WHEN EDUCATIONAL SUPPORT IS JUST NOT ENOUGH: ADULT STUDENTS DIAGNOSED WITH DYSLEXIA IN TECHNICAL AND FURTHER EDUCATION (TAFE)

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Dyslexia; Adults; Technical and Further Education; social identity; Relational: Hyphenated-Self; Support and Services; Street-Level Advocates; Sociological Research; Advocacy
Abstract

This research focused on the exploration of 22 adult students diagnosed with dyslexia\(^1\), as well as Disability Service Officers (DSOs) who supported adult students in five Queensland Technical and Further Education (TAFE) Colleges/Institutes. Adult students diagnosed with dyslexia ‘perceived’ having a social identity different from others without dyslexia, which became evident from experiences in childhood, adolescence, and young adulthood. The lifelong barriers emerged from the analysis of one-on-one interviews, while enrolled in TAFE courses.

Adult students diagnosed with dyslexia revealed they had a marred social identity, compared to people without dyslexia, as identified in this thesis. A social identity was evident in adult students diagnosed with dyslexia due to their vulnerability; which played out in cultural and global contexts, eventuating in a relational: hyphenated-self. In this embedded case study, there was an interactional relationship at the micro-social level of servicing and supporting of adult students. Disability Officers became advocates for adult students diagnosed with dyslexia; through their Professional Agency in TAFE contexts. In addition to advocacy, DSOs were caring, some had ‘a calling’, supported students with Formalised Disclosure, and have ‘professional agency’ in TAFE, being the case-manager of adult students diagnosed with dyslexia. Essentially DSOs practiced good deeds in their practise. In addition to advocacy, some DSOs were autonomous in their discretionary practices and went outside of TAFE, in order to access funding and services for adult students diagnosed with dyslexia.

The case comparison is under-emphasised in this thesis, due to the micro-social focus on adult students diagnosed with dyslexia and DSOs relationship in this study. Primarily, DSO advocacy was the essential support for adult students diagnosed with dyslexia in all five TAFE Colleges. Cases are discussed throughout the chapters, which relate to the embedded case analysis and the five TAFE Colleges within Queensland.

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\(^1\) Adult students diagnosed with dyslexia also represent adult students who have a Learning Disability (see Chapter 2, 2.1.2, and 2.2) and have difficulties with reading, writing, spelling and textual comprehension challenges in TAFE. Dyslexia was not a recognised disability in TAF until changes occurred in the ‘Diagnostic and Statistical Manual of Mental Health’ (DSM, 2013), only then was dyslexia recognised.
### List of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AQTF</td>
<td>Australian Quality Training Framework</td>
</tr>
<tr>
<td>ANTA</td>
<td>Australian National Training Association (non-existent)</td>
</tr>
<tr>
<td>DAAWES</td>
<td>Disability Apprenticeship Award Wage and Employment Scheme</td>
</tr>
<tr>
<td>AASN</td>
<td>Australian Apprenticeship Support Network: 2016</td>
</tr>
<tr>
<td>DDA</td>
<td>Disability Discrimination Act</td>
</tr>
<tr>
<td>DET</td>
<td>Department of Education and Training</td>
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<tr>
<td>DSE</td>
<td>Disability Standards of Education</td>
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<tr>
<td>DS</td>
<td>Disability Services</td>
</tr>
<tr>
<td>DSOs</td>
<td>Disability Service Officers and Disability Officers</td>
</tr>
<tr>
<td>DSS</td>
<td>Disability Support Staff</td>
</tr>
<tr>
<td>LD</td>
<td>Learning Disability</td>
</tr>
<tr>
<td>LSS</td>
<td>Learning Support Staff</td>
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<tr>
<td>RTO</td>
<td>Registered Training Organisation</td>
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<tr>
<td>TAFE</td>
<td>Technical and Further Education</td>
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<tr>
<td>VDSS</td>
<td>Vocational Education and Training Disability Support Scheme</td>
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<td>VET</td>
<td>Vocational Education and Training</td>
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Statement of Original Authorship

The work contained in this thesis has not been previously submitted to meet requirements for an award at this or any other higher education institution. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made.

Signature: _

Date: 26/4/17
Acknowledgments

I would like to acknowledge the wonderful people who have given me guidance, love, support, and friendship and I will acknowledge them in turn. Thank you from the bottom of my heart, for making me a whole person with a voice to help others who have dyslexia.

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For my darling parents, Ruth and Alan Mitchell. For them, this was only a dream. I always struggled in learning, and with great love and support from my darling parents, my academic goal will be achieved. They were always there to give encouragement for my aspirations and caring for the misnomers with continued love and affection.

My wonderful husband Tom, last, but by no means least, the person giving me a shoulder to cry on, laughter, and constant assistance throughout this journey. Tom never lost hope for my success in this academic world.

April, 2017
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CHAPTER ONE | RESEARCH OVERVIEW

This social constructionist study explores adult students diagnosed with dyslexia and the support and services provided by Disability Service Officers (DSOs) in Queensland Technical and Further Education (TAFE) contexts. This study investigates the educational, organisational, and individual barriers for adult students diagnosed with dyslexia in TAFE. In addition, there are two groups of participants: the first group are adult students diagnosed with dyslexia and the second are DSOs. This study explores the various forms of supports and services provided, including the interactions occurring between DSO stakeholders and adult students diagnosed with dyslexia within TAFE Colleges. Disability Service Officers are known as Disability Officers or DSOs in TAFE. Little is known about adult learners with dyslexia in Australian TAFE contexts. There are few Australian studies completed regarding students with dyslexia attending TAFE, such as Cotton’s, (2010) and Tanner’s (2010) recent research. There is need for further understanding of the challenges experienced by adult students diagnosed with dyslexia in Queensland TAFE contexts.

Dyslexia is recognised as a reading disability (Shaywitz and Shaywitz, 2005), yet causes several cognitive processing difficulties (Nicholson and Fawcett, 2008). Dyslexia affects learning accomplishments for individuals, experiencing difficulties in literacy (Bell, 2009; Fawcett, 2003), auditory processing (Pasquini, Corrivaeu, & Goswami, 2007), and textual comprehension (Schneps, Thomson, Chen, Sonnert, & Pomplun, 2013) including processing difficulties (Reid, 2009a). Dyslexia is recognised as a Learning Disability (LD) in Queensland and was only recently categorised in the latest Diagnostic Statistical Manual of Mental Health Disorders (2013). Learning Disabilities are a group of difficulties that can affect behaviour, comprehension, reading, writing, and cognitive processing. Both dyslexia and LDs are lifelong disabilities and do not go away with age or development (Australian Disability Clearinghouse for Education and Training, 2009a). The above challenges cause difficulties in a learning context, such as TAFE.

Research demonstrated the many barriers affecting adults and students with dyslexia that require servicing in both education and workplaces (Fitzgibbon & O'Connor, 2002, p. 104; Reid, 2009a). Appropriate support was essential for students’ educational progress (Mortimore, 2008; Mortimore & Crozier, 2006; Murphy, 2005; Reid, 2009a; Siegel & Smythe, 2006). In addition, barriers, support and services were noted in both social and educational contexts (Craig Lee, 2010; Fitzgibbon & O'Connor, 2002; McNulty, 2003; Mortimore, 2008; Mortimore & Crozier, 2006; Reid, 2009a).
This exploration led to adult students diagnosed with dyslexia and DSOs having a relationship of advocacy within TAFE Colleges. Advocacy for adult students diagnosed with dyslexia was identified by research respondents from the time of formal disclosure\(^2\) throughout their educational journey in TAFE. As a consequence of DSO advocacy, all adult students in this research had successful educational outcomes in TAFE, with many progressing into workplaces. Despite the success of adult students diagnosed with dyslexia, they had challenges in learning within a formal educational context, such as TAFE (Chapters Four and Six).

1.1 **CHALLENGES FACING ADULT STUDENTS DIAGNOSED WITH DYSLEXIA**

Challenges are experienced by adult students diagnosed with dyslexia both nationally and internationally. Adult students diagnosed with dyslexia reported difficulties with support and services in tertiary contexts (Cotton, 2010; Craig Lee, 2010; Mortimore & Crozier, 2006; Reid & Kirk, 2001; Tanner, 2010). Literature suggests there are three key issues relating to support and services for students who are diagnosed with dyslexia in tertiary contexts (Craig Lee, 2010; Hunter-Carsch & Herrington, 2005; Mortimore & Crozier, 2006; Reid, 2010a, 2010b; Tanner, 2010). These issues are:

1. Current support models offered to adult students were perceived to be inadequate for servicing and supporting students with dyslexia with specific learning needs; in areas of reading, writing, spelling and textual comprehension in educational contexts (Mortimore, 2008; Mortimore & Crozier, 2006; Tanner, 2009).

2. There is limited opportunity for adult students diagnosed with dyslexia to voice their perceptions of the barriers and services to enable engagement in learning.

3. Organisational barriers existed in the provision of adequate educational support and services (Herrington, Hamilton, & Mace, 2001).

Research argued that knowledge about learning disabilities, such as dyslexia, is limited in tertiary environments (Long, MacBlain, & MacBlain, 2007; Murphy, 2005; Pollock, 2005). In addition, support and services were lacking in workplace contexts (Bell, 2009; Griffin & Nechovglod, 2008; McLoughlin & Leather, 2009; Moody, 2003; White, 2007). There is little known about how dyslexia impacts on adult learners in the vocational education sector, considering there are concerns

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\(^2\) Formalised Disclosure in this research noted that adult students diagnosed with dyslexia had to provide a medical diagnosis, prior to being supported within the five TAFE Colleges.
regarding inclusion and teaching in the VET sector (Barnett, 2004; Bean, 2005; Bowman, 2004; Eraclides, 2000; Griffin & Nechovglod, 2008; Tanner, 2010).

Students diagnosed with dyslexia have also reported that some teachers do not understand the complexities associated with dyslexia and learning disabilities (Jobling & Moni, 2004; Marshall, Ralph, & Palmer, 2002; Tanner, 2010). Furthermore, students with dyslexia have suggested that teachers believed dyslexia was very much like other LDs (Reid, 2009a) or having a literacy difficulty, with many teachers not accounting for students’ abilities (Tanner, 2010). It is evident that numerous teachers do not understand the literacy difficulties and challenges experienced by people who have dyslexia (McLoughlin & Leather, 2013). Many students with dyslexia slip through the educational net, not completing courses or being left behind their student peers (Tanner, 2010, 2011).

Few social and cultural supports are designed to address the specific requirements of adult learners who are diagnosed with dyslexia. Adult learners diagnosed with dyslexia require individual and varied supports and services, such as interventions for assessment, counselling, or specific training (Chappell & Walker, 2005; McLoughlin, 2005). In other research, support for dyslexia was varied and included: a) specific educational support and services (Bartlett & Moody, 2010; Chappell & Walker, 2005; McLoughlin, 2005; Mortimore, 2008; Reid, 2009a; Singleton, 2009); b) employment support (Bartlett & Moody, 2010; McLoughlin & Leather, 2009, 2013; Reid, 2010b; Reid, Came, & Price, 2008; Sumner, 2012); c) specialist reading and writing assistance (McLoughlin, 2005; Pollock, 2005); d) family support (Mellard & Woods, 2007); e) emotional (Mellard & Woods, 2007; M. Ryan, 2004); f) support in tertiary education (Herrington, 2005; McLoughlin, 2005; Pollock, 2005); and g) financial support (Murray, Lombardi, & Kosty, 2014).

A lack of social and cultural support and services emerges as a barrier for adult students diagnosed with dyslexia attending educational facilities, which can leave adult students feeling marginalised (Tanner, 2010). The absence of social and cultural support is particularly true in a TAFE context, where students training for future employment have limited resources to complete a course (Smith & Comyn, 2004). This research aims to explore further the barriers, support and services in Queensland TAFE Colleges, regarding course success and future employment. Without these supports, such as tutoring, a scribe or reader, there is risk that adult students may not succeed in their courses. This social constructionist study explored adult students diagnosed with dyslexia and the support and services which are provided in Queensland TAFE courses.
1.1.1 Dyslexia and an Insider - One’s Reflexivity

The rationale for undertaking this research is twofold. In the first instance, as an ‘insider’ who was assessed with dyslexia and the second is that I also have worked as a DSO in a TAFE College. I am using a reflexive approach to understand adult students diagnosed with dyslexia, as an insider. This researcher identifies with this group. Insiders are said to have an emic approach to research, they are subjective in their view; whilst scientific knowledge or etic researchers are outsiders and view the world differently (Headland, 1990, p.21, cited by Olive, 2014). I will reflect on my ethical and moral judgements when gathering and analysing data. Despite, all researchers’ likely have some bias (Merriam, 1998, 2009), I will not consciously be too close to participants’ perceptions and will remove my perceptions and biases, from this study. There is an emic approach to this research, in being an ‘insider’ and having that perspective, along with adult student participants. Morris, Leung, Ames, and Lickel (1999) identified that being an insider was having an emic approach. Gupta and Awasthy (2015) defined emic approach as:

... in classical fieldwork ... an ethnographer immerses him or herself in a setting, developing relationships with informants and taking on social roles (p. 58).

In addition, Berger (2015) defined reflexivity as:

a) Reflexivity [is] when the researcher shares the experience of study participants; b) ... when the researcher reflexivity moves from a position of [being] an outsider to the position of an insider in the course of the study; ... (p. 1 Abstract).

As a dyslexic, I reflected on my biases of whether being dyslexic can cause my values and feelings to overtake those of participants in this study. Reflexivity is utilised when looking inward using my consciousness to understand how I have implemented the methods, methodology and analysed the data. In keeping my perceptions out of the research process, limiting conscious bias and only providing the voice of participants and their experiences, limits bias. However, all researchers come with some bias, as previously noted (Merriam, 2009).

Traditionally, as an insider, I bring personal knowledge and experiences about dyslexia to this study. However, I tend to explore the difficulties of participants in this study, using sociological concepts to convey meaning to this research. I bring experiential knowledge about dyslexia to this research, as I tend to explain or research using sociological meaning; as opposed to the etic researcher (as noted above). Reflecting on the social issues that became barriers for adult students diagnosed
with dyslexia; I too have had such challenges, which included writing difficulties and administration tasks in workplaces. I was not understood at school, because teachers knew I had intellect, but I could not express this logically in written text. These challenges in my life did not cause significant difficulty, as I have always been supported throughout my life. I went to night school on completing the Enrolled Nurse training and a Certificate in Infectious Disease Control.

The second element of being an insider was that I had previously worked as a DSO in TAFE. In TAFE, being a Disability Officer and dyslexic, I observed students with dyslexia enrolling in courses and failing to complete. Students sometimes failed the program through not disclosing their disability until they were half way through the courses. Alternatively, there was inadequate support for gaining additional skills, prior to and after enrolling in TAFE. Being dyslexic myself, I also had a social role in supporting the students with dyslexia, as would a mentor, throughout the interview and enrolment process.

1.2 ORGANISATIONAL THEORY AND PRACTICES

Organisational theory focuses on the conceptual contributions around a bureaucracy as warranted (Jain, 2004; Lipsky, 1979, 1983, 2010; Weber, 1922, 1938) (Chapter Two). TAFE is a hierarchical and structured system (Stringer & Hudson, 2008), which is a formalised system. It is imperative to understand further the processes and procedures (e.g., structured and hierarchical system) that currently exists within TAFE (Stringer & Hudson, 2008). These procedures can create barriers limiting the delivery of certain services (e.g., formal disclosure) for vulnerable students. Alternatively, an informal system, using open dialogue and equitable support can provide suitable services, utilising the skills of TAFE DSOs in delivering appropriate assistance for adult students diagnosed with dyslexia.

Michael Lipsky’s street-level bureaucracy was featured as a guiding theory in this thesis. Lipsky (1979, 1983, 2010) noted in his seminal work that Street-Level Bureaucrats are professionals, whether they were administrators or professionals. According to Lipsky (2010), Street-Level Bureaucrats are employed by public service organisations to provide direct benefits and services to vulnerable citizens. Lipsky (2010) assumed that government service organisations have frontline workers, the Street-Level Bureaucrats, who use discretionary actions, on their construction and implementation of policy; they have agency in changing and making new policy at the street-level, within such organisations. There is a perception that professionals have agency within the organisation. Despite the fact that Street-Level Bureaucrats are discretionary in the provision of services, they can be advocates and autonomous within the service organisations (Lipsky, 2010).
service organisations in Australia are government departments, not unlike other organisations in Lipsky’s research, noting Police Departments and Education Departments (e.g., schools). In addition to street-level bureaucrats, other relationships manifest themselves, due to the making of new policy at the frontline of service by professionals, for their clients.

According to Lipsky (2010) discretion is the ability to have freedom to determine the sort of quantity and quality of sanctions and rewards during policy implementation. Lipsky (2010) also claims this degree of discretion is disturbing, which can force street-level bureaucrats to create ‘new’ policies, which can have an impact on families, schools, and social contexts. Such policies may not be beneficial to the client they are servicing (Lipsky, 2010). In respect to policies implemented by public servants, Lipsky (2010) suggested there must be a notable relationship between the bureaucrat, Street-Level Bureaucrats, and the client (Lipsky, 1983, 2010). The seminal work of Lipsky (1983) was groundbreaking for that period and in later years’ other research has identified faults with concepts identified by Lipsky (Evans & Harris, 2004). Such faults argued that street-level bureaucrats did not have a framework for decision making to utilise the discretionary practices in service organisations (Tummers, 2011). In TAFE, there were certain demonstrable differences, compared to the traditional work of Lipsky (See Chapter Seven) (Lipsky, 1983, 2010).

In comparison to Lipsky (1983), Evans and Harris (2004) identified that professionals have discretion that is inherently important for Street-Level Bureaucrats, in that the more rules there were within organisations for frontline workers, the more discretionary they became in their professional practices. In comparison to Evans and Harris (2004), there were two distinct factors that brought about ‘policy and procedural’ change in TAFE by DSOs. The first factor involved: a) DSOs ‘new’ professional agency; b) the relationship that DSOs had with adult students diagnosed with dyslexia; and c) the case-management style utilised by DSOs, such as their discretionary practices to become advocates and autonomous for adult students diagnosed with dyslexia. The second issue involved; DSOs were discretionary in decoupling TAFE Policy Guidelines (e.g., formal disclosure). Meyer and Rowan (1977) defined decoupling as managers became excessively powerful in the organisation, where they do not adhere to organisational goals and utilise their systems, to create organisational processes.

1.3 RESEARCH QUESTIONS

The research questions in this study were prepared to address existing barriers which are evident (Tanner, 2010; Cotton, 2010); that affect adult students diagnosed with dyslexia from entering, continuing and completing a TAFE course (Research Question One: Objectives One and
Two). In other research, it was identified there were three main barriers in a range of contexts. These barriers were:

a) organisational barriers for students with LDs and dyslexia in tertiary contexts (Cotton, 2010; J. Ryan & Struhs, 2004; Tanner, 2009, 2010, 2011);

b) specific support and subsequent barriers were also identified in tertiary contexts for adult students diagnosed with dyslexia (Hunter-Carsch & Herrington, 2003, 2005; McLoughlin, 2005; Mortimore, 2005; Reid & Strnadova, 2008);

c) lack of support models for adult students diagnosed with dyslexia (Reid, 2010b) in Queensland TAFE Colleges.

This thesis now presents the research questions, aims and objectives (Table 1.1).
TABLE 1.1 RESEARCH QUESTIONS, AIMS, AND OBJECTIVES

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<thead>
<tr>
<th>RESEARCH QUESTIONS AND AIMS</th>
<th>OBJECTIVES</th>
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<tbody>
<tr>
<td>Research Question 1</td>
<td>Objective 1</td>
</tr>
<tr>
<td>Among adult students</td>
<td>1. To socially construct meaning and understanding from the perceptions of adult learners with dyslexia required within cultural and social contexts.</td>
</tr>
<tr>
<td>diagnosed with dyslexia</td>
<td>2. To understand the institutional, individual, and educational challenges for adult learners with dyslexia, previous and current service usage and barriers for learning.</td>
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<tr>
<td>what are the individual and social understandings of the difficulties and support in Queensland Technical and Further Education (TAFE)?</td>
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<th>Research Question 2</th>
<th>Objective 2</th>
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<tr>
<td>What are the organisational stakeholders’ perspectives of the management of adult students diagnosed with dyslexia within Queensland TAFE contexts?</td>
<td>1. To explore the social institutional and individual services and barriers, currently existing for Disability Service Officers (DSOs) within Queensland TAFE contexts.</td>
</tr>
<tr>
<td></td>
<td>2. To socially and culturally construct knowledge from the perceptions of DSOs, with regards to organisational supports and barriers in TAFE contexts and support and services DSOs may wish to use that are currently not provided by TAFE.</td>
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<td></td>
<td>3. To socially and culturally construct the perceptions of student voices with dyslexia, regarding support and training in TAFE Institutes.</td>
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<tr>
<th>Research Question 3</th>
<th>Objective 3</th>
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<tr>
<td>What are the emergent constructs crucial to making recommendations for future research recognising adult students diagnosed with dyslexia?</td>
<td>1. To explore the emerging constructs from this research, namely from the voices of dyslexia and those of DSOs with regards to barriers and support and services in TAFE.</td>
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This research explores the barriers, supports and services, through semi-structured interviews with adult students diagnosed with dyslexia and DSOs, to identify the experiences of both participant groups within TAFE Colleges (Research Questions One, Two and Three and Objectives). Future recommendations are made about Queensland TAFE Policy Guidelines, procedures, and practices for adult students diagnosed with dyslexia within five Queensland TAFE Colleges (Research Question Three).
1.4 SIGNIFICANCE AND INNOVATION OF THE RESEARCH

The significance of this research is its exploration of support and service provision by DSOs; to aid the challenges experienced by adult students diagnosed with dyslexia in Queensland TAFE Colleges. The innovation of this study aims to provide a voice from adult students diagnosed with dyslexia, acknowledging the existing support and services of students’ needs, recommendations for policy and guidelines in TAFE and a framework for adult students diagnosed with dyslexia in TAFE Queensland. The numerous issues that are significant, have not been explored in TAFE are noted in the following paragraphs.

Firstly, there is a paucity of research in dyslexia specifically regarding adults in vocational education. Secondly, the ‘voices of dyslexia’ have never been heard solely in Queensland TAFE Colleges. Comparatively, in Western Australia, dyslexia research using phenomenological theory, has been undertaken in vocational educational contexts, including TAFE (Cotton, 2010; Tanner, 2010). The third issue is that dyslexia is a disability that impairs reading, writing, spelling, comprehension, and textual processing and all traits affect students’ learning (Reid, 2009a). There is a significant number of adult students who have LDs, such as ‘dyslexia’, attending and enrolled in TAFE apprenticeships (Cotton, 2010).

In this research two parties provided statistical data on dyslexia the International Dyslexia Association, (2015) and a professional working party, that presented a report to the then Labor Minister, Bill Shorten, regarding dyslexia (Chapter Two, Section 2.1.1). Before his promotion to the Labor Ministry in 2010, Bill Shorten was the Parliamentary Secretary for Disabilities and Children’s Services. Despite the varied statistics regarding dyslexia, little is known about adult students diagnosed with dyslexia attending and learning in Queensland TAFE Colleges.

The next significant issue are the literacy levels in Queensland, which impact on adult students diagnosed with dyslexia. Vocational Education and Training (VET) and Queensland TAFE have reported on the literacy levels of students attending TAFE and enrolled in vocational programs (The Inclusive Learning Team and Equity and Diversity Queensland, 2011). In Australia, there remain issues regarding literacy in the vocational sector (The Inclusive Learning Team and Equity and Diversity Queensland, 2011). Perkins (2009) warned that there were significant literacy deficits within Australia communities (Balatti, Black, & Falk, 2009), which have not improved, as noted in a recent publications, regarding literacy in Queensland (The Inclusive Learning Team and Equity and Diversity Queensland, 2011). People who have dyslexia are grouped as not being literate. However, dyslexia is a specific literacy problem (American Psychiatric Association, 2013). In such cases, adult
students diagnosed with dyslexia can become compromised by the support and services they receive in educational organisations. Further to the significance of this research, the innovations are listed:

1. This research uses the voices\(^3\) of adult students diagnosed with dyslexia and the perceptions of DSOs in Queensland TAFE Colleges. Further to the understanding of participants, the social and cultural barriers, support and services, are explored. Research of this genre has not been previously accomplished in Queensland TAFE Colleges;

2. This research will provide understandings leading to social and cultural services for supporting adult students diagnosed with dyslexia and LDs in TAFE institutions;

3. The outcome of this research will provide recommendations about policies, products, procedures, support, and services for students with dyslexia to Queensland TAFE Colleges; and

4. The research will assist vocational staff with supporting and understanding dyslexia within their working environment, by speaking at relevant conferences, such as the No Frills Conferences for NCVER and publishing academic papers.

This research study seeks to provide new understandings and theories from the findings, stimulating and formulating future services and support and recommendations for procedures, policy, or practices within Queensland TAFE Colleges. It is intended that the innovations (listed above) will advance the social understandings and the social constructions of supporting and servicing adult students diagnosed with dyslexia in Queensland TAFE Colleges. In addition, this research explores the barriers, support and services identified in organisational practices that emerges from TAFE contexts.

The social interactions between adult students diagnosed with dyslexia and DSOs, within the cultural contexts of TAFE Colleges, are represented from the codes that are categorised, sub-categorised, themed and theorised. The voices of adult students diagnosed with dyslexia and the perceptions of DSOs within Queensland TAFE Colleges, form the basis to build theory in this area of this research. The proposed innovations (noted above) of this research can be utilised by educators, educational psychologists, counsellors, DSOs, and adult learners who have dyslexia, to provide

\(^3\) Voice utilised in other research, was singular and came from the voice of participants (Gibson, 2001). Voices as identified in this study is the plural, voices of adult students diagnosed with dyslexia. The many persons, voicing their perceptions have been identified in existing studies (Jeffries & Hyde, 2009; Kirwan and Leather, 2011).
understanding, knowledge, and theoretical frameworks for supporting and servicing adult students diagnosed with dyslexia.

1.5 RESEARCH OVERVIEW AND FINDINGS

The overview and findings of this study are discussed in the following paragraphs. Research questions (e.g., as noted in Table 1.3) drive the methods, from which findings are then induced. Thematic analysis revealed that adult students diagnosed with dyslexia had a social identity. The social identity was constructed from their perceptions as children, young adults and into adulthood forming the following barriers: a) a Personal History; b) Discrimination; c) Managed Emotions; and d) Difference. Also, adult students in this study managed in TAFE, due to the relationship they had with the DSOs. In comparison, on enrolment into TAFE adult student with dyslexia had DSOs who were negotiating supporting and servicing them. Disability Officers were case-managing and advocating for adult students diagnosed with dyslexia throughout their enrolment in TAFE.

This research focus is located in the following chapters of this thesis. Chapter One is the overview of this thesis. Chapter One illustrated that adult students diagnosed with dyslexia have difficulties in educational contexts (Mortimore, 2008; Reid, 2009a). There is little knowledge regarding adult students diagnosed with dyslexia in Queensland TAFE. Dyslexia was identified as a LD until recent years, when it was first categorised in the Diagnostic and Statistical Manual for Mental Illness V (2013) and has been given priority as a discrete disorder (American Psychology Association, DSM, V., 2013, p. 67). Chapter One highlighted the incidence of dyslexia, the significance and proposed innovation of this research. In addition, Chapter One identified gaps in the literature, which were narrowed by the implementation of the research questions that explore the current and existing perceptions from adult students diagnosed with dyslexia and DSOs in TAFE, and to expand on existing knowledge. This researcher is dyslexic and reflexivity is addressed in Chapters One, Three, and Eight.

Chapter Two identifies the literature relating to dyslexia, such as the barriers, supports and services for students who have dyslexia in a range of educational contexts. Chapter Two highlights the contention within the topic of dyslexia, the terms used for dyslexia, and the effect that dyslexia has on learning. In addition to the contention within dyslexia, the support currently provided in international and national contexts varies within each educational context. Secondly, DSOs working with adult students diagnosed with dyslexia have a formal generic role, as noted on Education Queensland’s website (The Learning Place, 2013) and available on the National Disability Officer Network (National Disability Coordination Officer, 2013). The DSO role entails case-managing
students who have disabilities within TAFE and providing students with support (e.g., from other
government agencies), such as Disabled Australian Apprentices Wage Support Program (DAAWSP)
and Vocational Education and Training Disability Support Scheme (VDSS). Chapter Two argues that
Queensland TAFE Colleges be structured bureaucracies, with rules and guidelines that are managed
by Directors and Managers. The bureaucracies have various levels of management, focusing on
controlling these organisations. Organisational theories were used to describe the case-management
and the role of DSO practitioners in five TAFE Colleges. There are gaps identified within the
literature regarding support and servicing of adult students diagnosed with dyslexia. These lacunas
were developed into this study’s research questions and both participants’ interview questions.
Chapter Two identified barriers which are evident in educational contexts and those related to
dyslexia in the current climate, nationally and internationally.

Chapter Three articulates the research methodology, as a qualitative research project. This
research used Social Constructionism as an ontology and epistemology. In the field, Case Study
Methodology was utilised to guide this research project, which was a multiple embedded case study.
There were five Queensland TAFE Colleges and Institutes, embedded within these cases were adult
students diagnosed with dyslexia and the DSOs as separate cases. There were 22 adult students
diagnosed with dyslexia and six Disability Officers interviewed separately. The adult students
diagnosed with dyslexia were interacting with the DSOs to access support and services for their
courses within TAFE Colleges. The data gathering was accomplished employing semi-structured
interviews, and these were audiotaped. The researcher kept a journal of notes from each interview,
which was used in the subsequent analysis. The forms of data analysis utilised other methods: a)
constant comparative method; b) three different types of coding: open, axial, and selective coding; c)
triangulation/convergence; and d) patterning of the data. Also, research Ethics Application for Human
Subjects was gained before the interview process. The data emerging came from semi-structured
interviews and was coded, categorised and themed manually in A2 booklets. This researcher did not
use N-Vivo, one of the qualitative research technology programs (As discussed in Chapter Three).

Chapter Four and Chapter Five present the key results. Chapter Four provides the results from
interviews with adult students diagnosed with dyslexia. Audiotapes were transcribed verbatim, and
then coded, categorised, placed in sub-categories and themes (Strauss & Corbin, 1998). The five
themes were constructed post interview, emerging from the voices of adult students diagnosed with
dyslexia, which were: a) Social identity; b) Disclosure; c) Tertiary Contexts; d) Learning; and e) Society. Chapter Five gives the results from DSO semi-structured interviews that were also audiotaped and analysed (as noted above). The five themes constructed post interviews from DSOs perceptions were: a) Disclosure b) Disability Officers’ Role; c) Terms for dyslexia d) Disability Officers’ Support and Servicing; and e) TAFE and Society. TAFE and Society is a changing learning environment, currently being reformed by Commonwealth Government recommendations (Queensland Skills and Training Taskforce Committee, 2012b). On reflection of both Chapters Four and Five, there were also combined themes emerging from interviews with both groups of respondents these were: a) advocacy; b) autonomy; and c) formal disclosure. The key themes transfer from Chapters Four and Five into Chapters Six and Seven.

Chapter Six presents the conceptual themes from the understandings of Chapter Four, the perceptions of adult students diagnosed with dyslexia. Chapter Six is the discussion from the data expressed by adult students diagnosed with dyslexia in interviews. Also, this chapter uses the discussion to reflect on theories that were used to understand further the concepts that were constructed post interviews. Firstly, the emergence of the social identity of adult students diagnosed with dyslexia before and after enrolling into TAFE Colleges. Chapter Six also utilised Goffman’s theories to underpin the understanding of ‘the vulnerable’ in organisational contexts. Goffman’s (1961) Asylums (1971) and Stigma Notes on the Management of a Spoiled Identity (1968), enabled this research to illustrate the social identity of adult students diagnosed with dyslexia coming from stigmatisation, labelling and marginalisation. On enrolling in TAFE, the social identity has to be further understood in the learning context, for progression in courses. The remaining four conceptual themes were: a) Disclosure; b) Tertiary Context; c) Learning, and d) Society. The theoretical position taken for adult students diagnosed with dyslexia’s social identity was a ‘relational: hyphenated-self’, a co-contribution of Gergen’s (2010) relational being and Fine and Sirin’s (2007) hyphenated-self theory. A co-contribution illustrated that when adult students diagnosed with dyslexia are advocated for by TAFE DSO, they were included and became successful. As a result of advocacy and support by DSOs, adult students diagnosed with dyslexia were included in learning, like their student peers without dyslexia. However, when adult students diagnosed with dyslexia faced challenges, they became excluded from other students in TAFE, from their previous experience and the structured system procedures. A foundational theory of advocacy ‘plus’ intertwined through both Chapters Six and Seven that was evident to adult students diagnosed with dyslexia. This emergent theory endorses

4 Disclosure is capitalised to distinguish between the DSO Formal Disclosure and the adult student with dyslexia, disclosure in the following chapters.
the support and services provided by TAFE DSOs. Several adult students diagnosed with dyslexia remained having difficulties, although they perceived having a critical friend in the DSO and an internal TAFE advocate, were to change their educational outcomes.

Chapter Seven presents the analysis of the themes from the result chapters, focusing on the perceptions of DSOs. The conceptual themes which were constructed from interview codes, categories and sub-categories were: a) formal disclosure b) TAFE and Society c) Disability Officers’ Support and Servicing; d) Disability Officers’ Role; and e) Terms for dyslexia. Chapter Seven was the discussion of themes constructed by this study, from semi-structured interviews with DSOs. Disability Officers faced challenges in servicing adult students due to the bureaucratic policies, processes and procedures in TAFE. Two theories were utilised in Chapter Seven to understand the support and services provided by DSOs. The first is street-level bureaucracy (Lipsky, 1983, 2010) and the second is a middle range theory, a theory of advocacy (Forbat & Atkinson, 2005; Xiaoyan & Jezewski, 2007). In this study, DSOs socially constructed their professional agency and advocacy into Street-Level Advocacy. Chapter Seven identified that DSOs, unknowingly, worked within a theoretical framework, interacting like street-level bureaucrats (SLBs), being discretionary in their professional agency. It was identified through the discretionary practice of DSOs, that they had professional agency. In TAFE, there were two types of DSOs. Type 1 were advocates and autonomous. Disability Officers discretionary practices align to those of street-level bureaucrats. Type 2 were advocates, but were not autonomous in their discretionary practices. Moreover, both Type 1 and Type 2 DSOs had professional agency and used discretion in their professional agency to advocate for adult students diagnosed with dyslexia. In addition, Chapter Seven utilised Goffman’s theories to underpin the understanding of ‘the vulnerable’ in organisational contexts. Goffman’s Asylums (1971) and The Presentation of Self in Everyday Life (1959a), enabled this research to illustrate the navigation of DSOs to utilise their bureaucratic positions, in supporting adult students diagnosed with dyslexia. However, they were discretionary in their practice; Goffman’s (1959a) dramaturgical theory (Manning, 1989; Smith, R., 2011) utilises the frontstage and backstage performance of actors, aligning that theory to DSOs in TAFE.

Chapter Eight presents the conclusion, innovations, limitations and recommendations of this research study. The voice of adult students diagnosed with dyslexia identified having a social identity. As examined against a relational: hyphenated-self, this framework would be beneficial for the vulnerable student in this tertiary context. Adult students diagnosed with dyslexia could be included with all other TAFE students in learning, or they remained in the continuum extreme, being excluded in learning. Adult students could use ‘the relational: hyphenated-self’, as could counsellors, Disability
Officers, psychologists, educational psychologists and human resource managers, for the implementation of advocacy and support in various contexts. This framework could be utilised by workplaces, higher education and government departments to assist adult students diagnosed with dyslexia or people with any LD to prepare for employment.
Chapter Two explores historical and contemporary research to examine the barriers, supports and services for adult students diagnosed with dyslexia, attending Queensland Technical and Further Education (TAFE) Institutes. The literature relating to adult learners diagnosed with dyslexia is limited. Topics discussed in this chapter include: a) Introduction to Dyslexia; b) Contention within Dyslexia; c) Dyslexia and Learning; d) Adult Students; e) Australian Literature; f) Incidence of Learning Disabilities (LDs); g) Legislation and Policies for Dyslexia; h) Organisational Approach to Bureaucracies; i) Max Weber, Robert Merton, and Michael Lipsky; and j) Goffman. The first section discusses the current understanding of dyslexia and LDs, especially in relation to dyslexia and learning (Australian Psychological Society, 2013; American Psychiatric Association, 2013). The second section describes the organisational barriers to the provision of service and support that can align with Queensland TAFE.

This sociological research focuses on the experiences and understandings of the barriers, support, and services inherent in tertiary contexts. It was identified there are barriers, specific support and relevant services for students with dyslexia (Harris, 2008; Hunter-Carsch & Herrington, 2005). This research uses the social communications (e.g., actions and interactions between people) of participants coming from the analysis of the voices of adult students diagnosed with dyslexia and perceptions of DSOs in TAFE to understand such difficulties. In this research, a sociological model of dyslexia is undertaken in opposition to using a medical/psychological model (Tanaka et al., 2011).

The topics addressed in this review are related to the difficulties associated with dyslexia for students in tertiary contexts. Dyslexia is a complex disability (Pothos & Kirk, 2004) and as a result, there remains contention generally, about this disability (Elliott & Gibbs, 2008), specifically regarding the definitions of dyslexia (Seigel & Lipka, 2008), and the diagnosis of dyslexia (Elbeheri & Everatt, 2009) which were debated within and between professions.

2.1 INTRODUCTION TO DYSLEXIA

This section introduces three topics which are crucial for students who are diagnosed with dyslexia. The topics are: a) dyslexia and the difficulties in a learning environment; b) learning strategies and styles; and c) current support for students diagnosed with other disabilities. There are disparities regarding the term ‘dyslexia’ and the definitions and understandings of dyslexia in educational and workplace contexts including TAFE. The next section debates whether dyslexia is a recognised disability or a LD.
In Australian legislation, LDs are known disabilities defined as: “a malfunction or disorder of learning” (Disability Discrimination Act, 1992. Section 4 – Interpretation). Learning Disabilities, as defined by legislation, have implications for practice in Australian educational contexts. [On reflection of my own dyslexia, it is perceived that one is impaired, by having an LD]. The legislation comes with strong connotations of inability, aligning dyslexia to LDs. Moll, Hutzler, and Wimmer, (2005) identified that persons with developmental dyslexia can have phonological difficulties that are inefficiencies, as opposed to the inability that is more commonly referred to in literature (Vellutino, 1987; Reid, 2016). The term and definition cited above of an LD is degrading for people with LDs including dyslexia and can set a precedent for practice. Legislative definitions can impact on both the individual and practitioners understanding of an LD. Despite the legislative implications, Queensland TAFE uses the term LD for dyslexia (Queensland Technical and Further Education, 2012).

Queensland TAFE uses the term dyslexia only when students were diagnosed by a psychologist or a registered medical officer (RMO), as noted in the DSM V (2013) (American Psychiatric Association, 2013). A medical diagnosis does not always specify the difficulties related to dyslexia, even in having a diagnosis. A diagnosis is mandatory for adult students diagnosed with dyslexia in tertiary contexts, in order to access support from Disability Services. In this research, all participants, adult students diagnosed with dyslexia, or those diagnosed with LDs had symptoms of developmental dyslexia (e.g., coding or decoding language) (Schneps et al., 2013; Snowling, 2009), reading (McNulty, 2003; Reid, 2009a), writing (Berninger, et al., 2008), logical sequencing (Brosnon, et al., 2002), and interpretation of written text (Wisheart, et al., 2009) can access Disability Services.

Dyslexia is a medically defined disability. Dyslexia was only recently recognised as a discrete disability in Australia, when it was noted in the Diagnostic and Statistical Manual of Mental Disorders (2013) (American Psychiatric Association, 2013; Moats & Dakin, 2015). As a neurological disorder, dyslexia affect cognitive processing in numerous tasks. Difficulties include reading, writing, spelling, memory, time management, coordination, and processing speed (Fawcett & Nicolson, 2008; Reid, 2009a). In addition, dyslexia is a lifelong disability and does not diminish with age or development (McLoughlin & Leather, 2013). Developmental dyslexia is the most common

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5 Diagnosis is the identification of a disease or condition by a scientific evaluation of physical signs, symptoms, history, laboratory test results and procedures (Mosby’s Dictionary of Medicine, Nursing and Health Professions, 2010 p. 518).
form of LD as opposed to acquired dyslexia that is caused by a brain injury (Siegel & Lipka, 2008). This research explores the understanding of adult students who have developmental dyslexia.

Underpinning any discussion of dyslexia is the definition given to dyslexia and how this definition is socially and culturally perceived by society (Bradley, Steven, & Ashcroft, 2011). There is much contention regarding definitions for dyslexia, both within and between professions. Reid (2009a) operationally defined dyslexia as:

*Dyslexia is a difficulty [challenge for students with inept literacy] where students have processing difference, often characterised by difficulties in literacy acquisition affecting reading, writing, and spelling. It can also have an impact on cognitive processes such as memory, the speed of processing, time management, coordination, and automaticity. There may be visual and/or phonological difficulties, and there are usually some discrepancies in educational performances. There will be individual differences and individual variation* (Reid, 2009a, p. 4).

This definition illustrates the complex difficulties experienced by individuals with dyslexia and provided insight into the effects associated with dyslexia for students, teachers, staff, and significant others (Reid, 2009a). In comparison, medical definitions relate more to the physiological and medical understandings of dyslexia (Lyon, Shaywitz, & Shaywitz, 2003).

2.1.1 Incidence of Dyslexia

There were two sources of statistical data for this study. These included the *International Dyslexia Association* (2015) and a Professional Working Party for a Government Department, (2010), reporting to the then Labour Minister for Workplace Relations.

The first organisation, The International Dyslexia Association, suggested that 15-20% of the whole population have some form of dyslexia, as described by the International Dyslexia Association (2012, p.1) and by Moats and Dakin (2015, p.2). However, little is known about the measurement of that data. The incidence of LD and dyslexia does vary widely. The International Dyslexia Association is situated in the United States of America (USA), and it is unknown where all the international data represents. It does reflect Western countries, such as the UK, USA, and Australia, where there are satellite associations. Statistics of school populations suggest that 14% of school children have disabilities; of these students 6-7% have LDs. Of these children with LD, 85% have a disorder in reading and language processing (International Dyslexia Association, 2012). The incidence of dyslexia by the International Dyslexia Association (2012) appears insignificant, for dyslexia.
The second source came from an Australian group of professional leaders in dyslexia. Australian statistics were provided by key researchers, such as Bond, Coltheart, Connell, Firth, Hardy, Shaw and Weeks. There were 24 members that formed a roundtable discussion forum. As described, a roundtable is the term utilised when a group of professionals come together to discuss a topic of interest, such as dyslexia. The roundtable discussion aims to bring up issues and their relevance about dyslexia and to provide and implement advances for people who have dyslexia (Bond et al., 2010). The result of Bond et al.’s (2010) roundtable, was a collaboratively prepared report for the Department of Education, Employment and Workplace Relations (DEEWAR) (Bond et al., 2010). Members of that roundtable forum were in discussions with DEEWAR and other government departments to provide knowledge and statistics for DEEWAR in relation to dyslexia (Bond et al., 2010, p. 2). The roundtable board recommended that eight forum members would be responsible for writing a report, proposing a national agenda to assist people who have dyslexia. A range of auspicious dyslexia and learning organisations and groups provided recommendations to the roundtable members, including Sir James Rose, who was responsible for the Rose Report in the United Kingdom (Rose, 2009). The report was delivered to the Honourable Member of Parliament, of the Labor Party, Minister Bill Shorten, (2010), who was to further advance the support for people who have dyslexia in society.

Bond et al. (2010) reported that there were between 5-10% of adults and children who have problems related to dyslexia. In reviewing that research, round table members reviewed the Australian Bureau of Statistics (2006) reporting that 52% of people aged between 15-19 years of age had literacy levels that were insufficient to complete daily activities and accomplish workplace tasks (Bond et al. 2010, cited the Australian Bureau of Statistics, 2006). Also, 60% of working people from low socio-economic groups had low literacy levels compared to 29.3 % in other socio-economic groups as reviewed (Bond et al. 2010, cited the Australian Bureau of Statistics, 2002, 2006). Despite the data provided by Bond et al. (2010), this researcher contacted the Australian Bureau of Statistics (2009) and identified that data reported on dyslexia were descriptive statistics. A lack of diagnostic data on dyslexia, may not provide an accurate dataset (Australian Bureau of Statistics, 2009).

There is a significant difference in the rates of dyslexia between the population data and school data of children who have dyslexia. The disparity in data is a result of adults who cannot read or write, perceive they have dyslexia. In addition, the data represents people who have some underlying form of dyslexia, such as magnocellular, cerebella, phonological, or automatization, which present as learning difficulties (Nicolson & Fawcett, 2008a, 2008b). Data from the school population was based on students who were diagnosed by the International Dyslexia Association, 2012. In
Australia, it is reported that 5-10\% of adults and children have dyslexia sufficient to impact on their daily lives (Bond et al., 2010). However, the rates of classification of dyslexia vary widely across organisations and government statistics (Australian Dyslexia Association, 2012).

### 2.1.2 Terminology for Dyslexia

The terminology used for dyslexia varies between practitioners and professions, as well as between countries (Bradley et al., 2011; Everatt & Reid, 2009; Seigel & Lipka, 2008; Tanner, 2010). Dyslexia is recognised as a reading disability (Hudson, High, & Otaiba, 2007; Shaywitz & Shaywitz, 2005); a specific language impairment (Australian Disability Clearinghouse for Education and Training, 2012; Mellard & Becker Patterson, 2008; Seigel & Lipka, 2008); and an LD (Cotton, 2010; Macdonald, 2009a; Reid, 2009a; Seigel & Lipka, 2008; Tanner, 2010). In Australia, dyslexia is defined as an LD by key bodies, such as the Australian Disability Clearinghouse for Education and Training (2012); the Australian Dyslexia Association (2012); and the Australian Psychological Association (2009). In a recent publication, the Australian Psychological Association (2013) presented the term dyslexia under the neuro-developmental disabilities (Australian Psychological Society, 2013; American Psychiatric Association, 2013).

Selected terms attempt to define dyslexia as a social difficulty, as opposed to a medical description (Macdonald, 2010). Furthermore in Australia, there is contention with dyslexia, as being a Specific Learning Disability (SLD); an LD; or even a learning difficulty (Australian Disability Clearinghouse for Education and Training, 2009a) and these terms were used interchangeably in practice by teachers and by members of schools and vocational organisations (McLoughlin & Leather, 2013; Tanner, 2010). A learning difficulty is a term used in TAFE, but does not correspond to support and is misunderstood (Australian Disability Clearinghouse for Education and Training, 2009a) and this difficulty is not recognised as a disability in TAFE. In international literature, a learning difficulty is known as a specific learning difficulty (Kirwan & Leather, 2011; Riddick et al., 1997). In comparison, Lyon (1997) suggested that dyslexia was misunderstood and often misreported due to the impressions of the disability. The use of different terms may have implications for this research as the assigned meaning may present additional problems with identity and recognition (Jenkinson, 1999). These tensions between the terms used for dyslexia may have implications for adult students diagnosed with dyslexia. Arguably, gaining access to support and services for this disability may be difficult in some TAFE Colleges (Tanner, 2010). Different terms used to describe dyslexia are based on the medical representation of dyslexia in learning contexts, and this could be more problematic in this research.
2.1.3 Developmental Dyslexia

Developmental dyslexia is usually caused in-utero, during the brain’s development (Stein & Talcott, 1999). Factors included: (a) genetic predisposition; (b) developmental incidences [in-utero]; and (c) environmental factors, such as alcohol, drugs, smoking, and genetic transference during pregnancy. All of these can influence the development and severity of dyslexia (Hulme & Snowling, 2009). Developmental dyslexia was predominately treated by the medical profession focusing on the measurable abilities in tests regarding traits and characteristics (Lawrence, 2009), as opposed to the social model of dyslexia (Riddick, 2001). However, doctors were not the only profession at the forefront of servicing children who were assessed as having dyslexia. Educators, such as Fernald (1943), was contributing by recognising factors in young children, such as comprehension and language (Barden, 2016). Gillingham, was utilising the Orton-Gillingham approach to treat childhood dyslexia in schools and clinics (Patterson, 2016).

In the continued medical model, people with dyslexia are attributed to having a deficit in orthographic, phonological, magnocellular, and cerebellar functions of the brain (Fawcett & Nicolson, 2008; Pumfrey, 2002). Snowling and Stackhouse (1996) identified people diagnosed with dyslexia as having cognitive difficulties relating to phonological impairments. The medical traits may cause barriers to a child’s development and growth. Dyslexia is a medicalised disability, having negative connotations socially (Bartlett, 2010). Throughout the years, the one argument of dyslexia was that it was a medical challenge. In opposition, there was another faction of people who vigorously argued that people with dyslexia are socially challenged, as does this study. Dyslexia is known to have a long medical history, dating back to 1878 when Kussmaul identified that people with dyslexia were neurologically impaired (Lawrence, 2009). However, this aspect of having a medical model has only been perpetuated throughout time with professionals; without taking a focus on a social model of disability (Table 2.1).

In addition, Riddick, (2001) identified various factors in her paper regarding implications of a social model for dyslexia in schooling, as opposed to other academics’ views on a medical model. The social model which affirms the disability provides ability for independence through advocacy and self-help, the experiences of a person with a disability through interaction with others and having the rights of all others in society (Table 2.1) (Mason & Reiser, 2014). Mason and Reiser (2014) identified the social movement of disability, as opposed to the medical model which focuses on the inabilities, negative attitudes and the need of a professional with medical qualifications to cure or treat the impairment (Reiser, 2014). Mason and Reiser (2014) state emphatically that the social model of disability is as follows:
Disabled peoples' own view of the situation is - that whilst we may have medical conditions which hamper us and which may or may not need medical treatment, human knowledge, technology and collective resources are already such that our physical or mental impairments need not prevent us from being able to live perfectly good lives. It is society's unwillingness to employ these means to altering itself rather than us, which cause our disabilities (Mason & Reiser, 2014, p. 13)

In a shift towards the social model for dyslexia, this article reviewed that it is the life of persons who have disabilities, which allows them to socially interact with significant others and progress forward socially. However, it is the entrenched medical model which can influence the impressions of people diagnosed with dyslexia, and which is widespread in society (Bartlett, 2010; Lawrence, 2009; Macdonald, 2010). Lawrence (2009) and Macdonald (2010) identified that a medical model can come with a focus on inabilities and low self-esteem (Lawrence, 2009, pp. 26-27) and negative attitudes from members in society (Lawrence, 2009 p. 137). However, people diagnosed with dyslexia have a social history and many make significant contributions socially in various contexts (Macdonald, 2009) (see Table 2.1 Adapted from Mason and Reiser, 2014).
Tanner (2010) noted that many of the participants in her study were in some form of employment. Furthermore, studies identified that participants with dyslexia work in universities and have an academic career (Macdonald, 2010; Shah, Travers, & Arnold, 2004) despite there being a medical perspective of dyslexia in educational contexts, which may be problematic in this research. Adult students diagnosed with dyslexia may think differently about having dyslexia. Not only do adults with developmental dyslexia face challenges in learning, but many as children and adults also experience emotional difficulties in workplaces, universities, and in schooling (Bartlett, 2010; McNulty, 2003; Ryan, 2004; Strawn, 2008).

### 2.1.4 Managed Emotions

This research is using Hochschild’s (2012) concept of ‘Managed Emotions’ to interpret further the perceived anxieties, stress, and nervous feelings of adult students diagnosed with dyslexia. Hochschild (1979) identified three types of emotional work or labour, which were cognitive, bodily, and expressive. Managed emotions are also known as emotional labour (Hochschild, 2012). Hochschild (2012) believes that managed emotion occurs in workplaces, more frequently than in

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### TABLE 2.1 MEDICAL vs SOCIAL MODEL OF DISABILITY

<table>
<thead>
<tr>
<th>MEDICAL</th>
<th>SOCIAL</th>
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<tbody>
<tr>
<td>Personal Problem</td>
<td>Social Oppression and a Social Problem</td>
</tr>
<tr>
<td>Medicalisation is the Cure</td>
<td>Support Groups in Social Contexts</td>
</tr>
<tr>
<td>Qualified Professionals have the Cure</td>
<td>Expertise is through Interactions with</td>
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<td></td>
<td>Significant Others and People with a</td>
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<td>Disability</td>
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<tr>
<td>The Person with a Disability must adjust</td>
<td>Affirmation and advocacy of a Person with a</td>
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<tr>
<td></td>
<td>Disability</td>
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<tr>
<td>People with a Disability Require Care</td>
<td>People with a Disability have Rights</td>
</tr>
<tr>
<td>Professionals are in Control</td>
<td>People with a Disability make Independent</td>
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<td></td>
<td>Choices</td>
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<tr>
<td>Disability is a Policy Issue</td>
<td>Disability is a Political Issue</td>
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<tr>
<td>Individual Adoptions</td>
<td>Social Change</td>
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private homes, hence, emotional labour. In other research, it was noted that students with dyslexia experienced emotional states (Mellard & Woods, 2007; Tanner, 2010; Yates, 2009). There is evidence that adults experience perceived emotional states (Bartlett, 2010; McNulty, 2003; Ryan, 2004; Strawn, 2008). In this research student’s emotional understandings will be explored in interviews. From a sociological aspect, these emotional difficulties will be discussed as ‘managed emotions’ (Hochschild, 1979, 2012).

Hochschild’s (1979) managed emotions, and her publication of ‘The Managed Heart’ (1983), elaborated on individual’s perceived emotions in society (Hochschild, 2012). For Hochschild (2012), emotions were managed in various situations and contexts. In the managed emotion, the medical understanding of emotion portrays both a psychological diagnosis and comes from the medical notion of a disorder (Tantam, 2000). Earlier psychological research of Lazarus (1993), utilising a medical model, identified that embedded emotions were also psychological aspects of stress, anxiety and other negative feelings that associated with one’s emotional wellbeing.

Hochschild’s (2012), ‘The Managed Heart: commercialisation of human feeling’ (1983, 2012), has noted a definition of managed emotions:

I use the term emotional labour to mean the management of feeling to create a publicly observable facial and bodily display; emotional labour is sold for a wage and therefore has exchange value. I use the synonymous term emotion work or emotion management to refer to these same acts done in a private context where they have use value (Hochschild, 2012, p. 12).

However, Hochschild’s (1983) perception was that:

one’s emotional regulation in public places, provide guarded interactions between people … we are on safer ground if we describe emotion management as utilising feelings that rule in one’s culture, and individuals manage these feelings to suit particular situations in various contexts (e.g., at funerals we are sad and can cry) (Hochschild, 2012, p. 253).

If we manage these emotional feelings in public places, one does not cry. In this study, adult students diagnosed with dyslexia are noted to have emotional challenges.

The adult student diagnosed with dyslexia has a social identity which illustrated that many were unable to manage their emotions in social contexts (Chapter Four). It is through the interactional processes that remain and maintains victim’s identity, as previously identified, that the participant
group with dyslexia remain vulnerable. Moreover, Hochschild’s (2010) understanding of emotional labour identified that when faced with attitudes and behaviours through the interaction of significant others; the ability for change of adult students diagnosed with dyslexia becomes limited in social contexts. In comparison, reviewing the medical model, the adult students diagnosed with dyslexia would automatically be marginalised and treated with a ‘measure of treatment’ for their disability. The perceived emotional implications are highlighted in the following paragraph, resulting from a medicalised model, evident in schooling, from parents, and the medical/psychological professions.

Emotional ‘labour’ of students with diversity has been identified in other tertiary and workplace contexts (Bartlett, 2010; Hornstra, Denessen, Bakker, van den Bergh, & Voeten, 2011; Reid, 2010a, 2010b; Tait & Purdie, 2000). Bartlett and Moody (2010) argued that adult students diagnosed with dyslexia have challenges with work due to their difficulties with reading, comprehension, interpretation, and time management. In turn, these failures would mobilise emotional challenges coming from the interactions between colleagues, teachers and students. It was evident that many people diagnosed with dyslexia cannot keep up with the workload and many leave or are asked to leave, as a result of continued perceived disasters (Bartlett & Moody, 2010).

In comparison, Honstra et al. (2011) noted that teacher attitudes and expectations toward students who have diversity (e.g., ethnicity and low achieving students), including those with dyslexia. Teacher attitudes had a significant contribution to whether students were successful or not in classroom activities, compared to the general school population (p. 561). Attitudes were reviewed (e.g., stigmatisation and labelling) (Tait & Purdie, 2000) and were revealed in other research of dyslexia, which can cause stress to students (Hornstra, et al., 2011). Reid (2010a, 2010b) also noted that in workplaces and learning contexts, such as a formal learning environment, some adults with dyslexia found them extremely exhausting and stressful. In some instances, many people would withdraw from classes or fail, lose their employment or get fired because they were not coping with the demands of the workplace or learning environments (Reid, 2010a); once again for a person, failure of emotional labour was evident in Reid’s (2010a) presentation.

Diversity brings with it individual displays of emotional labour, such as failure and disappointment. Emotions are explicitly constructed within a cultural context, through interacting with significant others, which may lead to students feeling inadequate (Erickson & Ritter, 2001). Despite the emotions of a medical model, the sociological emotional labour of adult students diagnosed with dyslexia may differ from the stress and anxiety as noted in the literature. On reflection, for an adult student with dyslexia, there are failures, catastrophes, disasters, and disappointments; which are personal catastrophes. It is clearly unknown whether adult students diagnosed with dyslexia use the
managed emotions to gain additional support from DSOs. Alternatively, whether they utilised managed emotion to gain surety from DSOs and teaching staff. In this research, adult students diagnosed with dyslexia are interviewed, and their ‘voice’ was thematically analysed, becoming ‘the voice of dyslexia’ learning, in Queensland TAFE Colleges.

2.1.5 Voices of Adults with Dyslexia

Internationally and nationally, there is limited research on the voices of dyslexia (Kirwan & Leather, 2011), regardless of whether it be in vocational or higher educational contexts. Gibson (2001) argued that ‘the voice enables understanding of content in academic prose. There were numerous studies that used voices, using critical theory and discourse analysis, in higher education and in relation to children (Collinson & Penketh, 2010; Graham & Slee, 2007; Riddell, 2009; Zoniou-Sideri, Deropoulou-Derou, Karagianni, & Spandagou, 2006). Tanner’s (2010) phenomenological study was the first to explore the experiences of students with dyslexia, exposing students’ voices through narrative within an Australian TAFE context. Other research, has taken place with a focus on critical realism, noting ‘voices are unheard’ (Crawford, 2010). However, interpretive studies have also identified the lack of voices (Burns & Bell, 2011; Yates, 2009). Australian research recognised the need for ‘voices to be heard’ in educational contexts (Division of Education and Training, 1999; Tanner, 2009, 2010, 2011). In addition, Kirwan and Leather (2011) also found that the ‘voice of students with dyslexia’ were absent from research, internationally. The term ‘voices of dyslexia’ has informed only a few studies (Burns & Bell, 2010; Kirwan & Leather, 2011).

This research study found a paucity of voices identified in the literature when searching for adult student voices in qualitative studies in vocational contexts. In short, the various critical theorists (Crawford, 2010; Kirwan & Leather, 2011) used the voices of participants. In Queensland TAFE Colleges, voices of dyslexia appear absent. In addition, adult students diagnosed with dyslexia continue to face challenges, especially given the debate about the terms currently used for dyslexia. However, in utilising interpretive social constructionism, there was a paucity of voices of dyslexia, about the

2.1.6 Narrative or Story-Telling?

Narratives are one approach for framing this research, using the stories told as the social constructions of events by participants. Reissman, (2004) identified that narratives begin with the interview process and are constructed through thematic analysis. Thematic analysis pinpoints to data, examines the data and then records it in patterns (Braun & Clark, 2006). However, other researchers have argued that narratives come solely from analysis (Gubrium and Holstein, 2012). This researcher
was not expecting to construct a narrative during this case study analysis. Hence, while interviewing participants, listening to audiotapes and analysing the coded data, stories can become prominent. Narratives can be interpreted from the talk of adult students, emerging from socially constructed phenomena as described in interviews and transcripts. The findings of this research are to be based on listening and the interpretation of stories, the social constructions of participants; or the narrative.

Narratives are defined by Etherington, (2013, p.1) as:

“Narrative inquiry is a means by which we systematically gather, analyse, and represent people’s stories as told by them … and provides … truth, reality, knowledge and personhood”.

A narrative for social sciences was noted by Gubrium and Holstein (2012), as the “storytelling”, from a qualitative, historical or an interview event. Data comes from asking broad research questions, which were followed up by narrow and probing questions (e.g., where and when did this occur?) throughout the interview processes (Reissman, 2004). Gubrium and Holstein (2012); and Reissman and Quinney (2005) empower this research in unfolding the stories of participants and then constructing the narrative.

Reissman and Quinney (2005) argued that narrative was developed in phenomenology by Ricoeur (1976). However, the narrative has surpassed the initial lived experiences of phenomenology research. Moreover, narratives have come into the world of human interaction and into relationships occurring within social work (Reissman & Quinney, 2005). There remains contention between the definitions of narrative which were currently utilised in a range of academic fields (Chase, 2005; Gergen & Gergen, 2014; Germeten, 2013; Hammack, 2010).

In comparison to the narrative, storytelling is often described in research as a narrative (Cronon, 1992). Storytelling is not the same as a narrative. Gerrard (2007) in his educational research, denoted three aspects to storytelling as quoted by Gough (2008): a) rhetorical moves that create a particular narrative statement; b) the events and situations that are being described, (that is, the larger story that is being told, given that the same events can be told in different ways); and c) the act of narrating (p. 833). As the story is told to the researcher, it requires some construction in narration; it allows that an abstract form of dialogue is firmly articulated into meaningful narration (Cronon, 1992; Squires, 2000). In telling a story, Gough (2008) reports that the world is made up of stories, as opposed to atoms. Gough (2008) identified numerous storytellers in his paper, including Rorty (1979) (p. 833) who suggested that social science was not unlike continuous literature. Literature provides
research with storytelling, to bring about interpretation from others, to the self, and provides a deep understanding of the researched and their community.

However, as noted by Cronon (1992) narrators take time to illustrate disorganised stories. Furthermore, the narrative belongs to the interaction between the self and a significant other. On reflection, this interactional relationship is the building up from what Gergen (2010) would aspire to as a relational being. Not unlike Reissman and Quinney’s (2005) research, this research will also frame the stories of social construction of adult students diagnosed with dyslexia and DSOs, from interactional stories. The literature identified that a narrative starts with a story, that frames the social constructions of participants (Germeten, 2013), which is further constructed by the researcher into a narrative. It is unclear, whether participants bring with them a story or whether the researcher can frame their social constructions into a narrative. In the following section, the continuing debate regarding dyslexia is discussed.

2.2 THE DEBATE ON DYSLEXIA

There continues to be debate on the definitions, terms, and services regarding dyslexia in various countries, which has not abated since last century (Cheng, 2009; Elliot & Grigorenko, 2014; Gerber, Reiff, & Ginsberg, 1996; Goodley, 1998; Reid, 2009a; Riddick, 2000; Slee, 1997). In resistance to the medical model, Macdonald (2009a) noted “sociological imagination and thinking on disability as being refined by focusing on social oppression, rather than a medical perception of biological limitations” (Macdonald, 2009a p.345). Macdonald (2009a, 2009b) identified from life narratives, that students with dyslexia had experienced institutional barriers in education, where there was perceived institutional discrimination, compared to adults without dyslexia. Students from low socio-economic families found it challenging to aspire to higher educational outcomes (e.g., opportunities for education were not always accessible to those families). In addition, the families from a lower socio-economic area did not prioritise education (Macdonald, 2009b). On reflecting on the dyslexia debate, Riddick (2001) noted that social barriers (e.g., stigma and labelling) restricted the educational development of students with dyslexia. The debate on dyslexia can affect learning for adult students diagnosed with dyslexia, as previously identified (Chapter One, Section 1.1 and 1.1.1). Adult students diagnosed with dyslexia are attending a Vocational Education and Training (VET) facility, and could face similar educational challenges (Chapter One).

In literature, it is well known that people diagnosed with dyslexia contribute to society. However, they remain having challenges due to organisational or collegial barriers, with significant others not understanding the challenges of having a disability (Purdy, 1996; Kumari Campbell, 2009).
such as dyslexia. In the words of one philosopher, Linda Purdy (1996) stated that her disability was not a negative aspect of her life:

“My disability is not me, no matter how much it may affect my choices. With this point in mind, it should be possible mentally to separate my existences from the existence of my disability” (Purdy, 1996, p. 68).

Kumari Campbell (2009) extends the positive and negative aspects of a disability from the ablest perspective of disability as being a “constant negotiation with competing responses … being positive, negative and contradictory … in an ongoing state of ambivalence” (p. 27).

Concurring with Kumari Campbell (2009) this research will explore the challenges of adult students diagnosed with dyslexia in both social and TAFE contexts.

There remain barriers for students with dyslexia nationally and internationally. Barriers in tertiary educational contexts can cause attrition rates for vulnerable students (Cotton, 2010). Organisational obstacles for students can include the following: a) not having resources provided promptly; b) not having student mentoring programs; c) no appropriate support (Cotton, 2010); and not having specialist teachers (Mortimore & Crozier, 2006). These factors can create barriers for adult students diagnosed with dyslexiaor LD (Cotton, 2010). It was identified that not having transition programs for students diagnosed with disabilities such as dyslexia was another barrier (Ballantine & Spade, 2012). Despite the barriers that exist in education some researchers in the area of sociology of education have provided models to review the barriers and services that influence the progression of adult students diagnosed with dyslexia in educational contexts (Apple, 1996; Nolan, Gleeson, Treanor, & Madigan, 2014; Riddell & Weedon, 2006). Although current barriers exist in tertiary education, there remains a lack of understanding around dyslexia in these organisational contexts.

The dyslexia debate as argued by certain researchers identified that not all people who have literacy difficulties have dyslexia (Elliott & Grigorenko, 2014). In recent literature, Elliott and Grigorenko (2014) argued that people diagnosed with dyslexia may have other underlying problems, and those with literacy difficulties can have similar challenges. Hence, Elliott and Grigorenko (2014) suggests that the term dyslexia should be removed, and all those children who have literacy problems receive the help they need to succeed. Diagnoses of dyslexia were more common in the USA (National Association of State Directors of Special Education, 2006; Special Education National
Disability Act, 1991) and the United Kingdom (UK) (British Crown Law, 2005), as opposed to Australia. In Australia, the diagnosis of dyslexia was classified as an LD (American Psychiatric Association, 2004). The latest American Diagnostic Manual of Mental Disorders (2013) notes that diagnosis is one of the learning disabilities that affects reading, writing, and spelling (American Psychiatric Association, 2013, p.67). However, LD remains in use, with the term used by teachers and some psychologists (Australian Disability Clearinghouse on Education and Training, 2012; Australian Psychological Society, 2009). Universally there is no clear diagnosis of dyslexia (Wright, 2005) within and across countries. Intelligence Quotient (IQ) was deemed to be an inherent indicator of dyslexia (Snowling, 2009) that was fervently debated.

The role of IQ in dyslexia is still uncertain (Elbeheri & Everatt, 2009; Turner, 1997). Research has shown that people diagnosed with dyslexia have an average to above average IQ (Hulme & Snowling, 2009; Snowling, 2009), yet persons with other disabilities can have dyslexia (Pauc, 2005). Adults with dyslexia have difficulties in reading, writing, spelling, and processing in cognitive reading pathways (Reid, 2009a). People diagnosed with dyslexia have the ability to independently and cognitively display interpretability in society and cultural contexts (Pothos & Kirk, 2004). Turner (1997) suggests that “IQ attainment discrepancy is descriptive rather than definitional and is insufficient by itself for diagnostic purposes” (p.37). Elliot (2014) suggested aligning IQ with dyslexia was a misnomer to clarify reading deficits. This disability debate continues and the ‘adult with dyslexia’ is central to the propagated misnomers from such debates. Debates, about IQ, are evident nationally and internationally. The debate surrounding the IQ remains evident in schools (Ingesson, 2006; Tanaka et al., 2011), TAFE and vocational education (Mellard & Becker Patterson, 2008) and universities (Smith-Spark & Fisk, 2007). Such debates contribute to the social experience of adult students diagnosed with dyslexia(e.g., being labelled and marginalised) (Jodrell, 2010).

Dyslexia is not recognised as a discrete disability by some countries, such as Australia (Australian Psychology Association, 2013; Elliott & Gibbs, 2008), despite the recent introduction of the term in the Diagnostic Statistical Manual of Mental Illness (2013). Elliott and Gibbs (2008) suggest that the lack of current knowledge in neurology, genetics, orthographic, and phonological difficulties in the field, provide insufficient knowledge to justify dyslexia as a discrete disability. Despite professionals using diagnostic and genetic advances to justify the existence of dyslexia (Nicholson & Fawcett, 1990; Shaywitz, Lyon, & Shaywitz, 2006; Shaywitz et al., 2002; Shaywitz & Shaywitz, 2005), there remain difficulties in educational pursuits for adults who have dyslexia. People diagnosed with dyslexia face continual problems in learning and in highly structured organisational contexts, such as workplaces (Bartlett & Moody, 2010) These debates can result in students with
dyslexia having limited or no access to support and services, and many fail in courses (McNulty, 2003; Singleton, 2008).

2.3 DYSLEXIA, LEARNING AND SUPPORT

This section introduces three topics which are crucial for students diagnosed with dyslexia. The topics are: a) dyslexia and the difficulties in a learning environment; b) learning and learning styles; and c) support for students diagnosed with disabilities. Dyslexia is not a ‘one-disorder’ disability (Rose, 2009). Individuals with dyslexia have a range of characteristics that impair learning abilities to which individuals respond based on their experiences (Burton, Weston, & Kowalski, 2009). Learning difficulties for those with dyslexia can include vision, reading, and spelling; hearing and speech; writing and motor skills; mathematics and time management; memory and cognition; planning and reasoning; and behaviour, health, development, and personality (International Dyslexia Association, 2012; Reid, 2009a, 2010a, 2010b; Reid, Fawcett, Manis, & Siegal, 2008). Specific learning needs demand numerous and varied tasks due to such difficulties associated with cultural, social, educational and employment contexts (Reid, 2009a). Comprehension of text can be poor (Graham & Bellert, 2005; Wisheart et al., 2009), and this means that adult students diagnosed with dyslexia may have to read the text thoroughly to accurately understand the material (McLoughlin & Leather, 2009). Some students need additional time for learning new tasks (Reid, 2009a).

Mature-aged students have challenges with transitioning to a learning environment (Craig Lee, 2010), due to a change in both learning expectations and environment (Reid, 2009a). Some students have difficulties in listening to information and do not process information quickly (Schulte-Körne & Bruder, 2010). Processing information can be delayed, so that when a student is asked a question in class, they may fail to answer the question because of this challenge (Reid, 2009a). There are time management issues with assessment and assignment for learners with dyslexia, who may face challenges to complete tasks within normal timeframes (McLoughlin & Leather, 2013; Reid, 2009a). These are some of the difficulties that can arise for adult students diagnosed with dyslexia in tertiary contexts.

2.3.1 Learning Styles

Although learning styles have been contested (Rayner, 2007; Reynolds 1997), the concepts of learning styles have been used in numerous studies (Given & Reid, 1999; Reid & Strnadova, 2008; Riding & Rayner, 1998; Zdzienski, 2005). Learning styles have been successfully used to enhance educational outcomes for students who have been assessed with various forms of dyslexia (Mortimore, 2013; Reid, 2009). Learning styles are ways in which some students can learn, such as
visual, verbal, auditory (listening), reflection, and kinaesthetic styles (practical applications) (Zdzienski, 2005). Visual learning styles require a variety of strategies including visualisation of diagrams, Power-Point presentations, audio-visual information, and can be used in unison for students who have dyslexia (Mortimore, 2008; Reid & Strnadova, 2008; Zdzienski, 2005). Adult students diagnosed with dyslexia often have to verbalise information and listen to information, all the while engaging with auditory learning styles (Alkhasawneh, Mrayyan, Docherty, Alashram, & Yousef, 2008), that may not suit their own learning needs. In addition, adult students may be kinaesthetic learners and use models and practical abilities to learn (Zdzienski, 2005). Adult students diagnosed with dyslexia may need time to reflect on what they had heard to make meaning of the information.

In recent years, there has been further development of other learning styles used by educators and academics in the field (Mortimore, 2008; Reid, 2009a; Reid & Strnadova, 2008). Mortimore (2008) identified that adults with dyslexia can use a range of learning styles. There were four styles used, known as VARK: a) verbal and visual; b) auditory (Zdzienski, 2005); c) reflective (Caskey, 2013 unpublished); and kinaesthetic (Zdzienski, 2005); when used as memory strategies and learning styles (Zdzienski, 2005). In later research using psychological assessments (Fleming, 2006), VARK learning styles were: a) visual; b) aural; c) read/write; and d) kinaesthetic. These styles would not align with adult students diagnosed with dyslexia, due to the read and write component, and the lack of verbal styles (Fleming, 2006).

In comparison, some research has further divided learning styles into types of learning, where individual learners may have a realistic approach to learning. In the scholarly work of Tilly Mortimore (2008), there were two forms of learning styles. Mortimore (2008) discussed holistic and sequential learning styles, which can also use VARK learning styles, when appropriate. Holistic learners are students who see the ‘big picture’ and often have challenges in cutting it down into small chunks of information (Mortimore, 2008; Riding & Rayner, 1998). In comparison, sequential learners work with small chunks of information, and they often find it difficult to complete, due to their inability to perceive the finished product (Mortimore, 2008; Riding & Rayner, 1998). It is unclear whether adult students diagnosed with dyslexia were provided with learning styles by TAFE teachers, despite the plethora of learning styles available to support the TAFE adult student. In short, the literature also has illustrated recent support strategies for students with vision impairment and intellectual disabilities.

