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## **Abstract**

The role of a social worker is dynamic and complex, working in environments that can be equally as challenging. The role involves working with and supporting individuals, families and communities. Therefore, the interventions required are wide ranging and involve many skills such as assessment, reading and writing. All these skills can be impacted by the condition of dyslexia. This study explores the impacts and influence that dyslexia has on social work practice from the experiences of those with a dyslexia diagnosis. This research study was completed with social workers from local authorities and a third-party agency in Scotland. Interviews were conducted with ten social workers (including one senior worker and one social worker with a Mental Health Officer (MHO) qualification). The findings from this study suggest that the impacts of dyslexia are still relatively misunderstood. There remains an overemphasis on literacy impacts, which in turn influences the support social workers experience. Whilst support is present in workplaces, a lack of knowledge and understanding of the impacts of dyslexia means there is a need for a more inclusive and person-centred approach to workplace support. Moreover, the results highlighted the need to improve employment policies to address the individual nature of dyslexia and provide training for managers and other stakeholders to better support individuals with dyslexia in the workplace.

# **Executive Summary**

## **Introduction**

The researcher is a postgraduate Masters of Social Work student who has a diagnosis of dyslexia. As a result of negative experiences of dyslexia support in previous roles, this area of research has become of interest to the researcher. This led to the researcher conducting a literature review to understand the state of knowledge about support for social workers with dyslexia, which highlighted a number of gaps in our understanding. As a result, this research study was designed in order to explore the impacts of dyslexia on social work practice from the perspective of social work professionals who have a diagnosis of dyslexia. The participants for this study were recruited from a range of local authorities and one third-party agency in Scotland. The intention of this study is to support improvements in workplace policies by developing our understanding of dyslexia and the challenges and opportunities it presents for social work practice.

## **Literature review**

The findings from the literature review highlighted that there is gap in research focusing on the impacts of dyslexia on qualified social workers, their day-to-day practice and the support they experience. This gap in research guided the research question for this study: 'What are the impacts of dyslexia on a social worker's practice?'

The literature review utilised the university library database to search credible, peer-reviewed academic literature. Furthermore, the university library system was used to gain access to several textbooks related to the more general subject of dyslexia, dyslexia in the workplace and in order to access grey literature. There are a range of publications on the impacts of dyslexia on professionals in specific fields such as doctors and nurses and a general overview of the impacts. However, there is little research on social work practice. As such, this provides a rationale for this study. Themes emerged from the literature review, mainly signalling that dyslexia is still primarily viewed through a medical lens, leading to disabling attitudes towards individuals who have dyslexia. In addition, there remains a stigma surrounding dyslexia being linked to low intelligence. Furthermore, the literature review highlighted that more consideration should be given to opportunities and strengths employees with dyslexia can demonstrate in their professional roles.

## **Methodology**

An empirical design was selected to allow the project to answer the research question. In addition, a qualitative approach to this empirical study meant that the data collection tool added to the development in the understanding of the topic of dyslexia and the impacts on social work professionals.

A combination of snowball and purposive sampling was used to recruit participants for interview. An interview schedule was devised to guide the semi-structured interviews to enable all topics to be discussed. In addition, it allowed for the participants to answer as they wished. The data collection was conducted over the digital platform Microsoft Teams and recorded using a dictaphone.

Data analysis involved transcribing interviews using Microsoft Teams and coding with a colour system. From this, the following themes emerged: characteristics of dyslexia, emotional impacts of dyslexia, workplace support and personal strategies and views on future steps to improve dyslexia support.

Ethical consideration was given to many areas. Firstly, the impacts of the COVID-19 pandemic on social work practice and individuals was considered. Secondly, consideration was given to the fact that dyslexia can be a sensitive subject for individuals. Therefore, assurance was given so as not to distress participants by the interviews. An awareness of the impact of a personal connection to some of the participants was important to recognise throughout the project. Furthermore, it was acknowledged that due to the researcher holding a diagnosis of dyslexia, personal bias with preconceived ideas and options was a risk. However, it is hoped that analysis of the data has been well balanced.

## **Findings and analysis**

The findings of this study developed the following main themes: initial understanding of dyslexia, impacts of dyslexia, characteristics of dyslexia, disclosure and recommendations for moving forward. The findings are closely linked to the literature in areas such as the discussion surrounding the lack of knowledge about the impacts of dyslexia and the stigma that arises from this. There remains the misconception that dyslexia is a condition that relates to low IQ. Findings surrounding whether individuals decided to disclosed their dyslexia differed to that recorded in the literature; literature highlighted that disclosure rates were low. The findings found that the majority of

participants did disclose their diagnosis. However, this was a small-scale study and is not reflective of all social workers who hold a diagnosis of dyslexia.

The study found that the characteristics of dyslexia varied between participants, which is reflective of the literature. Participants predominantly reported challenges with short-term memory sequencing, leading to struggles with IT and literacy challenges, as well as challenges with numeracy. All the participants acknowledged that their dyslexia enabled them to take a wider and more holistic view when it came to planning interventions, with some participants reporting that this resulted in overthinking.

Some outliers included mental arithmetic as a strength, with others highlighting challenges with audio processing. Furthermore, all the participants highlighted that there were emotional challenges as a result of their dyslexia. They would feel exhausted by repetitive reading or on a day involving several meetings. Others reported that they felt exhausted by trying to explain all the impacts of dyslexia. All the participants stated that the characteristics of their dyslexia were exasperated by stress and deadlines.

The participants highlighted that they generally felt supported in the workplace, but that structured support was minimal and support was more reflective of managers' understanding of the impacts and how to support them to work effectively in day-to-day practice. Although some participants stated that they had structured support in terms of different coloured paper or IT programs, there were inconsistencies in how this was delivered. Moreover, all participants highlighted that their own personal coping strategies were the most effective. These included colour-coding work, writing detailed notes, being organised, and showing resilience (such as in their ability to have self-awareness about the impacts of their dyslexia).

## **Conclusion**

In conclusion, this study explored the impacts of dyslexia on social work practice, highlighting that there remains a lack of understanding of these within workplaces. It was further highlighted that dyslexia has an impact on an individual's emotional wellbeing. Moreover, there needs to be an increase in the support offered to individuals with dyslexia. It is thought this could be addressed through training for stakeholders such as managers, Information Technology (IT) and Human Resources (HR) colleagues. Overall, the participants felt that there was a requirement to address workplace policies and training to reflect that dyslexia has a range of presenting characteristics.

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## **Chapter 1 - Introduction**

This project stems from issues related to dyslexia and how it is understood and supported in the workplace. Social work is a dynamic and complex role which involves supporting individuals, families and communities. The interventions social workers have with these groups often require a range of skills, including assessment, literacy work and retaining information, which can all be impacted by dyslexia (Bell, 2014). Firstly, there is an absence of an agreed definition of dyslexia which can impact workplace relationships and support (Fitzgibbon and O Conner, 2002). Secondly, dyslexia is not fully understood theoretically or in practice (Moody, 2010). Thirdly, despite an increased interest in the field of dyslexia within research literature, there is a gap in research surrounding the impacts and influences on social workers and their day-to-day practice.

This study was also influenced by the researcher having a diagnosis of dyslexia and having previously encountered workplace challenges due to a lack of knowledge of dyslexia from others. Since this experience, the researcher became an advocate for improving their own and others' knowledge of the impacts of dyslexia. Furthermore, this research was influenced by the policy and legislative context surrounding disability and workplace support. The Equality Act (2010) outlines an employer's roles and responsibilities towards an individual with a disability, ensuring that they are not substantially disadvantaged in carrying out their role. Fifteen percent of the world's population – constituting the largest minority group – are disabled people, with the majority of disabilities being invisible (e.g. dyslexia) (United Nations, 2021). There is a requirement under the Equality Act (2010) to increase the knowledge of dyslexia and its impacts to enable employers to support individuals at work.

This study's main aims and objectives were to explore the experience of how dyslexia can impact and influence social work practice from the perspective of individuals who hold a dyslexia diagnosis and a social work qualification, specifically addressing social work tasks and the support received by participants. As such, the research question was: 'What are the impacts of dyslexia on a social worker's practice?'

This empirical research study has explored the impacts and influence of dyslexia on social work practice by undertaking a qualitative approach, using semi-structured interviews of ten qualified social workers from throughout Scotland.

Each of the following chapters explores an element of the study; a review of the existing literature surrounding the understanding of dyslexia is offered. Following this is the rationale for the chosen methodology. The results obtained from this study are then presented, supported by a discussion and analysis of the findings in the context of existing literature. Finally, the conclusion is stated and recommendations for practice, policy development and future research.

## Chapter 2 - Literature Review

### 2.1 Dyslexia in general

Despite increased interest in the subject, dyslexia is a misunderstood condition (Fitzgibbon and O'Connor, 2002). Similarly, Moody (2010) claims that dyslexia is still primarily viewed as purely a condition that presents itself through difficulty with literacy. In reality, however, dyslexia presents in many other ways, and this lack of knowledge creates barriers and challenges for an individual with dyslexia. Dyslexia also impacts an individual's ability to understand and carry out mathematical tasks, short-term or working memory, rapid naming recall, concentration, time management and organisation (Brînzea, 2019). These research studies demonstrate that dyslexia is more than experiencing challenges with literacy.

The inconsistency in an agreed definition is highlighted by Fitzgibbon and O'Connor (2002), Moody (2010), Beetham and Okhai (2017), Locke et al. (2017), McCusker (2014) and Reid and Fawcett (2004), all of whom agree that dyslexia presents in several different ways. No two research studies, however, fully agree on all the different ways that dyslexia can present. Moody (2010), Beetham and Okhai (2017), and Fitzgibbon and O'Connor (2002) recognise that dyslexia presents as difficulties in spelling, writing and mathematics. Locke et al. (2017), McCusker (2014), and Reid and Fawcett (2004) further define dyslexia as impacting short-term memory and sequencing. Arguably, these inconsistencies in defining dyslexia may explain whether it is addressed from a medical perspective or a social perspective; this can alter how the condition is viewed and understood. For example, Moody (2010) recognises that the medical definition is still focused on dyslexia being a condition of difficulty with literacy. In contrast, if dyslexia is viewed through a social model of disability, this instantly removes barriers caused by society and the medical model (Macdonald, 2009).

