“Am I Doing Enough?”: A Qualitative Study on the Experiences of Parents of Children with Dyslexia in the UK and Malaysia.

Nur Maizatul Akmal Mohd Ranai

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To my daughter,

Khayra Mustika,

She’s the catalyst for change, my sweet girl.

Abstract

Dyslexia poses persistent challenges not only for school-aged children with the condition but also for their parents, who frequently play a significant role in supporting their development. This study explores the experiences of parents of children aged 7 to 12 years who have been diagnosed with dyslexia in the United Kingdom and Malaysia, focusing on how institutional, cultural, and policy contexts shape these experiences. Although existing research has examined parental involvement in dyslexia support, few studies offer a cross-national comparison between a high-income, Global North country and a post-colonial, Global South setting. This thesis addresses this gap by investigating how educational frameworks, cultural expectations, and resource availability influence parents to secure diagnosis and support services in both Malaysia and the UK. This study employed a critical realist qualitative design, involving in-depth semi-structured interviews with 20 parents, 10 from the UK and 10 from Malaysia. The data were analysed thematically using Braun and Clarke’s (2013) method. Bronfenbrenner’s bioecological model of human development (1994) is used as the theoretical framework, facilitating a multi-level interpretation of interactions between individual, institutional, and societal systems. Eleven main themes emerged: 1. Child-Parent Relationship, 2. Parent-Teacher Communication, 3. Informal Parental Networks, 4. Cultural Stigma, 5. Educational System Beliefs, 6. Legislation and Rights, 7. Educational Policy Awareness, 8. Resource Availability, 9. Media Influence, 10. Stages of Understanding, and 11. Transitions. Findings reveal that UK parents benefit from formalised support pathways but continue to face delays, inconsistencies, and bureaucratic challenges. Malaysian parents contend with limited institutional provision, variable educator awareness, and persistent stigma, often relying on private assessments and self-directed advocacy. Across both contexts, parents undertake substantial emotional labour, express a need for clearer post-diagnostic guidance, and confront fragmented support systems. By highlighting both shared and context-specific experiences, this study contributes to a relational and culturally grounded understanding of dyslexia support. It calls for policy and practice frameworks that better recognise parental efforts, reduce institutional barriers, and prioritise improved and more equitable access to educational and psychological services for children with dyslexia.

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List of Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
ALN	Additional Learning Needs (used in Wales)
AP	Alternative Provision
ASD	Autism Spectrum Disorder
BDA	British Dyslexia Association
CFA	Children and Families Act
COVID-19	Coronavirus Disease
CRPD	Convention on the Rights of Persons with Disabilities
CQC	Care Quality Commission
DfE	Department for Education
DfEE	Department for Education and Employment
DfES	Department for Education and Science
EHCP	Education, Health and Care Plans
EP	Educational psychologist
IDA	International Dyslexia Association
IEP	Individual Education Plan
GBP	Great Britain Pound
LA	Local Authority
LD	Learning Disabilities
LDA	Learning Difficulty Assessment
LEAs	Local Education Authorities
LINUS	Literacy and Numeracy Screening
LSA	Learning Support Assistant
MEB	Malaysian Education Blueprint
MoE	Ministry of Education
MoH	Ministry of Health
MOW	Ministry of Women, Family, and Community Development
MYR	Malaysian Ringgit
NHS	National Health Service
NGO	Non-Governmental Organisation
OFSTED	Office for Standards in Education, Children’s Services and Skills
OKU	Person with Disabilities (Orang Kurang Upaya) – used in Malaysia

SENDIST	Special Educational Needs and Disability Tribunal
PDM	Dyslexia Association of Malaysia (Pusat Disleksia Malaysia)
PISA	Programme for International Student Assessment
PPKI	Special Education Integration Program
SE	Special Education
SEN	Special Educational Needs
SENCo	Special Educational Needs Co-ordinator
SENCoP	Special Educational Needs Code of Practice
SEND	Special Educational Needs and Disability (reforms)
SENDA	Special Educational Needs and Disability Act
SpLD	Specific Learning Difficulty
SSEN	Statements of Special Educational Needs
UK	United Kingdom
UNESCO	United Nations Educational, Scientific and Cultural Organisation
WHO	World Health Organisation

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Chapter One: Introduction

1.1 Personal motivation for the study

This research came from a personal experience – a phone call from my daughter's kindergarten teacher saying, "I think she might have dyslexia." At the time, we were living in Malaysia and I had limited understanding of the condition, but that single conversation marked the beginning of a journey that would significantly influence both my personal and academic paths. What started as a personal concern as a parent soon developed into a long-term research focus, as I sought to understand how education systems and policies support children with dyslexia.

Initially, my daughter's difficulties appeared to be strictly related to reading. However, her teacher raised further concerns about memory, difficulties in following instructions, and general learning behaviour: features that research has identified as commonly associated with dyslexia, such as challenges in working memory, processing speed, and executive functioning (Vellutino et al. 2004; Snowling 2013). These concerns prompted urgent questions: Why had I not noticed the signs? What kind of support would she need? Could she thrive in the mainstream education system?

Following the teacher's recommendation, my husband and I sought a formal assessment. Faced with the long waiting times in the public system, we opted for a private evaluation despite the financial strain to receive a timely diagnosis. The assessment eventually confirmed dyslexia. While the label brought a sense of validation, the process of reaching that point was emotionally taxing, filled with confusion and uncertainty.

These experiences, while deeply personal, resonate with broader patterns documented in international research. Parents of children with dyslexia often face fragmented systems, limited guidance, and inconsistent access to assessment and intervention (Macdonald 2009; Cerna et al. 2021). Across both high-income and less-resourced settings, mothers in particular report feelings of isolation, frustration, and exhaustion as they navigate institutional processes (O'Sullivan et al. 2022; Davis et al. 2023). These findings echoed my own experience and motivated my desire to understand more about how parents, especially mothers, negotiate the complex terrain of diagnosis and support.

My personal experiences also took on added significance when I began comparing the support structures available in Malaysia to those in the United Kingdom, where more structured frameworks are in place (Rose 2009; Snowling et al. 2020). Although my initial comparisons involved several high-income countries, I chose to focus specifically on the UK for several reasons detailed in the study rationale (Section 1.3). One important factor was my familiarity with the UK education system, having lived there during my Master's studies between 2014 and 2015. That period provided me with first-hand exposure to the country's inclusive education discourse and shaped my understanding of how policy and practice around special educational needs are conceptualised. While the UK is often cited as a model for inclusive education (Rose 2009), inconsistencies in implementation remain (Davis et al. 2023). This familiarity made the UK a suitable point of comparison, as I had witnessed first-hand how special educational needs were conceptualised and discussed.

Despite having more established policy frameworks, the UK also faces challenges around access, equity, and implementation, making it a compelling case for comparison. Meanwhile, in Malaysia, support remains highly variable and often dependent on parental initiative and private resources. These contrasts raised important questions about the role of national systems in shaping parental experiences.

This study therefore investigates how parents in both countries manage their child's dyslexia diagnosis. It focuses on the institutional structures they encounter, the emotional and logistical burdens they carry, and the strategies they employ to advocate for their children. Although informed by my personal background, this thesis centres on the subjective experiences of participating parents, analysed within a cross-country framework and through Bronfenbrenner's bioecological theory of human development (1994).

1.2 Background to the study

Dyslexia is widely recognised as a neurodevelopmental condition that primarily affects reading, writing, and spelling skills, despite adequate instruction and cognitive ability (Rose 2009; Snowling et al. 2020; Catts et al. 2024). It is commonly associated with difficulties in phonological awareness, verbal memory, and processing speed, and is classified internationally as a specific learning difficulty (SpLD). Although signs typically appear early in a child's development, the condition is typically not identified until formal schooling begins, when literacy expectations increase (Snowling et al. 2020). However, the timing and accuracy of diagnosis, along with the quality of support provided, vary significantly across national and institutional contexts.

Obtaining a diagnosis of dyslexia is not simply a clinical process but is shaped by a combination of structural and social factors. Household income, parental awareness, level of teacher training, and access to specialist services have been shown to influence outcomes for children with dyslexia (Elliott and Grigorenko 2014; Abd Rauf et al. 2021). For many families, this journey involves navigating complex institutional structures with little support or clear information. Parents often play a central role in initiating assessments, advocating for services, and coordinating home and school environments. However, their perspectives, remain underrepresented in the academic literature and are often overlooked in policy development (Ross 2019; Abd Rauf et al. 2021).

In Malaysia, while inclusive education is endorsed in national policy, its implementation remains inconsistent (Mohd Nabil et al. 2024). Most public schools lack formal screening procedures, and diagnosis often relies on private psychological assessments, which are costly and largely inaccessible to low-income families (Sahari and Johari 2012; Mohd Nabil et al. 2024). Limited awareness among educators and a shortage of specialised teachers further compound these challenges (Faudzi and Cheng 2022). As a result, many children remain undiagnosed or unsupported, and parents often struggle to access appropriate information or guidance.

In contrast, the UK has developed more comprehensive policies to support children with dyslexia, notably through the Rose Review (2009) and the SEND Code of Practice (DfE 2015). These policies promote early identification, specialist teacher training, and targeted school-based interventions. However, implementation across local authorities and schools remains uneven. Families continue to report delays in assessments, inconsistent teacher expertise, and significant disparities in service provision (Davis et al. 2023; Catts et al. 2024). Even within a more formalised system, parental stress and dissatisfaction remain prevalent.

Across both contexts, mothers in particular report high levels of stress, guilt, and emotional fatigue, often exacerbated by poor communication with schools and a lack of emotional or practical support (Asbury et al. 2020; O'Sullivan et al. 2022). While research on school-level provision for dyslexia is growing, relatively few studies centre on the subjective experiences of parents navigating these systems. Where such perspectives are included, they tend to focus on narrow geographical or socioeconomic samples and rarely incorporate cross-national comparisons (Earey 2013; Alias and Dahlan 2014).

This gap in the literature is significant given the historical and educational ties between Malaysia and the UK. Malaysia's adoption of English-language instruction and elements of the British education system, whose colonial legacies make it a particularly relevant context for comparative analysis (Shanmugavelu et al. 2020). Examining how these shared foundations manifest in current practices offers an opportunity to understand how institutional design, policy implementation, and cultural norms influence parental engagement and access to support.