2.3.2 Current Support for Students and Adults with Disabilities

There were mixed testaments on the provision of support such as braille resources and one-on-one in-class assistance for students with intellectual and vision impairments (Datta,
2015; Datta & Palmer, 2015; Datta & Talukdar, 2016). These studies found that support may not always be perceived beneficial by students, despite being designed by teachers and disability teams. Datta and colleagues (2006; 2015; 2016) investigated the incidence of support and services on test anxiety and progression of students with either vision impairment or intellectual disabilities. They investigated a range of supports which included: a) assistive/adaptive technology; b) School Student Officers qualified in the education for disabilities; c) teacher support; d) curriculum support services; e) specialised services; and f) specialised equipment and resources.

Datta’s (2015) study with students aged between 15-18 years and adults 19-25 years with a mild intellectual disability, found that counselling, advocacy and networking with families had a positive effect and led to student referrals to agencies. However, Datta and Talukdar (2016) found that students perceived class support did not alleviate test anxiety. Datta (2015) also identified that assistance did not have a positive effect on students’ social life, independence and ability to work and study. In comparison to Datta and colleagues’ (2015; 2016) studies on students with intellectual impairments (as noted above), O’Rourke and Houghton’s (2006) findings identified that students with mild intellectual disabilities had success in classrooms, on quantitative testing. Specifically, Datta and colleagues’ (2015; 2016) found that students with intellectual disabilities did not always respond positively to the support provided.

In comparison, supports provided for students with vision impairment were found to be positive in helping ease test anxiety (Datta & Palmer, 2015; Datta & Talukdar, 2016). Datta & Talukdar (2016) identified a range of supports were provided for students with vision impairment which included: a) Braille; b) large print; c) special lighting equipment (computer screens and for writing in class); d) mobility devices; e) audio-taped materials; f) specialised storage systems; g) talking and large screen calculators; h) magnification software and screen reading for computer access; i) closed circuit television; and j) typing stands. Datta and Palmer (2015) reported that adult students with vision impairment felt that support should be delivered in private, as opposed to delivery in front of their peers. Findings revealed that student groups differed in outcomes to the provision of support (e.g., positive and negative).
The studies in this section illustrated numerous supports for two different disability types. The limited evidence of positive effects illustrates how key support provided can have different influences on intended recipients. Therefore, it cannot be assumed that provision of supports to students with disabilities has positive effects. This is also significant for the provision of support and services for adult students diagnosed with dyslexia. In this study, there is an exploration of the supports that are relevant for the individual needs of adult students diagnosed with dyslexia. Not only do students need support and services for their learning difficulties and dyslexia, they also need to be supported as adult students in TAFE.

2.4 ADULT STUDENTS

Adult students can have several difficulties when they arrive at a new learning context. Some of these can be social, adjusting to a new environment, stress and anxiety, and acquiring new educational skills. Social difficulties can relate to family situations, financial concerns, and study difficulties of adult students (Kasworm, 2008; Mellard & Becker Patterson, 2008; Scanlon, 2009). Adult learners have difficulties entering tertiary education and find adjusting to an educational experience demanding (Kasworm, 2010; Mellard & Becker Patterson, 2008; Zacharakis, Steichen, de Sabates, & Glass, 2011). Adult learners often experience difficulties (Giancola, Grawitch, & Borchert, 2009; Harris, 2008; McNulty, 2003) such as feelings of anxiety, high-stress rates (Giancola et al., 2009), and marginalisation (Tanner, 2010). Adult students such as young, mature, and older adults (Mellard & Becker Patterson, 2008), often require educational and social strategies to assist in learning (Scanlon, 2009). However, educational strategies can include: a) facilitation of interaction with others in college; b) treatment of students’ by teachers; c) provision of knowledge to support engagement in learning; and d) informal mentoring (Scanlon, 2009).

Knowles (1980) argued that adults have different learning characteristics and strategies, compared to children and adolescents, due to life experiences that adults bring to the classroom. A range of principles were formulated from Knowles psychological practices and classroom activities, which related to adult learners (Knowles, 1980). Principles of adult learning influence the manner in which adult’s experience and understand learning.

Knowles’ (1984) Principles of Adult Learning were: a) a focus on learning instruction with teachers; b) learning through, and from experience; c) adult learners prefer courses that are of value to them; d) the need to solve problems rather than learning for knowledge only; e) adult learners need respect; and f) adults like to negotiate the learning strategies and practices that they understand in
classroom activities (p.12). Adult students diagnosed with dyslexia, a less studied population, are likely to have similar experiences and needs (Tanner, 2010; Cotton, 2010) with additional difficulties of being adult learners (Mellard & Becker Patterson, 2008). In Australian TAFE Colleges, there was a paucity of studies of adult learners with dyslexia.

2.5 AUSTRALIAN LITERATURE

Three Australian studies were explored in relation to students who have dyslexia or LD and their educational pursuits. Two studies explored the lived experiences of students with dyslexia undertaking vocational courses in Western Australia, one using phenomenology and the other using mixed methods (Cotton, 2010; Tanner, 2009). The third study was a longitudinal mixed methods research of apprentices in vocational contexts. As noted, social, cultural, and educational difficulties associated with dyslexia in childhood continued for adults in tertiary learning, workplaces, and in other contexts (Cotton, 2010; Tanner, 2010). Difficulties identified in other research included: a) time management; b) students requiring additional time for assessment and assignment tasks; c) organisation skills, such as challenges in managing assignment deadlines and attendance in classes; and d) individual issues such as anxiety and stress that exacerbated other issues in the workplace (Cotton, 2010) and the learning contexts (Tanner, 2010).

Tanner (2010) and Cotton (2010) recognised some barriers for students, including attitudes of significant others in organisations, a lack of self-esteem, challenges with speaking in public or in-class, associated failures from an early age, and disability identification difficulties associated with dyslexia. The lack of organisational support strategies and the early identification of LD by teachers may impact on the adult learner’s ability to access suitable support and services (Cotton, 2010).

Tanner’s (2010) phenomenological study explored the barriers that were experienced by students with dyslexia throughout their lives. Students in Tanner’s (2010) study enrolled in a specific program for dyslexia and reported difficulties in some functional areas. Such difficulties included: a) social (the interaction with friends and significant others); b) emotional (stress and low self-esteem); c) health (as some students experienced anxiety and depression); d) educational, (lack of appropriate support and services for dyslexia); e) learning (teaching learning styles that can be used by students); and f) advocacy (support from student peers) (Tanner, 2010). All students perceived they experienced difficulties with learning support and services in educational contexts throughout their lives (Tanner, 2010). Since enrolling in that TAFE course for dyslexia, many started to be more self-assured and confident, due to learning about strategies and skills to support them in courses (Tanner, 2010). In comparison, Cotton’s (2010) study of apprentices enrolled in a Transforming Trade Training program
for students with learning disabilities, identified approximately 80% of participants were diagnosed with an LD, reporting they had dyslexia. Of these apprentices, 72-80% had challenges with reading and text comprehension, and 52-55% had problems with writing, concentration, and assessment. All participants agreed that disclosure was required for timely intervention and support (Cotton, 2010).

Furthermore, Cocks and Thoresen’s (2013) research, identified significant non-completion rates for students diagnosed with disabilities in apprenticeships and course completion rates were not high. While there are 6.1% of students who report a disability (Cocks & Thoresen, 2013), and only 1.4% of apprentices report a ‘learning difficulty’ at the time of enrolment. Students dropped out of apprenticeships for a range of reasons including: a) low training wages; b) lack of resources, such as assistive technology; c) health issues related to the disability; and d) stress (Cocks & Thoresen, 2013). A lack of support strategies may cause some students to experience further anxiety in training and to drop out of courses (Cocks & Thoresen, 2013). Students with a disability such as dyslexia are at risk, and drop out because they did not have suitable support and mentoring (Cotton, 2010). It is evident that workplace training required additional support and services for apprentices, as there was a lack of support strategies recognised in that research. Reflecting on this literature, adult students appear to have stress related issues, as noted above when there is a lack of support. Many students would have anxiety difficulties with the expectations of courses, and when teachers and trainers are not hearing their concerns. When appropriate systems are in place for adult students diagnosed with dyslexia, there is a constant flow of accomplishments from the apprentices and students (Cocks & Thoresen, 2013; Cotton, 2010; Tanner, 2010). This research explores the support and services provided to adult students diagnosed with dyslexia in Queensland TAFE Colleges. The above studies provide a background into the current provision of support for students attending vocational contexts.

2.6 TAFE AND VET – INCIDENCE OF LEARNING DISABILITY

2.6.1 Vocational Education and Training (VET)

Vocational Education and Training (VET) is the overarching Federal Government body that enforces registration of public and private educational providers. The role of VET is to administer and facilitate the implementation of legislation, policy, and industry standards (National Centre of Vocational Education and Research, 2012). VET provides additional funding for students who have disabilities, through the VET Disability Support Scheme and the Australian Apprenticeship Support Network (2016), which has taken over from Disability Apprenticeship Award Wage and Employment Scheme (DAAWES). Vocational Education and Training (VET) collates research, through the
National Centre of Vocational Educational Research (NCVER) and reports on statistical data from all providers registered within the VET sector.

Another function of VET is to ensure the standards of each course are designated and delivered throughout Australian States. The VET sector offers registered programs from Certificate I through to Diploma and two training programs, and these include traineeships and apprenticeships (Goozee, 1995). Many adult students diagnosed with dyslexia and other LDs enrol into courses below the Certificate III level, providing them with a pathway for learning in TAFE (Australian Disability Training Advisory Council, 2004; Pathways Organising Committee, 2014). Recently, there has been the addition of university programs and some TAFE Colleges are offering bridging courses to access university programs in conjunction with existing TAFE programs (Wheelahan, 2011; Wheelahan, et al., 2012).

2.6.2 Technical and Further Education (TAFE)

Nationally, there are 183 government funded vocational facilities, including TAFE Institutes throughout the States and Territories of Australia (Department of Education Science and Training, 2009). In Queensland, there are 11 TAFE Institutes, with an average of 6 campuses/colleges per institute. However, numbers vary within regions. TAFE Institutes and colleges are Registered Training Organisations (RTO), traditionally, under the auspice of the Department of Employment, Education, and Workplace Relations (DEEWR) (Department Employment Education and Workplace Relations, 2010). TAFE can offer nationally registered training and private (fee for service) programs for employment (Allan, 2004; Australian Quality Training Framework, 2007; Karmel, 2010; Scanlon, 2009) and language skills in spoken English and literacy programs (Technical and Further Education, 2013) to both national and international clienteles.

According to Stinger and Hudson, (2008) TAFE is a hierarchical and highly structured educational organisation. There are various systems in place that attempt to provide legitimacy for the organisation. TAFE is a publicly owned Vocational Education and Training (VET) provider (Productivity Commission, 2011). There are numerous definitions to identify TAFE, coming from the government, government agencies, and TAFE (Van Der Linde, 2007). Moodie (2002) suggested for all the proposed definitions and terms, “we have come no further” in securing a definition for technical and further education and training (p. 249). However, Queensland TAFE Colleges were defined as:

... a publically funded post-secondary organisation that provides a range of vocational education and training courses and other programs, such as entry and
bridging courses, language and literacy courses, adult basic education courses, Senior Secondary Certificate of Education courses, personal enrichment courses, and small business courses (TAFE Queensland, 2012).

In 2011, the Australian VET TAFE Colleges, enrolled 1,881,900 students (National Centre of Vocational Education and Research, 2012). The VET statistics showed that 6.3% of people enrolled in vocational programs have a disability and approximately 15% of these data had an LD (National Centre of Education and Training, 2010). These numbers are significant considering many students with LDs are reluctant to report a disability (Cotton, 2010). TAFE has been considered an environment where students train for future employment in workplaces or to access placement into a university.

Technical and Further Education Colleges provide additional funding sourced from VET for students who have disabilities, in the form of DAAWES, now known as the Australian Apprenticeship Support Network. For equipment and diagnoses, VET also provides TAFE with funding, such as VET Disability Support Scheme (VDSS). In addition to VET funding for disability, there is TAFE funding, which is provided to institutes for the purpose of equity and disability.

2.7 LEGISLATION AND POLICIES FOR DYSLEXIA

2.7.1 Australian Legislation and TAFE Policies

Queensland TAFE is legally obliged to provide support and services for students diagnosed with disabilities, including dyslexia (Disability Services Act, 1986; Disability Discrimination Act, 1992, 2013). VET makes recommendations for policy implementation for Registered Training Organisations, delivering programs to support students diagnosed with disabilities within Australia (Queensland TAFE, 2009; VET Administration, 2009; Vocational Education and Training, 2010).

TAFE Policies is the *Equity and Fair Treatment Policy (2014)* (COM LAW, 2014) originating from an East Coast TAFE College.

The aim of the legislation and policies is to support and service people with disabilities in Queensland and within Australia. TAFE ensures through policy that processes and practices are implemented to enforce this legislation. Also, there are unclear understandings of how TAFE implements this legislation and policies for supporting students diagnosed with disabilities, including dyslexia. One of the TAFE policies is the Inclusion Policy and is documented as a framework for practice.

### 2.7.2 Inclusion Policies and Procedures in Educational Contexts

The United Nations Educational, Scientific and Cultural Organisation (UNESCO) stated in 1994 that inclusive education would break down the existing barriers for people who have a disability. In Britain, Booth and Ainscow (2002) first implemented the *Index for Inclusion* (2002) in schools. In Western Australia, Forlin (2002) trialled the Index for Inclusion in schools. The aim was to include all students, regardless of their disabilities and needs, in public education and to remove children from segregated schooling. Students who had disabilities entered inclusive classrooms and schooling with students without disabilities (Foreman, 2001). However, inclusion was not always assured for children in schooling, where there was some resistance to inclusive classrooms (Carr, 1993; Richardson, 1996). In comparison to schooling, social inclusion was occurring within the broader society.

Australia’s first Social Inclusion Policy Principles were implemented in the broader society in 2009 (Australian Services Union, 2007; Commonwealth Government, 2009). There remains much debate regarding inclusion within Australian educational contexts (Cole, 2006; Graham & Slee, 2007; Slee & Allan, 2005). Australian tertiary education and workplace contexts had challenges in implementing policies for students who have disabilities (Lindsay, 2004; Oxoby, 2009; J. Ryan & Struhs, 2004). Social inclusion is defined as:

... *the process of opportunity enhancement for building or re-establishing social bonds by facilitating the access of all citizens to social activity, income, public institutions, social protection and programs and services for assistance and care* (Avramov, 2002, pp. 26-27).

In Australian schools, there was a flow-on effect to inclusion in public schools that started in the late 1990s, after the implementation of the *Disability Discrimination Act, (1992)* which necessitated policy in schools. In comparison, TAFE were accepting a similar effect in the provision of an inclusive education.
for students in the tertiary context and later, change was implemented in policy. However, it took considerable time to come to fruition in practice. Some researchers were calling for a mimetic approach to inclusion within the VET sector (Barnett, 2004). In VET, there has been a formalised and a practical Inclusion Policy since 2011, which was supposed to provide full inclusion for all students who have disabilities and/or diversity. However, evidence suggests that there was an absence of equity within the VET sector (Gale, 2009, 2010).

Schools had an inclusive education policy, which did not automatically instigate full or partial inclusion (Graham & Sweller, 2011). Inclusion is deemed as a cultural and political mandate, as opposed to social reform (Slee & Allan, 2005). In Australia, there remains ineffective inclusion in practice and in organisational policies (Cole, 2006; Lindsay, 2004; J. Ryan & Struhs, 2004), which are used to appease parents and people with disabilities.

The aim of the legislation and policies was to support and provide support and services for people who have disabilities in Queensland and Australia. TAFE ensures these processes and practices are implemented to enforce this legislation and policy mandates. However, it is unclear whether the policies and legislation support adult students diagnosed with dyslexia.

More importantly is to understand how the legislation and policies are facilitated and implemented in processes and practices, which emanate in TAFE organisations. When a policy is facilitated normatively by professionals (Smith, 2011), there may be ambiguity in those organisational processes. It is not known what policy implications are occurring in TAFE Colleges. In the following section, several theories are used to construct a relevant theoretical framework for explaining how legislation and policy become critical in an organisational context for adult students diagnosed with dyslexia undertaking TAFE courses.

### 2.8 ORGANISATIONAL APPROACH TO BUREAUCRACIES

A range of theoretical frameworks were utilised in this study which included Weber’s theory of bureaucracy (Jain, 2004) and Lipsky’s street-level bureaucracy (Lipsky, 1983, 2010). According to Boudon (1991) Merton’s theoretical notion of middle range bureaucracy is not a theory, as it “does not determine the essential feature of social structure or to find two, three or four couples … to analyse all social phenomena” (pp. 519-522). Merton’s middle range theoretical notion was designed primarily to help better understand specific institutional actors within institutions. Despite it being criticised in literature (Petersen & Bredhow, 2009) for being intellectually unambiguous. Merton’s re-
conceptualisation of Weber’s (1930) earlier bureaucracy, was later used by Xiaoyan & Jezewski (2007) in their building of a structured *theory of advocacy*.

Five major theoretical positions emerged, and two philosophical underpinnings, which guided this research process. These philosophical positions were: Gergen’s *relational being* (Gergen, 2010) and *social constructionism* (Burr, 2005; Gergen, 1985, 2005). The five theoretical positions included: Gergen’s *social constructionist theory* (Gergen, 1985); Fine and Sirin (2007) the *hyphenated-self theory* (Fine et al., 2012; Fine & Sirin, 2007); Lipsky’s *street-level bureaucracy* (Lipsky, 1983, 2010); and Goffman’s *dramaturgical theory: impression management* (Goffman, 1959); and the Xiaoyan and Jezewski (2007) mid-range *theory of advocacy* (Xiaoyan & Jezewski, 2007).

It may be that TAFE DSOs use other institutional practices such as language and frameworks; and communicate with mutual networks from other colleges within TAFE (Community of Practice, 2004; Hammond, 2003). An example of this is when Queensland TAFE DSOs unite and collaborate on practices within institutes, using similar language that is deemed professional for the system. Disability Officers throughout Queensland use similar methods and strategies in supporting and servicing adults with disabilities, to further legitimate practices (Chapter Five) (Community of Practice, 2004). This practice was deemed mimetic, where information is supplied by one organisation and copied by another (DiMaggio & Powell, 1983). Disability Officers employed by TAFE have networking days, which provides them with strategies for dealing with the diversity of adult students diagnosed with dyslexia. Collaboration between network members is to discuss and resolve organisational problems. Furthermore, DSOs were deemed professionals by staff, in managing clients’ educational and social difficulties in TAFE Colleges.

Professionals have collaborative networks of colleagues and professional hierarchy (Suddaby & Vaile, 2011). They can introduce new staff with similar opinions and implement new policies and procedures within organisations to suit their practices (Suddaby & Viale, 2011). In comparison to Suddaby and Viale (2011), in theoretical positions, there can be many ways in which managers (e.g., DSOs) use professionalism, (e.g., they can be discretionary), as noted by Lipsky (2010). Professionals can decouple the organisational guidelines, which means that they do not adhere to the organisational rules, as identified by Meyer and Rowan (1977).

As identified, TAFE as a bureaucracy had an historical linkage to Max Weber’s (1922, 1930) authoritarian hierarchical system and Merton’s notions of institutions. These theories were addressed in this research, due to the historical effect that has changed the way in which organisations developed over time (Di Maggio & Powell, 1983; Fried, Gey, Pretorius, & Gunther, 2013; Merton, 1940; Meyer
& Rowan, 1977; Scott, 2008). Primarily the theories used in TAFE included Michael Lipsky’s (1983, 2010) street-level bureaucracy and Robert Merton’s (1968, 1949) middle-range understandings of bureaucracy in institutions. In short, because TAFE is a bureaucracy, having a highly-structured system, initially; Weber’s theory helped Merton’s understandings of organisations and later Lipsky’s theory of street-level bureaucracy, also shaped bureaucracies and people working in institutions.

2.9 THEORY OF BUREAUCRACY

This section explores the bureaucracies used over time, from Weber’s tenets of organisations to bureaucracies using formal management styles, through to Lipsky (1983, 2010) who utilised discretionary management styles within bureaucracies, and the comparison of such organisational strategies over time. Also, this chapter alludes utilises street-level bureaucracy (Lipsky, 1983, 2010). In addition, the review explores the theories related to current literature, which was used to understand further the interactional relationships between the self and a significant other. This includes those relationships occurring in TAFE Institutions, between adult students diagnosed with dyslexia and DSOs in this large bureaucratic system. Theoretical positions in qualitative research emerge normally from the analysed thematic data (Evans, 2011). Themes emerging from the data presented the institutional (understandings) logics in organisational decision-making. Chapter Two explores the historical relevance of change occurring in the field of organisational theory and research. This section will explore the differences from the initial theory of bureaucracy in Weber’s (1922, 1930) research through to Merton (1949) understandings of organisations and Lipsky’s (1983, 2010) street-level bureaucracy. There is a comparison between the three, with the last theory, street-level bureaucracy, being utilised comprehensively in this research. In earlier studies like Weber’s, set primary standards for bureaucracies.

Historically, Weber (1922, 1930) identified four concepts of a bureaucratic theory and institution. The first feature identified that bureaucracies were “formal and explicit hierarchical structures of power and influence” (Jain, 2004, p. 2). The second criteria noted that a bureaucracy had a “systemic division of labour”. The third feature identified that “bureaucracies were governed by a set of general, formal, explicit, exhaustive, and stable rules that were impersonally applied” (Jain, 6 Formal styles according to Misztal (2001) “is neutral, legally circumscribed or depersonalised an types of behaviours … as a means to sustain power relationships as a method of exercising formal control … excluding mutual understanding.” (p.21).
These four preliminary tenets used in that research of a bureaucracy, enabled bureaucracies to improve the organisation (Jain, 2004). These forms of communications could amount to new systems and developments as employed, for the legitimacy of a bureaucracy (Matheson, 1987; Seabrooke, 2006). Weber’s (1922, 1930) theories are relevant today because of the highly-structured workplaces that government and private organisations have become, particularly government service organisations. There are significant rules in bureaucracies, in the form of policies, guidelines, and procedures that provide organisations with legitimacy, extensive record keeping, and a systemic division of labour, which sustains the authoritative organisations, in a hierarchical system (Karlberg, 1994, 2004; Mills, Weatherbee, & Durepos, 2013).

Weber is one of the ‘grand theorists’ used by researchers, underpinning the theoretical understandings of organisations. This researcher noted that Weber’s (1922, 1934) bureaucracy, is a broad field and identified there were changes to organisations and bureaucracies over time. Scott (2008) identified that change has been facilitated over time, facilitating various forms of bureaucracies. In addition to Jain’s (2004) research, Udy’s (1959) earlier research, identified six tenets of Weber’s Rational Bureaucracies (below). Weber’s Rational Bureaucracy included eight tenets: a) historical record-keeping; b) legitimacy in hierarchical authoritarian structure; c) specialised administrative staff; d) rewards to workers are differentiated within the office; e) bureaucracies functioned on using objectives or goals; f) performance was emphasised and was aligned to a reward; g) work was segmented between office holders; and h) reward differed for management in authority (Udy, 1959, pp.791-793). In addition, in Weber’s rational bureaucracy, he was well aware that human action was a subjective interpretation of human agents and their existential complexity that are in the form of actions in organisations (Oakley, 1997). Agency for Weber, was goal directed and taken as interaction through rationality of the human (e.g., when the ends, means, and secondary results are rationally taken) (Weber, 1947, p.117; cited by Henderson and Parsons, 1964). These concepts were not changed significantly compared to Jain’s (2004) later research.

In comparison, personnel working in a bureaucracy, such as TAFE, make a difference to students who have disabilities (Tanner, 2010). Despite the rules and regulations of Weber’s Theory of Bureaucracy, the recent vicissitudes in organisations have also demonstrated change occurring in bureaucracies. Merton’s (1957, 1968) later research, also considered highly structured organisations, such as bureaucracies. Merton (1968) proposed that within organisations, there was socialisation of individuals, employed in these bureaucracies.
Merton (1940, 1957, 1975) also identified that bureaucracies were not dissimilar in structure to Weber’s, being hierarchical and formally structured. Such bureaucracies have defined patterns of interactions, where there are numerous positions. Within these offices, interaction occurs and is determined by specific and limited rules. Authority is the power of control coming from the persons within such offices, who have status within these organisations. There was formal interaction occurring in organisations between the manager and the subordinate, and were constrained by the organisational rules (Merton, 1940). The formal structures within organisations noted constraints on the interactions between employees at hierarchical levels (Merton, 1940). Despite this formalised interaction between managers and staff, there was a change to address such comprised interaction in later years (Merton, 1968).

According to Merton, (1968) organisations perform activities in a series of actions, aligned with the expectations of the organisations. Merton (1957) used the term ‘role’ as it related to the ‘divisions of labour’ and the work expectations within each role. Individuals usually had technical qualifications that would benefit the bureaucracy, not unlike Weber’s (1930) belief in a bureaucratic system. Merton (1968) also identified that prospective staff gained qualifications, using formalised and impersonal examinations.

Merton (1940, 1957, 1968) identified that there was a failure in bureaucracy with a trend to foster ‘goal displacement’. The adherence and conventionality to rules enabled the practice to become the end-point. There were no means to the end when organisations could not achieve goals (Jain, 2004). Institutional members of bureaucracies, applied rules and procedures in unsuitable conditions and treated such stipulations as normal and unique (Merton 1957). Organisational procedures can result in dysfunctional outcomes (Merton, 1940, 1957, 1968). In addition, to Merton’s (1968) notions of bureaucracy, Lipsky (1983, 2010) also noted there was a new form of bureaucracy, occurring in service organisations. Lipsky’s (2010) street-level bureaucracy provided professionals with discretionary actions within government service organisations, such as in police stations, schools, and welfare organisations.

Lipsky’s theory of street-level bureaucracies (1983, 2010) has impacted on the practice and delivery of services for professionals, known as street-level bureaucrats (SLB). In using discretionary practices, Lipsky (1983, 2010) identified that government bureaucracies and professionals changed practices at the frontline of delivery. Not only did they alter the practiced delivery, but they also modified policies within these government organisations (Lipsky, 1983, 2010). Lipsky (2010) suggested that change was through SLB’s discretion. As noted by Evans (2011):
For Lipsky, discretion occurs in a context of conflict between front line workers and managers and between a desire for top-down control and local opposition to it (p. 370).

There were studies which disagreed with Lipsky’s (1983, 2010) discretionary practices in the field of social work (Ellis, 2011). Ellis (2011) identified that because of government reform, organisations, which have become more structured over time; changes in practice had occurred for SLBs at the frontline of service. In addition to Ellis (2011), Tummers and Bekkers (2014) identified a shortcoming in Lipsky’s (2010) research.

Currently, Lipsky (2010) does not provide a decision-making framework for professionals’ discretionary practices in the field (Tummers & Bekkers, 2014). In this qualitative research, there is a perception that a decision-making framework is not necessary, as DSOs have professional agency. Also, other theorists, such as Goffman (1959a) were used in describing the workplace practices of DSOs. Goffman (1961) also described organisational dilemmas for employees and clients receiving support and services.

In this research, we observe two levels of discretionary policymaking to support the adult student with dyslexia: a global (e.g., coming from disability legislation and policies) and a practical in the field (e.g., at the front line of service provision). Street-level bureaucrats use legislative and state policy guidelines for practice in the field (Lipsky, 2010; Evans, 2013); their discretionary behaviours occur because there are limitations of policy guidelines, which were explored in this research.

2.10 GOFFMAN | FINE AND SIRIN | SOCIAL CONSTRUCTIONS OF AN IDENTITY

Goffman’s (1959a, 1961) symbolic interactionism in his extensive research projects aligns to the hyphenated-self theory of Fine and Sirin (2007); where both researchers utilised social constructions of the vulnerable and stigmatised in society, in constructing an identity. These researchers demonstrated the development of understandings and concepts to prevent arduous occurrences for people in society (Fine & Sirin, 2007; Fine, et al., 2012; Goffman, 1961, 1969). Goffman (1971) had an active role in abolishing involuntary mental hospitals in the US (Burns, 2012); Fine (2000 – present) has contributed to the social justice issues for women (Adriao & Fine, 2015; Fine, 2009; Fine & Sirin, 2007); and Sirin (2002 - present) has contributed to the educational research on marginalised groups in society (New York University Staff). Goffman’s and Fine and Sirin’s research, illustrated through social constructions that individuals have been maligned in social and cultural contexts. Both studies traditionally utilise social constructionist phenomena and
interactions to enlighten concepts and understandings of the interaction and relationships with others that has caused participants detrimental outcomes in various contexts.

In Goffman’s *The Presentation of Self in Everyday Life*, (1959a) and *Asylums* (1961), there was a depth of the interaction that played out in everyday life and within institutions and organisations. Goffman was a symbolic interactionist from the Chicago School, using qualitative research, to analyse interactional processes (Barnhart, 1994). Goffman (1959a) elevated this interaction and likened it to a theatrical drama, which he called a ‘dramaturgical’ approach. The impressions made by the actor toward the audience, illustrated the moral faith in the interaction (Barnhart, 1994; Tseelon, 1992) or as Goffman sees it as “interaction is dependent on how the actor perceives the situation to be” (Goffman, 1983; p. 231). The principles are utilised in constructing and developing an identity (Goffman, 2009). The six principles noted in the social world of theatricals, were underpinning the meaning presented within all the principles (Manning, 1991).

Goffman’s (1956) theoretical principles re-ordered the social world into a theatrical performance. The six principles were: a) performance; b) the team; c) the region; d) discrepant roles; e) communication out of character; and f) impression. Goffman (1956) argued that at any time the performer/performance can carry out any one or all of these symbols that affects another person. In using the term performer, he referred to all activities of the individual “the actor” that occurs continually before “the set of observers” or the audience (Goffman, 1959a, p. 32; Manning, 1991, p. 75). For success, the front of the stage must be portrayed as real, with “stage props ... and appropriate facial expressions and role attitudes” (Manning, 1991, p. 75). Also, stage performances are not portrayed by one individual, are staged by groups or teams, and according to Goffman, “they are a secret society” (Goffman, 1959a, p. 108).

For Goffman, the performance was shaped by environment and audience (Barnhart, 1994), which was part of the impression that should be portrayed to the audience (Barnhart, 1994; Manning, 1991). There was evidence that communication with a significant other can be out of character, and make further impressions on an audience. Goffman (1956) used the individual in being the performer, the actor, while maintaining a character for the other (self), behind the stage performance, or at the back of the stage (Manning, 1991). In addition, Goffman (1959a) noted that when the individual is in the presence of another “his activity will have a promissory character” (p. 137). In response, the significant other will accept this individual on a basis of “faith” (p.137). Most importantly, Goffman (1959a) noted that this inference of acting and acceptance by the audience is inferential and varies depending on how much the significant other knows about the actor. There was a notion that when an
individual appears before another, there is a likelihood that the self would like to control the impression, to be accepted and received in the [environment] context or on stage.

Goffman (1961) also identified organisational contexts, when as a researcher in an asylum, he recognised that inmates were devalued and marginalised groups. There were certain stigmatisations and labelling occurring in these institutions noted in that gaol-like environment of asylums. Within the asylum, there developed a buddy system, between the (inmate) and the guards, a patient guard co-dominance, that enabled the inmate to access certain privileges. As identified by inmates, at no time was there a relationship, occurring between the inmate and the guard. The guard always remained dominant over the devalued inmate. An association would occur through various means and guards had numerous forms of control over inmates. Inmates would provide some guards with sexual favours, other inmates would do kitchen tasks, and other prisoners would do various menial tasks (e.g., cleaning out dormitories) to access daily privileges, such as shaving or being given a staple diet. In some instances, guards gave inmates better foods and cigarettes in the asylums. Inmates became knowledgeable about the privileges within the system that were taking place and exploited the guards at times and worked the system. In order to have social benefits, patients attempted to exploit the guards within this secured and controlled asylum. The guards controlled the asylum, hence, inmates were exposed to atrocities, to gain certain benefits (Goffman, 1961). The powerful association between these parties would lead to behaviours that would not normally be associated with an asylum, as opposed to a relationship between the parties (Goffman, 1961). Goffman (1961) was horrified by the practices taking place within these asylums. The inmates were void of a real personality.

Goffman (1961) returns to George Ketman’s (1955) research and noted that if all obstacles were removed from the surrounds, then, in fact, one would be interacting in a void. Goffman extends this and quoted:

\[ \text{without something to belong to, we have no stable self ... our sense of being a person can come from being drawn into a wider social unit ... and can arise through little ways in which we resist the pull} \] (Goffman, 1961, p. 320).

This association espoused by Goffman (1961), further highlights the stigmatisation of devalued souls, associated with the inmates of the asylum. The treatment of the ‘devalued inmate’ in organisational contexts, was only negotiated by their ability to manipulate the guards and to a degree, the system processes.

The way in which the ‘label’ can stigmatisate the inmate (Goffman, 1961, 1974b) and the student alike. The literature has not changed the way in which stigmatisation occurs in educational
contexts (Jodrell, 2010; Riddick, 2000). In Goffman’s *Asylums*, males in prisons were also discredited and discriminated against, unless they subjected themselves to the cruelty of the prison guards. Both studies, Goffman and Fine and Sirin’s subjected the already discredited to a life of loneliness and neglect. It remains unclear as to the organisational practices and procedures that impact on the interactions occurring between DSOs and adult students diagnosed with dyslexia in relation to labelling and stigmatisation within Queensland TAFE Colleges.

### 2.11 FINE AND SIRIN’S HYPHENATED-SELF

Fine and Sirin’s (2007) hyphenated-self theory, identified that a social-psychological concept of critical consciousness was evident through change and power relationships, and when American-Muslim youth faced a barrier they became conflicted (Fine & Sirin, 2007). Barriers were identified by American-Muslim youth when they were under siege in their country, North America. These social constructions were detrimental for the research respondents, American-Muslim youth. This is not unlike Goffman’s (1961) male patients in asylums, who were also treated badly and marginalised by the guards in that institution, to gain patient privileges. Invariably, these privileges were their human rights. Fine and Sirin’s (2007) hyphenated-self theory had developed eight concepts to understand the psychological and social implications occurring for American-Muslim youth, after the 9/11 bombings in North America.

Concepts utilised by Fine and Sirin (2007) were: a) vulnerability; b) political dimensions; c) religious; d) cultural factors (ethnicity); e) racial (ignored or excluded); f) a continuum of being accepted or not being accepted; g) discrimination; and h) the hyphen, with nowhere to move (e.g., with previous friends and in their neighbourhoods). Non-Muslim Americans were unsure whether these youths were terror suspects and consequently, they were marginalised. The youths were exposed to the public sentiment in the US post 9/11 terrorist bombings. The ‘war on terror’ was occurring in their American neighbourhoods, and the hyphenated-selves, became victims of social marginalisation and hatred by non-American-Muslims (Fine & Sirin, 2007).

In addition to the discrimination that American-Muslims encountered, Fine and Sirin’s (2007) hyphenated-self, illustrated that American-Muslim youth have multiple identities. Specifically, the American-Muslim youth has two separate identities; the youth were Muslim, and they were also Americans. Several American-Muslim youths were excluded in their very own communities, where they had lived or gone to schools, in middle to upper middle-class families (Fine et al., 2012). In comparison, this study uses ‘the vulnerable’ adult students diagnosed with dyslexia in an educational context who, like Fine and Sirin’s Muslim youth were also socially marginalised. Adult students
diagnosed with dyslexia were one group of vulnerable students attending vocational education contexts in Queensland. In this study, the hyphenated-self will be explored in relation to adult students diagnosed with dyslexia attending TAFE Colleges and their identity.

2.12 CONCLUSION

In conclusion, there were gaps identified in the literature review, which are also recognised in practice. Research Questions One, Two and Three aims to close the existing gaps, both theoretically and in practice. In essence, this study draws upon this literature to explore the gaps which currently exist, in order to construct the foundations for the methodology. The gaps identified in the literature that align with research include:

A. Dyslexia is a hidden disability and is challenging for people who are diagnosed. People diagnosed with dyslexia have reading, writing, spelling, and comprehension challenges that impact on their learning. In addition, people diagnosed with dyslexia have been exposed to discrimination, marginalisation and stigmatisation (Riddick, 2000; Riddell, 2009) and have significant barriers in educational contexts (Tanner, 2010);

B. There is a lack of voices from adult students diagnosed with dyslexia in the literature (Kirwan & Leather, 2014) and in Queensland TAFE Colleges;

C. Emotional challenges occur in students with dyslexia, such as stress, anxiety, and depression (Bartlett & Moody, 2010). This research will endeavour to explore these phenomena in adult students diagnosed with dyslexia attending TAFE;

D. It was identified that people with disabilities are vulnerable and have challenges with interacting with significant others, due to the marginalisation, stigmatisation and labelling that occur in various contexts (Riddick, 2000; Riddell, 2009). Goffman (1961) identified that those who are vulnerable are exposed to societal misunderstanding and discrimination in various contexts; including workplaces, hospitals, educational contexts and society;

E. Learning for adult students with dyslexia, needs to be specific, (e.g., learning styles, strategies and techniques) and are required to support students with dyslexia in the classroom (Mortimore, 2010; Reid, 2009a; White, 2007). Specific and appropriate

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7 Vulnerability is defined as vulnerable populations: groups whose demographic, geographic, or economic characteristics impede or prevent their access to health care services (Blumenthal, Mort & Edwards, 1995, p. 407). This definition can align to students with dyslexia in educational contexts, who have limited ability to access an education.
educational strategies for adult students diagnosed with dyslexia will be explored in TAFE;

F. TAFE is a hierarchical and structured organisation, as identified in the literature. TAFE is not unlike the early Weber (1922, 1968) bureaucracy has certain criteria that formalises the systems within TAFE. In later years, TAFE was deemed to be a middle management organisation as opposed to a hierarchical system (Department of Education and Training, 2016), and the Department of Training and Skills remains hierarchical in structure (Department of Education and Training, 2016). It is unclear how DSOs work in TAFE, whether or not they adhere to TAFE structured Guidelines or whether they utilise Merton’s mid-range principles (Merton, 1968; Xiaoyan & Jezewski, 2007) or Lipsky’s (1983, 2010) street-level bureaucracy theory, facing the challenges of supporting and servicing adult students diagnosed with dyslexia. This research will explore the challenges faced by adult students diagnosed with dyslexia, navigating this bureaucratic system and organisational processes and procedures throughout their studies;

G. Adult students with dyslexia have challenges in utilising assistive technology and technology in learning and workplaces (Cotton, 2010). Assistive technology will be explored as a service provided to adult students diagnosed with dyslexia in TAFE Colleges;

H. A lack of knowledge regarding dyslexia is evident in TAFE educational contexts (Tanner, 2010), and there was difficulty providing appropriate support without specific training;

I. The incidence of dyslexia is not clear, due to the Australian Bureau of Statistics (2009) having descriptive data on dyslexia. Evidence identified by The International Dyslexia Association deems that there are 15-20% of people who have some form of dyslexia. A roundtable of experts on dyslexia, reported that 5-10% of people diagnosed with dyslexia in Australia have a struggle in everyday life (Bond et al., 2010). However, from the number of adult students enrolling in TAFE, there is a need to clarify and understand the ramifications of dyslexia for enrolling students, to appropriately support and service students’ needs; and

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8 Assistive technology in this research relates only to computer based programs that assist students with reading and writing, such as Ghot It, Kurzwell Read and Write Gold and Dragon Naturally Speaking; assistive technology in other forms are not used in this research.
J. Developmental dyslexia is a medicalised term that is a diagnosed form of dyslexia, and people with this problem, need additional and specific support in educational contexts, as they may have comorbidity. In having additional disabilities, adult students diagnosed with dyslexia may have difficulties that can significantly affect learning.

This chapter has reviewed the many barriers for adult students diagnosed with dyslexia in educational and social contexts. Research Questions One, Two and Three are aimed at understanding the barriers, described in the literature review and the practices that currently exist socially and in TAFE. In addition, this research will not only explore the barriers, it will also identify support and services that are provided for adult students diagnosed with dyslexia in TAFE. Internationally, there is a lack of voices from people who have dyslexia, as identified in several research studies (Burns & Bell, 2010; Kirwan & Leather, 2013). Furthermore, there is sparse literature on dyslexia in vocational research, particularly in studies regarding Queensland TAFE Institutes and Colleges. Finding limited qualitative studies on dyslexia in Australian literature, gave this researcher impetus to continue the exploration into the barriers, support and services available for adult students diagnosed with dyslexia in Queensland TAFE Colleges.

In short, TAFE is a large bureaucratic organisation that has many campuses throughout Queensland. The organisation utilised various management styles to legitimate the organisation. In addition, these issues will be explored further (Research Question Two; Objectives One, Two, and Three) to close the existing gaps and to provide a framework for adult students diagnosed with dyslexia in TAFE. In structured facilities people diagnosed with dyslexia face literacy and emotional challenges and organisational barriers (White, 2007) which may be experienced in TAFE. There is an expectation that such barriers will be identified in Queensland TAFE Colleges, as noted in the literature. The following chapters will be better understood and potentially provide future knowledge regarding policy change and innovation. A qualitative research methodology will be taken to explore the existing gaps in the literature utilising the three Research Questions within this social constructionist study, as introduced in Chapter Three.
CHAPTER THREE | RESEARCH METHODOLOGY

This chapter utilised the research design, which identified the research paradigm, methodology, data gathering procedures and methods, and the analysis of the data in this exploratory research. This qualitative social constructionist case study is underpinned by interpretive understandings and meanings to provide socially constructed notions of the barriers, supports and services provided for adult students diagnosed with dyslexia in TAFE. In addition, there were demands placed on DSOs in the delivery of supports and services for adult students diagnosed with dyslexia in Queensland TAFE Colleges. This study scrutinised the sociology of education, exploring the social interaction and action between adult students diagnosed with dyslexia and DSOs in Queensland TAFE Colleges (Research Questions One, Two and Three). Qualitative research enabled exploration and interpretation of the voices of adult students diagnosed with dyslexia and perceptions of DSOs in tertiary contexts.

This research used social constructionism (Gergen, 2010) with an interpretive paradigm (Maxwell, 2004; Prasad & Prasad, 2002). Paradigms are the models that provide a framework for how we view the world, the ontology and the epistemology of the nature of knowledge (Silverman, 2010; p. 109). This research utilises qualitative methods in social constructionism to explore the understandings and give meaning to the perceptions of adult students diagnosed with dyslexia and DSOs in TAFE. Also, qualitative research enables participants to provide descriptions of their experiences (Bryman, 2012).

In addition, social constructionism uses an understanding which gives meaning in the interpretive approach (Evans, 2011). Some qualitative Critical Theorists utilise ‘power and authority’ when interpreting and analysing topics related to disability theory (Gable, 2014; Thomas, 2007). In recent research, a critical lens was used to explore teaching practices utilised for students with disabilities in schools (Gable, 2014). In comparison to this social constructionist qualitative paradigm, quantitative analysis using a cause and effect relationship in projects, which can relate to schools and students (Archer et al., 1998). Quantitative research provides evidence in mathematical outcomes and use a cause and effect relationship (Tashakori & Teddlie, 2003). In comparison, this research is qualitative, utilising social constructionism with an interpretive perspective of the exploration (Table 3.1 Research Design).
TABLE 3.1 RESEARCH DESIGN

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<tr>
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As noted in Table 3.1 in this research study, social constructionism is the paradigm utilising interpretive exploration of nuances of adult students diagnosed with dyslexia and DSOs in Queensland TAFE Colleges. This qualitative social constructionist position reviews the world from the actions and interactions of individuals, which allows for understanding and produces multiple meanings for the construction of knowledge in a social context (Crotty, 1998). These meanings are constructed from an individual’s many perceptions in society, and these interactions are a basis for knowledge construction (Crotty, 1998; Denzin & Lincoln, 2005b). Case study methodology is utilised for ‘bounding’ a study (Yin, 2003). The next section discusses the ontology and epistemology, methodology, and research theory.

3.1 ONTOLOGY AND EPISTEMOLOGY: SOCIAL CONSTRUCTIONISM

This research utilised an ontological perspective in one’s ability “to explore how things are around them” (Guba & Lincoln, 1999 p.108). An ontological perspective of understanding occurs in both social and cultural contexts (Gergen, 1985), and is drawn from the perceptions of others (Crotty,

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9According to Kuhn (1970) (as cited by Bryman, 2014 p. 630) a paradigm is a set of beliefs on the focus of how the research should be studied, how it should be done, and how results should be interpreted for analysis.
Epistemology is the relationship and formation of knowledge between the “knower as the inquirer and the known” (Guba, 1990, p. 32). Crotty (1998) suggested that constructionism is:

... all meaningful reality as such, is contingent upon human practices, being constructed in and out of the interaction between human beings and their world, and developed and transmitted within an essentially social context (Crotty, 1998, p. 34).

Our value system is influenced by our worldview. For the constructionist, “meaning is truth and cannot be described simply by the objective ... or as simply as subjective” (Crotty, 1998, p.43).

In this research, knowledge was constructed from the social and cultural interactions between participants, the perceptions of adult students diagnosed with dyslexia and DSOs in Queensland TAFE contexts. The research constructed knowledge into meaning, as the social and cultural concepts of reality from participants emerged. The epistemology related to ontology allowed the researcher to obtain knowledge from the interactions and actions of/with significant others in the world of TAFE.

3.1.1 Theoretical Framework and Gergen’s Approach to Social Constructionism

Gergen’s (1985, 2005, and 2009a) social constructionism underpinned theoretical understandings of social constructionist theory. Gergen’s (1985, 2005) theory draws on Wittgenstein’s theory of language. Social constructionists use multiple meanings of an individual’s perceptions to construct meaning from the interaction with and action of, significant others within their world (Burr, 2005; Gergen, 1985, 2005). Constructionists do not discover meaning; they construct it through communication and interactions with others (Crotty, 1998; Gergen, 2005). Gergen’s (1985) constructed tenets from the understanding of others in social, and cultural contexts, providing a constructed theory of knowledge. According to Gergen (1985, 2005), the social and the cultural are united through interaction with a significant other.

Gergen’s (1985) tenets of social constructionist theory used in this research are:

1. **Social** – action and interaction of others in society and TAFE contexts, which provides meaning and understanding of human perceptions.

2. **Historical** – cultural and social events in both the TAFE sector and for adult students diagnosed with dyslexia, (such as previous support and services).
3. **Cultural** – According to Gergen (1995) cultural factors are either an organisational or ethnicity of a group of individuals. Queensland TAFE is a physical artefact (cultural contexts) (Yin, 2003; Merriam, 2009). Ethnicity of participants (e.g., Aboriginal and Torres Strait Islanders) are two ethnic groups (Bolt, 2009) and belong to cultural group, which were unknown in this study.

4. **Artefact** – Artefacts are historical, cultural and social. Artefacts can arise in historical documents, organisations, and communication or language (Gergen, 1985; Stepnisky, 1998). In this study artefacts are constructed toward the end of the thesis and alternatively, as a subset of social and cultural (e.g., organisational contexts and social interactions) coming from the language of participants, (e.g., perceptions of the cultural and the social) which develop into a construct, the artefact in research (see Figure 6.3).

Gergen (1985) was influenced by Wittgenstein’s (1953) research in language and the interactions occurring between individuals. Wittgenstein (1953) (as cited by Blair, 2006) identified that language was the essence of the human experience and provided an understanding between individuals. Gergen (1985) utilises the term of reference communication, to examine and explore truth underpinning the discourse or language of participants. The voice is ‘language’ coming from the action and interaction between humans (Gergen, 1985, 2009a). In this research, interaction enables the construction of meaning and understanding from the analysed data (e.g., codes, categories, themes, and concepts). However, Gergen (2005) elaborates on his understanding of the artefact of language.

Gergen (2005) proposes that knowledge and language were socially constructed. Gergen (1999) suggests that constructionists use the notion of the object in language (discourse). In expanding on the object, primarily the person’s voice, ‘whatever exists’ from this interaction will only come from human discourse or communication. Further interpretation and construction of the object from the language of humans is one construct, the subjective voice, that is heard (Gergen 2001). Gergen (1999), when faced with many of the objective realities, suggested that all language and communication is constructed in a social world. The world with constructed meaning and, therefore, the artefact of language cannot be erased from one’s social and cultural context (Gergen, 2005). Gergen (2001) also suggested that the result of the objective reality is that we find “doors shutting and voices silenced” because there remain “claims to the real” in being objective (p.425). In comparison to Gergen, Wittgenstein (1953) is quoted by Blair (2006), utilising the interaction and action of language between participants.
Blair (2006), reflected on language used in reviews of Wittgenstein’s (1953) seminal writings, and quoted:

Language ... is part of the very definition of what it means to be human, and any discussion of the nature of language inevitably brings up a myriad that links to cognitive, social, and cultural dimensions of mankind (p.2).

Wittgenstein (1953) stated, “Words have meaning only in the stream of life” (p.2). Reflecting on Wittgenstein’s (1953) research, language and words emanated as a social research construct, it came from the human, who as an interactive person describes, feels, and is interacting with the world (Heinamaa, 2012) and not purely from the psycho - analytical basis.

Blair (2006) also suggested that instead of building a perfect language using logical methods, the language of every day is perceived to inform us of the meaning in which it is communicated. Such meanings in communication rely on “contexts, activities, and practices” (Wittgenstein, 1953, p. 7). Wittgenstein (1953) started taking a subjective stance with regards to language, coming from a positivist framework and moving toward a subjective position (Blair, 2006). In the same stance of Wittgenstein (1953), Gergen (2001) suggested his fear was losing the voice of his participants.

This inter-subjective10 research relies on language, the artefact, which occurs in the context of Queensland TAFE (social and cultural interactions). There is a need to understand, from language (Gergen, 1985, 2009b; Wittgenstein, 1953) that the realities lie within perspectives of participants. The perceptions of adult students diagnosed with dyslexia and DSOs were constructed into the artefact. The artefact is the abstraction induced in the research denoting a result, from categories and concepts. The artefact included results from the voices of adult students diagnosed with dyslexia in tertiary programs. Also, the perspectives of DSOs are explored in the management of adult students diagnosed with dyslexia in Queensland TAFE Colleges.

10 Intersubjective research in qualitative research is defined by Husserl (as cited by Schutz, 1972). Husserl (1989) suggests that social reality is: “The sum total of objects and occurrences within the social cultural world as experienced by the common sense thinking of men living their daily lives . . . It is the world of cultural objects and social institutions into which we are all born, within which we have to find our bearings, and with which we come to terms. From the outset we, the actors on the social scene, experience the world we live in as a world of nature and of culture, not as a private but an intersubjective one, that is, as a world common to all of us, either actually given or potentially accessible to everyone; and this involves intercommunication and language” (The Phenomenology of the Social World, Schutz, 1972, Section 3).
This case study utilised Gergen’s *Social Constructionism* to guide this research and Wittgenstein’s (1953) *Theory of Language* to construct meaning from interviews with adult students diagnosed with dyslexia about the perceived barriers, supports, and services in Queensland TAFE Colleges. Perceptions of participants, uncovered further understandings and meanings of adult students diagnosed with dyslexia and DSO experiences socially and in TAFE. In uncovering the themes, thematic coding was utilised, which allowed a holistic analysis focusing on the talk of respondents and their interactions in social and cultural contexts, such as TAFE. In comparison, when utilising thematic analysis, not only were the words noted, the phrases were utilised from interview data (Section 3.5) (Burr, 2005).

### 3.2 CASE STUDY METHODOLOGY

The rationale for using case study methodology in this sociological research was to review the interactions between each of the individual cases, adult students diagnosed with dyslexia and DSOs, within the five TAFE Colleges, the organisational cases. In this study, the cases were bound by the selection of specific participants who were purposively selected for this study. The individual or micro-social cases included adult students diagnosed with dyslexia and DSOs, and the context or macro-social cases were the five TAFE Colleges. All case studies were bound studies which meant that the selection of TAFE sites varied by size and location. Not only were the cases bound, this study utilised multiple cases and contrasted by which provided further rigor to this research. Cases were compared of themes, within and between each case. In this study, boundaries were blurred within TAFE Colleges, and within the role of DSOs, in supporting and servicing of adult students diagnosed with dyslexia, within the colleges.

Yin (2009) described case studies as “*an empirical inquiry that investigates the phenomenon in depth and within real-life contexts and argues that the boundaries between phenomenon and context not be clearly evident*” (p. 18). According to Yin (1994) cases are bound by narrowing the focus of the research project within a boundary, which prevents the research from expansion throughout the investigation phase. Case studies are bound by the selection of organisations, groups of people, or individuals of interest (Yin, 2003). Yin (2003) suggested when boundaries are not clear in reality and context, which can result in blurring. Blurring can be overcome to some extent, through the use of multiple case studies.

In comparison, Miles and Huberman (1994) suggest a case is “*a phenomenon of some sort occurring in a bounded context*” (p.25). The case is, “*in effect, your unit of analysis*” (Miles, et al., 1994, p. 25). Miles, Huberman and Saldana (2014) add to the list of cases, including a context, a role,
a settlement or community, and committee, a period, an event, and a process or a nation (pp.29-30).

However, in this research study, the five TAFE colleges were bound by selection of location and size, because there are numerous TAFE Colleges with a wide spread of sizing within Queensland. In addition, the case of adult students diagnosed with dyslexia was bound by selection of developmental dyslexia, as a specific group of interests, as a group of students attending TAFE Colleges. Disability Officers were bound by selection as one group of staff who were employed to support and service all students diagnosed with disabilities in TAFE. Both groups of participants were individual cases and selected purposively for this research. Case data was later coded, converged, triangulated and constructed into group themes.

This case study reviewed the interactions occurring between adult students diagnosed with dyslexia and DSOs at the micro-social level within five TAFE Colleges. In addition, both micro-social cases were embedded within the larger macro-social case of the TAFE Colleges. At the micro-social level are the interactions occurring between individuals, in a social level of interaction (Blaike, 2010). A macro-social level of analysis can occur within government and political levels of influence in organisations or institutions (e.g., legislation and TAFE Colleges, and their policies) (Blaike, 2010). Such cases are identified by Yin (2003) as an embedded case study. An embedded case study is one which is located within another (e.g., the micro-social cases are both embedded within the macro-social case of TAFE).

In addition to cases, methods must align with qualitative case study exploration, which can include: a) interviews; b) focus groups; c) document analysis; or d) surveys (Yin, 2009). In this case study, semi-structured interviews were the method of choice, which are utilised to collect data from adult students diagnosed with dyslexia and DSOs in TAFE. Semi-structured interviews were utilised to collect both open-ended and close-ended questions and allow for respondents to provide in-depth knowledge to the study (Section 3.5). Chapter Two identified that students with dyslexia have experienced barriers and have limited support and servicing in social and cultural contexts, including schools and tertiary contexts, which were explored using cases to uncover the barriers noted previously. Miles et al., (2014) warns there can be changes to the initial research questions and interview questions, which result from the answers provided by participants. These additional questions can lead the researcher to further conceptualise their research. In this study, this was the case, where a second list of semi-structured questions were asked of participants (Appendix Three: 3.3). In the following interviews, due to the observations and answers, the stories started to conceptualise the framework, making initial theoretical assumptions in this study.
This sociological study reviewed the stories through interaction and relationships communicated in the transcripts, which are constructed from codes, categories, and themes, emerging from respondents at each TAFE. Yin (2009) argues that multiple cases must be replicated, not unlike quantitative research, there must be sufficient numbers to maintain rigor within case studies. Multiple cases included 22 adult students diagnosed with dyslexia and six DSO participants at the micro-social level and there were five TAFE Colleges, at the macro-social level of investigation. Multiple cases were also identified by Miles et al., (2014) using replication and embedding of cases. Multiple cases enabled comparison of cases, one with another, before converging the cases. Embedded cases in this research are the micro-social level cases, which are embedded within the macro-social level case of TAFE. Embedded cases are those which are situated within a more dominant case (Yin, 2003) (e.g., a micro-social embedded into a macro-social level of exploration). The multiple cases provided this study with the organisational overview of TAFE and the ability of DSOs to provide supports and services to adult students diagnosed with dyslexia in each college. Multiple cases of the TAFE cases are identified below (Table 3.2).

The major sites of this research were in metropolitan and regional areas of Queensland, utilising one or more colleges from each TAFE Institute, known only by pseudonyms. Colleges in this study have the following differences: a) metropolitan or regional; b) size of institutes; c) expertise of Disability Service Officers; and d) institute specific existing disability policies and/or frameworks. Embedded within the TAFE case (macro-social level) are adult students diagnosed with dyslexia and DSOs. The exploration is into the barriers, support, and services from the perceptions of adult students diagnosed with dyslexia and DSOs in TAFE (micro-social level) (Research Questions One and Two). Case study was assumed to be the best methodology for bounding the cases, as this was complex research, where themes could become blurred between respondents and TAFE Colleges (Chapters Four and Five). In TAFE Colleges, there were aspects of formality or informality within and between each college.

Formality and informality are the forms of system processes utilised within organisations (Misztel, 2002). Formality demands that processes and procedures were adhered to within system guidelines, with staff having little autonomy in their role (Misztel, 2002). Informality is the lack of...

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11 Pseudonyms are defined as “a fictional name assigned to a person, group or place. Many ethical codes outline the importance of anonymity and researchers routinely use pseudonyms as means to the end … Pseudonyms are used for sensitive topics, and the pseudonym should not be detected by participants of the research” (Ogden, 2008, pp. 693-694).
rules and procedures and staff have flexibility in their role (Misztel, 2002). Yin (2009) argues that replication is mandatory in multiple case study projects. Formality is identified by Misztel (2002); there are strident structures and strategies implemented in formal organisations that illustrate that bureaucracies were constructed by rules and regulations that are not socially amenable with staff, (e.g., rules and regulations; hierarchical management styles; and hierarchical staffing). In addition, this exploration of cases ensured that DSOs roles and the support and services they provided were compared and then contrasted within each of the five cases, before convergence. This practice identified if there were any more difficulties in one case compared to another. This allowed the comparison of differences between DSOs roles and delivery of supports and services provided by each college.

Case studies would illustrate whether or not DSOs were discretionary in their practices at the front line, as identified by Lipsky (2010). In addition, this research study may explore the discretion of DSOs in TAFE. Adult students diagnosed with dyslexia participating in this case study are the focus of the barriers, support and services provided by DSOs in TAFE. It remains evident that adult students diagnosed with dyslexia have challenges in vocational education (Cotton, 2010; Tanner, 2010). Also, embedded case studies have been used in a variety of contexts and are a proven source of prior development and theoretical propositions (Yin, 2009).

Furthermore, a theoretical location brings with it theorists as utilised within this case study. Weber (1930) identified highly structured systems and had strident positions within bureaucracies, such as those that were formalised in agency. In comparison, Lipsky’s (2010) street-level bureaucrats used discretionary practices in the profession, and regarded these agencies as informal. Street-level bureaucrats had flexibility and informality in services for vulnerable clients; as opposed to the hierarchical and formalised systems in Weber’s (1922) account of bureaucracy. There is a paucity in qualitative case study literature utilising Lipsky’s account of street-level bureaucracies that can be applied to Queensland TAFE Colleges. As the macro-social level case, TAFE Institutes were known to be extremely formalised and hierarchical (Stringer & Hudson, 2008).

This case study is not the first to explore the challenges of students in educational contexts. Numerous studies have been completed in cultural contexts including schools, universities, businesses, and workplaces that have used either quantitative or qualitative case studies (Bradley et al., 2011; Crawford, 2010; Falk & Guenther, 2006; Sanderman-Hurley, 2008). Qualitative and quantitative research has been utilised for social research, and social constructionist studies (Bloggett, Boyer, & Turk, 2005; Bradley et al., 2011; Ditran & Silverstein, 2006; Illingworth, 2005; Lingard, Mills, & Hayes, 2000; Mittler, 2000; Wortham, 2005). However, limited social exploratory research
exists involving DSOs and adult students diagnosed with dyslexia within Queensland TAFE Colleges. In addition, the exploration into DSOs and their case-management of adult students diagnosed with dyslexia, has also been neglected (Tanner, 2010). Therefore, a gap was open for exploration for this case study research in Queensland TAFE Colleges.

As noted, in this case study DSOs (staff) are employed and work within TAFE; and adult students diagnosed with dyslexia are enrolled in TAFE courses and undertaking training in Queensland TAFE Colleges. It is evident that there is a connection between adult students diagnosed with dyslexia and DSOs in these cases, most likely, due to the communication between participants in each of the five colleges (Table 3.2). Table 3.2 identifies the TAFE cases and locations of the colleges, known by pseudonyms in this research (e.g., metropolitan or regional colleges) in Queensland. The locations of the colleges are identified as well as the size of each college within Queensland below.

### TABLE 3.2: MULTIPLE CASE STUDY - QUEENSLAND TAFE COLLEGES

<table>
<thead>
<tr>
<th>1. TOWNCLOSE (METRO) COLLEGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. CITYVIEW (METRO) COLLEGE</td>
</tr>
<tr>
<td>3. BAYVIEW (REGIONAL) COLLEGE</td>
</tr>
<tr>
<td>4. MEADOWVIEW (REGIONAL) COLLEGE</td>
</tr>
<tr>
<td>5. COTTONVALE (REGIONAL) COLLEGE</td>
</tr>
</tbody>
</table>

The five cases are identified above (Table 3.2). Townclose College is a large TAFE College, as is Cityview College, both metropolitan colleges. Bayview is a medium college, as is Meadowview College, both in regional areas. Cottonvale College is a small TAFE College in a regional area.

### 3.3 RESEARCH BACKGROUND, LOCATIONS, AND RESEARCH PROCESS

In Australia, there are several TAFE Institutes which have been referred to in an historical context that provide a background for this study. Firstly, TAFE began their operations in 1827 with the ‘Sydney Mechanics School of Arts’ in 1833. TAFE went from strength to strength training apprentices and technical training throughout the war years. There have been significant reforms in
TAFE throughout the years, yet they continue to train students in a range of courses. TAFE are Registered Training Organisations (RTO) which are all registered for delivery of registered Vocational Education and Training (VET) programs in Queensland, Australia (Australian Quality Training Framework, 2007; Department Employment Education and Workplace Relations, 2010). TAFE Colleges are proportionately large and are State Government Registered Training Organisations (RTO) (Stringer & Hudson, 2008), compared to some of the private educational providers (e.g., Sarina Russo Institute). TAFE has many colleges in metropolitan, regional, and rural locations (Chapter Two) (TAFE Queensland, 2012). Cases have two levels of sampling, the first is the concept level, and the second is the context level (Merriam, 2009). The first level of sampling uses research participants (concepts) within social and Queensland TAFE Colleges (context). Sampling was at two levels, to maintain consistency and rigor throughout this research. Despite utilising multiple case study design, this research employs some of the methods identified by Strauss and Corbin (1998), the Grounded Theory data collection and analysis.

3.4 SAMPLING PROCESSES AND PARTICIPANT PROFILE

Participants in this study were selected using purposive sampling techniques; as this type of sampling enabled the researcher to select the type of cases (Silverman, 2010). Purposive sampling occurs when the participants or research sites are relevant to the study and research questions (Bryman, 2012). In this research the exploration is with adult students diagnosed with [developmental] dyslexia, undertaking vocational programs. Consequently, the first criteria for purposive sampling was for adult students to be diagnosed with developmental dyslexia, dyslexia and/or LD with reading, writing, textual comprehension and spelling difficulties. The second criteria were Queensland TAFE students were undertaking an academic level of Certificate III or above, and were enrolled in vocational courses. The third criteria were that they all adult students had to be 18 years and over to participate in this research (Research Question One). The type of technique used was intensity sampling, as it allows for complex samples to be drawn from a subject topic (Patton, 2002). This research differed from regular sampling processes, which are drawn from a population, called typical samples (Merriam, 2009).

Also, TAFE DSOs were case-managers who provided support and services to students diagnosed with disabilities. The DSO participants were purposively selected, to explore the difficulties that adult students experienced in VET contexts. Six college DSOs consented to be interviewed. It was clear that there were difficulties faced by DSOs in the provision of support and services for adult students in TAFE.
Adult students diagnosed with dyslexia were recruited and selected by DSOs (see Appendix Six: Ethics Application) at each of the five institutes (Appendix 3 - 3.7). The DSOs were provided with other information [guidelines on dyslexia from the Diagnostic Statistical Manual of Mental Illness 5 (DSM) (2013 p. 67)], to recruit suitable participants diagnosed with LDs. On selection of the disability by DSOs, participants were selected by the researcher on age, course level and college selection (as noted above). The DSM guidelines (2013), identified the social difficulties that adult students experienced with reading, spelling, textual comprehension, and writing. In addition, intensity sampling provided rich information coming from samples or participants (Patton, 2002).

The first participant type were adult students who have developmental dyslexia. All participants were diagnosed with either developmental dyslexia, dyslexia, or an LD with associated difficulties in reading, spelling, writing, or textual processing. Disability Officers selected participants on the diagnosis from an RMO or a psychologist diagnosis. In addition, some adult students may have been assessed within schools12. However, in this study, there was no diagnostic testing done by the DSO or the researcher. In TAFE, throughout this research, there was no formalised diagnosis of dyslexia in Queensland. Later that year, 2013, the DSM introduced the term dyslexia for the first time in the Diagnostic Statistical Manual Mental Illness, 2013 (American Psychology Association, 2013 Section 315 - F81, p. 67). Many adult students diagnosed with dyslexia, came from other States in Australia or were diagnosed with learning disabilities and had comparable difficulties with dyslexia.

All adult students diagnosed with dyslexia were enrolled in courses from Certificate III and above or apprenticeships. There were few studies on adults with dyslexia attending vocational contexts. However, there were numerous studies of students with dyslexia in higher education (Mortimore, 2013) and within the professions (White, 2007). In this research, all participants were young adults (18-34 age group) through to mature adults (25-45 age group) (Mellard & Becker Patterson, 2008) and older-aged adults (aged older than 55 years) (Petry, 2002). In addition, DSOs acknowledged students who had LD and those who experienced the difficulties of dyslexia. TAFE DSOs selected and recruited participants and these were further selected by the researcher. At this stage, participants were unknown to the researcher, however, on meeting with adult students diagnosed with dyslexia, further details of participants were introduced (Chapter Four).

12The Australian Dyslexia Association have developed a guideline for testing to be completed as a guide to assess individuals, in schools and vocational education. Assessment is done by teachers and counsellors within Queensland (Australian Dyslexia Association, 2017).
**Disability Service Officers (DSOs)** the second of participants, are employed by Queensland TAFE Colleges. The role of DSOs is to provide support and services for adult students diagnosed with dyslexia in Queensland TAFE Colleges. The position description for service is to provide:

> Information on resources, guidance, and direct assistance; responsible for speaking with students regarding their specific requirements; liaising with teachers on behalf of students, for specific requirements; provision of appropriate support personnel and/or special equipment/technology; and raising awareness of needs of students with a disability at TAFE; and liaising with relevant external agencies/government departments (The Learning Place, 2013, p. 1).

DSO participants were purposively sampled, as they were the providers of support and services for adult students in this research (Research Question Two). Disability Officers consented to be interviewed within each of the five TAFE locations. There was one DSO from each college, and two DSOs participated from one large college in the metropolitan region. There were six DSOs in total. The total number of participants that were selected to participate in this research were 28 from all five TAFE Colleges.

### 3.5 METHODS USED FOR DATA COLLECTION

The research design became the driver of this study (Table 3.1 Research Design) and influenced the data collection methods. The methods used for data collection were one-on-one semi-structured interviews, memos, note-taking and the researcher’s journal. This research used semi-structured interviews to collect the data from both groups of participants in five Queensland TAFE Colleges. In this research, some research and interview questions had been identified in the literature (see Research Questions). Semi-structured interviews were utilised to assist in maintaining interview consistency (Corbin & Strauss, 2014). Semi-structured questions allow for probing and additional questions to be asked in response to interviews (e.g., interview questions). The researcher’s journal notes were collected from all interview participants as jottings and were utilised in the analysis. Jottings are identified by Emerson, Fretz and Shaw (2011) as an analytical sticky note, or a quick idea or thought on paper.

Ethical issues were observed prior to data gathering. As noted the application for ethics was completed before research began (University of the Sunshine Coast, 2015). Aspects of data gathering

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13 Research Questions are those tabled in TABLE 1.3; the overarching questions of the research. The interview questions are those in the appendices noting the in-depth questions asked of participants.
in this research influenced the way in which participants provided their stories (e.g., private rooms in TAFE Colleges). All participants in both groups provided informed consent (Miles, et al., 2014). Material and individuals’ information, throughout the research project were kept private and confidential. Anonymity for sites and participants was maintained. This researcher was responsible for the analysis of data and the final write up of the thesis. The research expectations are that outcomes of the study can be utilised by both participants, professionals in the field, in practice and for future policy.

Additional semi-structured questions were asked of participants, due to the change in focus identified from answers (Appendix Three: 3.2), throughout the interview processes. In this research, the same topics were covered throughout each of the interviews. This type of interviewing process is consistent with semi-structured interviews (Corbin & Strauss, 2014). New questions were added when the focus of different topics became apparent on interviewing participants. The responses of participants enabled the construction of additional interview questions, to delve into their experiences that related to the barriers, support, and services as was identified in previous research. According to Corbin and Strauss (2014), this probing exploration is a common practice with semi-structured interviews because concepts arise that were not anticipated or detailed in the initial research questions. In addition, jottings were made to reflect on ideas of participants and to reflect on a theoretical or thematic concept throughout the interview process.

According to Yin (2009), interviews were reported to be one of the most important techniques for collecting data from participants in case studies. Merriam (2009) identified that interviews enable researchers to ask questions, observe participants, and to review the processes after the interview. In this research, the interview provided a tool for the observation of participants, and this observation was noted in the researcher journal. The observation was not a thoroughly analysed method. However, analytical memoing was a method of choice. Observations were noted in the researcher’s journal, as well as analytical memoing (e.g., most participants had speech difficulties). Memoing was identified as code definition, assertion, theory or ethical considerations (Miles, et al., 2014). In this study, analytical memoing was related to the barriers which were previously identified by adult students diagnosed with dyslexia in educational contexts, such as in disability studies. Of the 22 adult students diagnosed with dyslexia who were interviewed, 82% had a speech difficulty. This observation meant that the interview times had to be increased to conduct the interviews with adult students with developmental dyslexia.

The two stages of semi-structured interviews enabled the researcher to ask open-ended and closed-ended questions (Patton, 2002). Open-ended questions provide depth and breadth to the
research questions (Rubin & Rubin, 2005). Open-ended questions were more useful than close-ended questions in this research because they explore participants’ perspectives in depth and provide useful information to the research study. An open-ended question to participants could be Research Question One: *How would you describe the difficulties you experience in TAFE?* A closed-ended question, provide succinct and concise answers to questions asked in an interview (Rubin & Rubin, 2005). A closed-ended question to participants could be Research Question 2: *Did you read or did someone read that for you? Did you read it yourself?* Closed-ended questions were rarely used in this research, due to the exploratory nature of the investigation, where the researcher needs to know in-depth information regarding participants to interpret their understanding and meanings they give the world. However, they were utilised in probing and prompting participants for further answers.

In collecting the data, there were various processes and procedures addressed before the researcher went into the TAFE Colleges. This included coordination of adult students and DSOs, TAFE location, a private room allocation, informed consent from participants, and the University of the Sunshine Coast - Ethics Approval (noted in Appendix Three: 3.6) The ethical issues in this research study included: a) confidentiality and anonymity; b) protection of information; c) using pseudonyms for participants and locations; and d) informed consent. In addition, there were guidelines for selecting and recruiting participants and if participants wished to withdraw from the research (pp.62-63).

### 3.5.1 Collecting the Data

This researcher met with TAFE Institute Equity Managers and DSOs, at the five TAFE Colleges, before data collection. This first meeting informed managers about the research and negotiated a meeting with DSOs. Selection of participants was using a selection process, or DSO invitation. Confidentiality and anonymity had to be assured, therefore a request was made to access a suitable and private room for interviews, for the meetings with adult students diagnosed with dyslexia and DSOs. The second meeting was with the DSOs to collaborate on the recruitment of adult student participants and to organise the sending of invitations, information sheets, and informed consent to all participants, in order for participants to take part in this research. In addition, the interview times had to be planned with DSOs and consent had to be gained from participants, which was essential, before undertaking the two stages of data collection.

The two stages of data gathering are tabled (Table 3.2). Stage 1 was semi-structured interviews with adult students diagnosed with dyslexia. Stage 2 was semi-structured interviews with DSOs. Two data gathering processes were used to collect the data from adult students diagnosed with
dyslexia and DSOs, the first was semi-structured questions and the second was the researcher journal notes and analytical memos. Semi-structured interviews were the selected method due to time factors of both participants. Many students with dyslexia are time poor and required additional time to complete their studies. Disability Service Officers are also time poor, due to the enormous number of students they case-manage with disabilities in TAFE Colleges.

As noted in Table 3.2 there were two stages of interviews planned, the first with adult students diagnosed with dyslexia, Stage One, before interviewing DSOs. Data was partially analysed from adult students diagnosed with dyslexia, before interviewing DSOs, in Stage Two.

- Stage 1 semi-structured interviews were with adult students diagnosed with dyslexia;
- Stage 2 semi-structured interviews with DSOs followed Stage 1. Stage 2 interviews use the initial data coming from Stage 1 interviews with adult student participants.
- Researcher journal and analytical memoing was utilised to provide ideas and future conceptual themes to the analysis process, utilised in future coding, convergence, triangulation and thematic and theoretical analysis.