In addition to the lack of agreement as to how dyslexia can present and impact an individual's life is the challenge of how society views dyslexia. Although the term 'adult dyslexia' is growing in acceptance, a societal view remains that dyslexia is either a childhood condition or is more important in childhood than adulthood (Reid, 2009; Fitzgibbon and O'Connor, 2002), or that dyslexia in adulthood is tied to low intelligence (Reid, 2009). These viewpoints have led to support of dyslexia in the workplace being modelled from an educational perspective. Viewing dyslexia from an education model can lead to individuals feeling excluded within the workplace by having special arrangements in place, leading to workplace tensions (Reid, 2009).

Furthermore, the viewpoint of dyslexia being tied to low intelligence leads to an individual feeling embarrassed or ashamed of their condition. It leads to individuals refusing or delaying the procurement of support they require (Barlett et al., 2010). Qualitative research conducted by Macdonald (2009a) found that lower-class employees would develop their strategies to survive in a workplace and that middle-class employees would establish their intelligence before work colleagues and managers discovered they had dyslexia (Macdonald, 2009a). However, the research conducted by Macdonald (2009a) found that despite individuals developing their strategies, stigmatising attitudes that dyslexia was a childhood condition persisted and impacted individuals within the workplace.

The British Dyslexia Association (2020) supports these findings and claims that although 10% of the population is believed to be dyslexic, the condition is still poorly understood. With the proper support, however, dyslexia can be understood, and an individual's strengths and talents can be appreciated.

## **2.2 Models and theoretical understanding of dyslexia**

### **2.2.1 The medical model of disability and how it is applied to dyslexia**

The medical and social model of disability have been the subject of many debates in recent years (Hughes, 2010). A medical model defines and grades a condition or impairment and then applies a category to such (Hughes, 2010). Therefore, a medical model views disability as a deficit with an individual, making the individual who then requires medical treatment to fix the impairment in order to normalise themselves. The medical model can result in a loss of independence and a reduction in an individual's control over their own life (Haegele and Hodge, 2016). However, it is noteworthy that the medical model provides a vital role in understanding disabilities and can be essential in identification, assessment and treatment purposes (Hughes, 2010).

Reid (2009) suggests that when dyslexia is viewed via the medical model, individuals start to feel more excluded from their colleagues due to the lack of understanding and knowledge of their condition. The medical model views dyslexia as nothing more than a neurological dysfunction resulting from a neurological and learning dysfunction that impacts individuals' day-to-day life (Macdonald, 2009a). A medical model focuses on the underlying cognitive impairment of dyslexia which results in the challenges with reading and writing coming to the forefront of support offered to an individual with dyslexia (Solvang, 2007). This, as mentioned above, leads to exclusion within the

workplace, meaning individuals do not get proper support as the number of ways in which dyslexia can impact someone is not appreciated (Reid, 2009). Furthermore, it can lead to the incorrect perception that dyslexia is related to lower intelligence, isolating someone with dyslexia and leading to them feeling embarrassed and withdrawing in the workplace, leading to further workplace tensions (Reid, 2009).

### 2.2.2 The social model of disability and how it is applied to dyslexia

In contrast, the social model of disability offers an understanding which maximises equality and opportunity for individuals with a disability (Hughes, 2010). By focusing on the structures and barriers faced by people with a disability, it places the way society is organised at the centre of these barriers, which prevent an individual with a disability from maintaining their level of independence (Brînzea, 2019).

By focusing on society, a social model makes it society's responsibility to be inclusive (Gillard et al., 2005) by identifying barriers in individuals' lives, such as others' attitudes and the environment around them (Weller, 2012). However, for a social model to be successful, there needs to be an understanding of the wide variety of severity of disabilities and that each disability can differ from person to person (Shakespeare, 2017).

Although the social model helps identify barriers, it can be criticised in its application to disabilities (Shakespeare, 2017). One of its main aims is to achieve a world that is free from barriers, which arguably is not a realistic prospect and a utopian view. Furthermore, a social model views individuals with a disability as being oppressed by society. By taking this standpoint, it becomes impossible to find disabled individuals who are not oppressed (Shakespeare, 2017). Moreover, the social model fails to acknowledge that in reality, in everyday life, it is not easy to separate an individual's impairment from their disability, meaning that the social model fails to address the fact that impairment is part of many disabled people's lived experience and this informs their identity (Shakespeare, 2017).

Workplaces that view dyslexia through the social model promote inclusion and advocate for the importance of understanding how dyslexia impacts each individual differently, causing different impairments and strengths. Without this understanding, there would be disabling barriers within the workplace for individuals (Macdonald, 2009a).

The growing body of data suggest that dyslexia is a condition that falls under the category of neurodiversity. The social model would allow for the appreciation of neurodiversity or neurodivergent thinking and an appreciation of the advantages of such (Armstrong, 2011). Being creative, having better insight and atypical problem-solving skills are all advantages that can be possessed as a result of being dyslexic (Macdonald, 2009).

A social model of dyslexia helps to recognise the institutional, structural and disabling barriers such as the negative attitudes of work colleagues, managers or society as a whole. The lack of knowledge about the condition and the misunderstanding of the condition also play a pivotal role in restricting an individual from developing further (Riddick, 2011).

Using the social model allows for the strengths possessed by a person with dyslexia to be nurtured within the workplace. Generally, many people with dyslexia can be seen as inventive and creative; their unique thinking styles can be valuable within the workplace; many dyslexic people excel at pattern-spotting (McCusker, 2014). Furthermore, the dyslexic brain lends itself to seeing the bigger picture, allowing individuals to see a way out of complicated situations (Macdonald, 2009a). Moreover, due to years of oppression caused mainly by dyslexia being viewed through a medical model, individuals have developed strong resourcefulness and problem-solving skills, all of which can provide strengths in the workplace with the help of a social model (McCusker, 2014).

### 2.2.3 Neurodiversity

The term 'neurodiversity' was developed and had its roots within the social model of disability (Kreck, 2012). It is a collective term used to describe individuals who think differently to most people and mainly relates to conditions such as attention deficit hyperactivity disorder (ADHD), autism, and dyslexia (Burnett, 2019).

Literature suggests that having an appreciation of neurodiversity will positively impact the individual with dyslexia within the workplace. However, definitions relating to neurodiversity are not uniform. According to Brînzea (2019), many terms relate to neurodiversity, including the neurodiversity paradigm, neurodivergent, and neurodiverse. These terminologies need to be understood clearly to support a neurodiverse person in the workplace. The lack of understanding of these terms can present a challenge in the workplace, such as offering consistent support due to the lack of understanding of

the terms (Brînzea, 2019). Neurodiverse individuals can account for 10% of the population, significant in recruitment for professions (Brînzea, 2019).

Acknowledging neurodiversity goes some way to removing barriers and implementing inclusion for disabled people. Barriers include negative attitudes or the lack of support for these individuals; inclusion would address the varying degrees of neurological impairment and diversity of individuals (Kreck, 2012; Hughes, 2010). For example, appreciating neurodiversity in someone who has dyslexia removes the negative barriers of it being a condition that purely impacts the ability to read and write, and would allow for the strengths of the condition to be appreciated (Brînzea, 2019). Individuals with dyslexia can present several strengths, including having the capacity to think visually, owning creativity skills, and seeing a whole picture (Beetham and Okhai, 2017).

Implementing a social model and neurodiversity into the workplace would offer a more inclusive workplace which would consist of an inclusive management style with adjustments that would benefit all employees, not only those with dyslexia (Burnett, 2019). Furthermore, inclusion would consider the way duties are divided up, pulling on the strengths of each individual in the team and clear communication with the workforce (such as providing instructions in a clear, concise and simple format). Furthermore, it would allow for environments to be flexible to changing needs, demonstrating the employer's sensitivity to inclusion and recognising that neurodiverse employees may require personalised, as opposed to generic, forms of support (Brînzea, 2019).

Moreover, an appreciation of neurodiversity and inclusion can enhance social work practice. Adams (2009) argues that social workers are critically analysing their work and actions as a profession. In doing so, analyse discovers structures of inequalities and unfairness in the distribution and exercise of power. The point of the Adams (2009) study is that developing an empowering and emancipatory practice allows professionals to challenge injustices and aspects of oppression. Furthermore, it is suggested that service users would rather have a social worker who has shared experiences, so if dyslexia is supported within the workplace, it will allow for individuals with dyslexia to feel more confident in disclosing and allowing the pairing up of social workers with service users (Muskat, 2017). Therefore, demonstrating inclusion within the workplace allows for mirroring within professional practice and inclusion for service users.

### **2.3 Challenges with dyslexia in the workplace**

Literature suggests that the most considerable challenge experienced in the workplace by individuals with dyslexia is workplace stress (Reid, 2009). Reid (2009) argues that stress is the lack of knowledge and awareness of the impacts of dyslexia, leading individuals to feel ashamed and embarrassed. Macdonald (2009a) agrees that workplace challenges cause stress, but he claims that this is developed from the disabling barriers caused by the stigma attached to dyslexia, such as that dyslexia is a childhood condition or that it is only literacy that is impacted. McCusker (2014) agrees with both Reid (2009) and Macdonald (2009a), in that stress is felt by many individuals who have dyslexia within a workplace, but claims that the stress is related to processing information and the individuals struggling to meet targets.

In addition to studies exploring the impact of dyslexia in the workplace generally, research has been carried out to examine the impact of dyslexia on those in specific professional roles: teachers, doctors and nurses. Riddick (2010) used a semi-structured interview method to interview seven dyslexic teachers and five dyslexic student teachers. Riddick's (2010) study explored a range of areas of dyslexia with a focus on participants' histories, choices to enter teaching as a career, a focus on the advantages and disadvantages and the rate of disclosure between participants. A semi-structured interview allows the researcher to apply observation skills to the participant and build on their observation. Through this approach, Riddick (2010) found that out of the five student teachers she interviewed, two did not declare their dyslexia due to previous discrimination. The three who did declare their dyslexia encountered negative attitudes.

Similarly, research conducted by Glazzard and Dale (2012), who used a life-history approach on two student teachers who had a diagnosis of dyslexia, found that the participants encountered teachers who had a lack of understanding of the condition. The life-history approach offered the advantage that the researchers knew the participants both personally and professionally, allowing participants to be confident, and therefore open up and allow the findings to be a more realistic account of their experiences. To apply the life-history work, the researchers used unstructured questions, with the rationale that it was the participant's life story they were telling (Glazzard and Dale, 2012). In addition, Riddick (2010) found that dyslexia presents a challenge in literacy. The teachers had to find effective coping strategies due to the lack of support, with one student teacher stating that she was told "There will be zero tolerance of spelling errors". It was further reported that this stigma and workload led to extensive planning and preparation ahead of each day, leading to the teachers



reporting that they felt stressed. It is noteworthy that the requirement for planning decreased based on each teacher's level of experience.