This study therefore seeks to examine how parents in Malaysia and the UK respond to their child's dyslexia diagnosis, focusing on their experiences of institutional support. It centres parental voices within a comparative framework, contributing to broader debates on inclusive education, equity in service provision, and the role of parents in navigating systems of support for children with learning difficulties.

1.3 Rationale of the study

Dyslexia is widely recognised as one of the most common specific learning difficulties affecting school-aged children, yet significant disparities remain in how it is identified, understood, and supported across different education systems. While the most existing research on dyslexia focuses on pedagogical strategies and neurocognitive features (Snowling et al. 2020; Catts et al. 2024), little attention has been paid to the experiences of parents, who are often the primary advocates for their children. Even fewer studies offer comparative insights into how these experiences differ across sociocultural and policy contexts.

To address the above gap, the current study seeks to explore the experiences of parents in two distinct national settings, the UK and Malaysia, each representing a different level of system development and institutional response to dyslexia. The rationale for comparing these two countries is rooted in both historical and structural factors. Malaysia's education system has retained many elements of the British model, including the use of English-language assessment tools, centralised policy frameworks, and teacher credentialing pathways (Shanmugavelu et al. 2020). Yet Malaysia also faces persistent implementation challenges related to resource constraints, urban-rural divides, and limited public awareness, particularly in relation to dyslexia (Abd Rauf et al. 2018; Abd Rauf et al. 2021).

In the UK, parents encounter a more structured system underpinned by statutory guidance such as the SEND Code of Practice (DfE 2015). However, they still report barriers such as lengthy wait times for assessment, bureaucratic delays in securing Education, Health and Care Plans (EHCPs), and inconsistencies in school-level implementation (Ross 2019; Davis et al. 2023). Despite policy commitments to inclusive education in both countries, many families find themselves operating in a system where the burden of navigation and coordination rests heavily on them.

The present study is also motivated by the need to foreground parental agency and emotional labour, particularly among mothers as they respond to institutional gaps. It draws attention to the informal strategies the parents develop to support their children's learning and wellbeing, including advocacy, private tutoring, and community-building. These practices are often invisible in policy discourse yet function as micro-level responses to systemic shortfalls. By capturing these strategies, the study contributes to a more grounded understanding of how inclusive education is experienced in practice.

From a theoretical perspective, Bronfenbrenner's bioecological model provides a multi-layered lens for analysing these experiences across different system levels. While prior studies have focused on the microsystem (family and school) or macrosystem (policy and cultural values), they frequently overlook the chronosystem and its role in shaping parental engagement and policy responsiveness over time (Bronfenbrenner and Morris 2006; Rosa and Tudge 2013; Lalvani 2015). Delays in diagnosis, changes in national policy, and disruptions such as the COVID-19 pandemic are examined as time-related factors that influence how parents access and experience support at different stages of their child’s educational journey.

By comparing two countries with divergent capacities but shared policy aspirations, this study offers insights into how institutional frameworks, cultural expectations, and resource availability shape the experiences of parents navigating dyslexia support. It challenges assumptions about policy transfer and ‘best practice’ models by showing how informal, parent-driven adaptations can emerge in response to institutional failure, particularly in the Malaysian context. These insights are particularly timely as both countries continue to review and reform their approaches to inclusive education.

1.4 Research aims

The focus of this study is on experiences of parents whose children have been formally diagnosed with dyslexia in the United Kingdom and Malaysia. The study seeks to explore how they engage with institutional structures, manage educational challenges, and support their children with dyslexia across two contrasting policies and cultural settings.

1.4.1 General aims

The overarching aim of this study is to investigate the experiences of parents raising children with dyslexia, with a particular emphasis on the forms of institutional support available in the UK and Malaysia. The study seeks to provide an in-depth, comparative understanding of how educational systems respond to the needs of parents and the implications this has for both parental stress and child outcomes (Ross 2019; Abd Rauf et al. 2021).

1.4.2 Specific aims

The specific aim of this study is to develop practical recommendations, particularly for parents in Malaysia, where support systems remain underdeveloped. By identifying effective practices from both contexts, the study aims to offer insights that can inform both parental strategies and policy decisions.

The specific aims of this study are as follows:

1. To examine the differences in experiences of parents with children with dyslexia in the UK and Malaysia.

2. To uncover the struggles and difficulties faced by parents in supporting their children with dyslexia and explore their coping strategies in both countries.
3. To investigate access to available support systems for parents in helping their children with dyslexia in the UK and Malaysia.
4. To assess the measures implemented in the UK to improve outcomes for children with dyslexia and evaluate their applicability to the Malaysian support system.

These aims are intended to contribute to a deeper understanding of parental engagement with special educational needs (SEN) provision and to inform context-sensitive improvements in dyslexia support frameworks, particularly in Malaysia.

1.5 Research questions

The following research questions address the study's purpose to gain insights into the experiences of parents whose children were diagnosed with dyslexia in the UK and Malaysia:

1. What are the similarities and differences in experiences of parents who are supporting children with dyslexia (aged 7-12 years) in mainstream schools in the UK and Malaysia?
2. What are the similarities and differences in terms of institutional supports received by the parents of children with dyslexia in the UK and Malaysia?
3. What practices do parents identify as most useful from both countries in terms of supporting children with dyslexia?

The main research question guiding this study is, *What are the experiences of parents raising children with dyslexia in the UK and Malaysia?* Subsequent chapters detail the research design and methodology employed to address these questions.

1.6 Theoretical framework used in the study

This study draws upon Bronfenbrenner's Bioecological Model of Human Development (1979; 1994) to examine how parents of children with dyslexia experience and respond to institutional support in two national contexts. The model offers a structured way to understand the interaction between individuals and the broader systems that shape their everyday lives. It is particularly suited to this study's focus on parental experience, as it highlights the multiple, interrelated environments that influence development and decision-making.

Bronfenbrenner identifies five levels of influence: the microsystem, which includes immediate settings such as the family and school; the mesosystem, or the relationships between these settings; the exosystem, referring to systems that indirectly affect the individual, such as education departments or health services; the macrosystem, which encompasses wider cultural values and policy frameworks; and the chronosystem, which considers changes over time, including key transitions or societal disruptions.

The framework is used here to situate parental narratives within their wider institutional and cultural environments. For example, the microsystem is used to explore parent-child relationships and interactions with teachers: the exosystem and macrosystem are drawn upon to interpret access to diagnostic services, the influence of policy discourses, and the social meanings attached to dyslexia in each context. The chronosystem allows for consideration of how parental understanding, expectations, and engagement evolve, particularly in light of policy changes and external events such as the COVID-19 pandemic.

This approach supports a comparative analysis of how parents navigate through different educational systems and institutional landscapes. It enables the study to move beyond individual accounts and consider how parental experiences are shaped by the broader structures within which they are situated. In doing so, it draws attention to the role of system-level factors in shaping the support that families receive, the burdens they carry, and the strategies they develop.

The ecological model also allows for reflection on gendered caregiving roles, which emerged as a key theme in this study. Mothers were often positioned as primary advocates, managing their child's needs in the face of inconsistent provisions or unclear processes. These experiences varied across contexts but were consistently shaped by expectations embedded in both policy and cultural discourse.

Bronfenbrenner's model provides a useful framework for analysing the complexity of parental experience. It offers a way to connect individual stories to broader systems, and to reflect critically on the structural conditions that support or constrain inclusive education in both the UK and Malaysia.

In addition to Bronfenbrenner's bioecological model (1994), this study is informed by feminist care theory (Lynch et al. 2009), which foregrounds the gendered nature of caregiving. Feminist scholars argue that emotional and advocacy labour within families, particularly in contexts of disability or learning difference, is disproportionately undertaken by mothers and remains undervalued in both policy and practice. This perspective is crucial for understanding how parental experiences of dyslexia support are shaped not only by institutional and cultural factors, but also by persistent gender inequalities.

1.7 Research context: Covid-19 pandemic

The COVID-19 pandemic, which spanned from March 2020 to February 2022 had a significant impact on education systems and family dynamics in both Malaysia and the United Kingdom. Whilst the primary objective of this study is to investigate the experiences of parents of children with dyslexia, particularly in relation to institutional support, it is important to acknowledge that the pandemic shaped the broader context in which these experiences occurred. Understanding this context is essential for interpreting the findings and situating parental engagement within a period marked by considerable disruption.

1.7.1 Impact on interventions

Educational and support interventions for children with dyslexia were disrupted during the pandemic, as schools, support centres, and diagnostic services either closed or transitioned rapidly to online formats. In both countries, parents and educators were required to adjust to digital learning platforms, often without adequate preparation. While remote provision enabled continuity for some services, it also exposed and, in some cases, widened the existing inequalities.

In the UK, although many schools had access to digital platforms and learning technologies, the consistency and quality of dyslexia-specific interventions varied widely across local authorities and institutions (Snowling et al. 2020; Catts et al. 2024). Some families encountered barriers related to digital literacy, device access, or absence of appropriately adapted learning materials. In Malaysia, these challenges were more pronounced, particularly in rural communities, where families reported limited internet connectivity and inadequate access to devices (Surianshah 2021). The abrupt transition to home-based learning placed added pressure on parents, who were often expected to take on the role of primary educators at home.

The burden of home-based education was disproportionately carried by mothers, reflecting prevailing gender norms around caregiving. Research has shown that, even in dual-parent households where both partners were working from home, mothers typically carried the bulk of home-schooling responsibilities (O'Sullivan et al. 2022). This additional labour compounded the emotional and logistical challenges already associated with supporting a child with dyslexia, contributing to heightened stress levels, strained work-life balance, and adverse effects on maternal mental health. These factors provide important context for understanding the experiences of parents during this pandemic period.

1.7.2 Impact on fieldwork

The COVID-19 pandemic has had a direct impact on the design and implementation of this study. Originally, data collection was intended to involve in-person interviews with parents in both Malaysia and the UK. However, in response to public health restrictions, the study design was adapted to facilitate remote interviews using digital platforms such as Zoom. This shift was necessary to maintain participant safety and comply with evolving government guidelines, but it brought a range of methodological and practical considerations.