The aim of data gathering through interviews is to listen to the voices of adult students diagnosed with dyslexia and DSO perceptions, to further understand the sociological barriers, support and services, within Queensland TAFE Colleges. Stage 1 and Stage 2 are discussed separately in Sections 3.5.2 and 3.5.3.
### TABLE 3.3: STAGES OF DATA COLLECTION

<table>
<thead>
<tr>
<th>STAGE 1</th>
<th>STAGE 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semi-structured interviews with adult students diagnosed with dyslexia (1 hour). (22)</td>
<td>Semi-structured interviews (1 hour) with Disability Service Officers (DSO) at each TAFE and campus (6).</td>
</tr>
<tr>
<td>The interviews will explore adult students diagnosed with dyslexia perceptions of existing barriers and supports provided by TAFE Institutes.</td>
<td>The interviews will explore the perceptions of DSOs working with dyslexia, the barriers existing between them and the provision of support and services for dyslexia at TAFE Institutes.</td>
</tr>
<tr>
<td>All interviews will be audio-taped and then transcribed to analyse the research.</td>
<td>All interviews will be audio-taped and then transcribed to analyse the research.</td>
</tr>
</tbody>
</table>

**RQ1**

3.5.2 Stage 1 – Interview with Adult students diagnosed with dyslexia Participants

Adult students diagnosed with dyslexia were recruited and selected by DSOs for this research. Adult students were interviewed individually by this researcher, using one-on-one interviews, for thirty to forty minutes in a private location, at each TAFE college. Participants’ voices brought to this research differences that were not previously identified in Queensland TAFE contexts (Chapter Four – The Voices of Dyslexia). This research identified that there would be some difficulty in accessing adult students diagnosed with dyslexia, due to the following: a) limited reading abilities; b) limited comprehension of written text; and c) comprehension of dense materials, such as the Research Information Sheet and the Consent Forms. Therefore, the DSOs talked with adult students diagnosed with dyslexia, and asked them to join the research study and read aloud the Research Information Sheet and Consent Form to the prospective adult students. Before interviewing participants, they were again informed about the research, and they could withdraw from the research at any time, before analysis of data. Crucial criteria provided to participants were the Research Information Sheet and...
Informed Consent Forms. Again, informed consent was requested before starting the interview with each participant.

3.5.3 Stage 2 – Interview with Disability Officers

Disability Officers were interviewed using semi-structured interview questions, regarding their case-management of adult students diagnosed with dyslexia in TAFE. Disability Officers were invited to participate in this research and all accepted. In addition, DSOs completed a formal Research Information Sheet and Informed Consent Forms at each of the five colleges. The first information collected was about the DSO role within TAFE and employment dynamics (Appendix Five and Section 5.1); followed by the support and services provided to adult students diagnosed with dyslexia within each college. Disability Officers were interviewed for a minimum of one hour in their office. The majority of interviews surpassed 90 minutes because the DSOs wanted to have their role and the services provided to students understood by an outsider. The DSOs had worked in the disability field for several years, with some only in the role for several months. Most DSOs had worked within TAFE for over twelve months. Disability Officers had a variety of qualifications, some with professional qualifications (e.g., bachelor degrees or post-graduate degrees in nursing, social work, education, and IT backgrounds) and others were business managers or administrators (e.g., having a certificate, diploma or an advanced diploma in disability, business management or business).

Also, all DSOs belonged to a TAFE Disability Officer Network (Chapter Five). Networks can provide biased data to an interview process, influencing and legitimising the organisation. However, this network was perceived to provide DSOs with essential skills and knowledge regarding all disabilities, including dyslexia and information regarding their equity role in TAFE. Further to networking, there was storytelling of the experiences as DSOs in TAFE. This research identified that the stories of DSOs had not been recorded in Queensland TAFE Colleges. On listening to the stories of both groups of participants, a narrative was emerging, which consisted of initial codes, categories and finally themes and theoretical notions in the form of a multiple case study narrative. In other research, concepts and theory were utilised to theorise a narrative of an identity of professional teachers with dyslexia (Burns & Bell, 2011).

3.5.4 Researcher Journal Notes

In the process of interviewing adult students diagnosed with dyslexia and DSOs, research notes were taken from participants of the various concepts and observations made within interviews. In grounded theory, researchers are known to use this method to understand participant views and to conceptualise the interview data with the research questions. Bryman (2012) and Charmaz (2011)
noted that memos help to focus the abstractions of data, throughout the analysis process. Memos are expanded notes taken in interviews, quick concepts, ideas, and relevant information that were jotted down in the interview, to later process analytically and develop categories and themes. Miles et al., (2014) identify that jottings are the reflections of the researcher of the thoughts and reflections often expressed within the interviews. In addition, memos are the expanded notes that the researcher reflects on, and has a higher level of analytical meanings (Miles et al., 2014) as noted previously. In this research study, it was after one TAFE case of interviews at Bayview College that it became apparent that adult students diagnosed with dyslexia had an identity. This identity became a Social identity, when all other adult students spoke of the same barriers either in schooling, workplaces, TAFE, in families or with significant others. The collection of data arose after only six interviews, when it was evident from the jottings in the memo that patterns were emerging, from the transcripts and the written memo. Research notes, jottings and memos were utilised to collate data and converge these notes with the transcripts and codes, to theoretically theme the data. An example of memo taking was where, one participant suggested they were “unique”, meaning they were different to other students without dyslexia. Uniqueness was taken in a memo, as there was one only student who suggested this term. From this point, the questions were asked of participants about being unique or different, compared to their student peers without dyslexia.

3.6 DATA ANALYSIS

This research has used several ‘grounded theory’ practices (Charmaz, 2011; Strauss and Corbin, 1998). Despite the inductive elements of any qualitative research methodology, theorising in this thesis imports too many concepts external to the participants’ own accounts (e.g., bureaucracy, street-level bureaucracy, the hyphenated-self, linking the relational being and dramaturgical theories) to genuinely qualify as pure ‘grounded theory’ research (Bryant & Charmaz, 2007). However, most case study methodologists, argue that several methods can be utilised in qualitative research to analyse the data (Yin, 2011, p.15). There are numerous approaches utilised to analyse qualitative data (Charmaz, 2003; Denzin & Lincoln, 2007, 2005; Holstein & Gubrium, 2004; Silverman, 2004a, 2004b). Methods and tools for analysis needed to align with qualitative case study methodology. Such analysis methods include discourse analysis of language (Angermüller, 2005; Apple, 1996); conversation analysis (Atkinson & Heritage, 1999) and thematic analysis (Bryman, 2012; Miles et al., 2014). Language in this research will be analysed using thematic analysis (Morris & Turnbull, 2006; Ridley, 2011; Robinson et al., 2013) and qualitative manual coding (Saldana, 2013a). This research will utilise the seven interrelated elements of data analysis to construct emergent themes from experiences and perceptions of participants (e.g., from the transcribed and textual data). The following
1. Thematic Analysis
2. Transcription of Data
3. Constant comparative methods (CCM) (Merriam, 1998);
5. Convergence (Erzberger & Kelle, 2003; Miller, 2003; Yin, 1994, 2003, 2009);
6. Cross-case analysis (Yin, 2003, 2009); and

3.6.1 Thematic Analysis

This study utilised thematic analysis, which is described differently by a range of researchers. Thematic analysis is a common form of analysis utilised in qualitative interpretive research (Bryman, 2012). However, thematic analysis is not like the methods used in grounded theory, where clustered techniques are identified and themes have not got an identifiable history (Bryman, 2012). As defined by Braun and Clarke (2006) “Thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data” (p.79). In some research, themes are a code, themes are the phrases that were quoted in the transcripts that provide the understanding and gives meaning to participants’ narratives (Bryman, 2012). Ritchie, Spencer, and O’Connor, (2003) identified thematic analysis as a framework for codes, categories and themes. Braun and Clarke (2006) noted that underpinning a theme were the quotes from the data. Furthermore, those quotes were coded to become categories, and then to become a theme in the research (Braun & Clarke, 2006). Concurring with Braun and Clarke, (2006), in this research study themes have already been coded and categorised, and constructed into a theme, the last concept prior to theoretically theming the research.

As opposed to discourse analysis or conversation analysis, this research study used thematic analysis. Discourse analysis was utilised in both qualitative and quantitative research (Berger & Luckmann, 1996; Keller, 2011), analyses talk, using turn taking (e.g., it is a routinized analysis of taking turns) (Keller, 2011). In comparison, conversation analysis is based on social interaction between people, where the conversation is analysed and based on the interaction order of conversation (Goffman, 1983), also analysing turn taking in social science contexts. However, the argument to
utilise thematic analysis, is due to participants’ voices being heard, providing a personal history of their perspectives.

In this study, the quotes from adult students diagnosed with dyslexia included the code, *(e.g., you know I am different to other people)* or a category, *Difference*. Building on from the codes are the categories, where codes (narrations) were converged to form categories *(e.g., Personal Histories, Discrimination, Managed Emotions, and Difference)*. Categories are converged to construct a theoretical theme *(e.g., social identity)*. On the construction of the theme, it was utilised in a theoretical space to explain the research of the barriers experienced by adult students diagnosed with dyslexia in this study.

### 3.6.2 Transcription of Data

Transcription is the written text taken from the interviews, which are audiotaped. After interviewing participants, all audio-taped information is transcribed. These tapes are transcribed by a professional, who was paid for that service. A professional was utilised to ensure accuracy and transcription is extremely time-consuming *(Bryman, 2012)*. In earlier research, Heritage *(1984)* noted that transcribing and recording takes away the limitations of one’s memory and allows a closer examination of the narrative. As soon as the audio-tapes were transcribed, many hours were spent capturing the participant responses to the interview questions. Listening and reviewing the transcripts enabled the interviewer to review the transcribed tapes post interview. At the time of transcription, the researcher listened to the audiotaped interviews, looking for concepts. In reviewing transcriptions in text, enabled the researcher to ensure the accuracy of the transcripts and the original interview data. This researcher is dyslexic and found this operation challenging, and excessively time-consuming. The transcriptions were then manually coded and pasted into mapping books, under codes, concepts, sub-categories, categories and then themes *(Section 3.6.6)*.

### 3.6.3 Constant Comparative Method

Constant Comparative Method *(CCM)* involves listening to the prospective themes, comparing the codes, going back and forth comparing and contrasting one code with another, for each participant to form categories *(Strauss & Corbin, 1998)*. Strauss and Corbin *(1998)* identified that the analysis of participant’s perceptions of answers to the interview questions can alter the focus of a study. In this research study, the codes were the first to be compared *(e.g., ‘special’, ‘high’ ‘intelligence’ and we are ‘different’)*, which became the ‘Different’ category. The second process that followed the coding, was construction of the barriers into categories, *(e.g., ‘Personal History’, ‘Discrimination’, ‘Managed Emotions’, and ‘Different’)*. Categories and sub-categories are compared
and contrasted to form themes. The third process was the construction of a theme, which was ‘Identity’. The fourth process is where themes are compared with literature and other theories to construct the final theme. The final theme, identity was re-themed into a ‘Social identity’, due to these barriers that were occurring socially, not solely in TAFE. The ‘Social identity’ of adult students diagnosed with dyslexia was constructed in several contexts. These were social forms of identity, through the interaction occurring with significant others. As Merriam (1998) identified, each theme is compared with another theme, before constructing the over-arching themes. In respect to the five TAFE case studies, each of the case results was compared and contrasted to the other cases, hence, the five cases were compared and contrasted with the other, to analyse the data identified as common and diverse characteristics of each case. In this research, answers to questions were at times different to what was expected, which entailed new concepts and categories emerging from the original research questions.

In this study, the methods used were reviewing audiotapes and transcribed data, time and again, comparing and constructing and contrasting codes; listening to stories of participants, in conjunction with the researcher’s journal notes, to explore, confirm and contrast the themes that have emerged from the language of participants. Boeije (2002) noted the importance of listening to audiotapes together with the researcher’s journal notes, comparing and contrasting the language from participants, informing the codes and categories. These techniques were used within the interview, after interviews, and with comparing and contrasting themes from each case and finally with all cases. Interviews were audiotaped throughout and transcribed (verbatim), to provide further rigor by using textual data that allows the research to be scrutinised by secondary analysis (Bryman, 2012).

3.6.4 Qualitative Coding

The three aspects of coding have different levels of conceptualisation. The first is the open code, which is taken straight from the transcripts of the interviews; the second is the categories that can have more than one level, where the researcher places further meaning to the codes from literature and research questions. Coding of the interviews uses language and involves finding common themes through classifying, conceptualising, comparing and contrasting emerging themes (Strauss & Corbin, 1998; Yin, 2003). The second aspect of coding is axial (Strauss & Corbin, 1998). Throughout axial coding, the research aims to develop relationships, theoretical, and descriptive elements emerging from interview categories. The third aspect is selective coding (Strauss & Corbin, 1998). This process is where the researcher rejects the data that is not specific to the research questions and the new emerging themes, literature and theories. Charmaz (2003) noted that open coding was more than comparing ideas whereby the researcher examines the interview data line-by-line.
The first process is open coding, which involves further searching for recurring narrations (themes) (Charmaz, 2003) within and between cases. Open coding used active terms about what is happening in the interview and concluded with exemplars of what has been said in interviews (Strauss & Corbin, 1998) by adult students diagnosed with dyslexia and DSOs (Chapters Four and Five). In using the language of participants to further understand the common and discrete social constructions of respondents, this research identified the barriers, supports and services within the social and cultural context of TAFE. Open coding constructed the codes and concepts, later axial coding was used to develop categories, sub-categories, and themes in this research (e.g., as noted in Section 3.6.1).

The second process of coding is axial coding and is used to formulate criteria for comparing patterns identified within each case (Yin, 2003). Themes were conceptualised and constructed from participants’ perspectives, emerging from each interview and compared with the findings from previous interviews, literature, theories, and research questions. Patterns occurred within the data (Yin, 2003, 2009). In the emerging data, patterns were evident, the many categories were drawn together into one theme that was relevant between commonality and disparity within theories. This level of coding constructs categories, and these are relevant to the literature and theories, and are another level of refining the data into levels of meaning and understanding. Charmaz (2003) suggests that this can remove the researcher from the actual codes. However, Strauss and Corbin (1998) argue that this is where the researcher digs further into the codes for additional meaning emerging from the interview data. Lastly is the theme, the theoretical or new meaning, given to the story from participants, with patterns from the interview data, in providing new constructs for interaction between participants or within an organisation (Strauss & Corbin, 1998). At this stage of coding, the researcher attempts to take the story from the codes, and construct these into a narration for the reader to have an understanding of the themes (Reissman & Quinney, 2005). In this research, all 22 adult students diagnosed with dyslexia gave responses to having a Social identity, which was patterned (Appendix Four, 4.2 Thematic Coding).

The third process is selective coding which is utilised in the convergence of data to analyse data into theoretical aspects from the literature (Bassey, 1999). Selective coding brings the themes together, and refers to the literature review, research questions, new and existing theories, and the findings. Theoretical underpinnings are used to encapsulate changes noted in the initial literature review and theory or new practices, previously not identified (Yin, 2003). Selective coding enabled the exclusion of many irrelevant findings that emerged in interviews (e.g., school teacher’ behaviours) which were not relevant to the research questions. Hence, this data was selected as not being useful.
and did not relate to the research questions and were discarded. Themes that were determined essential were theoretically aligned, compared to themes that were less patterned in this research, which became irrelevant to this study. Using a social constructionist approach, this researcher constructed meaning and understanding from emergent themes from participant narratives, and gained new theoretical understanding relating to the barriers, supports and services for adult students diagnosed with dyslexia attending Queensland TAFE Colleges. This research was manually coded and was deemed a logical operation for novice researchers (Saldana, 2013a).

3.6.5 Manual Coding

Manual coding is not dissimilar to N-Vivo research technology; however, it is the use of hard copy equipment, such as mapping books, coloured pens and paper and notebooks. Researchers view computer technology as being effective for experienced researchers to analyse data qualitatively (Richards, 2011). Technology may not be beneficial for all researchers, as N-Vivo, a qualitative research program, was not successful for this researcher. N-Vivo utilises several pages on a screen to produce data results, as opposed to having numerous pages available for viewing at any one time. Initially, using N-Vivo, the researcher coded numerous themes, and the data became so entwined that the research was then manually coded, for ease of analysis. Yin (2009) warns that there is no technology that will do the analysis for the researcher (p. 128).

Manual coding occurred in this study as it was easier to locate hidden themes in the language of participants, which were not detected by N-Vivo. Concurring with Yin (2009), this research used manual coding that reflected the veiled data, which, in grounded theory research, can illicit the surfacing of a new concept, which can be highly valuable to the research (Yin, 2009, p. 129). In addition to Yin (2009), other researchers suggested that manual coding is done by novice researchers (Saldana, 2013a, 2013b; Strauss & Corbin, 1998). Saldana (2013, p.26) stated: “I recommend that for first-time or small scale studies, code on hard copy printouts first, not via a computer monitor…” Bazeley (2013, p. 92) also cited Saldana’s prior logic for the use of manual coding.

In this study, manual coding was the choice of analysis. This researcher utilised A2 mapping books, as the resource for analysing open and axial codes and themes, which were transferred to the computer as diagrams and/or tables. Codes were cut and pasted from the transcribed data, at the same time the literature was ‘speaking to the initial codes’, which were read before the data was categorised in this research. It was slow work in reading the transcripts and coding the printed transcripts into sub-categories and categories, then placing themes into diagrams. Eventually, themes emerged from the data, almost at a lightbulb moment, when the theories and the literature aligned in the themes. The
initial codes and categories were re-themed into finer and more precise themes (Appendix Four: 4.1). Thematic Coding, Categories, Sub-Categories and Theme were eventually emerging as theoretical notions.

Each participant and college was coded separately in manuals, and the first steps of open, axial, and selective coding were accomplished manually (Chapters Four and Five and Appendix Four: 4.1 and Appendix Five: 5.1). Mapping of transcripts was completed for each interview; journal notes were written at interviews; and jottings and memos were noted in the researchers’ journal or in mapping books, where they were coded and converged with existing data, categorised and themed. Selective coding was completed once the whole thesis had been written in draft. A thorough analysis of codes, categories, and themes was implemented prior to selective coding and irrelevant information that did not relate to the research questions (Research Questions One, Two and Three and Objectives).

3.6.6 Triangulation/Convergence

There are two types of triangulation, used in research they were source and data triangulation, followed by methodological triangulation (Merriam, 2009) and utilised in this study. Triangulation was used to develop the main themes emerging from the coded data (Yin, 2003, 2009) and is sometimes referred to as convergence in qualitative research (Mays & Pope, 1995; Merriam, 2009). Data sources included semi-structured interviews, audio recordings, the interview transcripts, researchers’ notes, and journal entries are all triangulated within and between cases (Merriam, 2009) to a central axis point (Yin, 2003, 2009). Methodological triangulation is when the interview data from each interview and cases were converged with researchers’ notes, journal entries, and verbatim transcripts and with each case in the research. As identified in this study, the methodological triangulation illustrated there was a blending of between the micro-social level and the macro-social level of case analysis (e.g., Disability Officers provided support from the macro-social and micro-social levels to adult students diagnosed with dyslexia in TAFE).

Triangulation occurs at both the micro and macro-social levels (previously defined by Blaike, 1993), with the data sources and with the literature and theoretical data utilised to understand further the delivery of support and services in TAFE. The micro-social cases were adult students diagnosed with dyslexia and DSOs, which were located within Queensland TAFE Colleges, as opposed to the macro-social level of operation occurring at each of the five TAFE Colleges. In this research, the organisations were macro-level supports. Triangulation provided rigor to this qualitative research and conceptually constructs more in-depth themes within and between each case (Yin, 2003).
3.7 OUTCOMES EXPECTED FROM THE RESEARCH

Outcomes of this research were to provide further knowledge and organisational benefits for adult students diagnosed with dyslexia undertaking study in Queensland TAFE Colleges. The anticipated findings of organisational difficulties, and the barriers, supports and services, may differ between colleges, due to the size, location, DSO knowledge of dyslexia, formality of TAFE Colleges, institutional practices, and current practices for dyslexia. Such research had not been formally completed within Queensland TAFE.

It is hoped that outcomes from the research may be used by adult students diagnosed with dyslexia as an improvement for social support. Adult student participants provided this research with emerging themes related to the social and educational support and services while undertaking TAFE studies. In advancing knowledge for adult students diagnosed with dyslexia, DSOs, teaching staff, and counsellors can utilise this constructed knowledge, which emerged from participants as social and cultural interactions and actions through the artefact of language. The proposed expectations of this research include: a) additional learning supports used in TAFE; b) mentoring; c) advocacy of DSOs; d) services provided; and e) knowledge that students with dyslexia can succeed in a vocational context.

3.8 ETHICS

This project was approved by the University of the Sunshine Coast Ethics Committee with the Ethics Approval Number: S/13/460 (Appendix Three: 3.6). Five codes of ethics were used for the practical application of this research (Office of Health and Medical Research Queensland, 2009). The position of the researcher was added to this research, as this researcher is an insider. The Health and Medical Councils of Australia (2009) recommends the following: recruitment and selection of participants; informed consent, confidentiality and anonymity; withdrawal of participants; records and data storage; and position of the researcher. These are discussed below.

3.8.1 Recruitment and Selection of Participants

Both groups of participants were recruited through a written invitation from the researcher and with the negotiation of the DSOs at each institute. Disability Officers recruited and selected adult students diagnosed with dyslexia or LD with reading, writing, or mathematical difficulties (Diagnostic Statistical Manual of Mental Illness V, 2013). This researcher used purposeful intensity sampling as all student participants will have developmental dyslexia (Chapter Two). Disability Officers at each institute were selected to participate in this research.
3.8.2 Consent, Confidentiality, and Anonymity

This section deals with informed consent, privacy and confidentiality and anonymity of participants and locations. These are ethical issues, so crucial for the participants and contexts in this qualitative research project. Informed consent was gained from all participants (Yin, 2009). All adult students diagnosed with dyslexia and DSOs knew about the research before signing a consent form to participate in this study. The Research Information Sheet provided details about the research, such as time allocated for interviews, interview locations, and the expectations of participants. Disability Officers may have to read the Research Participant Information Sheet for adult student participants if they cannot read or lack appropriate assistive technology. Informed Consent forms were signed before any interviews were held. Informed Consent was asked again by this researcher before each interview. Informed Consent (formal and verbal) was gained before the research.

Confidentiality and privacy of participants and locations are crucial; the research team were cognisant participants having a vulnerability. All information is to be kept private and confidential (Yin, 2009). The research assistants and transcription team that joined the research have to sign a confidentiality form. Anonymity of participants occurs when the researcher used pseudonyms for all participants and cases. These include names of all participants and sites being withheld; the research team are the only people who know about this particular research project in full. When adult students diagnosed with dyslexia, DSOs, and TAFE Colleges are given a pseudonym, it assures that their identity is not revealed or known to others. In some instances, anonymity is not assured, in instances (Sieber, 1992) where there is a lack of known identifiers and information assists in identifying individuals within certain organisations that are researched (Sieber, 1992). When photographs or videos are taken of participants in data collection and reporting, participants have control over how they are depicted and what is used in research. Furthermore, in some cases, some participants will be known to others and may be identified by them in research (Miles et al., 2014).

In this research, confidential information has remained confidential, participants in this study have anonymity due to the use of two different pseudonyms for one research participant and the mixture of pseudonyms for sites and regions within this research.

3.8.3 Withdrawal of Participants

All participants were advised that they could withdraw at any time and if participants do not let the researcher know, their data cannot be withdrawn from the analysis once analysed. Participants can take the transcripts with them, once leaving the research. If any participant wishes to withdraw, they can do so without knowledge to the researcher of their withdrawal (Office of Health and Medical...
Research Queensland, 2009). In this research, none of the participants withdrew from the research process.

3.8.4 Records and Data Location

The location of data and records from this research are kept in a secured environment. Data (audio tapes, journals, notes, and other documents), records collected at the interview was locked in cabinets at the University of the Sunshine Coast. The audio files were stored on a university computer with password access (Office of Health and Medical Research Queensland, 2009). The private computer of this researcher was used for the research process, which was also password protected.

3.8.5 Researcher Reflexivity

Reflexivity as defined by Berger (2015) noted that the researcher, must be self-critical and position themselves within the research, as an insider. Bryman (2014) argues that reflexivity of the researcher, is to be aware of one’s ethics, morals, biases and values to make decisions about the world around us; and must be careful not to let these influence the analysis. As previously identified in Chapter One, this researcher is dyslexic and passionate about this exploration into adult students diagnosed with dyslexia in TAFE. Insiders are, in some respects, telling an auto-ethnography of their position and stance within the research. I have kept my beliefs aside and only provided the voice and perceptions of participants. Ethnography is “dialogical ... the voices of the other, alongside the voices of the author, which come alive and interact with another” (Denzin, 1997, p. viii). In this research study, Pace (2012) uses an insiders’ perspective of an auto-ethnography research project.

Pace (2012) quotes that auto-ethnography used by insiders and united in research as “one research method that has been widely used for this purpose in recent years is auto-ethnography, a qualitative method that combines characteristics of ethnography and autobiography. Auto-ethnographers reflexively explore their personal experiences and their interactions with others as a way of achieving wider cultural, political or social understanding.” (p. 2). Ellis (2004) identified that narrative auto-ethnography was researched utilising eight criteria: one included: “the researcher’s life is studied along with the lives of other participants in a reflexive connection” (p. 30).

As an insider, this was predominately a strength. Having knowledge about dyslexia gave this researcher the ability to ask pertinent questions about dyslexia, which an outsider may not know or understand. Being an insider, one can always reflect on the objective stance of being an outsider when analysing the research (Unluer, 2012). Also, there were instances of empathy, yet these are not lasting, as the role of this researcher is to explore adult students diagnosed with dyslexia voices and
their perspectives of being adult students in TAFE courses. This dyslexic researcher is not an insider participant in this research. It was evident that at interviews asking questions, the researcher situates themselves as an insider, to gain further understanding of the experiences of adult students diagnosed with dyslexia.

As noted in the literature, all researchers come with some bias and are not totally free from prejudice (Strauss & Corbin, 1998). Throughout the analysis, this researcher situated themselves as an outsider, and is situated within the frame of further understanding of participants’ views and has removed themselves from the empathy of the research process. To understand the perspectives of others regarding dyslexia, the research participants with dyslexia must be critically reviewed and analysed. However, as a researcher undertaking analysis, looking over transcripts, the researcher was looking at others’ lives, without emotion, a transcript of a story told was viewed, where the researcher was not involved emotionally or in her stance as an insider.

In comparison, Bartunek and Reis Louis (1996) noted that insiders were ‘self-helpers’ and can produce findings that are different compared to those of outsider researchers. The quality of knowledge gained from being an insider not only provides insights for other researchers, but it also often strengthens the relationships with outsiders and other researchers (Bartunek & Reis Louis, 1996). Psychology researchers such as Chesler (1991) identified ‘self-help’ as almost ‘candy in the sky’ and suggests that research done by insiders does not answer questions, even though insiders care about ‘self-help’, and most importantly their experiences relate to that research. Gair (2012), in an opposing position, suggests another approach.

Gair (2012) reviews the literature on the insider/outsider perspective in health, where empathy is the stance of being an insider. In Gair’s (2012) literature, ‘empathy’ was not referred to in social work, psychology, medicine, or nursing literature where it is considered an irrelevant term in perceiving the experiences of another person. Empathy too underpins some qualitative research, where overarching positions between empathy and the stance of being an insider/outsider dominate (Gair, 2012). However, Scott (2013) noted in her research, the insider was poignant and the self-other interactions influenced the culture [physically disabled students] that she was studying in her research. In this research, as an insider, there were also reflexive moments, on the way in which the self-other [adult students diagnosed with dyslexia] have similar and diverse characteristics to the researcher, making a difference in being a complete insider, or a self-researched insider.
3.9 SUMMARY

This research had taken shape, from the time when the field consisted of adult students diagnosed with dyslexia, Disability Officers, and TAFE Colleges. All were separate entities, and each has a relationship with one of the five TAFE Colleges. This research has changed from an organisational case study; with a focus on a macro-social level, utilising five TAFE Colleges. The latest case study utilised both a macro-social and micro-social levelled case study where both groups, DSOs and adult students diagnosed with dyslexia are embedded within TAFE Colleges, as separate entities. In addition, this qualitative study being a bounded case study has stages of data collection, using semi-structured interviews and research journal and jottings, provide the basis for the research data. On transcription, the data is analysed utilising various methods, including qualitative coding and thematic analysis. In addition, ethical procedures are met by the researcher, illustrating that with all research, there are issues with confidentiality, anonymity and privacy, as well as handling of data and records from the research. In addition, when a researcher/DSOs recruit’s participants and selection occurs, all information is private, only being known by the research team at the university.

This multiple case study explored the micro-social level cases, where the interaction becomes relational, between the adult students diagnosed with dyslexia and DSOs. Furthermore, the communication is transcribed and constructed into codes categories and themes, which emerged from respondents at each TAFE. The second issue identified that DSOs are case managers, who assist adult students diagnosed with dyslexia throughout their enrolment in TAFE. In the five cases of TAFE Colleges, the large bureaucratic organisations have formal procedures and guidelines; which are facilitated through legislative and policy mandates from Commonwealth and Stage Governments. There are various procedures that DSOs have to follow in TAFE, in order to provide support and services for adult students diagnosed with dyslexia enrolled in TAFE programs.

In the following chapter, adult students diagnosed with dyslexia tell their stories (narratives) on the barriers, supports and services they experienced as young children, adolescents, and young adults and more recently, undertaking training at one of five Queensland TAFE Colleges. Adult students diagnosed with dyslexia perceived, through their interaction with significant others, they were achieving a successful learning experience, one they had not experienced within their schooling.
CHAPTER FOUR | THE VOICES OF ADULT STUDENTS DIAGNOSED WITH DYSLEXIA

This chapter explores the voice of adult students diagnosed with dyslexia. Adult students diagnosed with dyslexia were recruited and selected from five public tertiary contexts in Queensland (Chapter Three), TAFE Colleges. Adult students in this study reported being regularly employed and work in various organisations. The method used for collecting data was semi-structured, (e.g., one-on-one interviews) with participants. The interview is a process where the researcher talks and converses with the interviewee. The interviews were audio-taped for accuracy. After the interview process, the dialogue is transcribed into text, which is analysed and constructed into codes, categories, and themes by the researcher. Consequently, with time, these themes were focused on more abstract themes and then finally into theoretical concepts. Results from the interviews identified that adult students diagnosed with dyslexia faced barriers, and received support and services within TAFE Colleges. Interviews were thematically analysed and coded to illustrate the themes within each of the five TAFE Colleges (Chapter Six). However, there were some concerns experienced by the researcher, which were addressed throughout the interview process (e.g., length of interview time, participants’ speech difficulties, and being dyslexic).

When there is a common cultural or social phenomenon between participants and the researcher, the methodology of the research must be addressed, noting the interaction and the action taken as a consequence of the commonality (Bolt, 2009). As a dyslexic person and having been a Disability Officer in TAFE, there is a precaution taken by this researcher, of the anticipated interaction and responses from respondents. Adult students diagnosed with dyslexia were identified as having challenges in learning (Graham & Slee, 2007; Moody, 2009; Reid, 2009a) and in TAFE (Cotton, 2010; Tanner, 2010). Therefore, writing and posing the research questions were aligned with the gaps in literature. As this person is dyslexic, there must be reflexivity, where the researcher has anticipated the consequence of the adult students’ actions and amend the behaviour and the perceived outcome accordingly (Mead, 1938; Bolt, 2009). However, this research was transcribed verbatim by a professional, with the researcher making significant attention to detail of the narrative (Mathieson and Barrie, 1998). Recruitment of participants with dyslexia was completed by DSOs (Chapter Three), prior to the interviewing process at each TAFE college. In the invitation to participants, it was also perceived by this researcher, that there was no bias in selecting participants, as adult students diagnosed with dyslexia were recruited by DSOs (participant profile below) and selected on certain criteria, the selection of participants.
4.1 PARTICIPANT PROFILE

In this research study, all participants with dyslexia are known by pseudonyms. A total of twenty-two participants, thirteen females and nine males were interviewed (Table 4.1). At Bayview College, a medium size regional TAFE (Bayview Medium Regional - BMR), there were six females. Townclose College, a large metropolitan TAFE (Townclose Large Metropolitan - TLM), had four males. Three males and three females attended Cityview College, also a large metropolitan TAFE (Cityview Large Metropolitan - CLM). One female attended Meadowview College a medium sized regional TAFE (Meadowview Medium Regional - MMR). Lastly, three females and two males were enrolled at Cottonvale College a small TAFE on the boundary of metropolitan and regional areas (Cottonvale Small Boundary - CSB).

Participants were all over 18 years of age. There were fourteen participants within the age group of 18–24 years of age; three were in the ages of 25–34; one aged within 35–44 brackets; three participants were in the ages of 45–54; and one participant was over 55 years of age. Participants from Bayview noted the greatest range in ages from 18 through to over 55 years; Townclose and Cottonvale College participants aged within 18–24 age brackets; one participant at Meadowview College and aged between 25–34 years; and Cityview participants ranged in ages from 19–54 years. From this data, there was a higher proportion of young adults in the sample compared to other age groups enrolled in TAFE courses (Table 4.1 Case Characteristics of Adult students diagnosed with dyslexia).

Adult students diagnosed with dyslexia in the TAFE learning environment, have significant challenges in their ability to achieve successful outcomes, due to the numerous health issues. Furthermore, adult student’s health problems can attribute to a high incidence of support and services being required in learning within TAFE (Chapter Six and Seven).
TABLE 4.1: CASE CHARACTERISTICS OF ADULT STUDENTS DIAGNOSED WITH DYSLEXIA

<table>
<thead>
<tr>
<th>NUMBER OF STUDENTS</th>
<th>INSTITUTE</th>
<th>AGE GROUP (YEARS)</th>
<th>GENDER (M - MALE F- FEMALE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Townclose College</td>
<td>18 - 24</td>
<td>4M</td>
</tr>
<tr>
<td>6</td>
<td>Bayview College</td>
<td>18 - &gt;55</td>
<td>6F</td>
</tr>
<tr>
<td>6</td>
<td>Cityview College</td>
<td>18 - 54</td>
<td>3M + 3F</td>
</tr>
<tr>
<td>5</td>
<td>Cottonvale College</td>
<td>18 - 24</td>
<td>2M + 3F</td>
</tr>
<tr>
<td>1</td>
<td>Meadowview College</td>
<td>25 - 34</td>
<td>1F</td>
</tr>
</tbody>
</table>

Further to the characteristics of adult students diagnosed with dyslexia, there were four-course types in which participants could enrol in TAFE. These courses included literacy, mainstream, apprenticeship and traineeship courses for adult students diagnosed with dyslexia. All programs noted are VET courses. Mainstream and traineeship students attend TAFE and have on-the-job training in the workplace. However, apprentices and some trainees enrol in full-time workplace learning courses. The mainstream students enrolled full-time for a maximum of two years; apprentices enrol in full-time programs for a maximum of up to four years.

The student themes came from inductive coding of the interview data. Case characteristics were detailed (Appendix 1 - Table 4.1). Themes constructed from the emerging data came from the voices of adult students diagnosed with dyslexia and included: a) social identity of adults with dyslexia; b) disclosure; c) tertiary context; d) learning; and e) society (Figure 4.1). The themes discussed are those constructed from the transcribed textual data from the voice of adult students diagnosed with dyslexia, having an identity.
4.2 AN IDENTITY FOR ADULT STUDENTS DIAGNOSED WITH DYSLEXIA

Adult students diagnosed with dyslexia described themselves in certain ways and perceived themselves as being different to their peers, prior to enrolling in TAFE. According to adult students, many had extremely challenging *personal life histories*, with marginalisation and stigmatisation occurring in schools and families. Adults also perceived themselves as being different, known as *difference* in this research (themes within a social identity); they were treated and functioned differently to their peers. Furthermore, not only were adult students diagnosed with dyslexia treated differently, there were many reports of *discrimination*, in this research (a themes of social identity), in workplaces and hospitals. In addition to discrimination, adult students diagnosed with dyslexia perceived they had anxiety and stress-related difficulties, with some having depression. In this research, anxiety and stress are known as “*managed emotions*” (Chapters Two and Six) (Hochschild, 2012). All concepts were firstly coded and patterned into categories by the researcher, from the transcribed data that emerged from adult students diagnosed with dyslexia and was then constructed...
into themes, which framed adult students diagnosed with dyslexia as having a social identity of adult students diagnosed with dyslexia. These themes are presented sequentially in turn, with the first being a personal life history (Appendix Four: 4.1). Throughout the interviews, participants continually alluded to four themes which were: a) Personal Life Histories; b) Discrimination; c) Managed Emotions; and d) Difference. These terms were identified to them having a social identity, as opposed to the initial analysed identity (Figure 4.1).

‘Social identity’ is defined as a group of individuals who have ‘difference’ in values and norms, compared to another group (Smaldino, 2016) and is covered extensively in academic literature (Berger & Heath, 2008; Cox & Gallois, 1996; Iyengar, Sood, & Lelkes, 2012; Jodrell, 2010; Morriss, 2015; Smaldino, 2016; Somers, 1994). This literature suggested that adult students diagnosed with dyslexia developed a social identity of their own, that Berger and Heath, (2008) suggest, may be pro-active in revealing their identity.

The other camp of social identity theorists, the identity signalling theorists (Berger & Heath 2008), suggest that the expression of social identity functions largely to differentiate oneself from those who are different, in order to ensure that others understand who they are and that they are not mistaken for those with opposed norms or values. In other words, people understand when there is a chance that they may be mistaken for a member of another group, and take active precautions against this (Smaldino, 2016 cited Berger & Heath, (2008, p.14)

Despite the many identities that are recognised in the literature, focusing on a range of genres; some are embedded in workplaces (Burns & Bell, 2011), are gender based (Meyer & Ouellette, 2009), or disability based (Martin, 2011). In contrast, adult students diagnosed with dyslexia identities were formed from social interaction in various cultural contexts. The social identity of adult students diagnosed with dyslexia appears to have developed from inequity. This identity is developed through social interactions, physical events, and actions which have generally been perceived as being inequitable for the individuals, which developed over time. It is evident that these social constructions have damaged the identities of adult students diagnosed with dyslexia from an early childhood (e.g., perceived barriers in their personal life histories; managed emotions; discrimination and difference). Consistent with the literature, the social identity of adult students diagnosed with dyslexia is conceptualised below:

The social identity of adult students diagnosed with dyslexia focuses on the inequities which have occurred through interactions between individuals in cultural contexts. The social constructions are physical occurrences or events that occur in many contexts and these were inequitable and developed as barriers over time from childhood to adulthood. Some social constructions became barriers which developed from interactions of family (e.g., mothers, fathers and siblings); workplaces; local and international travel; and educational contexts.
Personal Life Histories of Adults Students who have dyslexia

Personal history is the first theme in developing a model for a social identity. Life history describes one’s personal history as a construct of one’s story (Germeten, 2013). Adult students diagnosed with dyslexia discussed their personal histories as a previous period, which adult students perceived that significant others influenced their lives in various contexts, such as schools and in family homes. Significant others have formed judgements of the adult students, through their interactions. Adult students diagnosed with dyslexia reported that their personal histories had developed in an environment of confused events and feelings, which had influenced their adult social identity. Roberts (2004) defined history as a timeline, which was the crux of personal (biographical) and life histories. Throughout their childhood and youth, adult students diagnosed with dyslexia reported that they had experienced marginalisation and stigmatisation. These life histories have resulted in adult students diagnosed with dyslexia, having low self-esteem and emotional turmoil later in life. In addition, 16 adult students diagnosed with dyslexia reported their failure in primary and secondary schooling. Adult students stated they struggled with learning as children, which has continued into adulthood.

“Me and my brother used to sit at the table to do our times tables and that I was, I could not do it ...” (Nicole, aged 45–54)

“Look everything has been a struggle especially that Eureka moment when I realised that I needed to learn. I mean I could read a baby book, but I was 15; it is not good.” (Albert, aged 18–24)

The school was also a challenge for participants, with many adolescents leaving school early with limited skills. Often adolescents with dyslexia left school with an inability to read and write, comprehend and accomplish tasks of everyday life. Adults students with dyslexia reported that they were left abandoned in classroom activities and were treated badly by teachers. Schooling was so unpleasant for some participants they had blocked out any memories of their schooling. Such incidents as children, they perceived to impact on participants’ social identity.

“I just used to get called dumb and a retard and things like that ...” (Linda, aged 18–25)

“I was treated very badly at school by my teachers because they did not understand... they thought I was lazy because obviously, they realised I had some sort of intelligence and they just sort of thought I was lazy... I was very quiet, so the teachers used to put pretty much me
in the back and ignore that I even existed. I left in Grade 9 and I could write my name and my address, and that was about it.” (Elizabeth, aged over 55 years)

“much time in the exams, the way that they word the questions, yeah, I cannot think of an example at the moment, but some of the words that they use” (Victor, aged 18–24)

“I have very little memory of my schooling to be honest. I do not remember hardly any of my schooling ... I must have blocked most of it out.” (Florence, aged 18–24)

“Some schools were better than others ... I was slower; I needed more time. I had what they called learning support teachers where I would go out of the classroom sometimes. I did not get taken out of the classes too much.” (Anne, aged 18–24)

Participants were excluded by significant others at school. Participants reported that they did not have the suitable support and felt rejected in classes. In addition, adult students reported that they felt victims of teachers’ attitudes and perceptions of dyslexia. Participants reported, teachers treated them poorly and provided inappropriate support for learning.

“I had shocking high school teachers, who just basically, treated me like I was an idiot.” (Beatrix, aged 25–34)

“There were some teachers that didn’t understand at all; they thought they understood what my difficulties were, but they did not.” (Anne, aged 18–24)

“She said, we just can’t give you that same support [in school], so, I just had to rough it.” (John, aged 18–24 years)

In addition, to schooling, the child’s personal history illustrated that families were not supportive of some children with dyslexia. It was reported that as children they were being ostracised by their family, and further marginalised by the family unit. Some adult students stated being treated differently to other siblings, almost disregarded by parents and siblings. Four participants reported physical punishment, for failing to perform at the expected level of their schooling. Personal histories of such inequalities can influence the attitudes of adults.

“Both my other brothers went to a private school, but I just went to public school right the way through.” (Victor, age 18–24)
“You know I’ve had in my family ... my extended family people treat you with ... Even though you know what you are doing, and they treat you like you do not know what you are doing.” (Elizabeth, aged over 55 years)

“I was treated differently by my mother and father and siblings.” (Harriet, aged 25–34)

“So my mum used to hit me and that, and we used to have a spelling test every Friday ... and I could not get it and I used to just get floggings.” (Nicole, aged 45–54)

In summation, these inequalities experienced as children and adolescents were magnified in schools, due to the poor treatment by significant others, including teachers. The school was a central focus in the development of children; where their impressions became grounded in a learning context. There was little understanding of dyslexia in schools. Students with dyslexia reported that schools ignored them. Furthermore, many left school with limited literacy skills. Children would eventually develop into adults, where personal histories became an element of their social identity as adults with dyslexia, impacting on their adult lives. The story telling from adult students diagnosed with dyslexia was in response to the interview questions (Appendix Three: 3.2).

4.2.2 Perceived Discrimination

Discrimination was also commonly reported by adult students diagnosed with dyslexia. The voice of dyslexia described explicitly and incidental merciless treatment from significant others, that made the adult student with dyslexia feel excluded, and many became victims of bullying, stigmatisation and labelling. In this research, the majority of participants reported discrimination in various contexts, such as workplaces and within society. Forms of discrimination were previously discussed in families and schools, which was noted in adult students’ personal histories. In society, participants reported discrimination toward them because they had dyslexia. According to many participants, intimidation was rife, and adverse attitudes of others were evident in society (Bartlett & Moody, 2010).

“Oh in society I’ve received discrimination ... when you say you’re dyslexic, people think you’re stupid. One agency sounds sad, Child and Safety, they are really bad ... I go for interviews with them, they talk slow to me, they talk real quiet, it is, I feel like saying, I’m not stupid. That agency, they had ... Centrelink they are starting to come to, over the years I’ve had problems with them ... it comes down to the person.” (Gavin, aged 45–54)

“I was soccer captain and went to states for cross country and athletics and the teachers ... I got voted school captain, through a popularity vote, but the teachers said but no, Victor is not
a suitable role model for the other kids, he is not academic, so they said, why don’t you go and be a House Captain, like both your brothers.” (Victor, aged 18-24)

In this research, one participant noted discrimination, by professional personnel in government departments where they were working. There has been discrimination in trade areas (e.g., apprentices in workplaces). In addition, there were numerous accounts of discrimination and societal labelling of people diagnosed with dyslexia. According to nurses, they had experienced discrimination in their working environments (Ridley, 2011).

“Part of my problem is that I have lived with much discrimination … The person that was training me she told everyone in the hospital that I was dyslexic, and I came up against huge barriers and lots of discrimination. I got 97.3% on my hospital exams, so I basically got the award for theory, but when it came to giving the award out, she gave it to my girlfriend.” (Elizabeth aged over 55 years)

“I even had a mate who was on the committee for employment and said, he come out and said, ‘do you know why they knocked you back?’ I said, no, ‘it is because you’re dyslexic’.” (Gavin, aged 45–54)

In summary, not only was discrimination levied on older adults, but young participants were also reporting discrimination in various forms in schools. Discrimination was occurring in a range of contexts, impacting on the adult’s social identity. Discrimination in its many forms was identified by other researchers from a variety of contexts (Bradley et al., 2011; Macdonald, 2009a, 2009b; Ridley, 2011; Tanner, 2010). This study is certainly not an isolated case of adult students diagnosed with dyslexia being discriminated against. However, discrimination remains in educational and workplace contexts.

4.2.3 Managed Emotions and Perceived Feelings

Emotions are the perceived feelings reported by adult students diagnosed with dyslexia within and outside of TAFE. Emotions, perceived by participants, were feelings of anxiety, stress and pressure, frustration, flustering, and worrying. Emotions were associated with reading, writing, and spelling; and assignment writing, which impacted on learning in workplaces (Bartlett, 2010), tertiary establishments (Strawn, 2008), and when transitioning into courses (Nelson & Gregg, 2012). In this research, participants reported high levels of anxiety (Chapter Two, Section 2.1.4) (Lazarus, 1999) and when this occurred, some could not function academically or in workplaces (e.g., not being able to concentrate and spell).
“I went to the DSO for the anxiety at first, not so much for the disability ... I had a major anxiety attack after the event [TAFE Students design fashion parade]. And before the phone call this morning, I started to get bad anxiety pains in my chest ... I couldn’t relax, I could not calm them down.” (Florence, aged 35–44)

“I came to that crash point. I just go back to less feelings ... like I am stupid, and I cannot do it because I am so stressed. I try and get it done but if I told my teachers about it, all right we’ll give you another week.” (Susan, aged 18–24)

“That information day at TAFE the orientation day, just the fact that as soon as the teacher said ‘oh you are going to have a test this afternoon’ ... it just spun me right out. I could hardly listen to what; what else was being said. All I was worried about was the test.” (Elizabeth aged over 55)

“There were years where I ended up never leaving my house. I do believe that this had a big part of the start of my anxiety of my stress. This was the start of my social mishaps.” (Florence, aged 35–44)

Adult students diagnosed with dyslexia experienced anxiety and emotional difficulties in TAFE, workplaces, and society. Participants with dyslexia often lacked confidence in workplaces, and this finding was consistent with other research (Giancola, et al., 2009). Some apprentices reported feelings of depression, even though they worked conscientiously, with other apprentices. Also, several apprentices worried about future employment. As reported, some participants became frustrated in the job, often giving up, which caused workplace interruptions.

“I get extremely worried, it is not just assessments I get worried about, it is what the future is going to hold for me. It comes out in personality too, because I feel some people are more confident with dyslexia and many more people who are much more in their shell.” (Albert, aged 18–24)

“I can stress out pretty easily. And get frustrated with things, and I just give up. But I start to work my way around it and just go. If I stick to it I’m going to get it one day.” (Immanuel, aged 18–24)

“I really tried my best to do really well ... And it makes you feel down some days ... cause like it is embarrassing when you’re in public ... you have to ask your friends how do you spell this word ...” (John, aged 18–24)
In addition to the perceived experiences of anxiety and worry, adult students diagnosed with dyslexia encountered other feelings, which were embedded in emotions. In an earlier study, a psychologist spoke of emotion and within the emotional inclusions were feelings of stress and anxiety (Lazarus, 1999). In sociological inference to emotions, these are managed by the individual, who perceives they have an emotional status (Hochschild, 2012). However, in this research, there is a dilemma, as some adult students diagnosed with dyslexia have not been able to manage their emotions and have had a medical crisis. Feelings reported by adult students were described as those emotions and not always qualitatively labelled in literature.

“There’ll be times when you’ll cry and scream, and you’ll be like ‘why me’.” (Florence, aged 45–54)

“I think about bad things, and I cry.” (Grace, aged 18–24)

“Just pretty much ashamed and worried, and not being able to cope, when the teachers expect you to and just, especially with my English.” (John, aged 18–24)

“Yeah, most people are extremely embarrassed about it, when to say someone says to me, oh write an essay, I’d freak out and go oh, crap.” (Albert, aged 18–24)

“[my girlfriend won the academic prize] it shattered me, it took me probably two years to get over that.” (Elizabeth, over 55 years of age)

“I did lots of anger management programs, and I actually had a life coach ...” (Beatrix, aged 25–34)

According to all participants, they perceived stress and anxiety challenges which were the ‘very fibres’ of having a social identity as an adult student diagnosed with dyslexia. Both apprentices and mainstream adult students perceived anxiousness in classroom activities and workplaces. Many were slower to learn, in acquiring and transposing skills, knowledge and in completing new tasks. Adult students diagnosed with dyslexia required additional time for learning and any form of assessment caused feelings of anxiety. Moreover, some adult students reported they became so stressed that they could not continue with learning activities. Challenges with emotions not only occur for adult students diagnosed with dyslexia, but they also occur for nurses who have dyslexia in hospital contexts (White, 2007). Participants perceived the feelings and emotional turmoil were apparent in their lives. Such emotions are known in this research as managed emotions (Hochschild,
In the following section, adults perceived they were different to those without dyslexia.

### 4.2.4 Perceived Difference

Participants reported that they perceived themselves as being different to others, and this shaped their adulthood and social identity. InArnold, et al.’s, (2010) research, an adult with ADHD was discriminated against in workplaces and treated differently, compared to his colleagues. In comparison to the legal study, the difference was discussed using another study where adult nurses and health workers spoke of being different to their peers without dyslexia (Illingworth, 2005). In that research, health professionals with dyslexia spoke of workplace discrimination and their personal histories illustrated there was difference toward them in workplace contexts (Illingworth, 2005).

This research illustrated that adult students diagnosed with dyslexia’s perceptions of difference can include perceptions of sadness because of their inability to read, write and spell and being thought of as different from significant others. In short, adult students diagnosed with dyslexia in this research perceived they were different to their peers. The three reasons adult students perceived this difference were: a) perceiving they were and felt different; b) treated differently compared to student peers; and c) functioned differently compared to significant others and some perceived being highly intelligent.

“I knew I was different from the age of two.” (Robyn, aged 45–54)

“I just hate it cause everyone else can do stuff what I can’t do and then I just feel stupid, and different.” (Ruth, aged 18–24)

“I still feel different. I still feel like I don’t fit in. I feel very different and I am different. I accept the way I am.” (Florence, aged 34–45)

“I just struggle trying to tell people about things that are different because I’m different.” (Immanuel, aged 18–24)

“I think I’m a different sort of case.” (Victor, aged 18–24)

According to other adult students diagnosed with dyslexia, many functioned differently compared to their peers without dyslexia. According to some participants, their brain functioned differently, (e.g., their brains functioned quicker than the brains of significant others, some see things
in 3D, or think outside the box) which impacted on their perceptions of being different. Participants reported that they struggled to explain their functioning to others, their perceived difference.

“Most dyslexics know that they function differently.” (Robyn, aged 45–54)

“This just makes us different and our brains work differently.” (Beatrix, aged 34–45)

“They [people without dyslexia] can’t think outside the box they’re already stuck in a pattern, I said, stuck in a holding pattern outside the airport ... I don’t see it as a disability, dyslexia; I see it as a gift ... all of these people are really highly intelligent, and they nearly all of them say they think outside the box, they think differently ... I found Uni a struggle, with issues relating to dyslexia, I had to fight to get my oral examinations ... I actually had to do a presentation in front of the Dean of the Faculty, to explain why I needed to do this. ... So I had to fight “ [because of my difference]. (Gavin, aged 45–54)

“I knew I had to have a different way of doing it. My parents did too.” (Albert, aged 18–24)

Participants reported that they were treated differently, which had occurred in educational contexts. Some participants reported being treated differently with learning activities and had difficulty with being able to transfer knowledge from workplaces to TAFE.

“No they don’t get any learning support, any assistance, until apparently they go full time, so that’s why I was put under the mat for so long because I was doing mine through school based.” (Alan, aged 18–24)

“But what they’re expecting in TAFE is completely different to what I’m ever going to come across in the workplace.” (Victor, aged 18–14)

In summary, 18 adult students diagnosed with dyslexia undertaking vocational training perceived feeling, functioning and being treated differently. Adult students diagnosed with dyslexia said they had always felt different, and some have known this since infancy. Many participants reported they functioned differently and had a higher IQ than their student peers. Discrimination was not specifically aligned to difference by adult students diagnosed with dyslexia (See Chapter Six).

4.3 DISCLOSURE | THE RELATIONSHIP BETWEEN STUDENTS AND TAFE

The academic term for ‘telling’ of having a disability is ‘disclosure’ (Goldberg, Killeen, & O’Day, 2005; Ridley, 2011). Disclosure in this research was initially termed by participants as ‘will tell’; ‘should not tell’; and ‘will not tell’. Disclosure in this research, has become an enigma for adult
students diagnosed with dyslexia. In addition, the disclosure is the link between individual adult
students diagnosed with dyslexia and the five TAFE Colleges; because this was a connection in the
relationship between adult students diagnosed with dyslexia and the DSO in TAFE.

Adult students diagnosed with dyslexia have shown they have a social identity, one that is
hesitant to disclose for fear of disadvantaged treatment. Participants perceived having a fear of
disclosure, because of previous discrimination in past educational contexts. In TAFE, adult students
diagnosed with dyslexia disclosed, in order to access support. Despite the need for support, adult
students were wary of telling. ‘Justification’ of disclosure was because of institutional guidelines that
were in place in four of the five TAFE Colleges. There were instances within TAFE, where adult
students diagnosed with dyslexia noted that some DSOs were autonomous and provided support and
services to adult students who chose not to formally disclose having dyslexia. Disclosure was reported
by adults, using three categories, in this research which were: 1) open; 2) a need-to-know; and 3) non-
disclosure.

“I don’t disclose to everyone because I don’t want to be discriminated against in the course.”
(Anne, aged 34–45)

“Yes, I don’t tell many people about it no … it’s like when someone has what do you call it?
When someone has a fit and they go into a massive outrage. A mate of mine doesn’t tell many
people. I like to be sociable and I like to be friendly, but I don’t tell many people of the other
half of what’s wrong with me.” (Isaac, aged 25–34)

“That’s the hardest thing, but when you find the right person you can trust … I’ve got a best
friend who knows everything about me.” (Alan, aged 18–25)

“I haven’t in the past, but I’m at the stage now where I’m pretty open about whom I tell.
They’ll see my scribe sitting next to me and stuff like that, so it’s obvious that I’ve got a
disability worker there if someone asks I’m willing to tell them.” (Max, aged 18–25)

The adult students in this research disclosed because they were forced into making a
judgement about support and services provided for dyslexia in TAFE. The number of adult students
who disclosed were: a) two adult students openly disclosed; b) four were non-disclosures, and c) 16
disclosed on a need-to-know basis. Adult students have this damaged social identity; were reticent in
disclosing their dyslexia. Adult students did so, only when they required support and services from
Disability Services. In addition, adult students trusted the DSO, which empowered students to
disclosure.
4.4 TERTIARY CONTEXTS

Tertiary contexts are higher education and vocational training organisations where post-
schooling occurs for adolescent and adult students (Beddie, 2010; Doughney, 2000; Wheelahan et al.,
2012). Universities, public TAFE Colleges, private vocational colleges and workplace training
organisations can all be called a tertiary context (Beddie, 2010). Academically, there is no consistent
formalised definition for Queensland TAFE (Chapter Two). Three categories were constructed from
the interview data emerging from adult students diagnosed with dyslexia regarding TAFE, and these
were: 1) TAFE Colleges; 2) Disability Service Officers; and 3) TAFE mentors and classmates.

4.4.1 TAFE Colleges

As stated previously, TAFE is a post-school educational facility that delivers vocational
training (Chapter Two). This public provider delivers on-the-job and off-the-job training for adults in
workplaces, externally to TAFE and within TAFE Colleges (as noted in Chapter Three). TAFE
Colleges have Disability Officers who are employed to provide Reasonable Adjustments or
accommodations for students who have any type of disability who are enrolled in TAFE courses.

According to several participants, TAFE Colleges differed within and between the Australian
States. Participants reported that there were better facilities in some TAFE colleges in other states.
According to some participants, student mentors were also supportive of them in learning. As reported
by adult students, TAFE was a better educational experience compared to any previous educational
contexts they had attended.

“I’m really enjoying what I’ve done at this TAFE so far.” (Linda, aged 19–24)

“I’ve come across a lot of people that are, you know, pretty nice and stuff like that and have
been pretty supportive, other classmates.” (Max, aged 19–24)

“Probably at TAFE, because I didn’t go to school, I hated school so, I didn’t learn anything
at school. I’ve had no problems with any of them [staff and teachers] in this TAFE. Even the
library ladies behind the desk they’re so helpful too.” (Nicola, aged 45–54)

Adults with dyslexia were appreciative of staff in Queensland TAFE Colleges. As identified
by students, there was the provision of disability support and services, friendly staff, and assistance
provided by these five TAFE colleges. There were very few poor reports, associated with TAFE.
When it came to reporting on teaching methods and learning strategies in TAFE, there were
implications with teaching staff, which are significant in this research.
“I hated teachers away here when we first started because I hated teachers, and that was the only way I could describe it, they were just, as far as I was concerned, were just all nasty” (Beatrix, aged 25-34)

“...the teachers are ... they are not trained to be teachers ... they are trained in the industry ... so they are just telling you what they have learnt but they are not teaching you ... especially for a dyslexic person you need someone to understand how to teach” (Marie, aged between 19-24)

4.4.2 Disability Support Officers

Disability Officers are managers of all students who have disclosed disabilities, working in Disability Services (DS). According to adult students, they trusted the DSOs and were respected by them. Several DSOs went out of their way to support struggling adults. Adult students perceived that disability support could have been implemented earlier, at the commencement of courses. Some adult students diagnosed with dyslexia had no access to support and services until they began to struggle in programs. Disability Officers were reported to provide a raft of services, including the provision of additional private funding (from volunteer organisations); support without formal disclosure; disability support staff; and referrals to other professionals. According to participants, without having the DSO support, they would not have completed the course. Disability Officers were like a critical friend, one who listened, gave positive and critical advice on learning and social matters and assisted them with other services (e.g., doctors, school guidance counsellors, Disability Services and Centrelink).

“She’s really nice.” (Grace, aged 18–24)

“I went to Simone first I think and like I said I went for the anxiety at first; not so much for the disability because I didn’t think sewing had that much writing... phew ... thank goodness I mentioned that I had a writing problem you know yeah and yeah and thank goodness I got help with my writing too well.” (Florence, aged 35–44)

“Actually, they did at the agricultural college as well as here ... I don’t know, it feels different, I feel better with TAFE in a way.” (Anne, aged 18–24)

“I’m starting to really struggle in TAFE, I’m falling right behind, so he [employer] made a couple of phone calls and got on to Sally, and yes, she’s helped out from there.” (Alan, aged 18–24)
“Then I got a meeting with Elizabeth and then Henry came along. But last year there was a lady ... she’s there on a Tuesday and Thursday and she helped me. I went there earlier and she helped me a bit during the day in the library.” (Isaac, aged 25–34)

“I think I’ve seen her three times, the major thing [that Simone provided] was that I got June to help me with just the spelling and the punctuation.” (Beatrix, aged 25–34)

“It does come down to the person I think, like Emmy, she’s just straight on to it. And she’s way open ... she’s just not just a disability officer ... to me I find her as a good counsellor, a good listener.” (Gavin, aged 45–54)

“And I think TAFE actually gives more for me personally, in talking to Emmy, she’s been amazing ... like everyone at TAFE and my teacher, Lavinia.” (Robyn, aged 45–54)

“Simone organised the glasses for me and there was a pool of money ... she accessed for the tests, so I only had to pay for the glasses, I didn’t have to pay to be tested.” (Elizabeth, aged over 55 years)

“I’ve got mobile phone numbers to call at night ... if I ever having trouble studying, so she’s just brilliant, I think she’s not in the same position as she was a month ago, so I don’t know whether that will still be available, but she’s just a lovely lady.” (Victor, aged 18–24)

In summary, there were overwhelming positive perspectives regarding DSOs, voiced by participants within each TAFE college. It was apparent DSOs were respected by participants and were trusted and were more of an advocate for adult students diagnosed with dyslexia. Participants had confidence in DSOs and would call on them when they needed mentoring. It was evident to adult students diagnosed with dyslexia and the DSO as a critical friend, their role went beyond the TAFE role. Some of the support could have been provided earlier to adult students diagnosed with dyslexia. As reported by adult students diagnosed with dyslexia, that all DSOs provided services, as discussed below.

4.4.3 Services

Services provided in TAFE by DSOs were not revealed by adult students diagnosed with dyslexia in the interview data. Services provided by DSOs in each TAFE Institute consisted of the following: a) facilitating staff for the provision of support for students diagnosed with disabilities; b) financial management of disability services; c) accessing funding for equipment; d) referral to other
organisations and professionals; and e) case-management of students who have disabilities, including dyslexia.

According to students, disability services required additional funding to provide tangible services to adult students diagnosed with dyslexia. Disability Officers often referred students for psychological testing, which required additional funding for this service. Furthermore, there was one service missing from Disability Services in Queensland TAFE, and that was a preparatory course for adults with dyslexia.

“I think they need more funding. I don’t know how the funding goes here, but they need more funding and, yeah, they’ve picked up a few people who have got it [dyslexia], and they’ve never known about it … I reckon Linda and that, they need more funding, more support.” (Nicola, aged 45–54)

“Yeah, probably [pre-induction course for dyslexia], especially if I was told what is expected of me … so heads up and all that sort of stuff would be really helpful, yes.” (John, aged 18–24)

In summary, services provided by Disability Officers varied within and between TAFE colleges. Adult students reported a need for additional funding for DSO services. Participants felt they required a prevocational program for dyslexia, providing them information with regards to learning, course expectations, the DSO services, and other educational services. Adults in this research perceived services focused on support for learning needs in classroom contexts, although realised there were additional services provided by TAFE DSOs. The services, once in place, enabled adult students to complete courses with equitable support and services.

4.4.4 Support

Support in various forms was implemented by Disability Officers and the most important supports for DSOs were reasonable adjustments. Reasonable adjustments could include: a) readers; b) scribes and writers; c) note-takers; d) interpreters; e) assistive technology; f) psychological assessment, Irlen Syndrome assessment, and assessment for other disabilities; and g) social support. In addition, students had their use of support which were informal\(^\text{14}\), known as

\(^\text{14}\) Informal relationships are those which are … “facilitated where there is an ever-present bond, group solidarity, and emotional well-being for its members … having a feeling of belonging” (Misztal, 2001).
independent support. These included: a) Google; b) technologies; such as mobile phone technology, iPads, and cameras for photographs used in assessment and learning tasks.

According to adults with dyslexia, some adults perceived they received social support by coming to TAFE, enabling communication with significant others. Also, adult students reported that assistive technology was provided, yet some had challenges with technology. Additional time for learning was an essential support and was provided by DSOs. This support for learning, provided by DSOs, became crucial for students in TAFE and workplace contexts.

“I always have someone beside me giving me a hand, reading for me.” (Isaac, aged 25–34)

“They’ll see my scribe sitting next to me, so it’s obvious that I’ve got a disability worker.” (Max, aged 18–24)

“Other than just reading, maybe understanding and getting my head around something and I guess maybe the time that we’re given to understand everything. I feel is a bit too short, but other than that, just my actual disability problems.” (John, aged 18–24)

“I put those blue glasses on, and I couldn’t believe there was no ... what did he call it, the river effect? I call it the stomach effect where the paper stops moving. I couldn’t believe it, I early flipped! I thought wow! This is how you see the paper and this is incredible. It was amazing, and the difference was incredible.” (Florence, aged 35–44)

“I have actually got the Ghot It program on my computer, I can write all my assignments, and I can even write an email. I actually got an I-pad, but I couldn’t use it.” (Beatrix, aged 25–34)

“I don’t mind using computers and all that, computers make it a bit difficult, good sentence or something, good topic to put in your assignment, and then you’ve got to think how do I reword it to make it my own words.” (Alan, aged 18–24)

“I struggle with computers a bit, and I’ve tried. I’ve tried the pen thing and the coloured glasses, and the glasses didn’t swap the letters around for me ... Yeah, I take a lot of photos ... And I’ll get out my maps on my phone and go oh is that where I needed to go.” (Victor, aged 18–24)

In summary, support from DSOs remained a hands-on service predominately, as opposed to the sole use of assistive technology for learning. Also, adult students were dependent on DSOs for support, although they perceived themselves to be independent learners. In some colleges, participants
did not own a computer and were not at all familiar with computer programs, such as Ghot It, Dragon Naturally Speaking or Kurzwell Read and Write Gold [assistive technology]. Numerous students used writers and scribes, readers, and interpreters to complete TAFE course expectations. It was alarming to recognise that many adults with dyslexia had comprehension difficulties, which were alleviated by using disability support staff to read and explain information. It was evident that all students required some form of disability support. Not one participant was an independent learner in TAFE. However, this is not always the case in social contexts and all students in this research perceived they were independent learners.

4.5 LEARNING

Learning is defined by Driscoll (2000, p. 11) as “a persisting change in human performance or performance potential…[which] must come about as a result of the learner’s experience and interaction with the world”. However, learning for adult students diagnosed with dyslexia is a complex issue. Adult students in this study reported that they used some learning strategies that helped in navigating their passage within society. Participants described learning within the format of support, as opposed to a definition. All participants had previously completed educational programs. In this research learning categories were: a) independent; b) learning styles; and c) strategies, as noted below. Some of the independent strategies used by adults included: a) searching Google on-line for spelling and grammar corrections; b) asking questions; c) asking people to read and complete forms; d) being able to see complete objects in 3D; e) using patterns and meta-cognitive strategies; f) auditory; visual and verbal; and kinaesthetic learning styles.

4.5.1 Independent Learning

In this first section, participants will be known as adults with dyslexia, as they are not in a formalised learning context. Independent learning was a category in which adults with dyslexia perceived they were successful. In addition, educational courses had provided adult students with skills to undertake tertiary studies, employment, social activities, and interaction with significant others. Independent learning described in this research was performed by undertaking several skills from multiple knowledge bases, coming from teachers, trainers, friends, family members, and mentors within a variety of contexts. According to some adults with dyslexia, they have completed a range of learning programs and workshops, helping them become more independent in society.

Twenty-one adult students diagnosed with dyslexia had a form of independent learning. Some participants reported using reference points (e.g., such as seeing signs, poster boards, or buildings); modelling (e.g., construct models in their heads for workplace activities and visualise), and patterns (e.g., patterning of words, which can’t be understood; patterning the job, in routines of work; and
pattern making for outputs in various workplace activities) to learn in workplaces and in various other contexts in society. Many adults reported enrolling in literacy classes and another participant independently learned at home, and two participants reported being business owners.

“I’ve learned to use reference points, so when you look at the train timetable, I know most of the places. Just by the looks of the names, so timetables aren’t too hard to read, but other things, sometimes I struggle to get words out the right way.” (Isaac, aged 25–34)

“I went to night school, and I wanted to read and write. When I wanted to get my first flat, I rolled up my right hand in a sling because I couldn’t fill out the forms. Because I always wanted to do this course, I went back to TAFE, to do grade 10 access courses in 2006 … [TAFE Diploma of Fashion Design] Out of 16 girls on stage with their wedding outfits, I was the only one that was approached by anyone there. Not only did she approach me personally behind the stage, and then again in the car park, she gave me her card, and then her boss rang me this morning personally and asked if I would do five samples.” (Florence, aged 45–54)

“It wasn’t until I left school that I actually put myself through this torture because it was all too hard at school… but if you want to do something bad enough you do it. Over the years, I have learned a lot by just listening… the year before I did the enrolled nurse course, I would send the kids to school 9–3 and I used to sit and study… Trying to learn something I listened to the tape recorder over and over again.” (Elizabeth, aged over 55 years)

“Because I’m writing fourteen books for the year, when I look at my blogs … I look at the structure, the sentence structure, the punctuation, the format, I look at the endings with words and how words are on the page. But I probably use key learnings such as watch and bracelet, left and right.” (Robyn, aged 45–54)

“I’ve worked in the field, in corrections, disabilities, and youth and justice … I do things through patterns; we learn differently.” (Gavin, aged 45–54)

“School has to be all wiped out, and we need to be teaching teachers the different learning techniques and different learning strategies.” (Beatrix, aged 25–34)

### 4.5.2 Learning Styles

This research illustrated that more than one learning style was used by participants, to access TAFE course materials. Most common was the kinaesthetic learning style also known as practical or
skills based learning. Some adult students used metacognitive learning style, the process of explaining tasks; learning information; doing tasks; reflection; and where adult students study - observe - and skill construction and - reflect- revise once again (Boote, 2005).

Learning Styles were not succinctly described academically by adult students, due to their lack of knowledge of the formal terms used for Learning Styles. Participants described learning styles as learning by looking and observing and talking, Visual and Verbal; listening and speaking, Auditory; reviewing the work completed in class and thinking about the learnings, to further improve the next application, Reflective learners; and observe the practice and doing the task, using hands-on practical applications, such as Kinaesthetic learners. These learning styles were known as VARK (Chapter Two) (Zdzienski, 2005). Adults with dyslexia described the ways in which they learned.

“I would sense things and learn using sensory, and I’d learn by memory. I need to be listening to it, and I need it step-by-step.” (Robyn, aged 45–54)

“I best learn when they give me an example of what they are teaching. And when there is more than one answer ... you’ll tell them what the correct answer is and why. That’s interacting, and it’s not like writing it all over the board.” (Marie, aged 18–24)

“I can visualise things, that washer goes there, that nut goes there.” (Alan, aged 18–24)

“Tactile as well, got to be touching it, got to be doing it.” (Gavin, aged 45–54)

“I’m employed for my hands-on skills, and I’m good at that.” (Victor, aged 18–24)

### 4.5.3 Learning Strategies

A preponderance of participants used learning strategies for independent learning within and outside of TAFE. Some of these strategies included: a) read books prior to the lesson; b) to be two assignments ahead; c) reading aloud; d) Google; e) memory techniques; f) reviewing information; g) listening to tapes; h) word and text identification; i) organising material; j) sequential learning; k) copying the format of writers; l) games on computers; m) flip cards, and n) mind models.

“I go through the books at home well before the lesson and read them myself. I don’t like to be pressured in class. I do a lot of learning before class to be prepared so I can listen to the teacher. Reading out aloud improved my reading and memory. We don’t have a computer, and I’m not great on technology.” (Harriet, aged 25–34)
“I might look up things on my phone or go to Google, and see what way they spell it. The process of the steps and they’re just like, well this is how you do it, and I said no, there’s got to be a way you can do it step by step. Otherwise I’m not going to learn.” (Alan, aged 18–24)

“I can convert short term and long term memory because if you don’t learn by acquisition, then it doesn’t go short term memory. I look at the structure behind the structure; I look at how your sentence structure is, I look at punctuation structure, I look at the format, I look at adding your endings to your words, I look at, how words are on a page … I look at how to become an inventor.” (Robyn aged 45–54)

“I started off just getting a First Aid book and just like single words, and I’d write lists of words, and when I knew I was getting into nursing, I used to have a little box with flip cards in it and learned it like that. I will put my tape recorder on and go over and over and over even though I know that I already know it …” (Elizabeth, aged 55 years and over)

“I have an iPad, and I use Sear a lot and apps like that help reading to me. It makes me feel less guilty, to rely on somebody. Since YouTube, I like the way people have been making lots of videos, and they’re teaching nearly everything. They don’t only explain it, but they also show you what they are explaining.” (John, aged 18–24)

“Doing 3D modelling, that sort of thing ... CAD and inventive pro” (Alan, aged 18–24)

In summary, learning occurs in society, workplaces, and within formal and informal contexts. Independent learning occurs more often in social settings, which was evident in this study. Learning styles are common learning strategies for adult students diagnosed with dyslexia (Mortimore, 2008; Reid & Strnadova, 2008; Zdzienski, 2005). Adult students were not aware of learning styles. However, adults used kinaesthetic; visual; verbal; auditory styles (Zdzienski, 2005) and reflective styles. Learning strategies used by adult students diagnosed with dyslexia were innovative in recent decades, which included Google spelling and grammatical editing; CAD technology; assistive technology; learning styles; learning activities such as mind models, time management techniques, and patterning of knowledge; and were students’ independent learning strategies. Participants unintentionally provided information on learning styles and learning strategies, in various contexts. Learning strategies were used to assist in preparing adult students for daily lessons and to help assist adults in workplaces and formal learning contexts. A majority of adult students diagnosed with dyslexia used technology and assistive technology, however, many struggled with all forms of technology.
4.6 SOCIETY

In this research, society is the cosmos in which all events occur, such as the actions and interactions of individuals, in a range of contexts. Adult students diagnosed with dyslexia and have limited literacy skills most often orally communicate with others to navigate their way in society. The participant voices, adult students diagnosed with dyslexia, described society as the location where people communicate and interact with each other. These interactions occur with significant others in workplaces, TAFE, families, government organisations, and community locations. Community locations can be workplaces, clubs, hospitals, transport or other social spaces, where interactions with significant others occurs.

4.6.1 Social Implications

Social implications occur from the result of interaction with significant others that arise from open communications in society. There are social implications for adults with dyslexia when paying bills, banking, catching transport, getting accommodation, and shopping. Social interaction can mar these activities, due to misunderstandings and perceived lack of comprehension by adults with dyslexia. According to adult students, they had fundamental difficulties in society and some were reluctant to interact with others for fear of social mishaps. Several adults had difficulties in completing formal documentation and accessing licenses, taking notes, and negotiating with government organisations. Also, the attitude of others and the limited understanding of dyslexia placed a strain on relationships with others in social contexts.