Moreover, Riddick (2010) found that those interviewed reported the stigma attached to dyslexia, forcing them to keep their diagnosis to themselves or limit who they openly spoke to about their dyslexia. Despite this, the teachers reported that they felt their dyslexia put them at an advantage when working with dyslexic children, allowing them to empathise with their struggles and better support these children.

Comparing the studies by Riddick (2010) and Glazzard and Dale (2012), both focus on dyslexia in teaching. However, there were some limitations to both studies. Firstly, Riddick (2010) opted to interview participants from various educational backgrounds but there was limited secondary school participants. Furthermore, one of the participants was geographically unreachable, requiring the researcher to send an interview schedule and the participant send recordings of their answers; this gave the methodology a structured approach as compared to a semi-structured approach (Creswell and Creswell, 2018). Finally, the Glazzard and Dale (2012) study was limited by the number of participants (two); this gave a narrow view of the subject.

In a similar study, Locke et al. (2017) conducted a qualitative study that collected data using semi-structured interviews and surveys from fourteen doctors diagnosed with dyslexia. They used purposeful sampling, as the study aimed to explore the experiences of doctors who had dyslexia. Thus, they wanted participants who had a formal diagnosis of dyslexia. Similarly, they opted for both a semi-structured interview and survey approach, as there was an anticipation that it would be challenging to gain participants that were willing to partake. Hence, they gave an option to individuals to encourage them. Like Riddick (2010), Locke et al. (2017) found that many of the participants within the study had not disclosed their dyslexia to their employer and had developed their coping strategies in fear of the stigma attached to dyslexia. Overall, the study by Locke et al. (2017) found that dyslexic doctors experienced difficulties in written work, reading and short-term memory.

Some of the challenges found by Locke et al. (2017) in terms of literacy was the doctors' ability to structure and word referral letters, take patient histories, fill in relevant forms, structure general written work and drug names and correctly spell numbers. One of the interviewees said that these challenges were exasperated by time constraints, with another highlighting that it took them a while to read through all the letters and obtain the required information. Other challenges present when reading was misreading words, the requirement to re-read words a number of times to be able to

understand and being embarrassed when asked to read out loud and experiencing the distortion of text in the patients' charts.

One participant interviewed by Locke et al. (2017) said that due to their dyslexia, they found it difficult to express themselves verbally, which included undertaking oral presentations. Furthermore, it was highlighted that there was an impact on organisation and time management, mainly in terms of prioritising work, sequencing tasks, and multitasking. There were reports of difficulties in managing and completing tasks on time and managing administrative work. Moreover, Locke et al. (2017) reported that dyslexia impacted doctors' short-term memory. The participants stated that they struggled to recall peoples' names and remember verbal information to pass on to colleagues.

Crouch (2017) conducted a similar study on the impacts of dyslexia on 17 nursing and midwifery students within clinical practice, opting for a qualitative paradigm, similar to the above studies. Crouch (2017) opted to use a semi-structured interview approach. In addition, a conscious effort was made to aid the semi-structured interview further by implementing open-ended questions. This produced findings that were similar to the study conducted by Locke et al. (2017), that the participants found documenting and reading challenging, and they were slower at completing tasks, had poor short-term memory, felt stress and frustrated, had difficulties with multitasking, numeracy, drug administration, and poor organising skills.

Furthermore, similar to Locke et al. (2017), Riddick (2010) and Glazzard and Dale (2012), Crouch (2017) found that disclosing dyslexia would be a challenge for the participants due to a lack of confidence within the workplace. However, similar to Riddick (2010), Crouch (2017) found that it was reported that participants were able to overcome some of the challenges within practice.

In the above studies, there are several similarities in how dyslexia impacts individuals within the workplace. All four studies found that teachers, doctors and student nurses felt stigma and were unwilling to disclose their dyslexia due to previous bad experiences, or that the fear of discrimination was common. Furthermore, three of the studies found that literacy, short-term memory and organisation presented as challenges within the workplace (Riddick, 2010; Locke et al., 2017; Crouch, 2017). Locke et al. (2017) and Crouch (2017) found multitasking to be a challenge, along with the busy environment of the medical professions, and it was felt that these environments were an additional challenge for the individuals to manage and work in given their dyslexia.

While some studies such as those discussed above have focused on the impact of dyslexia in healthcare and education, no research has been carried out specifically to qualified social work practice. However, some research has focused on the impacts of dyslexia of social work students in placement and social work education overall. For example, the study conducted by Beckett and Glazzard (2019) took a narrative approach, focusing on a single student. This study highlighted similar issues to the studies discussed previously. However, it further highlighted the impacts specific to social work studies and placements. For example, the participant found that academic work presented several challenges, but specific to practice challenges were highlighted in memorising complex systems. Furthermore, as the placement progressed, the impacts of dyslexia impacted the students' mental health and their ability to maintain their coping mechanisms.

## **Chapter 3 - Methodology and Research Design**

### **3.1 Overall research approach**

A qualitative approach was utilised for this study because it is influenced by the paradigm of social constructivism, which relates to the construction of reality. Qualitative researchers start with no preconceived ideas, with the researcher beginning with their experience or specific observations of an issue (Ashton and Bowles, 2003). The choice reflects the study aim of understanding the reality of the impacts and influences of dyslexia on individuals within social work practice (Creswell and Creswell, 2018).

A quantitative approach, however, involves the researcher emphasising the importance of objective and value-free research (Ashton and Bowles, 2003). Furthermore, a quantitative approach would apply a narrower view as this approach would have needed pre-planned categories (Creswell and Creswell, 2018).

This study compared both the strengths and limitations of the two methods and as discussed, chose qualitative to be the most appropriate method for this study. Firstly, this provided the ability to allow themes to develop throughout the study and not rely on preconceived ideas. Secondly, it granted the ability to use semi-structured interviews and open-ended questions to allow the information to be gathered from the participant's perspective (Creswell and Creswell, 2018).

### **3.2 Data collection**

The qualitative approach to this study allowed for the data to be collected using semi-structured interviews. Semi-structured interviews were chosen over structured and unstructured interviews because they allowed the researcher to achieve a detailed picture of the participant's account of dyslexia (Smith et al. 1995). Moreover, semi-structured interviews allow more flexibility throughout the interviewing as there are some pre-tested questions and prompts in each section. These act as triggers for the main question (Alston and Bowles, 2003). Furthermore, this allowed for follow-up questions on particular areas of interest which emerged during the interview, which further provided a fuller picture for the study (Brinkmann, 2018).

Initially, this study was set for face-to-face and digital voice recordings with semi-structured interviews. However, the UK entered a pandemic of COVID-19. As a result, proximity to others was

not allowed (Rose, 2020). This meant that the study had to utilise technology with all interviews. Recording and transcribing was conducted using Microsoft (MS) Teams. It is acknowledged that technology could have impacted building relationships, as participants may have been anxious (O Reilly, 2012). However, this did not seem to be an issue for this project. Furthermore, as Creswell (2013) suggested, handwritten notes were taken during the interviews to aid the recordings.

The interview schedule (Appendix 3) was used throughout the interview, which allowed for the aim of the study to be addressed whilst promoting a natural flow of conversation which encouraged participants to talk in an open and relaxed manner (Whittaker, 2009).

### **3.3 Sampling**

In an attempt to answer the research question, ten social workers from various backgrounds with dyslexia were interviewed. Nine were employed by local authorities and one employed in the third sector. Of these participants, four worked in East Scotland, one in West Scotland, one in Central Scotland, and four in North of Scotland. Five worked in children and families departments; another two worked in mental health. One worked in addiction services, one in children and education and one in criminal justice. All participants held a social work qualification. In addition, some held further qualifications as practice educators (PE) (4), Mental Health Officer (MHO) (2), and family group decision-making coordinators (2). For further details, see Appendix 4.

Due to COVID-19 and a lack of access to participants, this study utilised purposeful and snowballing sampling. Purposeful is described as that which “allows us to select the sample for our study for a purpose” (Alston and Bowles, 2003 p.89). Purposeful sampling was utilised as the participants were required to be social workers and diagnosed with dyslexia (Alston and Bowles, 2003). However, due to the limited access to participants, an element of snowball sampling was also employed in this study mainly by utilising teaching staff at the University of Edinburgh and other participants. This proved to be a success (Alston and Bowles, 2003). Furthermore, an application process to a local authority to source participants was utilised. Potential participants were offered an email to make contact, and then they were deemed as applicable participants or not.

### **3.4 Data analysis**

By opting to utilise a qualitative approach, data analysis entails classifying events and persons, aiming to capture themes that emerge during the interviews from participants (Mazzetti, 2019). With this in mind, this study opted to conduct coding of key themes and a thematic approach (Creswell and Creswell, 2018).

As discussed, the data collected was in a raw format and required coding to place and highlight themes within the data. This study opted to implement a colour coding system; this was implemented by listening to the interviews and transcribing them. As Sliver and Lewins (2017) state, an essential consideration in coding is the choice of coding structure and that the researcher's understanding of coding defines the outcome of the work conducted.

Therefore, to accompany the coding, this study utilises a thematic approach; this is a term that refers to a group of qualitative methods which aid in developing themes (Fugard and Potts, 2019). Thematic analysis is carried out in conjunction with data collection. As mentioned above, semi-structured interviews and transcription followed by the applied analysis were utilised (Fugard and Potts, 2019). Thematic analysis differs from a quantitative data collection method in that a quantitative approach would expect the data to be collected before analysing it. In contrast, thematic analysis is conducted often from the start, whilst data collection is ongoing; this offered an advantage for this project as it allowed for an influence on future data collection and would inform questions surrounding themes that had started to emerge from previous interviews (Fugard and Potts, 2019). Thematic analysis is a more profound analysis method that connects two fragments of data, such as text using different words. This approach allows the researcher to see connections even if it is not a word for word copy (Fugard and Potts, 2019).

Therefore, the decision was made that a thematic and coding method would be utilised to analyse the data. Interviews were conducted via MS Teams and recorded on a dictaphone. Despite the suggestion by O Reilly (2012) that using recordings could impact the researcher-participant relationship, it was deemed that the risks posed by recording were outweighed by the positives, such as those highlighted by Mazzetti (2019), specifically the ability to re-examine data. Data were transcribed using the computer program otter.ai. Each transcript was assigned a code and then coloured coded to the following themes: characteristic of dyslexia, support and strategies, emotional impacts and moving forward.