While remote interviews ensured the continuity of fieldwork, they also introduced a number of logistical and technical challenges. Participants in semi-urban and rural areas of Malaysia, in particular, encountered barriers related to poor internet connectivity, limited access to digital devices, and general unfamiliarity with video conferencing technology. In some cases, alternative arrangements, such as audio-only calls or rescheduling were required to accommodate participants' constraints. Similar challenges, albeit less pronounced, were reported among the UK participants, particularly those balancing demanding schedules or managing multiple dependents.

The pandemic also intensified the participants' domestic responsibilities. Many were working from home while simultaneously supporting their children's online education, managing household tasks, and navigating pandemic-related uncertainties. These overlapping pressures affected not only the scheduling of interviews but also the depth and length of responses, as some participants reported fatigue, distraction, or emotional strain during the sessions. These dynamics, discussed further in Chapter 4, were carefully considered in the ethical planning and interpretative framing of the research.

Despite the obstacles, the remote interviews offer several benefits. They enabled participation from geographically dispersed locations that would have been logistically challenging to access in person, while providing some participants a more comfortable home environment for sharing experiences. However, the pandemic context likely influenced their reflections, particularly regarding institutional support and personal resilience.

In summary, the pandemic imposed both methodological constraints and shaped the lived realities of the families participating in this study. These conditions informed the data collection process and must be acknowledged in the interpretation of the findings, particularly in understanding how stress, uncertainty, and restricted access to resources may have amplified the challenges faced by parents of children with dyslexia.

1.8 Terminology used in the study

Clarification of terminology is fundamental to any research endeavour. Given the different categories of dyslexia based on individual diagnosis, it is important to consider the potential impact on my research and justify using *dyslexia* as the inclusive term to describe the diagnosis of all the children whose parents participated in this study. The seven key terms integral to the research title and their consistent application are defined below:

1.8.1 Person-first versus identity-first language

A conscious decision has been made in this thesis to predominantly use the phrase "children with dyslexia" rather than "dyslexic children." This decision is grounded in the person-first language framework, which places the individual before the condition, aiming to affirm their identity beyond a diagnosis (Snow 2007). Person-first language is widely adopted in inclusive education, healthcare, and disability advocacy contexts, particularly in the UK and internationally, to avoid defining individuals solely by their impairments (Dunn and Andrews 2015; Gernsbacher 2017).

The use of person-first language reflects a broader ethos of dignity, agency, and respect, aligning with the inclusive values underpinning this study. As this research is concerned with the lived realities and emotional experiences of parents, it is important to acknowledge that many families perceive the diagnosis as one aspect of a child's identity, not its entirety. As such, the terminology used here seeks to avoid inadvertently essentialising children through a deficit-based label.

However, the thesis acknowledges the ongoing debate around identity-first language. Some disability and neurodivergent communities advocate for terms like “dyslexic children,” viewing such language as affirming and empowering (Davis and Watson 2016; Bottema-Beutel et al. 2021). In some instances, identity-first language appears in the thesis where it reflects the terminology used in cited literature or where participants themselves use these terms.

The decision to use person-first language should be understood as a contextual and respectful choice for this study, rather than a prescriptive one. Future research may benefit from further exploring how children and young people self-identify in relation to dyslexia, particularly in culturally distinct contexts.

1.8.2 Dyslexia

Defining how I conceptualise children with dyslexia in this study is essential. Dyslexia, as defined here, refers to a specific learning difficulty that primarily affects reading accuracy, fluency, and spelling. It is associated with difficulties in key language-related processes, particularly phonological processing, rapid automatized naming, and working memory, despite adequate intelligence and educational opportunities.

Following recent scholarly consensus, this study adopts the definition proposed by Snowling et al. (2020), who argue that dyslexia is best understood as a dimensional disorder marked by persistent challenges in learning to read and write, particularly in achieving reading fluency. These difficulties often continue despite the acquisition of basic literacy skills and cannot be attributed to sensory impairments, inadequate instruction, or environmental disadvantage. Rather, they reflect underlying cognitive challenges, most often in phonological processing. Snowling et al. (2020) assert that although dyslexia exists along a continuum of reading ability, its effects can be disabling when individuals are unable to meet the literacy demands of school or work even with appropriate support.

This definition was selected for its comprehensive, evidence-based formulation, which aligns with developments in both cognitive neuroscience and educational policy. It captures the persistent nature of dyslexia, highlights the need for targeted intervention, and acknowledges the co-occurrence of other difficulties which may require separate consideration but do not define the condition itself.

For contextual comparison, the definition provided by Rose (2009) continues to be referenced, particularly due to its influence on the UK government policy and special educational needs provision. While both definitions share core elements, particularly the emphasis on phonological difficulties and the persistence of reading challenges despite appropriate instruction, the updated version by Catts et al. (2024) better accounts for the multifactorial nature of dyslexia and the role of environmental moderators in identifying and supporting affected learners.

This study focuses on developmental dyslexia, which emerges during the early stages of reading acquisition and is typically lifelong. It is distinct from acquired dyslexia, which arises from neurological injury or trauma later in life (Snowling et al. 2020). All participants in this study are parents of children with a formal diagnosis of developmental dyslexia. By adopting this definition, the study aims to contribute to ongoing scholarly and policy conversations around dyslexia, supporting a clearer and more consistent understanding of the condition within both educational and parental contexts. A fuller discussion of definitional issues and their implications is presented in Chapter 2 (Conceptualising Dyslexia).

1.8.3 Experience

The term *experience* in this study refers to the personal, emotional, and practical realities faced by parents in supporting their children with dyslexia. It includes their perceptions, responses to challenges, emotional reactions, interactions with educational institutions, and reflections on the progress or setbacks experienced throughout the diagnostic and support process.

1.8.4 Parents

In the context of this study, parents refer to individuals who assume the primary caregiving role for children with dyslexia. This includes biological parents, adoptive parents, stepparents, and legal guardians actively engaged in supporting and advocating for their children's well-being and educational requirements in both the UK and Malaysia.

1.8.5 Institutional supports

Institutional supports are defined as the range of services, structures, and practices offered by schools, local authorities, and related organisations to assist children with dyslexia and their families. These include teacher training, school-based interventions, access to educational psychologists, community networks, and parent support initiatives. In this study, institutional supports are analysed in light of systemic, cultural, and economic differences between Malaysia and the UK.

1.8.6 United Kingdom

The United Kingdom (UK) comprises England, Scotland, Wales, and Northern Ireland, each with devolved education policies and frameworks. While there are jurisdictional differences, this study adopts a UK-wide lens to identify shared themes in policy, practice, and parental experience. The UK’s established infrastructure for recognising and responding to dyslexia, along with the influence of the Rose Review (2009) provides a relevant benchmark for comparison.

1.8.7 Malaysia

Malaysia is a middle-income Southeast Asian country with a diverse population and a developing educational system shaped by both indigenous traditions and colonial legacies. As a former British colony, Malaysia adopted aspects of the UK’s educational structure, particularly in terms of language policy and curriculum design. However, national policy implementation, teacher-training standards, and special education practices vary significantly.

According to World Bank data, Malaysia’s GDP per capita in 2022 was approximately US$12,000, compared to the UK’s US$46,500, highlighting disparities that influence educational resourcing and service provision. These contextual factors are crucial for understanding the institutional limitations and opportunities that shape parental experiences in Malaysia. By defining these terms at the outset, the study ensures clarity and consistency throughout the research, allowing for a meaningful interpretation of the findings across two distinct national and cultural contexts.

1.9 Structure of the thesis

This thesis comprises seven chapters, each building towards a comprehensive understanding of how parents in the UK and Malaysia experience and engage with institutional support for children with dyslexia. The structure follows a coherent progression: from introducing the context and theoretical grounding, to methodological details, empirical findings, and final reflections. Each chapter contributes to the study's overarching aim by examining the influence of systemic and cultural factors on parental roles and responses. The function and content of each chapter are outlined below to provide a clear overview of the thesis structure.

Chapter 1: Introduction

This chapter introduces the central focus of the study, outlining its significance, scope, and key research questions. It presents the rationale for comparing parental experiences across two national contexts and introduces Bronfenbrenner's Bioecological Model of Human Development as the guiding theoretical framework. The chapter also provides an overview of the terminology used, the study's context during the COVID-19 pandemic, and the intended contributions of the research.

Chapter 2: Literature Review – Conceptualising Dyslexia

This chapter reviews existing academic literature on the definition, causes, and implications of dyslexia. It explores how dyslexia is conceptualised in educational and psychological research and considers how parental roles are framed within these discourses.

Chapter 3: Literature Review – Policy and Practices in the UK and Malaysia

This chapter presents a comparative analysis of the policy and practice in relation to dyslexia provision in the UK and Malaysia. It examines the historical, cultural, and structural influences on dyslexia awareness and support provision in both countries. By mapping institutional frameworks, the chapter provides an essential context for understanding the systemic factors that shape parental experiences in each setting.

Chapter 4: Methods and Methodology

This chapter outlines the research design and justifies the qualitative methodology adopted in the study. It details the selection of participants, data collection procedures (semi-structured interviews), and thematic analysis approach. The chapter also discusses ethical considerations, reflexivity, and the study's philosophical alignment with critical realism. Further explanation of how Bronfenbrenner's model informs the analytical process is also included.

Chapter 5: Perceptions of Parents

This chapter presents the first set of findings, focusing on how parents perceived their child's diagnosis and early educational journey. Themes include emotional reactions, perceived stigma, and how cultural and institutional contexts shaped parental interpretations and responses.

Chapter 6: Supports Received

This chapter presents the second set of findings, centred on the types and quality of support parents received. It includes an analysis of institutional engagement, access to assessments, and the role of informal networks. The chapter also reflects on the systemic disparities between and within national settings.

Chapter 7: Discussion, Implications and Recommendations

This chapter brings together the study's findings with the relevant literature and theoretical insights. It offers a critical analysis of how structural and cultural factors influence parental experiences, outlines the study's contributions to knowledge, and provides recommendations for policy and practice. It also addresses the limitations and directions for future research.

Chapter 8: Conclusion

The final chapter summarises the key arguments of the thesis, reiterates the main findings, and reflects on the significance of the study in relation to broader debates on inclusion, dyslexia, and parental agency.