“I keep to myself. I don’t really go out that much.” (Nicola, aged 45–54)

“Social things, so there were years where I ended up never leaving my house. This was the start of my social mishaps. You go into a bank, and you have to fill out a withdrawal form, and you don’t know how to spell the word ‘thousand’, and staff want it written in a word. I couldn’t fill in the forms because I could barely write my own name. I would come up with something, some excuse.” (Florence, aged 35–44)

“So I would ring my dad, my dad would read the Refidex. I would be on the phone getting direction on the turn here, or turn there, but I can’t read Refidex’s. A GPS, I can only do it if it speaks to me.” (Robyn, aged 45–54)

“I forget the shopping list. Forget what is on the list. Leave the list at home. Lose the list. And this stresses me out.” (Harriet, aged 25–34)
“I’ve got no hope if they change the packaging [shopping]. If the girlfriend sends me to get ingredients, if I don’t use it myself, a lot of the time I won’t find it.” (Victor, aged 18–24)

“DOCS, a child and safety [organisation], they’re supposed to be professional people, and she said; I read your interview and he’s got you down as low intelligence. This is a lady from another agency, and she says there’s no way that you’re of low intelligence.” (Gavin, aged 45–54)

“My first big difficulty was when I was a teenager, I flew to New Zealand and had to fill out the forms on the plane and um after getting – I had to ask the air hostess to do it and then finally she did it and which took a lot of courage but then I left them on the plane and they wouldn’t let me go and pick them up and so I stood in immigration for ages and of course by the time someone else filled them out for me.” (Elizabeth, aged over 55)

As identified above, there was a range of difficulties suffered by adults with dyslexia in social settings. These social interactions were marred by difficulties relating to their dyslexia. In addition, there were five areas where adult students had difficulties socially, and these included leaving their homes, driving, shopping, travelling and with government agencies (noted above). Some adult students diagnosed with dyslexia became reluctant to leave their homes, due to the difficulties they experienced socially. The attitudes of people (Bartlett, 2010; Center & Ward, 1987; Hornstra et al., 2011; Talbot & Chivers, 2000) also provided an inequitable feature of some people in organisations within society (Chapter Six).

In summary, there are five primary themes emerging from the social constructions of adult students diagnosed with dyslexia: a) social identity; b) disclosure of adult students diagnosed with dyslexia in TAFE Colleges; c) tertiary contexts, in which adult students diagnosed with dyslexia have to navigate; d) learning within TAFE Colleges; and e) society and the difficulties that challenge adult students diagnosed with dyslexia in workplaces and society (See Figure 4.2). The three TAFE themes, which are connected were: a) social identity; b) tertiary contexts; and c) disclosure (in blue). Two factors connected to TAFE, and found in the wider community were: a) Learning and b) Society (in green) (Table 4.2). These themes impacted on adult students diagnosed with dyslexia when enrolling in TAFE. There may be further improvements within TAFE and society to include marginalised adult students diagnosed with dyslexia. As Gale (2010) identified, the VET sector has issues with equity processes, which need addressing, before there is true equity.
In Chapter Five, the perceptions of Disability Service Officers are explored, regarding the interactions and management of adult students diagnosed with dyslexia and regarding the barriers, supports, and services provided by them for equity within TAFE Colleges. Disability Officers perceived four themes that affected their professional practice: a) TAFE and Disability Officers Role; b) Terms for Dyslexia; c) TAFE and Society; and d) Disability Officer Support for adult students diagnosed with dyslexia.
CHAPTER FIVE | PERCEPTIONS OF TAFE STAKE-HOLDERS: DISABILITY SERVICE OFFICERS

This chapter explores the perceptions of Disability Service Officers (DSOs), also known as Disability Officers. All DSOs approached, consented to participate in this research. Disability Officers were interviewed in one-on-one interviews in a private location, (e.g., their office) within the TAFE Colleges. Prior to interviews, DSOs provided the researcher with some of their employment histories, which became vital to the understanding of the range of qualifications and skills of the TAFE DSO professionals. The researcher interviewed DSOs who supported and serviced adult students diagnosed with dyslexia and are enrolled in TAFE courses. Disability Officers direct the delivery of support and services for students who have disabilities, including those with dyslexia. As identified in Chapter Four, all participants and locations in this research study have pseudonyms, as identified throughout this chapter and identified in case demographics (Appendix Five: 5.1).

Disability Officers who participated in this study are employed at one of five TAFE locations in South East Queensland. TAFE Colleges were categorised as large, medium, and small, because of the number of students enrolled at each site. All colleges were identified using the following pseudonyms: Bayview (medium sized TAFE); Townclose (large TAFE); Cityview (large TAFE); Meadowview (medium TAFE); and Cottonvale (small TAFE) (Chapter Three). Also, DSOs supported students diagnosed with disabilities at different campuses and travelled to those sites on a weekly or fortnightly basis.

Disability Officers’ perceptions enabled the researcher to analyse the data thematically and to construct categories, sub-categories, concepts and finally themes, from their stories. The researcher constructed themes from the DSOs’ personal experiences and on institute knowledge and understandings (e.g., policies, procedures, and support and service delivery), focusing mainly on students with dyslexia. These themes were:

A) TAFE COLLEGES | DISABILITY OFFICERS - a) Disability Officers’ Role; b) Student Support; c) terms for dyslexia; and disclosure.

B) TAFE AND SOCIETY - a) Legislation; and b) State TAFE Policy. Each of these concepts was initially quoted, coded, and sub-coded thematically into themes (Figure 5.1 Perceived Themes of Disability Officers’ in TAFE Colleges).
Disability Officers’ characteristics who participated in this study included: a) educational qualifications; b) length of service in their current position; c) length of service working in the field of disability; and d) locations of practice (Appendix Five: 5.1). Disability Officer Characteristics are discussed below.

5.1 TAFE COLLEGES | DISABILITY OFFICERS

TAFE Colleges are a segment of TAFE Institutes that delivers training, which targets the needs of different Queensland locations. For example, Bayview College offers ‘Certificate to Diploma of Rural Business Management’ in regional and rural towns. This institute may not offer these
programs in metropolitan regions, due to the lack of enrolments. TAFE Colleges in this study totalled five. Within TAFE Colleges, there are business managers who are employed to manage the day to day delivery of training in each of the schools, such as business, health and arts. In addition, DSOs are employed by local TAFE Colleges to support and service students who have a range of disabilities, including dyslexia.

In each TAFE Institute, DSOs have a role to provide students with long-term goals with disabilities, access disability funding, support and service students and help with formal disclosure. Modifications currently occurring, such as cutting of courses, reduction in staffing, and the merging of campuses and Institutes; present challenges for DSOs, principally, when they are expected to maintain their level of skills and knowledge regarding disability support for adult students diagnosed with dyslexia. These modifications have recently affected program delivery within the colleges, where most of the lower level courses were becoming redundant from the offerings in TAFE (e.g., Certificates I and II levels). According to DSOs, modifications in TAFE can include: a) loss of employment; and b) further inappropriate supports and services for adult students diagnosed with dyslexia.

Disability Officers reported that new changes may exclude many students from entering TAFE colleges, including some with dyslexia. Current services that are funded by the government may change for students who have disabilities. Disability Officers may be restricted to providing the existing support and services (e.g., reasonable adjustment implementation), as funding could be further reduced. The result of organisational change may also make DSOs feel insecure in their positions of employment. One DSO was concerned with their position. TAFE amalgamation of institutes may reduce the staff numbers, including those working within disability services.

“I’m not sure when we merge with the other campus that hasn’t been made, with all of these negotiations we have a change manager here … there’s changes to the funding of courses, so I think priorities are probably at that level not at this level, and that’s the reality.” (Simone, Bayview College)

“Less funding potentially for part of the client group with the disadvantaged and lower level courses being offered.” (Neils, Meadowview College)

“It concerns me that losing those lower level qualifications [courses]; they won’t get the chance to get those building blocks and get up further.” (Sally, Cottonvale College)
A total of six DSOs participated in this study, one male and five females. The DSOs held a range of professional qualifications: a) Bachelor Degrees in Nursing, Social Work, Information Technology, and Education; b) Advanced Diploma and Diploma in Education, Business Management, Business; and c) Certificate IV in Disability Services (Appendix Five – 5.1). Disability Officers had worked in the area of disability or education from 7 to 28 years. At all five TAFE Colleges, DSOs perceptions enabled the researcher to construct a range of different categories. The important aspect regarding this difference was that DSO’s practices at each TAFE differed, due to their discretionary practices. All codes were constructed into categories and further into themes. In addition to the DSO’s characteristics, the role of the DSO was discussed at length, in the one-on-one interviews.

5.2 DISABILITY OFFICER ROLE

Disability Officers have a defined role within TAFE. This role was to case-manage students who have disabilities including dyslexia, manage budgets and staffing. Disability Officers defined their role essentially as a case management role that provided support and services to students who have disabilities. In addition to providing essential support for students, DSOs reported that their role included four other facets: a) professional development for staff; b) employment and management of Disability Services staff; c) accessing disability funding; and d) the registration of students who have a disability in order to access support (Figure 5.1).

According to DSOs, the main focus of their position was to case-manage students diagnosed with disabilities, such as dyslexia. Disability Officers also reported that they acted as an intermediary for the students. Also, DSOs provided social support as they reported that students talk with them about their challenges and successes within a wide range of contexts. As reported by one DSO, there were issues with support given to students, where an adult student was disadvantaged due to their international status.

“Half case-management, half management. So on the one side, you’ve got the students, and we have allocated caseloads that we manage. So we do the whole process from start to finish now.” (Elizabeth, Cityview College)

“When students came in with forms not completed, it is usually about their inability to complete it, so then we will do it together, and I’ll offer them a scribe if they need it ... it will be difficult for them, so you may look at packaging [disability knowledge] and talking to the teachers.” (Emmy, Cityview College)
“Sometimes they just need a little pep talk and [I say to them] ... you are doing OK, and hey it’s all right, you’re not supposed to know all this stuff, that’s why you’re here to learn ... having struggled with different things [they] aren’t necessarily great socially, so you need to be very aware of that sort of stuff too when you’re setting those groups up. ... Because the lady got very unwell. So I came into this role with no training, no warning, no idea of what needed to be done, no idea of what system and processes were. There was nothing written on paper.” (Sally, Cottonvale College)

“I like to be right when you’re dealing with people’s lives, it can have dramatic effects on people [international students] when you tell them that you can have support, and then they can’t have same support, so definitely, that was a barrier for myself and then definitely for students as well, you know the fact [is that knowledge of support barriers] remains.”

(Elizabeth, Cityview College)

Central to the Disability Officer role was the management of adult students diagnosed with dyslexia, to provide them with educational support and skills for social engagement. Disability Officers had the ability to become discretionary (Chapter Two, Sections 2.9, 2.10). If anything, DSOs were saddened they couldn’t give support at their discretion according to some of their quotes, due to TAFE funding for disability. In addition, DSOs also provided long-term goals for students to prepare them for workplace contexts.

5.2.1 Disability Officer Roles in Preparing Students with Long-Term Goals

The role of DSOs within TAFE was not confined to students who have disabilities. As DSOs have illustrated, they prepare adults who have dyslexia within TAFE for future employment or higher education programs. According to DSOs, they were employed to develop skills in students who have disabilities to prepare them for the learning challenges within TAFE and within workplaces.

“We’re trying to build skills in the students that we can gradually step back and back ... eventually, the students will be independent with their technology and then in the class. Perhaps enrolling into a part time attendance for someone with dyslexia ... instead of taking 6 months to do a certificate 3 they might take 12 or 18 months.” (Emmy, Cityview College)

“They [students] start to have these little bits of successes, and when they start to have a little bit of success, then they’ll have a go at a lot more, which gives them a lot more success, which then builds their confidence ... she required quite intense support for her Cert 2, she in now most way through her Cert 3 and quite an independent learner.” (Sally, Cottonvale College)
“The young man felt that nobody really cared, that he’s been fobbed off … I went back to VDSS then asked for an appeal on the decision and they then were able to get the assessment done which proved that he had a LD … they did agree to it which was good. He then had the assessment and he now’s got the DAAWES funding” (Simone, Bayview College)

Disability Officers implement strategies that are not always aligned to TAFE systems, such as support outside of the VET guidelines and decouple the system guidelines. Without the DSOs, it was evident that adult students diagnosed with dyslexia could not navigate such formalised systems within TAFE. Disability Officers perceived that system processes were challenging and adult students required servicing to gain support in order to access future goals and independence of adult students diagnosed with dyslexia as learners at present.

5.2.2 Disability Officers’ Knowledge of Student Independence

Disability Officers reported there were some adult students who had independent lives. For some adult students diagnosed with dyslexia, they did not need support in TAFE, or they have learned life skills that have led to independence. Despite their difficulties with reading, writing, spelling and word processing, many adult students diagnosed with dyslexia had built up a range of skills.

“We had a young man who was doing cabinet making, and he was so creative, he was developing these amazing furniture pieces … and he had a very supportive family, I think his mother embraced dyslexia and reframed it for him as being a positive. … and these [furniture pieces] were going to a very exclusive market … people with dyslexia are so creative and so good at things.” (Simone, Bayview College)

“… Many [students] do not receive support, as they do not require reasonable adjustment for their course …” (Neils, Meadowview College)

In TAFE, DSOs have annual reports and bi-annual support is analysed of the number of students who disclose on enrolment. There are many more students with dyslexia enrolling than reported to Disability Services. Therefore, some students are more independent than others and continue their education without support from the DSOs. According to DSOs, of the registered adult students diagnosed with dyslexia that they case manage, many are creative, acknowledging their independent learning abilities and the areas where they remain unskilled.
5.2.3 Disability Funding

According to DSOs, there are two types of funding: a) formal funding provided by Commonwealth and State Governments (Department Education Training and Employment, 2014; Department of Industry Australian Government, 2015) and b) informal funding. At times, informal funding is available and accessed through private or volunteer organisations. Government funds included the State ‘Vocational Education and Training Disability Support Scheme’ (VDSS) for students enrolled in VET programs. Commonwealth funding is termed officially as the ‘Disabled Australian Apprentices Wage Support Program’ (DAAWSP) for apprentices (Department Education Training and Employment, 2014). Also, some government funding for dyslexia is in the form of assistive technology, as the only support available to TAFE students.

Disability Officers reported VDSS funding provided assistive technology such as iPads and Apps, Ghot It, and Dragon Naturally Speaking. VDSS funding also provided funding for psychological assessment and physical equipment for students. DAAWES also provided funding for the same resources for apprentices. In essence, the funding is the same. However, there may be slight differences between Commonwealth and State disability funding, on the accounts of the DSOs.

“... so we have DAAWES funding for apprentices who are diagnosed or people we know who have disability ... we try and get them on to DAAWS funding so that we can cover the costs ... If they choose not to disclose but they still have a known learning disability, put them on VDSS funding, which is sort of a parallel state funding to the federal DAAWEs funding.” (Mary, Townclose College)

“I had this young man who I believed needed that assessment so he could then qualify to get the DAAWES funding, so I applied to VDDS, and I put down all the symptoms that I felt he had that indicated he needed this and they for some reason decided , and I had written enough that he could go to his GP, and get the forms, there’s a form that has to be completed by a doctor, or a psychologist ... the doctor was really quite off hand and rude, and it really made the young man feel that nobody really cared, that he’s been fobbed off, every turn ... the mother was really distraught and she actually wrote a letter to the doctor about how badly she felt she’d been treated ... I went back to VDDS and said ... they did what you said and explained his situation,

15 Assistive Technology in this study is software designed for people who have a disability, including dyslexia and dysgraphia, which includes speech recognition technologies (e.g., Kurzweil Read and Write Gold)

16 Speech recognition technology is Dragon Naturally Speaking.
and then asked for an appeal on the decision and they then were able to get the assessment done which proved that he had diagnosed challenges and got funding and support.” (Simone, Bayview College)

“For students with dyslexia, they’re [VDSS] is only providing technology.” (Elizabeth, Cityview College)

“I’ve been able to have some students properly assessed, having a psychometric educational assessment. In addition, we’ve been able to get VDSS to approve some Irlen assessments … two students with Dyslexia required Irlen glasses which they could not afford. I approached Centrelink, and St Vincent De Paul and funding was provided to purchases glasses for two students … and I’m finding it tougher to get the approval for assessments.” (Simone, Bayview College)

“We would always get our electronic resources provided to a person with dyslexia. It’s very affordable; it’s $5.50 through VDSS and if we get the technology, [an iPad].” (Emmy, Cityview College)

As noted in the above section, not only are DSOs case managers, they are autonomous within the system. Disability also have contact with significant others, such as mothers, family members, and doctors who advice on the disability. In the social context, outside of TAFE. Mothers and family members and are affected by social injustices towards adult students’ (noted above). Disability Officers are also bound by their good deeds, to apply for additional support by appealing to significant others and their judgement in VET departments.

5.2.4 Disability Officers | Registration of Students with Disability Services

Disability Officers reported that registration of a disability was crucial for students with dyslexia if they were to gain disability support and services. As reported by DSOs, registration with Disability Services provided students with support and other services for learning. Registration through the DSO at TAFE Colleges, forces students to formally disclose having a disability.

Disability Officers recommended that adult students diagnosed with dyslexia formally disclose in TAFE, which was unsanctioned in formalised guidelines, to access Disability Services and support.

Unsanctioned is the term denoting that Formal Disclosure is not documented in TAFE. Formal Disclosure requires that all students with a disability must provide medical certification to access Disability Services, prior or interactions with significant others in to gaining any form of support. Disclosure asks students to disclose, but to gain support, they must provide a medical certificate (TAFE Staff Personal Communication).
All DSOs spoke of the enforced formal disclosure. As opposed to disclosure, where adult students diagnosed with dyslexia not requiring a medical certificate. However, without a diagnosis, students cannot access support.

“First and foremost, the students have to provide evidence of disability, and I understand that’s to do with the funding. So if the student can’t get a letter from their doctor or something like that, then we can’t progress their registration. ... Basically, from there [formal disclosure] the process is to fill out a registration form as well, sign consent and then they’re on our system basically. And from there we can then go forward and create their access plan and get that to the teachers. But without those two key documents we can’t go forward.”
(Elizabeth, Cityview College)

As recommended by DSOs, adult students diagnosed with dyslexia register early. Early registration enables students to receive support and services early in the semester before major learning problems arise. Disability Officers identified the numerous processes that had to be completed for registration. Disability Officers reported that students could require an advocate, although DSOs were willing to act as an advocate for students at registration. As reported by DSOs, advocates were needed to help students with relevant paperwork and assist with questions in interviews. It was the DSOs who case-managed both student types and provided the support of Disability Service Tutors.

“Karen has access to the diaries of all staff in the access team, so through a process of that initial intake discussion ... [For example,] ‘have you started your studies, are you a future student,’ ... she can then narrow it down to the types of services they might like to participate in; so, she’ll put straight into her diary, she’ll put appointments into the counsellor, appointments for disability services, she’ll send out some initial paperwork around disability ... A registration form for disability services so that they start thinking about the types of supports that are available.”
(Emmy, Cityview College)

“If they have difficulties reading it that they have somebody they trust [they have confidence in another] if they don’t have an advocate [ advocates care, are good-deeded, make a stand for social justice and are critical friends, as well as being trusted] with them to read it, but it talks about reasonable adjustment, so it talks about that ... we can provide them with assistance to help them with study ... I ask them and if they can’t complete forms ... I fill it out for them.”
(Simone, Bayview College)
The majority of DSOs provided students with support and services, only if their disability was registered within Disability Services. However, DSOs reported that not all students diagnosed with disabilities registered with Disability Services. TAFE Guidelines recommend that support and services are provided only when students formally disclose; otherwise, they are not eligible for support. Disability Officers had to navigate TAFE guidelines for the provision of support and services for students who did not formally disclose (e.g., with a diagnosis). TAFE College Guidelines are not a statutory requirement, they are made internally by Institute Directors (Personal Communication, 2017). Disability Officers do not control the forms or their implementation of these procedures in TAFE; this process is done at a higher managerial level. Not all DSOs are flexible, yet remain advocates and good willed toward adult students diagnosed with dyslexia. Within TAFE Guidelines, formal disclosure reigns, another unsanctioned process and yet another barrier for adult students diagnosed with dyslexia.

5.3 FORMAL DISCLOSURE | DISABILITY OFFICERS

According to Disability Officers, adult students diagnosed with dyslexia were hesitant to disclose their dyslexia for fear of discrimination or losing their employment in apprenticeships. Disability Officers have voiced disclosure as either telling or not telling people about having dyslexia that can marginalise people in workplaces and society. Four DSOs reported that adult students do not tell for fear of labelling, bullying or being categorised by others. TAFE students with any disability must formally disclose to gain support in four colleges; despite the TAFE College Guidelines. TAFE College Guidelines are State guidelines, which are delivered in all TAFE Colleges in Queensland. TAFE College Guidelines deliver guidelines for practice; (e.g., disabilities, educational, staffing and student rules) (O’Connor, Personal Communication, 2017). Adult students have a flawed social identity, prior to enrolling in TAFE, and have challenges with disclosure in TAFE. Those who tell are either forced into telling, due to their need for support and a small number of adult students openly disclose to DSOs and significant others.

“[Formal Disclosure, due to TAFE Guidelines] … then we can’t progress their registration.”
(Elizabeth, Cityview College)

“… we still have the students that come through a month or two through the course that we’ve identified through the teachers … there are the odd students that either haven’t picked it up or haven’t understood it.” (Sally, Meadowview College)

“Disclosure, some people will, some people won’t, and it’s again, we pick them up on those various stages of learning.” (Sally, Cottonvale College)
However, some DSOs provide funding for adult students diagnosed with dyslexia when they do not formally disclose their dyslexia in TAFE, as required by TAFE Guidelines. This support was formally ‘unsanctioned’ by TAFE Guidelines as all DSOs spoke of the need for a doctor’s diagnosis.

“If they choose not to disclose, but they still have a known learning disability, we put them on VDSS funding, which is sort of a parallel state funding to the federal DAAWES funding ... so that’s for all people who do have a learning difficulty, aren’t diagnosed, but you know they do need the help, we will give them the help ... we normally will not turn them away, just because they don’t have a diagnosis. A lot won’t identify because the employer is present and they are worried about not getting, continuing their job, at sign up with the Registered Training Organisation (RTO), they will discuss [it with them in TAFE] again ... out of 50 people, I would say there would be only about 15 - 20 … I think there is a big stigma attached. ... Some other institutes if you don’t have a diagnosis you don’t get help. However, legally, there’re not really, not really able to say that.” (Mary, Townclose College)

“If they don’t have that evidence, they find it difficult to provide that and meet the requirement to get disability services. So, you’d have to encourage them then, to be a bit persistent to get that evidence of need, because it might be going back to their former school, it might be getting in contact with a parent. Often students are just disclosing a learning disability, and not having much knowledge of their own disability. I say, ‘it’s important when you’re disclosing to people that you perhaps not saying that you have a psychiatric condition.’” (Emmy, Cityview College)

Disability Officers reported that adult students diagnosed with dyslexia social identity impaired their ability to formally disclose, because of earlier treatment by others. Adult students were mainly dependent on support for their learning activities. Some DSOs gave support without formal disclosure by adult students. Disability Officers reported that adult students diagnosed with dyslexia have hesitancy, which was a result of previous experiences in workplaces or in previous learning contexts.
5.4 TERMS FOR DYSLEXIA IN TAFE

The terms for dyslexia are recognised to be a challenge for educators, psychologists and practitioners, (e.g., due to the definitions and the continual debate around dyslexia) both nationally and internationally (Cotton, 2010; Price & Gerber, 2008; Tanner, 2010). Many still recognise dyslexia as a LD (Price & Gerber, 2008). Disability Officers recognised there was a disparity of terms used for dyslexia in TAFE. Disability Officers reported that there were many terms used for dyslexia, and this led to confusion about the meaning of and the significance of dyslexia. As reported by some DSOs, dyslexia was known as a neurological, intellectual, auditory processing, visual processing disability, and an LD. Not one DSO regarded dyslexia as a reading or a literacy disability. Disability Officers also reported that there is more than one difficulty associated with learning for adult students diagnosed with dyslexia. It can be confusing for DSOs to support appropriately in TAFE, due to the terms ‘LD’ and ‘SLD’ which are utilised in several other contexts. Disability Officers acknowledged that the terms were too broad for them as practitioners to provide suitable support and services, considering the term currently used for dyslexia was LD.

“In TAFE Queensland, dyslexia can be a difficult area because it is not specifically listed on our enrolment form. Therefore, people with dyslexia will sometimes identify directly under the category of ‘Other’ but may also identify as having a Learning Disability or even an intellectual impairment. It would be much more helpful if the term was dyslexia.” (Neils, Meadowview College)

“… people with dyslexia or dysgraphia … others have a psychotropic sensitivity or Irlen Syndrome, a visual perceptual problem … processing problems … where it’s a neurological problem.” (Simone, Bayview College)

“Learning disability … intellectual impairment where the cognitive and the comprehension aren’t as high … and at times are not like dyslexia.” (Sally, Cottonvale College)

“Just the vague terminology of Learning Disability and the vague evidence of Learning disability... Or dyslexia you might get a more concrete diagnosis and not such a general term, and that helps you put in place strategies.” (Emmy, Cityview College)

“I think it’s ... what level is dyslexia, because now it is covering a broad range, it's one word, but it’s not just about your letters? It’s about visual, and Irlen syndrome, auditory processing, visual processing, and it’s all a lot of that … a neurological disability.” (Mary, Townclose College)
It was evident that a specific diagnosis helps DSOs tailor support to address learning problems for each student’s disability. Many DSOs preferred ‘dyslexia’, being a concrete term used in the provision of effective support. Labelling, as identified in the literature, can also be evident for adult students in TAFE. Riddick (2001) and other colleagues, identified that people who have diversity have to be labelled in order to gain support in educational contexts (Fraser, 1995).

5.5 DISABILITY OFFICERS | SUPPORT AND SERVICING ADULT STUDENTS DIAGNOSED WITH DYSLEXIA

Student support is the primary focus of DSOs within TAFE Colleges. In this research, the DSOs used reasonable adjustments as the formal support provided for adult students diagnosed with dyslexia in TAFE. Reasonable adjustments are strategies and disability supports that were recommended in legislation (DDA, 1992) (Chapter Two) and TAFE Disability Policies (Disability Standards of Education, 2005, 2013; Queensland TAFE, 2005; Queensland VET Development Centre, 2010). The four categories in TAFE for supporting adult students diagnosed with disabilities are: a) implementing assistive technology; b) supporting disclosure of adult students diagnosed with disabilities; c) support and servicing of students with reasonable adjustments; and d) referring adult students diagnosed with disabilities to significant others for psychological and social assistance.

5.5.1 Support and Services for Difficulties Related to Dyslexia

Disability Officers reported the many challenges that adult students diagnosed with dyslexia faced in leaning, which required support and services in TAFE. Support and services included a range of learning and social tools to support adults who have dyslexia within TAFE. DSOs referred to support and services they provided in learning, such as note-taking, reading, tutoring, and assistive technology. Also, counselling, mentoring and/or advocacy can be provided for adult students diagnosed with dyslexia in TAFE. Disability Officers can refer adult students to other health professionals, (e.g., psychologists), disability services, (e.g., Disability Services Queensland), and to Centrelink as well as to disability employment services (e.g., STEPS Qld).

According to four DSOs, many of the students diagnosed with disabilities come to TAFE and are aware of their learning difficulties. Disability Officers noted that adult students diagnosed with dyslexia are offered supports such as oral exams, tutors, scribes and note takers, interpreters, and technology in classrooms. There remain challenges for some students.

“People are quite used to failing, again, our education system is built to teach the majority ... Moreover, they tend to experience many failures ... and start saying things like - I’m stupid,
“and I’m dumb - ... and all that sort of stuff and start having that self-belief.” (Sally, Cottonvale College)

“A screen reader or something like Read and Write Gold or Ghot It – that has contextualised spelling, because some of it are not even close, like Microsoft Office – doesn’t really cut it.” (Sally, Cottonvale College)

“Historically, we have tended to provide note taking personnel, so a disability support worker takes notes for students, working with a scribe and having verbal assessment ... You know they need to work on voice, not by text.” (Emmy, Cityview College)

“However I then get the boys saying; well I have got a car, oh great. I went to a finance company, I didn’t know what I was signing and they are paying through the nose on an apprenticeship wage. So that’s a classic. Sometimes the employer takes advantage of them as well, because they know they can’t read ... So they will not pay them properly or dock them, or just yeah, use them as glorified trade assistants.” (Mary, Townclose College)

According to one DSO, there remain gaps in the provision of services for adults with dyslexia. In the last 12 months in one TAFE Institute, there was reformation of the Student Services Team. A Student Services Hub was established, providing students with all services, such as counselling, indigenous, disability, literacy, and student services. The hub was to tighten the existing gaps, in managing students who require any of the services (noted above), including adult students diagnosed with dyslexia.

“I think having the student’s support services hub is going to go a huge way to addressing some of the gaps because I think there are still gaps in our processes that need to be overcome.” (Simone, Bayview College)

Overwhelmingly, DSOs reported that support is required for learning, as was identified by all registered adult students diagnosed with dyslexia. In addition to support, DSOs became advocates for adult students diagnosed with dyslexia at registration and disclosure. There was one-on-one support, in-class support, and tutoring outside of classrooms, as well as assistive technology. Disability Officers identified gaps in delivery, which had an impact on adult students learning and servicing in TAFE.
5.5.2 Disability Officers | Assisting Students’ Anxiety

According to DSOs, great numbers of adult students diagnosed with dyslexia also have anxiety. As reported by DSOs adult students diagnosed with dyslexia feared sitting the formal examination, where previously, many had experienced failure. School had not been a success for them as children, and learning was a concern. Disability Officers reported that they had often referred students with dyslexia to counselling for perceived stress and anxiety. Four DSOs reported that fear of failure made adult students diagnosed with dyslexia anxious.

“We’ve got counsellors we can refer to ... because we’re not counsellors.” (Emmy, Cityview College)

“Often they are very anxious, and you know. This mother I spoke to yesterday about her daughter who just freaks out and she said that she’s lost her spark. She used to be a bright, bubbly girl and now she’s so anxious about even writing in front of anybody, you know ... and I have heard that story on more than one occasion.” (Simone, Bayview College)

“They are very anxious. They’re expecting it to be a bad experience. They’re expecting to fail. They’re expecting it to be horrible. So all that anxiety and depression comes with that.”
(Sally, Cottonvale College)

“It seems to come with the territory [stress], I would think most, yeah it’s true, most of the people I would, see, if they are young people, they just feel really ... the school hasn’t done a great deal for them.” (Simone, Bayview College)

Disability Officers perceived there was stress and anxiety in the lives of adult students diagnosed with dyslexia attending TAFE. Anxiety appears to have been with adult students since their childhood and/or schooling and for long periods of time. As reported by DSOs, anxiety may have been perpetuated by significant others (e.g., teachers, parents, other students at the school, or by siblings and peers). Not only did DSOs report anxiety in students, but some also reported that students had histories of depression and perceived long-term anxiety.

5.5.3 Disability Officers Supporting Assistive Technology in TAFE

Disability Officers utilised assistive technology in supporting adult students diagnosed with dyslexia within the Queensland TAFE sector. Assistive technology are the computer programs used to assist people who have learning difficulties (Male, 2003; Queensland University of Technology – Equity Unit, 2005). Disability Officers reported that assistive technology enabled adult students
diagnosed with dyslexia to read, spell, and to write assignments. Not only does technology assist with writing, but it also assists with time management and is a text reader.

Disability Officers reported that there were challenges in providing assistive technology to students. There was an emerging expectation that assistive technology for students with dyslexia may create independence in learning. The DSOs reported that it was a challenge for students to learn to use assistive technology, especially for apprentices who have only a six-week block period at TAFE. Disability Officers reported that it is difficult to utilise assistive technology without some training. Moreover, with limited training, mostly by the DSOs, adult students are unequipped to use assistive technology to complete assignments. Not all DSOs used assistive technology due to the demands of borrowing the equipment from a central location.

“Students, they’re given a lot of technology … now, they’re probably going to be able to adapt quite well, and in the long run, it is good because it does teach them to be more independent but initially, it’ll be more of a speed bump.” (Elizabeth, Cityview College)

“They can start to read the standards at home with the text speech … and it’s not a six-month course where you can set it up [technology]; seeing if the technology works, it was tried with a computer and utilising standards, it just takes too long.” (Mary, Bayview College)

“… More recently we have been able to get Vocational Disability Support Scheme (VDSS) to trial a new software program called GHOT IT, which has been specifically designed for people [who have dyslexia]. It’s been built by people who have struggled with dyslexia or dysgraphia, and we are just in the process of reviewing how that’s gone with the four students who have been allocated to the program.” (Simone, Bayview College)

“Screen readers just seem to be the ‘bee’s knees’, I don’t know how to put it. Instead of concentrating on reading and trying to work out what the words say and trying to put that word in the sentence and then the context and trying to do all that as well as learning that content, they can listen to what the screen is saying and take in the content.” (Sally, Cottonvale College)

“We haven’t made much use of these kinds of assistive technology in recent times; however, we did use Read and Write Gold and Dragon Naturally Speaking previously. There is a lot of borrowing from the city.” (Neils, Meadowview College)
Assistive technology is an option for students who have dyslexia (Bartlett & Moody, 2010; Reid, 2009a). Disability Officers reported that assistive technology was successful only for some students. Assistive technology is recommended as the new and the only training tool for dyslexia support in government authorities for students with dyslexia.

5.6 TAFE AND SOCIETY | THE CHANGING LEARNING ENVIRONMENT

TAFE is a vocational education and training organisation which has institutes throughout Australia that are administered by each State (Van Der Linde, 2007). TAFE is an ever-changing environment, with many ongoing occurrences at the organisational and government levels (North Coast Institute of TAFE – New South Wales, 2013; Queensland Skills and Training Taskforce Committee, 2012a, 2012b), which transfers into the learning context. TAFE enables students to do apprenticeships, traineeships and vocationally registered programs. Many of the VET programs use on and off-the-job training and employment in Queensland (e.g., apprenticeships and traineeships). ‘TAFE and Society’ consists of Commonwealth Legislation, which are mandated in TAFE, for servicing students diagnosed with disabilities. State Legislation is represented in TAFE and Society, it also augments State Policies and Guidelines (e.g., Queensland TAFE Enrolment Form).

5.6.1 Commonwealth Legislation

Commonwealth Legislation was central to supporting and servicing adult students diagnosed with dyslexia in TAFE (Disability Discrimination Act, 1992, amendment 2015; Disability Standards for Education, 2005 amendment 2013). Legal ramifications exist within TAFE Colleges, whereby legislation illustrates that any person with a disability is provided with support. However, the ‘unsanctioned’ TAFE Guidelines differ in regulations from what legislation reports (e.g., formal disclosure). In short, there is a disparity between legislative expectations and practices in Disability Services and principles of some DSOs within TAFE organisations. Some DSOs go by the unsanctioned TAFE Guidelines, which are not documented for the public. Disability Officers were conscious that there is inequality in the TAFE Guidelines, with reasonable adjustments being one of the most critical legislative tenets for DSO practice. Some DSOs provided the reasonable adjustments for the disability, despite the TAFE Guidelines and aligned support with the premise of legislation for practice in TAFE.

Disability Officers are well aware of their obligations in providing support and having a legislative responsibility. The legislation was central to the support and services provided to students by DSOs in TAFE.
“Disability Discrimination Act (1992) and Disability Standards for Education (2005) are the most important legislation for us with Reasonable Adjustment being the underlying principle.” (Neils, Meadowview College)

“There is legislation to say that they have to provide that [support].” (Elizabeth, Cityview College)

“Because under the legislation of federal and state ... however, it may happen, in the fact of, it may happen to the point if you don’t have a diagnosis you don’t get help ... like at some other institutes ... however, legally ... we are not really able to say that.” (Mary, Townclose College)

“There’s quite a bit of legislation if you get it down, but the biggy is for me, if I can use that term, is the Disability Discrimination Act from 1992, the Disability Standards in Education in 2005, so they’re the two that I really know I carry the booklet regarding that, I also carry the Department of Education book on reasonable adjustments.” (Emmy, Cityview College)

“I have just advised the powers that be within the organisation that that’s going to have an impact, and that has, from time to time, however, we are at great risk if we don’t provide that support under the disability standards for education, we are obliged to provide that level of support. We now do have a program called Essential Skills Training, which students can get some support ... if they don’t have a recognised disability, they can get some support with their literacy and numeracy.” (Simone, Bayview College)

The legislation is of great importance to TAFE DSOs, who were familiar with the one major piece of legislation for disability, the Disability Discrimination Act (1992, Amendment 2015) and within the Act, are Disability Standards of Education (2005, amendment 2013). In short, some DSOs provided support using TAFE guidelines that request formal disclosure. According to DSOs, the legislation states there should be the provision of support to any student who has a disability, regardless of whether the student formally discloses with a diagnosis at registration. It was evident that some DSOs do not always stick to legislative tenets, because of the various TAFE Guidelines.

Legislation argues that support is to be provided for the disability, such as dyslexia (Australian Human Rights Commission, 2014). As reported by DSOs, although State and Commonwealth Legislation is in place, the risk management strategies practiced by some Directors, Managers, and DSOs in TAFE Colleges, were not appropriate for implementing support for some adult students diagnosed with dyslexia. In this study, some DSOs disregard TAFE Guidelines, such as
ignoring formal disclosure and becoming discretionary and autonomous providing support that is not within the DSO role. In addition to Commonwealth legislation, there are State and TAFE Policies and Guidelines that are used by DSOs in their practice.

### 5.6.2 State TAFE Policies and Guidelines

Disability Officers reported other important facets of practice, within Queensland are TAFE Policies and State Guidelines. State Guidelines for TAFE Institutes, are rules that have processes and procedures, governing students and staff within all institutes and college (Personal Communication, 2017). Some of the TAFE College Guidelines include student rules, grievance and appeal processes, disability and educational procedures (Personal Communication, 2017). However, TAFE College Guidelines are implemented by Directors at each TAFE location, which are not the same at every college (e.g., Townclose College has a form that an RMO completes, for the diagnosis of disability). (Appendix Seven). These processes are available to TAFE staff on the intranet and not publicly available.

Also, DSOs referred to two TAFE Policies: *Inclusive Learning: A Way Forward, 2012* (Queensland VET Development Centre, 2012) and *reasonable adjustments, 2010* (Queensland VET Development Centre, 2010). However, there are more policies that cover privacy and confidentiality and equity (noted earlier) (Queensland TAFE, 2009), not mentioned by the DSOs. According to DSOs, reasonable adjustments and inclusive practice are essential policies for them as practitioners. Despite using Queensland TAFE Policies and Guidelines, DSOs reported that practices may differ due to the interpretation of such policies by managers and practitioners.

“Legislation and the term reasonable adjustment and how it’s interpreted, so we need to know, because it is an interpretation and we have spent the day with the senior lawyer, and that was the basic information over that, no answers, just it’s the interpretation” (Sally, Cottonvale College)

“... if we know they have got a disability, know that they’ll need some help ... when they are coming we will do that as well, but, no, we don’t really turn anyone away because they don’t have a diagnosis ... at some other [Queensland] institutes if you don’t have a diagnosis you don’t get help. However, legally, we’re not really, not really able to say that.” (Mary, Townclose College)

“... but it was done with legal support when we prepared this form [for students diagnosed with disabilities].” (Simone, Bayview College)
As noted by Mary (above), some other Queensland TAFE Colleges do not follow the legislation and mandates, and many of the TAFE DSOs are encouraged to be frugal with the funding that is available. It is a process that most government departments take, as Education Queensland has this same guideline, along with Centrelink (ABC – News Item, 23/12/15). However, there are no written guidelines in TAFE to implement such a guideline. These are unsanctioned and should not exist within any government organisation.

Queensland TAFE Policies and State Guidelines are fundamental to the internal practises of DSOs. With individualised interpretations of policies, DSOs have illustrated they have further autonomy in the provision of services for struggling students. Furthermore, this leaves DSOs in precarious legal positions within TAFE Colleges. Disability Officers who are autonomous in providing support for the disability are also in a precarious position within TAFE, and could be perceived as troublemakers by not being risk-takers, although this is part of their professional role.

a “Irlen Syndrome was a Phototrophic Sensitivity Syndrome is a visual perceptual problem … or some people where I know they really need it, and they’re really severe, and they have no other means, I’ve actually made referrals to St Vincent de Paul … and they’ve actually funded the glasses for them.” (Simone, Bayview College)

“If they do have a Learning Disability and never get diagnosed and never get supported … then really it is discrimination and really it’s actually a hypocritical comment or display of what’s written. People with disabilities have a right to the same as everybody else. No, we don’t really turn anyone away because they don’t have a diagnosis.” (Mary, Townclose College)

Some DSOs did become autonomous in their provision of support, aligning to legislation and policy mandates. However, some DSOs did not provide support because it was against TAFE Guidelines and rules. The rules for formal disclosure were evident amongst all TAFE DSOs. TAFE Policies identified in various documents and on-line within Queensland TAFE. However, TAFE Guidelines for formal disclosure were unsanctioned rules, which were perpetuated through Disability Services in all five TAFE Colleges.

5.7 SUMMARY

Disability Officers employed at TAFE and work within Disability Services at each of the five TAFE Colleges. Every DSO utilises different practices, as do each of the TAFE Colleges. Across the micro-social and macro-social level cases, DSOs and TAFE Colleges enlightened the differences in
emerging codes which were categorised and themed in this research study. There were diverse themes that were not highly patterned, yet contributed to this study (e.g., autonomy). In addition, DSOs have a myriad of roles, centring on adult students diagnosed with dyslexia and their role as managers within Disability Services. The DSO themes were: a) formal disclosure b) Disability Support and Services; c) TAFE and Society; d) Disability Officers Role; and e) Terms for Dyslexia. Disability Officers became advocates for adult students diagnosed with dyslexia.

As reported, adult students diagnosed with dyslexia required support within and outside of TAFE (e.g., workplaces), which was provided by several DSOs. In addition, there is a concern with TAFE implementing only assistive technology, as a support measure for adult students diagnosed with dyslexia. There are also discrepancies between TAFE Guidelines and TAFE Policies and Commonwealth Legislation. However, TAFE has unsanctioned guidelines, which does not provide support for adult students diagnosed with dyslexia. Unsanctioned guidelines are detrimental for TAFE and adult students diagnosed with dyslexia or any disability, who are attending this public vocational institution. It is discriminatory, not to provide support, when there is no written evidence of Formalised Disclosure, compared to Commonwealth and State Legislation and the relevant TAFE Policies (noted above). The figure below illustrates the themes constructed from the analysis of interviews with DSOs across TAFE Colleges.

Figure 5.2 in the following diagram, there are two major themes, the first is TAFE Colleges and Disability Officers, and the second is TAFE and Society. Firstly, TAFE Colleges and Disability Officers with subthemes of: a) formal disclosure; b) Disability Officers Role; c) Terms for Dyslexia; and d) Disability Officer Support and Servicing. The second is TAFE and Society, having subthemes of: a) Commonwealth Legislation; and b) TAFE State Policies and Guidelines (Blue). In addition, there are two themes that occur in both TAFE Colleges: a) Terms for Dyslexia and b) Disability Officer Role (green) and occur in other organisations (e.g., Department of Community Services and universities). In the following chapter, adult students diagnosed with dyslexia are discussed in relation to DSOs and the TAFE College contexts.
FIGURE 5.2 CONCEPTUALISATION OF DISABILITY OFFICERS’ THEMES
This chapter presents five theories, which are constructed in a foundational theory of advocacy (see Chapter Seven). These theories inform the study on two participant groups. The organisational theories provide the impetus for DSOs to become advocates and autonomous for the vulnerable in TAFE. These theories were chosen to understand whether support was evident in TAFE and in what form was it provided by DSOs. However, the results illustrated that within TAFE, DSOs became the advocate to adult students diagnosed with dyslexia (e.g., relationships with DSOs; DSO discretionary practices; students’ ability to succeed in TAFE, a formal bureaucratic context; and services were provided for dyslexia). The theories and one worldview, the relational being, are used here to conceptualise the relationships of adult students diagnosed with dyslexia and DSOs.

These theories are: a) Fine and Sirin’s (2007) hyphenated-self theory, utilising Gergen’s (2010) relational being; b) Goffman’s (1968) symbolic interactionism using the dramaturgical theory; c) Gergen’s (1985, 2010) exploration of the social constructionist theory united to the hyphenated-self theory and Goffman’s (1959) social identity through interaction (Bissell, Morgall Traulsen, & Stig Haugbølle, 2002; Smith, 2011); d) Xiaoyan & Jezewski (2007) building of an advocacy theory; and e) Lipsky’s (2010) street-level bureaucracy which was theoretically constructed from Weber’s (1922, 1959) theory of bureaucracy.

All theories dovetail into each other, particularly the social constructionist theories of Gergen’s (1985), Fine and Sirin’s (2007) and Goffman’s (1959, 1974) (as noted above). The theoretical concepts are relevant to understanding the cultural and interactional implications of DSOs and adult students diagnosed with dyslexia and the relationships occurring between them within the TAFE context. TAFE is a highly-structured organisation (Stringer & Hudson, 2008), making organisational theory appropriate and relevant to the analysis. This study focuses initially on Weber’s (1922, 1959) earlier theory of bureaucracy which later influenced Lipsky’s (2010) street-level bureaucracy, and the work that employees carry out in organisations.

This research has utilised the definition of theory with a phenomenological understanding (Maxwell, 2014). Maxwell (2014) define theory as:

*A theory [in qualitative research] is a conceptual model or understanding of some phenomenon, one that not only describes, but explains, that phenomenon – that clarifies why the phenomenon is the way it is* (Anyon, 2009; Hechter & Horne, 2009; Maxwell & Mittapalli, 2008). *We also hold that theory is partial and incomplete, a simplification of the*
complexity of the phenomenon, and this that there can be more than one valid theory of any phenomenon (Maxwell, 2011) (Maxwell, 2014, pp. 20-21).

However, this researcher perceives that theory is the abstraction of thought which is distilled through higher thinking funnelling down until one thought is left, this being the theoretical concept.

The first theory discussed is that of Fine and Sirin’s, the hyphenated-self theory (2007), was utilised in this study to construct the social identity of adult student with dyslexia who exist on a continuum between inclusion and exclusion in TAFE. The world view of understanding and to provide meaning in this research, focuses on Gergen’s relational being (2010), a world view of interactional relationships. The social identity of adult students diagnosed with dyslexia became a relational: hyphenated-self, in the construction of the social identity, from interactions between ‘the relational self’ or the identity with significant others in their lifetime. Identity has been researched in the literature and was significant for some researchers’ (Kenneth Gergen, 2010; Kenneth Gergen, 2011; Goffman, 1959, 1961, 2009). As identified earlier (Chapter Two), Goffman’s (1968) symbolic interactionism also illustrated that the marginalised were treated inequitably in society. In concurrence, adult students diagnosed with dyslexia have challenges in social contexts, such as school, TAFE and for some in family homes. On enrolling into TAFE, several adult students diagnosed with dyslexia perceived they were excluded in TAFE.

The basis for this study was identified from Weber’s (1922, 1930) theory of bureaucracy (Jain, 2004). Employees in institutions were managed in order to provide organisations with successful organisational outputs through their agency (Eisenstadt, 1968; Emirbayer & Mische, 1998). As discussed in Chapter Two, Merton’s mid-range model of bureaucracy is not a theory, it is a model for working within organisational fields. However, in recent studies, Xiaoyan & Jezewski (2007) in their building of a structured theory of advocacy, used a mid-range model.

The conceptual model of Xiaoyan and Jezewski (2007) theory of advocacy was used to further understand people working in TAFE and navigating current organisational structures. Further exploration identified that the implementation of Lipsky’s (2010) street-level bureaucracy suited the work of DSOs and the provision of support for adult students diagnosed with dyslexia in TAFE. Street-level bureaucracy is also a theoretical composition of institutions and people working in highly structured organisations (Lipsky, 2010). Findings of this research illustrated that DSOs used discretionary practices in their advocacy and autonomy in TAFE institutions, not dissimilar to Lipsky’s street-level bureaucrats.
An emerging theory of advocacy is used by this researcher to construct the interactions of DSOs, in supporting and servicing adult students diagnosed with dyslexia. The pertinent findings, as noted in Chapters Four and Five are discussed below, positioning theoretical models and discussions (Sections 6.2 Theoretical Underpinnings of a Social Identity and Section 6.5 Advocacy). Advocacy is chosen because it emerges in both chapters, an interactional foundation emerging in a relationship. Adult students report that DSOs advocate for them and DSOs illustrate these actions in Chapter Seven identified that DSOs negotiate on behalf of adult students diagnosed with dyslexia; respect, communicate; and listen to adult student’s educational needs, which are principles of DSO agency. In Chapter Seven it is noted that DSOs advocacy differs from many other advocacy studies. The adult student participates in this research and are respondents in the advocacy model, they disclose the advocacy that is provided to them in TAFE by DSOs and Disability Support Staff. Whereas in the theory of advocacy, noted in the meta-analysis of Xiaoyan & Jezewski, (2007) research. Advocacy in this research illustrates that both respondents acknowledge the abilities of the other and each provide the other with a relationship of collegial kindness and respect.

The theory building began with the relational: hyphenated-self theory (2007) and further developed from the collaboration between the social identity of adult student diagnosed with dyslexia and DSOs. Further the building of the relational: hyphenated-self contributed to the emergence of advocacy, a theoretical notation was central to that emerging theory that was based on the language utilised between participants. Participants’ interaction (e.g., DSOs and adult students diagnosed with dyslexia) formed a relationship within each TAFE College. This qualitative research was descriptive and patterned using thematic analysis, within and between each of the five TAFE College, allowing for the construction of theoretical concepts. Before elaborating on the theoretical notion, as utilised in this study, there must be caution regarding what constitutes a theory.

According to Corley and Gioia (2011), “every top-tier management journal requires a theoretical contribution before a manuscript will be considered” (p. 12). There are two main premises for making a theoretical contribution, these include: a) originality and b) utility (Corley & Gioia, 2011). The criteria for making a contribution to theory were: a) an article considered as being the ‘best’ article; b) an article which was most cited; and c) must be high ranking. In addition Corley and Gioia (2011) quote Conlon (2002) who argues that a contribution should improve the understanding of management and /or organisations and the changing of one’s views on existing phenomena, or redirecting one’s views to new phenomena. Corley and Gioia (2011) asked the important question: What advancement of knowledge will contribute to theory? Mintzberg (2005) answers this question using perspectives on what new theory contributes it “allows us to see profoundly, imaginatively,
unconventionally into the phenomena we thought we understood … theory is of no use unless it initially surprises … [and provides] changes to perceptions” (p.361). Davis (1971) also argues unless articles and theory are interesting or counterintuitive, the article is identified as ‘uninteresting’. However, if it has that wow factor the article will be more likely to contribute to the field through change. Utility is addressed by Hambrick (2005) who argues that when research is applied in real life not from scholars finding holes in the literature, there will be utility. In addition, the way in which to provide utility is to find a problem in the field and develop a theory from the practical focus from the existing problem (Hambrick, 2005).

Research articles can only value add, when they are providing importance by utility in the field. Throughout Corley and Gioia’s (2011) article, the term ‘value-adding’ was utilised (Corley & Gioia, 2011). This term likens research to a production line of goods (e.g., strawberries, when value-adding is accomplished, the production of strawberry jam occurs). Many research projects and articles are written for academic worth, most are then shelved and never utilised again. Research and theory are adding value, only if they are utilised in the field and abstractly in theory. Charmaz (2003, 2011) identified that in qualitative research, theory building is not uncommon.

This research had emerging theories and argued they make some contribution to the fields of dyslexia, DSO practice, and for TAFE Institutes. There is originality, as noted in both Chapters Six and Seven; with practical applications in the field related to existing theories noted above. These frameworks and emerging theories may not be a strong contribution, although they will provide additional knowledge to the understandings of dyslexia, case management for DSOs, and to TAFE College practices. This knowledge provides social implications to research, as opposed to the medical criteria addressing dyslexia. In addition, there were limited studies on Disability Officers in Australia, which again was a contribution to the field. Furthermore, the theoretical model of a framework, advocacy for adult students diagnosed with dyslexia in TAFE complexes was a contribution to theory and to practice. A foundational relational: hyphenated-self theoretical framework is an artefact which can be utilised by adult students diagnosed with dyslexia, DSOs and other professionals (e.g., teachers, counsellors, psychologists) working with students who have diversity in numerous contexts (e.g., TAFE and workplaces).

The originality provides a core basis for future research, in the relational understanding of the interactions between the adult students diagnosed with dyslexia and TAFE DSO advocates within the five TAFE Colleges. This research has utility, as it can be utilised in schools, universities, hospitals, and government organisations; as well as with adult students diagnosed with dyslexia, students with a disability, learning disabilities, and in other educational contexts. The relational: hyphenated-self also
provides space on the hyphen for negation and advocacy. Where an emerging theory of advocacy was uncovered with further codes, concepts, categories, and themes, the evolving DSO good deeds in practice were related to adult students diagnosed with dyslexia in TAFE.

In this research, theoretical underpinning was based on the inductive coding, categories, and themes emerging from interviews with adult students diagnosed with dyslexia (Chapter Four) and DSOs (Chapter Five). In the exploration of adult students diagnosed with dyslexia, findings emerged which were embedded in interaction and DSO practice. This thesis explored the understandings from the actor’s world and encounters in TAFE and using language as the artefact, from interviews. In constructing the narration from adult students diagnosed with dyslexia voices, there was further understanding of and making meaning from encounters from the interaction with significant others.

Chapter Six is divided into three sections, to understand further and provide meaning to the relationships occurring between adult students diagnosed with dyslexia and DSOs in five Queensland TAFE Colleges. The theoretical contributions (noted throughout this chapter) are embedded within each of the sections. The first section discusses the social identity of adult students diagnosed with dyslexia, using a relational: hyphenated-self. In the second section, there is a discussion of the barriers, supports and services including DSO advocacy, as identified by adult students diagnosed with dyslexia undertaking TAFE courses, and utilises a theoretical notion of advocacy. The third section discusses the consequences of DSO advocacy and the support of a social identity of adult students diagnosed with dyslexia in TAFE, identifying a foundational relational: hyphenated-self, through advocacy.

The following table revisits the research questions, signifying the exploration of adult students diagnosed with dyslexia and DSOs in TAFE contexts (Table 6.1). The discourse occurred from addressing the interview and research questions with adult students diagnosed with dyslexia and DSOs in TAFE. In addition, this transcribed data was analysed, which provided emerging codes, categories, and themes from the discourse (noted in Table 6.1 Research Questions).
TABLE 6.1: REVISITING THE RESEARCH QUESTIONS

The overarching research question:

➢ How do TAFE students with dyslexia experience and perceive support and difficulties in society?

<table>
<thead>
<tr>
<th>Research Question 1</th>
<th>Among adult students diagnosed with dyslexia, what are the individual and social understandings related to the difficulties and support in Queensland Technical and Further Education (TAFE)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Question 2</td>
<td>What are the organisational stakeholders’ perspective of the management of adult students diagnosed with dyslexia within Queensland TAFE contexts?</td>
</tr>
<tr>
<td>Research Question 3</td>
<td>What are the emergent constructs crucial to making recommendations for future research recognising adult students diagnosed with dyslexia?</td>
</tr>
</tbody>
</table>

In addition to revisiting the research questions, the figure from Chapter Four is positioned at the beginning of this section, to illustrate the focus of this chapter (Figure 6.1). The figure below is relevant to all Research Questions and Objectives (Appendix Three – 3.2), regarding the barriers, supports, and servicing of adult students diagnosed with dyslexia within TAFE. In addition, Figure 6.1 points to adult students diagnosed with dyslexia utilised three themes in TAFE. However, the two themes in green illustrate that the two themes are utilised in TAFE and in society.
Five themes were analysed from the interview data: a) a social identity, prior to enrolling in this TAFE course; b) the *Tertiary Context* where adult students diagnosed with dyslexia experienced an enjoyable period within their adulthood compared to other educational contexts; c) *Disclosure* of adult students diagnosed with dyslexia within TAFE; d) *Learning* in TAFE for adult students diagnosed with dyslexia and e) *Society* was where many adult students diagnosed with dyslexia-struggled if adult students did not have family members, friends or a mentor for support. There were implications for adult students diagnosed with dyslexia in all contexts, including TAFE (Table 6.1 Revisiting the Research Questions).
Chapters Four and Five presented the interactional relationships occurring between adult students diagnosed with dyslexia and DSOs. There were unique and common themes, reported by the two groups. Exclusive themes for adult students diagnosed with dyslexia were: a) Social Identity; b) Tertiary Contexts; c) Learning; d) Disclosure; and e) Society (Diagram 6.1). In addition to the separate themes, common themes emerged from the perspectives of adult students diagnosed with
dyslexia and DSOs interview data: a) Disclosure; b) Support and Services; and c) Advocacy and Autonomy.

The common themes were woven throughout the interview processes, emerging from the analysis of respondents’ interview data. Further to this chapter, a conceptual framework was constructed, relevant in the literature and the emerging contributions from adult students diagnosed with dyslexia. In addition, adult students diagnosed with dyslexia perceptions, when re-constructed, identified they had a social identity.

SECTION ONE | A SOCIAL IDENTITY OF ADULT STUDENTS DIAGNOSED WITH DYSLEXIA

6.1 AN IDENTITY

The identity of adult students diagnosed with dyslexia was an initial finding of this research. An identity was constructed from adult students’ perceptions from childhood, which continued through to adolescence and into adulthood (Chapter Four). The emergence of an identity in adult students diagnosed with dyslexia came through patterns in all cases (Appendix Four – Table 4.1). This research identified that adult students diagnosed with dyslexia’s ‘identity’ emerged from the social constructions, developed over a long period of time.

The identity of adult students diagnosed with dyslexia was noted in the analysed interview transcripts, which were the stories told to the researcher. Germeten (2013) used narratives in story telling of the personal life histories, which are stories of adults’ perceptions of their personal actions and interactions with significant others (Chapter Two Narratives). Narratives were utilised in a range of research by phenomenologists (Tanner, 2010); interpretive researchers (Germeten, 2013; McQueen & Zimmerman, 2006) or social scientists and ethnographers (Burns & Bell, 2011; Maynes, Pierce, & Laslett, 2012); providing stories from ‘voices’ in the field.

There were significant barriers for adult students diagnosed with dyslexia regarding their identity. Research Question One related to the understandings of the sociological barriers, supports, and services for adult students diagnosed with dyslexia. In interviews, respondents provided damaging perceptions of having dyslexia. As identified earlier, there were four barriers constructed as the identity of adult students diagnosed with dyslexia. The barriers were: a) Personal Life Histories; b) Discrimination; c) Managed Emotion; and d) Difference (Section 6.3). All of these barriers were socially driven in society and adult students diagnosed with dyslexia did not just have an ‘identity’, they had a ‘social identity’.
6.2 THEORETICAL UNDERPINNINGS TO AN IDENTITY

This section introduces the theories used in the identity of adult students diagnosed with dyslexia (Appendix Four: The identity of adult students diagnosed with dyslexia). Adult students have an identity centred on the relationships they have with significant others (we), as was noted by Gergen (2010), as a relational being. In addition to Gergen’s relational being (2010), Fine and Sirin (2007) hyphenated-self theory is utilised to construct the ‘relational: hyphenated-self” theoretical framework to explore the coping ability of adult students diagnosed with dyslexia attending TAFE with a social identity. An identity is not based solely on one individual’s perception of oneself (Gergen, 2010).

There is a difference between having an individual identity and having multiple identities (Josselson, 2004; Josselson & Harway, 2012). In today’s world, one perceives oneself as being a different person to a significant other, in a variety of different contexts (Josselson & Harway, 2012). In this case study, adult students diagnosed with dyslexia interact with teachers, with other students, the DSO in TAFE, at home with their partners, and employees, within each of the five cases. In essence, they have multiple identities when interacting with each person (e.g., one does not interact with a partner as one would interact with an employer). There is not solely one interactional self; there are multiple selves. An identity uses the “interactional self” and perceptions constructed by the person over time, which becomes their multiple identities. Gergen (2010) utilises multiple interactions between the self and another in a relationship.

6.2.1 Gergen and the Relational Being

The relational being (2010) is an ontological foundation (Slife, 2004) to this research. Slife (2004) noted that the ‘relational self” was an ontology, which precedes a theory, because of its abstraction. Slife (2004) stated:

Most pertinently, abstractions are believed to precede and lay the foundation for good and thoughtful practice. Indeed, practices do not exist, in an important ontological sense, except in relation to the concrete and particular situations and cultures that give rise to them, implying what we might call a relational ontology (p. 1 Abstract).

This research used Gergen’s relational being, as there were interactions between two individuals, where a relationship occurred (Gergen, 2009a, 2009b, 2010). Slife and Richardson (2010) reviewed Gergen’s (2010) relational being and suggested that relationships were not made internally and not self-contained entities, but rather individuals are first, relational. Interaction and relationships did occur solely because they were relational, but also because, as quoted by Slife: “one has ideals of
individual reason, personal conscience, then one is bounded to being an isolated self” (Gergen, 2010; pp. 5-7), “and as the non-relational being” (Slife, 2004, p. 159). “All things including practices have a shared being ... even an identity” (Slife, 2004, pp. 159 - 166). As Gergen (2010) noted, a relational being is the interactional and “relational self”, who interacts with significant others, to make themselves heard through a relationship with another. Reflecting on the relational being, when one is not heard or ignored, there is no relational understanding of meaning. Consequently, there is no relationship occurring between one and the other, which provides the space where there are reflections of deep thought and meaning given to silence (Gibson, 2001). This research identified that a social identity emerges from relationships with many. Relationships impact on the relational being (e.g., the self-relating to a significant other) and therefore, the interactional relational being, having a social identity occurs through solely, social relationships in society. Gergen (1991) has refuted that individuals have an identity.

Gergen (1991) has not always justified identities, (e.g., due to the labelling, bullying, or having a low IQ) resulting in negative connotations of “the individual self”, particularly of participants when using psychological measurement. This research’s initial theory, Gergen’s social constructionist theory, (1985) was utilised in the exploration of the data and consequent analysis, which was constructed into the relevant tenets (Chapter Three). The utilisation of the relational being, (2010) was due to the interaction constructing a relational self, a multiple-self, and a relationship according to the context. In this research, the responses to the negative self emerged from adult students diagnosed with dyslexia where barriers were identified from a personal life history narrative, an interactional and relational identity of ‘the self and relationships with significant others’. Erikson (1968) and Apple (1996) identified an identity constructed from the psychological individual.

Identity was researched by Erikson (1956) and Apple (1996), as having a psychological focus on the self, rather than the social construction of respondent’s interactions and relationships. An identity was focused solely on “the self” as an individual agent [psychological] becomes “social across the lifespan” (Erikson, 1956; Schachter, 2005, p. 137). Cole (2006) criticised the psychological self-approach to identities, in not including cultural groups (e.g., race, religion, gender, ethnicity, social class, and sexuality). Gergen’s (2010) relational self focuses on the relational understanding of the self and a significant other in a social context, is constructed from a personal interactive narrative, versus having a psychological, individual identity. In addition, Fine and Sirin’s (2007) hyphenated-self is a solution to the problems relating to the adult students diagnosed with dyslexia having a social identity which was constructed through relationships and interactions with significant others, (e.g.,
teachers, abusive parents and siblings, and lack of understanding of dyslexia), and which have affected children and adults throughout their lifespan, until receiving DSO advocacy in TAFE.

6.2.2 Applying Fine and Sirin’s Hyphenated-Self Theory

The rationale for utilising Fine and Sirin’s hyphenated-self (2007) and Gergen’s relational being (2010), came about by social constructions, when there became a strong relationship between DSOs and adult students diagnosed with dyslexia in TAFE. This researcher was looking for a theory that utilised ‘vulnerable’ adult students diagnosed with dyslexia who have an ability for success. Additional themes included: a) relational being, (e.g., was implemented for the social identity and the relationships occurring with significant others) for adult students diagnosed with dyslexia, the ‘we’ being constructed; b) the hyphen (e.g., is a location where negotiation and reflection occurs); c) advocacy is paramount for inclusion and student success in TAFE; d) the bipolar continuum is of inclusion and exclusion parameters that adult students progress along in TAFE; e) the cultural context is TAFE; f) the global and political implications are disability, legislation and policy; and g) there is interaction, being a relationship for adult students diagnosed with dyslexia in TAFE. These factors differ from Fine and Sirin’s (2007) hyphenated-self theory (Chapter Two p. 22). Lastly, was the relational being interacting with a significant other (e.g., the TAFE DSO) and there was the building of a relationship between the two parties. In comparison to both Gergen’s (2010) and Fine and Sirin’s (2007) research, this research denotes similar domains, with a different focus.

This research study has applied Fine and Sirin’s concepts and re-ordered and constructed new themes in a unique context, in theorising this study. In comparison to the existing seven concepts of Fine and Sirin’s (2007) hyphenated-self theory (Chapter Two Section 2.5). This research study utilised the following themes to advance the theory for a different audience, adult students diagnosed with dyslexia, the vulnerable who were hyphenated by inclusion and exclusion in social and cultural contexts and DSOs employees of TAFE. There were new DSO practices occurring within the five Queensland TAFE Colleges. However, there is caution in theorising, because this is a new way of understanding Fine and Sirin’s (2007) existing theory and interpreting the use of a hyphenated-self theory in conjunction with Gergen’s (2010) Relational being, as a relational: hyphenated-self. There are originality and revelatory, practical and scientific applications. However, this is much weaker than the emerging theory of advocacy.

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18 Exclusion from significant others or removal of students with a disability from other students without a disability … (Graham & Sweller, 2011).
Adult students diagnosed with dyslexia come to TAFE with a social identity, one formed through the barriers of their previous experiences. In relating to the relational: hyphenated-self, adult students diagnosed with dyslexia can be located at an extreme axis of the continuum, being excluded from significant others in social and cultural contexts. Alternatively, adult students diagnosed with dyslexia are on the hyphen, with nowhere to sitting on the continuum at the exclusion zone. In this study, adult students diagnosed with dyslexia can choose to be within the inclusive TAFE context with other adult students without dyslexia. In the inclusive context, there are no cultural difference or barriers between adult students diagnosed with dyslexia and without dyslexia. In such an instance, there is no hyphen apparent within disability or within the organisation, when students were totally included. The hyphen dissipates from view because there is total inclusion. In this research, there were difficulties for adult students diagnosed with dyslexia socially and in TAFE. Hence, the hyphen remained apparent unless there was advocacy and support.

Once advocacy and support for adult students diagnosed with dyslexia were evident, there was no or limited exclusion and adult students progressed and went from an exclusive environment to an inclusive TAFE context, to join adult students without dyslexia. The DSO used the hyphen to negotiate on behalf of the adult student with dyslexia, (e.g., with teachers, employers, and other government departments). From that point on, the adult student with dyslexia could move forward to be with all other adult students or alternatively, they could regress from the hyphen, and go back to the exclusion zone of TAFE. At the same time, there was a relationship occurring between adult students diagnosed with dyslexia and the DSO in each TAFE College. This relationship occurring between DSOs and adult students diagnosed with dyslexia became a critical friendship for adult students.

On reflection of Fine and Sirin’s (2007) research (Chapter Two), notation of the hyphenation, separated the domains such as culture and religion. In Fine and Sirin’s (2007) study, American-Muslim youths are perceived as having a “normal” existence, before the 9/11 bombings. Youth perceived they were discriminated against in their community after the bombings. The American-Muslim youths were marginalised and discriminated against, being vulnerable, which is consistent with the hyphenated-self. In comparison, this research study noted that adult students diagnosed with dyslexia were vulnerable socially and in TAFE. Reflecting on both groups, whether they perceived they were “normal”, there was a limitation of being “normal” within their communities.

In Fine and Sirin’s (2007) study, hyphenation occurred between various domains, and in that study, participants spoke of living between two different worlds in separate compartments of their lives, one a Muslim compartment and the other an American compartment (Fine et al., 2012, p. 12).
“Conflict at the hyphen may be sparked by religious and national identities, between ethnic and national identities or war and peace” (Fine et al., 2012, p. 130). Both Gergen (2010) and Fine and Sirin’s (2007) research were united in this aspect.

In analysing the theoretical framework of the relational: hyphenated-self, both theoretical underpinnings have multiple identities (Gergen, 2010; Fine et al., 2012; Fine & Sirin, 2007). For Gergen, (2000, p. 127), there is an interactional-self and relational-self (we). Gergen (2010) assumes that interaction occurs in a relationship with another in a range of contexts which he calls “cultural” (e.g., organisations) and “global” (e.g., legislation and political mandates). Hence, the multiplicity of the self, organisational, cultural, social, interaction, and contextual of Gergen’s (1985, 1991, 2010) aligns with Fine and Sirin (2007) and Fine et al., (2012) providing a foundation, for the use of both locations on the continuum of the cultural, religious, racial, and political domains. In this research, adult students diagnosed with dyslexia, ‘the vulnerable’ were opposite to adult students without dyslexia initially, due to the exclusion, legislative mandates, marginalisation and labelling which occurs in some educational organisations and society. Adult students diagnosed with dyslexia were hyphenated in social contexts, through their perceived inability compared to their peers without dyslexia and through the inclusion and exclusion frameworks that currently exist in society and TAFE.

There are tensions in utilising the relational: hyphenated-self in this research, because of the similarities and disparities to both theoretical thinking (noted above). Relationships are occurring in all contexts unknowingly, as there is interaction occurring in the research. This research will utilise and justify this emerging theoretical notion as being a move toward a framework for adult students diagnosed with dyslexia attending TAFE. The theoretical framework can be utilised by DSOs in the provision of support and advocacy for adult students diagnosed with dyslexia.

The relational: hyphenated-self is revelatory in construction. Mintzberg (2005) argued that in making a contribution to theory, it is originality, new concepts, and revelations that “allows us to see profoundly, imaginatively, and unconventionally into phenomena we thought we understood ... the theory is of no use unless it initially surprises – that is changes perceptions” (p. 361). In this research, as previously noted, there are limitations, due to the lack of prior studies utilising the relational: hyphenated-self in practice or theory. This research’s theoretical notions have emerged throughout the analysis of data into codes, sub-categories, categories, which were constructed into themes.

The relational: hyphenated-self framework enables adult students diagnosed with dyslexia to exert their ability to gain support in learning and workplace activities, giving them hope for future
ventures. Meanwhile, DSOs will use advocacy in their relationship with adult students diagnosed with dyslexia to heighten adult student success. These contributing factors in this research, provide a practical contribution to theory. Scientifically, the models may be used by other professionals and other researchers to test the theoretical contributions in other contexts and with other participants, both theoretically and in practice. In this research the relational: hyphenated-self is utilised to illustrate the social identity of adult students diagnosed with dyslexia, undertaking studies in a tertiary context. There is a new way of operating for DSOs, using this framework and their advocacy to support an inclusive learning context for adult students diagnosed with dyslexia.

6.2.3 Adult students diagnosed with dyslexia

Adult students diagnosed with dyslexia became hyphenated, solely because they differed in educational status, health, and social requirements compared to their adult student peers without dyslexia, through inclusion and exclusion. Adult students diagnosed with dyslexia considered themselves as adult students when they were coping and had advocacy. However, researchers acknowledge that adult students diagnosed with dyslexia require additional reading and writing skills to succeed in society (e.g., educational organisations and in communities) (Barnes & Mercer, 2003; Tanner, 2009). When revealing their interactional identity, there was a vulnerable identity, when faced with social barriers and systemic processes in organisational contexts (Chapter Four).

The vulnerability revealed that adult students diagnosed with dyslexia experienced numerous barriers that are apparent for them in everyday life (e.g., shopping, banking, learning, workplaces, and with government departments) (Chapter Four). There is evidence that the disadvantaged in society can construct positive elements when faced with conflict (e.g., daily activities, such as attending educational contexts and socialising with friends) (Fine et al., 2012). The war on terror did not allow American-Muslims to become grieved by their persecution on American streets and neighbourhoods. In addition, the hyphenated-self does not fit all research, the cultural identities of Muslim youth in the community facing religious perspectives does not fit all research dynamics. In comparison to American-Muslim youth, adult students diagnosed with dyslexia who are vulnerable also have a positive focus on their educational outcomes within TAFE through DSO advocacy.

When people diagnosed with dyslexia had the support and services implemented by significant others in a range of cultural contexts through advocacy (O’Mahaney, 2011; Xiaoyan & Jezewski, 2007) and support, they can achieve their goals. In comparison, the relational: hyphenated-self, for adult students diagnosed with dyslexia noted that having a relationship with the DSO in TAFE, one of advocacy and support led to educational success. Primarily, without advocacy adult students diagnosed with dyslexia, would remain excluded and not included in TAFE. Advocacy and
inclusion enabled adult students to be supported by the physical, technological, and tutoring support known as reasonable adjustments (Chapter 4 - Conclusion). In addition to the interactional relationship of advocacy, adult students diagnosed with dyslexia can be located on the hyphen, allowing the adult student space for reflection. The hyphen allowed adult students diagnosed with dyslexia to make choices of whether to accept TAFE Guidelines through advocacy or remain on the hyphen or in the exclusion zone. Such a framework endorses the acceptance of inclusive changes for adult students to move forward; alternatively, to reject them and struggle to remain enrolled, particularly if they do not formally disclose. When adult students diagnosed with dyslexia accept inclusive support and advocacy, they have been shown to progress with their peers, adult student without dyslexia in TAFE.

On reflection of the relational: hyphenated-self, adult students diagnosed with dyslexia were located on the continuum between inclusion and exclusion or on the hyphen which is located centrally, where the adult student with dyslexia makes a decision whether to or not accept inclusion. The social identity of adult students diagnosed with dyslexia lived on the polar extreme at enrolment, in the exclusion zone or they sat on the hyphen, compared to adult students without dyslexia in TAFE (Diagram 6.3). When there was DSO advocacy, adult students diagnosed with dyslexia were included with adult students without dyslexia in the inclusion zone. A relational: hyphenated-self framework enables adult students diagnosed with dyslexia, even on the hyphen, to have a relationship with a significant other. The framework allows for the adult students to have space for negotiation with another. In TAFE, the DSO negotiated on behalf of adult students diagnosed with dyslexia, at the hyphen, another form of advocacy. On reflection, as a person with dyslexia, exclusion can also be identified at the hyphen by adult students diagnosed with dyslexia, when there are limited supports and true advocacy. However, it is not value free, it is only that, when there is ‘valued advocacy’ and a relationship provided, does it become the ‘valued free’ inclusive zone and the success model of the relational: hyphenated-self. In this research, it was identified that adult students diagnosed with dyslexia went from the exclusion zone into the inclusion zone on the continuum, through DSO advocacy and support (Figure 6.4), into a value free zone.