### **3.5 Reflexivity, ethical and political issues and practical limitations**

The research study was awarded ethical approval at level 1: Self-Assessment by the University of Edinburgh via an online application form.

Reflexivity and ethics play a vital role within research (Alston and Bowles, 2003). Reflexivity in qualitative studies, such as the approach to this study, is the continuous engagement, examination and explanation of how the researcher may have influenced the study (Dowling, 2008). Jupp (2006) further states that reflexivity addresses threats to validity, focusing on the processes and roles involved in gathering data such as social role, interaction and processes, and how this impact the themes and findings that emerge. Reflexivity was undertaken by the researcher continuously throughout the research process, which enabled the researcher to uncover some of the personal motivations which shaped the research topic.

Firstly, for ethical transparency, it is acknowledged here that the researcher has a diagnosis of dyslexia. In an attempt to avoid research bias, the topic was addressed at the start of each interview. It was commented that being interviewed by someone who has a personal understanding of dyslexia lessened the power imbalance. Participants felt that they could talk more freely about their challenges (Finlay, 2003).

Furthermore, the researcher's personal and professional connection to some participants is acknowledged, and the impact this could have on the research study was considered. However, it was deemed a strength of the study, encouraging a more open dialogue with some participants.

In general, social work research has an increased likelihood of working with people from vulnerable groups. For this study, the researcher maintained this in mind and therefore firmly adhered to the professional principles and research ethics and SSSC professional conduct, which states “as a social service worker I must protect and promote the rights and interests of people” (SSSC, 2021). Therefore, the research closely followed Alston and Bowles (2003) proposed five ethical criteria for social work research: autonomy/self-determination, nonmaleficence, beneficence, justice and positive contribution to knowledge.

The five ethical criteria were addressed by considering participants' autonomy and representation of their rights by allowing them to decide if they wished to participate. If they wanted to withdraw, this was achieved by providing the participants with an information leaflet seen in Appendix 1. This was

followed by gaining informed written consent from each participant (see Appendix 2). Consent was further gained at the start of each interview. Furthermore, consideration was given to confidentiality (Sieber and Tolich, 2013). According to the Data Protection Act (2018) (enshrining the general data protection regulations (GDPR) into UK law), since the information was obtained by MS Teams, consideration was given to the confidentiality and storage of data securely (Shin and Lim, 2018). The Data Protection Act (2018) states that data should not be held for longer than required. Therefore all data will be deleted on receipt of the results.

The data in this study have had partial anonymity applied by using pseudonyms to mask participants' identities (Given, 2008). In addition, all digital data were stored securely, any identifying information was stored separately to the interview transcripts, and all data were stored in a password-protected folder (Flick, 2018).

The table below provides information on the participants:

<b>Pseudonym</b>	<b>Employment area</b>	<b>Work focus</b>
Jill	Local authority	Community Mental Health and MHO
Vicky	Local authority	Children and Families – Practice Team
Adam	Local authority	Family Group Decision Making
Joyce	Local authority	Community Mental Health and Trainee MHO
John	Local authority	Children and Families – Kinship Care
Nikki	Third sector	Drug and Alcohol fields
Robbie	Local authority	Children and Families – Disability Team
Pauline	Local authority	Family Group Decision Making
Jennifer	Local authority	Children and Families – in Schools
Laura	Local authority	Criminal Justice Service



‘Nonmaleficence’ is a term used for something not being harmful; this study considered that all the participants had a diagnosis of dyslexia. As a result, they were at risk of facing discrimination throughout their personal and professional lives, and were provided with a detailed information sheet.

“Research is not value-free endeavour which inevitably produces knowledge for the good of all people. Instead, we must accept that research is a political activity with ethical; and political consequences” (Alston and Bowles, 2003, pg.19). Considering the politics of research that led to this study, two fundamental questions were addressed – “who is the research for?”, and “what is the purpose of the research?” (Alston and Bowles, 2003 pg.19). Considering these two questions, this study also further addressed two of the five ethical criteria: beneficence and justice. Therefore, this research study was conducted as part of a dissertation project and was for social workers to further expand knowledge in an under-researched area.

This study acknowledges some limitations of the methodology, mainly that research does not occur in isolation of the wider environment. Several factors could have impacted this study, specifically the impacts of the COVID-19 pandemic on the participants’ time to commit to this study, their ability to use IT programs and the researcher’s limited research experience. In acknowledging the limitations, a flexible approach was adapted by utilising technology and an honest approach.

### **3.6 Tradition of social work research**

Alston and Bowles (2003) claim that all social work research should, in some way, lead towards social change at some level, whether that is deepening a theoretical understanding or in the world of policy and practice. Hardwick and Worsley (2011) explain that social work research appreciates that individuals are influenced by a particular way of viewing the surrounding world, meaning that social work research and the social work professional principles cannot be wholly separated. Professional principles are as follows: promoting human rights and social justice, maintaining professional integrity, empowering service users, and assessing and managing risk and wellbeing (BASW, 2021). This study acknowledges the tradition of social work research by investigating and increasing the knowledge within social work practice surrounding the impacts of dyslexia on practice from a professional’s perspective. This study offered a platform for social workers with dyslexia to have their say about things that impacted or influenced their practice, for example, having labels applied to them such as the dyslexic. This study aims to improve individuals’

experiences and the wider social work profession's understanding of being dyslexic and what this can offer to the profession.

## **Chapter 4 - Results**

### **4.1 Introduction**

To address the research question, ten social workers were interviewed to understand their views and experiences of dyslexia in the workplace. The following overarching key themes raised from the data collection will be discussed: their initial understanding of dyslexia, the impacts of dyslexia, characteristics of dyslexia, disclosure and recommendations for moving forward. Alongside these themes, the participants' responses also raised issues related to dyslexia diagnosis. The role of dyslexia diagnosis is vital in terms of accessing support. However, it was not possible to fully report on and discuss this issue given the limited scope of this study.

Key findings from the results suggest that there is a vast range of characteristics of dyslexia. Of the characteristics highlighted, some are reflected in the literature; however, there were a couple of outliers. Furthermore, the participants' responses challenged the consensus within literature that disclosure is a significant difficulty within workplaces for dyslexic professionals, with most participants disclosing their diagnosis. Furthermore, the findings highlight that support varied between participants.

### **4.2 Initial understanding of dyslexia**

According to literature, workplace issues associated with dyslexia arise from feelings of shame and embarrassment due to the lack of awareness of the impacts of dyslexia, which further results in stigmatising attitudes (Macdonald, 2009a). The participants consistently reported that their initial understanding of dyslexia was based on negative connotations and stereotypes: dyslexia meant you were slow or lacking intelligence.

Participants related these initial negative connotations to ideas they had encountered earlier in life, either through their school experience, parental views on dyslexia or comments from peers. Thus, they illustrated how societal views around dyslexia could impact a dyslexic person's perception of their condition.

### 4.3 Impacts of dyslexia

Dyslexia presents challenges in various areas, including literacy, mathematics, organisation, short-term memory, sequencing and processing abilities (Reid, 2009; Brînzea, 2019). Furthermore, literature reports the following characteristics can be impacted due to dyslexia: lack of confidence, low self-esteem, anger and frustration, anxiety and social interactions (McLoughlin and Leather, 2015). The findings from this study support the view that dyslexia is an individualised condition, with participants reporting characteristics ranging from impacts on short-term memory, neurodiverse thinking, and various impacts on literacy abilities through an inability to use technology.

#### 4.3.1 The characteristics of dyslexia and challenges for social work practice

Literature suggests the frustration experienced by those with dyslexia could be from their previous experience or current situations (McLoughlin and Leather, 2015). Participants described challenges and frustrations surrounding their current situations, including the inability to express their knowledge, the speed of information processing, their experiences of their challenges and other people's attitudes.

Some of the frustrations are highlighted in these narratives. Jennifer highlights how she experiences frustration when her dyslexia further impacts her coping strategy:

.... I write things down all the time, but I've got really slow handwriting speed, which is quite frustrating when trying to take notes.

Whereas Robbie highlights the frustration at the lack of understanding from others about dyslexia:

... at times it can be quite frustrating, because I think maybe that's the lack of others' understanding of dyslexia.

In addition, four participants discuss how they experienced exhaustion as a result of the impact of dyslexia, the extent of which varied between participants. Some stated that after a long day involving much concentration, such as attending several meetings, could result in them becoming so exhausted that it led to migraines. Others stated they became exhausted due to processing issues requiring them to repeat actions, and others experienced feeling exhausted by trying to explain the impacts of their dyslexia.

The challenges above had various and numerous impacts on social work practice. The impacts included the inability to recall information or instructions received, such as when on a duty call or when in a meeting, some of which was exasperated by using virtual platforms because of the COVID-19 pandemic, and name recall. In addition, four participants suggested ethical dilemmas occurred because of the challenges with short-term memory. Furthermore, participants experienced challenges with sequencing presented in tasks such as using a computer, and participants also reported impacts on emotional wellbeing.

The majority of participants highlighted that the main challenge of dyslexia was their short-term memory which impacted their ability to remember both written and verbal information. This was followed by difficulties with name recall, as demonstrated in the following extract from Robbie:

You might get told a wee bit of information by your manager, but by the time you've walked back to your desk, that information is gone, but then you're getting asked, have you followed up on that bit of information yet?

In contrast, as highlighted in this extract from Vicky, impacts on short-term memory were not experienced by all participants. For example, two participants expressed that they did not feel that their dyslexia impacted their short-term memory, although one had highlighted this had previously been a challenge.

...I have developed memory skills quite well, I don't tend to take the minutes at the meeting I will do them straight after, and I find that I can retain the information.

Furthermore, Jennifer (who works in a local authority social work service) highlights how the impacts of dyslexia on short-term memory can raise ethical dilemmas:

It is that balance of trying to remember things that people are saying to me which can be quite difficult, and the appropriateness of writing notes whilst somebody is trying to speak to you about something, they are finding really difficult.