Chapter Two: Conceptualising Dyslexia

This literature review is presented in two interrelated chapters, each addressing a distinct yet interrelated aspect of dyslexia. The present chapter explores dyslexia as both a cognitive condition and a socio-educational construct, while the following chapter examines education policies and practices related to dyslexia in the UK and Malaysian contexts. This structure allows for an exploration of both the scientific and contextual dimensions of dyslexia, and provides the necessary background for the qualitative work undertaken in this study.

Despite extensive research, dyslexia remains a complex and contested subject, posing challenges for educators, parents, and policymakers (Worthy et al. 2018). The condition is widely recognised as a neurobiological one that impairs the acquisition of reading, writing, and language-processing skills (International Dyslexia Association 2017). However, understandings of dyslexia have changed significantly over time, shaped by developments in various fields and changes in how the subject is interpreted.

This chapter begins by tracing the historical evolution of dyslexia research, and mapping key developments from early medical perspectives to contemporary cognitive, psychological, and educational perspectives. It then examines the definitional debates surrounding dyslexia, with a particular focus on its classification, either as a neurobiological disorder or learning differences. The discussion extends to the complexities of defining dyslexia in multilingual contexts, particularly in the UK and Malaysia, where linguistic diversity influences both identification and intervention. Finally, the chapter examines the impact of the COVID-19 pandemic on educational support for children with dyslexia in the UK and Malaysia, highlighting the challenges faced and adjustments made during this period of significant disruption.

2.1 Dyslexia: A historical view

The conceptualisation of dyslexia has undergone a significant transformation since its initial identification in 19th-century Germany, where early studies were rooted in medicine and ophthalmology (Anderson and Meier-Hedde 2001; Kirby 2020). This section provides an overview of the historical development of dyslexia research to help understand how dyslexia is understood today. Such an exploration is essential as it offers a critical understanding of how historical events continue to influence present-day definitions and responses to dyslexia.

2.1.1 Early medical conceptualisations

Early conceptualisations of dyslexia were heavily influenced by neurology and ophthalmology. The term *word blindness* (Wortblindheit) was first introduced by German neurologist Adolf Kussmaul in the late 1800s to describe reading difficulties that were not attributed to visual impairments (Berlin 1887). His research focused on adults with acquired reading disorders linked to neurological impairments, drawing attention to deficits in word sequencing and reading fluency. This early work laid the groundwork for more systematic medical research on reading difficulties.

Following Kussmaul's work, ophthalmologist Rudolf Berlin (1887) coined the term *dyslexia*, derived from the Greek 'dys' (difficulty) and 'lexia' (word) (Kirby 2018). Berlin linked reading impairments to dysfunction in the left hemisphere of the brain (Kirby 2018), suggesting that structural issues in the brain might cause such difficulties. This marked an early move toward understanding dyslexia from neurological perspectives (Snowling et al. 2020; Catts et al. 2024).

2.1.2 Expansion to developmental dyslexia

A significant turning point in dyslexia research occurred when British physicians, including James Kerr, William Pringle Morgan, and James Hinshelwood, extended the concept to include children with developmental reading difficulties (Anderson and Meier-Hedde 2001). During this period, a critical distinction was established between acquired dyslexia, resulting from brain injury, and developmental dyslexia, which was present from birth. This reconceptualisation was exemplified by Pringle Morgan's (1896) widely cited case study of a 14-year-old boy, Percy, who was described as mathematically gifted yet unable to recognise written words. The case challenged the then-prevailing assumption that reading failure equated to low intelligence, suggesting instead that dyslexia could coexist with high intellectual ability (Gough and Tunmer 1986; Tanaka et al. 2011).

Building on this concept, Scottish ophthalmologist James Hinshelwood reinforced the congenital and lifelong nature of dyslexia. He also pioneered phonics-based instructional approaches, emphasising targeted support for literacy development

(Hinshelwood 1912). This educational focus marked an early, albeit limited, bridge between clinical theory and pedagogical application.

2.1.3 Cognitive and educational shifts in dyslexia research

The early 20th century brought further shifts in how dyslexia was conceptualised, shifting towards a cognitive and educational perspective. American neuropathologist Samuel Orton rejected prevailing views that labelled children with dyslexia as "dull" or "retarded." Through psychometric testing, he demonstrated that many had average or above-average intelligence (Orton 1925). This data-based refutation of intellectual deficiency added scientific weight to the argument for dyslexia as a specific learning disability.

To better describe the letter reversals and symbol confusions he observed, Orton introduced the term *strephosymbolia*. Importantly, he argued that reading difficulties stemmed not from visual problems but from language processing deficits, thereby laying the conceptual groundwork for later theories on phonological awareness. Orton’s support for multisensory instruction was a progressive move, suggesting that pedagogy could be adapted to meet diverse learning needs (Kirby 2020).

As research progressed in the mid-20th century, cognitive psychology began to play a more prominent role. British psychologist Cyril Burt differentiated children with dyslexia from those with general learning difficulties, reinforcing the idea of dyslexia as a specific, not global, learning impairment. This era also saw the emergence of phonological deficit theories, which positioned weaknesses in phoneme perception and manipulation as core markers of the condition (Snowling et al. 2020; Catts et al. 2024).

Nevertheless, this cognitive focus introduced its own limitations. While providing a clearer diagnostic framework, it largely neglected the role of sociocultural, economic, and linguistic variables: factors that would only gain prominence decades later.

2.1.4 The influence of sociocultural contexts

In response to the limitations of earlier models, late 20th and early 21st-century scholars began to foreground the role of sociocultural and linguistic contexts in shaping dyslexia (McBride 2019; Kirby 2020). This expansion of focus was not merely additive, as it fundamentally reframed dyslexia as a construct shaped not only by neurology or cognition but also by educational environments, language structures, and cultural attitudes.

Central to this perspective is the concept of orthographic depth, which refers to how consistently letters and sounds align within a language (Daniels and Share 2018). English, with its inconsistent spelling rules, presents more decoding challenges than more phonetically regular languages such as Malay or Italian. This finding challenges the assumption that symptoms of dyslexia manifest uniformly across languages, highlighting the need for culturally adaptive assessment tools (Catts et al. 2024).

In broadening the scope of inquiry, this sociocultural turn created space for qualitative approaches that explore the experiences of individuals, particularly children with dyslexia. These approaches are particularly relevant in multilingual and multicultural contexts, such as the UK and Malaysia, where the intersection of language policy, pedagogical practice, and parental perception plays a critical role in shaping outcomes for children with dyslexia.

2.2 Defining dyslexia

Dyslexia has been studied extensively across multiple disciplines, resulting in a wide range of definitions proposed by academic, clinical, and policy-making bodies (Elliott and Grigorenko 2014; Snowling and Hulme 2024). Recent systematic reviews emphasise that debate regarding the definition and diagnosis of dyslexia remains ongoing, with scholars noting persistent inconsistencies across research, policy, and practice (Gearin et al. 2024; Snowling and Hulme 2024). These varying definitions significantly influence diagnostic practices, the design of interventions, and the ways educational systems respond to learners with specific needs (Catts et al. 2024). Despite substantial research and notable progress, there is still no single, universally accepted definition of dyslexia (Wolf et al. 2024). This lack of consensus reflects the complexity of the condition and the diversity of the theoretical frameworks through which it has been examined (Gearin et al. 2024).

In the UK, one of the most influential definitions of dyslexia comes from the Rose Review (2009). He defines dyslexia as:

> “A learning difficulty that primarily affects the skills involved in accurate and fluent reading and spelling. Characteristic features of dyslexia are difficulties in phonological awareness, verbal memory and verbal processing speed. Dyslexia occurs across the range of intellectual abilities”
>
> (Rose 2009, p. 29).

The Rose Review, commissioned by the UK government, gave this definition prominence in guiding education policy (Rose 2009). The review has had a significant impact on educational policy and practice. A key aspect of the Rose Review is its assertion that dyslexia exists on a continuum rather than as a discrete disorder (Rose 2009). This perspective aligns with research suggesting that reading difficulties occur along a spectrum, and are influenced by both genetic and environmental factors (Snowling 2008; Ozernov and Gaab 2016).

Despite its influence, the Rose Review has been subject to criticism. Some scholars argue that it places too much emphasis on phonological processing, to the detriment of other relevant factors such as working memory, attention, and executive functioning (Elliott and Grigorenko 2014; Snowling and Hulme 2024). Furthermore, the absence of precise diagnostic criteria within the review has led to inconsistencies in how dyslexia is identified across educational settings (Ozernov and Gaab 2016). These limitations have fuelled debates about whether dyslexia should be defined as a distinct condition or be viewed as part of a broader continuum of reading difficulties (Peters and Ansari 2019; Snowling and Hulme 2024).

Meanwhile, the International Dyslexia Association (IDA) adopts a more clinical and neurobiological stance. Its definition defines dyslexia as :

> “A specific learning disability of neurobiological origin, characterised by difficulties with accurate and/or fluent word recognition, poor spelling, and decoding abilities. These difficulties typically result from deficits in the phonological component of language and are often unexpected in relation to other cognitive abilities and effective classroom instruction”
>
> (IDA 2002; updated 2023).

This definition strongly emphasises the neurological basis of dyslexia, supported by neuroimaging research, which has identified distinct patterns of brain activation in individuals with dyslexia (Norton et al. 2015; Ozernov and Gaab 2016). While the IDA definition has been influential in both research and clinical contexts, some argue that it remains too narrowly focused on phonology. Critics note that it pays insufficient attention to broader language difficulties, as well as to contextual factors such as literacy instruction and socio-cultural influences (Protopapas and Parrila 2019; Gearin et al. 2024).

In contrast, the British Dyslexia Association (BDA) offers a broader and more inclusive definition. It characterises dyslexia as:

> “A Specific Learning Difficulty (SpLD) that mainly affects the development of literacy and language-related skills. It is characterised by difficulties with phonological processing, rapid naming, working memory, processing speed, and the automatic development of skills that may not match an individual’s other cognitive abilities”
>
> (BDA 2020).