Once inclusion is apparent in the cultural domain of TAFE, adult students diagnosed with dyslexia become confident in learning with their peers, adult students without dyslexia. TAFE Inclusion only occurs when: a) policy and guidelines are inclusive and used in practice; b) staff and significant others become inclusive in their practices; c) negotiation and reflection occur at the hyphen; and c) when adult students diagnosed with dyslexia have an advocate, such as the DSO (Chapter Seven). Only then, does the hyphen dissipate from view, and adult students diagnosed with
dyslexia are facing no organisational or social barriers. This relational: hyphenated-self gives adult students diagnosed with dyslexia a model that enables them to have DSO support and services in TAFE.

Moreover, adult students diagnosed with dyslexia may continue to experience barriers in any learning context. In addition, adult students diagnosed with dyslexia have two social identities of the relational: hyphenated-self. The first one was that adult students diagnosed with dyslexia were in the inclusion zone and the second was that the other social identity was in the exclusion zone in learning activities. Adult students diagnosed with dyslexia were distinct from regular adult students without dyslexia, when they arrived to enrol in TAFE (social identity of adult students). As a result of the support and services and DSOs advocacy, adult students diagnosed with dyslexia perceived they were independent and were located in the inclusion zone. However, participants disclosed many instances of being quite dependent in this educational context. In the following section, ‘the said’ and the ‘unsaid’ of participants’ perceptions are discussed.

6.2.4 The ‘Said’ and ‘Unsaid’ of Adult students diagnosed with dyslexia

The narration of participants told horrific stories of their childhood through to adulthood. The stories were categorised as ‘the said’ of respondents in interviews. Many adult students diagnosed with dyslexia also illustrated behaviours of the ‘unsaid’ in the same interviews. These ‘unsaid’ stories are often the hidden research components that can alter the outcome of research studies (Josselson & Harway, 2012). The ‘unsaid’ of this research was noted when there is a significant amount of data emerging from the interviews, which cannot be told in text due to the request of participants. Alternatively, when participants become stressed or unsure about the question posed, many expressed unusual behaviours (e.g., wringing their hands together; pausing to think about answers; and having a facial expression of hurt or perceived betrayal) or similar behaviours. In other research of adolescents with emotional and behavioural difficulties, it was identified that many adolescents had negative previous experiences that caused a lack of confidence and low self-esteem in educational contexts (Vander Laenen, 2009). However, there were so many other stories that exposed hidden or ‘unsaid’ information, which contributed to this research. Only the critical quotes of participants were noted in Chapter Four, the results section. In recent literature, it was noted that the voice was of ‘the said’ and ‘unsaid’ in qualitative research (Josselson & Harway, 2012). In this study, these concepts are discussed below.

‘The said’, were the audio-taped and the verbatim transcriptions from respondents. The researcher is walking in the participants’ shoes, whereby, this dyslexic placed an empathetic ear, to
the struggles of respondents, listening to stories. In writing up adult students’ stories into a scholarly article, there was a space for reflection, to provide respondents’ understandings, distilled and credibly articulated on their behalf, allowing the respondents’ voice to ‘the said’ and ‘the unsaid’, of being heard in this research (Chapter Four). Furthermore, for adults who have dyslexia the crucial information was that which is not said. When a respondent is not sure of what the researcher is seeking in the interview, several appeared to question the researcher again for clarity, and some appeared unsure of how much to tell in the interviews (e.g., pausing in interviews).

Beatrix noted that she did not speak properly and often hesitated when asked questions, as quoted: “I often feel that I don’t speak properly ... I don’t ... sort of stutter now, but I always say things and then I go oh, that’s just so stupid, you know; that’s not what I meant at all”. Alternatively, respondents become ashamed to tell, or there is ‘perceived grief’ within the respondents’ ‘self’ and their narration. Ruth quoted: “I feel ashamed of it ... Because not many people know what it is, and then I’m always asking questions in class, not understanding just the basic things”. Adult students diagnosed with dyslexia who were located at ‘the hyphen’ allows for ‘the unsaid’, which is on the margin of telling and is distilled in the hyphen (e.g., bridging between what is ‘said’ to the researcher and the ‘unsaid’ of workplace discrimination and payment of wages, because they were afraid to tell and other respondents were ashamed to tell). Isaac stated that he had not gained employment for the courses he had completed and was not quite sure why, and quoted: “But I’ve had aged care – where I did the course – I don’t know – in 2005 – the head lady said that I couldn’t go on and do any further study in TAFE ... like I guess it’s the same sort of thing ... that of what she could see in me.” As noted in this paragraph, the ‘said’ is exposed, yet ‘the unsaid’ has significant consequences for the experiences of adult students diagnosed with dyslexia in TAFE. Further to ‘the unsaid’ in an interview, there is ‘the unsaid’ noted on the hyphen of the relational: hyphenated-self.

Distillation within the hyphen is ‘the unsaid’ and adult students diagnosed with dyslexia were afraid to tell the researcher due to perceived discrimination, marginalisation, and emotional consequences. In TAFE, there were many quotes that were not highlighted in the results, due to selective coding and adult student participants were selective in telling their stories. In the results, teachers were considered not educationally capable to teach people diagnosed with dyslexia. Marie quoted: “the teachers are – they are not trained to be teachers – they are trained in the industry and are not teaching you – especially for a dyslexic person you need someone to understand how to teach so that was a big struggle”.
The social identity of adult students diagnosed with dyslexia emerged from thematic analysis and was located within the relational: hyphenated-self. The social identity of adult students diagnosed with dyslexia is narrated below, providing the ‘said’ and the ‘unsaid’ of respondents in social contexts.

6.2.5 Gergen and Goffman

As previously identified in Chapter Three, Gergen (2010) and Goffman (1959, 1974) have been identified as having an influence on the ontological outcomes of this research study. Gergen’s (2010) research illustrated the relationship occurring between two individuals, allowing for more description, through interactional processes. In using a relational being (2010), ‘the self’ is having a continual interactional relationship with a significant other (Gergen, 2010). Gergen (1985, 2011) notes the self as a social construction and that language is the artefact. MacIntyre (1984) argues that social constructions come from the language of ‘the self’ that one is constructing. Also, the social construction of the ‘self’ was taken from the language of an interpretive narrative that underlays one’s notion of the self (Gergen, 2011; MacIntyre, 1984) through interaction and a relationship. In addition to the relationships occurring in Gergen’s (2010) research, Goffman was used to describe the way in which people are stigmatised and labelled, such as adult students diagnosed with dyslexia and how DSOs interact with the vulnerable in their workplace.

Manning (1991) elaborated on the work of Goffman throughout the 1960s and interpreted Goffman’s true form of a theatrical performance. The first aim was to review the face-to-face interaction and behind this interaction are the responses between actors and significant others, which is positioned in the pursuit of personal gain (impression and manipulation) (Manning, 1991). Secondly, was to focus on the management of impression, which included the back and frontstage regions of the theatrical performance (Manning, 1991; Tseelon, 1992). The stage performance was identified in earlier research (Goffman, 1959).

In the theatre performance, Goffman (1959) used teams to perform in front of the stage in a play. Teams portray their craft in front of the stage, spaces that are observable to the audience (Manning, 1991). In comparison, Gergen (2010) noted that the team is not a member of a secret society, it is the self who is a relational being, one that interacts with a significant other, forming a relationship of (we) with the audience. Teams and actors relax and retreat into the backstage, where they have different views, compared to the actor at the frontstage (Manning, 1991). The actor is portraying an impression to the audience (Tseelon, 1992). Also, front and back stages are guarded...
secretly by a passageway (Manning, 1991). Some studies discount Goffman’s (1959a) performances, as being either too abstract in having an identity and are only surface performances (Tseelon, 1992).

Goffman is reviewed by Tseelon (1992) as being a postmodern self that consists of surfaces or performances. It is a passing self, that surfaces in performances and a range of contexts, that is actively defined (Tseelon, 1992). According to Tseelon (1992), Goffman’s identity does not have an existence outside interaction. Also, there was a focus on the self, moving from the post-Cartesian self.

However, the ‘self’ loses the subject along the way. Making an “ontological shift from ... essentialist entity... to ontological dialectics” (Tseelon, 1992, p. 121). Tseelon (1992) identified that the ontology utilised was an epistemology, suggesting a surface model of an interconnected self, is constituted in a network of relationships (p.121), the interactional backstage and frontstage performances; not unlike Gergen’s relational being (2010).

In comparing Goffman (1956, 1959a) to Gergen (1991), there were differences noted (e.g., the social and cultural joined in interaction, hence, relationships, of (‘we’) (Gergen, 2010) as compared to Goffman (e.g., interactional, the individual reality of the self, an interactional self, the ‘I’). Gergen (2010) identified the actor, in a relationship with another and this was assured, an interactional- relational ‘we’, using the relational self. Goffman (1959a) places the stage performances as everyday life scenarios; the performance is centred on oneself, with the surface portrayed by the actor, not only as superficial, there is no connection with a significant other. In using the actor, there is a notation that Gergen’s relational being and Social Constructionist Theory can be aligned to describe the actors through interaction and relationships. According to the network of relationships, comparing it to Goffman’s research, Gergen (1991) stated:

...as all becomes image ... the concept of the true and independent self – whether constituted by a deep interior or a machine-like rationality – loses its descriptive and explanatory import. One is thus prepared to enter a ... stage, in which self is replaced by the reality of relatedness – or the transformation of ‘you’ and ‘I’ to ‘us’ (p. 156).

Goffman (1959a) was utilised as a descriptive analogy, compared to the (we) or us of Gergen’s (2010) relationships, and is utilised to postulate the treatment of the adult students diagnosed with dyslexia in social encounters with significant others (e.g., stigmatisation and labelling). In using similar concepts and contexts, Goffman (1959a) is utilised in this research, illustrating the stigmatisation, labelling and devalued human spirit. In this study, interpreting the framework of a relational: hyphenated-self for adult students diagnosed with dyslexia in working the
hyphens in TAFE, the ‘we’ is ever present. The ‘we’ constructs the relationship between the self and significant others (Gergen, 2010); the labelling and stigmatisation of the marginalised (Goffman, 1959, 1961); and the vulnerable adult students, who are marginalised and discriminated against, because of their abilities. In this research, adult students diagnosed with dyslexia were at the backstage of performance, due to their challenges in educational contexts, families, and workplaces. Until adult students came to TAFE and were treated with respect and had an advocate for supporting their educational objectives, their social identity prevailed for many. Adult students diagnosed with dyslexia at TAFE became frontstage performers.

The social identity of adult students diagnosed with dyslexia emerged from thematic analysis and was located within the relational: hyphenated-self. The social identity of adult students diagnosed with dyslexia is narrated below, providing the ‘said’ and the ‘unsaid’ of the respondents in social contexts.

6.3 A SOCIAL IDENTITY OF ADULT STUDENTS DIAGNOSED WITH DYSLEXIA

As previously noted in section 6.1, the identity of adult students diagnosed with dyslexia became the social identity of the adult students, through conceptualisation of the data analysis. Adult students diagnosed with dyslexia were attending government vocational institutions with adult student peers without dyslexia, and were exposed to complex legislation, policies, procedures and processes, which influenced the education of all adult students, yet more specifically to adult students diagnosed with dyslexia. In this research, adult students diagnosed with dyslexia exposed four attributes of their social identity, which were the barriers that became embedded in their everyday interactions [activities]. These barriers were: a) Personal Histories; b) Discrimination; c) Managed Emotions; d) Difference.

6.3.1 Personal Histories of Adult students diagnosed with dyslexia

In TAFE, adult students diagnosed with dyslexia perceived they needed support, due to them experiencing earlier difficulties in schools (Chapter Four). Many hated school and some respondents cannot remember attending primary or secondary school, because they had blocked the memory out. Adult students diagnosed with dyslexia reported that teachers treated them poorly, compared to student peers without dyslexia. Adult students diagnosed with dyslexia, as children, sat in the corner of the room, not learning with other children. Treatment of adult students diagnosed with dyslexia did not improve for some children when they went home. Some parents severely beat the child with dyslexia for their poor performance in school. For some adult students diagnosed with dyslexia, both
schooling and their home environment could not be more detrimental. Literature, defines and supports personal histories, as a sliver of one’s whole life (Germeten, 2013).

Personal histories have been defined by numerous academics (Chase, 2005; Germeten, 2013; Norkus, 2004; Reissman, 2004). The contention is apparent between the meaning of ‘personal’ and an account of what is ‘historical’ that becomes an autobiography (Crane, 1996, 1997). Varied meanings of personal histories, can come from specific disciplines as opposed to the actual production of voices. As previously reported, when people are not given the opportunity to be heard, their voices are lost (Gergen, 2010). However, there remains contention with the definition of personal life histories, which Germeten (2013) defines as:

Life history research has been growing alongside interest in qualitative methodology, aiming to understand humans and their social life and to create unique personal histories as examples of the political histories being told (Germeten, 2013; pp. 612-3).

According to Germeten (2013), life histories are one form of a personal history. Personal histories, with a focus on interviews, is a fragment of one’s lifetime (Germeten, 2013). Germeten’s (2013) sociological research explains that interaction and action among participants was vital to the personal history of minority groups. Germeten’s (2013) research identified a gentleman called Pers, who is intellectually impaired, who was transferred throughout the state like a parcel and was placed in numerous institutions, throughout his life. Pers was treated like a vagabond and was eventually physically abused in a facility that homed men and boys (Germeten, 2013). Germeten’s (2013) narratives were ethically challenging because he was researching minority groups; those who have a mental disorder. In this research, there is subjectivity of the personal histories of adults who have dyslexia, aligning to the ‘minorities’ according to Germeten (2013), being marginalised throughout their lives (e.g., the Personal Histories and schooling of adult students diagnosed with dyslexia).

Germeten (2013) acknowledges the subjectivity of people’s life histories and the different ways in which individuals perceive their personal histories. In comparison, this sociological research, must not lose the meaning of participant histories in the narration or the political contribution, made by the hyphenated-self. Adult students diagnosed with dyslexia live with the influences of legislation, which becomes the political substance of disability in society. The researcher must ensure that the stories of participants are a reflection of their personal histories, reflecting on the meaning and values of participants bringing their stories to life in a narrative (Chapters Three and Four). In this research,
adult students diagnosed with dyslexia constructed their personal histories within interviews, revealing a history of schooling, family occurrences and friendships, to a stranger in the room.

6.3.1.1 Personal Histories and Schooling

Adult students diagnosed with dyslexia, as children, reported that they were treated badly throughout their schooling. The sometimes contemptuous treatment of adult students diagnosed with dyslexia was imparted by teachers and student peers in various schools. Within schools, the behaviours of significant others led to marginalisation and stigmatisation. The majority of adult students diagnosed with dyslexia referred to school teachers neglecting and ignoring them in classroom contexts, because of their poor literacy levels and a lack of understanding of dyslexia by the instructor.

In comparison, Riddick (2000) noted that students were often labelled and stigmatised by peers. Riddell (2009) also identified this labelling and marginalisation by peers and teachers. Australian research concurred with Riddick (2000) and Riddell (2009), insofar as adult students diagnosed with dyslexia were marginalised more than adult students without dyslexia. In Australia, adolescents with LD and dyslexia left school early (Cotton, 2010; Tanner, 2010), and several perceived they were labelled and stigmatised (Tanner, 2010). Researchers placed labelling with stigmatisation and marginalisation (Riddick, 2000; Tanner, 2010), which did not form a category for adult students diagnosed with dyslexia. Furthermore, in another quantitative study, neglect was also identified in the schooling of children with dyslexia (Hornstra, et al., 2011).

Hornstra and colleagues (2011) noted the inclusive behaviours of teachers toward students who have dyslexia. In addition, Hornstra et al. (2011) identified that when teachers were in front of students with dyslexia daily, they portrayed certain attitudes toward students, compared to their attitudes toward students without dyslexia. Results also identified by Hornstra et al., (2011) in their survey research, that there were no correlations between teacher expectations and student performance. However, teachers who were suitably trained and committed to inclusive practice, supported students effectively, with a more positive attitude toward the student with dyslexia. In other research, prejudicial attitudes toward children with dyslexia can stigmatise them (Smith, 2011) particularly in schooling, which can lead to low self-esteem in adulthood (Nalavany, Carawan, & Brown, 2011).

Stigmatisation, according to Goffman (1974), does occur without a label (p. 41). According to Goffman’s (1974) review on stigmatisation, he noted three types, with the first being the stigmatised
group, which are labelled by other groups. The three groups were the ‘in-group’ – individuals were in
the group; the ‘own-group’ – individuals were discredited by the group; the ‘them/out’ group –
individuals were excluded from other groups (Goffman, 1974). In addition, there were instances of
groups not acknowledging why a particular person was stigmatised … it was giving no open
recognition to what is discrediting him … (Goffman, 1974, p. 41). The persons in the group were
excluded from activities by significant others or groups.

All groups labelled one another, as well as stigmatising members of other groups, they
stigmatised and labelled in unison (Goffman, 1974b). A hidden disability is one that is not seen by
others (e.g., dyslexia, dyspraxia, and LD) (Rose, 2009; Singleton, 2009). Goffman (1968) would
acknowledge that stigmatisation and labelling were one phenomenon that was linked (Riddick, 2000).
In contrast, this research acknowledges the difference between labelling and stigmatisation. The art of
stigmatisation can be a unique occurrence such as a stare, look, muttering by others, or a derogatory
inference from another (Riddick, 2000). This stigmatisation is the interactions occurring within the
group, as each group makes impressions of the other groups (Goffman, 1968). Impression
management, as Goffman (1968) noted, persons with a visible disability were already discredited and
stigmatised by others. Also, those with hidden disabilities (e.g., dyslexia or LDs) were likely to be
discredited (Goffman, 1968; Riddick, 2000). In another study, Donley and Jackackson (2014) identified
homeless men, due to the impressions they gave to significant others, did not behave as being
homeless.

Donley and Jackackson (2014) noted that homeless men in Sanford, Florida were less likely to
acknowledge their homelessness, by keeping themselves clean and well-groomed, as opposed to other
homeless peers. The Sanford men wanted to provide the impressions to others they were not homeless
and were employed, similar to their peers, who were not homeless. These men were managing their
impressions toward others in their community. The homeless men could not access the resources of
other men; and were stigmatised if they illustrated the behaviours of homeless men (Donley &
Jackackson, 2014). The management of impressions toward others was identified, in order to prevent
them from being stigmatised and alienated in their communities and their non-homeless peers.

Likening such behaviours to Goffman’s (1963) impression management, Freidson, (1983)
identified that Goffman is an “analyst of the self, of the way it sustains itself in the everyday world”
(p. 361). Also, Goffman shapes the self, setting the self “apart from and against the world” (Freidson,
1983, p.361). “Impression management and managing the spoiled identity” and “ways of making out”
are all documented dealings as part of the individual's self, through their social “interaction with the
others who both create and threaten it” (Freidson, 1983, pp. 361-368). According to Goffman, impression management not only provides an impression of the world, but it also provides an opportunity to impress a significant other in social situations (Freidson, 1983). In this study, schools and in family, adult students diagnosed with dyslexia were stigmatised and labelled by significant others.

Adult students diagnosed with dyslexia can be stigmatised by significant others and not negatively labelled in all circumstances, (e.g., when labelled with having dyslexia, adult students were happy, because they were provided with support in TAFE). TAFE, a vocational education context, was identified by adult students as being able to diagnose and support their learning. However, in schools, children were stigmatised, and they were also marginalised by the very people that were supposed to educate them, specifically the teachers (Chapter Four). In addition to stigmatisation and labelling, marginalisation was evident for children within schools and by parents and extended family members in family homes.

Marginalisation occurred for adult students diagnosed with dyslexia, as children in schools (e.g., removed from classrooms and moved to special classes for teaching) (Chapter Four). Several children were segregated from student peers in classrooms (Chapter Four). Many were ignored by teachers, without support or attention. As noted in the literature, marginalisation still occurs in educational contexts (te Reile, 2006). Furthermore, marginalisation is the term used by some, which could also mean the exclusion of people who were left on the margins (Young, 1990). In Scotland, there remains marginalisation of students, although there are inclusion policies.

Riddell (2009) noted in Scottish schools that policy and procedure cemented marginalisation, as opposed to illuminating inclusion. That study reviewed the inclusive education policy, and it was found there was a need to redistribute finances for all students, as opposed to providing support to students on an individual needs basis. As identified, demographics had an effect on support, with middle-class males receiving the majority of support in schools (Riddell, 2009). In comparison to schooling in Scotland, adult students diagnosed with dyslexia were educated in Australian schools, where marginalisation was evident.

6.3.1.2 Australian Educational Contexts, Marginalisation and Policies

In Australian educational contexts, it is apparent that marginalisation is prevalent in schools, in the various forms of exclusion (Slee & Allan, 2005). School policies (Education Queensland, 2012, 2015) ‘appear’ not to support students with LDs, including dyslexia in classrooms and other school
activities (Slee & Allan, 2005). As opposed to the fiscal outcomes of schools, many schools have to access additional funding to implement full inclusion. According to Graham and Sweller, (2011) full inclusion cannot occur because the taxpayer would have to spend extensive amounts of monies on restructuring schools.

In Queensland, there is evidence of a lack of support and servicing for all children who have disabilities (Education Queensland, 2012), particularly when there are gaps in policies (Graham & Slee, 2007; Slee & Allan, 2005). However, these policies remain in schools (Education Queensland, 2004, 2005, 2006a, 2006b, 2012, 2015). In addition, policies should be revised, and become the prime priority, bringing appropriate learning back into classrooms for all students who have diversity. However, these policies and guidelines were supposed to create an inclusive educational context; adult students diagnosed with dyslexia noted they were excluded by staff and students alike, in their schooling (Chapter Four Personal Histories of schooling).

The majority of participants in this research study had left school within the past two to four years and the policies were in place. The policies were ineffectual and not supportive, for the very students whom they are supposed to protect. In addition to existing policies in schools, that were evidently not supportive to participants, recommendations came from adult students diagnosed with dyslexia on improving practices in schools:

a) Firstly, all teachers need educating on the topic of dyslexia so that they can implement learning support strategies for adult students diagnosed with dyslexia.

b) Secondly, within schools, support was not solely about reading and writing, there were other factors related to dyslexia that were not addressed by teachers in schools.

c) The third issue remains contestable; students spoke of someone they like, who can teach them in school.

There was continued marginalisation and stigmatisation in Australian school contexts (Graham & Sweller, 2011; Slee & Allan, 2005). There is a shift toward exclusion in schools, also noted as stigmatisation, due to piecemeal policies that were implemented (Levitas, 2004; Smyth, 2010).

In schools, there were injustices and children were left to the mercy of supposed support available for them through policies and procedures (e.g., reasonable adjustments, school counsellors, and the interpretation of the policies by staff and teachers). Educational organisations are supposed to support, yet once again they fail in delivering to the children who are most vulnerable (Slee & Allan, 2005). In addition to the existing support in school, are the policies and procedures, where a lack of inclusive practice is noted in schools (Slee & Allan, 2005), and was not an uncommon event in higher education in the UK (Mortimore, 2013). Mortimore (2013) identified in one university, there appeared
to be a lack of management policy and the implementation of strategies by facilitators and academics to fully implement an inclusive university.

Australian educational contexts required a range of policies and procedures for disability in schools and VET, which are implemented to support students who have disabilities (Education Queensland, 2015; Queensland VET Development Centre, 2013). However, this research noted these policies were not understood by staff, with adult students, as children were neglected. Older aged adult students diagnosed with dyslexia, (e.g., born in 1957 – 1970) left school early to pursue a career or were unemployed. Younger adult students did not have success in schooling (e.g., born in 1971–1996) and many left school early. The younger adults who were schooled within the period of Education Queensland’s Disability Policy (2011; 2015); followed by Education Queensland Inclusive Education Policy that was formally implemented in Queensland schools since 2004 (Education Queensland, 2004, 2005, 2006a, 2006b, 2012, 2015; The Learning Place, 2013). Concurring with Tanner’s (2010) study, retention rates in high schools were surprisingly low for the participants in that study. As noted, Australian schools are similar to other educational contexts worldwide. There is persistence in adhering to policy and legislation, and neglecting the very person who requires that support (Cumming & Dickson, 2007; Slee, 2005a, 2006).

Personal Histories of adult students diagnosed with dyslexia identified that their schooling was almost imaginary and the only aspect of schooling for some was socialisation with friends. For other students, school was a lonely existence, and they became isolated in an environment in which they were bound for twelve years. Most adolescents left school early to pursue employment, to escape the perceived inequitable treatment they had received in school contexts. School for adult students diagnosed with dyslexia, as children and adolescents, was not supportive and became an unproductive and unhappy context. In the following section, adult students voiced they were punished, stigmatised and alienated within families, by parents, siblings, and extended family members.

The social identity of adult students diagnosed with dyslexia identified barriers that influenced the relational: hyphenated-self of the adult students enrolling into TAFE. As revealed by adult students diagnosed with dyslexia, as children, schooling was often a traumatic time in their lives, where many perceived exclusion. Adult students diagnosed with dyslexia were on the bipolar extremity of the continuum, the exclusion zone prior to enrolment into TAFE.

6.3.1.3 Personal Histories and Family Barriers

Families have not always provided a safe environment for some adult students diagnosed with dyslexia, and there have been negative aspects of family life (Chapter Four). The negativity of family
Life was discussed as the treatment of children with dyslexia. Certain adult students diagnosed with dyslexia, as children, perceived a fear of parents, siblings, and extended family members, because of the dreadful treatment delivered. The horrific behaviours occurring in family homes were deplorable and were constructed into the narrative (Chapter Four). However, some adult students diagnosed with dyslexia were physically punished by their families (e.g., for not being able to spell).

In this research study, several adult students reported that as children they were marginalised by their parents. One adult student was sent to public schools, compared to other siblings, who all attended a private school. Another consequence for respondents, as a child with dyslexia, some were beaten by parents, for their poor performance in school. Where there has been violence, this behaviour led to adult students diagnosed with dyslexia having limited communication with their families and some were alienated from the family unit. As a result of that appalling treatment as children, some adult students were reserved, having little confidence and not being sociable. Family barriers illustrated that children were not helped with their difficulties and were violated, compared to their siblings. Family issues were also noted previously in other research (Fuller-Thomson & Hooper, 2014; Tanner, 2010).

Literature identified that people diagnosed with dyslexia were treated with disdain by significant others. Tanner (2010) reported that students with dyslexia had certain barriers within family life, and as children they were treated unfairly. In that study, there was a lack of family support for some participants. Children with dyslexia perceived they were failures, by their parents and caregivers (Poole, 2003; Tanner, 2010). In other families, there was physical abuse from the parent/s (Tanner, 2010). More recent literature on abused children with dyslexia noted that 34.8% or one-third of people with an association having dyslexia suffered childhood abuse (Fuller-Thomson & Hooper, 2014). However, it was noted that a significantly higher proportion of adults who have dyslexia reported being abused as children than people without dyslexia (Fuller-Thomson & Hooper, 2014). Fuller-Thomson and Hooper (2014) recommended more research be done into the complexity of abuse and the types of abuse suffered by children with dyslexia.

In relocating the relational: hyphenated-self, adult students diagnosed with dyslexia reported such punitive behaviours in both school and family homes. The theoretical implication for an identity was that adult students diagnosed with dyslexia were on the extreme edge of the axis, on the continuum, where many perceived they had been socially excluded (Diagram 6.2). Family members’ interactions preceded the positioning of the adult students diagnosed with dyslexia, opposite the hyphen and adult student peers without dyslexia (Diagram 6.4 below). As noted the hyphenated: relational-self, adult students diagnosed with dyslexia’s social identity surrounds dyslexia, leaving no
movement toward the hyphen throughout their childhood, youth, and adulthood until they enrolled in TAFE.

**FIGURE 6.2 | HYPHENATED SELF OF ADULT STUDENTS DIAGNOSED WITH DYSLEXIA AND ADULT STUDENTS**

Figure 6.2 identified that the social identity of adult students diagnosed with dyslexia were marginalised from the time they were children, through to adulthood, prior to enrolling in TAFE. Many adult students had a largely excluded social identity, being labelled, marginalised, discriminated against, and stigmatised by significant others. Even families, who were supposed to provide social protection for their children, could not be relied upon for supporting the child with dyslexia. This
exclusion can be alleviated by the implementation of mentors and friends in family contexts. There was hesitance for all adult students diagnosed with dyslexia enrolling in TAFE due to their previous educational difficulties in schooling. The perceived discrimination of the social identity of adult students diagnosed with dyslexia is discussed below.

6.3.2 Perceived Discrimination

Adult students diagnosed with dyslexia voiced ‘discrimination’ in the interview process. There were so many instances of perceived discrimination from participants, both direct and indirect discrimination, that adult students felt excluded. Significant others imposed labelling in workplaces and government organisations. Adults revealed not only was there discrimination and exclusion, deleterious treatment from significant others became ‘normal’ for some participants. Various researchers noted that normalisation of discrimination for children and adolescents was not uncommon (Bradley et al., 2011; Poole, 2003; Ridley, 2011; Stalker & Lerpiniere, 2009; Tanner, 2010).

The two types of discrimination, Direct and Indirect Discrimination are defined:

*Direct discrimination occurs when somebody is treated unfavourably because of a protected attribute* (Australian Human Rights Commission, 2014). Indirect discrimination was defined by the Australian Legal Rights Commission as: *… occurs when there is an unreasonable rule or policy that is the same for everyone but has an unfair effect on people who share a particular attribute* (Australian Human Rights Commission, 2014).

Workplace training for adult students diagnosed with dyslexia was not exempt from discrimination. Deleterious treatment occurred for trainee nurses and apprentices, in hospitals and building sites respectively, in this research (See Chapter Four). Discrimination in these contexts was mainly due to literacy levels and labelling. One clinical nurse in a training hospital exposed private information regarding one trainee nurse having dyslexia, telling other personnel. Some workplaces for apprentices were also discriminatory, and the advantage was taken of some apprentices throughout their training in TAFE (Chapter Four, Sections 4.2.1, 4.2.2, 4.2.3, 4.2.4; Chapter Five, Sections 5.5, 5.5.1).

Several apprentices reported their lack of literacy skills. Some employers disenfranchised apprentices due to the lack of reading abilities, through underpayment of apprentices. Exploitation of apprentices was not common, however, it did occur. This form of discrimination was not because they lacked knowledge and skills. Rather, the lack of payment for work done was due to apprentice’s
inability to read and some employers were taking advantage of employees (Chapter Five, 5.5.1). Exploitation of adult students diagnosed with dyslexia undertaking employment in certain Queensland workplaces was apparent from DSO narration, in relation to adult students diagnosed with dyslexia in TAFE. In the UK, White (2007) illustrated that discrimination was common for nursing students with dyslexia.

White’s (2007) research highlighted institutional and social barriers for students with dyslexia undertaking nursing studies in Wales. In that research, a form of sociocultural (institutional) Discrimination was occurring (e.g., barriers that further disabled the individual), as noted in other research (Klassen, 2010; White, 2007). Bradley et al., (2011) also noted that students in a pharmaceutical study were not informed of the hidden curriculum of patient safety, creating barriers for students, a form of discrimination. White (2007) identified a barrier that further disabled the student nurses with dyslexia, was the nurse’s perception of having dyslexia. Previously identified, discrimination occurs within and outside the organisational context (e.g., hospital training facilities). Evans (2013) also illustrated that trainee nurses had been treated badly by clinical nurses, and this could affect their professional outcomes. In those studies, White (2007) and Evans (2013) identified that nursing students also found their government workplaces unpleasant. The clinical staff treated trainee nurses as ‘idiots’ (White, 2007, p. 38). Clinical staff did not provide students with any additional support in training (Evans, 2013; White, 2007). In this research, not only did personal discrimination occur (e.g., labelling, stigmatisation and exclusion), there was also workplace discrimination.

Discrimination occurred for adult students diagnosed with dyslexia in social and cultural contexts, including (e.g., schools, hospitals, Centrelink, Post Offices, and banks). Personnel in government departments deemed people diagnosed with dyslexia as illogical and incapable, another form of discrimination. Chapter Four identified that administrators in government organisations perceived that adult students diagnosed with dyslexia were ‘unworthy’ and believed they did not understand or have knowledge of government processes or systems (Chapter Four, Section 4.2.2). In addition, adult students diagnosed with dyslexia were perceived as not knowing their rights regarding disability, in government contexts.

As noted in Chapters Two and Four, discrimination was evident for children and people diagnosed with dyslexia, which became apparent in schools with inclusive education practices (Graham & Sweller, 2011) and in workplaces where appropriate support was rarely provided (Arnold et al., 2010). In addition, literature identified that workplaces were discriminatory for people diagnosed with dyslexia. Indirect discrimination was also evident in a range of workplace contexts.
and nurses in hospital settings were no better with appropriate support (Ditrano & Silverstein, 2006; Illingworth, 2005; Klassen, 2010). Workplaces were a context where discrimination can easily be heralded (Goldberg, Higgins, Raskind, & Herman, 2003). Workplaces were not only reported discriminatory but were known for degrading adults who have any diversity (Bartlett, 2010; Goldberg et al., 2003; Klassen, 2010; Moody, 2006; Moody, 2010). Bartlett and Moody (2010) reported that workplaces also provided the context in which adults perceived they have self-esteem issues. Bartlett and Moody (2010) identified that discrimination and labelling in workplaces were evident and adults perceived they were incapable of undertaking the tasks required of them. In TAFE there were inequities, which were noted by adult students diagnosed with dyslexia (Chapter Four).

Some adult students diagnosed with dyslexia that previously attended TAFE Colleges were not provided with support throughout numerous courses, due to: a) not disclosing their dyslexia; or b) they had been negatively labelled by significant others. One student was eligible for support from Disability Services, having been referred from school with medical certification. Instead, there was no support provided, and last year was the first time that support was provided to that student, from the DSO. This perspicacity of action was unusual, as the student qualified for support and services at enrolment many years earlier. The adult student diagnosed with dyslexia had generally been supported by the librarian, not by Disability Services. Discrimination took many forms in TAFE, due to a lack of understanding of the disability, marginalisation and exclusion, stigmatisation and labelling of students by peers and staff (Tanner, 2010). In the literature (Macdonald, 2009a, 2009b), there is evidence that labelling has gone on for decades in various educational and social contexts.

Riddick (2000) referred to Gallagher’s (1976) previous studies, on positive and negative labelling of persons with diversity. Evans (2013) also identified negative aspects of nursing, where labelling occurred and some nurses perceived they were dumb and stupid because of having dyslexia. As noted earlier, in other studies, adults with dyslexia were called names (Evans, 2013; O’Hara, 2013; Tanner, 2010) and carried a stigma (Bradley et al., 2011; Ditrano & Silverstein, 2006). In comparison, Tanners’ (2010) WATAFE research, noted an undertone of discrimination from students’ experiences. Ten years after Riddick’s (2000) study, Tanner (2010) also reported that one of her participants was told by a trainee teacher: “dyslexic people aren’t really dyslexic, they’re dumb and lazy” (p. 200). This form of judgement continues in society (Jodrell, 2010; Macdonald, 2009a, 2010).

In using the relational: hyphenated-self, being constructed in the social context of TAFE, with a cultural and political agenda, was focusing on the legislation that empowered schools, tertiary and workplace contexts. The cultural contexts of workplaces, TAFE, and schools and the interaction
between the self and significant others brought about the findings related to the discrimination of adult students diagnosed with dyslexia. Even in TAFE, there was discrimination of students, due to the rigorous TAFE Policies and Guidelines, which were implemented through government mandates (e.g., TAFE’s formal disclosure and VET Disability Services). Once again, adult students diagnosed with dyslexia were on the extreme margins of the continuum, due to the interactions occurring for adult students in TAFE, workplaces and society (Diagram 6.2). In addition to discrimination, adult students diagnosed with dyslexia had a relational: hyphenated-self, where they were labelled, marginalised, and stigmatised in the exclusion zone by significant others. Furthermore, adult students through this treatment, also perceived they had emotional difficulties, which attributed to exclusion, as opposed to other adult students without dyslexia, who were not treated the same way in society (Figure 6.2).

### 6.3.3 Emotional Management of Adult students diagnosed with dyslexia

Adult students diagnosed with dyslexia perceived they suffered from stress, anxiety and depression. Stories from adult students diagnosed with dyslexia were told in interviews and permeated through the transcribed data. Adult students diagnosed with dyslexia voiced descriptions of their emotional crises. In this research, emotions are termed ‘managed emotions’ that describe the way that people apply perceived emotions to situations in society.

The social constructions are constructed by them and in conjunction with significant others, creating the interaction (e.g., participants can include crying, anger, and being upset) in certain contexts (e.g., schools, workplaces, and government agencies). The ‘managed emotional’ constructions were expected by persons in various contexts (Hochschild, 2012). According to Goffman (1961), this behaviour is an actor’s stance on the impression that was given to the audience (Tseelon, 1992). In the dramaturgic approach to the social experience, Goffman (1955) noted, there were times that the ‘self’ is said to be on, when performing, and said to be off, when with friends (Messinger, Sampson, & Towne, 2000). Not unlike with the audience, “on stage”, and the private times, “off stage”. Gergen states that “the relational understandings of a group of individuals in certain cultural contexts ... perpetuates this perceived emotion” (Gergen, 2005, p. 624).

All adult students diagnosed with dyslexia in this research voiced having both dyslexia and psychological difficulties (e.g., stress, anxiety, and depression), starting in childhood. Adult students diagnosed with dyslexia perceived emotional difficulties in numerous cultural contexts, such as in schools, workplaces, and in TAFE. Likewise, adult students perceived feelings of stress when they were undertaking examinations or when assignments were due for assessment. Some adult students
diagnosed with dyslexia were hospitalised for perceived stress related disorders and anxiety. In this study, adult students diagnosed with dyslexia, could not always manage their emotions.

In comparison to this researchers’ frame on managed emotions (Hochschild, 2012) emotions were defined differently in other literature (Lazarus, 1993, 1999; Plutchik, 1965). According to Plutchik (1965) emotional states occur because there are two different patterns of reaction (e.g., one moving toward and the second moving against). There are “eight patterns [of emotional reaction which] are introspective, behavioural and psychological aspects” of the human organism, and which are considered, primary emotions (Plutchik, 1965, p. 296). Lazarus (1999) noted that stress and anxiety are emotions but hastens to add, not in all cases and emotion is dependent on the types of stress that occurs. There is the anxiety of varying types that become emotional behaviours (Lazarus, 1999). In addition, adult students diagnosed with dyslexia have expressed their stressful situations earlier in this study (Chapter Four). In essence, this study does not utilise such psychological consequences of emotions, this paragraph denotes the difference between the managed emotions and the psychological emotional states of other researchers.

In this research study, adult students diagnosed with dyslexia perceived their managed emotional states were the cause of their numerous failures, through interaction from significant others, in a range of contexts, due to their inability to control an emotional state. Florence noted in the following: “… I stress something great … I forget how to write my street name … I get so into a panic about it … it's terrible you know picking up a pen …”. When experiencing similar social conditions of stress in school and workplaces, adult students had problems managing their emotions. Adult students diagnosed with dyslexia may not understand that the behaviours were managed emotional states, which were constructed by them to gain support and empathy from significant others, to enhance their success in learning and workplace contexts (noted earlier in this section).

Hochschild (2010) identified that the moment of crying facilitated a perception from others that was a sad moment for the person that is portrayed to society. The adult students diagnosed with dyslexia would cry to project a moment of sadness, a public persona. Alternatively, Goffman (1959a) noted the actor would be frontstage in the performance. For the adult students diagnosed with dyslexia when they became uncertain and not able to cope with various tasks, they became upset (Chapter Four). In previous research, Goffman, (1961) and Freud (1911) illustrated the differences between emotions (Freud & Bonaparte, 1954).

Theoretically, Goffman (1961) and Freud (1911) noted there were varied emotions that were portrayed by individuals. Goffman (1961) noted surface emotional status while Freud (1911)
illustrated the deeper psychological status of emotions. Freud (1911) used psycho-analysis of the individual to assist people who had mental deficiencies, a medical model of the specialist knows best and has a cure. In comparison, Goffman (1959a) noted that actors elicited feelings within stage productions, a surface performance. Goffman (1968) noted that on stage, the perspectives of what the actor wants the audience to view is one type of response: acceptance. However, the actor produces that response, in a social or cultural context, through interaction. In comparison to the psychological facets (as noted earlier), the social aspects of adult students diagnosed with dyslexia have multiple identities that are interactional (Josselson & Harway, 2012). The relational-self of the adult student with dyslexia is always interactional with a significant other; as identified in by Gergen’s (2010) relationships.

In this research study, managed emotion does not illuminate as a psycho-behavioural lens, quite the opposite. Managed emotion emerges from interactions with significant others in social and cultural contexts, and from the voices of adult students diagnosed with dyslexia. As Gergen (2010) noted, the interaction between the self and the significant other was the crucial factor in constructing the relational being, whether it be a managed emotion or the ‘relational being’ of another form of social interaction. By talking about the perceived emotions, there was a lifting of the perceived stressors and at times this reinforced their social identity. In essence, there is hope for adult students diagnosed with dyslexia regarding managed emotion, with a collegial friend and through social interactions occurring with the DSOs in TAFE, which alleviates the emotion. In Chapter Two and the literature below, other emotional states are discussed.

Managed emotions as perceived by adult students diagnosed with dyslexia, forged the perception of them not being able to cope in schools, TAFE and workplaces, (e.g., hospitals and government organisations). Literature advises that there were instances of pressure (Mellard & Woods, 2007) and emotional challenges (McNulty, 2003) for people diagnosed with dyslexia, in learning and when workloads increased, in the learning phase (Mellard & Becker Patterson, 2008). In contrast, Goffman (1959a, 1961, 1968, 1974a, 1974b) noted, those people who had ‘hidden’ disabilities, [such as dyslexia]19 (Section 6.3.2), were going to be labelled, stigmatised and discredited. Eventually, adult students diagnosed with dyslexia will be labelled, because they have difficulties in everyday life (Chapter Four, Section 4.2.2).

[19] […] are utilised in this research for the insertion of text that makes for further understanding of the referenced text by other researchers.
Further to this research, the managed emotions ensured that adult students diagnosed with dyslexia felt isolation and marginalisation in TAFE, (e.g., they became stressed in examinations or when assignments were due) illustrating the social constructions with others were not managed in real life. Adult students had times of sickness, due to the stress-related challenges, needing hospitalisation for medical symptoms. The managed emotional difficulties were another extreme on the continuum between adult students with and without dyslexia. Further to this argument is the social vs medical model of disability, which is highlighted in this section. Social problems and oppression are identified as one’s emotional challenges. The exploration of adult students diagnosed with dyslexia in this study using the relational: hyphenated-self, who were already exposed to emotional challenges prior to enrolling in TAFE. However, the longer time spent in TAFE, the more positive was their experience.

In comparison, there is a positive aspect to having to deal with managed emotions. In TAFE, adult students diagnosed with dyslexia were becoming less reliant on their previous social identity. Adult students diagnosed with dyslexia were becoming more independent socially, through the social awareness of their dyslexia and strategies to help them manage their learning in TAFE. Socially, adult students diagnosed with dyslexia formed relationships with significant others in TAFE (e.g., DSOs and some teachers) in order to progress in learning with other students without dyslexia. The social vs medical model of disability illustrated that adult students were managing their emotional challenges through positive social interaction, advocacy (e.g., DSO) and student peer social constructions. Adult students who did not disclose in this study were not interviewed, because selection and recruitment was done by DSOs (see Appendix 6). TAFE access to participants was restricted due to the Queensland Privacy Act (2014). However, on enrolling into TAFE, the adult student diagnosed with dyslexia were in the exclusion zone, due to their fragile managed emotions on the relational: hyphenated-self model.

On reflection, of the relational: hyphenated-self, adult students diagnosed with dyslexia remained on the extreme of the hyphen; they remained excluded (Figure 6.2). In relation to the adult students without dyslexia, it is clear that adult students diagnosed with dyslexia remained at the far extremity on the continuum, due to the difficulties that continued from childhood perceptions, exacerbated by their perceived emotional difficulties in schools, families, workplaces, and TAFE. In addition to the managed emotions, adult students diagnosed with dyslexia perceived they were different compared to significant others without dyslexia.

6.3.4 Difference

Adult students diagnosed with dyslexia reported their perceived difference in the interviews. They felt different compared to others without dyslexia in society and learning contexts. Adult
students diagnosed with dyslexia felt at times they were treated differently by other people, because of their dyslexia. Likewise, adult students reported their brains functioned differently compared to peers without dyslexia. Many perceived themselves as being superior to those without dyslexia. Adult students diagnosed with dyslexia perceived they were different in three ways: a) feelings of difference; b) brains functioned differently; and c) being treated differently by significant others. The difference will be discussed using four studies and one photographic exhibition to highlight perceptions of adults with dyslexia.

In this first study, Dale and Taylor (2001) explored adults with dyslexia studying in the Faculty of Education, within a UK university. The research was concerned with students’ perceptions on labelling; recognition of dyslexia within primary and secondary education; and recognition of and an understanding of dyslexia within society (Dale & Taylor, 2001). Students were interviewed in focus groups, after attending night classes for dyslexia at that university. Dale and Taylor (2001) noted that many students experienced similar feelings about their differences, which they had dealt with in school and on transitioning into higher education. One group of respondents felt marginalised and they were treated differently. The second group of students with dyslexia, perceived that if they could not spell, they did not have intellect (Dale & Taylor, 2001). Students in that study did not mention that they functioned differently compared to other students.

The second study of Sam Barcley’s (2013) identified the difference in a photographic exhibition, in the UK. Barcley (2013) held this art exhibition, focusing on dyslexia to advance knowledge of the topic within his community. The title of the exhibition was called: “I Wonder What it Feels Like to Be Dyslexic”. Barcley (2013) was assessed with dyslexia and attempted to provide a link to his perspectives regarding dyslexia. Furthermore, Barcley suggests that he thinks differently to others in society. In generating his message about dyslexia in a public forum, in an informative yet functional manner, Barcley produced a book. Furthermore, in an audio-visual artefact, Barcley (2013) not only thought differently, but he also felt different compared to others without dyslexia.

Barcley (2013) used his voice to provide information about adults who have dyslexia, for the audience to further understand dyslexia. Barcley questions this difference and poses the question. “Is this difference with those who have dyslexia; or with those who know little about dyslexia?” (Barcley, 2013). Barcley’s (2013) topographic exhibition provided funding for literacy classes to support adults who have dyslexia in his community. Furthermore, Barcley does not state that he functions differently compared to others, however he did say he felt different.
In contrast, to Barcley’s (2013) exhibition, the third and fourth studies were in the educational and nursing contexts, where difference was noted. Evans’s (2013) and Tanner’s (2010) research participants reported differences that came from varied sources. Evans’s (2013) research was completed in Ireland and explored nurses who have dyslexia and constructed an identity for nurses with dyslexia. Nurses had problems with literacy that was to become a factor of difference, in an identity for student nurses (Evans, 2013). Difference was a recommendation that should be explored in other research because students did not explain this phenomenon with regards to nurses’ identity (Evans, 2013). In Tanner’s, (2010) research, students felt different and stated they were different.

In this research study, there is limited literature at present of adult students diagnosed with dyslexia functioning differently in social contexts. Three articles identified functioning differently, which came from medical literature. Functioning was related to the cognitive aspects of dyslexia (Brosnan et al., 2002; Menghini et al., 2009; Nicolson & Fawcett, 1997), as opposed to social functioning of adult students diagnosed with dyslexia. None of the articles provided perceptions of adult students diagnosed with dyslexia functioning differently.

In this research, difference was assumed by adult students diagnosed with dyslexia, through interaction with significant others in schools, workplaces, and family homes. Adult students diagnosed with dyslexia perceived themselves as being different to their peers, who were adult students without dyslexia on the continuum of the relational: hyphenated-self. The perceptions of adult students diagnosed with dyslexia were constructed into themes that identified that there was a positive pull and a negative push at the hyphen where adult students were perceived as being different to others without dyslexia. This difference was not attributed in a positive and inclusive manner within classrooms, workplaces, or hospital contexts. The negative exclusion was always going to outweigh a more positive inclusion in the lives of adult students diagnosed with dyslexia from children. In addition to the social identity of adult students diagnosed with dyslexia, who were located at the extreme point of exclusion on the continuum; compared to adult student peers without dyslexia. However, in TAFE, through advocacy and support they experienced a positive outlook in adulthood.

As noted, the relational: hyphenated-self, became evident in this research for adult students diagnosed with dyslexia, largely due to the relationships occurring in schools, families, workplaces and tertiary contexts. The authoritative nature of policy and government changes leaves the marginalised and labelled group at the exclusive zone on the continuum. In comparison to this research, literature identified that marginalised groups are affected by legislative, government, and policy changes in society (Levitas, 2004; Smyth, 2010). Several adult students diagnosed with dyslexia were treated differently by organisations, such as schools (Slee & Allan, 2005). Despite the
reforms for inclusion in schools for disability (Keeffe & Carrington, 2006; J. Ryan, 2002), a genuinely inclusive environment remains deficient (Graham & Sweller, 2011). In organisations, [such as TAFE] a bureaucratic context, the facilitation of inclusion, legislation and policy, is in kind, rather than in practice (Smyth, 2010). Also, adult students diagnosed with dyslexia were at the mercy of institutional governance and staff for supporting and servicing their educational and social needs, particularly when they came to enrol and register with Disability Services in TAFE (Figure 6.2).

SECTION TWO | THE TAFE EXPERIENCE

6.4 ENROLLING IN TAFE

Adult students diagnosed with dyslexia found enrolment was a challenge for them, due to a large amount of paperwork, which had to be read. In addition, many adult students diagnosed with dyslexia had difficulty in completing the enrolment forms. According to some adult students diagnosed with dyslexia, they were confused with the format of TAFE forms and required help from administration staff. When students were struggling, the DSO was notified immediately at some institutes, to assist with the completion of forms. The following process for adult students diagnosed with dyslexia after contacting TAFE was to enrol in courses at the college. Primarily, this was the first instance of contact with the DSO or Disability Services. In some colleges, adult students diagnosed with dyslexia did not always meet the DSOs, they often met after enrolment. Many students with dyslexia did not know that Disability Services existed at TAFE and were unaware of the support available. Disability Officers presented and introduced themselves to students at orientation day, where appointments were taken for future registration and services.

When adult students diagnosed with dyslexia came to enrol in courses without a social advocate or friend, administrators would ask them to register with DS and meet with the DSO. On the first official meeting with DSOs adult students diagnosed with dyslexia were requested to Formally Disclose their dyslexia. For adult students diagnosed with dyslexia, the tertiary context was an unknown context, where they were enrolling to gain a qualification. The first meeting between adult students diagnosed with dyslexia and DSOs had to be couched in support, so that adult students were not driven away from the TAFE services. Disability Officers offered a welcoming environment for adult students in order to gain their confidence and a relationship of support, equity and advocacy was offered in TAFE.

6.5 TERTIARY CONTEXT

This research illustrated that adult students diagnosed with dyslexia enjoyed the atmosphere of all five TAFE Colleges. Adult students referred to TAFE as a context in which they felt
comfortable. Also, adult students diagnosed with dyslexia perceived that never before had they experienced such a supportive educational environment. In addition, adult students diagnosed with dyslexia revealed that the support provided in TAFE by DSOs enabled them to progress in courses and have success. However, adult students identified they would have had adversity in course progression without the support of DSOs in TAFE. There were three TAFE categories that were positive for students: a) the Disability Officer; b) some of the disability tutors and teachers; and c) Disability Services in TAFE.

According to adult students diagnosed with dyslexia, in the current TAFE, DSOs made their learning a positive experience, with regards to future outcomes. Adult students diagnosed with dyslexia had experienced advocacy from the DSOs. In addition, adult students diagnosed with dyslexia had a relationship with someone who cared about their learning outcomes and became their confidant in TAFE. It is unknown whether adult students diagnosed with dyslexia had such a positive experience in other Queensland TAFE Colleges. In other studies, not all students who have dyslexia in tertiary contexts have such support (Cotton, 2010; Tanner, 2010).

In Tanner’s (2010) study, adult students diagnosed with dyslexia disclosed their shocking experiences within TAFE and universities. At the time of this research, the course for dyslexia, a Certificate I in Foundational Skills for Dyslexia, was only one of two courses delivered in Australian TAFE contexts (Tanner, 2010). In that study, participants identified the TAFE teachers delivering that course understood their educational needs. Also, the course was beneficial for their future goals (Tanner, 2010). Not all participants had glowing reports about TAFE, because some had previously experienced difficulties (Tanner, 2010). In a university setting, Couzens (2015) identified the need to support students with hidden disabilities.

University students with hidden disabilities were supported, although there were some concerns with course delivery (Couzens, 2015). Couzens and colleagues (2015) noted various forms of support that were provided to struggling students, such as group sessions for students with hidden disabilities. It was established that students with hidden disabilities may require individual supports, as opposed to group sessions (Couzens et al., 2015). Adjustments to educational programs, course delivery, and assessment were other factors that were specified in that study (Couzens, 2015). There were specific support and services from Disability Services at that university, which guided program development. The university was attempting to construct an optimum learning environment for

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20 Hidden disabilities are Learning Disabilities, ADHD, and a Psychiatric Disability (Wolf, 2001).
students with hidden disabilities. Academic staff acknowledged there were barriers for effective adjustments within some learning faculties (Couzens, 2015). In comparison, adult students diagnosed with dyslexia were supported and had a TAFE advocate within the system, to navigate their educational journey.

### 6.5.1 Disability Service Tutors

In this study, all adult students diagnosed with dyslexia identified that the Disability Service Tutors from Disability Services were very helpful and assisted them in progressing in courses. Disability Service Tutors (DST) assisted with assignment preparation, scribing, reading, and comprehension of complex textual information. Disability Officers trained the Disability Service Tutors for the provision of support and for working with students who have a range of disabilities. Furthermore, Disability Service Tutors were aligned to particular students, to encourage the students’ development in learning. Disability Service Tutors had similar values to TAFE DSOs, due to the training and mentoring they received from DSOs in TAFE.

Adult students diagnosed with dyslexia and their experiences in the Tertiary Context, as related to relational: hyphenated-self was illustrated in transcribed text and constructed into themes. In TAFE, DSOs provided support and services to students with a disability, including adult students diagnosed with dyslexia. At this stage of the research, adult students diagnosed with dyslexia moved from the extremities of exclusion, into the hyphen where negotiation and reflection occurred for both respondents; to beyond and into the inclusion zone with other adult students without dyslexia. Without negotiation and advocacy, TAFE would otherwise be a lonely place for adult students, and there would be a limited success in courses, without support and services. In short, adult students diagnosed with dyslexia were now negotiating their way forward into the inclusion zone and a successful TAFE outcome, through DSO advocacy. In the following section, there is a return to the discussion of Disclosure, as this following section discusses the literature regarding disclosure of students. For the participants of this research, adult students diagnosed with dyslexia, this was a contentious issue.

### 6.6 DISCLOSURE

Disclosure is central to this research as it unites adult students diagnosed with dyslexia to TAFE Colleges and consequently to DSOs working in Disability Services. In Queensland TAFE there are two forms of disclosure. The first form is Informal Disclosure (student disclosure), and the second is formal disclosure. Informal Disclosure occurs at the time of enrolment when students make a decision of whether or not to disclose on the enrolment form. Alternatively, formal disclosure occurs...
when students contact Disability Services to access support for learning. Disclosure in this research study is termed formal disclosure, as defined earlier, students who have a disability have to provide medical certification to Disability Services and DSOs to access support and services in TAFE. In Queensland educational contexts, disclosure is mandatory for students to receive support and services from organisations (Department Education Training and Employment, 2014; Education Queensland, 2004, 2005, 2006a, 2006b; National Disability Coordination Officer, 2013).

Most adult students diagnosed with dyslexia identified they were coerced into formal disclosure because they needed support in TAFE (Chapter Four). Numerous adult students maintained that they would not normally disclose and three adult students diagnosed with dyslexia were adamant that they would not disclose to another person. However, they did disclose in TAFE to access services. Several adult students suggested they only disclosed when necessary, for support. Four adult students diagnosed with dyslexia openly disclosed their dyslexia. Also, numerous adult students suggested that because they trusted the DSOs, they formally disclosed. Trust became something that was earned and expected by adult students diagnosed with dyslexia. When adult students had trust in the DSO, they would formally disclose in TAFE (Chapter Four, Section 4.3 and Chapter Five, Section 5.3).

In other research, disclosure was a belligerent issue for adult students diagnosed with dyslexia (Morris & Turnbull, 2006; White, 2007). The following three studies reviewed a range of different forms of disclosure processes for adult students diagnosed with dyslexia. In parallel, Morris and Turnbull’s (2006) study of registered nurses in UK hospitals, disclosed selectively. Ditrano and Silverstein (2006) identified that when nurses had a need to disclose or if disclosure was beneficial, they would disclose. One of the predisposing factors for registered nurses was they had to trust the staff before committing to disclosure (Ditrano & Silverstein, 2006). White’s (2007) study identified that nurses feared disclosure in their roles, due to stigmatisation, potential discrimination and poor reception from colleagues. In the Australian study, Tanner (2010) identified three types of disclosure and found that students were reluctant to disclose initially, prior to undertaking the dyslexia course. Not unlike this research, Illingworth’s (2005) study found trusting someone was the primary issue for nurses and health worker assistants to disclose in a hospital context.

Illingworth (2005), in her qualitative research study utilised semi-structured interviews to interpret the findings, noted that health assistants and nurses in hospital settings had to trust a colleague before they would disclose. It was clear in that study, there were some staff who were helpful and not malevolent. In addition, the participants who had dyslexia found it difficult to disclose their disability in hospital contexts. Some were hesitant about disclosure (Illingworth, 2005), not
unlike the nurses in White’s (2007) study, because of mistrust of significant others. It was apparent that many selectively disclosed (Illingworth, 2005), not unlike Morris and Turnbull’s study. ‘Trust’ underpinned disclosure and selective disclosure was common in hospital contexts. However, this was not acknowledged in the more recent studies, as it was in an earlier study (Illingworth, 2005). In trusting significant others, participants perceived that they had someone who valued their opinion and would advocate for them in organisations (Kirwan & Leather, 2011). In another clinical context, White (2007) further elaborated on disclosure.

White’s (2007) qualitative case study identified that disclosure was an issue for registered nurses (RNs). Eleven nurses agreed that they should disclose, however with it came caution of their previous experiences, and the negative consequences of disclosing. Nurses in that study feared three issues regarding disclosure in practice: a) stigmatisation by others; b) poor response from others; and c) a potential for discrimination in workplaces (White, 2007). The rationale for not disclosing for nurses was the fear of not being viewed in a positive way when they became registered nurses. In comparison to nurse disclosure, an Australian study noted disclosure of students with dyslexia in a TAFE context (Tanner, 2010).

Tanner (2010) identified that adult students diagnosed with dyslexia did openly disclose after they had enrolled in the dyslexia course. Initially, when students enrolled, most remained hesitant (Tanner, 2010). Participants in that study were less likely to disclose (e.g., five from seventy participants) than to disclose openly. On completing the course, students went from “Closet Dyslexics” to “Candid Dyslexics” (Tanner, 2010, p. 5). Those in the middle [should I: shouldn’t I], Tanner called “Confused Dyslexics” (Tanner, 2010, p. 5). In comparison to that study, a recent quantitative study also reviews disclosure of adults with disabilities.

In Queensland TAFE, similarities were common with the studies above, particularly comparing the trust that adult students perceived of the DSO prior to disclosing. The adult student also selectively disclosed for benefits, such as support and services in the learning context of TAFE. This research study identified that all adult students diagnosed with dyslexia remained hesitant, even when they did disclose. Adult students diagnosed with dyslexia became hesitant to disclose their disability, even in TAFE, due to their perceived social identity, from the negative interactions in other former contexts (e.g., school and workplaces). In the personal histories of adult students diagnosed with dyslexia, there is evidence that as children, several had terrible experiences in schools, other educational contexts, and with families. In schools, students diagnosed with disabilities had their personal information exposed to teaching staff and significant others (Slee & Allan, 2005). In Britain, it was evident that in schools, students with dyslexia were labelled, stigmatised and excluded by
significant others after disclosure (Reid & Kirk, 2001). In comparison, some adult students diagnosed with dyslexia in this study had experienced inappropriate responses to disclosure, which were evident in other tertiary contexts.

In formally disclosing their dyslexia, adult students diagnosed with dyslexia in this study, became the relational: hyphenated-self, at the endpoint of the continuum, emerging as vulnerable adult students within the TAFE system; compared to other adult student peers without dyslexia. Adult students diagnosed with dyslexia had a DSO advocate in formal disclosure and they moved toward the hyphen in TAFE. Furthermore, adult students diagnosed with dyslexia, after disclosure through advocacy, were then included with adult students without dyslexia, due to the support provided by the DSOs (Chapter Four). Again, the adult student with dyslexia faced a significant barrier to accessing support, without DSOs negotiating a pathway forward from Formalised Disclosure in TAFE. In this scenario, adult students diagnosed with dyslexia would once again fail or regress in learning if there was no support. Disclosure with DSO advocacy provided a positive social identity for the vulnerable adult students diagnosed with dyslexia in TAFE. Without trusting the DSO and having that relationship, adult students diagnosed with dyslexia were at risk of failure, (e.g., Isaac stated: “No I haven’t always told them … I don’t tell many people of the other half of my … of what’s wrong with me.” The DSO was becoming an advocate for the adult students diagnosed with dyslexia in TAFE contexts.

Primarily, this thesis developed a foundation towards a framework of a theoretical contribution through practice; emerging from the voice of adult students diagnosed with dyslexia and constructed into themes. Adult students diagnosed with dyslexia had very strong and positive relationships within TAFE, particularly with the DSO. The rich understanding of relationships between the two groups of respondents helped to lessen the existing barriers and increase the delivery of supports and services for adult students diagnosed with dyslexia, throughout TAFE courses (Research Questions One, Two and Three). Advocacy was instituted by DSOs, for adult student with dyslexia in TAFE, and the student was cognisant of this advocacy (Chapter Four, Sections 4.4, 4.4.1, 4.4.3, 4.4.4).

SECTION THREE | CONSEQUENCES OF DISABILITY OFFICER ADVOCACY

6.7 FRAMEWORK AND THEORETICAL FOUNDATION OF ADVOCACY

In this section, there is a definite division between the social constructions of DSOs and adult students diagnosed with dyslexia that was not captured in the previous sections. To date, this thesis has dealt with the social identity of adult students diagnosed with dyslexia, prior to and after enrolling in TAFE, which demonstrates the barriers, support and services. In this section, there is a relationship
constructed between the adult students diagnosed with dyslexia and DSOs at a micro-social level of this case study. The relationship is identified as one of advocacy.

In this emerging theory of advocacy, adult students diagnosed with dyslexia experienced barriers to enrolling into TAFE, due to their Social identity. As a result of their personal histories, discrimination, managed emotions, and differences, compared to significant others; adult students diagnosed with dyslexia would have a raft of barriers concerning their education, (e.g., difficulties with reading, writing, and comprehension skills; labelling; and stigmatising) (Section 6.3) as well as formal disclosure within TAFE (Section 6.6). The social identity could cause isolation from significant others in an educational context, particularly if adult students diagnosed with dyslexia were not doing well in courses. The social identity of adult students diagnosed with dyslexia could prevail over course completion (e.g., previous failure in courses). Barriers were particularly consistent if adult students diagnosed with dyslexia did not have support. In this research, it was identified that caring, support and servicing, and negotiation between DSOs and teaching staff, influenced the success of adult students diagnosed with dyslexia. Disability Officers advocated for adult students diagnosed with dyslexia in each of the five TAFE Colleges. In another study of students with dyslexia, it was noted that Citizen Advocacy in university settings was consistent with supporting students in the UK (Forbat & Atkinson, 2005).

Forbat and Atkinson (2005) identified the work of social workers as advocates occurring in some university facilities in Nottinghamshire, UK. It was noted that advocacy is both theoretical and practical, and was illustrated in more practical interactions through advocacy (Forbat & Atkinson, 2005). Advocacy is not social work; it is the principles that resonate within that profession. In addition, advocacy is a separate entity, where there are always positive experiences (Forbat & Atkinson, 2005). Also, there is an inference on the ‘service user’ in having a guiding hand, one that will support and provide another voice to speak for the client, identifying a positive experience for the vulnerable (Forbat & Atkinson, 2005). In this research, DSO advocates provided positive experiences for adult students diagnosed with dyslexia, using supportive interactions and communication through negotiation, so that adult students’ educational needs are addressed in TAFE (e.g., support and services throughout courses) (Chapter Seven).

6.7.1 Defining Advocacy and Caring

There are two forms of advocacy and one definition of caring noted in the literature (Bergman, 2004; Lindahl & Sandman, 1998; Noddings, 1995; Sanford, 2000). These were ‘Natural advocacy’ and ‘Ethical advocacy’ (Noddings, 1995; Sanford, 2000). Natural advocacy occurs when
there is a spontaneous response, and advocacy arises within people on its own (Noddings, 1995). Sanford (2000) identified that caring is spontaneous, and likens it to natural advocacy. Ethical Advocacy requires a response with regards to conflict initiated by the individual (Bergman, 2004; Noddings, 1995). Individuals may procrastinate between “I ought” versus “I want to” advocate for others (Noddings, 1995; p.187). This research, a reflection on advocacy, about rules and regulations within organisations, noted whether or not one advocated for another. In TAFE, it was evident in the DSO practitioner that advocacy came naturally. Caring in this research is homogenous with advocacy, and these concepts are addressed simultaneously. Caring is defined by Noddings as:

... We must be cared for constantly from our squalling debut into the world ... and this is the original condition (Noddings, 2002; p. 121). ... ‘Natural’ caring – a form of caring that does not require an ethical effort to motivate it (although it may require considerable physical and mental effort in responding to needs) (Noddings, 2002; p. 2).

In comparison to nurses caring for patients (Sanford, 2000), this research also noted ‘caring’ in the relationship between adult students diagnosed with dyslexia and DSOs. Caring in this research was in the form of DSO advocacy. All DSOs were discretionary, through goodwill, respect, social justice principles and affirmative interactions (Chapter Seven). Disability Officers are Natural Advocates. This research will use the term advocacy as opposed to caring. Underpinning advocacy is a caring relationship occurring between adult students diagnosed with dyslexia and TAFE DSOs and the interactions occurring between both respondents (Table 7.1). Literature from the nursing profession defines advocacy.

Lindahl and Sandman (1998) defined nurse advocacy as:

... the role of advocacy lies in a moral and existential response to another human being, an expression of caring. Advocacy rests on the patient-nurse relationship and occurs as an outspoken demand of another human being whose autonomy is threatened. (Lindahl & Sandman, 1998, p. 179).

The term patient-nurse was not dissimilar to the way in which DSOs were advocating for adult students diagnosed with dyslexia. However, both were practicing in different contexts and had different roles in the profession. Nurses cared, advocated and supported families, but did not cure patients (Code of Professional Standards for Nursing Australia, 2008, p. 9). Disability Officers cared, advocated and also supported family members throughout adult students training. The relationship between the two groups, was the agency of being a professional, as illustrated above in practice.
Nurses have Professional Standards; and as noted below DSOs, they become professionals in their dealings with adult students diagnosed with dyslexia.

The term ‘patient’ entails a special ethical and legal relationship to the nurse or midwife, and to others in the context of professional health care, which does not apply to other ‘persons’, and is established in ethical discourse in phrases such as ‘patient autonomy’, ‘patient care’, ‘patient advocacy’ and so on (Code of Professional Standards for Nursing Australia, 2005 p. 9).

In TAFE, DSOs provided practical examples of advocacy for adult students diagnosed with dyslexia, as listed below.

In this study, a foundational theory of advocacy provided a contribution to existing theories, using five different concepts: a) Discretionary practices; b) DSOs professional agency; c) Caring for clients; d) Social justice mandate for support and servicing; and e) Doing good deeds within and outside the realm of DSOs role (professional practices). These attributes have contributed to a foundational theory of advocacy for adult students diagnosed with dyslexia in TAFE. The emerging theory of advocacy makes a contribution to theory and practice, which is original and scientifically useful, for future research. Caution is taken as there are differences in the strengths of making a theoretical and scientific contribution (Corley & Gioia, 2011). The foundational theory of advocacy is stronger because it is perceived to have revelation and originality; and has changed some of the concepts in an existing theory of advocacy (Xiaoyan & Jezewski, 2007) in order to understand the ‘new’ professional agency of DSOs, using discretionary practices in TAFE.

The first and second criteria of advocacy are addressed in this paragraph. In this study the DSOs were the advocate for adult students diagnosed with dyslexia. The first criteria were that adult students diagnosed with dyslexia were being supported within and outside of TAFE and external funding was not related to TAFE services (Chapters Four, Five, and Seven). The second criteria for advocacy were that adult students diagnosed with dyslexia were provided with support and reasonable adjustments for support. Disability Officers navigated TAFE Policy Guidelines to provide funding support (e.g., VDSS and DAAAWS funding), and reasonable adjustments (e.g., scribes, readers, assistive technology, iPads, and Disability Service Tutors for assignment writing). In addition, adult students diagnosed with dyslexia were provided with after-hours telephone support (Chapters Four, Six, and Seven). Hence, DSOs went outside their formal role in the provision of support, being discretionary and autonomous in their practice (Chapter Seven). After-hours telephone numbers were provided to some adult students diagnosed with dyslexia, to complete assessments on time (Chapter Four). Support provided by DSOs was another form of practical advocacy. Not only were DSOs discretionary, they also had a professional agency in TAFE, as opposed to their formal role.
The third criteria of being an advocate were by doing good deeds (e.g., caring and listening, then interaction on behalf of others). Funding came from volunteer organisations (Chapter Five), to support some adult students diagnosed with dyslexia and Irlen Syndrome, who required specific Irlen lenses in glasses. This funding came from St Vincent de Paul (Section 5.2.3). Vocational Disability Support Scheme (VDSS) provided funding for diagnostic procedures, a government department, which was becoming more difficult to access. However, no funding was available for the Irlen glasses. The research proposes that Meares: Irlen Syndrome is prevalent in other disorders, where Irlen Syndrome has been disputed by some researchers (Williams, 2014). This section relates to the medical model of disability, where the students are advised by a professional, who searches for a cure. Despite this medical influence, DSOs decoupled the system to provide adult students diagnosed with dyslexia funding for this visual perceptual disorder, by doing good deeds through autonomy.

In TAFE, Disability Officers were seeking funding for Irlen lenses in glasses, which became an issue for DSOs, due to limited available VET funding. Private organisations (e.g., St Vincent de Paul) also provided funding on request of DSOs. There were the continued social constructions occurring between funding departments, where DSOs were not only the advocate for the students, but also the negotiator, social justice advisor and a caring person. Disability Officers also went to private volunteer agencies to access the funding to purchase glasses for adult students diagnosed with dyslexia who could not afford such mandatory equipment. This was yet another form of practical advocacy, where DSOs decoupled (Chapter Two) TAFE Guidelines by accessing funding from private organisations (e.g., provided support and equipment for adult students who did not formally disclose their disability); due to their perceived social identity.

The fourth criteria were the social justice principles, which identified that adult students who did not formally disclose were provided with support by some DSOs, yet in other TAFE Colleges there was limited or no support. Adult students who failed to disclose and were fully supported by DSOs were both apprentices and mainstream students. It was identified that there is funding that can be utilised by DSOs to provide additional support. Many DSOs were unaware of this funding or particular institutes did not have such funding (e.g., small colleges and college outposts). In the provision of support without the funding, however, the DSOs who provided the support without funding were social justice warriors, who went out of the DSO role, and provided appropriate support for the vulnerable students. Hence, DSOs were decoupling the system. In utilising their discretionary practices, they changed TAFE Policy Guidelines in order to support the adult student with dyslexia. Disability Officers in these instances had academic qualifications (e.g., nurses and social workers) (Appendix Five, 5.1 and Chapter Seven).
However, adult students diagnosed with dyslexia identified, without the DSO being their advocate, they were prone to failure. Some of the additional services provided by DSOs included supporting apprentices in workplaces. Adult students diagnosed with dyslexia reported the DSOs collaborated and negotiated on their behalf with other government agencies, to provide further support and services for them, throughout their enrolment. Once more, adult students diagnosed with dyslexia perceived that through a caring and respectful relationship and the good will of the DSO, advocacy prevailed in TAFE. In this research, the emerging of advocacy was identified by adult students diagnosed with dyslexia in TAFE Colleges. As there was reliable supporting and servicing of adult students diagnosed with dyslexia, by the DSO advocates in TAFE Colleges, advocacy facilitated a collegial relationship between adult students and the DSOs in TAFE, through negotiation. Hence, adult students diagnosed with dyslexia perceived their relationship with DSOs in TAFE moved along the continuum from the exclusion zone to the hyphen, then into the inclusion zone with all adult students without dyslexia in TAFE (Diagram 6.3 relational: hyphenated-self).

The fifth aspect of good deeds and advocacy were when adult students diagnosed with dyslexia perceived that support and services provided by DSOs in TAFE were not previously delivered in any other educational context. Adult students diagnosed with dyslexia identified that support came in four traditional forms: a) physical support; b) technology; c) tutoring; and d) interpreting written text. Furthermore, adult students perceived that DSOs were their critical friend who advised on matters of learning and social matters. Disability Officers implemented scribes, readers, and interpreters for in-class learning and out of class tutoring (e.g., Disability Service Tutors). Servicing included accessing psychometric assessments, dealing with other government agencies, and negotiation with TAFE teachers regarding support. Adult students identified that DSOs helped them to navigate the procedures and aided in facilitating employment and work placements. In addition, adult students diagnosed with dyslexia were advocated for by DSOs, throughout their course. Support and servicing are other forms of practical advocacy for adult students diagnosed with dyslexia through their good deeds.