Participants also expressed various challenges with meetings due to short-term memory and processing issues, as demonstrated in these extracts from John, Jill and Jennifer, all local authority workers:

When I go to meetings, and the information is given to me beforehand, then I tend to be alright, but if it is given to me very last minute, and it is just getting chucked at me, there and then I tend to sort of panic, and that's when I find that it is really difficult to process what I am reading as the words become mushed up. (John)

... we have a weekly referrals meeting... and we all read out the referrals, and reading aloud, it s horrendous, I stammer when I am reading out loud, I am slow.  
(Jill)

Jennifer demonstrates challenges within meetings, more so on the virtual platform due to the COVID-19 pandemic:

... trying to keep track of who is saying what is so incredibly difficult, not too bad when in a room and you can physically see people but trying to do it over ... virtual is just so overwhelming, trying to pick apart the audio information in my brain and assign it to who is saying what.

Furthermore, processing and literacy challenges were experienced by all participants, including the inability to process written and verbal information, with some stating they experienced visual stress where the words would jump around on the paper, have flashing lights coming out of the centre of letters or words becoming jumbled on the page. Slower reading speed, inability to skim read, struggling to read on a screen, directional confusion and an inability to deal with numbers were also reported. Furthermore, most participants stated that thinking speed was diminished due to their struggle to process information and put the information they had into a form of communication. When looking at these challenges from a practice perspective, as mentioned above, literacy impacted reading aloud and spelling and grammar.

This extract from Vicky demonstrates the lengths she needs to go to adapt and work with her processing issues:

I've got really bad directional confusion, so I can't find anywhere the first time, and I can't use a sat nav, because I can't listen to it, focus on and drive all at the same time. So I just get overwhelmed and then do something wrong... when I m on duty, ... I ll go and check the diary...if I don t know who they are, I will go out

that evening and go and find the address, so I can spend two or three hours muddling about and finding where to go.

Furthermore, processing issues also presented in challenges surrounding concentration, including an impact on reading information required of an individual other than when there is an interest to read. For example, one participant highlighted that it was a significant challenge for them to complete heavy administrative tasks in the afternoon due to concentration issues. This extract from Jennifer demonstrates how concentration challenges can impact social work practice:

... a service user can be speaking and then I just completely get lost midway and then I'm completely in this dead zone in my brain for about 30 seconds.

Moreover, processing and sequencing issues presented challenges with information and technology; this extract from Vicky's interview demonstrates how a task that could be considered as an everyday social work task is significantly challenging for her:

I m not very good at sequencing, so ask me to open a computer and get into an email, it s actually quite a task, because I have to remember what buttons are pressed... and I have to do it in a particular order.

There were a couple of outliers in the findings surrounding processing. One participant stated they were unable to tell analogue time. Another discussed how the use of Excel was impossible, which resulted in a challenge for tracking finances.

This narrative from Jennifer was engaging, where she describes how her dyslexia impacts her audio processing:

... I had huge problems with my hearing... I would be at a table with other people, and I couldn't hear a single thing that anybody was saying to me... but I could hear what was going on four or five tables back but not on my table. I got referred to audiology and found that there was nothing wrong with my physical hearing; the doctor explained it was my dyslexia.

Literacy, processing, and concentration challenges impacted social work practice surrounding report or case note writing, with report writing takes considerably longer or the practitioner would experience and inability to focus on the task.

Nikki, who works in the third sector, explained how the COVID-19 pandemic and her employer's approach to the pandemic has impacted her literacy challenges:

I am currently struggling with is the volume of written information... the vast majority of the information that we now get is all written down, and I m having to take in a lot more written information than I used to.

Therefore, the participants have demonstrated that dyslexia has a wide range of impacts on individuals and social work practice to varying degrees.

#### 4.3.2 Positive associations of dyslexia and social work practice

As discussed, dyslexia holds many negative connotations. Therefore, when labelling someone as dyslexic the focus becomes on what someone cannot do, and therefore there is a risk of overlooking the strengths of individuals (McLoughlin and Leather, 2015). Strengths include artistic skills, and those with dyslexia can be more articulate and are more efficient and organised than someone who is not affected. Most commonly, individuals with dyslexia take a lateral approach to problem-solving (McLoughlin and Leather, 2015), which can also be referred to as neurodiversity. This is a term used to describe individuals who think differently from most other people (Burnett, 2019).

These strengths were present in the findings from the participants in this study, with all participants demonstrating they are neurodiverse, allowing them to have a more holistic understanding of service users and aid in a fuller assessment. Furthermore, all participants highlighted that they are efficient in their written tasks. Moreover, the findings agree with the literature that dyslexia offers a strength in individuals being more organised than those who are not affected. The level of organisation varied between participants, with some stating that their diary was organised, but their desk, to others, would not appear organised. Some participants felt that dyslexia allowed them to be more empathic and understand marginalisation. Nikki offers an insight on how this can support social work practice with service users:



I guess working with people who are using substances, they're extremely stigmatised, marginalised and they're involved in issues such as sex work, where attitudes and opinions vary massively from person to person, and I guess my ability to look at things from a different perspective allows me to take a person-centred approach.

The participants all saw a strength in being neurodiverse thinkers. This approach to problem solving and assessments offered support and structure in what could otherwise be a chaotic lifestyle. Furthermore, individuals noted that they had a strength in finding the connection that others did not. Moreover, it allowed case notes to be highly detailed. Jennifer's narrative is an example of her lateral thinking:

My biggest strength is the big picture thinking and being able to think out the box quickly.

Although participants recognise neurodiverse thinking strengths, two participants equally recognise that it can present further challenges in overthinking and having too much information to work with, for example:

The counterbalance to the big thinking is sometimes I get lost with knowing everything and all the options this gives; the ideas float around like Star Wars.  
(Jennifer)

The participants have demonstrated that although dyslexia presents many challenges, there are also strengths.

#### **4.4 Support and experiences in the workplace**

Literature suggests that gaining access to support starts with individuals disclosing that they have dyslexia (Locke et al., 2017). In this context, disclosure refers to an employee or prospective employee disclosing a disability to an employer as defined under the Equality Act (2010). Research has highlighted that many individuals with dyslexia are reluctant to disclose their diagnosis due to fear of discrimination (McLoughlin and Leather, 2015). The findings of this study varied in terms of when participants said they would disclose their dyslexia. Of the ten participants, nine would disclose pre-employment, eight would opt to participate in equal opportunities and guaranteed interview

programmes. One participant would disclose only on training days where they felt they required support, but would not disclose generally.

McLoughlin and Leather (2015) argue that organisations have taken a positive approach to support those with dyslexia in the workplace. However, the majority of participants highlighted that workplace support was very minimal. Some felt this was adequate for their needs, whereas others felt they needed more but were not sure what support could be offered. The support experienced in the workplace was practical (e.g. reading software, different coloured paper or overlays, one-to-one administration support) with little emotional support being offered. These narratives from local authority workers Robbie, Pauline and Vicky, highlight the contrast in the support offered in the workplace:

.... I get nothing, I do everything myself whether that is adaptations to the computer or buying yellow note pads. (Robbie)

In contrast to Robbie's experience, Pauline highlights that if you communicate with the administration team, if "...you need coloured paper, they'll order in coloured paper for you". It is noteworthy that Nikki, who works in the third sector agency has an experience similar to Robbie's, feeling that she was not well supported.

In addition to organisational support, as discussed above, participants highlighted they experienced unofficial support from managers and colleagues. Support ranged from assistance in pulling information or gatekeeping reports and acknowledging when an individual works at their best.

However, although all the participants recognised there is some level of support, three participants experienced a lack of follow-through on support offers, such as when they attended a training day and asked for coloured paper.

#### 4.4.1 Social work practice and individual strategies

Individuals with dyslexia are resilient, which is required to overcome the challenges experienced. Resilience research has focused on internal and external factors, with the findings highlighting that resilience includes self-awareness and flexibility (McLoughlin and Leather, 2015). Findings demonstrate that all participants show resilience, such as their ability to have self-awareness of the impacts of their dyslexia. In addition, participants demonstrated resilience by implementing personal

strategies to overcome challenges, such as colour coordinating diaries, numbers and tasks, being highly organised or using to-do lists. The narrative from John's interview demonstrates his strategy:

In terms of my work diary, everything's coloured coordinated, for example, orange is my visits, purple is priority etc.

Furthermore, participants demonstrated resilience in developing personal strategies concerning their everyday social work practice, namely with self-awareness of when they work best, as described by Jill:

So when I do assessment and report writing I do all that in the morning... I function better in the morning; come to the afternoon I start to fade out. So it's afternoons that I would see people or do day notes and stuff, as otherwise they would invariably be badly written with words missed out.

John describes self-awareness in challenges with day-to-day systems used in social work practice and how the self-awareness allows him to implement strategies to address these:

...using the index system I will use numbers, using people's dates of birth, so I don't get caught with the spelling.

Moreover, other participants demonstrate a range of personal strategies to complete their day-to-day social work practice. Strategies include notetaking, awareness of their need to read information repetitively, proofreading, and encouraging slow conversations to allow for information processing. They were furthermore utilising technology such as changing the background colour of documents. The most common approach to written tasks was completing reports early. John was interviewed at the start of a month; his narrative demonstrates his strategy of completing reports early:

I've got a report due at the end of this month, and I handed it in yesterday to be submitted.

Participants demonstrated a level of support from the workplace; however, they implement many personal strategies.

#### 4.5 The future of social work practice and policy involving dyslexia

Literature highlights that being dyslexic is not a barrier to occupational success. However, difficulties faced in the workplace can be exasperated by individuals' struggles not being obvious or having challenges in areas that are not literacy-based, such as social skills or being concerned with being organised (McLoughlin and Leather, 2015). All participants recognised, moving forward, a need to improve support and understanding of dyslexia in the workplace. Recommendations highlighted by the participants included enhancing training provision for a range of stakeholders (including line managers, Human Resources and IT teams), as well as amending the structure of the social work degree programme in order to better prepare student social workers with dyslexia for the types of tasks that would be expected of them in their roles. Moreover, participants further highlighted the need to develop more inclusive workplace policies and practices to develop a more shared understanding of the nature and impacts of dyslexia on the individual and the workplace. Finally, some participants highlighted the importance of sharing experiences and support groups with other social workers with dyslexia.

These narratives highlight some recommendations for social work practice and education.

Joyce:

I think having an open discussion about dyslexia in teams like HR and IT... there should be a base level of understanding from them, that this can help someone do their job better.

Pauline:

...paper requirements etc as part of inductions such as asking, what supports ... at interview / induction... this could probably be addressed through... workplace policy and training... but, consideration needs to be given to the impact of dyslexia combined with newly qualified staff.