Unlike the IDA and Rose Review, the BDA definition recognises both the challenges and strengths of individuals with dyslexia. It highlights dyslexia as a learning difference rather than a deficit, acknowledging potential strengths in problem solving, creativity, and visual-spatial reasoning (Macdonald 2009). This holistic view has influenced inclusive practices within the UK, including the adoption of multisensory teaching methods and classroom accommodations tailored to diverse learning profiles.

In Malaysia, the definitions remain less standardised. The Ministry of Education (MoE) classifies dyslexia under the broad umbrella of Specific Learning Disabilities (MoE 2012), with limited guidance on how to distinguish it from general literacy delays. This vagueness has led to inconsistent identification practices across schools (Abd Rauf et al. 2018). The MoE, via its Special Education Division, defined students with dyslexia as individuals with intellectual functioning equal to or higher than their typically developing peers, yet suffering from pronounced challenges in spelling, reading and writing (Dzulkifli 2023). This definition, in place since 2011, has been criticised for its narrow focus on literacy skills and for overlooking the broader cognitive and neurobiological aspects of dyslexia (Dzulkifli 2023).

Consequently, many cases are identified only after students show persistent academic struggles, which delay access to early support and intervention (Sahari and Johari 2012; Abd Rauf et al. 2021). However, the term *learning disabilities* is more prevalent than *specific learning disabilities* in Malaysia, leading to a broader, sometimes inconsistent application of the terms (Dzilani and Shamsudin 2014). This practice reflects a broader trend of grouping various learning difficulties, such as dyslexia, dyscalculia, and dysgraphia under a single category, without distinguishing between their distinct characteristics.

Although the terms *learning difficulty*, *learning disability*, and *learning difference* are often used interchangeably in discussions on dyslexia, they reflect distinct meanings and stem from different academic and professional frameworks. According to the BDA (2020), *learning difficulty* refers to challenges in acquiring academic skills such as reading, writing, or numeracy, which may arise for a variety of reasons and do not necessarily indicate an underlying neurological condition. In contrast, *learning disability* is generally defined as a neurodevelopmental disorder with a biological basis, characterised by persistent difficulties in specific areas of learning, even when appropriate instruction and average cognitive abilities are present (Lyon et al. 2003).

The term *learning difference*, however, reflects a shift toward a more inclusive and socially grounded understanding of dyslexia. Rather than framing the condition within a medical or deficit-based paradigm, the concept of learning difference acknowledges the diverse ways individuals process information, which are often shaped by pedagogical practices, environmental factors, and socio-economic contexts (Protopapas and Parrila 2019). This terminology is increasingly used in educational discourse to promote a strengths-based approach and reduce stigma.

As definitions continue to evolve, so too does the academic debate regarding the nature of dyslexia itself (Elliott and Grigorenko 2024). The increased visibility of dyslexia in recent decades has prompted questions about whether it should be conceptualised as a medical disorder, a neurobiological impairment, or as a learning difference shaped by broader educational structures and cultural expectations (Catts et al. 2024; Gearin et al. 2024). These debates highlight the importance of adopting a complex and contextually informed approach to defining and supporting individuals with dyslexia.

A more recent contribution to definitional clarity has been made through an international Delphi study (Carroll et al. 2025), which sought to establish consensus among 58 dyslexia experts, including academics, specialist teachers, psychologists, and individuals with lived experience. The study addressed longstanding tensions across research, policy, and practice by proposing a revised definition informed by cross-disciplinary agreement.

The panel reached over 80 percent consensus on 42 key statements spanning six thematic areas: definitional criteria, intellectual ability, etiology, co-occurrence with other disorders, developmental trajectories, and misconceptions. In contrast to earlier models that rely on a narrow set of cognitive markers or a discrepancy framework, the Delphi study positions dyslexia as a persistent difficulty in acquiring reading and spelling skills that exists on a continuum and varies in severity. The definition maintains that these difficulties must be considered in relation to age, expected instructional input, and broader developmental attainments.

While difficulties in phonological processing remain the most common feature, the panel acknowledged that these do not fully account for individual differences. Other factors, such as working memory, processing speed, orthographic knowledge, and co-occurring developmental conditions (e.g. ADHD, DLD, dyscalculia) also contribute meaningfully to the profile of dyslexia. Importantly, the panel rejected single-deficit and IQ-discrepancy models, advocating instead for a multi-factorial approach that considers cumulative risks and a learner’s response to instruction over time.

This broader conceptualisation represents a significant shift. It aligns with a developmental perspective and carries practical implications for assessment and intervention, particularly in systems where access to diagnosis is shaped by institutional or socioeconomic barriers. For cross-national research such as the present study, the Delphi definition provides a timely and inclusive framework that accounts for both variability and complexity in how dyslexia is understood, experienced, and supported.

2.3 Dyslexia debate: Is dyslexia a disorder or learning difference?

The classification of dyslexia has remained a subject of critical academic and public debate, despite advances in neurocognitive research and educational psychology.

Traditionally understood as a neurodevelopmental disorder characterised by difficulties in reading, spelling, and phonological processing (Lyon et al. 2003), this perspective continues to dominate policy and practice. However, growing bodies of interdisciplinary research have challenged this view, proposing alternative interpretations that place greater emphasis on social, educational, and cultural contexts (Elliott 2020; Catts et al. 2024).

This section explores two key positions: one that frames dyslexia as a neurobiological disorder, and another that understands it as a socially constructed learning difference. Both perspectives offer insights into how dyslexia is defined, experienced, and addressed, but they diverge in their implications for diagnosis, support, and equity.

2.3.1 Dyslexia as a neurodevelopmental disorder

A prevailing definition, particularly influential in the US and UK, characterises dyslexia as a specific learning disability of neurobiological origin. According to Lyon et al. (2003 p. 2), dyslexia is marked by "difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities" that are "unexpected in relation to other cognitive abilities and the provision of effective classroom instruction." This definition, widely endorsed by the International Dyslexia Association, prioritises phonological processing deficits and positions dyslexia within the biomedical framework.

This neurodevelopmental model is supported by research indicating differences in brain structure and function among individuals with dyslexia, particularly in areas related to language and reading (Shaywitz and Shaywitz 2013; Snowling et al. 2020). These findings have underpinned phonics-based interventions and early screening tools that focus on phonological awareness and letter-sound correspondence (Catts et al. 2024).

However, critics have argued that this model simplifies the complexity of reading difficulties. Protopapas and Parrila (2019) note that neurological differences may be the consequence, rather than the cause, of reduced reading exposure. Elliott and Grigorenko (2024) further caution that framing dyslexia as a fixed medical condition risks excluding students whose difficulties do not align with narrow diagnostic thresholds. In contexts where diagnostic labels determine access to support, this can lead to significant disparities.

Public critiques have also emerged. Kirby (2020) highlights concerns about the commercialisation of diagnosis, particularly in the UK, where some perceive dyslexia as an “invented” condition used by middle-class families to secure additional educational support. In this view, private psychologists are seen as complicit in legitimising these concerns in exchange for fees, contributing to scepticism and polarisation in public discourse.

Nevertheless, advocacy groups such as the British Dyslexia Association adopt a more integrative stance, recognising the interplay between biology, education, and environment (BDA 2023). This balanced approach supports the need for structured interventions without pathologising the learner and reflects a broader shift towards inclusive pedagogical strategies (Snowling et al. 2020).

2.3.2 Dyslexia as a learning difficulty

An alternative view situates dyslexia within a sociocultural and educational context, challenging the notion of it as a distinct neurobiological disorder. From this perspective, reading difficulties are not inherently pathological but arise from mismatches between learners’ profiles and the demands of formal literacy instruction (Elliott 2020; McBride 2021).

Correspondingly, Elliott (2020) has contested the scientific reliability of the dyslexia label. He argues that it lacks diagnostic precision and is used inconsistently across educational systems. Elliott and Grigorenko (2024) then proposed that focusing on literacy difficulties more broadly may be more effective than clinging to an ambiguous and politicised category. They suggest that a more equitable educational response would target all struggling readers, rather than creating arbitrary divisions between those who qualify for a dyslexia label and those who do not.

Some scholars conceptualise dyslexia as a social construct. Elliott and Gibbs (2008) argue that what we call “dyslexia” may simply be a reflection of societal expectations around reading proficiency, particularly in high-stakes systems that rely heavily on written assessment. Collinson and Penketh (2010) contend that these expectations can marginalise learners who do not conform to dominant literacy norms, reinforcing deficit-based narratives.

Recent research supports a more contextualised view. Catts et al. (2024) propose a multifactorial model in which biological predispositions interact with environmental and instructional influences. For instance, reading difficulties may be intensified or mitigated by the quality of early literacy experiences, teacher knowledge, and classroom engagement. Similarly, Protopapas and Parrila (2019) argue that difficulties often emerge in response to under-stimulating or inaccessible learning environments, rather than from stable internal deficits.

Importantly, this broader perspective accounts for inequalities in identification and support. As Maunsell (2020) and Kirby (2020) note, awareness, teacher training, and school resources significantly influence whether dyslexia is recognised and addressed. In Malaysia, for example, gaps in specialist knowledge and diagnostic tools limit support, while stigma continues to influence parental engagement (Oga and Haron 2012; Alias et al. 2015). These challenges highlight the importance of culturally relevant frameworks and inclusive practices.

While the debate remains unresolved, both perspectives emphasise that dyslexia cannot be understood in isolation from the systems that define, diagnose, and support it. Whether framed as a disorder or a difference, responses to dyslexia must move beyond rigid categorisations to address the lived realities of learners and their families.

2.4 Characteristics of dyslexia

Dyslexia presents a wide range of challenges, with symptoms varying across individuals and changing over time. While commonly associated with reading and spelling impairments, research indicates that dyslexia is a developmental condition with evolving characteristics across the lifespan (Speech and Language UK [no date]; Snowling 2008).

According to Gross and Voegeli (2007), dyslexia affects not only literacy skills, but also a broad spectrum of cognitive and perceptual processes. These include difficulties in forming associations between letters and sounds, remembering letter sequences for spelling, recognising familiar words, following instructions, and organising written work. Additional challenges include directional confusion (left-right), mispronunciations, and even difficulties with sequencing and basic mathematical operations (Shaywitz and Shaywitz 2005). Understanding these diverse manifestations is crucial for those interacting with the child including parents, teachers, and peers to provide meaningful and timely support. Although these challenges persist into adulthood, they are most prominently observed in early childhood, as younger individuals have not yet developed compensatory mechanisms to mitigate their literacy difficulties (Snowling and Hulme 2024).

