bronfenbrenner’s (1999) bio-ecological model is applied in this thesis as a framework to acknowledge the individual as a central and active participant in their environment, one who influences and is influenced by bi-directional relationships and factors within the school and family domain (micro-system) and the education system domain (macro-system). The conceptual application of this model can be applied to theory through using the domains of the student, school and family and the education system as the critical layers of influence in the educational inclusion of students with hidden disabilities such as SLDs. Consequently, the centrality of the student, rather than being perceived as perpetuating deficit ideology as suggested by Tanner (2010), is regarded as promoting a person-first and student-focussed ideology, where the individual is central in their perceptions of, and interactions with, their environment.

Within this study, the individual’s impairment and the environment are regarded as active contributors in the generation of a disability. This definition of disability is articulated in Article 1 of the UNCRPD (United Nations, 2006). The implication of this position reinforces that students with SLDs can be more or less likely to be included in education, depending on
the combination of their coping mechanisms and the presence of barriers or accommodations within the learning environment. This encourages acknowledgement of the impact environmental factors have on the presentation of an SLD. This position promotes a move away from the pure medicalised focus on the individual's impairment, and recommends that assessors, educators, disability specialists, parents and students also explore and challenge factors within the school and family domain along with the education system domain, which are implicated in the formation of an SLD.

This study has affirmed a variety of presentations of SLDs. As such, SLD is not considered as a homogenous disability group. Rather each student presents with their own unique profile. In this thesis, the SLD profile has been presented as a means of describing an individual's strengths, weaknesses and processing preferences. The application of the SLD profile is significant in reinforcing that no two students with an SLD will present in the same way. Not only do students demonstrate differences in experiences, environmental influences and coping mechanisms, but different areas of cognitive functioning is also affected within the presentation of an SLD. Use of the SLD profile as a means of conceptualising an individual's SLD diagnostic information within their educational context is therefore useful in acknowledging the varied presentations of an SLD in interaction with environmental influences.

Throughout this thesis, there has been an intentional and consistent use of the term SLD to describe what is otherwise referred to by the alternate diagnostic terms of learning disability, dyslexia or specific learning disorder, or through the non-diagnostic generic terms of learning difficulty or learning difference. Many authors interchange diagnostic and non-diagnostic terms, perpetuating the current confusion related to the nomenclature of SLDs. The application of non-diagnostic terms is of particular concern, as such terms suggest that SLDs may not constitute a disability that requires specific accommodations, but rather are to be viewed as a difference or difficulty that can be remediated. Such a perspective risks blaming the learner, rather than acknowledging that SLD is a legitimate disability group with genuine lifelong learning barriers that need to be catered for in order to create a level playing field. The risks associated with a paradigm shift away from a diagnostic label are therefore worth noting at a theoretical level, as ontological perspectives of disability play a significant role in accessing and legitimising a formal disability diagnosis.
6.5 RECOMMENDATIONS FOR FURTHER RESEARCH

A number of opportunities for further research have emerged from this study, particularly in contexts with limited awareness of SLDs. First and foremost, research into the reason behind Australia’s inadequate response to students with SLDs, including the rationale behind the non-labelling stance, would be of value. Such findings would build on this and other Australian studies, and potentially enhance systemic advocacy for improved awareness and diagnostic opportunities for students with SLDs. In addition, further studies would be of value in regard to effective methods of strategically and systemically building awareness and knowledge of SLDs. This information would assist in establishing effective in-service training and professional development opportunities designed to raise awareness of students with SLDs in the education system.

This study has revealed variations in the ways in which students with SLDs are received and accommodated across primary, secondary, vocational education and university contexts. Although it was identified that supports aligned with the SLD profile are empowering for students with SLDs, further research is recommended to determine the types of academic interventions that are most successfully matched to common features of an SLD. A review of the effectiveness of current accommodations available in Australia would be useful, given that evidence from this study has identified significant variation in the effectiveness of supports. For example, further research is recommended into the effectiveness of interventions designed to develop areas of weakness, such as techniques related to Teaching English to Speakers of Other Languages and use of inclusive technologies.

To improve understanding of the phenomenon of SLD in education, further studies are recommended in regard to the lived experience of students with SLDs, along with those who regularly interact with this student population. For example, further studies on why students with SLDs find some learning contexts more inclusive than others would not only inform individual educators on effective pedagogical practices, but would also inform the design and delivery of inclusive education programs.