Jill:

... the degree itself can do with a revamping; I think much more emphasis on practical skills..., things like that, how could learning be better facilitated for people who are less academic, because many of them have more skills to bring to the field.

The participants' responses have highlighted a requirement to raise more awareness surrounding the characteristics of dyslexia, support that can be provided, and the individualised impacts of dyslexia. The participants' responses suggested this could be done through additional training, policy and looking at revamping the degree course.

## **Chapter 5 - Analysis and Discussion**

### **5.1 Introduction**

This chapter will provide a critical analysis of the following themes: general perceptions and attitudes towards dyslexia, the social model and dyslexia, neurodiversity, barriers and challenges of dyslexia in the workplace, experiences of support in the workplace and moving forward with supporting dyslexia in social work practice, policy and research. These themes will contextualise the findings within recent research, developing the analysis from the literature review.

### **5.2 General perceptions and attitudes towards dyslexia**

There is an agreement in the literature that dyslexia presents in several ways. For example, in addition to challenges with literacy, other challenges involve mathematics, short-term memory and sequencing. However, there are debates within the literature about the full range of possible presentations of dyslexia (Locke et al., 2017, Beetham and Okhai, 2017, Moody, 2010 and Fitzgibbons and O Connor, 2002). Overall, participants' responses were consistent with the literature regarding challenges ranging from literacy through sequencing. In addition, most participants agreed that their dyslexia impacted their short-term memory to varying degrees. However, some participants reported challenges not mentioned in the consulted literature. These included numeracy as an area of strength (referring to mental arithmetic), difficulties in reading analogue time and auditory processing. As such, the participants' responses demonstrated that the presentation of dyslexia is wide-ranging and particular to the individual.

There is a societal stigma that dyslexia in adulthood is linked with low intelligence (Reid, 2009). This sense of stigma was apparent in the participants' responses. Many had been told, or had had it implied, that they could not have dyslexia because they did not have a low IQ and had a professional qualification. The findings from the participants suggest there remains quite a narrow understanding of how dyslexia presents and, therefore, the impacts on professional roles such as social workers.

Further social work research would benefit from developing an understanding of attitudes towards dyslexia. This would help in understanding if these perceptions are leading to stigmatising attitudes and the impact this could be having on social workers and their practice.

### **5.3 The social model of disability as applied to dyslexia**

The social model offers a means of understanding disability which maximises equality and opportunity for individuals (Hughes, 2010). It was clear from the responses that participants viewed their dyslexia from a social model perspective. Viewing dyslexia through the social model lens allows for inclusion in the workplace and underlines the importance of understanding the individualised nature of dyslexia (Macdonald, 2009a). Furthermore, it allows for acknowledging institutional and structural barriers in the workplace (Macdonald, 2009). The participants' responses are consistent with the literature in that viewing dyslexia in the workplace from a social model perspective would allow for greater inclusion. Whilst participants approach their dyslexia from a social model perspective, the findings were inconclusive as to whether management and stakeholders view dyslexia similarly. Participants stated they never felt excluded in the workplace, but some noted that there could be more their employers could do to support them. The majority of the participants felt a requirement for stakeholders to be more inclusive, which suggests that workplaces are not viewing dyslexia from a social model perspective (Riddick, 2011).

Macdonald (2009) argues that there is a requirement to address labelling and inclusion in the workplace. Future research would benefit from examining the extent to which workplace attitudes towards dyslexia are framed through a social model perspective. This could help further our understanding of how approaches to dyslexia in the workplace are shaped and how these influence the level of inclusion employees with dyslexia experience.

### **5.4 Neurodiversity and dyslexia in the workplace**

Neurodiversity is viewed as a strength in those who have dyslexia. The participants' responses were broadly consistent with the literature in that their dyslexia enabled them to think about and view things from a different perspective. Other studies, such as Burnett (2019), highlight that having an appreciation of neurodiversity leads to a positive impact on both an individual's personal and professional life.

The International Federation of Social Workers (2021) defines social work practice as professionals who promote social change and development, social cohesion, and people's empowerment. In addition, social workers promote principles of social justice, human rights, collective responsibility and respect for the diversities of individuals or groups. Social work, therefore, engages people to address life challenges and enhance wellbeing. The participants suggest that having the ability to

think differently can positively impact practice by offering service users structure in a chaotic life or viewing a range of possible outcomes from actions and interventions. Therefore, appreciating neurodiversity could improve the experience of service users by providing a holistic view of their needs.

Workplaces that recognise neurodiversity as a strength are more likely to have an inclusive management style (Burnett, 2019). The data from this study were inconclusive regarding managers' appreciation of neurodiversity. The majority of participants recognised neurodiversity as a strength in themselves. However, their responses did not provide evidence that managers considered employees with dyslexia as neurodiverse, as outlined above. Furthermore, Brînzea (2019) states that managers in the workplace can utilise neurodiversity by dividing up tasks to individuals to recognise their strengths. The data from this study did not find any evidence of this occurring in social work practice. However, this could be due to the nature of the work expected by social workers, which often does not lend itself to being divided between team members.

Furthermore, Brînzea (2019) highlights the importance of a workplace understanding the concept of neurodiversity to provide consistent support to individuals with dyslexia. The data from this study suggest that there is not an appreciation of this concept, as there were inconsistencies in the support participants received. These included a lack of continuity of pre-established support and differing levels of support between employers. Furthermore, participants consistently suggested that there is a requirement for more inclusive workplaces in the future. Their responses suggest that employers are not embracing neurodiverse thinking and therefore suggests a lack of understanding of neurodiversity and the positive impact for social work practice. This lack of understanding of neurodiversity in the workplace may go some way to explaining the inconsistencies in the support experienced by the participants.

However, whilst neurodiversity can be regarded as one of the strengths dyslexic people regard within themselves, it is crucial to recognise the breadth of this term. The term neurodiversity can be applied in the context of several learning difficulties. In the context of this study, participants may have a varied understanding of the term neurodiversity, and so this may influence how they perceive their dyslexia and how it presents. Although the participants recognised the strengths of dyslexia (including allowing them to look at life from a broader range of perspectives), no participant framed this in terms of neurodiversity or neurodiverse thinking. The lack of use of the term neurodiversity may relate to McLoughlin and Leather's (2015) point, who highlight that making greater use of the term is part of



the foundation needed to improve the provision of support for dyslexia. Indeed, a lack of understanding of the term may alienate those both seeking support and providing support.

The findings suggest that neurodiverse social workers can contribute to developing different and potentially innovative approaches to practice. Therefore, there should be an emphasis in social work research on understanding how neurodiversity influences social work practice. Suppose this is better understood and shared across teams, services and agencies. In that case, there is potential for the strengths of neurodiverse social work practice to significantly impact social work practice as a whole.

### **5.5 Barriers and challenges of dyslexia in the workplace**

Dyslexia impacts a range of professional tasks. Studies looking at other professional roles using a similar methodology found that dyslexia impacted specific tasks such as the ability to structure written work (e.g. referral letters), taking patient histories and filling in forms (Locke et al., 2017). Furthermore, reading aloud in meetings and reading professional documents (such as patient records) are also highlighted as challenges (Locke et al., 2017). In addition, challenges in sequencing tasks, multitasking, numerical tasks, and short-term memory impact the ability to recall names and remember verbal information (Crouch, 2017). These impacts are often exacerbated by deadlines and other time constraints (Locke et al., 2017). Participants' responses were consistent with the literature on the challenges experienced with professional tasks. However, there were some differences, with one participant stating their strength was in numeracy. Others reported that although they had short-term memory issues, they were able to overcome these. Furthermore, one participant highlighted issues in processing auditory information when using Microsoft Teams.

In addition, the literature suggests that individuals with dyslexia experience impacts on their emotional wellbeing, such as stress, due to the lack of understanding of dyslexia (Pollak, 2009). Participants' responses were not consistent with the literature on the issue of stress. Participants felt frustration over the lack of understanding of dyslexia rather than stress. These discrepancies between the findings and the literature could result from the small sample size of this study, which is not representative of all social workers who have dyslexia.

Moreover, the snowball sampling technique utilised in this study meant it was reliant on participants self-selecting (Alston and Bowles, 2003). As a result, it is recognised that those who may have previous experience of stigma, shame or were embarrassed by their dyslexia may have been less likely to participate. Furthermore, it is recognised that COVID-19 could have impacted participation

as the interview method may not have felt inclusive for those who find the excess use of IT disabling (McLoughlin and Leather, 2015).

As well as barriers, research has highlighted positive impacts dyslexia can have on the completion of workplace tasks (Crouch, 2017). Participants' responses related to this in terms of their work in the areas of assessment and intervention. Participants felt that their assessment and intervention practices were enhanced by assessing potential risks earlier or offering insights to service users whose children might be struggling with dyslexia or a similar condition.

In literature the impacts of dyslexia on workplace tasks are broadly understood. However, it is not clear from the findings that this understanding is shared within workplaces. Future research could investigate the level of understanding of both the challenges and benefits of dyslexia concerning professional social work tasks. Researching this area will allow for support and recognition to be more person-centred.

## **5.6 Workplace support**

### **5.6.1 Disclosure**

Literature suggests that to access workplace support, there is a requirement to disclose that an individual holds a dyslexia diagnosis (McLoughlin and Leather, 2015). There is an agreement in the literature that disclosure rates of dyslexia in the workplace are low. Several studies found that non-disclosure resulted from previous experiences of negative attitudes, lack of confidence and feelings of shame (Crouch, 2017; Locke et al., 2017; McLoughlin and Leather, 2015). The findings from this study broadly disagree with the literature, as nine of the ten participants did disclose their dyslexia. Furthermore, participants stated that they never experienced stigma or shame when they disclosed, although they were aware it existed. However, McLoughlin and Leather (2015) suggest that the difference between disclosure rates in individual studies could be related to the profession or workplace being researched. Brunswick (2012) found that the main reason their participants did not disclose was that they felt their dyslexia would not impact their role. One participant echoed this point as the reason for the non-disclosure. Furthermore, Brunswick (2012) found that the second most common reason for not disclosing was a fear of discrimination from managers. The participants' responses from this study did not coincide with this finding.

### 5.6.2 Attitudes towards and experiences of dyslexia

It is increasingly accepted that dyslexia is an individual condition with different impacts on each person, and the impacts vary based on environment, support, and understanding of others (Brunswick, 2012). For example, some people who have dyslexia carry out their role with minimal support from their employers; others need significant levels of support, and some find that their need for support goes unnoticed (Brunswick, 2012).