Building upon this developmental perspective, Snowling's (2008) offered a stage-based view of how dyslexia emerges at different points in a child's growth. Early signs include delayed speech, weak phonemic awareness, and limited letter recognition. As children with dyslexia advance through school, these early difficulties become more pronounced, impeding reading fluency, writing, and spelling accuracy (Snowling et al. 2020). Table 1, adapted from Speech and Language UK (no date) and Snowling (2008), compares these symptoms across developmental stages, juxtaposed with the expected literacy milestones.

Table 1: Symptoms of Dyslexia Across Developmental Stages Compared to Typical Developmental Expectations

(Source: Adapted from Speech and Language UK [no date]; Snowling 2008)

Developmental Phase	**Symptoms of Dyslexia**	**Typical Development Expectations**
Preschool	Delayed speech	Begin to form simple sentences and follow simple instructions
	Poor expressive language	Clear articulation and expanding vocabulary
	Poor rhyming skills	Can recognise words that rhyme and enjoy rhyming games
	Little interest/difficulty learning letters	Curious about letters and may begin to recognise and name some of them
Early school years	Poor letter-sound knowledge	Start to understand the relationship between letters and sounds
	Poor phoneme awareness	Can identify and manipulate individual sounds in words (for example : the initial sound in "cat" is /k/.
	Poor word attack skills	Ability to decode simple words by sounding them out
	Idiosyncratic spelling	Begin to spell words phonetically, with errors reducing over time
	Problems copying	Accurately copy letters and simple words
Middle school years	Slow reading	Increasing reading fluency and comprehension
	Poor decoding skills when faced with new words	Confidence in decoding unfamiliar words and applying phonics rules
	Phonetic spelling	Improved spelling accuracy based on phonics and memorisation of high-frequency words
Adolescence and adulthood	Poor reading fluency	Ability to read fluently and efficiently across a variety of texts
	Slow speed of writing	Writing with speed and fluency appropriate for age
	Poor organisation and expression in written work	Structured and coherent written expression with logical organisation of ideas

As Table 1 indicate, variation in symptoms across developmental phases complicates attempts to define dyslexia using a single diagnostic model (Zoccolotti and Friedmann 2010). These developmental shifts highlight the necessity for early and sustained intervention, particularly in phonemic awareness and decoding. Without timely support, these difficulties often endure into adolescence, limiting reading fluency and comprehension (Catts et al. 2024).

Extending beyond basic literacy, the challenges associated with dyslexia also encompass broader academic and organisational tasks. As students progress through middle school and adolescence, many encounter difficulties with processing speed, written organisation, and expressive clarity, all of which contribute to academic setbacks and reduced confidence (Teik and Hui 2024). Despite access to phonics instruction, many students still struggle with orthographic processing and spelling accuracy (Teik and Hui 2024).

Moreover, dyslexia is increasingly associated with impairments in other cognitive domains such as numerical reasoning and motor coordination. These functions, which are partially supported by overlapping neural systems, also play a crucial role in educational achievement. Research has shown associations between dyslexia and difficulties in sequencing, mental arithmetic, and spatial awareness (Karande et al. 2007; Poulsen et al. 2017). Additional challenges with motor coordination, such as inefficient handwriting or difficulty in completing timed written tasks can further hinder classroom performance (Decarli et al. 2024).

In parallel, many children with dyslexia also contend with co-occurring neurodevelopmental conditions, complicating diagnosis and intervention. Studies estimate that 30 to 40 percent of individuals with dyslexia also meet the criteria for ADHD, dyspraxia, or dyscalculia (Erbeli et al. 2022; Catts et al. 2024). These overlapping conditions necessitate interdisciplinary evaluations and coordinated support systems. While not intrinsic to dyslexia, such comorbidities influence how the condition is expressed and responded to in educational contexts (Snowling et al. 2020).

Beyond academic and cognitive outcomes, dyslexia can significantly affect social-emotional development. Emotional struggles, such as anxiety, frustration, and withdrawal often emerge when reading challenges are unaddressed (Mugnaini et al. 2009; Livingston et al. 2018). These effects are particularly pronounced when children repeatedly experience failure without adequate support (Catts et al. 2024; Leslie et al. 2025). Research further indicates that social stigma exacerbates these feelings, especially among children who are reluctant to disclose their difficulties or reject support to avoid being labelled (Ingesson 2007; Ronksley-Pavia et al. 2019).

This emotional impact is reinforced by research on students' resistance to interventions due to fear of peer judgment. Leitão et al. (2017) found that the visibility of educational support often dissuades students from accepting help, which can deepen both academic and emotional challenges. Over time, these learners may avoid reading and writing altogether, reinforcing a cycle of disengagement (Karande et al. 2007). These findings suggest a need for integrated support that addresses both learning needs and emotional wellbeing (Poulsen et al. 2017).

To represent the complex and overlapping nature of dyslexia, Beamish (2020) introduced the metaphor "Wrestling with an Octopus" (Figure 1). This metaphor captures the multifaceted challenges faced by individuals with dyslexia, ranging from phonological difficulties to coordination and memory problems. It serves as a holistic representation of daily struggles many children and parents encounter.

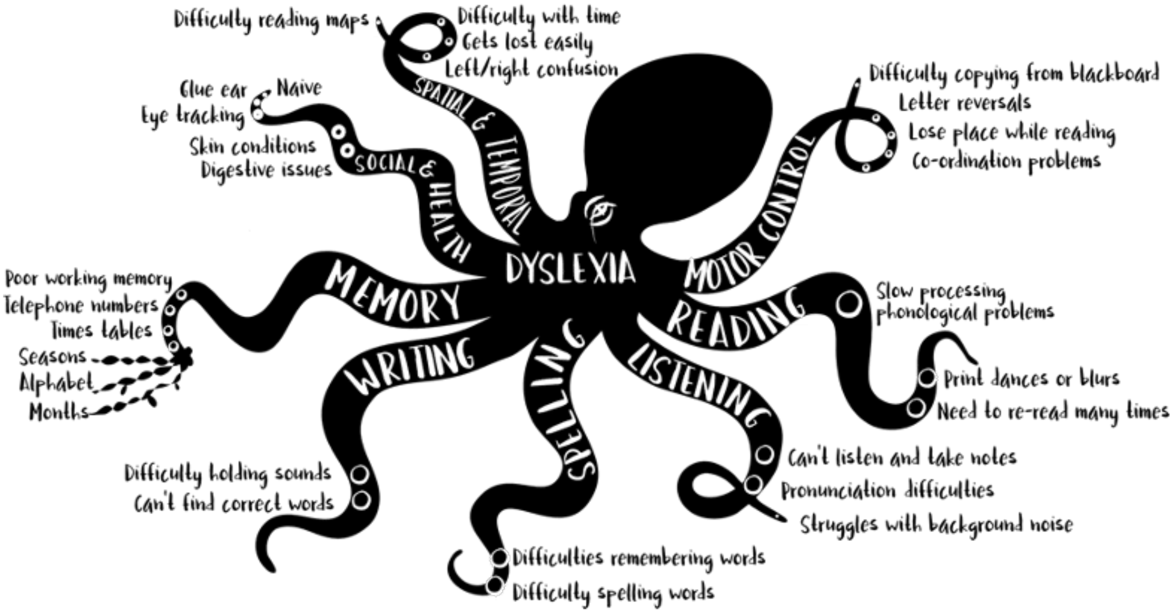

Figure 1: Illustration of Potential Areas of Difficulty for Someone with Dyslexia (Source: Beamish 2020).

Beamish’s metaphor reinforces the view of dyslexia as a multidimensional condition rather than a narrow reading disorder. It reveals how intersecting cognitive, emotional, and motor difficulties are often intensified by environmental barriers such as insufficient school support or lack of awareness (Leitão et al. 2017). This metaphor vividly illustrates how learners must simultaneously navigate a range of persistent and interconnected challenges, influencing their confidence, participation, and sense of belonging.

Among these challenges, phonological processing difficulties remain one of the most widely recognised features (Snowling 2000, updated 2019), which significantly hinders the ability to recognise, manipulate, and process the sounds of language (BDA 2015). Beamish (2020) pointed out that the deficits are particularly noticeable in tasks such as rhyme identification, word segmentation, and the management of irregular spelling patterns, as exemplified by words like “dough” or “cough”. These deficits can be observed before formal reading instruction begins and may persist over time, although some individuals develop coping mechanisms to manage their difficulties (Snowling 2020).

Finally, the frequent co-occurrence of dyslexia with conditions such as ADHD, dyspraxia, and dyscalculia warrants careful consideration in both assessment and intervention planning (Erbeli et al. 2022). Motor coordination problems, including poor handwriting fluency, further complicate learning, while overlapping symptoms may mask or amplify specific challenges (Decarli et al. 2024). As noted by Erbeli et al. (2022), early identification of these overlapping patterns is essential for providing tailored, holistic support for learners.

2.5 Diagnosis and early identification of dyslexia

Timely identification of dyslexia is critical to improving educational outcomes. Research has shown that early intervention significantly reduces the long-term effects of reading difficulties and supports more positive academic and emotional trajectories (Poulsen et al. 2022; Catts et al. 2024). However, recent policy documents and research indicate that, despite ongoing reforms, significant disparities remain in the early identification of dyslexia in both the UK and Malaysia (DfE 2024; Mohd Nabil et al. 2024). In Malaysia, for example, Mohd Nabil et al. (2024) highlight that early screening practices are inconsistent across regions, and that many educators lack access to culturally and linguistically appropriate assessment tools. Their review pointed out the urgent need for systematic, nationwide screening protocols and enhanced teacher training to ensure that children with dyslexia are identified and supported as early as possible. These findings align with broader calls for policy reform and resource allocation to bridge the gaps in early identification and intervention.