6.6 CONCLUDING COMMENTS

This study focussed on the lived experiences of a sample of students with a diagnosed SLD within the Australian education context, with particular attention on the role of the SLD label in fostering or hindering educational inclusion. The analysis of discourses associated with SLD labelling and the contextualisation of student experiences has identified a
range of individual and environmental factors that influence inclusion or exclusion of students with SLDs.

Australia’s limitations in regard to identification and support of students with SLDs is of particular significance to this study. Australia has been identified as a context where SLDs are complex to identify, poorly understood, and inadequately supported. This situation is contrasted by progress in a number of other countries, where SLD is acknowledged as a disability, reflected in education policy, and where students with SLDs are diagnosed and supported in the mainstream learning environment. Australia’s confusion associated with the SLD label has resulted in the absence of a unified definition and inconsistent language to describe SLDs. Poor awareness of SLDs, and the high risk of its confusion with other potentially more stigmatising conditions, is likely to have contributed to the provision of incongruent accommodations. This further excludes students with SLDs from educational opportunities.

The SLD label, acquired through a detailed assessment, has been identified as the most effective mode for identifying educational barriers and generating suitable inclusionary solutions. If schools, vocational education providers and universities improve access to an SLD diagnosis, increase knowledge of SLDs, and ensure that supports align with SLD profiles, then an inclusive learning environment can be attained. This is ultimately likely to play a significant role in success in education and improved life outcomes for students with SLDs. Thus accuracy in defining an SLD, including the identification of strengths, weaknesses and processing preferences, is likely to play a paramount role in the subsequent application of appropriate inclusive education strategies.

The evident lag in the Australian education system in regard to legislative, policy, financial and education system support for students with an SLD highlights a context in need of reform, and a targeted, strategic, system-wide response to this disability group. In summary, a formal diagnosis, knowledge of SLDs and aligned supports empower students, inform educators and improve systemic awareness of the number of students experiencing education barriers due to an SLD. It is anticipated that in turn, such responses will improve the recognition of this disability group in laws, policies and education practices. This information will not only explain why a sub-set of students in Australia’s schools and tertiary institutions is not learning according to expected norms, but will also provide access to strategies to educate and include this group of learners. Legitimising SLD as a funded disability group, supported by all education systems across Australia, will ultimately acknowledge the voices of the participants in this study.
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APPENDIX: CONFIRMATION OF ETHICS CLEARANCE

From: Anne Cain  
Sent: Friday, 27 February 2009 11:41 AM  
To: Cunningham, Everarda  
Cc: Wilkins, Keith; Joanne Webber  
Subject: SUHREC Project 2008/120 - Ethical Clearance

To: Dr Everarda Cunningham and Ms Joanne Webber  
FHFL

Dear Arda and Joanne

SUHREC Project 2008/120  Transition experiences for tertiary students with Learning Disabilities  
Dr Everarda Cunningham  
FHFL  Ms Joanne Webber  
Approved Duration: 26/02/2009 To 31/07/2010

I am pleased to advise that the Chair of SHESC3 (or delegated member) has approved the revisions and clarification as emailed by you on 18/02/2009 in response to previous communication (SHESC emails 19/11/2008 and 18/02/2009). Clearance is being issued on the understanding that the use of the student’s RMIT email for a Swinburne supervised project does not present a problem for RMIT.

Unless otherwise notified, human research activity in the project may commence in line with standard or any special conditions for on-going ethics clearance.

The standard conditions for ethics clearance include the following:

- All human research activity undertaken under Swinburne auspices must conform to Swinburne and external regulatory standards, including the current National Statement on Ethical Conduct in Research Involving Humans and with respect to secure data use, retention and disposal.
- The named Swinburne Chief Investigator/Supervisor remains responsible for any personnel appointed to or associated with the project being made aware of ethics clearance conditions, including research and consent procedures or instruments approved. Any change in chief investigator/supervisor requires timely notification and SUHREC endorsement.
- The above project has been approved as submitted for ethical review by or on behalf of SUHREC. Amendments to approved procedures or instruments ordinarily require prior ethical appraisal/clearance. SUHREC must be notified immediately or as soon as possible thereafter of (a) any serious or unexpected adverse effects on participants and any redress measures; (b) proposed changes in protocol; and (c) unforeseen events which might affect continued ethical acceptability of the project.
- At a minimum, an annual report on the progress of the project is required as well as at the conclusion (or abandonment) of the project.
- A duly authorised external or internal audit of the project can be undertaken at any time.

Please contact me if you have any queries or concerns about on-going ethics clearance. The SUHREC project number should be cited in communication.

Best wishes with the project.

Yours sincerely

Anne Cain  
Secretary, SHESC3  
Swinburne University  
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