As mentioned previously, there is little understanding of dyslexia as an information processing difficulty, and employers tend to focus their understanding and support surrounding literacy (McLoughlin and Leather, 2015). Participants within this study highlighted that their experiences are of employers focusing on literacy impacts and not exploring the other impacts.

Furthermore, the consulted literature recognises that most individuals with dyslexia in the workplace had developed their strategies to mitigate the impacts of dyslexia on them and their practice (Locke et al., 2017). The findings from this study agree with the literature, with all participants stating they had a range of personal coping strategies. These included colour coordinated diaries, highlighted documents and numbers and their techniques to address the impacts on short-term memory. All participants stated that their coping strategies were more effective than the workplace support provided.

Further research in this area would benefit from addressing the information processing difficulties faced by individuals who have dyslexia and how personal coping strategies can be supported in the workplace, leading to a more inclusive workplace.

### 5.6.3 Support offered

Research surrounding workplace support that enable an individual with dyslexia to thrive in the workplace is limited (McLoughlin and Leather, 2015). Nevertheless, the research conducted in the area focuses on IT equipment such as computer programs that read written work (Burnett, 2019). In contrast, McLoughlin and Leather (2015) argue that workplace support should not focus on specific elements of general support and should be person-centred. For example, such support should start with an assessment (such as those conducted via access to work) due to the individualised nature of dyslexia and should look to 'facilitate progression and independence' (McLoughlin and Leather, 2015 p226). Furthermore, McLoughlin and Leather (2015) argue that employers should not instantly

go to IT support as, at times, IT can be disabling to those with dyslexia and that the first element of support, in addition to the assessment, should focus on the development of skills and coaching the individual in their role. Responses from all the participants agree with the literature that support needs to be person-centred; participants further highlighted that employers were guilty of going to IT for support first, with a number of them stating they had IT programs installed but missed the human elements in their support. Furthermore, one participant highlighted McLoughlin and Leather's (2015) point by stating that they find IT in general disabling and therefore support surrounding IT programs would not benefit them.

McLoughlin and Leather (2015) state that as a result of equalities legislation, most employers have adopted a positive approach to providing support, whilst others have arguably only made cynical efforts to meet the basic requirements. Locke et al. (2017) found that participants reported individual ways of coping and devised workarounds to their challenges. Furthermore, Locke et al. (2017) found that employers offered reasonable adjustments in terms of support, but their data did not conclude if this provided an enabling environment. The findings from this study reflect the literature. Some participants stated that they had a significant amount of support and felt very supported, with others stating they felt their employer could do more to support them.

#### 5.6.4 Barriers to support

The literature suggests that the main barriers to seeking support is the lack of understanding of the impacts of dyslexia, such as the fact that dyslexia is a condition that impacts more than literacy skills. The other impacts are less obvious, such as organisational skills, social skills, or coping with transition (Locke et al., 2017; McLoughlin and Leather, 2015). McLoughlin and Leather (2015) further suggest that a barrier to seeking support is that individuals have developed personal coping strategies to address their challenges with dyslexia. As a result, the individuals are not fully aware of the impacts of their dyslexia and therefore do not seek the support required. The findings of this study echo this literature. The participants stated there is a lack of understanding of the impacts of dyslexia, with one participant stating that they felt physically exhausted at the need to explain all the less obvious impacts dyslexia can have on them. Furthermore, most participants received a diagnosis of dyslexia in adulthood and, as suggested in the literature, had developed a range of individual coping strategies. This meant they did not feel they required additional support or did not fully understand all the impacts of their dyslexia.

Literature also suggests that improving support for individuals with dyslexia should start with support in addressing their challenges and they should be valued (McLoughlin and Leather, 2015). Furthermore, to aid support, employers should value the differences of those with dyslexia; rather than viewing their differences as deficits which could lead to tension and conflict, this would lead to equality in opportunities (McLoughlin and Leather, 2015). All participants stated they did not experience tension or conflict but did say that their strengths could be better valued, which would come with a better developed understanding of dyslexia in the workplace.

Further social work research would benefit from exploring the nature of support for social workers with dyslexia and how it is sought within the workplace. This could lead to further understanding as to how workplaces could provide more inclusive environments. Moreover, valuing the differences in social workers with dyslexia could result in more inclusive practice and a better understanding of the condition. It would result in social workers having a more positive experience.

## **5.7 Future for dyslexia in social work practice, policy and research**

There is little empirical research on the direct impacts of legislation and policy on those who have dyslexia (Gerber et al., 2011). McLoughlin and Leather (2015) argue that future studies on dyslexia workplace support should take a “whole organisation approach” given this narrow focus in recent research. Such an approach would start with the development of policy awareness, which can be achieved by utilising intranet, policy documents, networking/support groups, briefings and bespoke training. These interventions should reflect all the impacts of dyslexia and the impacts that could be specific to the role/organisation. Furthermore, employees are likely to contact other professionals/departments, including HR, IT teams, managers and Occupational Health departments. Therefore, it is suggested that people from other teams be invited to awareness events or that informative literature be provided to them.

Moreover, departments such as IT and HR who provide or arrange support to those who have dyslexia have limited knowledge of the impacts of dyslexia on an individual (McLoughlin and Leather, 2015). For a dyslexic employee, knowing that those who are in a position of support know and understand the impacts of dyslexia will remove an element of pressure and stress. The literature suggests that awareness training should be developed and offered within organisations, which will allow for a platform to raise questions and concerns. Such training could consist of an explanation of the impacts of dyslexia on an individual in a particular workplace, an outline of the skills and strengths associated with dyslexia, a description of the difficulties that might occur for the individual, followed by a wide

range of resources and solutions which could help mitigate these challenges (McLoughlin and Leather, 2015).

The participants' views on the development of dyslexia support in the workplace were very similar to those in the literature. Policies need to be revised and amended in order to make the workplace more inclusive. Furthermore, the participants highlighted that there needs to be further development of understanding of the impacts of dyslexia both within the general workforce and within wider teams such as HR and better awareness from managers. Awareness could be achieved through more inclusive training days, and looking at the specific tasks relating to social work. Furthermore, it was also suggested that managers need specific training to understand the impacts of dyslexia in the context of professional supervision.

Further social work research would benefit from examining the development of dyslexia support focusing on the specific impacts of dyslexia on day-to-day practice. Furthermore, examining how managers can be equipped with the knowledge and understanding to provide adequate social work line management to social workers with dyslexia would be essential. This research could help develop our understanding of how dyslexia impacts social work practice and enables more informed workplace inclusion approaches.

## Chapter 6 - Conclusion

This study has focused on the experiences of social workers who have dyslexia in order to address the research question: ‘What are the impacts of dyslexia on a social worker’s practice?’ Ten social workers, spanning a range of experiences and sectors, were interviewed. The following themes emerged: initial understanding of dyslexia, the impacts of dyslexia, characteristics of dyslexia, disclosure and recommendations for moving forward.

In summary, the findings indicated that the participants had a positive association with their dyslexia, recognising their strengths and having self-awareness of challenges presented, alongside a range of personal strategies to mitigate these. However, it was less clear if managers have this understanding. The findings surrounding whether individuals would disclose their dyslexia vastly differed from the literature. Most participants in this study had disclosed their dyslexia to their employers. Overall, the participants found the experience of disclosing to be positive; however, there was still apparent stigmatisation surrounding the link between dyslexia and low IQ. Furthermore, the findings were clear that there was still a lack of understanding of dyslexia which needs to be challenged and improved. This lack of understanding could be impacting the support that participants received, with most participants receiving little specific workplace support. Instead, participants relied on the personal strategies they had developed for themselves over time.

In terms of recommendations for practice, policy and research, the findings from this study highlight a number of areas for consideration. The practice recommendations are that training is offered to stakeholders to improve their knowledge and, therefore, the support received by social workers with dyslexia. In addition, there is a requirement for greater levels of education across the profession regarding the nature of dyslexia and its impacts on practice. This would benefit social workers with dyslexia, but also help develop practice by facilitating a more person-centred approach when working with service users who are impacted by dyslexia. Moreover, policy development needs to address the lack of acknowledgement of the individual impacts of dyslexia and the need for support to be person-centred. Social work research in this area is scant, so there are several recommendations for future research, as highlighted in Chapter 5. In summary, research would benefit from exploring a more comprehensive sample size to investigate the impacts of dyslexia on social work practice, exploring both the challenges and strengths. Further research would also benefit from exploring if dyslexia could be impacting service users’ engagement and interactions with the service, and whether this is related to the lack of understanding of the condition.

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# **Appendix 1**

## **Participant information sheet**

### **PARTICIPANT INFORMATION SHEET**

You are being invited to take part in research on the impacts of dyslexia on social work practice. Sam Hepburn Master of Social Work Student at the University of Edinburgh is leading this research. Before you decide to take part it is important you understand why the research is being conducted and what it will involve. Please take time to read the following information carefully.

#### **WHAT IS THE PURPOSE OF THE STUDY?**

The purpose of the study is to develop an understanding of how the condition dyslexia can impact both positively and negatively on a social worker's day to day practice with a specific focus being on the perspective of a social worker with dyslexia.

#### **WHY HAVE I BEEN INVITED TO TAKE PART?**

You are invited to participate in this study because, you are a qualified social worker who has dyslexia or have made contact through an advertisement.

#### **DO I HAVE TO TAKE PART?**

No – it is entirely up to you. If you do decide to take part, please keep this Information Sheet and complete the Informed Consent Form to show that you understand your rights in relation to the research, and that you are happy to participate. If you do decide to take part, you are still free to withdraw at any time and without giving a reason. Please note down your participant number (which is on the Consent Form) and provide this to the lead researcher if you seek to withdraw from the study at a later date. Deciding not to take part or withdrawing from the study will not affect your employment.

## **WHAT WILL HAPPEN IF I DECIDE TO TAKE PART?**

You will be asked a number of questions regarding your dyslexia and the impact that this has had on your practice from your perspective. You will be asked to talk about both challenges and aspects of your dyslexia which you feel has had an effect on your practice.

The interview will take place via technology such as Microsoft Teams or Zoom at a time that is convenient to you. Ideally, we would like to audio record your responses (and will require your consent for this), so the location should be in a fairly quiet area. The interview should take around 45 minutes to complete.

## **WHAT ARE THE POSSIBLE BENEFITS OF TAKING PART?**

By sharing your experiences with us, you will be helping Sam Hepburn and the University to better understand the impacts dyslexia can have on social work practice.