Researchers in the past have expressed reservations about diagnosing dyslexia before the age of seven, given the variability in early literacy development across children (Fawcett and Nicolson 1995; Riddick 1996). In traditional discrepancy-based models, dyslexia was often diagnosed by comparing a child's reading ability with their general intelligence, which delayed identification until significant academic struggles became evident (Fletcher 2009). Consequently, many children did not receive formal recognition or support until they had already experienced considerable reading failure, reinforcing the need for earlier screening measures (Rose 2009).

A growing body of research advocates for early dyslexia screening, contending that interventions during the formative years of literacy acquisition can substantially mitigate long-term reading difficulties (Rose 2009; Riddick 2010). These frameworks shift the focus from identifying deficits after failure to detecting at-risk indicators before difficulties become entrenched. Fletcher (2009) argues that structured assessments of phonological awareness, rapid automatised naming, and letter-sound correspondence can be effective predictors of later reading ability, thus allowing for earlier and more targeted interventions.

Adding weight to this argument, neurodevelopmental research has introduced the concept of the ‘dyslexia paradox’, a term used by Ozernov-Palchik and Gaab (2016) to describe the disjunction between early neurobiological markers of dyslexia and the late age at which formal diagnosis typically occurs. Their findings suggest that behavioural indicators and neuroimaging evidence can reveal atypical brain development as early as preschool, enabling proactive support before children experience educational failure.

The consequences of a delayed diagnosis extend beyond academic performance. Leitão et al. (2017) found that early identification reduces emotional distress for both children and parents, as it provides clarity on their difficulties and facilitates access to tailored support systems. Similarly, Parhiala et al. (2014) reported that children diagnosed at a younger age demonstrated higher self-esteem and lower anxiety levels, as they were able to access structured intervention strategies before their difficulties led to academic failure. Ross (2019) further highlights the role of early identification in empowering parents to more effectively engage with school systems, advocate for appropriate accommodations, and participate actively in their child's learning journey. The diagnostic process for dyslexia varies widely, with some families experiencing delays of several years due to a prevalent 'wait and see' approach, further complicating timely intervention (Harding et al. 2023).

Despite a growing consensus on early identification, the process remains contentious due to the lack of universally accepted diagnostic criteria. Definitions of dyslexia vary considerably across educational, clinical, and policy contexts, leading to inconsistencies in screening tools and eligibility for support (Elliott and Grigorenko 2014; Snowling et al. 2020). Bajaj and Bhatia (2019) argue that such inconsistencies can place a considerable psychological burden on families, especially when children receive conflicting assessments or are denied services due to rigid diagnostic thresholds.

2.5.1 Dyslexia diagnosis in the UK

The diagnosis of dyslexia in the UK is embedded within an extensive Special Educational Needs (SEN) policy framework designed to provide structured educational support for children with learning difficulties (Department for Education 2024). The Education Act 1981 established the legal recognition of SEN, later refined by the Special Educational Needs and Disability (SEND) Code of Practice (2015), which emphasises early identification and tailored interventions (Department for Education 2024). However, despite these legislative advancements, securing a formal diagnosis remains a significant challenge, particularly for children from disadvantaged backgrounds, as access to assessment and intervention services varies across regions (Harding et al. 2023).

Recent statistics reveal that over 1.6 million students in England are identified as having SEN, reflecting an increase of 101,000 pupils from the previous year (Department for Education 2024). Of these, 4.8 percent had an Education, Health and Care (EHC) plan, while 13.6 percent received SEN support (Department for Education 2024). Dyslexia is among the most frequently diagnosed learning difficulties; however, inconsistencies in diagnostic procedures persist across local authorities, leading to disparities in access to specialist support (Daniel et al. 2024). Kirby et al. (2024) highlight that the lack of standardisation in dyslexia assessments contributes to inequalities in educational provisions. A recent Delphi study on dyslexia assessment further raises concerns regarding the reliability of the current diagnostic frameworks, advocating for greater uniformity in assessment practices (Kirby et al. 2024).

Assessment methods for dyslexia in the UK typically involve cognitive and literacy-based evaluations, including the Wechsler Individual Achievement Test (WIAT), the Phonological Assessment Battery (PhAB), and the British Ability Scales (BAS) (Andresen and Monsrud 2022). However, access to these assessments remains inconsistent, with some children receiving school-based evaluations while others must pursue private assessments, exacerbating inequities in early diagnosis (Harding et al. 2023). Harding et al. (2023) also report that parents in the UK frequently perceive teachers as lacking sufficient knowledge and training in dyslexia, which undermines early identification and the provision of effective support. Knight and Crick (2021) argue that socioeconomic status and gender differences influence the likelihood of receiving a dyslexia diagnosis, with boys more frequently diagnosed than girls (DfE 2024).

Policy differences among England, Wales, and Scotland further contribute to variations in dyslexia diagnosis rates. Kirby et al. (2024) note that some English local authorities do not formally recognise dyslexia, while Wales and Scotland adopt more flexible diagnostic frameworks, allowing earlier identification and intervention. Consequently, Knight and Crick (2021) report that Wales and Scotland have a higher proportion of diagnosed students with dyslexia compared to England.

2.5.2 Dyslexia diagnosis in Malaysia

In contrast to the UK, dyslexia diagnosis in Malaysia remains considerably underdeveloped, largely due to policy gaps, limited screening tools, and inconsistencies in teacher training in special educational needs (Yunus and Ahmad 2022). Unlike the UK's structured SEN framework, Malaysia lacks a standardised nationwide dyslexia assessment system (Abd Rauf et al. 2021). Although Malaysia’s Education Act 1996 acknowledges learning disabilities, dyslexia is only broadly classified under this umbrella category. As a result, specific identification pathways and tailored interventions are often absent, leading to delays in diagnosis and support provision (Abd Rauf et al. 2018; Yunus and Ahmad 2022).

A significant impediment to early and accurate dyslexia diagnosis in Malaysia is in the limited awareness among educators. Faudzi and Cheng (2022) suggest that many teachers are unfamiliar with the apparent symptoms of dyslexia, frequently confusing them with general literacy difficulties. This lack of specialist knowledge is exacerbated by the absence of compulsory training in SpLD within teacher education programmes. As Che Pee et al. (2016) highlight, teachers’ limited preparedness often results in under-identification, particularly in early schooling where early intervention is most critical.

Studies indicate that Malaysian schools do not implement structured dyslexia screening programs, relying instead on broad remedial interventions that fail to address dyslexia-specific challenges (Abd Rauf et al. 2021). While screening tools such as DycScreen have been introduced to facilitate early detection, their implementation has been sporadic and largely confined to urban or resource-rich contexts (Asbury et al. 2020). Mohd Nabil et al. (2024) further critique existing screening methodologies in Malaysia, noting that many are outdated or not linguistically adapted to the multilingual context of the Malaysian education system. These limitations lead to inconsistent identification, with some students slipping through the cracks in the support systems due to inadequate diagnostic procedures.

Socioeconomic inequalities compound these challenges. Children in rural areas are disproportionately affected, as they often attend schools that lack both the personnel and infrastructure required to conduct assessments or implement targeted interventions (Dzulkifli 2023). In such settings, formal dyslexia diagnosis is rare, and students with learning difficulties are frequently misclassified or left unsupported. While non-governmental organisations such as the Dyslexia Association of Malaysia (DAM) have made notable efforts to raise awareness and provide services, their outreach remains limited by funding and regional access (Abd Rauf et al. 2021).

2.6 Experiences of parents of supporting a child with dyslexia

The experiences of raising a child with dyslexia have been widely examined in research, particularly concerning their emotional, psychological, and institutional challenges. Although dyslexia is often categorised as an SpLD, its ripple effects impact not only the learner but also the family system in which they are situated (Wilmot et al. 2022). Many parents experience heightened stress due to limited institutional support, placing additional emotional and financial burdens on families (Abd Rauf et al. 2021). These challenges are intensified in contexts with underdeveloped educational support systems, such as Southeast Asia, where research on parental experiences remains relatively sparse (Anthony et al. 2023).

2.6.1 Emotional and psychological challenges of parents

Parents of children with dyslexia often report heightened levels of stress, frustration, and guilt that affect both their psychological wellbeing and capacity to provide effective support (Alias et al. 2015a). More broadly, they would exhibit greater emotional exhaustion and stress compared to those of typically developing children (Cuzzocrea et al. 2016; Roskam et al. 2017; Schnabel et al. 2020). The complex demands of caregiving, compounded by systemic obstacles, frequently result in fatigue and diminished wellbeing. Many mothers initially experience denial following a diagnosis, shaped by cultural misconceptions and social stigma distinctive to parenting children with dyslexia (Chandramuki et al. 2012). These emotional responses are further intensified by prolonged efforts involved in educational advocacy, as parents repeatedly engage with schools, seek private assessments, or initiate interventions independently (Bonifacci et al. 2014).

Parents also face considerable financial strain, with the cost of raising a child with a disability estimated to be three times higher than that for typically developing children (Hu et al. 2015). This economic burden is especially acute for low-income families, who may need to reduce their working hours or leave employment entirely to meet caregiving demands (Ilias et al. 2018; De Paula et al. 2020). Difficulties in accessing health services, particularly in rural or underserved urban areas, exacerbate feelings of helplessness and stress (Mikolajczak et al. 2019).

However, variations in the intensity of parental stress have also been observed. Leslie et al. (2025) found that early support and timely interventions contribute to lower anxiety levels and increase parents' confidence in assisting their child. This finding aligns with Ross's (2019) research in the UK, where parents in resource-rich environments still encounter stress, largely due to inconsistent service provision and the challenges of navigating complex bureaucratic systems.

Concerns regarding children's long-term academic success and social integration emerge consistently across both the UK and Malaysian contexts. Alias et al. (2015) reported that many Malaysian parents worry about their child's prospects in mainstream education. Likewise, Riddick (1996) noted the emotional strain experienced by parents in the UK during the pursuit of diagnostic assessments and support services. Kirby (2020) further contends that while such concerns are cross-cultural, their manifestation is influenced by national policy frameworks, institutional responsiveness, and public awareness surrounding dyslexia.

The concept of emotional labour, originally formulated by Hochschild (1983) to describe the management of feelings in professional contexts, has been extended to parenting, particularly among families managing learning disabilities. Emotional labour in this setting involves regulating one's own emotions and managing those of others to meet societal and familial expectations (Lin and Szczygiels 2023).