In this research, adult students diagnosed with dyslexia perceived they were respected, had a confidant, and an advocate in TAFE DSOs (Chapter Four, Section 4.2.2). Advocacy provided by DSOs enabled adult students diagnosed with dyslexia to continue in their learning phase and access support from Disability Services. Once more, adult students diagnosed with dyslexia perceived that DSOs were concerned about their well-being; cared for them and their educational and workplace outcomes in TAFE. The following section defines both caring and advocacy because they are used synonymously in this research.
Adult students diagnosed with dyslexia attending educational facilities find they require the support of an advocate or mentor for navigating and supporting the learning phase. The relational: hyphenated-self, noted adult students diagnosed with dyslexia at this stage have moved from the extremities of exclusion, along the continuum toward the hyphen, almost across the hyphen, to the inclusion zone with adult students without dyslexia, where both groups of adult students are attending lectures (e.g., undertaking assignments and assessment). The movement along the continuum was due to the good deeds and advocacy of the TAFE DSOs.

6.8 LEARNING FOR ADULT STUDENTS

Adult students diagnosed with dyslexia revealed a variety of learning supports they utilised within and outside of TAFE. Learning was crucial for adult students diagnosed with dyslexia, for inclusion into all activities as independent learners with students without dyslexia. Successful learning meant that adult students diagnosed with dyslexia were not relying on teachers and tutors in order to gain a variety of additional supports and skills. Adult students diagnosed with dyslexia expected to gain additional skills for future employment from TAFE teachers. Some adult students maintained that TAFE teachers attempted to implement several reasonable adjustments. However, many did not help with different learning processes in classrooms.

In addition, adult students diagnosed with dyslexia utilised both formal and informal learning modes (Bradley et al., 2011). Formal learning occurred in TAFE, schools and higher education contexts. For adult students diagnosed with dyslexia, formal learning was occurring in TAFE, where they aim to accomplish successful learning outcomes for future employment and skilling for higher education. Informal learning occurred in society, with friend and families and for adult students diagnosed with dyslexia and they called informal learning, independent learning. Many informal skills such as signposting bus routes and directions for driving, using Google for spelling and grammar, and asking friends to assist in reading, enabled adult students to progress with others in social contexts.

There are three categories of learning, naively used by respondents which were informal. These were: a) independent learning (e.g., Google, photography, mobile phones); b) Learning Styles (Burden, 2008; Mortimore, 2005, 2008; Zdzienski, 2005); and c) Learning Strategies (Klassen, 2010). In other studies, a variety of researchers used learning styles for adult students diagnosed with dyslexia (Reid, 2009; Mortimore, 2005, 2008). Independent learning was also noted in a recent UK study, at an independent support centre for people with dyslexia (Kirwan & Leather, 2011).

Kirwan and Leather (2011) noted that all participants with dyslexia in that study required certain forms of support. Furthermore, in that study, tutors were specialised in servicing students with
dyslexia with individualised support, which enabled participants to believe they were independent (Kirwan & Leather, 2011). There are few studies on adults who have dyslexia and their perceived independence in learning and within society. In comparison, TAFE adult students diagnosed with dyslexia also perceived they learned using different techniques and were independent, but they did not acknowledge these to be learning styles.

Chapter Two identified some learning styles, which were researched in psychology, where testing demonstrated the most suitable strategies to help with learning (Bergman, 2004; Reynolds, 1997; Riding & Rayner, 1998). Many of the learning styles have changed in recent years (Fleming, 2006). Evidence illustrated that many of the older learning styles remain in use in educational facilities, such as VARK (Alkhasawneh et al., 2008; Fleming, 2006; Zdzienski, 2005) (Chapter Two).

Several adult students diagnosed with dyslexia were hands-on learners, using kinaesthetic learning styles, and were employed for their skills. In comparison, other adult students diagnosed with dyslexia suggested they were not employed because of their writing and reading abilities. One adult student divulged that they listened to tape recordings, several times over, to learn an auditory learning style. One apprentice identified that he was able to build a car engine if he could learn to re-build an engine using certain parts. There were instances of students being able to review objects in 3D (three-dimensional) models, and then the student could begin to build machinery. In comparison, other adult students diagnosed with dyslexia understood patterns in their surroundings and workplaces, which was perceived as giving them an edge over others. The majority of adult students diagnosed with dyslexia used observation to learn in social and TAFE contexts.

In this research, adult students diagnosed with dyslexia noted many styles, including visualisation of diagrams, Power-Point presentations and audio-visual information (e.g., visual learning styles). Several adult students diagnosed with dyslexia had to verbalise information (e.g., verbal learning styles) and listen to information (e.g., auditory learning styles). Adult students in this study were kinaesthetic learners and played with models (e.g., kinaesthetic learning styles). Many adult students diagnosed with dyslexia had to think and reflect on what they had heard to make meaning of the information (e.g., reflective learning style) (Caskey, 2010 unpublished). In recent years, there were other learning styles used by educators and academics in the field (Burden, 2008; Elbeheri & Everatt, 2009; Mortimore, 2008).

Mortimore (2008) identified that adults with dyslexia can use a range of learning styles. The Holistic and Sequential learning styles were used in that research (Mortimore, 2008). Holistic learners review the ‘big picture’ and often have difficulty in cutting it down into small chunks of information.
In comparison, the sequential learners’ work with small chunks of information, and they often find it difficult to get to the end due to their inability ‘to perceive’ the finished product (Chapter Two) (Mortimore, 2008; Riding & Rayner, 1998). In comparison, in TAFE adult students diagnosed with dyslexia faced challenges in utilising learning styles that suited their learning abilities.

Adult students diagnosed with dyslexia were not always provided with learning styles in TAFE. Also, adult students insisted that they need to learn strategies to support their future education and employment. In TAFE, the positive social construction between adult students diagnosed with dyslexia and the DSO improved course outcomes for adult students diagnosed with dyslexia through advocacy (e.g., negotiation with teachers). The last factor was learning strategies identified to be lacking in TAFE. Learning strategies included the reasonable adjustments provided by DSOs in TAFE, which could include additional time, tutoring time and technology. In addition, learning strategies could also include those previously identified by the researcher (Benn & Fieldhouse, 1994; De Bono, 2000; Gardner, 1983). Adult students diagnosed with dyslexia were unaware of the support strategies that could advance learning. However, adult students were insistent on gaining other skills for learning independence.

In TAFE, there were no independent learning strategies provided to adult students diagnosed with dyslexia, to support learning, such as Mind-Mapping or Concept Mapping (Benn & Fieldhouse, 1994) and Gardner’s Multiple Intelligences (Gardner, 1983), or De Bono’s Six Thinking Hats (De Bono, 2000). Students perceived they required independent learning strategies for supporting future workplaces and educational opportunities. There remain limitations in the delivery of independent learning strategies in TAFE, particularly for adult students diagnosed with dyslexia. Despite the DSO provision of Reasonable Adjustment and advocacy, there remained limitations in learning within the classroom contexts.

On reflection of the relational: hyphenated-self, adult students diagnosed with dyslexia moved from the extreme polar point of exclusion, crossing the barrier of the hyphen through DSO negotiation, to the inclusion zone with adult students without dyslexia (Figure 6.3). However, adult students diagnosed with dyslexia also had challenges in society. When adult students diagnosed with dyslexia have support from valued members of staff or specialist and knowledgeable teachers, they were supported strategically, gaining success. Disability Officers negotiated with teachers, enabling adult students diagnosed with dyslexia to gain essential reasonable adjustments, which could include various learning styles and strategies. In short, adult students diagnosed with dyslexia were learning and being serviced by TAFE teachers, Disability Service Tutors, and DSO advocates. Despite the
support provided, adult students diagnosed with dyslexia are at risk of failing if there are no or limited learning styles and strategies for support and no DSO advocacy.

6.9 SOCIETY AND SOCIAL IMPLICATIONS

Adult students diagnosed with dyslexia identified they were more independent in society than in TAFE. However, many adult students diagnosed with dyslexia struggled in society, due to the many processes that were challenging for them to navigate. Difficulties included driving, shopping, signage, government organisations, and travelling (Chapter Four). It was not just the everyday difficulties caused by their literacy challenges, but the treatment they received from significant others in society caused problems. Adult students diagnosed with dyslexia found it difficult to navigate government organisations (e.g., Centrelink), due to the large amount of documentation, similar to the challenges they faced with banking. There were other social difficulties for adult students diagnosed with dyslexia in workplace contexts. Social implications permeated through several government departments and airports, for adult students diagnosed with dyslexia (Chapter Four, Section 4.2 and 4.6). The contention remains with some administrators not knowing about dyslexia and perceiving that all people with an LD have an Intellectual Impairment. Indicators of LD did not identify intellectual impairment, in the Diagnostic Statistical Manual of Mental Disorders, (2013; p. 67 Section 315.00), at the time of undertaking this research. In social research, Macdonald (2010) noted that people were treated unfavourably, due to their socio-economic status in society.

Macdonald (2009a) identified society as being a challenge for adults who have dyslexia, navigating through the barrage of textual combinations. Macdonald (2009a) identified that little has improved to support adults who have dyslexia in workplaces. Other literature concurs with Macdonald in that the expectations of workplaces became difficult for some adults with dyslexia (Bartlett & Moody, 2010; Moody, 2003; Reid et al., 2008). Furthermore, discrimination and attitudes of significant others, have caused hesitancy interacting with others in workplace contexts (Tait & Purdie, 2000; Talbot & Chivers, 2000; White, 2007). In this research, marginalisation, exclusion, and Discrimination were occurring in society, for adult students diagnosed with dyslexia (as noted in Chapter Six, Discrimination and Identity). In addition, TAFE was transitioning through government reforms, with major changes occurring in most areas of this learning context.

In 2014, Government reforms for TAFE, made reductions to budgetary items (Queensland Government State Budget, 2012/13). There were limitations on budgets and the management of TAFE Institutes throughout Queensland (Queensland Government State Budget, 2012/13; Queensland Skills and Training Taskforce Committee, 2012b). Reforms were implemented to manage an already broken
system (Queensland Skills and Training Taskforce Committee, 2012b). There were recommendations for the reduction of staff and courses within TAFE. In addition, schools and faculties were to be reduced within Queensland TAFE. As a result of this significant reform in TAFE, policies and procedures were to change. Funding was to be reduced, and new TAFE Guidelines were to be implemented, procedural changes were occurring at the time of this study. In addition, further processes and procedures were being implemented in an already formalised system (Queensland Skills and Training Taskforce Committee, 2012a, 2012b; Stringer & Hudson, 2008). However, this was only a preview of changes to come within Queensland TAFE, which would have social implications for future students with dyslexia and their enrolment.

6.9.1 Legal Systems and Disability in Society

Adult students diagnosed with dyslexia did not disclose information regarding policy and procedures, acknowledging that as a person with a disability, ‘they’ had to be supported. These expectations of adult students diagnosed with dyslexia were obligatory in Commonwealth and State Legislation (Chapter Two) and various policies that have been implemented to support and include adult students diagnosed with dyslexia (e.g., reasonable adjustments and Inclusion) in TAFE.

In confirming attitudes of people socially, little has been done in achieving a truly inclusive society (Graham & Sweller, 2011; Redley, 2009). In Australia, the first Social Inclusive Policy, (2009) was implemented by the Commonwealth Government (Commonwealth of Australia, 2009), from recommendations of various groups (The Australian Services Union, 2007; Commonwealth of Australia, 2009). The Inclusion Policy was updated in 2012 and again in 2015 (Social Inclusion Policy, 2012, 2015). Social inclusion was not what it was purported to be in educational contexts (Marston & Dee, 2015). Researchers found that within workplaces, disability legislation was also failing the very people whom it is supposed to support (Arnold et al., 2010). Similarly, in educational facilities, legislation is far from supporting adult students who have disabilities (Cumming & Dickson, 2007).

Two Australian studies have focused on the legislation and the application of those acts in education and workplaces. Firstly, Arnold et al., (2010) noted that people with ADHD (Chapter Two, Section 2.2) in workplaces can be stigmatised and discriminated against through the misinterpretation of legislation and policy. Arnold et al., (2010) noted that legal protection of people with a cognitive disability needs addressing in all workplaces. The legal protection that Arnold et al., (2010) deemed necessary focused on was the discrimination of people with disabilities in workplaces.
The second Australian study identified various challenges for people who have a disability within the court system (Cumming & Dickson, 2007). Cumming and Dickson (2007) identified various educational and equity parameters around assessment for students who have disabilities. There were numerous insights into the legal cases for a successful court application in Australia, which deviated from the perceived expectations of people who have a disability. There is parity for courts in Australia and internationally not to engage in policy matters (Cumming & Dickson, 2007, p. 218). In America and Britain, other researchers identify various statutory limitations for adults with disabilities in society.

In Britain and the UK, disability legislation was doubted by Healey (2003), who suggested that legislation was a ‘Trojan Horse’. Legislation led to greater stigmatisation of students diagnosed with disabilities and enforced a notion of failure through the labelling of students (Healey, 2003, p. 26; 2010; Healey & Jenkins, 2003). Furthermore, Healey (2003) and O’Hara (2013) both claimed that learning for students diagnosed with disabilities should be advanced by increased negotiation. Despite the legislation in both countries, Australia and Britain, there are significant ambiguities in legislation. The ambiguities make it challenging for people with disabilities to make a claim and pursue it in a court of law. In some legal cases, once reasonable adjustments have been applied, the organisation is cleared of any support parameters, once the support is provided. Whether the support for the disability is appropriate or not, there is an impetus that the Reasonable Adjustment was provided by the organisation.

Despite all the legal parameters and legislation in Australia in schools, tertiary institutions and workplaces (Arnold et al., 2010; Cummings & Dickson, 2007; Davies, 2012) little has changed to improve the social and educational encounters of people diagnosed with dyslexia (e.g., in government and private contexts). In Australia, there are limited studies on all students with dyslexia, to address the social implications and their experiences in vocational contexts (Tanner, 2010), compared to research completed in Britain and the UK (Bradley et al., 2011; McLoughlin & Leather, 2013). This research noted that adult students diagnosed with dyslexia were marginalised by the legal systems that are in place to support a disability. Not unlike the schooling system when Davis also identified marginalisation of students with disabilities because of the legislation (Davies, 2012). In addition, there are few studies or policies that identified advocacy as an essential component for students with dyslexia in tertiary contexts and in society.

Many adult students diagnosed with dyslexia had negative perspectives, where they remained largely on the hyphen, with limited opportunities. The utilisation of relational: hypehanted self for adult students diagnosed with dyslexia in society reveals a more positive perspective, where adult
students navigated their way in society with help from friends, family, and associates. However, adult students diagnosed with dyslexia were kept at bay by the legislation and policies, and were delayed in the provision of support and services. The only educational context in which adult students perceived they were accepted by others was in TAFE. Adult students diagnosed with dyslexia were located in the inclusion zone with all other adult students without dyslexia due to them having the DSO advocate.

In short, adult students diagnosed with dyslexia were on the extremity of the hyphenation, because they were not always included in workplaces and other government and non-government organisations. Largely, this was due to the attitudes of some in society and the legislative processes and procedures influencing the output and contribution of the adult students diagnosed with dyslexia in workplaces. Further to this scenario was the legislation and policies that are supposed to support adult students diagnosed with dyslexia. Policies have been shown to have disparities in TAFE, which secure that exclusive notion of marginalising the students, which so often occurs in educational contexts (Walsh, 2012). Further from an inclusive zone in TAFE, adult students diagnosed with dyslexia were at times disillusioned, with often inadequate support and servicing in various contexts. Hence, the social identity appears in adult students diagnosed with dyslexia.

The social identity of adult students diagnosed with dyslexia plays out again, without the positive social constructions (e.g., DSO interactions). However, the social constructions that often play out within the exclusion zone or at the hyphen, where there is decision making and time for reflection, and so for adult students there are continued tensions. For adult students diagnosed with dyslexia, they ask should I or shouldn’t I disclose, accept inclusion for learning, DSO supports, and managing emotional difficulties and in essence, their social identity. Will there be inclusion, real and appropriate support, an advocate or mentor? The tensions become apparent for adult students diagnosed with dyslexia the dual concept of disability. In this embedded case study, the micro-social level of exploration, illustrated different spaces for adult students diagnosed with dyslexia, within each case. Some had socially developed becoming independent and included in all aspects of social life and TAFE. In contrast, most adult students diagnosed with dyslexia were included, however, they remain hesitant in their inclusivity, because of their social identity and their insecurity of their future options in society.

This multiple case study reviews that there are several commonalities between students, mainly the support and servicing from significant others, including the DSO servicing in TAFE. On the one hand, the support and servicing from previous locations have been a barrier and mostly insufficient for the needs of adult students diagnosed with dyslexia, either in workplaces or societal
contexts. On the other hand, within each of the five TAFE Colleges, there was a relationship between adult students diagnosed with dyslexia and the DSOs that was unexpected, considering adult students’ previous educational experiences (Section 6.3). In TAFE, this relationship of advocacy has given them success in learning and hope for future endeavours. There is a definite link between the adult students diagnosed with dyslexia and DSO respondents in a relationship of good will and advocacy in this TAFE study.

6.10 SUMMARY

In summary, adult students diagnosed with dyslexia were marginalised, labelled and discriminated against in various contexts, such as schools, workplaces and by government agencies, prior to enrolling into TAFE courses. In addition, adult students diagnosed with dyslexia identified themselves as having an identity, when as children and adolescents they were marginalised and excluded in schools and families. Later in the research, the identity of adult students diagnosed with dyslexia was constructed into a social identity. The social identity consisted of their social barriers, such as: a) Personal History; b) Discrimination; c) Managed Emotion; and d) Difference; all contributing to their challenges in families, schools, university, and workplaces. Furthermore, it was identified that this social identity had a theoretical location in TAFE. When enrolling into TAFE adult students diagnosed with dyslexia were located on a relational: hyphenated-self and were in the exclusion zone, compared to their adult student peers without dyslexia, who were located in the inclusion zone (Figures 6.2 and 6.3).

At enrolment, adult students diagnosed with dyslexia were faced with the same system barriers, which they had previously experienced in schools. Adult students diagnosed with dyslexia once again were on the continuum of extremes socially. As young adults [students] with dyslexia many were marginalised, labelled and excluded in schools and workplaces. In TAFE, adult students diagnosed with dyslexia came in contact with an interactional other in a relationship, the DSO, who not only supported them and serviced their educational needs, but also advocated adult students in TAFE.

Disability Officers became advocates, based on the collegial input in TAFE with adult students diagnosed with dyslexia. As advocates, DSOs supported adult students diagnosed with dyslexia with formal disclosure, to access support in TAFE. In a pathway to success, for adult students diagnosed with dyslexia, the DSOs negotiated with teachers, counsellors and significant others to gain positive results for the adult students. Advocacy in this research is proven to result in adult students diagnosed with dyslexia having a critical friend in the DSO. Adult students diagnosed
with dyslexia had a relationship, which was based on DSOs good deeds, social justice principles, having a caring relationship, having a professional agency, and support and service provision, in the form of advocacy. As adult students diagnosed with dyslexia noted, they had someone who would listen and act, to assist their learning endeavours, through advocacy.

The adult students diagnosed with dyslexia used the relational: hyphenated-self emerging from their social constructions (e.g., relationship with the DSOs), moving from the exclusion zone on the continuum toward the hyphen. In essence the hyphen is the location where unacknowledged decision making for adult students diagnosed with dyslexia occurs. On making that decision to be with adult student peers without dyslexia in the inclusion zone, the adult student with dyslexia continues to achieve inclusion, from social constructions with significant others in TAFE. At the hyphen, DSOs negotiation occurred (e.g., with teachers, government departments and counsellors). Adult students were provided with advocacy, and this became the primary support them in TAFE. Without advocacy, adult students diagnosed with dyslexia could fail in courses as they had previously experienced in other educational contexts. Through the negotiation and advocacy of DSOs, adult students diagnosed with dyslexia may be successful in learning. In short, the provision of support and advocacy in TAFE was not assured in society; in other social and educational contexts, adult students are again faced challenges, where they may not receive the support and advocacy as they did in these five TAFE Colleges (Figure 6.3 relational: hyphenated-selves with advocacy).

There were the system barriers in the Tertiary Context of TAFE. TAFE Policies (e.g., VET Disability Support Scheme and Irlen glasses) and Guidelines (e.g., formal disclosure), processes and procedures (e.g., formally structured for adult students with literacy challenges), influenced the support and services provided to adult students diagnosed with dyslexia. The current Legislation is supposed to support the vulnerable in society. However, these limitations cause friction and challenges for adult students diagnosed with dyslexia. Often there is no support or advocacy for adult students diagnosed with dyslexia, due to the difficulties with formal disclosure and many adult students having real issues in social contexts.

Learning was another issue for adult students diagnosed with dyslexia, which was not always supported by some TAFE teachers. Adult students diagnosed with dyslexia recognised there was a misinterpretation of dyslexia and a lack of understanding of their educational and disability needs in TAFE (e.g., learning styles and learning strategies for dyslexia). Learning strategies and styles were absent in the delivery of many courses. In Society, there remain social implications, which were a cause for concern. Adult students diagnosed with dyslexia perceived they were more independent in society, however, there were procedural and controversial challenges for them, socially. Furthermore,
adult students diagnosed with dyslexia have to attend to everyday activities, (e.g., banking, attending meetings at government departments, completing forms and attempting to navigate shopping aisles and centres) (Chapter Four), which were challenges for many adult students diagnosed with dyslexia. The implications of dyslexia remain consistent throughout the research. However, there were limited specialised services available for adult students diagnosed with dyslexia in Queensland. Adult students diagnosed with dyslexia perceived themselves as independent, despite all adult students diagnosed with dyslexia having received TAFE support (e.g., reasonable adjustments).

As noted below in Figure 6.3, when adult students enrolled and formally disclosed in TAFE, they were at the far extremity of the continuum compared to their adult student peers without dyslexia. Throughout this research, there have been instances of adult students diagnosed with dyslexia who were located on that exclusion extremity and moved toward hyphen and into the inclusion zone with adult students without dyslexia, on the opposite end of the continuum. As opposed to the social model of disability, the medical model is utilised in many bureaucratic organisations to manage funding and manage human resource budgets.

It is likely that in the social constructions of adult students diagnosed with dyslexia, with advocacy, were located with other students without dyslexia. Adult students diagnosed with dyslexia illustrated that support and servicing advanced their success in TAFE, more so with advocacy of DSOs, that provided them with a secured educational context and knowledge that there was a constant, a critical friend, in their learning processes, as the TAFE advocate. Despite the challenges faced by adult students diagnosed with dyslexia, they were determined to complete their training in TAFE and their goal, into future employment.

As identified in Figure 6.3, there are dual facets of dyslexia and on the one side of the hyphen along the continuum, inclusion reigns, on the opposite side of the hyphen, the adult students diagnosed with dyslexia remain excluded. For many adult students diagnosed with dyslexia, formal educational contexts cannot deliver the support they require, in advocacy. In this research, these five TAFE Colleges are exceptional, where DSOs advocated for adult students diagnosed with dyslexia and inclusion occurred within those five formal TAFE learning contexts (Diagram 6.3).
Figure 6.3 identifies that when there is advocacy and negotiation from DSOs, adult students diagnosed with dyslexia have the choice of social inclusion or social exclusion. The hyphen illustrated that DSOs are located on the hyphen, for negotiation and as an advisory advocate, who enables and encourages inclusion of the adult students. The choice in TAFE came with the DSO advocate being a facilitator for social inclusion for the struggling adult students diagnosed with dyslexia. As previously noted, all adult student respondents had success in TAFE subjects and courses.

The continuum is not a bipolar extreme (Figure 6.3). It is a continual progression between social exclusion and social inclusion in learning for adult students diagnosed with dyslexia. At the extreme end of exclusion, adult students perceived barriers. At enrolment, adult students perceived they were excluded, they were frightened from previous challenges they had experienced in schools. Throughout their TAFE programs, adult students diagnosed with dyslexia moved from that exclusion zone to being on the hyphen, with many adult students being partially or fully inclusive within TAFE (Figure 6.4).
Figure 6.4 illustrates that adult students diagnosed with dyslexia after enrolment perceived they are included in TAFE. Throughout the courses, only two adult students remained on the hyphen when they were alone. However, when in class with other students, these two students perceived inclusion in the learning context. Six students perceived they were partially included (e.g., one half to three quarters perceived inclusion) in educational activities and work placements. Despite the 8
students who did not perceive they were fully included; full inclusion occurred for 14 students, (e.g., classroom activities and in work placements). The inclusion data, illustrated that students had good relationships with teachers, Disability Service Staff and the DSOs. Hence, there was a continuum of progression within students’ learning, not just a polar extreme of the inclusion-exclusion continuum of the relational: hyphenated-self in TAFE. Figure 6.4 illustrates that adult students diagnosed with dyslexia after enrolment perceived they were included in TAFE. Throughout the courses, only two adult students remained on the hyphen when they were alone. However, when in class with other students, these two students perceived inclusion in the learning context. Six students perceived they were partially included (e.g., one half to three quarters toward full inclusion) in educational activities and work placements. Despite the eight students who did not perceive they were fully included; full inclusion occurred for 14 students, (e.g., classroom activities and work placements). Hence, there was a continuum of progression within students’ learning, not just a polar extreme of the inclusion-exclusion continuum on the relational: hyphenated-self in TAFE.
CHAPTER SEVEN | A THEORY OF ADVOCACY AND DISABILITY OFFICER PERCEPTIONS

This chapter provides both the discussion and the theoretical contributions which emerged from the codes and categories, into sub-themes, and finally to conceptual themes from disability Officers in TAFE. A new contribution to theory emerged from the DSOs perspectives on their ethical role performed in supporting and servicing adult students diagnosed with dyslexia, a theory of advocacy, in each of the five TAFE Colleges. Advocacy is defined by Xiaoyan and Jezewski (2007) from Merriam-Webster’s Collegiate Dictionary (1998) as: ‘the act or process of advocating or supporting’ and ‘one that pleads the cause of another’ (p. 18). It was identified that DSOs have professional agency. Within the five TAFE Colleges, DSOs case managed all students who have disabilities, including dyslexia; however, the cases varied in DSO practices and TAFE procedures. As previously identified in Chapter Six, DSOs became advocates for adult students diagnosed with dyslexia. Chapter Seven continues to develop an emerging theory of advocacy. As previously noted in Chapter Five, DSOs perceptions were constructed from the transcripts from interview data, researchers’ journal notes, and interview transcripts and were analysed into codes, categories, sub-categories and five conceptual themes. These five conceptual themes were: a) formal disclosure; b) TAFE; c) Disability Support and Services; d) Terms for dyslexia; and e) Disability Officer Role; embedded within TAFE Colleges and TAFE and Society (Diagram 7.1). All locations and participants are known by pseudonyms.

In theorising this qualitative research, four premises are developed throughout the social domain of the inquiry (Schutt, 2006). Firstly, the themes of investigation, concepts that explain the phenomena (Research Questions One, Two and Three); secondly are the locations (Research Contexts, TAFE Colleges); thirdly, is the premise that there are historical interpretative commonalities and differences in literature and sociological research (Literature, Chapter Two and Chapters Six and Seven); and lastly is the proposition of a causal explanation of the phenomena (Schutt, 2006). In comparison to Schutt (2006), this research identified that advocacy was identified in the ‘new’ professional agency of DSOs in Queensland TAFE Colleges. Professional agency enables negotiation with TAFE teachers and significant others in the provision of support. Disability Officers care about advancing the education and employment opportunities for adult students diagnosed with dyslexia within the learning sector, primarily through their advocacy. Advocacy was identified as listening to the challenges of adult students diagnosed with dyslexia experienced in TAFE contexts.
The foundational theory of advocacy incorporates the advocate (DSO) and the person receiving advocacy (adult students diagnosed with dyslexia); who recognised DSOs as mentors, counsellors and collegial friends. In addition, adult students trusted the DSOs. Advocacy is defined as:

Disability Officers advocate for adult students diagnosed with dyslexia in TAFE by performing the role of ‘street-level advocates’, ‘being discretionary’ and doing ‘good deeds’, utilising DSOs ‘professional agency’ (e.g., respecting, providing care and kindness, advocating for Students social and educational needs; mentoring; maintenance of support; being students’ confidant; and being autonomous providing support outside TAFE).

In addition, DSOs are one of the micro-social level case studies in TAFE, who are an embedded case study (Yin, 2003); are also located within TAFE Colleges (Research Questions Two and Three). In these cases, DSO practitioners interact differently in their roles, and ultimately the majority of DSOs perceived that they do not have a formalised ‘role description’ (Chapter Five Section 5.1); despite there being a role description (Australian Capital Territory Government, 2013; The Learning Place, 2013). Disability Officers in this research were employed under different wage categorisations and position descriptions (e.g., AO3, AO4, PO3, Director, Manager, AO5, and Teacher, TP). Each college employs DSOs at a different level within Queensland. All DSOs interviewed were either Teachers, Professionals, or in AO2, AO3 and AO4 positions, undertaking the same role. In the quality of the roles, practices undertaken by PO3’s, AO5 and teachers, were assumed to be more discretionary in the role, even autonomous. However, this was not always so; the cases were different, and not always dependent on the categories and abstraction of levels. Despite the different salaries, all DSOs were discretionary and advocates for adult students diagnosed with dyslexia in this research. Disability Officers had other characteristics that enabled them to be discretionary and become the advocate. It was ‘a calling’ for some and all DSOs have social justice principles which were underpinning their case-management role.

Queensland TAFE DSOs are working with adult students diagnosed with dyslexia, have an interactional social relationship with them, becoming adult students’ advocates. In this research, some DSOs have ‘a calling’ to the role, all were caring, and provided good deeds to adult students diagnosed with dyslexia. Disability Officers were good-willed in their interaction and relationship

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Social is the term is related to social systems and their characteristics and people’s participation in them. When friends talk to each other their behaviour is social, as they draw on cultural [artefact] language for their understanding of what constitutes their friendship. Economic, political and other social arrangements occur through which wealth and income occur, and access to food are distributed which are a profoundly social aspect (Johnson, (2000) cited C. Wright Mills, 1959, The sociological imagination).
with adult students diagnosed with dyslexia. Also, DSOs negotiated support and services for adult students diagnosed with dyslexia in TAFE, such as providing additional services, learning support, such as reasonable adjustments for in-class and out-of-class learning activities.

In addition to an emerging theory of advocacy, DSOs were unknowingly practising within a theoretical framework of Lipsky’s street-level bureaucracy, within TAFE Colleges. In Chapter Two, Lipsky’s (2010) discretionary practices were applied to DSOs ‘new’ professional agency in supporting and servicing adult students diagnosed with dyslexia. In addition, DSOs were also constructing their professional agency through practise, as opposed to the existing TAFE DSO role (Chapter Three).

Disability Officers’ implementation of support and services was challenging in TAFE, particularly with the flow of services to Vocational Education and Training Disability Support Scheme (VDSS) and Disabled Australian Apprentices Wage Support Program (DAAWSP) funding proposals and TAFE Policy Guidelines. In TAFE, there were systemic processes and procedures that had to be followed by staff, including the DSO practices. Hence, DSOs had to circumvent some of these bureaucratic barriers that existed in the provision of support. Despite the difficulties, DSOs were able to provide good deeds to adult students diagnosed with dyslexia. There was the philosophy of ‘good deeds’ and practice, and natural advocacy (Chapter Six, Section 6.1) implemented by DSOs for adult students diagnosed with dyslexia.

In Figure 7.1, three themes were connected within TAFE Colleges, and two were utilised in TAFE and socially. Themes constructed in this research came from the interview data analysis, such as the codes, categories, sub-categories, and sub-themes and finally the conceptual theme. The three TAFE conceptual themes were: a) formal disclosure; b) TAFE and Society; and c) Disability Support and Servicing. The two remaining themes related to construction of TAFE and societal categories and finally to the conceptual themes which were: a) Terms for Dyslexia and b) Disability Officer Role.
FIGURE 7.1 | CONCEPTUALISATION OF DISABILITY OFFICER THEMES
7.1 PHILOSOPHY OF GOOD DEEDS AND PRACTICE – REPORTS FROM ADULT STUDENTS DIAGNOSED WITH DYSLEXIA AND DISABILITY OFFICERS

The Philosophy of good deeds has been constructed from the doctrine and the fundamental approach to moral ethics (Josselson, 2007). Noddings is a leader in feminist moral ethics and has done significant work on ethics internationally. Noddings (1995 p. 49) stated: “As we build an ethic on caring and as we examine education under its guidance, we shall see that the greatest obligation of educators, inside and outside formal schooling, is to nurture the ethical ideals of those with whom they come in contact.” Enlarging on Noddings statement, underpinning feminist are the moral ethics of interviewing and researching participants within and outside of formal schooling, occurring in qualitative research. As noted, there were numerous researchers who had moral and ethical considerations at the core of their research (Josselson, 2007; Lehmann, 1995; Merritt, 2010; Noddings, 1984; Uslaner, 2006) with the proposition of “being good” (Granados, 2005) and doing good deeds (Merritt, 2010), such as being a Good Samaritan (New International Bible, Luke Verse 29-37).

Good deeds are both a practical and moral attribute in ethical behaviours. Harris (2012) identified that good deeds were a proactive phenomenon for having a better world (Harris, 2012). As Harris (2012) noted, doing good things gives us better outcomes and consequences. According to Aristotle (cited by Mara, 2015), doing ‘good’ was a moral and virtuous deed and was not performed by all men. In that reading, it was noted that good deeds were not abstract, they were practical applications, which often led to happiness. There was caution in the terms ‘happiness’ and ‘good deeds’, in that they were not performed to gain wealth, position, or credence over others (Mara, 2015). Performing good deeds was an ethical and moral action that called on the inner perspectives of the individual, not a wanting of wealth by their virtuous-self (Mara, 2015). Currently, DSOs have a role in TAFE (Chapter Three, Section 3.4), where they provide support for adult students diagnosed with dyslexia. This support is based on the students’ needs with regards to their learning activities. Despite that all students are given support, it is clearly noted that DSOs looked at innovative ways to further support adult students diagnosed with dyslexia, utilising other agencies, accessing private funding, and educating teachers’ in the more recent reasonable adjustments required for learning, which is a moral and ethical contribution to practice.

Pressman, Kraft and Cross (2015) identified that “Paying It Forward (PIF)” was a benefit to both the giver and receiver of good deeds. In that study, it was identified that even a short time spent with the participants and receiver of the goods (e.g., coffee, talking, and giving a gift) were positive for both participants, the giver and the receiver. Not only were the giver participants or the PIF’s
doing good, but 40% of the receivers of the good deed also “Payed It Forward” to another person. In light of doing good deeds, many people had a positive experience from the gifting (Pressman et al., 2015). This example of good deeds is not dissimilar to those described by Aristotle (Pakaluk, 2005).

Aristotle’s focus (as cited by Pakaluk, 2005) on ethics, virtues and good deeds was synonymous with ultimate happiness (p. 2). His three ultimate goals to human life were: a) the virtues and their characteristic actions (e.g., part of the human soul and part of human virtue) (Pakaluk, 2005, Table 3.1, p. 94,); b) actions as a sign - character related virtues (e.g., courage, generosity, magnificence, magnanimity, minor character virtues and justice); and c) thinking-related virtues (e.g., demonstrative knowledge, craftsmanship, administrative skill, good intuition, philosophical wisdom and minor thinking related virtues); plus side topics (e.g., self-control and lack of self-control, bodily pleasure, friendship, and pleasure generally) (Pakaluk, 2005, p. 3). Disability Officers, not only advocated for the adult students; they performed good deeds, in a manner that could be described as positive, through virtues and morals (Pakaluk, 2005, pp. 102-103) occurring for adult students diagnosed with dyslexia in TAFE.

According to Aristotle (cited in Pakaluk, 2005) virtue ethics are those that produce satisfaction by doing ‘good turns’ toward another. In this research, DSOs accomplished ‘virtue ethics’, providing five good deeds in supporting and advocating for adult students diagnosed with dyslexia. These were: a) after hours support; b) services provided outside of TAFE Guidelines (e.g., Irlen lensed glasses and support and services for adult students who did not formally disclose); c) being constants for students in times of crisis; d) being advocates and autonomous – outside of the TAFE DSOs formal role; and e) assisting adult students diagnosed with dyslexia in social contexts such as workplaces.

Aristotle identified his works on moral and ethical virtue and the satisfaction of doing good deeds, as opposed to the actual good deed itself (Pakaluk, 2005). Cooper and Cooper (1975) identified that Aristotle becomes further focused on doing good. Hence, the deeds of good are actions for happiness (Polansky, 2014). In essence, this is the moral nexus of doing good deeds for significant others; in giving of the self to another. Cooper and Cooper (1975, p.78) state:

*Aristotle insists that doing and acting [ethically and virtuously], as distinguished from making or producing something, the end in view is good action in itself, is the end.*

In addition to Cooper and Cooper (1975); Polansky (2014); and Uslaner (2006) also spoke of trust being hidden from delivery of good deeds and services for marginalised groups (e.g., such as immigrants). In comparison to the micro-social level of performing good deeds, some organisations
are able to implement good deeds in their willingness to develop better organisational practices across international borders (Ali, 1996).

Ali (1996) compared two English speaking countries to the Arab countries in organisational development and the need for change in practices in both countries, to further incorporate Islamic understandings. It was identified from the Quran that one of the principles of organisations was to do good deeds, and staff were also to follow that practice in their working life through actions. Not unlike Aristotle’s version of implementing good deeds. In that article, it was argued that the model of organisational development was copied from either the United States of America or Britain. However, little is implemented to deal with the Arabic nations’ workforce, where the Quran is cited more than once daily and their lives evolve from Quranic lessons (Ali, 1995).

In Australia, organisations may acknowledge good deeds, but are unsure of the nature of these deeds, thinking that community activities are a good deed (Birch, 2002). In contrast to the organisational provisions of good deeds and good will (Birch, 2002), a significant number of employees did not invest in organisational good deeds (Birch, 2002). Governments in Australia at present, must take responsibility for the provision of services for equitable benefit, (e.g., for the immigrant, those with disabilities, and those who are considered marginalised). Trust rests upon a foundation of economic equality (Uslaner, 2006). In TAFE, advocacy was identified as the good deeds that were provided by DSOs in practice.

Adult students diagnosed with dyslexia ‘trusted’ DSOs (Chapter Four, Sections 4.3 and 4.4.2) and identified they had a critical friend (noted earlier Chapter Four, Section 4.4.2) in TAFE. This relationship between the DSOs and the adult students diagnosed with dyslexia enabled adult students to become more independent as learners, through good deeds and advocacy. Disability Officers provided additional time, external support, a caring and respectful relationship with adult students diagnosed with dyslexia, which became evident in adult students’ learning outcomes. Disability Officers corroborated with significant others (e.g., teachers and employers), going beyond the formal TAFE DSO role (Chapter Two) in providing adult students with support (e.g., outside tutoring and funding for necessary resources).

Disability Officers identified that they assisted adult students diagnosed with dyslexia in social endeavours, (e.g., applying for employment; completing Centrelink forms, and assisting with appointments). Also, DSOs aided in navigating the TAFE barriers (e.g., failure in courses, formal disclosure, and teaching and learning challenges) for adult students diagnosed with dyslexia. Disability Officers identified that they educated students for social situations, assistive technologies,
and advised students on strategies for workplaces (Research Questions Two and Three). Arguably, DSOs were perceived as professionals, but not all had professional qualifications (Appendix Five, 5.1).

7.1.1 Professionals

Disability Officers have come from previous employment, with the majority being business managers and administrators, and not having a higher education qualification. Some DSOs had higher educational qualifications, such as an Information Technology Programmer, Teacher, Registered Nurse, Registered Teacher and Social Worker respectively. Despite the level of qualifications, all had professional agency (Table 7.1). Organisational professionals were defined by Suddaby and Viale (2011), elaborating on the differences between administrators and professionals. According to Suddaby and Viale (2011) there are four factors of the professional that influenced workplace characteristics:

1. Firstly, professionals inadvertently use legitimacy to challenge an order in the organisation (Suddaby & Viale, 2011, p. 58).
2. Secondly, professionals use their social networks to introduce new actors into organisations.
3. Thirdly, identified professionals introduce new rules and standards that recreate boundaries in organisational processes.
4. Lastly, professionals used and reproduced new hierarchies or social orders in organisations (Suddaby & Viale, 2011, p. 58).

In comparison to Suddaby and Viale (2011), McCabe (2001) studies DSOs in a UK university. For McCabe’s (2001) study argues that DSOs were professionals and had academic qualifications, which was thought to be essential for that profession. This is discussed below.

In a survey analysis of Disability Officers in Higher Education facilities, McCabe (2001) identified that DSOs had professional qualifications, 49% of DSOs were graduates of universities and of those 24% had a postgraduate qualification, three had a doctorate and 29% had a pre-degree level qualification (p.19). As McCabe (2001) noted, these results were not entirely satisfactory due to the lack of all staff having an academic qualification. There was a concern for the pre-degree level DSOs in that study, as they could have started the job with little professional training of the expectations of this role (McCabe, 2001).
As identified earlier by Suddaby and Vaile’s (2011) definition of professionals. The professional agency of TAFE DSOs is only partially consistent. Suddaby and Vaile’s professionals use legitimacy and social networks in administering guidelines and practices within organisations. In this research, DSOs do network with other TAFE DSOs and these networks were utilised to learn and introduce new practices in TAFE. Disability Officers have numerous attributes which contribute to their profession, including: a) ‘a calling’; b) caring; c) negotiation; d) good will; e) listening; f) educating; g) social justice principles; and h) empathy toward clients in their profession. McCabe (2001) was critical of lower qualifications, which have not been of concern in this research, as most DSOs came with prior experience in disability.

Along the continuum of this research, there were numerous indicators of professional agency and advocacy in DSOs practitioner role. Several DSOs had ‘a calling’ and had experience with disabilities (e.g., relatives, family, or friends). Disability Officers applied to assist and care for vulnerable students diagnosed with disabilities in TAFE. The DSO role and practices become a grounding for a philosophy of that profession. This is not unlike the nursing profession, which was accomplished through ethical and moral considerations for the ill (Eccard, 1977). A philosophy of nursing is grounded in the philosophy of healthcare (Levin, 2012), underpinning an ethical and moral obligation of nurses within that profession (Lindahl & Sandman, 1998; Sanford, 2000). Within a philosophy of professional work, there needs to be certain criteria that build upon the foundations of a profession (Granados, 2005; Merritt, 2010).

In TAFE, the emerging DSO professional was developed through their good deeds, morality, and ethical attributes, as well as their practice, teaching, agency, and caring. Some notified ‘a calling’ to the profession, which identified them wanting to do good for others and having an ethical perspective. It is timely that DSOs attain professional status in Queensland TAFE. According to the Good deeds undertaken and practices underpinning advocacy, this sets the foundation constructing a professional perspective from the stories of DSOs in TAFE (Research Question Three). Suddaby and Vaile’s (2011) definition of a professional noted that challenging the order of organisations and the introduction of new rules and hierarchies in organisations was a feature in that study. Despite the TAFE DSO not having a powerful relationship in the organisation, they are unaware of challenging the order in TAFE. However, DSOs unknowingly change rules using their discretionary practices at the street-level of practice. The DSO role was examined against characteristics revealed in this thesis (Table 7.1). In the recent quantitative research, it was identified that professionals had ‘a calling’, and some ‘lived’ their calling.
7.1.2 ‘A Calling.’

In recent studies of ‘a calling’, Duffy, Bott, Allan, Torey and Dik, (2012) used mathematical correlations to identify further characteristics of ‘a calling’ from professionals in an online survey. Duffy’s et al., (2012) research, employed characteristics of ‘perceiving a calling’, ‘living a calling’, and ‘job satisfaction’, from the 201 respondents evaluated. As illustrated, there was a positive correlation to ‘perceiving a calling’ and ‘living a calling’, with job satisfaction (Duffy et al., 2012). Results in that research aligned to ‘work meaning’ and ‘career commitment’, which correlated the relationship between ‘perceiving a calling’ and ‘job satisfaction’. Also, individuals with high levels of ‘living a calling’ had indirect effects of ‘work meaning’ and ‘career commitment’. These characteristics signified that there is the importance of ‘living a calling’ in the link between ‘perceiving a calling’ and ‘job satisfaction’ (Duffy et al., 2012). In comparison to Duffy and colleagues, several TAFE DSOs had ‘a calling’ through the ‘disability’ of a friend or family member. In spite of 66% of DSOs having a calling, they also actioned good deeds in their role (e.g., supported, trained, serviced, facilitated additional services for students and were social justice advocates). Despite having ‘a calling’, there were overlaps of a calling with Type 1 and Type 2 DSOs in all but two of the TAFE Colleges. Disability Officers in TAFE provided students with good deeds at the front line of practice that was natural advocacy (Table 7.1).

In defining ‘a calling’ numerous academics have contributed to the understanding of having a calling to a role. One of the first understandings of ‘a calling’ was with Weber (1953, 1968), in Hall and Chandler (2005, p. 6) elaborating on one who has been called: “a calling was described as a divine inspiration to do morally responsible work”. Further to Weber’s early perspective of a calling, Hall and Chandler, (2005): “a calling is work that a person perceives as his purpose in life” (p. 6). The definitions portray the understanding of the calling that TAFE DSOs relate to in their ‘new’ professional agency.

When DSOs were perceived to have a calling, there was an underpinning notion of them ‘living a calling’, because they were living in the same home as the family member with a disability and were employed to support a person with a disability. Disability Officers use ‘a calling’, and it is also a moral issue in the provision of support and services for adult students diagnosed with dyslexia. Despite some DSOs not having ‘a calling’ professional discretion and advocacy remained in their practice. In TAFE, there is no evidence that ‘a calling’ biased the support provided, as DSOs were conscious of budgetary guidelines. Biasing the study could mean that DSOs would provide any resource for struggling students, significantly exceeding the TAFE funding. Over expenditure was not
7.1.3 Self-Licensing

Merritt (2010) identified that individuals’ moral behaviours determine one’s morality, which were exhibited by research participants, (e.g., morality in the interactions when dealing with African Americans). White and Plous (1995) identified that when people self-license they imagine their claims to be moral and upstanding. Merritt (2010) argues that people may not be able to follow through on their good intentions. Self-licensing for individuals varied in numerous contexts, which has personal moral value for that individual (Merritt, 2010). People are often unsure about deciding on moral practices, whether it is financial, ethnicity, or behaviours; they have to make the difficult trade-off and “could remain in a state of indecisive paralysis” (Merritt, 2010, p. 355). Self-licensing was utilised by MI5’s Director General, Manningham-Buller (2011).

The Director General of Britain’s MI5 stated on radio that “not all terrorists are evil though their acts are” (Manningham-Buller, 2011). A long-standing difference in ‘Moral Philosophy’ is between judging persons and judging actions, because good people can do bad things and vice versa (Granados, 2005), this is another form of self-licensing (Merritt, 2010). Merritt et al., (2012) suggested that moral self-licensing takes a significant leap into the moral zone of ethical reasoning. In this research study, good deeds and moral and ethical choices were made by DSOs in TAFE using discretionary actions, which had a positive effect on adult students diagnosed with dyslexia and their educational outcomes. The moral and ethical choices of DSOs influenced their discretions for advocacy in TAFE. Despite the self-licensing abilities, DSOs implemented social justice measures to ensure there was advocacy in their ‘new’ professional agency. It does not mean that DSOs in other contexts are all the same, compared to the six DSOs in this study. Research in TAFE implies that DSOs interaction provides good deeds using their discretion, despite TAFE Guidelines (Section 7.4).

7.1.4 Revisiting Advocacy

Disability Officers utilised natural advocacy (Chapter Six, Section 6.7.1) in their provision of services to adult students diagnosed with dyslexia in TAFE. Several DSOs decoupled the system (Chapter Two, Section 2.9). In addition, DSOs utilised their discretionary actions, (e.g., one TAFE DSO used their discretion to access funding for Irlen glasses) not provided by Vocational Education
and Training Disability Support Scheme (VDSS) for students with Irlen Syndrome. Many good deeds were initiated by DSOs in TAFE for servicing adult students diagnosed with dyslexia. Disability Officers were doing good deeds and were advocates, using self-licensing and discretionary practices within TAFE. The advocate was more than a DSO, they became a critical friend to adult students diagnosed with dyslexia in the TAFE learning context. On reflection of the relational: hyphenated-self Model (Chapter Six), the DSOs took the adult student with dyslexia from the exclusion zone on the continuum, and across to the hyphen and/or into the inclusion zone in TAFE. Adult students diagnosed with dyslexia were now with adult students without dyslexia, because of the advocacy of DSOs. In this research, good deeds become the grounding for professional practices and DSOs emerging professional agency, of practitioners using advocacy to support adult students diagnosed with dyslexia. The following section identified DSOs and adult students diagnosed with dyslexia were experiencing an interactional relationship, through formal disclosure, in the five TAFE Colleges.

7.2 FORMAL DISCLOSURE

Formal disclosure emerged as a category of the analysed interview data, from perspectives of DSOs (as identified in Chapters Four, Five and Six). The two types of disclosure were identified in Chapter Six (Section 6.6). Informal disclosure occurs at the enrolment stage and adult students choose whether or not to disclose a disability on the enrolment form. Formal disclosure occurs when students contact the DSO to access support and have to provide medical certification to receive support from Disability Services. However, formal disclosure is not documented in TAFE Policy Guidelines, yet disclosure is recognised in Queensland TAFE Policies and Guidelines (on the intranet) (Disability Support Services, 2013). The expectation of the six DSOs was to gain formal disclosure from all students who have a disability in TAFE.

In Queensland educational contexts, disclosure is mandatory for students diagnosed with disabilities in order to receive support and services from organisations (Department Education Training and Employment, 2014; Education Queensland, 2006a, 2006b; National Disability Coordination Officer, 2013; The Learning Place, 2013). Conversely, many organisations do not provide information on whether disclosure is Informal or Formal, although it is essential to receive benefits in schools and government organisations. In this research, the DSO perception on disclosure was alarming, as they also perceived formal disclosure as a barrier for adult students who were assessed with dyslexia.
Disability Officers identified that adult students diagnosed with dyslexia were reluctant to disclose a disability, due to prior discrimination, labelling or marginalisation (Chapter Four, Section 4.2). Formal disclosure was an ‘unsanctioned’ procedure that was not written within TAFE Guidelines. Disability Officers perceived formalised disclosure was a barrier and it has continued to have a detrimental effect on adult students diagnosed with dyslexia who do not disclose. In addition, adult students diagnosed with dyslexia do not access support for learning unless they openly disclose. Disability Officers felt they had to help adult students diagnosed with dyslexia to formally disclose, accessing informed consent. Disability Officers assisted adult students to access medical documentation from schools and surgeries. In TAFE, formal disclosure was not always adhered to by DSOs. Disability Officers perceived contention with regards to formal disclosure in TAFE.

In addition, two DSOs reported that many apprentices would not disclose, due to fear of endangering their employability in workplaces. Mary from Townclose College said: “A lot won’t identify because the employer is present and they are worried about … continuing their job”. Disability Officers reported that many adult students diagnosed with dyslexia only came to disclose when they were in crisis. Furthermore, DSOs identified that adult students diagnosed with dyslexia did not have to provide medical documentation, and it was discriminatory not to provide support (Research Questions One and Two and Chapters Four and Five). Concurring with Goldberg’s et al. (2005) study, it is recognised that people with mental illness were not obliged to disclose their disabilities.

Goldberg, et al.’s, (2005) qualitative, longitudinal study, explored the employment barriers of (32) people with a psychiatric disability. The disclosure was beneficial for some; others perceived it was required; some perceived that supervisors made those with a mental illness work harder than their collegial peers; some would not disclose again in a workplace; and others were fired because of their disability (Goldberg et al., 2005). It is not an obligation for adult students with a disability (e.g., dyslexia) to disclose in any context (Price & Gerber, 2008).

This research concurs with Goldberg et al.’s, (2005) study on several aspects of disclosure as illustrated. The first, as previously identified, is that adult students diagnosed with dyslexia were hesitant to disclose, due to past experience. The second issue identified disclosure was a concern in educational contexts. The third identified that by disclosing, the [adult] student could be precluded from advancement in the workplaces. The fourth factor was that [adult] students can disclose and register on enrolment [in TAFE]. The fifth concern is that [adult] students could blend into the workplace, without the detection of disability, which could be a challenge for the student. Disability
Officers in TAFE negotiated workplace training for some adult students diagnosed with dyslexia, a negotiated pathway to employment.

On formal disclosure, DSOs initiated advocacy from this point forward, to support adult students diagnosed with dyslexia (e.g., completed forms at registration and disclosure; set appointments for initial feedback in their offices; facilitated tutors, readers, scribes; respected the student and listened to the adult students diagnosed with dyslexia). In addition, DSOs supported and negotiated pathways to future educational opportunities and employment. In this research, it was clear that DSO professionals would ensure disclosure as reported in a trusted and confidential manner, and was identified in DSO’s professional agency (Table 7.1). Disability Officers advocated for adult students diagnosed with dyslexia in the process of disclosure. There remain unclear boundaries in disclosing for adult students diagnosed with dyslexia in tertiary contexts within Australian States (Tanner, 2009, 2010).

7.3 AGENCY OF DISABILITY OFFICERS IN TAFE

Disability Officers had agency in TAFE. They not only cared about student outcomes, they respected adult students diagnosed with dyslexia. Further to this caring, DSOs implemented professional practices to which they attested, in supporting adult students. The agency of DSOs leads to the construction of an emerging empirical theory of advocacy. Disability Officers in this study were employed to deliver support and services (reasonable adjustments) for adult students diagnosed with dyslexia. As case-managers, the DSOs’ role was extensive.

In addition, DSOs case-managed adult students diagnosed with dyslexia, delivered staffing, and accessed disability funding for students enrolled in Vocational Education and Training (VET) courses. Disability Officers do not develop policy, position descriptions, or procedures, as part of this role. These procedures were completed at a higher level of management within TAFE (e.g., accomplished with a ‘Senior Manager’ who would take draft copies to Directors), which provided further legitimacy of processes and procedures within TAFE Colleges. Disability Officers’ were Managers of Disability Services and have little contribution to policy making or drafting. However, they contribute ‘unknowingly’ to policy in TAFE, utilising their discretion at the frontline (Chapter Two, Section 2.10).

The agency of a Queensland TAFE DSO identified practices similar to those of other professionals (e.g., nurses and social workers). Nevertheless, DSOs were disenfranchised from a profession. Currently, TAFE DSOs’ role lacks elements of the following: a) appropriate services for success; b) social justice; c) caring; d) advocacy; and e) autonomy. These elements were not utilised
in the formal description of the TAFE role (Human Resources University of Canberra, 2015). The agency of DSOs was aligned to professional practice and advocacy. Not all DSOs were autonomous, providing unsanctioned support outside of TAFE Guidelines (e.g., saying no to formal disclosure and providing support afterhours for adult students diagnosed with dyslexia). In light of autonomy, DSOs were first advocates, prior to being autonomous in their discretionary practices. This differs from both Lipsky’s street-level bureaucracy theory (2010) and Evans and Harris’s (2004) research on discretionary practices. Disability Officers use advocacy for supporting adult students diagnosed with dyslexia in TAFE and they are discretionary. In essence, the social justice principles and actions of DSOs underpinned advocacy in action. Disability Officers have a ‘new’ professional agency in TAFE (Chapter Five and Table 7.1).

Disability Officers have agency in and are agents for TAFE, irrespective of their caring, good deeds, social justice principles, advocacy and autonomy. This research identified that agency is the way DSOs engage on behalf of the TAFE Colleges and the students who have disabilities (e.g., dyslexia). Agency has been described as a three-branched feature of systems that includes human agency as described below:

\[ \text{the temporally constructed engagement by actors of different structural environments} - \text{the temporal relational contexts of action} - \text{which, through the interplay of habit, imagination, and judgment, both reproduces and transforms those structures in interactive response to the problems posed by changing historical situations} \] (Emirbayer & Mische, 1998, p. 970).

Emirbayer and Mische’s (1998) definition resonates with Gergen’s (2010) more recent approach to social constructions. Individuals are the agents of change (Gergen, 2009a, 2009b, 2010). Also, change occurs both internally and externally through the psychological capacities of individuals (Sugarman & Sokol, 2012) who also cited Emirbayer and Mische (1998). With some comparison, social constructions impinge on the interaction and actions of individuals within cultural contexts or through other social constructions occurring in relationships (Aceros, 2012; Gergen, 2009b). In addition, DSOs have a professional agency, being advocates for adult students diagnosed with dyslexia; nevertheless, few DSOs became autonomous through advocacy. Autonomy was collaboratively defined by three groups of scholars including Beauchamp and Childress (2001); MacKenzie and Stoljar (2000); and Friedmann (2000) as:

\[ ... \text{the ability for an individual to self-rule, self-govern or self-determine. This is typically recognised as liberal individual autonomy.} \]
Disability Officers disclosed that funding was important to case-managing adult students diagnosed with dyslexia, for accessing resources. There were limitations on the availability of resources for disability in TAFE. Disability Officers became autonomous in their role, providing Irlen glasses from volunteer organisations and Centrelink benefits for adult students with Irlen Syndrome. The professional agency of DSOs was underpinned with advocacy in the five TAFE Colleges. According to this thesis, the ‘new’ professional agency and autonomy of TAFE DSOs emerged from thematic analysis and their practises of advocacy (See Chapter Two Disability Officer Role Description: Education Queensland). Presently, the professional agency is facilitated in practice in the five TAFE Colleges. Disability Officers were working in a dynamic workplace that was under flux which caused further challenges with funding, support and services.

TAFE was going through unsettling restructuring within the Queensland sector. These dynamics made the five DSOs ever more dogmatic to facilitate their ‘new’ professional agency. For the DSOs, tension regarding their agency and role was not far away from the discretionary practices, advocacy, and autonomy at the Street-Level. Disability Officers’ interactions had them navigating through new structured procedures and appeared to be under more control, with rules and regulations as implemented through the current changes in TAFE. Change occurring in TAFE did not interfere with DSOs ‘new’ professional agency, and they remained true to their practice (See Table 7.1).

As agents for TAFE, DSOs were responsible for TAFE processes and procedures relating to disability, (e.g., inclusive educational mandates, reasonable adjustments, and learning strategies). It was the DSO who could act negatively toward TAFE systems due to the barriers existing for adult students diagnosed with dyslexia, the clients. Disability Officers regularly decoupled the system, to provide appropriate support and services to adult students diagnosed with dyslexia (e.g., support for undiagnosed students, Irlen glasses and after-hours’ support). Despite the formalised systems (Misztal, 2002) and reform occurring in TAFE, DSOs remained advocates with some being autonomous and all were discretionary in their professional agency in TAFE. The DSOs perceived practice elements of a profession were also identified in the understandings of adult students diagnosed with dyslexia, and when analysed, the qualities of being a DSO emerged in this research study (Chapters Four and Five). The practice elements are presented in Table 7.1 below.
### TABLE 7.1 | DISABILITY OFFICER PRACTICE ELEMENTS AND A PROFESSIONAL AGENCY IN TAFE

**DISABILITY OFFICER PRACTICE ELEMENTS**

- Disability knowledge
- Workplace and employment training and servicing
- Professional development in areas of humanities and disabilities
- Facilitating social skills in students for interacting with the community
- Educators negotiate with significant others, such as teachers, employers, and students and families
- Caring for students wellbeing and welfare
- Mentoring students
- Kindness and care toward students
- Respecting and maintaining confidentiality for students
- Advocating for adult students diagnosed with dyslexia and maintaining a meaningful relationship
- Educating and Training of students with assistive technology
- Autonomy in provision of services and supports (within and external to TAFE)
- Listening and having open communication with students
- Creating positive experiences and further independence in students
- Advocacy for success of students in TAFE
- Social Justice Warriors

The characteristics above become a minority group or the subtype\(^{22}\) of all TAFE DSOs working within Queensland TAFE Colleges (Table 7.1). In arguing that these DSOs are a minority

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\(^{22}\) A subtype in this research denotes the difference between Queensland Disability Officers and those working in these five TAFE Colleges in Queensland. All DSO practices, advocacy and autonomy, occur according to the Directors in each College.
Disability Officers remain a mixture of types: some are employed as professionals, others administrators and managers within TAFE. There is no clear professional underpinning required to gain a position as a DSO in TAFE. Disability Officers employment was managed by senior management and directors of colleges, who have different management techniques. As previously noted, Type 1 DSOs have academic qualifications. Alternatively, Type 2 DSOs have diplomas or certificates, pre-academic qualifications. There is no clear professional underpinning for the Queensland TAFE DSO role. In comparison, between the years of 2003 - 2006, some Queensland TAFE DSOs had professional qualifications. Whether it was in psychology, disability, education, nursing or social work, they had an academic qualification (Bayview College, 2003). Therefore, qualifications were dependent on each TAFE Institutes’ Director and the employment criteria considered necessary for DSOs in each of the five cases. In TAFE, it is unknown whether or not DSOs’ professional agency rose from the academic qualifications or professional training. The DSOs’ professional agency for this research essentially came from them having: ‘a calling’, caring, advocacy and a moral juxtaposition of doing good deeds.

In comparison, Nolan, Gleeson, Treanor, and Madigan (2014) identified it was essential that DSOs in that study have an academic qualification, which assisted them in the provision of accommodations, enabling competency in delivering equitable support and services. However, many DSOs were at a loss with the knowledge of specific disabilities and consequently the implications for support (Nolan et al., 2014). In this study, there was a contradiction about the professional agency of TAFE DSOs in the two types, few had academic qualifications and yet they all had professional agency, were discretionary and provided services for vulnerable students. This undoubtedly provides the reader with a dual alliance of TAFE DSOs, despite the type, all supported and serviced adult students diagnosed with dyslexia. This quality support may not be identified in other research.

In TAFE, some DSOs illustrated they were ‘on stage’ and performed at both frontstage and backstage as social actors (Micro-social Influences), relating to Goffman’s (1959a), stage performance of actors in the dramaturgical theory (Chapter Two, Section 2.11). In this research,
Goffman’s (1959a) stage performance could be considered to be partially linked, as there was a joining of the frontstage to the backstage, for some DSOs. Few DSOs act routinely in the workplace, with some providing unsanctioned support after hours for adult students diagnosed with dyslexia. In short, few DSOs had professional qualifications and those who did were providing frontstage and backstage support to adult students diagnosed with dyslexia both at TAFE (formally) and at home; alternatively, from outside funding (informally) due to the circumstances of adult students diagnosed with dyslexia (e.g., stress related difficulties).

### 7.3.2 Goffman and Disability Officers’ Interactions

In this research, TAFE Disability Support and Services is where the frontstage performance occurs. Disability Officers perform at the frontstage in TAFE, being agents for TAFE. TAFE is a formal context, where formal processes for support and services are instituted and DSOs are employed, as opposed to their employees being ‘actors’. Disability Officers performed backstage, informally, providing support after hours to students. The TAFE expectations of the DSO is that they perform frontstage, providing support and services, formally to TAFE clients, the students diagnosed with disabilities, the audience. However, the informal support enabled DSOs to utilise their discretionary practices and perform backstage. In being autonomous DSOs are frontstage and backstage. Disability Officers decouple the system’s processes and procedures backstage, in supporting adult students diagnosed with dyslexia within and outside of TAFE (e.g., frontstage; backstage performances respectively). In comparison, aligning DSOs to Goffman (1959a), backstage performances are those where DSOs remove themselves from the audience (e.g., on stage) in TAFE, where their personal ‘self’ occurs behind the audience. In TAFE, the advocacy of DSOs was a tribute to their practices, hence, many went beyond the practice of advocacy.

Advocacy was provided to adult students diagnosed with dyslexia by all DSOs who are at the frontstage in TAFE, with the audience. However, because DSOs are advocates, they are discretionary and go backstage to perform good deeds; as do autonomous DSOs, doing afterhours work. In essence, DSOs were performing front of stage and backstage. When performing backstage, DSOs would limit the calling hours, however, students were able to access afterhours support early the following day. In their professional agency, principles are now embedded in their job through practice and not in the DSO formal role (The Learning Place, 2013). Working at the micro-social level of support the interactions between DSOs and adult students diagnosed with dyslexia were building into a strong relationship, because of DSOs’ front and backstage performances. However, at the macro-social level of the organisation, DSOs’ actions represented discretions at the frontline, which enabled them to act
within TAFE Guidelines and also decouple them, working backstage, to provide appropriate support to adult students diagnosed with dyslexia.

Goffman’s (1959a) literature on performance alludes to the interaction that a professional man performs as a modest man in everyday activities. However, when the same man is confronted with his professional status regarding his occupation, he is more concerned with his reputation of how his performance is viewed by others (p.33). Aligning this behaviour to DSOs, this impressionistic behaviour is not recognised. They were not concerned with their reputation, their only wish was to support and service adult students diagnosed with dyslexia, by doing good deeds. Disability Officers were interacting at both the frontstage and backstage in TAFE, having a ‘blended stage performance’.

Goffman (1959a) identified both stage performances, which are separated by the actor. However, this research study has illustrated there is a ‘blended stage performance’ where DSOs were acting on both frontstage with the audience, the formal stakeholders’ in TAFE, and acting backstage with volunteer organisations, afterhours work, and support unfunded students, doing good deeds at the backstage. Also, DSOs advocacy and autonomy are both backstage phenomena, as they were not employed as professional agents, as has been recently identified in Table 7.1. Searching for studies that were similar to the ‘blended stage performance’, was challenging. There were few studies, however, one recent study provided hope that this study was not the only study finding a ‘blended stage performance’. In another organisational study, ‘New Venture Philanthropy’, coexistence and interplay occurred between the backstage and the front stage interactions of philanthropy in organisational formalities or informalities (Mair & Hehenberger, 2014). Mair and Hehenberger, (2014) identified that the ‘New Venture Philanthropy’ appears to neutralise the opposition of performance and facilitates joint interactions (Mair & Hehenberger, 2014).

Mair and Hehenberger (2014) identified that professionals wanted to give back to society, yet provide a new way in which to manage the New Venture Philanthropy (NVP). Venture Philanthropy (VP) was managed informally, not unlike a backstage performance. As opposed to the Traditional Philanthropy (TP) which was managed formally in organisations, similar to the frontstage performance. There was a greater frequency of the convening of professionals, where there were links between VP and TP practices, the backstage and frontstage. These links were formed by the use of mutual practices from professionals in both groups, where communication channels were occurring, and there was the interplay between respondents from both groups. As noted here, through the ‘New Venture Philanthropy’ (NVP) agents were performing backstage, while Traditional Philanthropy (TP) was acting on the frontstage. Co-existence of the front and backstage performances is not a common theme in the literature, compared to a typical Goffman scenario as noted below.
In earlier research, Stone, Crooks, and Owen (2013) researched academics with multiple sclerosis (MS) and their employment situations within their university workplace. Academics with chronic illness and disabilities came into work, through the ‘backdoor’, in comparison to other healthy academics, who came in through the ‘front door’. It was identified that universities are designed for able-bodied staff (Schneps et al. 2013). There have been incidences in North America, where discrimination and exclusion occurred for disabled academics (Bachkirova & Cox, 2007; Bassler, 2009; Murphy, 1987; Steinberg, Iezzoni, Conill, & Stineman, 2002). In Stone, et al.’s, (2013) research, academics were theorised as unexpected workers, due to having to take backdoor entries, as opposed to front door entrances (Schneps et al., 2013). In comparison, this research does not take a typical path of Goffman’s Dramaturgical Theory (Goffman, 1959a, 1959b, 1961) in the social interactions of the vulnerable and the everyday activity in a theatrical performance (noted above).

Goffman’s (1959a) performances changed in this research. The discretion of DSOs as actors resulted in a ‘blended stage performances’. Also, the constructed ‘blended stage performance’ resulted from the DSOs being advocates, with few who were autonomous in their ‘new’ professional agency. In TAFE, the advocates and autonomous DSOs were acting in dramatic performances, in which the frontstage and backstage blended, within formal locations of TAFE and the informal locations, behind the formality of TAFE (e.g., providing afterhours telephone numbers to students). Not only did the advocate and autonomous DSOs have professional agency; some had ‘a calling’, and all performed good deeds, which aspired their goodwill and their discretionary practices. Disability Officers were similar to a Good Samaritan (New International Bible, 2014) and were implementing good deeds for others (Rudd, Aaker, and Norton, 2014).

This research provides knowledge on the professional agency of TAFE DSOs, which were performing on a blended stage. However, there were only six DSOs interviewed, and there were limited locations and participants, which have some limitations for this research (Limitations - Chapter Eight). Professional agency and discretionary practices of DSOs (Table 7.1) acknowledge advocacy for supporting adult students diagnosed with dyslexia throughout their TAFE courses (Section 7.3). Frontstage and Backstage performances that were blended identified that this is not a straightforward scenario of Goffman’s understandings of a stage performance, but of the TAFE DSOs’ professional agency. The concept of a blended stage performance is not clear, it is clouded, due to the different DSO Types and practices employed by DSOs, such as advocacy and autonomy (Figure 7.2).
7.3.3 Type 1 and Type 2 Disability Officers

This research study identified that there was not one type of DSO, there are two types of DSO practitioners currently working within the five Queensland TAFE Colleges (Appendix Five: 5.1 and Chapter Five). The two DSO types were: Type 1 DSOs and Type 2 DSOs, who use discretionary practices to support and advocate for adult students diagnosed with dyslexia. The two DSO types differ in the practices used to facilitate support and servicing in each location. As noted, the five locations are geographically located in different regions and TAFE Guidelines differ between each TAFE Institute (Chapter Three). Hence, so do the discretionary practices of DSOs (Table 7.1).

Type 1 is the DSO who has professional academic qualifications. Importantly, these practitioners come from existing professions (e.g., nursing and social work). Australian Nursing and Social Work Professions have advocacy as part of their professional principles for practice (Australian College of Nursing; Australian Association of Social Workers). There were commonalities with ethics and practitioner roles, which nurses and DSOs illustrated in their professional agency. Nurses and DSOs are advocates and autonomous in their profession; the nurse practitioner works within professional standards (Australian College of Nursing). Furthermore, the Type 1 DSO practitioner had social justice mandates, which were evident in their previous professional capacities. Type 1 DSOs were advocates and autonomous, regardless of the TAFE Guidelines for DSO practitioners (Diagram 7.2).

In contrast, Type 2 DSOs were business managers or administrators and did not have an academic qualification on which to base their practice. Type 2 DSOs had social justice principles and both Type 1 and Type 2 DSOs were excellent case-managers, have professional agency, were caring, some had ‘a calling’, and most importantly, they too were advocates for adult students diagnosed with dyslexia, not unlike their Type 1 DSO colleagues (Table 7.1 and Diagram 7.2). Both Nolan et al., (2014) and McCabe (2001) warn that DSOs without an academic qualification can leave clients exposed to support that is not entirely suitable for the disability. In the following diagram, the two DSO Types are further clarified. Type 1 have an academic qualification and are autonomous and Type 2 DSOs do not have an academic qualification and do not practice autonomy. However, both Type 1 and Type 2 are discretionary, have professional agency, and are advocates for adult students diagnosed with dyslexia in TAFE (Figure 7.2).
In Figure 7.2 both professionals had mutual and diverse characteristics. The mutual characteristics were: a) advocacy; b) professional agency; c) ‘a calling’; d) caring; e) case-management; and f) social justice principles. The diverse characteristics were present in the Type 1 DSOs who have academic qualifications within a profession. Type 1 DSOs are also autonomous in their practice and professions. The Type 1 DSOs also utilised the ‘blended stage performance’ of going backstage to access funding, to provide afterhours telephone numbers to some students and funding for unregistered adult students. In comparison, Type 2 DSOs have educational qualifications.
(e.g., Advanced Diploma; Diploma; and Certificates). Type 2 DSOs did not go backstage. Despite the differences in qualifications, all DSOs were advocates, discretionary, and accomplished good deeds throughout their professional agency in TAFE.

7.4 TAFE AND SOCIETY

TAFE and society, when DSOs perceived that restructuring was occurring in TAFE from recent government mandates (Queensland Skills and Training Taskforce Committee, 2012a; 2012b). As TAFE Colleges were large bureaucracies (noted in Chapter Two) and had extremely formalised systems (Stringer & Hudson, 2008), DSOs had to navigate the procedures and processes, to do good deeds to support adult students diagnosed with dyslexia. Disability Officers suggested that the restructuring occurring in TAFE was challenging for them (e.g., funding from VDSS and various student courses and services were undergoing change), for supporting and servicing clients (Chapter Five, Sections 5.3 and 5.5). The structural and formalised systems were in place within large bureaucracies, particularly in TAFE (Stringer & Hudson, 2008) and have also been identified in the literature (Merton, 1940; Meyer & Rowan, 1977; Weber, 1938). Bureaucracies were identified by Lipsky (1979; 2010) as government service organisations that had legislation and policy driving the system. Formal systems were implemented in organisations as processes and procedures (Misztal, 2002; Prottas, 1978).

This research identified there were barriers faced by DSOs regarding some of the processes and procedures within TAFE’s bureaucratic and hierarchical system. TAFE’s Disability Services Department, was based on interactions between DSOs and clients, adult students diagnosed with dyslexia. In addition to supporting adult students diagnosed with dyslexia, DSOs had to navigate procedures and TAFE Guidelines, to implement various supports and services. Essentially, TAFE systems were highly structured as were those in VET Disability Support Scheme (VDSS), and there could be weeks before there was an answer to a funding proposal for a student who have dyslexia. Hence, DSOs had to navigate both the VET procedures with the government department and appease the student and family members. In one case a student lacked funding, through misinformation, for an apprenticeship (pp.121-122). As noted in that context, the relationships between DSOs and adult students diagnosed with dyslexia was robust, as noted throughout the analysis of the research, creating an underpinning for a sustained and continual relationship. The relationship was initiated from the time of registration and post-enrolment, throughout the duration of the TAFE courses. Disability Officers respected adult students diagnosed with dyslexia and cared about their well-being, within and outside of TAFE. In utilising their discretion in TAFE, it was identified that change did occur through
discretionary practices utilised by street-level bureaucrats in TAFE, the DSOs. Most importantly, DSOs became advocates for adult students diagnosed with dyslexia.