## **ARE THERE ANY RISKS ASSOCIATED WITH TAKING PART?**

There are no significant risks associated with participation.

Data from this study will be collected in the format of verbal, this will then be transcript. All transcript data will be password protected both the word document and the folder in which it is stored. All personal data will be store in a separate location to the transcript. Any paper data will be stored in a locked drawer.

## **WHAT IF I WANT TO WITHDRAW FROM THE STUDY?**

Agreeing to participate in this project does not oblige you to remain in the study nor have any further obligation to this study. If, at any stage, you no longer want to be part of the study, please inform the project administrator xxxxx email: xxxxx. You should note that your data may be used in the production of formal research outputs (e.g. journal articles, conference papers, theses and reports) prior to your withdrawal and so you are advised to contact the



research team at the earliest opportunity should you wish to withdraw from the study. On specific request we will destroy all your identifiable answers, but we will need to use the data collected prior to your withdrawal, and to maintain our records of your consenting participation.

## **DATA PROTECTION AND CONFIDENTIALITY**

Your data will be processed in accordance with Data Protection Law. All information collected about you will be kept strictly confidential. Unless they are anonymised in our records, your data will be referred to by a unique participant number rather than by name. If you consent to being audio recorded, all recordings will be destroyed once they have been transcribed. Your data will only be viewed by the researcher.

All electronic data will be stored on a password-protected computer file and all paper records will be stored in a locked filing cabinet. Your consent information will be kept separately from your responses in order to minimise risk.

## **WHAT WILL HAPPEN WITH THE RESULTS OF THIS STUDY?**

The results of this study may be summarised in a dissertation study and maybe published in articles, reports and presentations. Quotes or key findings will always be anonymised, in any formal outputs unless we have your prior and explicit written permission to attribute them to you by name.

## **WHO CAN I CONTACT?**

If you have any further questions about the study, please contact the lead researcher, xxxxxxxx.

If you wish to make a complaint about the study, please contact: xxxxxx, Senior Lecturer in Social Work, The University of Edinburgh :xxxxxx

Supervisor for this dissertation project is: xxxxxxxx

In your communication, please provide the study title and detail the nature of your complaint.

For general information about how we use your data go to:

<https://www.ed.ac.uk/records-management/privacy-notice-research>

## Appendix 2

### Participant's consent form

#### PARTICIPANT CONSENT FORM

**Study Title:** The impact of Dyslexia on a social workers practices      Please initial box

1. I confirm that I have read and understood the Participant Information Sheet for the above study.
2. I have been given the opportunity to consider the information provided, ask questions and have had these questions answered to my satisfaction.
3. I understand that my participation is voluntary and that I can ask to withdraw at any time without giving a reason and without my legal rights being affected.
4. I understand that my anonymised data will be stored for a minimum of 5 years and may be used in future ethically approved research.
5. I agree to take part in this study.

Name of person giving consent

Date

Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of person taking consent

Date

Signature

\_\_\_\_\_

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## **Appendix 3**

### **Interview schedule**

This MSW research addresses the impacts of having dyslexia on social work practice. In a recent literature review, I found that there had been little research specific to social work practice. Much of the research is on teaching, medical and other professionals, and more generally on the impact of dyslexia on the workplace. This is an under researched area and being that I am dyslexic myself I am passionate to conduct research in the area.

### **Overall Question:**

**What are the impacts of dyslexia on a social workers practice?**

**Aims: Discuss the impacts of dyslexia on a social workers practice. Addressing how dyslexia can impact on day to day practice of social workers who have a diagnosis of dyslexic considering both positive and negative impacts.**

Themes	Questions
A. Overview of practice	<p><b>A1.</b> Can you tell me what your professional title is?</p> <p><b>A2.</b> Tell me what sector you work in and what subdivision?</p> <p><b>A3.</b> Please can you give me an overview of your practice ?</p> <p><b>Probe:</b></p> <ul style="list-style-type: none"> <li>• <i>Local authority</i></li> <li>• <i>Third Party</i></li> <li>• <i>Adults</i></li> <li>• <i>Children</i></li> <li>• <i>Addiction</i></li> </ul> <p><i>Other (Specify)</i></p> <p><i>Manager, senior etc</i></p> <p><i>Who do they manage, service user contact?</i> <i>Meetings? With who?</i></p> <p><b>A4.</b> Describe the key skills of which are required for your role?</p> <p><b>Probe:</b></p> <p><i>Writing reports? Assessments?</i> <i>Communication decision making under pressure etc</i></p>

<p>B. Dyslexia and identity</p>	<p><b>B1.</b> Can you tell me about your dyslexia journey?</p> <p><b>B2.</b> How has dyslexia shaped your identities?</p> <p>Follow-up question:</p> <p><b>B3.</b> In what ways is it positive?</p> <p><b>B4.</b> Describe to me how you feel or felt towards a diagnosis of dyslexia?</p> <p>Probes:</p> <p><i>Can you tell me when you were diagnosed?</i></p> <p><i>Did you feel different prior to diagnosis? (depending on when person was diagnosed)</i></p> <p><i>Looking back on previous experience and moving forward as an individual. Can you tell me about your feelings towards having a diagnosis/association with having dyslexia?</i></p>
<p>C. Experience with disclosing a dyslexia diagnosis</p>	<p><b>C1.</b> Did you disclose to your manager and colleagues that you are dyslexic? If so how did you do this?</p> <p><i>If no – ask why</i></p> <p><b>C2.</b> Describe to me your experience of taking this approach and its impact on you?</p> <p>Probe:</p> <p><i>Why?</i></p>

<p>D. Impacts on practice</p> <p>Specific areas of focus</p> <p>Team / Relationships Positive / Negatives</p> <p>Service user</p> <p>Positive / Negative</p> <p>Work place tasks</p> <p>Positive / Negatives</p>	<p><b>D1.</b> How is dyslexia impacting your practice?</p> <p><b>Probes:</b></p> <p><i>Tell me about the challenges you face in dealing with dyslexia in your social work practice ?</i></p> <p><i>You mentioned x as a challenge could you give me more details on that challenge?</i></p> <p><i>Thinking of your work within the team? Service users and Workplace tasks.</i></p> <p><b>D2.</b> Tell me about what you perceive to be the strengths to your social work practice from having dyslexia?</p> <p><b>Probes:</b></p> <p><i>Can you tell me more about x ?</i></p> <p><b>D3.</b> Can you tell me if your dyslexia impacts team working?</p> <p><b>Probe:</b></p> <p><i>Their attitudes? Acceptance.</i></p> <p><b>D4.</b> Can you describe any additional impacts on your social work practice?</p> <p><b>Probes:</b></p> <ul style="list-style-type: none"> <li><i>Reading/interpretation information</i></li> <li><i>Writing / report writing / notes etc</i></li> <li><i>Short term memory / retaining information</i></li> <li><i>Fearful of labelling - research suggest stigma around low intelligence of an individual with dyslexia leads to low rates of admission and living in fear of being found out .</i></li> <li><i>Repetitive, asking the same question more than once, because you don t understand / retain / process information differently.</i></li> </ul>
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E. Strategies to manage these impacts?	<p><b>E1.</b> Can you tell me do you have any strategies in place to help manage these impacts on your practice?</p> <p><b>Probes:</b></p> <p><i>Colour coding? Disclosing? Notes?</i></p>
F. Support to social workers who have dyslexia	<p><b>F1.</b> Tell me about what support you have experienced within practice?</p> <p><b>Probes:</b></p> <p><i>You told me you did/didn t tell your line manager / team about your diagnosis, how do you think this impacts your level of support?</i></p> <p><i>What facilitated this support? What were barriers to support?</i></p>
G. Moving forward	<p><b>G1.</b> From your perspective and experience can you tell me what could be done differently / more of / same to support social workers who have / identify as having dyslexia in practice?</p> <p><b>Probes:</b></p> <p><i>Workplace policy? Education or support?</i></p>



## Appendix 4

### Participant details

Participant	Pseudonym given	Area of work	Geographical area	Professional Title.	Summary of the key responsibilities
1	Jill	Local Authority working in Mental Health (Young People)	North Scotland	Social Worker Practice Educator Mental Health Officer	Provide assessment under voluntary and compulsory measures. Provide management of anxiety and stress.  working as part of a multi-disciplinary team
2	Vicky	Local Authority working in a practice team within children and families	East Scotland	Senior Practitioner	Supervising newly qualified staff Writing reports for hearings working as part of a multi-disciplinary team
3	Adam	Local Authority working within Children and families	East Scotland	Family Group Decision Making Coordinator  Practice Educator  Practice Educator Assessor  Lecturer	Working as part of a multi-disciplinary team bringing families together to honour decisions made by social workers.  Elements of assessment if home visiting.

Participant	Pseudonym given	Area of work	Geographical area	Professional Title.	Summary of the key responsibilities
4	Joyce	Local Authority - Community Mental Health Team	North Scotland	Social Worker  Trainee Mental Health Officer	Accessing the social needs of individuals with mental health  Report writing, record keeping  Working as part of a multi-disciplinary team.
5	John	Local Authority - Children and Families, Kinship care team	Central Scotland	Social Worker	Risk assessments  Assessments of suitability of individuals to provide care for children who are unable to stay at home  Working within a multi-disciplinary team
6	Nikki	Third Sector, drug and alcohol fields with a primary focus on harm reduction	North Scotland	Substance use worker  Practice Educator	Provide support to individuals and families affect by drug and alcohol use  Needle exchange  Adhoc assessments of people injecting drugs  Identifying and assessing risk
7	Robbie	Local Authority Children and families disability team	West Scotland	Social Worker	Assessments of individuals and their families  Multi-disciplinary working  Writing reports and case notes

Participant	Pseudonym given	Area of work	Geographical area	Professional Title.	Summary of the key responsibilities
8	Pauline	Local Authority Children and Families	East Scotland	Family Group Decision Making Coordinator	Support families to come together  Working as part of a multi-disciplinary team
9	Jenifer	Local Authority Children and Education	North Scotland	Children's wellbeing practitioner	Working in primary and secondary education  Assessment over a 6 week period assessing and recommending programmes of support.  Working as part of a multidisciplinary team.
10	Laura	Local Authority Criminal Justice	East Scotland	Social Worker	Court Report writing  Making connection with trauma informed practice.  Assessment of risk  Working as part of a multidisciplinary team.