7.4.1 Lipsky’s Discretionary Practices and Disability Officers

As identified earlier in Chapter Two, this study utilises Lipsky’s (1983, 2010) street-level bureaucracy to explore the practices of DSOs in government service organisation, in TAFE. Professionals working in those bureaucracies were known as Street-Level Bureaucrats (Lipsky, 1983). Street-Level Bureaucrats change practices in the field, known as discretionary practices. Lipsky (2010) suggests that change or restructure occurs through discretion and is carried out by certain degrees of officer’s demand. As argued, TAFE DSOs became unknowingly Street-Level Bureaucrats, utilising their discretion at the frontline of service. In comparison to Street-Level Bureaucrats, DSOs have professional agency in TAFE and were advocates, compared to the Street-Level Bureaucrats, described by Lipsky (2010). In addition, the professions were not identified in this study (e.g., social work and teachers), as they were in Lipsky’s (1983, 2010) research. Disability Officers in TAFE are practitioners, utilising their discretion in changing TAFE Guideline at the frontline of service. Lipsky’s (2010) discretion was described by Evans (2011):

For Lipsky, discretion occurs in a context of conflict between front line workers and managers between a desire for top-down control and local opposition to it (p.370).

In this study, DSOs identified TAFE as a hierarchical and structured system, (e.g., bureaucratic) consisting of guidelines, procedures and processes. In addition, DSOs use discretionary practices to change and inform ‘new’ policy guidelines, at the frontline. In TAFE, there were countless examples of discretion (e.g., through DSOs advocacy and autonomy). Disability Officers became advocates due to their goodwill, trustworthy nature, social justice values, and cared, about the consequences of adult students diagnosed with dyslexia. Furthermore, DSOs use moral and ethical decisions (e.g., some with ‘a calling’ and others with the knowledge of doing good deeds for those who are vulnerable) to become discretionary. In essence, advocating for and some practising autonomy, to provide unsanctioned practices, support, and resources to adult students diagnosed with dyslexia (Chapters Four and Six). The discretionary practices used in TAFE are shown in Table 7.2.

In this research study, there are two levels of discretion. The first level is policy making at the frontline and a theoretical notion coming from disability legislation and the disability debate; adult students’ rights were addressed, enforcing advocacy for adult students; and doing good deeds for campaigning services for the vulnerable, at the front line of service. Policies are reproduced by DSOs
at a practical level, using discretionary practices that are facilitated by moral values, for the provision of services. At the second level of discretionary practices was policy making, which was intertwined with the practical form of interaction. Disability Officers in this study utilised Legislation and State Policy and TAFE Guidelines for practice in the field; facilitating change through their discretion, facilitating new TAFE Guidelines, in line with legislation (e.g., changing the formal disclosure unsanctioned policy guideline). Discretion arises from the limitations in VET funding (e.g., Irlen glasses for the disability) and TAFE Policy Guidelines for funding (e.g., adult students diagnosed with dyslexia must be given Reasonable Adjustment) to align them with student peers without dyslexia. However, this was not the case with Irlen lensed glasses, so that adult students can read, as do other students without Irlen Syndrome. Misinterpretation of policy guidelines and unclear expectations of all DSOs in each of the five TAFE Colleges, enforced discretionary practices. Discretionary practices of DSOs in TAFE are based on advocacy. Furthermore, several DSOs are autonomous, resulting from their ability to be discretionary in their professional agency (Table 7.3).

In TAFE, discretionary practices utilised by DSOs were to limit the discrimination that adult students diagnosed with dyslexia have experienced in other educational contexts (Chapters Four and Six) (Research Question One; Objectives One-Three). In TAFE, DSO’s discretionary practices, not only allowed them to break TAFE Guidelines, but it also gave them the ability to care, support and service, adult students diagnosed with dyslexia with advocacy for instituting new practices that were not designed by TAFE, (e.g., formal disclosure). All DSOs used their discretionary practices to provide adult students diagnosed with dyslexia, explicit support and services within TAFE Colleges (Research Question Two, Objectives One, Two, and Three). Disability Officers remained advocates throughout adult students’ TAFE courses.

Individual support was not always provided, for adult students diagnosed with dyslexia, due to the policy misinterpretation, and a lack of current TAFE Policy Guidelines. It was through DSOs’ advocacy, goodwill, and discretion that support was provided to the adult students diagnosed with dyslexia, negating formal disclosure. Disability Officers are a group of professionals who make discretionary decisions on policy, practices, procedures and legislation, to support and service adult students diagnosed with dyslexia in TAFE, by their practice at the frontline of service.

In comparison, Lipsky (2010) identified autonomy as the changing of policy on the ground by Street-Level Bureaucrats, because of financial inadequacies, that could eventually harm an organisation. As identified by Lipsky (2010) the “actions of professionals become or add up to agency policy and their actions become the public policies they carry out” (p. 36). Lipsky (2010) did not review autonomy, as a goodwill gesture, a social justice issue, having moral and ethical principles,
or a caring relationship, as identified in this research. In retrospect, TAFE DSOs carry out professional agency which was embedded within the practices they facilitated, such as external funding for adult students diagnosed with dyslexia. TAFE Policy Guidelines expect formal disclosure, and DSOs provide support and service adult students utilising their discretion. Not only do DSOs change their role, but they also change policy in practice, by being autonomous. All DSOs are discretionary and advocated for adult students diagnosed with dyslexia.

In addition, Lipsky’s (2010) notion of advocacy differs significantly to the advocacy provided by DSOs in TAFE. Lipsky (2010) focused on bureaucratic advocacy in the context of servicing of individuals, working in a group and having large caseloads, where organisations have limited funding to service all clients. Organisations do not adhere with advocating for clients, because organisations use mass resources, and advocates spend too much money on clients’ benefits (Lipsky, 2010). In hoarding the resources, organisations put limits on Street-Level Bureaucrats, in resourcing clients (Lipsky, 2010).

In aligning Lipsky’s research in TAFE, there were limits to funding and DSOs utilised all the funding, due to adult students diagnosed with dyslexia educational and support needs and the legislative obligations of TAFE. Disability Officers perceived providing support was essentially crucial for adult students. However, it was an effect of their goodwill and caring nature that they became advocates. All DSOs provided funding for all students who have formally disclosed their disabilities, and they often request more funding for the specific needs of a student (e.g., vision impaired students require significant funding in a learning context). Regardless of whether or not the funding is available, all DSOs had social justice values, underpinning their advocacy. Disability Officers recognised that in TAFE, legislation identified that the rights of all students who have a disability in providing reasonable adjustments, which was a funding source and adult students were able to access funding for their educational progression in courses (Disability Discrimination Act, 1992, amended 2015; Disability Standards for Education, 2005, amended 2013). In Lipsky’s (1983) earlier research, there were significant insights into organisations, that were not dissimilar to current practices in bureaucracies.

Lipsky (1983) focused solely on government service organisations throughout the 1980s, which were more focused on what was ‘produced’, rather than a ‘process’ occurring within organisations. In comparison, DSOs specify the support and services were essential for adult students diagnosed with dyslexia and they used their discretionary practices, as their professional agency assisted in providing all the support essential for learning. All DS advocates providing the organisation with legitimacy through the good deeds and practices, and differ from Lipsky’s (2010)
advocacy. An adjunct for this theoretical implication is that some DSOs became autonomous, breaking the TAFE Policy Guidelines, to support adult students diagnosed with dyslexia (Table 7.2). The DSOs decoupling the system, have an academic qualification in a profession. Discretionary practices for TAFE DSOs illustrates that they move along the Relational: Hyphenate-Self, the inclusion-exclusion continuum with adult students providing advocacy for success, despite the TAFE Guidelines and regulations.

The TAFE DSO is quite dissimilar to Lipsky’s Street-Level Bureaucrats, they are Street-Level Advocates. Disability Officers used their discretionary practices which are underpinned with social justice values and a professional agency; making them ever more challenging to deal with, because they are championing the cause for adult students diagnosed with dyslexia. In relation to autonomy and advocacy, TAFE DSOs have a range of different qualifications, which make them discretionary, with some being autonomous. In the following section, the discretionary practices were utilised by the TAFE DSOs.

7.4.2 Disability Officers Discretionary Practices in TAFE

As identified earlier, there are two types of DSO practitioners, Type 1 and Type 2 (Figure 7.2). In the table below, Bayview and Townclose Institutes are cases that employed DSOs who have an academic qualification within a profession. Both DSOs were advocates and discretionary in their professional agency. Few DSOs were autonomous, due to their professional agency (noted in Chapter Two and Section 7.3.3). In comparison to DSOs, advocacy is a mandated criterion within the nursing and social work professions (Australian College of Nurses, 2015; National Australian Association of Social Workers, 2017). Both professions, not unlike the DSO, advocate, care, are kind, provide support and become autonomous for their clients. Also, these DSOs have ‘a calling’, negotiated with teachers, volunteer agencies, employment and disability agencies, and had alliances with external networks (e.g., Disability Officer Network and their professional networks). The networks of professionals, as identified in Suddaby and Viale’s (2011) definition working in organisations, does have some credence for DSOs in TAFE. A form of networking occurs with DSO peers, which enabled them to gain knowledge and discuss services and/or funding coming through from VDSS and DAAWES and other private funding sources, in order to provide support. Disability Officers in these cases were social justice advocates for adult students diagnosed with dyslexia, who implemented discretionary practices through their ‘new’ professional agency (Table 7.2). This research study perceives the DSOs not as the Street-Level Bureaucrats, although their discretionary practises and good deeds illustrate their social justice values underpinning their advocacy. This study terms DSOs as Street-Level Advocates, as identified earlier (Section 7.4.1).
### TABLE 7.2: DISCRETIONARY PROCESSES FOR TAFE DISABILITY OFFICERS

<table>
<thead>
<tr>
<th>TAFE COLLEGES</th>
<th>DISCRETIONARY ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAYVIEW COLLEGE</td>
<td><strong>Advocacy</strong> – communicate with, support and service student needs (micro and macro-social) with other DSOs and employment and disability agencies.</td>
</tr>
<tr>
<td>Disability Officer</td>
<td><strong>Autonomy</strong> – negotiate and navigate with significant others to provide support through funding (macro-social) with volunteer agencies and provide funding without formal disclosure. Provision of services without formalised disclosure. Provision of services out of hours. Breaking the rules and accessing funding from volunteer agencies and other disability agencies for adult students diagnosed with dyslexia in TAFE. Negotiated with <strong>Disability agencies</strong> and employment venues and employers and were social justice advocates. Assisted students with employment through disability agencies.</td>
</tr>
<tr>
<td>- Bachelor of Arts - Social Work</td>
<td></td>
</tr>
<tr>
<td>TOWNCLOSE COLLEGE</td>
<td><strong>Advocacy</strong> – communicate with, support and service student needs (micro and macro-social) with other DSOs and employment and disability agencies.</td>
</tr>
<tr>
<td>Disability Officer</td>
<td><strong>Autonomy</strong> – negotiate and navigate with significant others to provide support through funding (macro-social) with volunteer agencies and provide funding without formal disclosure. Provision of services without formalised disclosure. Provision of services out of hours. Breaking the rules and accessing funding from volunteer agencies and other disability agencies for adult students diagnosed with dyslexia in TAFE. Negotiated with <strong>Disability agencies</strong> and employment venues and employers and were social justice advocates. Assisted students with employment through disability agencies.</td>
</tr>
<tr>
<td>- Bachelor of Nursing</td>
<td></td>
</tr>
<tr>
<td>CITYVIEW COLLEGE</td>
<td><strong>Advocacy</strong> – communicate with, support and service student needs (micro and macro-social) with other DSOs and employment and disability agencies.</td>
</tr>
<tr>
<td>Disability Officer</td>
<td><strong>Both DSOs provided funding and formalised disclosure, in line with TAFE unsanctioned guidelines. There was no access to funding outside of the VDSS or DAAWSP funding models. Negotiated with agencies and employment venues on behalf of adult students diagnosed with dyslexia. Assisted students with employment through disability agencies.</strong></td>
</tr>
<tr>
<td>- Diploma in Business Management</td>
<td></td>
</tr>
<tr>
<td>COTTONVALE COLLEGE</td>
<td><strong>Advocacy</strong> – communicate with, support and service student needs (micro and macro-social) with other DSOs and employment and disability agencies.</td>
</tr>
<tr>
<td>Disability Officer</td>
<td><strong>Both DSOs provided funding and formalised disclosure, in line with TAFE unsanctioned guidelines. There was no access to funding outside of the VDSS or DAAWSP funding models. Negotiated with agencies and employment venues on behalf of adult students diagnosed with dyslexia. Assisted students with employment through disability agencies.</strong></td>
</tr>
<tr>
<td>- Bachelor of Information Technology</td>
<td></td>
</tr>
<tr>
<td>MEADOWVIEW COLLEGE</td>
<td><strong>Advocacy</strong> – communicate with, support and service student needs (micro and macro-social) with other DSOs and employment/ agencies.</td>
</tr>
<tr>
<td>Disability Officer</td>
<td><strong>No Access to VET Equipment – this DSO did not borrow technology equipment for adult students diagnosed with dyslexia due to the bureaucratic systems in place. Used formalised disclosure to provide support for adult students diagnosed with dyslexia. DSO did not go outside of VDSS or DAAWSP funding models. Negotiated with teachers and agencies on behalf of students.</strong></td>
</tr>
<tr>
<td>- Bachelor of Education</td>
<td></td>
</tr>
</tbody>
</table>
At Cityview and Cottonvale Colleges, the DSOs had different qualifications. The first DSO at Cityview had a Diploma in Business Management and the second DSO at Cottonvale was completing a Bachelor in Information Technology. The two DSOs were advocates for adult students diagnosed with dyslexia and were discretionary in their professional agency in TAFE. Both DSOs provided funding within the TAFE Guidelines, adhering to the Formalised Disclosure (e.g., unsanctioned TAFE Policy Guidelines). The DSOs did not apply for funding outside of the existing Vocational Education and Training Disability Support Scheme (VDSS) or Disabled Australian Apprentices Wage Support program (DAAWS); the funding proposals for mainstream students and apprentices respectively. The Cityview practitioner had ‘a calling’, and the Cottonvale practitioner did not. Despite the lack of autonomy, both DSOs were discretionary providing support for adult students diagnosed with dyslexia. Both DSOs negotiated on behalf of adult students diagnosed with dyslexia for employment and with disability agencies, utilising their discretion and advocacy, being ‘Street-Level Advocates’.

Meadowview TAFE had one DSO, who had a Bachelor of Education. Meadowview College’s DSO was the only male in all of the DSO respondents (Appendix Five: 5.1). Also, this DSO was an advocate for adult students diagnosed with dyslexia, who utilised discretionary practices in the professional agency. The DSO did not access technology support for adult students diagnosed with dyslexia (e.g., assistive technology or iPads) from Vocational Education and Training Disability Support Scheme (VDSS) that was provided from a central location. There was far too much bureaucracy in borrowing equipment, (e.g., the raft of paperwork which had to be completed, for the borrowing of equipment, and not arriving in time for classes). All equipment is borrowed from VDSS, and returned at the end of each semester, irrespective of whether the student had completed the course. Like the DSOs at Cityview and Cottonvale, this DSO was not autonomous and did not apply for funding outside of the VDSS and DAAWS funded programs for students diagnosed with disabilities. The discretionary practices and advocacy went beyond the expected reasonable adjustments and support that was provided by TAFE. The Meadowview DSO spent time with students who have dyslexia and supported their learning, employment, and social necessities with disability agencies. Also, this DSO negotiated a pathway to learning with the many TAFE teachers, for adult students diagnosed with dyslexia, being a ‘Street-Level Advocate’.

As noted above, cases are not all the same and DSOs differ in their practice. Case comparisons have shown the Bayview, and Townclose Colleges have DSOs who are both advocates and autonomous for adult students diagnosed with dyslexia attending these colleges. Cottonvale and Cityview Colleges have only DSO advocates, who lack autonomy. Lastly, the Meadowview DSO, who is also an advocate and discretionary, does not provide the same support for adult students
diagnosed with dyslexia. Despite the difference in professional practices at the five colleges, all DSOs are advocates and discretionary in practice. Discretionary practices resulted from DSOs good deeds, goodwill, caring, and advocacy. Disability Officers’ use discretion in supporting and servicing all students diagnosed with disabilities, not just those who have dyslexia. However, some students do not formally disclose in order to receive benefit. It is likely that some students are unknown to DSOs, although adult students diagnosed with dyslexia in this study all disclosed and were advocated for in TAFE.

7.4.3 Policy and TAFE Policy and Guidelines

TAFE Colleges have become an educational facility that is more focused on funding and bottom line finances (Queensland Skills and Training Taskforce Committee, 2012b), than on the process of education and students diagnosed with disabilities. Disability Officers disclosed that funding was important to them, for accessing resources for students with all disabilities. As there was a limitation of funding for support, some DSOs became autonomous in their professional role (e.g., accessing private funding). Furthermore, several DSOs were unaware of the larger Queensland TAFE outcomes, other than TAFE Colleges were merging within Queensland. As noted, there were limitations of the funding and resourcing for disability (Brown & North, 2010). In addition to further changes and funding reductions in TAFE, there were perceptions from DSOs that adult students diagnosed with disabilities may lack the current level of support they require for learning in TAFE. This research did not interview Senior Managers or Directors of TAFE Colleges, regarding TAFE reforms. Disability Officer’s perspectives on worldviews regarding the Queensland TAFE’s reform were limited, due to the current changes which were occurring around them at the time of this research.

From 2010 to 2015, TAFE was going through change because of the government recommendations (North Coast Institute of TAFE - New South Wales, 2013; North Melbourne Institute of TAFE, 2008; Queensland Skills and Training Taskforce Committee, 2012a, 2012b, 2012c). Commonwealth and State Legislation and Policies that influenced practices within Queensland TAFE Colleges, which were also changing. With this change, DSOs navigated through the TAFE Policies and Guidelines and unsanctioned guidelines, to support adult students diagnosed with dyslexia. Commonwealth Legislation and Standards were crucial for DSO practice, working within the Disability Standards of Education, (2005 amended 2013) to provide support and services to adult students diagnosed with dyslexia. However, within TAFE, there were so many processes and procedures DSOs had to manoeuvre within, before accessing any support for students. In TAFE, Policy Guidelines and the expectations of DSOs, do not always align. Disability Officers expect that
students with a disability had access to fair and equitable support and servicing. In the literature, Foley (2002) identified, that people with a disability be supported in TAFE with equitable supports and services; as did later researchers’ (Gale, 2010, 2011; North Coast Institute of TAFE – New South Wales, 2013). Challenges that currently exist for Queensland TAFE Institutes (e.g., TAFE reforms) and the implications on the ground, DSO practitioners continued to support and service adult students diagnosed with dyslexia.

All DSOs at each of the five TAFE Colleges were cognisant with the Disability Discrimination Act and Regulations (1992, amended 2015) and the Disability Standards of Education Act, (2005, amended 2013). Disability Officers were aware of the fundamental regulations and standards that were expectations in both Acts, particularly those relating to existing TAFE Policies. TAFE Policies included: TAFE Queensland Disability Policy, 2015; Reasonable Adjustment in Teaching, Learning and Assessment, A Guide for VET Practitioners (2010) and Inclusive Learning: A Way Forward (2012). These policies were implemented within VET and by Queensland for practitioners, particularly aimed at teachers. Disability Officers were aware that by avoiding the obligations of legislation, they became open to litigation. However, there were gaps in some of the TAFE Policy Guidelines, such as the ‘unsanctioned’ guidelines for Formalised Disclosure which is utilised by the majority of DSOs. Hence, support was not provided to an adult student with dyslexia, without receiving a diagnosis from a Registered Medical Officer (RMO). In comparison, adult students diagnosed with dyslexia who openly disclosed would provide a letter from an RMO or Psychologist (Chapter Two). There is nothing in the legislation to suggest that any person with a disability has to provide medical documentation (Arnold et al., 2010; Disability Standards of Education, 2005, amended 2013), and this is not stated in TAFE State Policies (Disability Support Services, 2013) or TAFE Guidelines for disability.

Despite the goodwill of all DSOs in the five TAFE Colleges, they took considerable time to implement TAFE procedures and processes for disability, due to the processing time with Vocational Education and Training Disability Support Scheme (VDSS) and Disabled Australian Apprentices Wage Support program (DAAWS) funding proposals. VDSS provided assistive technology which took so long to eventuate, and processing was not straight forward for the DSOs. Some DSOs did not even apply for resources and government funding for students who have a disability, due to the bureaucratic systems in place. Legislation utilised by DSOs was implicit, and when there were ‘unsanctioned’ guidelines, several DSOs ignored them and provided the much-needed support to the adult students diagnosed with dyslexia in TAFE. TAFE DSOs were concerned with the ‘terms utilised for dyslexia’ that are currently used in practice (Chapter Two).
7.5 TERMS FOR DYSLEXIA

Chapter Two identifies the terms utilised for dyslexia were confusing (Reid, 2009a; Tanner, 2010). There remains uncertainty with the term dyslexia in Queensland TAFE, due to it not being a discrete disability, with a definition. Recently, Queensland has been able to procure a diagnosis of dyslexia from the Diagnostic Statistical Manual of Mental Illness (2013); dyslexia is now recognised in practice (American Psychiatric Association, 2013 p. 67; Australian Psychological Association, 2013). Since 2012, the Department of Education, Training, and Employment implemented a description of dyslexia (Department of Education Training and Employment, 2014). Not only is there a confusion of learning disabilities and dyslexia in this educational context, but there is also confusion more broadly, in society (Wright, 2005).

In TAFE, there is much contention for DSOs and their practise regarding the terms utilised for dyslexia and the unclear definitions. All DSOs had difficulty with the provision of appropriate support and the term ‘learning disability’ (Australian Disability Clearinghouse on Education and Training, 2009a, 2009b, 2009c, 2012). Disability Officers do not often see a diagnosis of dyslexia coming from Queensland practitioners. A recent implementation of a definition (Department of Education Training and Employment, 2014) does not affect the confusion with the term ‘dyslexia’ for DSOs in TAFE (Tanner, 2010).

TAFE DSOs also identified that most adult students diagnosed with dyslexia would be diagnosed as having an LD or a Specific Learning Disability (SLD), or a learning difficulty which were unclear terms for dyslexia. These contentious terms have an influence on the allocation of support and services. In TAFE, the term disability is associated with having a diagnosis, and consequently, Disability Services supports the student. A ‘learning difficulty’ is not supported by Disability Services, due to TAFE having literacy classes, which are funded for all students who have difficulties in reading and writing (Chapter Two, Section 2.1). Literacy classes were delivered by DSOs and they were funded through a different funding source. An LD is also confusing because labelling of that term can mean any number of disabilities, (e.g., dyspraxia, ADHD or dyslexia). Disability Officers have difficulties in providing appropriate support for some of the students who are diagnosed with such vague terms (e.g., LD) (Chapter Five, Section 5.4). These findings were not dissimilar to what is occurring internationally.

Internationally, there remains disparity in meanings of LD and dyslexia (Bartlett & Moody, 2010; Bradley et al., 2011; Price & Gerber, 2008; Reid et al., 2008; Seigel & Lipka, 2008). In countries like the United Kingdom and the United States of America which have legislated for
dyslexia as being a discrete disability. However, there remains discrepancy in several countries (Bond et al., 2010; Lawrence, 2009; Lyon et al., 2003; National Working Party on Dyslexia, 1999; Reid & Kirk, 2001; Snowling & Stackhouse, 1996). Recent literature noted dyslexia remains a ‘hidden disability’ (Mellard & Woods, 2007; Singleton, 2009). Also, there are remnants of dyslexia being hidden because of the lack of a visual difference (Rose, 2009; Shaywitz, 2008; Singleton, 2009). In Australia, dyslexia remain a hidden disability (J. Ryan, 2007; Tanner, 2010; Wright, 2005). Despite having confusion between the terms in TAFE, dyslexia is often a hidden disability.

In the five Queensland TAFE Colleges, dyslexia is recognised as a disability. In this research, few colleges acknowledge dyslexia within the neurological disability category (Bayview & Meadowview Colleges). Several colleges call dyslexia an ‘SLD’ or ‘LD’, as previously diagnosed (American Psychiatric Association, 2004). TAFE Queensland recognises dyslexia as a ‘learning disability’ (TAFE Queensland, 2010, 2012). Disability Officers acknowledge and support dyslexia within each of the colleges. Dyslexia was not a discrete disability in Queensland at the time of this research (Australian Disability Clearinghouse on Education and Training, 2012; National Disability Coordination Officer, 2013; TAFE Queensland, 2012). Disability Officers suggested, the term dyslexia should be used because there would also have to be a definition of dyslexia, which would provide staff with some clarity of the disability.

Disability Officers suggested that knowledge of dyslexia should be provided to teaching staff, in order to provide appropriate in-class supports and services to adult students diagnosed with dyslexia. Furthermore, DSOs were seeking professional guidance regarding dyslexia, due to the ever-changing field of emerging research, focused on varied aetiologies. The various aetiologies come with the many and diverse learning requirements. In noting that dyslexia is an LD or an SLD in TAFE, the lack of information regarding dyslexia was evident within colleges. In comparison, there were significant pamphlets on the LDs (e.g., Asperger, ADHD). Several DSOs perceived that the term ‘LD’ provides them with mixed messages about the needs of adult students diagnosed with dyslexia. Despite the confusion in TAFE, there remains confusion with terms internationally.

Internationally dyslexia is a discrete disability in some countries and accepted by some practitioners (Macdonald, 2010). Dyslexia has a range of different definitions, such as operational (Chapter Two - Operational Definition) (Reid, 2009a) and conceptual (Lyon et al., 2003). There has been a significant amount of research into the aetiologies of dyslexia (Nicholson & Fawcett, 2008; Shaywitz & Shaywitz, 2005). Adult students in this study, were assessed with dyslexia or an LD, there remains confusion of dyslexia in numerous contexts (e.g., such as workplaces, higher sector, vocational and schools) both internationally (Bradley et al., 2011; McLoughlin & Leather, 2013;
The types of definitions used for dyslexia were implications for adult students, which are evident in practice, such as conceptual and operational (Chapter Two, Section 2.1).

In Queensland TAFE Colleges at the time of this research, dyslexia was not a discrete disability, and there was no formal definition or description of dyslexia. It is less likely to be acknowledged because of the recent introduction of a diagnosis (American Psychiatric Association, 2012; Australian Psychology Association, 2013). In Australia, governments and policy makers have not addressed dyslexia as a discrete disability (Bond et al., 2010). It is timely that dyslexia is socially recognised and accepted in Australia's supposed inclusive society. There is a definite need for the implementation of the term, dyslexia, within Queensland TAFE, for the provision of knowledge and appropriate support and services for adult students diagnosed with dyslexia. In essence, dyslexia is a disability that remains misunderstood in practice.

7.6 DISABILITY OFFICERS’ SUPPORT AND SERVICING OF ADULT STUDENTS DIAGNOSED WITH DYSLEXIA

In the five Queensland TAFE Colleges, DSOs provided and reviewed support and services for classroom activities and tutorials. Disability Officers delivered reasonable adjustments for adult students diagnosed with dyslexia, which were a legislative requirement for Registered Training Organisations (RTOs) in Queensland (Disability Standards of Education, 2005 amended 2013; Queensland VET Development Centre, 2010). Adult students diagnosed with dyslexia and DSOs reported there was a list of essential supports and equipment required by adult students diagnosed with dyslexia (Chapters Four and Five). In Chapters Two and Six, supports were discussed and recognised in the literature (Bartlett & Moody, 2010; Moody, 2009; Reid, 2009a; Mortimore, 2013). This research identified supports that DSOs implemented for adult students diagnosed with dyslexia that were perceived helpful to them for their educational progression in TAFE (Chapters Four and Five).

As identified by DSOs, there was a need for additional supports, some were regular, and others were unique to students. Support included: a) readers; b) scribe and writers; c) note-takers; d) interpreters (comprehension); d) Ghot It; Read and Write Gold; and Dragon Naturally Speaking (registered assistive technologies); e) student mentors f) Irlen Syndrome Diagnosis and Irlen glasses; g) technology; and h) additional time. Disability Officers identified that adult student with dyslexia required essential support and suggested that some adult students would automatically pass the course because they had additional support. As recognised by DSOs, essential support was not always the
case for adult students diagnosed with dyslexia, who must pass the course and be assessed with the same rigor as all other students without a disability, having limited support in TAFE.

Disability Officers case-managed adult students diagnosed with dyslexia in Queensland TAFE contexts. Post-enrolment and at registration, DSOs advocated for adult students diagnosed with dyslexia to access formal disclosure, in the provision of support and services. Disability Officers assisted adult students diagnosed with dyslexia to acquire medical records, for their support in TAFE. There was a range of supports emerging from DSOs in this research (Chapter Five, Section 5.5). Alternative support and services delivered to adult students diagnosed with dyslexia varied within TAFE contexts. One of the major themes emerging from the thesis was ‘Disability Support and Services’, which was embedded into the emerging theory of advocacy.

In addition, DSOs also acknowledged they would manoeuvre within the TAFE Guidelines, through their professional agency, to access funding and resources externally, which provided support and services for adult students diagnosed with dyslexia. The external resources were additional and essential, compared to the support that was provided by TAFE. To provide support for unfunded adult students diagnosed with dyslexia, DSOs utilised their autonomy and discretionary practices. Funding was eventually accessed for the student from St Vincent de Paul and Centrelink for the disability, (e.g., Irlen lenses glasses). Another support provided by some DSOs was additional funding for students who did not formally disclose. Funding was provided out of the Disability Services funding, because as one DSO suggested, it is illegal not to provide support to students who have a ‘known’ or recognised disability. Government funding provided to mainstream students and apprentices with disabilities. The Federal Government funds, DAAWES, now Australian Apprentice Support Network (AASN) and the Queensland State funding comes from the Department of Education and Training for disabilities (Chapter Two, Sections 2.7, 2.8).

Disability Officers revealed that VDSS is only providing assistive technology, for dyslexia. As identified technology was deemed by VDSS, to forge independence in adult students diagnosed with dyslexia. Also, DSOs perceived that ‘assistive technology only’, was detrimental for some adult students diagnosed with dyslexia, due to: a) not owning a computer; b) not being able to navigate programs on computers; and c) cannot use the technology without some form of training. Disability Officers acknowledged the difficulties adult students diagnosed with dyslexia experienced in using technology. Despite this, DSOs facilitated support staff to implement training on technology and assistive technology. In failing to use technology within the training time frame, DSOs would implement context, scribes, readers, and DSOs employed comprehension interpreters in TAFE.
Disability Officers supported learning for adult students diagnosed with dyslexia in TAFE. There were instances of limited support due to the availability of funding and adult students’ fear of formal disclosure. Some adult students diagnosed with dyslexia were seeking to learn additional techniques and skills for workplaces and higher education opportunities. Disability Officers provided adult students diagnosed with dyslexia with familiar and essential techniques (e.g., readers, interpreters, tutors, and note-takers), as opposed to new learning strategies. In comparison, other studies identified different findings with regards to adult students with dyslexia, learning in educational contexts (Mortimore, 2008; Reid, 2009a, 2009b; Siegel & Smythe, 2006) (See Chapter Two). In the following three examples, academics have identified several strategies to support adult students diagnosed with dyslexia (Bartlett & Moody, 2010; Mortimore, 2008; Reid, 2009a).

### 7.6.1 International Support for Adult students diagnosed with dyslexia

Reid (2009a; 2010) noted that students with dyslexia required a specific preparatory course for introduction into a learning and workplace contexts. Accommodations included the following: a) scaffolding (McMahon, 2000; Roschelle et al., 2010); b) learning styles (Burden, 2008; Mortimore, 2008; Zdzienski, 2005); c) learning strategies, such as metacognition (Boote, 2005; Davidson, Deuser, & Sterberg, 1994); d) multiple intelligences (Gardner, 1983, 1993); and e) study skills acquisition (Kirwan & Leather, 2011; Mortimore & Crozier, 2006). Many of the approaches are utilised in education and workplace contexts. The support also included, mind mapping (Reid, 2010; Elbeheri & Everatt, 2009); chunking information (Reid, 2010; Elbeheri & Everatt, 2009); repetition (Schiff & Raveh, 2007); imagining; visualising (Zdzienski, 2005). These are just a few of the memory strategies that can be used for learners’ with dyslexia (Reid, 2009a). Reid (2009a, 2010) also suggests that adults with dyslexia use technology for learning, because they can write assignments operating speech to text and have auditory voice recognition to listen on-line. Mortimore (2008) identified that adults with dyslexia learn in a variety of ways (Chapters Two and Six).

Mortimore (2008) identified that learners are either sequential or holistic learners (Chapter Two). Sequential learners as noted in Mortimore’s (2008) study from earlier research (Riding & Rayner, 1998), are learners who use a step-by-step manner and learn analytically (Riding & Rayner, 1998). Such sequential/analytical learners use spreadsheets effectively and complete activities in small sections, before progressing to the larger “big picture” information (Mortimore, 2008). In contrast, the holistic learner, focuses on the big picture, before narrowing the topic to small chunks

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23 Metacognition is the knowledge of one’s own cognitive process (Hulme & Snowling, 2009, p. 359)
and assembling small parts of the problem (Riding & Rayner, 1998). Holistic learners use mind mapping to focus on those small ideas before assembling them; as opposed sequential learners who tabulate information in small pieces, before constructing the whole. Holistic learners focus on the end before they start at the beginning of a problem (Mortimore, 2008). Also, holistic learners are usually entrepreneurial (Mortimore, 2008). In comparison, in Australia, there are few post-school training options for people diagnosed with dyslexia that are affordable. However, DSOs noted that many adult students diagnosed with dyslexia navigate their way into TAFE for literacy programs or a specific introductory course. In contrast, to Mortimore (2008), and Bartlett and Moody (2010) there is a definite focus on workplace support in Britain, as most adults with dyslexia on completion of courses, will enter workplaces.

In Britain, there is a range of services in regional towns and municipalities, so people diagnosed with dyslexia are supported in learning for workplace entry and additionally to enter workplaces (Bartlett and Moody, 2010; Reid, 2010; Moody, 2009). Two researchers worked with adults who have dyslexia and have provided substantive understandings of the needs of adults with dyslexia entering workplaces in Britain (Bartlett & Moody, 2010). Bartlett and Moody (2010) recognised that there is a multitude of support strategies required for workplaces. Adults with dyslexia entering workplaces, on completing their courses, require some form of technology, including being able to plan the workday and attend to the minute details of the position (Bartlett & Moody, 2010). Some adults with dyslexia have difficulties with emotions and social skills, which have to be dealt with before gaining employment (Bartlett, 2010). Bartlett and Moody (2010) noticed that workplaces cause increased pressure for adult students diagnosed with dyslexia in routine activities. Considering many adults with dyslexia lacked skills in writing, taking meeting notes, addressing meetings, being effective time-keepers, and assembling agendas for workplace meetings; such tasks can be onerous (Bartlett & Moody, 2010; Moody, 2006). It was suggested that adults with dyslexia present to a technology specialist and a dyslexia employment specialist, to assess the needs of adults in workplaces and further training, to ensure they learn skills and to assist them with using assistive technology for workplace activities (Bartlett & Moody, 2010, pp. 240, 286-291). In comparison, there are a few Australian organisations that offer services, although there are a few in Queensland.

7.6.2 Australian Support Organisations

In Queensland, there are limited organisations that are dyslexia friendly, and there is limited knowledge of dyslexia in workplaces. Support for people diagnosed with dyslexia can be gained from groups such as Supporting People Experiencing Learning Differences (SPELD) in Queensland, who provide expensive learning and training sessions for people who have dyslexia (SPELD, 2015). The
SPELD courses would be out of financial reach for a family on a below average income. In Australia, there are few services for adults who have dyslexia, compared to services for dyslexia in the UK, unless adults are financially independent. In Queensland TAFE, adult students diagnosed with dyslexia have DSOs to provide a certain level of support, despite the lack of dyslexia courses.

It is noted that DSOs are advocates in supporting adult students diagnosed with dyslexia within TAFE. Advocacy is the primary support for adult students diagnosed with dyslexia in TAFE, although, educational supports run a close second, which are provided to the adult student. There remain limitations in the amount of advocacy which can be provided in workplaces for apprentices, where support and servicing is limited, compared to upskilling their students for completion of apprenticeships. There is a gap between the training expectations that are provided within TAFE and the workplace expectations of generic training (e.g., timely arrival, the attitude of workers, and taking directions from employers), to prepare adult students for workplace contexts (Callan, 2003). Callan (2003) noted that there was a lack of generic skills for apprentices and trainees in workplaces. On completion of courses, students lacked skills for workplace interactions with other trades people (Callan, 2003).

In short, in Queensland, there are limited venues for affordable courses to provide adult students diagnosed with dyslexia with generic skills and the appropriate skilling for the workplaces, post TAFE. It is timely, that TAFE implements a preliminary course in dyslexia, as recommended by Reid (2010) and delivered in WATAFE (Tanner, 2010), to prepare adults students with dyslexia for workplaces and other higher educational qualifications. A course that could be delivered would be one that was used in Western Australia, a Certificate I in Foundation Skills for People who have Dyslexia, as identified in Tanner’s (2010) research.

7.7 ANTECEDENTS OF ADVOCACY FOR ADULT STUDENTS DIAGNOSED WITH DYSLEXIA

Antecedents of advocacy can occur in quantitative research, more so than in qualitative studies, due to perceived rigor of positivist approaches. According to Babbie (2014) antecedents can take the form of a macro-social focus of organisations and systems, such as the nomothetic, a law-like research project. This type of research has ‘a cause and effect’ relationship (Babbie, 2014). In some quantitative studies, there is a combined analysis of numerous studies to explain the datasets occurring from advocacy within a meta-analysis (Xiaoyan & Jezewski, 2007). In contrast, this qualitative research used the social interactions and relationships between individual’s perceptions, which became significant to the exploratory findings of this micro-social, idiographic study. An idiographic study was one which was used in the humanities and had historical and exploratory views that
provided a full description of events and made meaning of the findings within that study (Hermans, 1988). Also, the multiple case study is one such research methodology that enables idiographic findings to emerge (Diener & Fujita, 1995; Eatough & Smith, 2006).

This research originally used a macro-social approach using multiple TAFE Colleges as the case study. On analysing the data from the cases, (e.g., adult students diagnosed with dyslexia and DSOs) which illustrated at the micro-social cases, there were new understandings. Further exploration of the five Queensland TAFE Colleges identified that they were structured and hierarchical organisations (e.g., top-down seniority in staffing within TAFE) (Stringer & Hudson, 2008), that utilised formal processes and procedures (e.g., Enrolment Forms, formal disclosure Documentation and due process), at the macro-social level of the cases. The understanding in the data emerging about TAFE is not as in-depth, due to DSOs’ lack of knowledge regarding senior managerial practices and rules regarding the organisational dynamics continuing to change throughout this current restructure (Queensland Skills and Training Taskforce Committee, 2012). Data was constructed from audio-recordings, researchers’ journal, codes, categories, sub-categories, sub-themes and conceptual themes using a qualitative approach, thematic analysis. The perceptions of both groups of respondents were emerging from a historical, cultural, social, and a personal perspective. In comparison, Xiaoyan and Jezewski’s (2007) meta-analysis of organisations used macro-social antecedents, within that quantitative study. This research used the outline of the meta-analysis recommended by Xiaoyan and Jezewski (2007), to review the antecedents in the findings using a qualitative approach.

7.7.1 A Framework for a Mid-Range Model

Xiaoyan and Jezewski’s (2007) study used a structure for researchers, to expand on a mid-range implication of advocacy within the nursing profession. That study identified six core concepts of a Mid-Range notion of advocacy, which have been adapted for this study. The advocacy concepts of Xiaoyan and Jezewski (2007) were: a) safeguarding clients’ autonomy; b) acting on behalf of clients; c) championing social justice in the provision of disability support and servicing; d) antecedents of client advocacy; e) consequences of client advocacy; and f) empirical referents to advocacy (adapted from Xiaoyan & Jezewski, 2007; p. 101). In comparison to Xiaoyan and Jezewski (2007), there were also footprints of DSOs that led a pathway in developing an emerging mid-range theory. This qualitative research also used Xiaoyan and Jezewski’s (2007) theoretical outline, when it was identified that DSO respondents’ findings were emerging as a theory of advocacy within TAFE. This research utilised this framework, to avoid any ethical and theoretical gaps in developing an emerging theoretical framework.
In this research, there is evidence that a trail was emerging which provided understanding and meaning to the theoretical notions of advocacy, utilising a mid-range theory. Merton’s middle range perceptions of organisations (Chapter Two) enabled this research to construct, from the categories, sub-categories, and themes, a conduit from the DSOs ‘new’ professional agency, emerging from their good deeds, caring and social justice principles. In order to develop and utilise an emergent theory for DSOs, a framework must be useful to both respondents (e.g., adult students diagnosed with dyslexia and DSOs). In addition to the framework, there was a relationship between both respondents in TAFE that was supportive, with DSOs being a critical friend and advocate and they utilised discretionary practices at the frontline of service for the adult students. In addition to the emergence of advocacy, the first antecedent is the Macro-Social level of advocacy in TAFE.

7.7.2 Macro-Social Antecedents

Historically, literature noted a disparity between delivering of education in Australia (Bradley et al., 2011; Slee, 2005a; Slee & Allan, 2005), particularly for people who have a disability. Further issues arise in education in the field of equity (Figgis et al., 2007; Gale, 2010) and provision of appropriate support for students with disabilities (Graham & Slee, 2007; Slee, 2005), including dyslexia (Cotton, 2010; Tanner, 2010). Tanner (2010) identified that not all adults with dyslexia completed the course in WATAFE, and this was largely due to the existing macro-systemic barriers that pervaded the landscape in her study. Macro-systemic barriers included: “Labelling across the system; hegemonic system and there was a need for advocacy; levels of literacy equated to intelligence; values and beliefs of others within society, have an impact on students” (Tanner, 2010, pp. 199, 211, 215, 221-222).

Gale (2010) identified the VET sector had inappropriate equity practices and services within the system. Griffin and Beddie (2011) also noted that ‘disability’ has experienced a succession of research, with little being actioned within the sector. There needs to be further research for equity and particularly, research implemented within the sector, for adult students diagnosed with dyslexia. Dyslexia is one of the studies neglected, due to the emphasis on other disabilities in research, such as LD, ADHD, and intellectual impairment (II) (Boote, 2005; Cotton, 2010; Hall, Timmons, Boeltzig, Hamner, & Fesko, 2006). In addition, there remain challenges for TAFE teachers, when delivering content to students with disabilities (Bowman, 2004; Eraclides, 2000; Polesel, Davies, & Teese, 2004).

TAFE as an educational organisation employs policies that are implemented from societal mandates, such as Commonwealth Legislation (Disability Discrimination Act, 1992, amended 2015;
Disability Standards of Education, 2005, amended 2013) and State Policies (Queensland VET Development Centre, 2010; Queensland VET Development Centre, 2012). TAFE Policy and Guidelines are facilitated from the above legislation and mandates (Department of Education Training and Employment, 2013; Queensland Skills and Training Taskforce Committee, 2012b; Queensland Technical and Further Education, 2012; Stringer & Hudson, 2008; The Learning Place, 2013) that enable the organisations to have legitimacy. All of the TAFE Policies and Guidelines can be barriers to enrolment and future support for adult students diagnosed with dyslexia, specifically when there are limitations to adult student support if they do not ‘formally disclose’.

The Commonwealth Legislation and Policies are misunderstood, or there is a fiscal avoidance in the provision of support and services for students diagnosed with disabilities, (e.g., adult students diagnosed with dyslexia) in TAFE. The Commonwealth Legislation is clear and rigorous in the standards relating to the support. reasonable adjustments and Inclusion into training, workplaces, with support and services are to be provided for people with disabilities (Arnold et al., 2010; Disability Discrimination Act, 1992, amended 2015; Disability Standards for Education, 2005 amended 2013).

Despite the legislation and supposed equity in TAFE, there is inappropriate servicing of adult students diagnosed with dyslexia who require disability support for learning. Limitations of TAFE support and services for adult students diagnosed with dyslexia were: a) TAFE Guidelines (unsanctioned) for formal disclosure – some students’ remain unsupported; b) lack of support for adult students with literacy difficulties, who require psychological assessment for a disability; c) legal representatives for TAFE have difficulty with the terms of legislation, such as reasonable adjustments and Inclusion; d) dyslexia is only going to be supported, using assistive technology; e) ‘support for the disability’, can be sidelined by VDSS funding proposals, particularly the expensive Irlen lenses in frames; and f) Commonwealth Legislation and Policies are debated, and are not concise in terms, for practitioners and the legal profession. These barriers are insurmountable for DSOs and adult students diagnosed with dyslexia, in TAFE.

Disability Officers argue that Queensland State VDSS is only going to provide adult students diagnosed with dyslexia with limited funding in TAFE Colleges. Consequently, adult students who cannot afford or utilise assistive technologies will have limited support. Disability Officers suggest that VDSS are not going to provide resources for the disability ‘Irlen Syndrome’ (e.g., not providing the glasses), an essential support required by adult students’. In response, DSOs perceived that many adult students diagnosed with dyslexia have financial hardship. The legislation is misleading for DSOs, particularly, that relating to reasonable adjustments, Inclusion and related disability procedures in TAFE. The changing Dynamics of TAFE and Commonwealth funding for disabilities can only
make DSOs’ practices untenable in future years. Despite the inconsistency in TAFE’s support and services, legislation argues that ‘support for the disability’ is mandatory within any organisation (Foley, 2002).

These limitations to accessing disability support through Queensland VET schemes and Commonwealth funding, for mainstream students and apprentices, were incomprehensible to DSOs. TAFE uses processes, which are inappropriate, such as ‘unsanctioned’ formal disclosure guidelines. In addition, TAFE Policies are not readily utilised, misinterpreted or unacceptable to some DSOs, largely due to the misinterpretation of existing TAFE Guidelines within TAFE Directives. Limitations were apparent, regarding TAFE Guidelines and policy, particularly when DSOs are advocates and care about the social and learning outcomes of adult students diagnosed with dyslexia. The ‘unsanctioned’ guidelines ensure that adult students diagnosed with dyslexia are not supported, and ‘formal disclosure’ remains a forced practice in Queensland TAFE Colleges. TAFE DSOs are reluctant to be autonomous, however, because of their social justice values, and they access external funding from agencies and volunteer organisations. The changing TAFE Dynamics and uncertainty of their employment is paramount to some DSOs. Despite the limitations of support, only qualified professionals are being autonomous in their professional agency in TAFE.

### 7.7.3 Micro-Social Influences

At the micro-social level, DSOs support the wellbeing of adult students diagnosed with dyslexia, respecting them and providing confidentiality for them in TAFE. All aspects of DSO practices are the precursors for adult students diagnosed with dyslexia advocacy. Advocacy was central to the relationship between DSOs and adult students diagnosed with dyslexia. Disability Officers were discretionary in their professional agency and instituted new policy in TAFE, unknowingly. Discretionary practice extrapolated DSOs professional agency within TAFE, in order to provide adult students diagnosed with dyslexia with support and services, throughout their studies. Disability Officers were decoupling the system procedures, supporting adult students diagnosed with dyslexia internally, as well as supporting them externally (Section 7.4).

In utilising a Middle-Range Theoretical Framework for advocacy, there are different forms of advocacy. In TAFE, the relationships occurring between DSOs and adult students diagnosed with dyslexia (respondents) in all colleges is unique. Disability Officers would be termed ‘independent advocates’ (Dalrymple & Boyle, 2013, p. 8) as they are not paid to advocate for clients. Disability Officers are paid to provide support and service for students to complete an educational qualification. Provision of support is structured by providing educational and disability support (e.g., reasonable
adjustments) to adult students diagnosed with dyslexia noted in TAFE Policy on Reasonable Adjustment and Inclusion (Queensland VET Development Centre, 2010, 2013). TAFE Colleges and DSOs have invested in providing support activities, such as tutorials in the libraries, assignment assistance, and other services for all students, who are not funded by Disability Services. Disability Officers and Disability Services Tutors, spend time with adult students diagnosed with dyslexia in the provision of a positive, caring and good will relationships in the provision of support. Thus, the DSO is the ultimate advocate for the adult student with dyslexia, with some Disability Services Tutors providing associated advocacy for adult students in TAFE. Disability Services Tutors were not interviewed, however DSOs trained their colleagues and respected their tutorage for students who have a disability.

In addition, DSOs negotiate on behalf of adult students diagnosed with dyslexia (e.g., with teachers, employers, disability and employment agencies). Negotiation with significant others is to assist adult students with work processes and procedures; provision of social support; time-keeping; bus routes; disability knowledge; learning activities; and talking to doctors/psychologists; and families with regards to the disability needs of adult students diagnosed with dyslexia in TAFE. In addition to these activities, DSOs have another role as a teacher, where they train adult students diagnosed with dyslexia to use assistive technology. Disability Officers teach adult students diagnosed with dyslexia how to use the equipment; inform adult students of various reasonable adjustments; and assist in tutoring adult students within or outside of TAFE Colleges. All of these activities relate to the advocacy that DSOs provide in TAFE.

In short, this section describes the micro-social focus, as the interaction and the relationship occurring between DSOs and adult students diagnosed with dyslexia in TAFE. These micro-social factors, are inductive and idiographic, illustrating the ‘new professional agency’ of DSOs. In addition, this research identified DSOs as using a Goffman-like frontstage-backstage performance, in a blended stage performance, emerging through practice. In comparison to Goffman, the interactions between DSOs and adult students diagnosed with dyslexia in TAFE were the emerging theme of advocacy. The professional agency of some DSOs is consistent with ‘a calling’ emerging from the data and perspectives of DSOs. Disability Officers were a constant for adult students diagnosed with dyslexia, some working on the ‘blended stage’ and others working solely on the ‘front stage’ in this micro-social aspect of this research. Moreover, all DSOs are discretionary, have professional agency and advocacy, regardless of their autonomy (Table 7.2). Lipsky (1983, 2010) noted advocacy and autonomy in Street-Level Bureaucrats in public service organisations.
Lipsky’s Theory (2010) identified that human service professionals also provide discretion in their agency, which aligns with this research. Disability Officers are not using a decision-making framework for deciding to become autonomous, delivering additional support and services to adult students diagnosed with dyslexia in TAFE. This next section explores the consequences of advocacy and autonomy utilised by DSOs, compared to the work of Lipsky’s (2010) advocacy within organisations. In that section advocacy is based on the good deeds, caring, ‘a calling’; and the support provided by DSOs in TAFE Colleges.

7.8 CONSEQUENCES OF ADVOCACY FOR ADULT STUDENTS DIAGNOSED WITH DYSLEXIA

The antecedents of macro-social level of advocacy illustrate aspects of the DSO professional agency and ‘street-level advocacy’, which can influence adult students diagnosed with dyslexia’s consequences at the micro-social level in TAFE. Consequences of advocacy can be positive and negative. Positive consequences are discussed, followed by the negative consequences of DSO advocacy for adult students diagnosed with dyslexia.

7.8.1 Positive Consequences of Advocacy

Disability Officers advocacy, through interaction and actions within a relationship, have illustrated positive consequences, for both the adult students diagnosed with dyslexia and DSOs in TAFE. In addition, advocacy was recognised by adult students diagnosed with dyslexia, as well as DSOs. Adult students diagnosed with dyslexia were also aware of DSOs workloads and considered them as a trusted colleague and critical friend in TAFE. Table 7.3 below has previously been discussed in other sections of the thesis, highlighting the positive consequence for adult students diagnosed with dyslexia regarding advocacy. Advocacy was recognised in having positive outcomes in macro-social and the micro-social interactions including:
### TABLE 7.3 POSITIVE OUTCOMES OF ADVOCACY

| a) | Adult students diagnosed with dyslexia were provided with information by DSOs about their disability rights, using social justice values and principles; |
| b) | In the provision of support and services for adult student’s needs, DSOs exceeded the TAFE DSO role; |
| c) | Confidentiality and privacy was utmost in the mind of DSOs, promoting anonymity in TAFE; |
| d) | Caring about educational and social outcomes of adult students diagnosed with dyslexia; |
| e) | Moral and ethical values were endorsed by DSOs actions; |
| f) | Encouragement was endorsed by DSOs for adult students diagnosed with dyslexia; |
| g) | Disability Officers campaigned to support and service all students diagnosed with disabilities within the five TAFE contexts; |
| h) | Disability Officers and adult students diagnosed with dyslexia became inspired by the relationship between them; which led DSOs to promote and provided their goodwill, good deeds, and encouragement. In addition, DSOs had positive relationships with colleagues and clients; |
| i) | Positive aspects of advocacy: adult students diagnosed with dyslexia perceived they became increasingly more independent as learners and had success in course outcomes. |
| j) | Disability Officer advocacy improved adult students’ quality of life, positive educational and social outcomes and led to career outcomes, a pseudo career counsellor; |
| k) | Positive aspects of advocacy provided adult students diagnosed with dyslexia with more self-confidence to take up the next challenge, which was often employment in their chosen field; |
| l) | Disability Officers were discretionary and this enabled them to become the advocate and to be autonomous with adult students diagnosed with dyslexia, moving between the front stage and backstage (Goffman, 1959a) in a blended stage performance; |
| m) | Another positive aspect of advocacy led to DSOs being autonomous; |
n) Disability Officers have a ‘new’ professional agency, which emerged from the findings;

o) Another positive consequence was that some DSOs had ‘a calling’. Further to a calling, 66% of DSOs identified as having ‘a calling’ because of a friend or relative having a disability. Disability Officers had knowledge of disability and the challenges that are faced by the vulnerable;

p) Lastly, DSOs accomplished good deeds in their ‘new’ professional agency in TAFE.

For example, Simone (Bayview College) stated the following in the provision of support and advocacy: “there are occasions where I have provided support because the student might be of an age where, you know … and they no longer have that evidence”.

Mary (Townclose College) also identified that support was provided because they cared about the students’ outcomes: “If they choose not to disclose but they still have a known learning disability, we put them on VDSS funding, which is sort of a parallel state funding to the federal DAAWES funding”.

In addition, Mary provided support after working hours to struggling students, as Victor, an adult student with dyslexia quoted: “I’ve got mobile phone numbers to call at night if I ever having trouble studying, so she’s just brilliant”.

Despite the barriers faced by DSOs in regard to the TAFE Policies and Guidelines, they have qualities of a ‘Good Samaritan’ and continued to have a positive relationship of advocacy, with students who have disabilities, particularly adult students diagnosed with dyslexia.

In comparison to the positive attributes of advocacy in this research; it was identified that when nurses advocated for patients, it also improved the nurses’ professional status within the health environment (Xiaoyan & Jezewski, 2007). Criteria for the professional nurses was: a) a historical background of the profession; b) licensing of nursing; c) developing standards for nursing practice; d) national certification program; e) differentiation of nurses by academic standards; e) code of ethics; f) Statute of Limitations; g) expert witnesses in nursing malpractice; h) locality standard rule; and significance in educational differences (Australian College of Nurses, 2015; Eccard, 1977). There are various other legal ramifications in the professional practices of nurses (Eccard, 1977). In addition to professional nurse advocacy, within the code of ethics, it is unknown whether nurse practitioners
implement the policy within hospitals. In TAFE, the discretionary practices of DSOs gave them the ability to advance advocacy for adult students diagnosed with dyslexia, by navigating policy guidelines and using them, as activists, to utilise discretionary practices to promote the educational opportunities of the vulnerable students.

It is unclear whether DSOs are policy-makers by default or whether they are solely discretionary and changing policy guidelines, as activists, at the frontline. This research equates DSOs as solely discretionary practitioners, and their relationships with adult students diagnosed with dyslexia, led them to activism and they decoupled the structured procedures in TAFE. In Queensland TAFE, equity policies were constructed at a higher level, within the VET and TAFE sectors (Queensland VET Development Centre, 2010; Queensland VET Development Centre, 2012) (QVDC), by VET and TAFE Directorates. Directors and Managers interpret the various Commonwealth and State Legislation to enact TAFE and VET policies, relating to disability. However, DSOs being discretionary, change policy at the frontline of service, opposing the existing TAFE Guidelines, for equitable servicing of adult students diagnosed with dyslexia.

In short, all the qualities noted above are positive attributes of advocacy, embedded within the professional agency of TAFE DSO practices. These attributes can only continue to generate success for adult students diagnosed with dyslexia and students diagnosed with disabilities undertaking training in TAFE. Disability Officers identified that they were not only advocates, they were: a) campaigners of good deeds; b) were championing adult students diagnosed with dyslexia socially and within TAFE; c) social justice values, drove DSOs discretionary practices; d) supported and backed adult students diagnosed with dyslexia in their endeavours to succeed in training and future employment; e) were activists who championed the cause for adult students diagnosed with dyslexia with government agencies and employers; and f) they were a constant in the lives of adult students diagnosed with dyslexia whilst undertaking TAFE courses. Although there were significant positive aspects identified in this research, there were negative aspects and consequences of advocacy in TAFE.

7.8.2 Negative Consequences of Advocacy

Advocacy and autonomy have not been recognised in the existing TAFE DSO formal role. Disability Officers work independently of others within the system and advocacy was not known to be utilised or disapproved of by others in TAFE. There have been no reports of DSOs’ insubordination, loss of reputation and friends, or self-esteem issues from other practitioners in interview data. There was no labelling of DSOs as troublemakers or as bad co-workers by colleagues. On the contrary,
when this researcher was presenting a professional development session at one TAFE, all TAFE disability employees and TAFE managers worked well with the DSO and there was a collegial and caring relationship between all staff. However, this research has not explored fellow colleagues or managers of DSOs in TAFE. In other research, there were negative consequences for nurses who became advocates (Sanford, 2000; Xiaoyan & Jezewski, 2007).

Xiaoyan and Jezewski (2007) identified that nurse advocates within the profession were considered challenging to work with in health settings. Nurse advocates were labelled as troublemakers, where the loss of friendships, having a bad reputation, and insubordination of nurses were complaints of their colleagues (Xiaoyan & Jezewski, 2007). There were many barriers for nurse advocates in Xiaoyan and Jezewski’s (2007) study, where nurses were considered troublemakers when being advocates for their patients.

Negative implications are noted with the formal procedures that DSOs have to navigate, in order to provide support for adult students diagnosed with dyslexia. These include: a) Vocational Education and Training Disability Support Scheme (VDSS); b) Disability Apprentice Award Wage and Employment Scheme; c) formal disclosure TAFE Guidelines; and d) storage of students’ disability in the TAFE system. Despite the macro-social influences, there were few negative consequences of DSO advocacy in TAFE. However, the time taken to receive funding proposals back from other government agencies, could be exhausting for both DSOs and adult students diagnosed with dyslexia.

The procedures are so complex and take so long that some DSOs suggest that by the time funding arrives the students have often: a) completed courses and gone; b) have had to withdraw; or c) have failed in the course. The process is not timely, as processing must be a factor in the lengthy delays. Alternatively, there are so many funding applications that have to be dealt with by government departments who have limited staffing. Quite often, DSOs are asked to get further evidence of a disability and some months go by and students remain unsupported.

In addition, formal disclosure is an issue for DSOs that must be addressed by TAFE, as it is bypassing the legislation and not providing support without a medical certificate. Disclosure is aimed to support adult students diagnosed with dyslexia in TAFE, and should only entail verbal communication between DSOs and the clients. If records are held by DSOs, they should be destroyed on completion of the course after facilitating and implementing Reasonable adjustments. Records do not have to be kept in any educational context. It is a legal ramification and a negative consequence and practice that impinges on the DSO advocates’ professional agency. This is not the case and all
case-notes are not destroyed and kept on file for a number of years, depending on the institute’s bureaucratic processes.

In comparison to this research being mainly positive with regards to advocacy, Cole, Wellard, and Mummery (2014), researched the problems of advocacy and autonomy of the nurse-patient relationships in hospital contexts in Australia. There was a misunderstanding of advocacy by nurses, due to the unclear interpretation of autonomy, which precedes advocacy in healthcare settings (Cole, et al., 2014). Autonomy is inherent in the practice of advocacy, yet was not always utilised by nurses (Cole et al., 2014). Advocacy is embedded in the ‘philosophy’ of professional nursing practice, through role descriptions, ethical standards, and code of conduct for the nursing profession (Australian College of Nurses, 2015). In addition, there are multiple definitions of advocacy in nursing practice (Carlisle, 2000; Cole et al., 2014). Cole et al. (2014) researched ‘relational autonomy’, which came from a feminist viewpoint. Relational autonomy is social interactions within the contextual field, where power is viewed as causing the decision-making for nurses to become autonomous, which is made with the influence of groups or significant others (Cole et al., 2014). In addition, Cole et al. (2014) reported that advocacy is confusing and potentially paternalistic, based on the individual view of autonomy and in contrast to, the broader based relational autonomy, which should focus on patient decision-making and care. In contrast to Cole et al. (2014), this research noted that advocacy came before autonomy and that autonomy was not unlike advocacy. Disability Officers had social justice values and cared about the adult student’s outcomes, whether they be social or educational.

In this research, there is limited knowledge with regards to the negative consequences of DSOs as advocates in TAFE Colleges, because there are limited studies on DSOs and their advocacy in TAFE across Australia. Currently, only two Australian qualitative academic studies have been completed on the experiences and consequences of students with dyslexia in vocational contexts (Cotton, 2010; Tanner, 2010). Neither research explored the status of DSOs and their advocacy, as an underpinning support for dyslexia. These concepts have emerged from the perceptions of DSOs and adult students diagnosed with dyslexia in this study within five Queensland TAFE Colleges. This research study identified that advocacy underpinned the staff working within Disability Services at each of the five TAFE Colleges.

### 7.9 AN EMPIRICAL FRAMEWORK OF ADVOCACY

This empirical framework of advocacy, illustrated that DSOs advocate for adult students diagnosed with dyslexia undertaking TAFE programs. In the mid-range model, as noted in Xiaoyan
and Jezewski’s (2007) research, there was a framework to portray nurse advocacy. In this research, advocacy of DSOs was implemented by utilising Xiaoyan and Jezewski’s (2007) framework in TAFE. Disability Officers also illustrated a pathway for advocacy in practice, which was transformed into the mid-range model, which together were constructed into the TAFE DSO advocacy for adult students diagnosed with dyslexia. This framework identifies practitioner qualities and future ideas for future research. This framework has four steps that guide DSOs’ advocacy (Table 7.3).

**TABLE 7.3: A FRAMEWORK FOR DISABILITY OFFICER ADVOCACY FOR ADULTS STUDENTS WHO ARE DIAGNOSED WITH DYSLEXIA IN TAFE.**

| A FRAMEWORK FOR DISABILITY OFFICER ADVOCACY IN TAFE FOR ADULTS STUDENTS WHO ARE DIAGNOSED WITH DYSLEXIA |
|---|---|
| **1. ADVOCACY AND DISCLOSURE** | **1.** Disability Officer Support with reading and writing to enable completion of documentation for enrolment and registration for Adult students diagnosed with dyslexia. |
| | **2.** (a) Disability Officers used family and friends to argue for Formal Disclosure to access the necessary support. (b) Despite failing Formal Disclosure, some DSOs provided support. |
| | **3.** Disability Officer realised that some adult students diagnosed with dyslexia did not disclose, due to having existing skills or because of privacy issues. |
| | **4.** Disability Officers decoupled the system for supporting adult students’ disclosure. |
| | **5.** Disability Officer coerced adult students diagnosed with dyslexia into Formal Disclosure, ensuring that adult students would access support. |
| **2. DISABILITY OFFICERS’ AUTONOMY FOR ADULT STUDENTS DIAGNOSED WITH DYSLEXIA** | **1.** Disability Officers gained support from volunteer organisations, workplaces, Queensland VET Development Centre (QVDC), and disability agencies. |
| | **2.** Disability officers broke the TAFE Guidelines and Rules. |
| | **3.** Disability Officers autonomy, in order to provide appropriate support and services for adult students diagnosed with dyslexia in TAFE. |
### 3. ADVOCATE FOR SUPPORT

1. Disability Officers provided technology support and training; timelines and diarising, after hours’ telephone numbers, training in assistive technology for student’s independence.

2. (a) All adult student respondents required either assistive technology, technology, or/and educational supports, such as tutors, readers, and scribes.
   (b) Students’ independent strategies, such as cameras, iPad, Smart Phone.

3. Disability Officers recognised that technology was not the only support for adult students diagnosed with dyslexia and they trained students and provided traditional support (tutors etc., as noted)

4. Disability Officers listened, cared for and aided students for success.

5. Support came in four forms for adult students diagnosed with dyslexia; these were traditional support, student support, technological; and primarily advocacy.

6. Primary advocacy enabled the inclusion of adult students diagnosed with dyslexia in classrooms, practicals and workplace contexts.

### 4. SOCIAL JUSTICE MANDATES

1. Social Justice measures provided by DSOs enabled adult students’ diagnosed with dyslexia rights to be accepted and included in TAFE with the provision of equitable support and services.

2. Disability Officers were autonomous in the provision of social justice mandates (e.g., providing support without funding).

3. Disability Officers were left open to criticism and prejudice by colleagues/significant others in TAFE due to their social justice mandates.

4. Adult students were not ignored; they were advocated for by DSOs social justice mandates.

5. Disability Officers ensured that adult students diagnosed with dyslexia were included in all TAFE related learning contexts.

6. Disability Officers ensured that students had Centrelink funding, appropriate housing, utilising Student Services, and employment opportunities.
These four steps in Table 7.3 ensure that DSO advocacy was occurring within TAFE for adult students diagnosed with dyslexia, and was recognised by respondents, both DSOs and adult students diagnosed with dyslexia. This framework of the various practices is preceded in various chapters of the thesis and relate to the research question and objectives of the study (Research Questions One, Two, and Three). The emerging theoretical positions have developed from Research Question One, reviewing the barriers, support and services received by adult students diagnosed with dyslexia in five TAFE Colleges. Disability Officers interacted with adult students diagnosed with dyslexia, using discretionary practices to change their roles into a ‘new’ professional agency. In addition, DSOs restructured TAFE Policy Guidelines, in the provision of supporting adult students diagnosed with dyslexia. As professionals, DSOs applied their discretion in becoming advocates, in order to support and service adult students diagnosed with dyslexia at each TAFE College. In developing a theoretical position from the perceptions of DSOs and adult students diagnosed with dyslexia, a middle-range theoretical position was emerging, from the constructed themes. The DSOs had a collegial relationship and were the critical friend of adult students diagnosed with dyslexia. Disability Officers listened to the challenges of adult students who revealed their narratives, in order to be heard. As discussed in the preceding chapter, DSOs provided positive aspects of advocacy for adult students diagnosed with dyslexia in Queensland TAFE Colleges. Not unlike the themes emerging from DSOs, that advocacy was a natural aspect of the work that is accomplished by DSOs in TAFE. Disability Officers had a strong relationship with their clients, adult students diagnosed with dyslexia that ensured that advocacy was occurring between both respondent groups (Section 7.8.1).

‘Disability Officer Advocacy’ started with adult students diagnosed with dyslexia at the time of enrolment and registration when adult students had to formally disclose within TAFE Colleges. Disability Officers became the TAFE advocate for adult students diagnosed with dyslexia, who did not have an advocate, friend or family member who could assist with educational and social support. For DSOs and adult students, the relationship started with formal disclosure. Formal disclosure was linked to the Tertiary Context and TAFE and Society (Diagram 4.2 and Diagram 5.2), and from this point, DSOs provided support and services through their ‘new’ professional agency, ensuring advocacy in practice.

It was identified in this research that DSOs had professional agency, and they were no longer practising in the TAFE DSO Role. In the Disability Officers Role, which was facilitated by TAFE and Society, DSOs did not have professional agency or advocacy within the role. TAFE Guidelines put pressure on DSOs in their role, resulting from the structured bureaucracy and formal procedures for formal disclosure, certain levels of support were foiled without that diagnosis. The link from ‘formal
Disclosure to 'Disability Support and Services', was the provision of a diagnosis from adult students diagnosed with dyslexia.

Disability Officers trained adult students diagnosed with dyslexia with assistive technology, due to the lack of formal training within some TAFE Colleges. ‘Disability Support and Services’ identified that adult students diagnosed with dyslexia would only succeed in ‘Learning’ when there was necessary training for technology. It was crucial that DSOs have professional agency, not unlike the nursing profession to enable them to be autonomous within their professional agency. In addition to difficulties with support and servicing in TAFE, DSOs had challenges with terms for dyslexia.

Terms for Dyslexia was another issue for DSOs, as many were confused with the definitions, diagnoses, and descriptions of dyslexia and the specific support that adult students diagnosed with dyslexia required for learning. In TAFE, it was not recognised, although it was supported. There were no pamphlets on dyslexia, not many of the staff recognised it, yet they were familiar with the LD and the SLD, which can be dyslexia, by another name. Disability Officers in TAFE were aware of dyslexia and accommodated it as best they could, considering there were no specialist teachers for dyslexia on staff at these five colleges.

Disability Officers were also social justice advocates for adult students diagnosed with dyslexia and championed support, ensuring the social rights of adult students. Due to the professional qualifications of some DSOs, they were more socially just as advocates than others, and became autonomous. Yet, all DSOs vindicated for social justice values for adult students diagnosed with dyslexia in employment and with other government departments. Despite DSOs’ qualifications, all were social justice combatants, securing ethical and moral justices and values for adult students diagnosed with dyslexia within TAFE Colleges and for future employment.

Advocacy was endorsed by the discretionary practices that enabled DSOs to venture beyond the existing role in TAFE. Advocacy was part of the ‘new’ professional agency of DSOs in TAFE and was aligned and compared with advocacy, within the nursing profession. TAFE DSOs came to the profession with other qualities’, not acknowledged in the nursing profession, and some had ‘a calling’ and were autonomous. All utilised social justice values and were advocates.

Initially, advocacy was an unexplained finding of the DSOs’ role in TAFE, which has emerged as a framework for DSO interaction in supporting adult students diagnosed with dyslexia. Disability Officers in this research are not in the same role, as noted earlier (Chapter Three). In section 7.3.3, there are two types of DSOs working within TAFE (Diagram 7.2). The first Disability Officers are Type One, who are
discretionary and decouple the TAFE Guidelines and structured procedures, to support adult students diagnosed with dyslexia. Type Two DSOs had common traits with Type One, yet they remained TAFE agents and followed TAFE Guidelines. Type 1 and Type 2 DSOs have professional agency, social justice values, were discretionary and are advocates for adult students diagnosed with dyslexia (Diagram 7.2).

7.10 SUMMARY

In summary, DSOs are advocates for adult students diagnosed with dyslexia, navigating the dynamics of TAFE Policy and Guidelines, in order to support the vulnerable adult student with dyslexia. Furthermore, DSOs were discretionary, decoupling the system, to extend the existing services for adult students diagnosed with dyslexia, championing their cause. In addition, there were systems in TAFE Guidelines and procedures that were ignored by DSOs, due to legislative mandates (Disability Discrimination Act, 1992, amended 2015; Disability Standards of Education, 2005 amended in 2013). However, many DSOs without an academic qualification in the professions were reluctant to provide support, externally, that was not within TAFE Policy Guidelines. TAFE and Society was going through reform due to Commonwealth Government mandates and there were significant changes occurring, during this research. Disability Officers were reluctant to take on the changes that were not enabling their adult students diagnosed with dyslexia, so that all students diagnosed with disabilities could have a socially just learning outcome. Consequently, the DSO was more likely to contravene TAFE Guidelines in the provision of support.

In addition to DSOs good deeds and caring for clients, illustrated in advocacy, they were also activists who campaigned for equitable change for adult students diagnosed with dyslexia (Section 7.8.1). Disability Officers through their internal and external relationships, actively campaigned to provide appropriate support and services to adult students diagnosed with dyslexia, interacting with other government departments and employment agencies, disability agencies and employers, to provide the additional support and services for adult students diagnosed with dyslexia who face challenges within everyday activities, including the educational course work in TAFE.

Furthermore, DSOs have a resilient relationship with adult students diagnosed with dyslexia, and they became a critical friend, due to the DSO being a teacher, mentor, and a pseudo career counsellor. The relationship between the respondents was one of respect and trustworthiness. Characteristics noted in Chapters Six and Seven regarding this relationship between respondents, identified that adult students diagnosed with dyslexia perceived it was essential for continuing the course in TAFE.

Nursing studies identified that nurses were autonomous first and then become advocates (Xiaoyan & Jezewski, 2007). In comparison to Xiaoyan and Jezewski’s (2007) study, this research identified that all
DSOs were advocates, with only a few with professional academic qualifications, becoming autonomous. However, all DSOs are discretionary in their TAFE professional agency. Disability Officers were noted to advocate and support students from the time of disclosure. As identified in Diagram 7.3, from the time of student enrolment and meeting with the Type 1 and Type 2 DSOs, who took different pathways in the provision of advocacy and support; both DSO types advocated and supported adult students diagnosed with dyslexia. Despite the different pathways taken by Type 1 and Type 2 in TAFE, there was a success in course outcomes for adult students diagnosed with dyslexia in each of the five TAFE Colleges (Diagram 7.3).
FIGURE 7.3 | ADVOCACY PROVIDED BY TYPE 1 AND TYPE 2 DISABILITY OFFICERS – WITH STUDENT SUCCESS

ADULT STUDENTS WITH DYSLEXIA ENROLLING IN TAFE

DISCLOSURE

TYPE 1 Disability Officer

SUPPORT OUTSIDE OF TAFE GUIDELINES VOLUNTEER AGENCIES

TYPE 2 Disability Officer

TAFE SUPPORT AND ADVOCACY

COURSE SUCCESS FOR ADULT STUDENTS WITH DYSLEXIA
This chapter summaries the overview of the study, including the key findings and conclusion, innovations, limitations, and makes recommendations for future research. This study identified key issues which arose from the findings. This study’s contributions are to theory and practice. The theoretical contributions relate to the social identity of adult students diagnosed with dyslexia having a ‘relational: hyphenated-self’; has similarities to Lipsky’s (2010) street-level bureaucracy that was utilised to describe the service delivery to the vulnerable in TAFE. The emerging theory of advocacy was evident in five TAFE Colleges. The practical contributions are in DSO advocacy and their ‘new’ professional agency; DSOs utilising discretionary practice; and a model for supporting adult students diagnosed with dyslexia in TAFE. The chapter identifies the innovations of this research study. The limitations arose from both the findings and the research methodology, the size and location of the study, the existing role of DSOs, confusion of terms and the researcher position. In concluding, the chapter outlines future recommendations for research in the areas of dyslexia, TAFE Colleges in Queensland, TAFE Guidelines and Policy, the TAFE role of DSOs and their qualification dilemma, and DSO advocacy for supporting adult students diagnosed with dyslexia.

8.1 PURPOSE AND OVERVIEW

The purpose of this research study was to explore the barriers, supports and services for adult students diagnosed with dyslexia attending one of five Queensland TAFE Colleges (Research Question One; Objectives One and Two). Literature cited suggested that students with dyslexia have reported that some teachers fail to understand the complexities related to dyslexia and other learning disabilities (Jobling & Moni, 2004; Marshall et al., 2002; Tanner, 2010). Students with dyslexia have implied that teachers appeared to perceive dyslexia was like other learning disabilities (Reid, 2009a). Alternatively, the literacy difficulties experienced by students with dyslexia have several teachers not accounting for the students’ abilities (Tanner, 2010).

As previously identified, students with dyslexia were failing and withdrawing from TAFE courses, due to the lack of understanding and the appropriate support in TAFE. Working as a DSO myself and being dyslexic, I wondered why this was occurring, when there was support provided by DSOs and students with dyslexia were struggling to succeed in courses and subject. Students were having challenges with learning in classrooms (Research Question One, Objectives One and Two; Research Question Two, Objectives One, Two and Three). A decision was made to explore this curious phenomenon (Research Question One, Objectives One and Two; Research Question Two, Objectives One, Two, and Three). Not only were there challenges for adult students diagnosed with
dyslexia in TAFE, it was identified that future research could find crucial social constructions in making further recommendations for students with dyslexia (Research Question Three, Objective One). Tanner (2010) identified that the work of DSOs had not been formally researched in Australian educational contexts. Consequently, the second problem arose when DSOs formal role and the case management strategies used for supporting adult students diagnosed with dyslexia, were unclear for practitioners in TAFE (Research Question Two, Objectives One, Two and Three).

Further to the research, on review of the literature, there is substantive medicalised literature on dyslexia. However, the social challenges of dyslexia in literature have not kept pace with the medical literature and studies of dyslexia. Tanner’s (2010) study was one of the first Australian academic studies, exploring the phenomena of students with dyslexia in a TAFE context. In order to change attitude and practice for adult students diagnosed with dyslexia in TAFE, more research has to be undertaken before substantive change could occur for students with dyslexia, in all educational contexts, including TAFE (Tanner, 2010). This study has taken up the many questions asked by the gaps in the literature and in this research study (Table 1.1) through interviews and the three overarching research questions (Research Question One, Objectives One and Two; Research Question Two, Objectives One, Two and Three; Research Question Three, Objective One).

As this study was grounded in the exploration of understanding regarding adult students diagnosed with dyslexia, and essentially an organisation based study, which used a qualitative research approach. The methodology utilised in this research was a multiple case study methodology using the story telling of participants to construct a narrative. Social constructionism guided this research study in the exploration into each of the cases. The multiple cases were identified as macro-social level and micro-social level. The macro-social cases were the five TAFE Colleges and the two macro-social cases were the 22 adult students diagnosed with dyslexia and the six Disability Officers (DSOs). The data was analysed using thematic analysis that provided the research with a deeper understanding of the perspectives from both participant groups. In the following section is the overview and conclusion.
8.2 CONCLUSION

In conclusion, this thesis outlines the enduring ‘Framework for Disability Officer Advocacy in TAFE’ in relation to adult students diagnosed with dyslexia. In addressing this issue, the thesis makes significant contributions, not only to academic knowledge, but also potentially, to TAFE Policy in Queensland. This embedded case study identified that there are two levels of cases, the first, at the micro-social case level where adult students diagnosed with dyslexia and DSOs are embedded. The second is the macro-social case level which explored policy and legislation in five Queensland TAFE Colleges. This research study has identified, that there were new understandings about theory and practice for both adult students diagnosed with dyslexia and TAFE DSOs. Adult students diagnosed with dyslexia had socially constructed barriers, such as a social identity. The four categories constructed for this social identity were: a) a Personal History; b) Discrimination; c) Managed Emotions; and d) Differences. In managing the social identity of adult students diagnosed with dyslexia, a framework for the identity was constructed from the interview data (Research Question One, Objectives One and Two). Adult students diagnosed with dyslexia are not only utilising the medical model in TAFE for support and services, they are utilising a social model of disability to advance in their learning.

In TAFE, DSOs were advocates for adult students diagnosed with dyslexia, which was recognised by adult students in this study. This advocacy was realised by both groups of respondents realising this as support. A ‘relational: hyphenated-self’ was constructed into a framework for the social and educational needs of adult students in becoming more independent and included in the TAFE learning context (Research Question One, Objective One and Two; Research Question Three, Objective One). The relational: hyphenated-self provided adult students diagnosed with dyslexia with a tool for hope and the ability to move from the negative (exclusion zone) to the positive (inclusion zone) in educational contexts (Research Question One, Objectives One and Two; Research Question Three, Objective One).

This research identified that adult students diagnosed with dyslexia live in a dual world, one that is related to the Medical versus Social Model of Disability. Despite the research on ‘ableism’ for people with disabilities, this study has identified there remains a dual world for adult students diagnosed with dyslexia. This dual world is evident in TAFE and has social consequences for adult students who are vulnerable. However, the social interaction between DSOs and adult students resulted in relationships, which were focused on the social model of disability (See Table 2.1). The relationship becomes evident through advocacy in the framework ‘relational: hyphenated-self’. Alternatively, adult students diagnosed with dyslexia were navigating through the system barriers searching for support, between the inclusion and exclusion zones on the ‘relational: hyphenated-self’.
This newly constructed framework can also be utilised by professionals and practitioners, for supporting and advocating for adult students diagnosed with dyslexia (Section, 7.9) (Research Question One, Objectives One and Two; Research Question Two, Objective Two and Three; Research Question Three, Objective One). Disability Officers also identified barriers in providing support in TAFE Colleges.

The second finding was a foundational theory of advocacy, called advocacy as constructed through the delivery of support for adult students diagnosed with dyslexia by DSOs (Research Question One, Objectives One and Two; Research Question Two, Objectives One, Two and Three; Research Question Three, Objective One). Disability Officers identified that advocacy developed from a professional agency and discretionary practises in TAFE. A relationship developed between adult students diagnosed with dyslexia and DSOs in TAFE (Research Question One, Objectives One and Two; Research Question Two, Objectives Two and Three; and Chapter Six, Sections 6.3, 6.4). In addition, this emerging theoretical framework underpins the dual worlds of dyslexia (e.g., the inclusion and exclusion of people diagnosed with dyslexia).

In this case study, DSOs supported, serviced, and case-managed adult students diagnosed with dyslexia in five TAFE Colleges (Research Question Two, Objectives One, Two and Three; Research Question Three, Objective One). Disability Officers as noted above, were advocates for adult students diagnosed with dyslexia, who utilised their discretion to negotiate and advocate on behalf of adult students diagnosed with dyslexia at the frontline, providing services. Furthermore, DSOs were identified as ‘Street-Level Advocates’ through their professional agency for adult students diagnosed with dyslexia, from their continual discretionary practises for equity and their good-will and moral ethics (Research Question Two, Objectives One, Two and Three; Research Question Three, Objective One). Disability Officers could utilise this framework for advocacy, the ‘relational: hyphenated-self’ for supporting adult students diagnosed with dyslexia in TAFE. This research study constructed a framework suitable for both DSOs and adult students diagnosed with dyslexia that could be employed for the provision of support and advocacy, which aligned to a ‘new’ professional agency.

The professional agency of DSOs did not fit the formal TAFE DSO role. Disability Officers were good willed, social justice activists, caring, mentored and primarily were advocates for adult students diagnosed with dyslexia, in the provision of support and services (Research Question Two, Objectives One, Two and Three; Research Question Three, Objective One). Some DSOs had ‘a calling’ and others were autonomous in their discretionary interactions and practices. It was identified, because of their practices and qualifications, that there were two types of DSOs. Type 1 DSOs had academic qualifications in the professions, and were advocates and autonomous in their extended
discretionary practices. Type 2 DSOs had pre-academic qualifications and were managers and administrators, were not autonomous, and were agents for TAFE. Despite the qualification difference in the two types of DSOs, all were advocates and discretionary in their professional agency, making new policy and guidelines at the frontline of service in TAFE. In essence, DSOs were Street-Level Advocates providing essential services at the frontline for vulnerable students.

Disability Officers faced pressure within delivering support due to TAFE Guidelines and procedures that kept them from providing essential support for students who have a range of disabilities and as advocates. In addition, DSOs located themselves on the hyphen of the ‘relational: hyphenated-self’ as they negotiated support, manoeuvred procedures and TAFE Guidelines in supporting and servicing, to actively advocate in TAFE. The location of DSOs on the hyphen became the axis for success or failure for adult students diagnosed with dyslexia in TAFE. In this research study, the adult students diagnosed with dyslexia were successful, due to DSOs’ advocacy in TAFE.

In short, this research does not solve all problems for adult students diagnosed with dyslexia in TAFE. Adult students diagnosed with dyslexia are also located on a dual continuum of the dyslexia debate. In TAFE, they are interacting and having relationships with DSOs, Disability Services Tutors, teachers, and their adult student peers without dyslexia. This study identified the many challenges of adult students diagnosed with dyslexia socially. Frequently, adults [students] with dyslexia are misunderstood, due to an inability to express themselves well orally and in written format. The perceived attitudes of significant others, is that people diagnosed with dyslexia do not have the ability to succeed in education or workplaces, because of their literacy challenges (Chapter Two).

This study identified that when adult students diagnosed with dyslexia have an advocate, support and services were provided in TAFE in the form of advocacy, success can occur. All research participants with dyslexia successfully completed their courses and subjects. Inclusion was at the forefront of advocacy and it was recognised that when adult students diagnosed with dyslexia, interacted with their adult student peers without dyslexia, they were successful, and were learning with student peers. The interaction is the space where old and new prejudices arise, labelling, marginalisation and stigmatisation occurs, success and failure are evident, managed emotions can be lost, when their social identity reigns. It is the area where adult students diagnosed with dyslexia again, lose their self-esteem and confidence. Once again, the interactional join of inclusion is helped by the actions of DSOs expressed in this model. However, dyslexia is a debated genre in the disability field, which is often misunderstood. The challenges for adult students diagnosed with dyslexia remain and occur socially, in educational and workplace contexts. In the following section, the innovation of this study is highlighted, from the exploratory findings of this research study.
8.3 INNOVATION

The innovations of this research are the four emerging theories that are innovative in this research, that enable adult students diagnosed with dyslexia to have successful learning outcomes in TAFE. These theories were intertwined and utilised in unison with one another, corresponding with respondents, adult students diagnosed with dyslexia and TAFE DSOs. The emerging theories are listed below:

1) **Social Identity** of adult students diagnosed with dyslexia, prior to enrolling in this TAFE course;

2) **Relational: Hyphenated-Self** for adult students diagnosed with dyslexia: where DSOs negotiated on the students’ behalf for course success in TAFE; through

3) Disability Officer **Advocacy** for adult students diagnosed with dyslexia;
   a) DSOs have an emerging Professional Agency; and underpinning the DSO proactivity are:

4) **Street-Level Advocates** were identified whilst applying Lipsky’s street-level bureaucracy to DSOs in TAFE. Disability Officers were discretionary, not unlike Lipsky’s professionals, however, underpinning the street-level advocates, was their professional agency and the social justice values within TAFE, in order to practise advocacy and autonomy at the frontline for adult students diagnosed with dyslexia.

8.3.1 Innovation with the Current Disability Debate

There is a further need to understand the dual worlds of disability, the negative and positive worlds (Chapter Two, Section 2.2) and for example the medical versus the social worlds as identified in the relational: hyphenated-self, the inclusive or exclusive worlds of adult students diagnosed with dyslexia, are noted on the continuum. There are both negative and positive aspects of living in a dual world and having dyslexia. Literature has illustrated that researchers promote the genre of ‘disability’ in society (Goggin & Newall, 2005; Kumari Campbell, 2009; Macdonald, 2010) and more specifically dyslexia (Reid, 2009a; Macdonald, 2010; Tanner, 2010, 2011). However, certain academics continue to have a negative focus on dyslexia, resulting from misunderstandings, regarding the literacy challenges, which should be supported. Often the specific needs of adult students diagnosed with dyslexia are ignored in the field (Sections 2.3, 4.5, 4.6).
The negative aspects of adult students diagnosed with dyslexia in this research study identified they have a social identity which focused on the many barriers and the negative experiences of adult students prior to and after enrolling in a TAFE course (Research Question One, Objectives One and Two). The negative aspects of having dyslexia were present, emerging from an early age throughout their schooling, in some families, and workplace contexts. There were negative experiences that were exasperated when adult students diagnosed with dyslexia attended a formalised bureaucratic organisation (e.g., government service organisations and universities), having to navigate the formalised systems (e.g., reading, writing, meetings, and educational pursuits in universities, including TAFE) (Chapter Four, Section 4.6, 5.5). The negative aspects or exclusionary aspects of a dual disability debate realised adult students diagnosed with dyslexia were challenged by the many system procedures in TAFE (e.g., formal disclosure). In having a social identity, there are times when the challenges become so great that adult students diagnosed with dyslexia revert to the exclusion zone, due to a lack of confidence or further labelling or stigmatisation.

This negative debate can be reviewed and aligned to the Medical vs Social Model of Disability, where there is professionals diagnosing and providing a medical aid to the challenges. In TAFE, the system is aligned to the medical model, where the professional knows best, and the adult student with dyslexia relies upon the services and doctrine provided by professionals. Opposing the negative medical model is the Social Model of Disability, where students are perceived to be independent and have choices, not unlike their decision-making in utilising the relational: hyphenated-self framework. In facilitating a social model, this research identified that adult students utilised a) support in groups in social contexts (e.g., with family members and friends); b) knowledge and expertise which comes from relationships and interactions with significant others and from people with a disability; c) Affirmation and advocacy of a person with a disability (e.g., Disability Officers and some teachers); d) People with a disability have rights (e.g., DSO social justice principles); e) disability is a political issue (e.g., Bond et al., (2010) prepared a paper for government department for ministers to review the challenges for people diagnosed with dyslexia); and f) Social change (e.g., unless there is social change in inclusion, people diagnosed with dyslexia will remain on the hyphen, not moving forward) (Mason & Reiser, 2014).

However, even when adult students diagnosed with dyslexia perceived themselves as independent, they still required additional educational support (Chapter Four, Sections 4.4, 4.5). There were difficulties experienced by adult students diagnosed with dyslexia in TAFE, largely due to a lack of understanding from teachers in classrooms. In TAFE, adult students diagnosed with dyslexia had an advocate in the DSO who would negotiate and campaign for support, with TAFE teachers. In comparison, there were positive aspects for adult students diagnosed with dyslexia in TAFE and
learning. The positive notions of a dual world of disability as it aligned to adult students diagnosed with dyslexia attending these five TAFE Colleges within Queensland (Table 8.1).

**TABLE 8.1 POSITIVE CONSEQUENCES OF THE DISABILITY DEBATE**

1. Adult students diagnosed with dyslexia perceived they had a relationship (a critical friend) with the DSOs, the Advocate

2. Primarily DSOs provided adult students diagnosed with dyslexia support and services; essentially advocacy.

3. Adult students were positive about attending TAFE and undertaking course in Certificate III or above; this was the first opportunity for them in gaining an educational outcome, compared to other formal educational contexts (e.g., schools and university).

4. Educational debriefing could level the expectation into a realistic understanding, and remove the labelling and marginalisation, and be tempered by open dialogue about dyslexia. Disability Officers were trusted. Adult students diagnosed with dyslexia were respected by DSOs.

5. The expectation of a person with dyslexia by significant others, is the same for people without a disability.

In writing myself into this thesis, and reflecting on my dyslexia, I often pondered about those less fortunate who have severe challenges with dyslexia. I have been fortunate to have supportive parents, husband and family and have had all the social trappings (e.g., loving parents, good friends, close extended family, and friends in fellow quilters). My disability was not a fearful or terrible thing in my family life, I just had to work harder than the average student and structure my writing on paper. My dyslexia became my mantle for further education and an ability to prove that I could read and write without significant support in place. Challenging every dyslexic are literacy difficulties, particularly with reading and decoding language and then reassembling the decoded information into what becomes a logically written format. For every dyslexic, there are negative and positive aspects of being dyslexic. For me, it is this journey into academia which has left me acknowledging there remain negative aspects of learning in formalised systems; such as forms that must be read and completed. Procedures are extremely structured and email and websites are becoming the ‘norm’ in academia; in order to communicate to significant others in a formalised educational system. For me, the doctorate is for supporting all those in society who do not have the means, to access support. The PhD in
Sociology will enable me to pass on knowledge and give back to those adults who need constant advocacy and support.

As noted in Chapters Six and Seven, theoretical understandings were being constructed in relevance to the theoretical saturation (Research Questions One, Two and Three and Objectives). In various studies, particularly those applying grounded theory (Charmaz, 2011), researchers compare incidents, events, and activities into various themes and evolving theoretical constructs (Schwandt, 2007). In relevance to the construction of emerging theories, the newly developed frameworks are not yet a theory until tested in other contexts and by other researchers undertaking qualitative and quantitative studies.

As identified by Corley and Gioia (2011), providing a theoretical contribution which is assessed by certain criteria, including: a) originality – within this is relativity and incremental constructs; and b) utility – within this section the contribution has to be scientifically useful and practically useful (pp.15-16). In comparison, this research study has constructed foundational theories, either in a framework for respondents’ interactions, either for future practice or through abstraction. However, these foundational theories have not yet been tested. This study’s innovations are different themes to what has been identified, compared to existing theories (Chapter Two, Section 2.9). Comparatively, there will be differences between research projects (Merriam, 2009).

The contributions to theory and research are discussed sequentially. The first was an emergence of a social identity for adult students diagnosed with dyslexia. In this innovation two studies are compared to this study’s contributions to theory, which are discussed in the following paragraphs. In a psychological assessment of dyslexic and non-dyslexic students, Jodrell (2010) found that students with high self-efficacy results, this factor influenced their Social Identity. In another qualitative study, utilising narrative of a life history of Pers, as previously described, a social identity was constructed through the stories he told of hardship (Germeten, 2013). In this study, adult students diagnosed with dyslexia come to TAFE with significant barriers from previous social constructions experienced in schools, families, TAFE, workplaces and in society. These barriers were thematically analysed and the conceptual theme emerged from understandings of the barriers experienced by adult students diagnosed with dyslexia, who have a social identity (Research Question One, Objectives One and Two; Research Question Three, Objective One).

In addition to the social identity, a framework was constructed utilising recent studies including Fine and Sirin’s hyphenated-self theory (2007) and Gergen’s relational being (2010). Fine and Sirin (2007) utilises critical psychology to examine Muslim-American youth, who were marginalised and hyphenated in their own country by marginalisation in the USA after the 9/11
bombings. Hammack (2010) utilised narrative methodology to construct the themes from the narrative methodology of that hyphenated Palestinian-Israeli youth. There were challenges at the hyphen for the youth, with many stalling at the hyphen and not moving forward, because of the territorial allegiance to Palestine, for Jewish Israeli’s, who aligned themselves as Palestinian through membership of that territory (Hammack, 2010). In comparison, this study utilises a Relational-Being (Gergen, 2010), to unite the relationships occurring between adult students diagnosed with dyslexia and DSOs in this vocational educational context, utilising Social Constructionism to guide the construction of this theoretical framework. The framework is known as a ‘relational: hyphenated-self’.

The ‘relational: hyphenated-self’ is a relatively new concept in adding a world view and extension of knowledge through interaction and social constructions, utilising Fine and Sirin’s (2007) theory (Research Question One, Objectives One and Two; Research Question Two, Objectives One, Two and Three; Research Question Three, Objective One). However, many have utilised relational understandings with the hyphen, although no one has constructed the tenets and concepts of both understandings to one research project. Adult students diagnosed with dyslexia are hyphenated, solely because they are vulnerable in social and cultural contexts (Fine & Sirin, 2007), and they are often treated poorly (Goffman, 1959a; Tanner, 2010) because they think differently and have challenges with literacy acquisition (Macdonald, 2010). The hyphenation occurs between the inclusion zone and the exclusion zone in the learning context, the cultural context of TAFE. Understandings of the relevance to DSO advocacy enabled adult students diagnosed with dyslexia in this study to have success in learning through support in the five TAFE contexts.

In the following innovation was a foundational theory utilising Lipsky’s *theory of street-level bureaucracy* (1983, 2010) to base a foundation for Street-Level Advocates, DSOs in TAFE. Disability Officers have professional agency and are discretionary in their interactions within TAFE, (e.g., advocacy and autonomy). In contrast to Lipsky (1983, 2010) Evans and Harris (2004) identified there were new understandings about discretion for social workers. In that study, Evans and Harris (2004) identified that professionals working at the frontline within highly structured organisations were prone to be more discretionary than those working in informal organisation. In addition, discretion itself is neither ‘good’ or ‘bad’ and can be a professional attribute for social workers at the front line of service (Evans & Harris, 2004, p.870). As noted professionals implemented new practices and policy at the frontline to suit the funding needs of clients (Evans & Harris, 2004). In other research, Tummers and Bekkers (2014) identified that making policy can have a positive effect for clients, as a meaningful outcome. In that study, the street-level bureaucrats utilised discretion and the more discretion that was implemented for clients’ needs, the more willing they were to enact and change policy at the frontline of service (Tummers & Bekkers, 2014).
In this study, DSOs perceived that they worked to support adult students diagnosed with dyslexia and further to this understanding, themes emerged as related to the professional work of DSOs, which was accomplished by their discretionary actions in TAFE (Table 7.1). As Street-Level Advocates, DSOs had a professional agency within TAFE. They championed adult students diagnosed with dyslexia, providing them with encouragement, promoted their abilities and became an activist in the professional agency (Section, 7.3) (Research Question One, Objectives One and Two; Research Question Two, Objectives One, Two and Three; Research Question Three, Objective One). Such understandings were constructed into conceptual themes of this research. Disability Officers practising as professionals (noted in Table 7.1), as reviewed earlier, are not unlike nurses or social workers, as they cared for their clients’ outcomes (Research Question Two, Objectives One, Two and Three; Research Question Three, Objective One).

Xiaoyan and Jezewski (2007) used middle concepts in reviewing the theory of advocacy was used to develop a framework of advocacy. Disability Officers became risk takers and more discretionary in their professional agency through advocacy. Advocacy related to existing theories of advocacy (Forbat & Atkinson, 2005; Lindahl & Sandman, 1998; Xiaoyan & Jezewski, 2007) and the introduction of social justice mandates for nurses (Xiaoyan & Jezewski, 2007). In utilising ‘citizen advocacy’, Forbat and Atkinson’s (2005) qualitative research found that advocates were vulnerable clients themselves needing help on provision of outcomes for advocacy. According to Forbat and Atkinson (2005), citizen advocacy works with positive consequences; there are unmet needs for the service; advocates work in hostile environments alongside health workers; and advocates themselves need support to continue their arduous work in Nottinghamshire (Section, 7.8).

In this study, DSOs were found to have social justice principles and do good deeds, which were expended to supporting adult students diagnosed with dyslexia within and outside of TAFE. In comparison to other advocate studies, DSOs’ social justice practices were reported by both DSO types and adult students diagnosed with dyslexia (e.g., championing disability during disability week in TAFE and in society). Discretionary practices were unknowingly utilised when DSOs (e.g., decoupled the system) became more than advocates, in providing support to unregistered students (Section 5.2.4). Disability Officers as advocates had professional agency (Table 7.1), which was instrumental in their ability to be discretionary, providing advocacy to adult students diagnosed with dyslexia, outside of TAFE Guidelines.

In short, adult students diagnosed with dyslexia had a relationship with DSOs which was built on trust and caring; having someone to listen and debrief with in times of stress; particularly when adult students were facing challenges in learning. The relational understanding and social
constructions occurring in this research were paramount to the success of adult students diagnosed with dyslexia. All adult students passed the courses or subjects in which they were enrolled. Furthermore, many adult students were employed after graduation, having a career path of their choosing. Disability Officers were always there to advocate and support in times of crisis for adult students. What is not addressed in detail in this research was the social constructions of adult [students] with dyslexia in social contexts (e.g., shopping, banking, and with staff in government departments). Despite the innovations of this study, this research explored the current disability debate as a dual world for an adult student with dyslexia (Figure 6.1).

8.4 LIMITATIONS

This thesis had several methodological limitations: a) qualitative vs quantitative; b) size; c) research design; d) methodological sampling; e) collection of data (Merriam, 1998, 2009; Yin, 2009).

In this research, there are the following limitations: a) qualitative vs quantitative; b) methodological sampling; c) data collection; c) size; d) data saturation; and e) researchers’ position. In the following paragraphs and sections, these various limitations will be discussed. In addition, the two groups of purposively selected participants, adult students diagnosed with dyslexia and Disability Officers. This study did not include other students, such as those without dyslexia or those with other LDs attending TAFE. Disability Officers consented for this study, because they support and case manage adult students diagnosed with dyslexia, however, no other TAFE staff members were selected for this study. The DSOs gave their informed consent and then selected adult students diagnosed with dyslexia. Disability Officers were the only person who could recruit and then select participants, due to the TAFE Privacy Policy, (2014). This multiple case study utilised an embedded case design, as noted previously.

8.4.1 Generalisation in Qualitative vs Quantitative Research

The first limitation of this study that is qualitative and therefore not generalisable, in the same way as a quantitative research project (Denzin & Lincoln, 2005a, 2005b; Falk & Guenther, 2006; Guba & Lincoln, 1999; Miles et al., 2014). Miles et al., (2014) argue that qualitative research is generalisable. Qualitative research is descriptive and endeavours to understand and interpret the data (Merriam, 2009), as opposed to quantitative research which are numerical findings, with ‘cause and effect’ relationships between variables (Schwandt, 2007). This qualitative case study is a multiple case study having two participant groups, at the macro and micro-social level in TAFE Colleges (Brueggemann, 2013; Xiayon & Jezewski, 2007). In generalising, this research used a compare and contrast approach, on one case with the next, utilising constant comparative methods (Section 3.6.3), to determine whether or not the cases fit within a theory (Miles et al., 2014) at both the micro-social
and macro-social levels. Literature and theoretical concepts are compared and contrasted, and also converged with many sources of data and the concepts of many theories. However, this study is generalisable and draws on Corley and Gioia (2011), when nominating the stronger contributions, of these foundational theories (Section 6). In this case study, there could be limitations in the size, methodological sampling, theoretical sampling, and theoretical saturation.

8.4.2 Size

The sample size was small in comparison to some other case study methodologies. Miles et al., (2014) suggested that five is an average size for qualitative research projects. This study has 22 adult students diagnosed with dyslexia, six DSOs (micro-social cases) and five TAFE Colleges (macro-social cases). The sample was drawn from TAFE Colleges within metropolitan and regional areas within Queensland, which did not provide a rural or a remote focus to this study. However, there are insights into theoretical contributions in this research that can be further tested.

8.4.3 Methodological Sampling

In this research, there were concerns about the methodological sampling of participants. In this case study, there were three approaches utilised. The first is a case study methodological approach (Merriam, 2009, 1998; Yin, 2009). The second approach is using grounded theory methods approach (Strauss and Corbin, 1998). Grounded theorists access participants as required throughout the research process (Strauss & Corbin, 1998), which was done in this case study due to the lack of respondent numbers (Merriam, 1998; Yin, 2009). The third approach is an ethnographic approach to exploring the context of interaction and journaling in the teaching context of TAFE. Ethnography uses both purposive sampling and small numbers of participants and does not test a hypothesis (Higginbottom, 2004), which is also utilised in qualitative case study research (Merriam, 2009). The two limitations were: a) Participant recruitment and selection; and b) Recruiters having to read Research Information Sheets to participants diagnosed with dyslexia. There was concern with DSOs recruiting and selecting participants diagnosed with dyslexia. There could be bias in selection, as participants were known to DSOs. Disability Officers have knowledge of dyslexia, the researcher provided them with a copy of the pages relevant to dyslexia from the Diagnostic Statistical Manual of Mental Illness (2013). Disability Officers recruited and selected participants based on the following: a) a dyslexia diagnosis; b) ‘LD’ diagnosis, with reading, writing, spelling, mathematics, or textual comprehension difficulties; and c) ‘SLD’ diagnosis, with the above characteristics.

In selection of the participants by the researcher, the following criteria was utilised: a) aged between 18 and 55 years and over; b) enrolled in Certificate III or above; c) had reading, writing,
spelling, and textual comprehension difficulties; and d) were diagnosed with any of the above diagnoses. The researcher followed-up with a telephone call, as noted in the ethics guidelines for researchers (Human Research Ethics Committee, 2006; University of the Sunshine Coast, 2013, 2014, 2015).

As a result of the TAFE Privacy Policy (e.g., *Queensland Information Privacy Act*, 2009, 2015), the researcher could not have accessed adult students diagnosed with dyslexia within TAFE. Hence, DSOs did the recruiting. In all research studies there are limitations (Tuckett, 2004). However, when dyslexia is such a diverse and complex disability (Reid, 2009; Shaywitz, 2008) sampling can be a challenge even for the most experienced researcher (Patton, 2002).

### 8.4.4 Theoretical Saturation

This research study was able to construct appropriate emerging theoretical frameworks for adult students diagnosed with dyslexia and DSOs in TAFE Colleges. These frameworks are a foundational theory; they are also practical applications for use in TAFE by other students diagnosed with dyslexia and DSOs. The building of a new theory uses the tenets of an existing theory (Charmaz, 2003, 2011; Miles et al., 2014), and searches for new theoretical concepts to construct for further understandings (Miles et al., 2014). As identified earlier, there are issues with qualitative research being generalisable, yet the findings illustrated in this study presents new theoretical foundations, from this case study. These factors are noted in this research, old and new concepts, working in unison for both adult students diagnosed with dyslexia and DSOs in TAFE.

This case study used *Social Constructionist Theory and Social Constructionism* (Gergen, 1985, 2005) to theoretically sample the data and to guide data collection. As the findings were emerging, so too was the building of theories, from initial categories and sub-themes and finally the conceptual theme (Miles et al., 2014). Reflecting on other theories, such as Xiaoyan & Jezewski, (2007) a meta-theory of advocacy (Dalrymple & Boyle, 2013; Forbat & Atkinson, 2005; Xiaoyan & Jezewski, 2007); hyphenated-self theory (Fine & Sirin, 2007); and street-level bureaucracy (2010) (Lipsky, 1983, 2010); and the relational being (Gergen, 2010) a philosophical stance, enabled the research to narrow down the categories and themes, to explore options for change in those existing theories. The following limitation is related to the number of cases that were researched in TAFE. In innovations, the new theoretical underpinnings are discussed.
8.4.5 Legislation and TAFE Policies and Guidelines

Within each of the five Queensland TAFE Colleges, legislative mandates and Queensland TAFE Policies and Guidelines have been implemented differently in each case. There is inconsistency in the interpretation of legislation and policies in each of the TAFE Colleges. At one TAFE College, these current uncertainties were reviewed by a legal representative for TAFE, who found the legislation and policies challenging, due to the complex language used in them, for interpretation and meaning of such policies (Chapter Five, Sections 5.3, 5.6.2). In addition, the implementation of practices and procedures varies for supporting disabilities in each of the five colleges. There can be a lack of understanding and misinterpretation of the legislation and policies, which have been facilitated and implemented by Institute Directors (Chapter Six). Legislation has loopholes and is often misinterpreted in practice by organisational managers, and this also occurs internationally (Healey, 2003) and nationally (Cumming & Dickson, 2007). Directors were not interviewed in this research and there is no evidence of the management practices of Directors, regarding the implementation of policies in any of the Queensland TAFE Colleges. Disability Officers do not develop policy or guidelines directly, as would be expected within their professional role. The TAFE Policies and Guidelines are implemented by senior management or by State Directors of TAFE for VET (e.g., iVET).

8.4.6 Cross-Case Analysis

Cross-Case analysis has not been utilised in this research, due to the cases being constantly compared, contrasted and converged within the data analysis process. This method was used in analysing within and between colleges and respondents’ data, with codes, categories, sub-categories and themes and theoretical themes. The cases were more about the interaction and relationships at the micro-social level between respondents, as opposed to the macro-social level, in relation to TAFE cases not significantly influencing the final outcome of this research study.

8.4.7 Researcher’s Position

In qualitative research, some literature identifies ‘insiders’ having significant bias in analysing the data and undertaking the research (La Sala, 2003). However, La Sala (2003) identifies that insiders are ideal for research as they can discuss the research with those who are unaware of the issues of gay people, in order to prevent future bias. This dyslexic researcher has discussed the topic of dyslexia with collegial non-dyslexic people, such as the research team, which does prevent future bias in this study. Most poignantly, insiders also give fellow researchers “knowledge, insights, and experience … [and insights of having dyslexia], but also provides a theoretical understanding of the organisational dynamics” (Coghlan, 2007, p. 296).
As a dyslexic, I bring further understanding of the difficulties that adult students diagnosed with dyslexia may experience in TAFE [without bias] and this allows me to ask additional questions regarding the barriers, supports, and services. A researcher without dyslexia may not know the difficulties associated with having dyslexia (e.g., finding the correct word in a sentence to annunciate verbally to an audience; reading and comprehending forms; and the ability to use technology).

This researcher was also a Disability Officer. As a DSO at one Queensland TAFE Institute, I have not worked as a DSO or in TAFE since 2005. I have effectively retired. However, having been a DSO in TAFE, an insider was not a limitation, as this enabled me to efficiently recruit participants at each institute, because I was familiar with several of the system processes. I had immediate access to both participant groups for this research study.

8.4.8 Speech Difficulties of Adult students diagnosed with dyslexia

In this study, most adult students diagnosed with dyslexia had speech impairments and interviews took longer to complete than an existing twenty to thirty minutes (e.g., as noted in the ethics application). In quantitative research, children with developmental dyslexia were tested for phonological awareness and reading development (Huss, Verney, Fosker, Mead, & Goswami, 2011). In that study, it was identified that these tests may be critical for phonological and literacy development in children (Huss et al., 2011). Those findings would show that articulation of language and the processing time required for speech can be slower for some children with developmental dyslexia.

The results noted above, could align to adult students who are diagnosed with developmental dyslexia in this study. There was a link toward additional time for higher education students with dyslexia in other research (Chapter Two, Section 2.3) (Mortimore & Crozier, 2006). This is less well understood in qualitative research, as there are few studies recording the additional time required for textual processing of information. These issues regarding speech (e.g., processing and answering questions), are limited in current sociological literature concerning developmental dyslexia.

8.4.9 Current Role of Disability Officers

There are limitations in the current TAFE DSOs formal role. Disability Officers are restricted by certain aspects of the expectations of TAFE within their existing role. As identified, they face TAFE ‘unsanctioned’ TAFE Guidelines, structured enrolment processes, and limitations to funding for servicing adult students diagnosed with dyslexia. However, this research identified that DSOs have professional agency, and implement practices utilising good deeds, social justice values and principles, discretionary practices and were caring to clients at the frontline of service. Crucially,
DSOs did not have a professional role in TAFE, they were administrators or managers. In essence, limitations in the DSO role in each of the five TAFE Colleges were the impetus for their discretionary practices. Disability Officers did not adhere to the DSO role (Section 3.4) and became Street-Level Advocates for adult students diagnosed with dyslexia in TAFE.

### 8.4.9 Confusion of Terms for Dyslexia

The terms used for dyslexia were another limitation in this research. In TAFE the terms used to define or describe dyslexia included SLD, LD or learning difficulty, which were used interchangeably. For DSOs, there was much confusion regarding dyslexia and the support that is to be provided by Disability Services for the challenges related to dyslexia (Chapter Two, Section 2.3). As noted in the *Diagnostic Statistical Manual of Mental Disorders (2013)* there is a range of variables which relate to the difficulties of persons who have dyslexia (p. 67). As identified in other research, various challenges related to the terms utilised for dyslexia in tertiary education (Tanner, 2010; Wright, 2005). Further to this, Reasonable adjustments were not always appropriate, for some adult students who have developmental dyslexia, who had a range of different educational needs. Burden (2008) identified LD as a generic term which does not categorise the needs of the individual student with dyslexia. Concurring with Burden (2008), dyslexia remains lacking in meaning for DSO practitioners in TAFE, with the challenge of implementing appropriate support to address the specific needs of each student who was assessed with dyslexia. The term and definitions have implications for future research in the field.

### 8.4.10 Limitations of this Research

On major limitation is that this research has not constructed a substantive theory due to the time constraints on PhD students. This construction may take longer than two years, with many hours of research and working in the field. However, it is suggested that this study provides emerging theoretical understanding and frameworks that can be utilised in TAFE and by DSOs and other professionals working with adult students diagnosed with dyslexia in a tertiary context. In the following section are the recommendations for future research, coming from the limitations and practices in the field.

### 8.5 RECOMMENDATIONS

This thesis has several methodological limitations for future research (Table 8.1, below), which present from the limitations and the analysis of this research. The number of recommendations that relate to this study align to the research methodology, multiple case study, and theories presenting from this research. Recommendations identified are: a) future quantitative research; b) Legislation and
professional development; c) Future support for other disabilities and professionals; d) Additional
time; e) disability officer role, agency and qualifications; f) reflexive position; g) emerging theories a
new way of thinking; and h) reform in TAFE Policy and guideline modification.

8.5.1 Future Quantitative Research

This research identified that the emergent theories and frameworks can be tested by
quantitative research, providing numerical data from the understandings of this research. As
previously noted quantitative research examines ‘cause and effect’ relationship of an objective truth.
For example, a quantitative study could examine the effectiveness of the relationships between adult
students diagnosed with dyslexia and DSOs in TAFE and in other contexts, using numerical
outcomes. In addition, the theories could be tested, the relational: hyphenated-self could be tested for
students’ positive outcomes and DSOs’ advocacy for adult students with a range of other disabilities
or students who are vulnerable. In addition, research into adult students diagnosed with dyslexia and
their social identity should be analysed quantitatively in both vocational and higher educational
contexts.

In addition, further studies should be completed on DSOs’ professional agency and their
discretionary practices, being Street-Level Advocates. The practices utilised in TAFE are unique to
this study; a study should address the comparisons between the types of DSOs, their advocacy and
professional agency. The studies in TAFE could be compared to private vocational providers or
universities within Australia. This study only explored limited knowledge regarding the practice of
Street-Level Advocates.

One recommendation is that there be future research into examining the numerical data of
Female vs Males with developmental dyslexia in a quantitative study. There is a need to examine
developmental dyslexia in tertiary contexts, and very little data has been collected on the gender of
people diagnosed with dyslexia in Australia and current data is descriptive statistics (Australian

8.5.2 Legislation and Professional Development

Technical and Further Educational Institutes and other vocational institutes in Australia
should be providing professional development on Commonwealth Legislation, such as the Disability
2013). TAFE Polices and Guidelines and VET Policies should be delivered to all staff on induction
and throughout the years of tenure, in order for them to understand the ramifications of this legislation
that relates to staff interacting with students who have disabilities within the sector.
In TAFE, more training for staff on dyslexia and Reasonable adjustments that are appropriate for adult students with developmental dyslexia for classroom activities and success. Teachers should have tools to address the educational support for dyslexia in TAFE (e.g., learning styles and strategies, as noted earlier). All participants in this study gained success, through advocacy and support.

8.5.3 Future Support for Other Disabilities and Professionals

The outcomes of this study could be utilised to support students who have other disabilities, including LDs (e.g., such as Autism; ADHD; and mental health disabilities) in schools, workplaces and tertiary contexts. The relational: hyphenated-self framework (Diagram 6.3) can be employed in educational and workplace contexts and can be utilised to support the work of other professionals (e.g., counsellors, teachers, academics, psychologists, and social workers) as they have acknowledged challenges in assisting students in moving forward, by providing them with support; and essentially advocacy. In addition, this framework can also provide independence in adult students diagnosed with dyslexia, making them self-advocates in the tertiary context. Furthermore, the DSO is a critical friend in organisational contexts and an advocate in tertiary contexts; particularly when organisational agents are employing discretionary practices within their professional agency.

8.5.4 Additional Time

Throughout this research, when interviewing adult students with developmental dyslexia, there needs to be sufficient time for semi-structured interviews. In qualitative interviewing, time is beneficial to the researcher. It is recommended that time for interviewing be increased (e.g., approximately one hour), to ensure adult students diagnosed with dyslexia provide their story. The terrain of interviewing people with developmental dyslexia can be difficult, due to the limitations of language (e.g., not articulating their answers precisely) (Snowling & Stackhouse, 1996) and some comprehension difficulties can arise (Reid, 2009a; Wisheart et al., 2009).

8.5.5 Disability Officer Role, Agency and Qualification

A future recommendation for TAFE is to change the existing role of the DSOs to professional status, due to their ‘new’ professional agency, which is underpinned by advocacy. In addition, DSOs have illustrated that they are ‘Street-Level Advocates’, based on good deeds and social justice values, which enabled them to be discretionary to benefit adult students diagnosed with dyslexia at the frontline of service.

The second recommendation is that DSOs have a professional qualification such as those in the nursing, social work, or teaching professions. In order to provide additional services, advocacy,
and other discretionary practices (e.g. autonomy) that are aligned with legislative obligations, it has been illustrated that DSOs should have a qualification in a profession. There are two types of DSOs: Type 1 and Type 2, whose discretionary practices differ due to their academic qualifications. Despite, the fact that not all DSOs have academic qualifications, they remain advocates and discretionary in their professional agency.

8.5.6 Reflexive Position

As a dyslexic, in writing myself into this research, there are benefits for people diagnosed with dyslexia in utilising this research. In society, there will always be certain barriers for dyslexic people in a dual world of disability. Yet the relational: hyphenated-self will enable me to utilise a framework to pursue various opportunities in workplaces and in future educational contexts, with advocacy. It will provide a framework to advance my own abilities, and take the jump from the hyphen, into an inclusive environment with a collegial advocate. Advocacy or having a relationship with a significant other, it provides a dyslexic person with someone who will listen to the issues at hand, the uncertainties, and conceptual thoughts. On the continuum that takes one from a positive inclusion zone to the negative exclusion zone, in the dual world of dyslexia, barriers in life are evident, and will always remain, until there is a change in perception of others in society. In reminding the reader, inclusion can only occur through the accepting of diversity and ensuring that all organisational contexts, acknowledge difference and utilise such a framework for advancing and supporting all people who have diversity.

A further recommendation for future research is that similar studies be undertaken by a non-dyslexic researcher, as an outsider, noting similarities and differences to the findings and the ease of access to participants with dyslexia and DSOs in Queensland TAFE Colleges.

8.5.7 Emerging theories as a new way of thinking

One recommendation is that the ‘new’ relational: hyphenated-self framework be utilised by DSOs and adult students diagnosed with dyslexia in TAFE to support learning. The framework utilising advocacy is an emergent theory identified in this study (e.g., exclusion to inclusion) respectively in learning. This new way of thinking came from a damaged social identity of adult students diagnosed with dyslexia. In using the relational: hyphenated-self framework, can provide that relationship between the DSO and adult student with dyslexia (e.g., as a critical friend). The relationship of advocacy in TAFE is crucial for adult students diagnosed with dyslexia success. Street-Level Advocacy needs to be tested in other professions, such as nursing, teaching, counselling, and
psychology, against relational: hyphenated-self framework and DSO Professional Agency constructed in this study.

8.5.8 Reform in TAFE Policy and Guideline Modification

A recommendation for TAFE is to keep the lower level courses that enable adult students diagnosed with dyslexia to have an educational pathway. Pathways that have been blocked should be remedied for future engagement of vulnerable students, including those with dyslexia. Considering many students are unaware of having dyslexia which has reduced their educational opportunities from an early age, withdrawing early from school, Pathways remain on the agenda of DSOs. In addition, the support that is required by adult students diagnosed with dyslexia is not solely assistive technology.

It is recommended that TAFE lead the way in using the term dyslexia, with a definition or description of the challenges faced for students diagnosed (Chapter Two, Section 2.1), in order to provide better support and understanding of dyslexia within TAFE. No longer should dyslexia be classified as a SLD or LD, since dyslexia has been introduced into the DSM V (2013) as a discrete disability.

It remains evident that equity must align to vocational education and provide appropriate supports and services for the vulnerable in TAFE. Equity in VET has not changed since Gale (2010) delivered a conference paper at a NCVER Conference (2010) on the provision of equitable services within the VET sector.

Another recommendation for TAFE is to have training for staff on the Disability Standards for Education, (2005 amended 2013) where legal obligations and support strategies be implemented and aligned with legislation. Training could advance staffs knowledge and understanding of the legislative obligations. Disability Officers as agents of TAFE, need to be more flexible and discretionary in providing advocacy and support in TAFE.

A further recommendation is that TAFE change the policy guidelines for formal disclosure, currently an ‘unsanctioned’ policy guideline exists. TAFE should provide this information regarding medical certificates on all webpages and documentation regarding disclosure in Queensland TAFE. Alternatively, do away with formal disclosure in order to gain disability support in TAFE.
## APPENDICES

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RESEARCH INFORMATION SHEET

Project Title: A Case Study of Adult students diagnosed with dyslexia in Queensland Vocational Education and Training Contexts

INVESTIGATOR: JACQUELINE CASKEY

TITLE: Ph.D. CANDIDATE

University of the Sunshine Coast

Telephone: 0429 854 565

Email: jlc003@student.usc.edu.au

Background

It is known that students who have dyslexia have barriers in tertiary contexts (Mortimore and Crozier, 2006, Tanner, 2009). This has been demonstrated in a Western Australian TAFE study recently (Tanner, 2010). The student perspectives of difficulties experienced included: a) system b) support and c) social difficulties. It is known that in Queensland there is limited research into the support required by adults who have dyslexia in TAFE contexts, therefore, this research is timely.

Research Purpose

The researcher aims to gain further knowledge and understanding of the barriers and supports for Adult students diagnosed with dyslexia and are undertaking training within three Queensland TAFE Colleges. Such a study has not yet been completed within Queensland TAFE. This study is expected to provide further knowledge for supporting adults who have dyslexia, whilst producing recommendations for the three Queensland TAFE contexts.

Interviews and Focus Groups

This research will use individual, in-depth interviews (semi-structured) while one focus group session uses a moderator to ask questions of the group. Individual interviews will be with students who have dyslexia and Disability Service Officers (DSOs). Individual interviews with students and DSO will take approximately 1.0 hours. The interview process will be at a location within each TAFE campus, one familiar to students and Disability Officers.
Focus groups will be with students who have dyslexia. It is anticipated there are 15–18 student participants spread over the three TAFE Colleges, therefore small focus groups will be held, approximately 5–8 participants. The focus group session will take approximately 1.5 hours with student participants only.

Confidentiality

Data gathered throughout this study will be coded (pseudonyms will be used) so that no participants will be personally identifiable (e.g., it will not be possible to find out which data belongs to any specific participant or TAFE Institute). All data collected in the course of this study will be kept in a locked file at the University of the Sunshine Coast. No published findings will reveal the identity of any TAFE or participant.

An informed consent form will be provided to individuals willing to participate in this research. Participants can choose to withdraw their participation at any point during or after completion of the interviews/focus groups, which will involve the deletion of any data collected.

Research Risks

While it is not anticipated that questions or themes will cause individual discomfort, there may be a risk to some participants experiencing feelings of stress or anxiety. At any point, participants can choose to stop the interview or focus group participation, and leave the study. A contact for Lifeline Counselling Services is provided should participants require further assistance:

LifeLine Crisis Support 24/7: Telephone: 131114

Results

Once the results have been analysed, the findings will be used to help provide support and recommendations to students who have dyslexia and TAFE Colleges within Queensland.

A summary of the study’s findings will be available to participants on request.

Papers that are written from this study will be made available to the Institutes involved, as well as being available from NCVER or VOCED website publications, for all VET staff. The thesis will be freely available online to the public when completed.
Complaints

If you have any complaints about the way this research project is being conducted, you can raise them with the Principal Researcher or, if you prefer an independent person, contact the Chairperson of the Human research Ethics Committee at the University of the Sunshine Coast, Maroochydore DC 4558. Telephone: (07) 5459 4574; Facsimile: (07) 5430 1177. Email: humanethics@usc.edu.au.

Contacts:

Dr Peter Innes
Senior Lecturer in Faculty of Arts and Business
University of Sunshine Coast
Telephone: (07) 5430 1234

Jacqueline Caskey
PhD Candidate
University of Sunshine Coast
Telephone: 0429 854 565
Email: jlc003@student.usc.edu.au

The Chief Investigator and the University would like to thank you for your interest in this project and appreciate your effort.
### RESEARCH QUESTIONS ONE | ADULT STUDENTS DIAGNOSED WITH DYSLEXIA

<table>
<thead>
<tr>
<th>Question 1.</th>
<th>Can you describe the difficulties you experience in (this x) TAFE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 2</td>
<td>Can you tell me if you gain support for these difficulties in (this x) TAFE?</td>
</tr>
<tr>
<td>Question 3</td>
<td>Can you explain (describe) or define dyslexia and what it means for you in TAFE?</td>
</tr>
<tr>
<td>Question 4</td>
<td>Do you/how do you initially disclose your dyslexia in educational contexts?</td>
</tr>
<tr>
<td>Question 5</td>
<td>What does having dyslexia mean for you in TAFE?</td>
</tr>
<tr>
<td>Question 6</td>
<td>Can you tell me anything about TAFE procedures and processes that are difficult for you?</td>
</tr>
<tr>
<td>Question 7</td>
<td>How do you know what support is available to you in TAFE? Can you tell me about the support you receive outside of TAFE?</td>
</tr>
<tr>
<td>Question 8</td>
<td>Who would you contact for support?</td>
</tr>
<tr>
<td>Question 9</td>
<td>Can you inform me of the particular strategies used by you, prior to enrolling in TAFE?</td>
</tr>
<tr>
<td>Question 10</td>
<td>Can you tell me what they are? (write/speak these into the assistive technology)?</td>
</tr>
<tr>
<td>Question 11</td>
<td>What are some of the new strategies you use in TAFE for support?</td>
</tr>
<tr>
<td>Question 12</td>
<td>Can you tell me what they are? (write/speak into assistive technology)</td>
</tr>
<tr>
<td>Question 13</td>
<td>What does ‘support’ mean for you as a student with dyslexia?</td>
</tr>
<tr>
<td>Question 14</td>
<td>Where do you access some of these strategies (inside/outside of) TAFE?</td>
</tr>
<tr>
<td>Question 15</td>
<td>Can you tell me about the definition you use to describe your dyslexia?</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------------------------------------------------</td>
</tr>
<tr>
<td>Question 16</td>
<td>Why would you use that definition over another?</td>
</tr>
</tbody>
</table>
| Question 17 | Can you tell me of any of the teachings and learning styles that are helpful in TAFE?  
  Can you tell me if the Learning styles are used as a support for you in the classroom? |
| Question 18 | Can you tell me if you think the support provided is appropriate support for your dyslexia in TAFE?  
  If not, why are you not provided with appropriate support? |
| Question 19 | How regularly do you interact with the Disability Service Officer/Equity Officer in TAFE? |
| Question 20 | Can you tell me about the meetings and support they provide you with in TAFE? |
RESEARCH QUESTIONS ONE | DISABILITY SERVICE OFFICERS | POLICY AND GUIDELINES IN TAFE

Question 1. Can you tell me about your experiences as a DSO in (this x) TAFE? Can you explain the barriers you experience as a DSO in the provision of support for adults with Dyslexia in TAFE? Can you tell me of your personal experiences of being a DSO?

Question 2. Can you tell me some of the policy and guidelines used to support students with dyslexia/disabilities in TAFE?

Question 3. Where would you find these? (if you were a student)

Question 4. How do you know some of the principles of the equity and inclusive education policies that are used in TAFE? (e.g., booklets, online,)

Question 5. Can you tell me about reasonable adjustments?

Question 6. What are some of the reasonable adjustments used for students with Dyslexia?

Question 7. Can you inform me of the professional knowledge or PD you have on dyslexia?

Question 8. Can you describe the barriers for you, in the provision of equity/disability support for adults with Dyslexia in TAFE?

Question 9. How do you find the resources needed for practice?

Question 10. Can you tell me what ‘the whole of life’ principle mean to you as a professional and how do you use it in your everyday practice?

Question 11. How is TAFE an inclusive educational context?

Question 12. How can you provide suitable support for Dyslexia or are there barriers for you in the system?
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 13</td>
<td>If I came to you with a deficit in listening, writing, and comprehension, could you support me without a diagnosis? How would you support me?</td>
</tr>
<tr>
<td>Question 14</td>
<td>Can you describe any different types of dyslexia that you have come across?</td>
</tr>
<tr>
<td>Question 1</td>
<td>Do you worry about things that have to be completed within a timeframe?</td>
</tr>
<tr>
<td>Question 2</td>
<td>Do you suffer from stress or anxiety?</td>
</tr>
<tr>
<td>Question 3</td>
<td>Is this anxiety or stress directly from present educational experiences or past experiences?</td>
</tr>
<tr>
<td>Question 4</td>
<td>What are some of the challenges you experience in TAFE?</td>
</tr>
<tr>
<td></td>
<td>How do you prepare for these challenges and what support do you use?</td>
</tr>
<tr>
<td></td>
<td>Are you always prepared for difficulties and challenges in TAFE?</td>
</tr>
<tr>
<td>Question 5</td>
<td>Is time an issue in the preparation of assessment, reading, and assignment activities?</td>
</tr>
<tr>
<td></td>
<td>Why is this of concern?</td>
</tr>
<tr>
<td></td>
<td>Can you tell me if you get any support for this?</td>
</tr>
<tr>
<td>Question 6</td>
<td>What sort of additional time is required to complete tasks (e.g., 1hr and additional support is 30 minutes or 1 hour)?</td>
</tr>
<tr>
<td>Question 7</td>
<td>What sort of tasks requires this additional time?</td>
</tr>
<tr>
<td>Question 8</td>
<td>Do you have any partnerships with friends and colleagues outside of TAFE that provides you with additional support?</td>
</tr>
<tr>
<td></td>
<td>Are these organisational (mentoring) or personal (help from family and friends) support?</td>
</tr>
<tr>
<td></td>
<td>What support/strategies do they provide?</td>
</tr>
<tr>
<td></td>
<td>How do they help in supporting you in TAFE?</td>
</tr>
<tr>
<td>Question 9</td>
<td>Are there any support frameworks you currently use for Dyslexia?</td>
</tr>
<tr>
<td></td>
<td>What are they?</td>
</tr>
</tbody>
</table>
### APPENDIX THREE | 3.3 RESEARCH QUESTIONS TWO: FOR DISABILITY OFFICERS

| Q1. | Have you provided additional support for adult students diagnosed with dyslexia in TAFE?  
Can you tell me about this support? |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2.</td>
<td>What are the supports you provide to students, out of the TAFE organisation?</td>
</tr>
</tbody>
</table>
| Q3. | Why do you have to provide these supports to students with dyslexia?  
• Is this support not provided to students in TAFE?  
• What about VDSS support in TAFE? |
<p>| Q4. | Does your position provide this support, or do you feel obliged to provide this support? |
| Q5. | Do you have any family or friends who have a disability? |
| Q6. | Do you feel that you have to provide additional support to students with dyslexia in TAFE? |</p>
<table>
<thead>
<tr>
<th>Q1</th>
<th>Some students tell me they feel different to others, do you feel different and can you tell me why you feel different?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• What makes you feel different?</td>
</tr>
<tr>
<td>Q2</td>
<td>Do you think that the support you receive is timely in the TAFE or have you had to wait to receive support?</td>
</tr>
<tr>
<td>Q3</td>
<td>Some students tell me they feel marginalised in TAFE: both in classrooms and socially?</td>
</tr>
<tr>
<td></td>
<td>• Can you tell me about the marginalisation?</td>
</tr>
<tr>
<td></td>
<td>• Can you tell me about the classroom marginalisation in TAFE or in any other organisation?</td>
</tr>
<tr>
<td>Q4</td>
<td>Do you tell everyone about your dyslexia?</td>
</tr>
<tr>
<td></td>
<td>• Who don’t you tell and can you tell me why this is so?</td>
</tr>
<tr>
<td>Q5</td>
<td>Do you think having dyslexia gives you an edge over other students?</td>
</tr>
<tr>
<td></td>
<td>• Why would you say that?</td>
</tr>
<tr>
<td></td>
<td>• How does it give you an edge?</td>
</tr>
<tr>
<td>Q6</td>
<td>Can you tell me about the paperwork that you have to fill in at TAFE prior to getting support or to get support?</td>
</tr>
<tr>
<td></td>
<td>• Is the DSO helpful in this process?</td>
</tr>
<tr>
<td></td>
<td>• Do you have someone to help you with this?</td>
</tr>
<tr>
<td>Q7</td>
<td>Some other participants suggested they have anxiety. Have you experienced any stress with your dyslexia?</td>
</tr>
<tr>
<td>Q8</td>
<td>What makes you anxious in TAFE and in social situations?</td>
</tr>
<tr>
<td>Q9</td>
<td>Can you explain the situations inside and outside of TAFE?</td>
</tr>
<tr>
<td>Q10</td>
<td>Have people been rude to you regarding the difficulties you experience with dyslexia?</td>
</tr>
<tr>
<td>Q11</td>
<td>Was it stressful for you coming back to study and why this was so?</td>
</tr>
<tr>
<td>Q12</td>
<td>Can you tell me the level of the course you are enrolled into and why you chose that course?</td>
</tr>
</tbody>
</table>
Dear [DSO: Selected Students]

Jacque Caskey is researching the experiences of students with dyslexia in TAFE. She is inviting you to kindly participate in an interview and/or focus group at your TAFE institute. Please find the full information sheet attached.

If you can assist Jacque in her research, please contact the Disability Officer or please email: jlc003@student.usc.edu.au or phone: 0429 854 565 to arrange a time to meet.

Kind regards

[Name: DSO TAFE]
RESEARCH PROJECT INFORMED CONSENT FORM FOR SEMI-STRUCTURED INTERVIEWS

A Case Study of Adult students diagnosed with dyslexia in Queensland Vocational Education and Training (VET) Contexts

1. I agree to participate in the individual interview, one element of this research
2. An Information Sheet has been provided to me, which I have read and understood
3. I have had any questions, concerning the research, answered to my satisfaction by the Information Sheet and any further verbal explanations
4. I understand that I have the right to withdraw from the research at any time without penalty
5. I understand that my anonymity will be preserved and no names will be used by the researcher
6. I am aware that a copy of transcripts from the interviews and focus group sessions that I am involved in will available to you from the researcher
7. I understand that the research findings will be published in the researchers’ thesis, but may include conferences and written articles for journal publications as well as articles being published on the NCVER website
8. I agree that I am providing informed consent to participate in this research

Please check the boxes below:

Yes No

☐ I wish to receive a transcript of the interview
☐ I wish to be acknowledged in the acknowledgements section of the thesis
☐ A summary of the study’s findings is available upon request

University of the Sunshine Coast Ethics Committee - clearance number: S/13/460

Please sign if you consent to be part of this research.

Full Name: .......................................................... TAFE Institute ...................................

Signature: ........................................................... Date: ..............................................
Ms Jacqueline Caskey
Dr Peter Innes
Dr Geoff Lovell
Faculty of Arts and Business

Dear Jacqueline, Peter and Geoff

**Expedited ethics approval for research project: A Case Study of Adult students diagnosed with dyslexia in Vocational Education and Training Contexts (S/13/460)**

This letter is to confirm that on 20 February 2013, following review of the application for ethics approval of the research project, A Case Study of Adult students diagnosed with dyslexia in Vocational Education and Training Contexts (S/13/460), the Chairperson of the Human Research Ethics Committee of the University of the Sunshine Coast granted expedited ethics approval for the project.

The Human Research Ethics Committee will review the Chairperson’s grant of approval and the conditions of approval at its next meeting and, should there be any variation of the conditions of approval, you will be informed as soon as practicable.

The period of ethics approval is from 20 February 2013 to 1 March 2015.

Could you please note that the ethics approval number for the project is HREC: S/13/460. This number should be quoted in your Research Project Information Sheet and in any written communication when you are recruiting participants.

The standard conditions of ethics approval are listed overleaf.

If you have any queries in relation to this ethics approval or if you require further information please contact the Research Ethics Officer by email at humanethics@usc.edu.au or by telephone on +61 7 5459 4574.

I wish you well with the success of your project.

Yours sincerely

Barbara Palmer
Manager, Office of Research
3.7 THEMATIC CODING WITH CODES, SUB-CATEGORIES, CATEGORIES AND THEME FROM ADULT STUDENTS DIAGNOSED WITH DYSLEXIA
## APPENDIX FOUR

### TABLE 4.1 ADULT STUDENTS DIAGNOSED WITH DYSLEXIA | A SOCIAL IDENTITY

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Age</th>
<th>Course</th>
<th>College</th>
<th>Co-morbidities</th>
<th>Identity Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beatrix</td>
<td>Female</td>
<td>25–34</td>
<td>Certificate III Educational Studies</td>
<td>Bayview</td>
<td>Irlen Syndrome</td>
<td>Discrimination</td>
</tr>
<tr>
<td></td>
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<td>Anxiety</td>
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<td>Depression</td>
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<td>Different</td>
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<td></td>
<td></td>
<td>Nervousness</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td>Personal History</td>
<td></td>
</tr>
<tr>
<td>Elizabeth</td>
<td>Female</td>
<td>55&gt;</td>
<td>Diploma in Nursing</td>
<td>Bayview</td>
<td>Irlen Syndrome</td>
<td>Discrimination</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Depression</td>
<td></td>
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<td>Different</td>
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<td></td>
<td>Nervousness</td>
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<td></td>
<td>Personal History</td>
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</tbody>
</table>

24 N = on a needs basis only
<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Age</th>
<th>Course</th>
<th>College</th>
<th>Co-morbidities</th>
<th>Identity Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marie</td>
<td>Female</td>
<td>19–24</td>
<td>Certificate III Events Management</td>
<td>Bayview</td>
<td>Anxiety</td>
<td>Discrimination</td>
</tr>
<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td>Disclosure (SD&lt;sup&gt;25&lt;/sup&gt;)</td>
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<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Different &amp; Nervousness</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Personal History</td>
</tr>
<tr>
<td>Florence</td>
<td>Female</td>
<td>35–44</td>
<td>Diploma Fine Arts Dress Design</td>
<td>Bayview</td>
<td>Irlen Syndrome</td>
<td>Discrimination</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Depression</td>
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<td></td>
<td>Disclosure (N)</td>
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<td></td>
<td></td>
<td>Different</td>
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<td></td>
<td>Nervousness</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Personal History</td>
</tr>
<tr>
<td>Susan</td>
<td>Female</td>
<td>19–24</td>
<td>Diploma in Nursing</td>
<td>Bayview</td>
<td>Irlen Syndrome</td>
<td>Discrimination</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Depression</td>
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<td></td>
<td></td>
<td>Disclosure (N)</td>
</tr>
</tbody>
</table>

<sup>25 SD = Self-Disclosure is disclosing with no hesitation</sup>
<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Age</th>
<th>Course</th>
<th>College</th>
<th>Co-morbidities</th>
<th>Identity Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albert</td>
<td>Male</td>
<td>19-24</td>
<td>Diploma Building Construction</td>
<td>Townclose</td>
<td>Stress</td>
<td>Different</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Speech and Language Impairment (SLI)</td>
<td>Different</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Upset/stress</td>
<td>Different</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Personal History</td>
<td>Discrimination</td>
</tr>
<tr>
<td>Immanuel</td>
<td>Male</td>
<td>19-24</td>
<td>Certificate III Sheet Metal Engineering</td>
<td>Townclose</td>
<td>Allergies</td>
<td>Discrimination</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Apprentice)</td>
<td></td>
<td>Asperger</td>
<td>Disclosure (O&lt;sup&gt;26&lt;/sup&gt;)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Stress</td>
<td>Different</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Nervousness</td>
<td></td>
</tr>
</tbody>
</table>

<sup>26</sup> O = Does not disclose or rarely discloses
<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Age</th>
<th>Course</th>
<th>College</th>
<th>Co-morbidities</th>
<th>Identity Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victor</td>
<td>Male</td>
<td>19-24</td>
<td>Certificate III Electrical Engineering</td>
<td>Townclose</td>
<td>Stress, Obsessive Compulsive Disorder (OCD), Ulcerative Colitis</td>
<td>Discrimination</td>
</tr>
<tr>
<td>John</td>
<td>Male</td>
<td>19-24</td>
<td>Certificate III Electrical Engineering</td>
<td>Townclose</td>
<td>Depression, Audio-Processing Disorder, Stress</td>
<td>Discrimination</td>
</tr>
<tr>
<td>Harriett</td>
<td>Female</td>
<td>25-34</td>
<td>Certificate III Children’s Services</td>
<td>Meadow-view</td>
<td>Dyslexia, Intellectual Disability (II), Worry</td>
<td>Discrimination</td>
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<th>Gender</th>
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<th>Identity Characteristics</th>
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<tr>
<td>Max</td>
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<td>Cityview</td>
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<tr>
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<td>Certificate III Aged Care (W)²⁷</td>
<td>Cottonvale</td>
<td>Diabetes</td>
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²⁷ W = Withdrawal
²⁸ M= Marginalisation
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<td>Donald</td>
<td>Male</td>
<td>18-24</td>
<td>Diploma Hospitality</td>
<td>Cottonale</td>
<td>Stress</td>
<td>Discrimination (M)</td>
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<td>Grace</td>
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<td>19-24</td>
<td>Certificate III Animal Companions</td>
<td>Cityview</td>
<td>Auditory Processing Difficulties</td>
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<tr>
<td>Nicola</td>
<td>Female</td>
<td>45-54</td>
<td>Certificate III Aged Care</td>
<td>Bayview</td>
<td>Irelen Syndrome</td>
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APPENDIX FIVE | 5.1 WORKPLACE CHARACTERISTICS OF DISABILITY SERVICE OFFICERS

<table>
<thead>
<tr>
<th>College</th>
<th>Name</th>
<th>Qualification</th>
<th>Position (in time) as DSO</th>
<th>Time in Disability</th>
<th>Campus Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bayview</td>
<td>Simone</td>
<td>Bachelor Arts – Social Work</td>
<td>17 years</td>
<td>24 years</td>
<td>7 campuses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diploma Front Line Management</td>
<td></td>
<td></td>
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<tr>
<td>Townclose</td>
<td>Mary</td>
<td>Registered Nurse</td>
<td>Acting 18 months</td>
<td>28 years</td>
<td>3 campuses</td>
</tr>
<tr>
<td>Cityview</td>
<td>Emmy</td>
<td>Diploma Business</td>
<td>18 months</td>
<td>7 years</td>
<td>3 campuses</td>
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<td></td>
<td>Certificate IV Disability</td>
<td></td>
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</tr>
<tr>
<td>Cityview</td>
<td>Elizabeth</td>
<td>Undertaking Bachelor of Social Science</td>
<td>12 months</td>
<td>8 years</td>
<td>3 campuses</td>
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<td></td>
<td></td>
<td>Certificate IV Disability</td>
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</tr>
<tr>
<td>Institution</td>
<td>Name</td>
<td>Course</td>
<td>Duration</td>
<td>Experience</td>
<td>Campuses</td>
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<tr>
<td>Cottonvale</td>
<td>Sally</td>
<td>Advanced Diploma Business</td>
<td>3.5 years</td>
<td>10 years</td>
<td>5 campuses</td>
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<td></td>
<td></td>
<td>Bachelor Commerce</td>
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<tr>
<td>Meadowview</td>
<td>Neils</td>
<td>Bachelor Education</td>
<td>15 years</td>
<td>15 years</td>
<td>9 campuses</td>
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<tr>
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<td></td>
<td>Diploma Education</td>
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APPENDIX SIX | 6.1 RISKS ASSOCIATED WITHIN THE ETHICS APPLICATION

COPIED: 4.2 RISK ASSESSMENT

Give details below about the risks and your management of them. Your response must identify or explain:

1. The initial risks that you considered were important to address in your research design;
2. The strategies you have used to negate or minimise those initial risks occurring;
3. Any remaining risks that are still present in your research design, despite your attempts to minimise risks;
4. Your strategies to manage the harms if the remaining risks occur;
5. The degree to which the anticipated benefits of the research justify the remaining risks.
6. Provide participants with Moderator’s Guidelines for Focus Group interviews to prevent any ethical interruptions for participants in this focus group. The moderator’s guidelines consist of the following: a) respect for others, b) staying on topic, c) listening to others and d) people taking turns (speaking) in the focus group. A break can be taken if there is an upset in the focus group, anyone can leave at any time throughout the focus group, if they feel uncomfortable.
7. The moderator’s guidelines will be used at the opening of the focus group, and if there is a problem, participants can tell the researcher of their concerns prior to the research or state in writing the problem regarding the context and problems concerned.
8. Disability Service Officers (DSO) may be anxious as they are being questioned on their professional knowledge; this researcher will show no response to their opinions, either verbally or non-verbally, no matter what my thoughts are of the DSO or the issues at hand.
9. Privacy and confidentiality will be at the forefront of interviewing students with dyslexia, with regards to the selection of student participants, in this research. It is anticipated the DSO will acknowledge all of the students’ difficulties, prior to the selection of participants in the student’s psychology reports. Adult students will be selected by the DSO. The DSO will have an initial meeting with me, regarding the criteria for the selection process.
10. The DSO will either send out an email to specific adult students, or telephone them asking for their participation in this research. Those who can read will duly read the information and if it is too difficult for them, they may ring the researcher (me) and ask questions. The DSO will read the information sheet and informed consent to those who cannot read (usually this would be done at a meeting with DSO). Informed consent firstly will be asked by the DSO (and signed) and by the researcher at the first interviews with all participants, prior to the interviews or focus groups starting. If there is difficulty in reading, I can read the information to participants on a telephone call and at the interview, prior to commencing the data collection.
11. All of the above information will be emailed to all participants. Participants who can read will be forwarded via email, through the DSO whilst for those who have significant reading difficulties, DSO and myself will telephone participants (depending on the first meeting with DSO). The researcher will contact the student by email or telephone call, if there are changes to the interview processes, focus group interviews, information
required by them, or changes in interview times. I am very happy to call participants, by telephone at any time. Disability Officers and I will consult on participants with regards to their support in this research.
Disability Support Services Supporting Documentation Report

Students must present this Supporting Documentation Report when requesting Disability Support if they have not previously provided any medical/psychologist evidence or they are not in receipt of Disabled Australian Apprentice Wage Support (DAAWS). Students without appropriate documentation will not be eligible for support from Disability Support Services. However, students may be able to access Learning Support. For further information, please contact Disability Support Services on: 1800 782 000

SECTION 1 – to be completed by student

Name: ______________________________________________________________

Student Number: ____________________________________________________________________________

Course: ______________________________________________________________________________________

Campus: ______________________________________________________________________________________
SECTION 2 – to be completed by Health Professional

Name: _____________________________________________________________

Occupation: _______________________________________________________

Contact phone number: _____________________________________________

Business stamp or card:

Health Professional Report

Are you related to the student? (Please tick)  ☐ Yes  ☐ No

How long has the student been known to your service? _______ months______ years

Type of condition (Please tick):

☐ Hearing    ☐ Learning    ☐ Medical    ☐ Physical/mobility

☐ Vision    ☐ Neurological    ☐ Mental Health    ☐ Other: ________

Date of Onset (approximate, if known): /  /
☐ Permanent  ☐ Temporary (<6 months)  ☐ Ongoing:  ☐ Constant

☐ Episodic

How does the student’s condition affect his/her ability to learn?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

What support recommendations would you suggest to enable the student to participate equitably in his/her studies?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Signed: ____________________________________________ Date: / /
UPDATED TAFE QUEENSLAND PRIVACY STATEMENT

TAFE Queensland is collecting the information on this form to use and disclose for the following purposes:

- To process and manage your enrolment, attendance, and progress of your training;
- To report completion of assessment items to relevant external agencies and parties;
- To undertake administrative tasks essential to the functioning of TAFE Queensland; and
- To manage future enrolments within TAFE Queensland.

As a matter of routine your personal information (including attendance details, progress, and results) will be disclosed to the following people, agencies, and organisations:

- If you are a school based apprentice or trainee or VET in Schools student – Your school, the Queensland Studies Authority, and the Queensland Tertiary Admissions Centre (for your results only).
- If you are enrolled in training paid for by your employer, or in which you consent to release information to your employer – Your employer.
- If you are enrolled in TAFE Queensland and undertaking training with another organisation (including other training providers, community organisations, or schools) – The organisation with which you are undertaking training.
- If you are an apprentice or trainee – Your employer/host employer, if you are under the age of 18 – Your parent/guardian (unless you have advised TAFE Queensland that you are estranged...
from them, you are classified as independent, or it is otherwise inappropriate to give them the information).

- All students – National Centre for Vocational Education Research and the Department of Industry, Innovation, Science, Research and Tertiary Education in accordance with the National Vocational Education and Training Regulator Act 2011 and associated legislative instruments, and the Queensland Studies Authority in accordance with the Education (Queensland Studies Authority) Act 2002.

Personal information collected on this form may also be disclosed to third parties with your consent or as permitted or required under a law. Your information will be stored securely. If you wish to access or correct any of your information, discuss how it has been managed, or have a concern or complaint about the way your personal information has been collected, used, stored, or disclosed, please contact client services or student services staff, your teacher, or TAFE Queensland.

For those students who require assistance in reading and understanding this Privacy Statement, client services or student services staff and your teacher will be available to assist in explaining each section at the commencement of your training.
Date:

Dear

Re: Request for Disability Support

In order to assess your request for Disability Support when you attend Campus for your…………………………………………………………………………, we require documentary evidence of your disability.

I have attached pro-forma, “Disability Support Services Supporting Documentation Report” that you need to have completed by a relevant professional and returned to the address below as soon as possible so there are no delays in processing your request. This Report will also help us in determining the best type of support required to help you in achieving successful completion of the course.

I have also enclosed a “Student Authority to Release Information” pro-forma that, if you decide to, will give us permission to share information with whomever you nominate on your behalf.

Please contact me on the number below if you have any further queries regarding disability support.

Teacher - Disability Support, Student Services, Educational Support Services, TAFE Queensland
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**JACQUELINE CASKEY** XXXIV


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