Lin and Szczygiels (2023) study of parents with children who have special educational needs highlights the continuous effort required to convey calmness, optimism, and resilience, despite frequent experiences of stress, frustration, and isolation. This work includes surface acting, or modulating outward expressions, and deep acting, which involves the internal reframing of emotions to sustain a supportive caregiving environment. Crucially, their research highlights the gendered nature of this labour, with mothers assuming a greater share of emotional regulation and advocacy responsibilities, consistent with the findings of Laurin and Andersson (2024).

Applying the emotional labour theory to parenting can enhance understanding of the psychological demands faced by caregivers (Hochschild 1983; Lynch et al. 2009) and offers a useful framework for interpreting parental coping mechanisms and wellbeing within the context of supporting children with dyslexia. Recent research has further elaborated on the emotional labour experienced by parents and educators involved in supporting children with dyslexia. Dunne et al. (2024) highlight how teachers engage in reflective practice to manage the emotional demands of inclusive classrooms, often negotiating their own wellbeing alongside educational responsibilities. This interplay between parental and teacher emotional labour suggests a shared yet distinct burden that shapes the caregiving environment (Lin and Szczygiel 2023; Dunne et al. 2024). Mothers, in particular, often assume a protective role, mediating stigma and advocating persistently for their children, which intensifies psychological strain (Laurin and Andersson 2024; Smith et al. 2025). The gendered nature of this caregiving dynamic necessitates policy attention to support not only learners but also the emotional wellbeing of both parents and educators (Borelli et al. 2017; Smith et al. 2025).

While much of the literature focuses on the psychological burden borne by parents, feminist theorists such as Lynch et al. (2009) and Woodcock (2020) argue that this burden is not equally distributed. Rather, mothers are frequently positioned as primary caregivers and advocates, a dynamic that reflects the broader societal patterns of gendered care. This gendered division of emotional labour is often invisible in policy discourse, yet it fundamentally shapes both the experiences of families and the effectiveness of support systems.

2.6.2 Impact of parental stress on child development

Research grounded in Bronfenbrenner’s ecological model of development (1979) indicates that parental stress influences parent-child interactions, shaping children's emotional and cognitive development. Leitão et al. (2022) emphasise that parent-child interactions, shaped by stress and external constraints, significantly influence children’s cognitive and emotional development. Parental anxiety, particularly when unaddressed, can affect children's academic engagement, self-esteem, and resilience.

Recent studies further indicate that while sustained parental stress negatively impacts children’s academic and emotional wellbeing, the presence of parental allyship within educational settings can mitigate these effects by fostering collaborative advocacy and shared decision-making (Leslie et al. 2025). Allyship empowers parents to navigate systemic barriers more effectively and supports resilience within family systems (Wilmot et al. 2022; Leslie et al. 2025). These findings build upon earlier ecological models by illustrating how relational support buffers the adverse impacts of chronic stress (Leitão et al. 2022).

Nonetheless, not all the outcomes are uniformly negative. Pitt and Soni (2018) suggest that some children thrive despite parental stress, particularly when families employ adaptive coping strategies and receive external support. Even so, sustained emotional distress among caregivers has been linked to negative educational outcomes, highlighting the importance of systemic and psychosocial support for parents (Abd Rauf et al. 2021; Wilmot et al. 2022).

2.6.3 Institutional barriers to dyslexia support

Institutional structures play a significant role in shaping parents' experiences when supporting a child with dyslexia in the UK. Despite the established legal frameworks designed to ensure appropriate support, parents frequently express frustration with the practical implementation of these policies (Ross 2019).

One major source of this stress relates to navigating the often complex and bureaucratic processes involved in securing educational accommodations. Parents commonly rely on Special Educational Needs Coordinators (SENCOs), who play a uniquely complex and multifaceted role within schools, acting as critical intermediaries between families, school staff, and external agencies (Curran et al. 2018; Curran and Boddison 2021). Due to ambiguous and locally variable interpretations of SEN policy, formal application procedures, such as those for Education, Health and Care Plans (EHCP) can be particularly challenging for parents to navigate without expert support. Consequently, SENCOs are perceived as expert advocates who guide families through these procedures, highlighting the importance of their advocacy and collaborative functions in ensuring positive outcomes for children with additional needs (Curran and Boddison 2021).

In addition to these procedural barriers, the social positions of parents and teachers further complicate institutional engagement. Drawing on Bourdieu's (1989) theory of social capital and habitus, research demonstrates that interactions between parents and professionals are shaped by underlying power dynamics and cultural capital. For example, parents with prior experience in education often feel more confident and assertive in their dealings with teachers, whereas others, particularly those unfamiliar with educational systems may feel compelled to ‘fight’ for recognition and support, experiencing these interactions as adversarial (Ross 2019). This power imbalance reinforces the lack of clarity in parental roles within frameworks such as the SEND Code of Practice (DfE 2015) and the Children and Families Act 2014, where parents are formally consulted but the design and implementation of support measures remain largely in the hands of educational professionals. These findings echo Craston et al. (2013), who found that parents’ difficulties in engaging with professionals, and feelings that their views were not heard, persist despite legislative intentions to promote partnership.

Similarly, Leslie et al. (2025) described cases in which parents resorted to legal action due to inadequate support from schools, revealing a gap between policy intentions and actual implementation. Harding et al. (2023) also highlight a notable disconnect between school support and parental involvement, which increases the burden on parents to provide support due to perceived inadequacies in school provision.

Socioeconomic disparities further exacerbate difficulties in accessing diagnoses and support, with families from less-advantaged backgrounds facing greater challenges and poorer outcomes (Harding et al. 2023). In Malaysia, the challenges are markedly different yet no less significant. Research by Faudzi and Cheng (2022) revealed that less than 25 percent of trainee teachers felt confident in identifying dyslexia, which limits the chances of early intervention. This is further complicated by the lack of standardised screening tools and trained personnel in many schools. Based on a study by Abd Rauf et al. (2021), Malaysian primary schools do not have access to proper diagnostic tools, which often forces parents to resort to expensive private assessments or rely on informal advice from peers or advocacy groups.

Additionally, current screening practices in Malaysia are still based on a remediation model that focuses on fixing perceived deficits rather than embracing a neurodiversity approach that recognises diverse learning profiles and potential strengths (Rahman and Woollard 2019). As a result, support systems often fail to meet the individual needs of children with dyslexia. This lack of personalisation can leave parents feeling unsupported and overwhelmed. These structural issues highlight not only a lack of resources, but also inequalities in how dyslexia is recognised and addressed. In many cases, Malaysian parents must take full responsibility for navigating a fragmented and underdeveloped support system, adding further emotional and financial strain.

2.6.4 Cultural influences on parental experiences

Cultural perceptions of dyslexia profoundly shape how parents interpret their child's diagnosis and their subsequent willingness to seek support. Alias et al. (2015) found that many Malaysian parents hesitate to pursue formal dyslexia assessments due to social stigma, which often results in delayed intervention. Similarly, Oga and Haron (2012) observed that dyslexia remains widely misunderstood within Malaysian communities, with extended family members frequently discouraging parents from accessing professional assistance.

These experiences are not uniform across Malaysia. Wilmot et al. (2022) report that dyslexia awareness is growing in urban areas, particularly among families with higher education levels and greater access to digital information. Conversely, rural communities continue to face significant barriers, including limited exposure to accurate information regarding dyslexia, compounding the impact of stigma and misinformation.

Building on these insights, Laurin and Andersson (2024) demonstrated how mothers of neurodivergent children perform considerable emotional and informational labour to navigate fragmented education and care systems, where cultural expectations and traditional gender roles intensify these challenges. Borelli et al. (2017) further highlight the gendered dimension of emotional labour within multicultural families, reinforcing the critical role of emotional support as a key aspect of caregiving. These recent contributions deepen earlier conceptualisations by situating parental experiences within broader socio-cultural and evolving policy contexts.

When examined collectively, these perspectives illustrate the importance of considering cultural and gendered factors when designing support systems for parents of children with dyslexia. They point to the need for culturally responsive approaches that acknowledge how societal norms and family dynamics influence parental advocacy and engagement.

2.6.5 The role of technology in parental support

The integration of digital platforms has introduced new possibilities for parental support, particularly in contexts in which in-person resources are scarce. In the UK, Ross (2020) observed that online resources, ranging from assistive technology guides to parent forums have become a vital support network, offering parents both practical advice and emotional solidarity.

In Malaysia, however, access to such digital tools is uneven. Che Pee et al. (2016) found that while urban parents benefit from tools like ‘DycScreen’ and online support groups, rural families often face infrastructural barriers, including poor internet connectivity and digital illiteracy. DycScreen is an easy-to-use, cross-platform test that helps identify possible dyslexia in Malaysian children aged 9 to 12 years by assessing key skills through both child and caregiver input (Che Pee et al. 2016). Peer support, while proven to be effective in reducing parental isolation and increasing knowledge, is largely concentrated in more affluent or urbanised settings (Abd Rauf et al. 2021).

2.7 Dyslexia in a multilingual context

The identification and support of dyslexia in multilingual contexts involves additional complexities that are often underestimated in mainstream diagnostic models. Much of the foundational research on dyslexia has emerged from English-speaking, monolingual contexts, which limits its generalisability to linguistically diverse societies such as Malaysia and the UK (Lopes et al. 2020). These limitations have consequences not only on how dyslexia is conceptualised but also on how it is assessed and addressed within educational systems.

A critical linguistic variable in this context is orthographic depth, which refers to the transparency of the relationship between written symbols and their corresponding sounds. English is classified as an orthographically deep language due to its irregular and inconsistent spelling-sound relationships. In contrast, Malay is orthographically shallow, with a highly regular phoneme-grapheme correspondence (Daniels and Share 2018; Snowling et al. 2020). This distinction matters because the presentation of dyslexia varies with language structure. For instance, decoding difficulties may be more pronounced and observable in English than Malay.

Consequently, children learning in transparent orthographies may be overlooked by screening tools designed for English-language contexts, while English learners may be overidentified due to the language’s inherent complexities (Lopes et al. 2020).

These differences in orthographic structures have practical implications for assessment. In Malaysia, diagnostic tools are often imported or translated, raising questions about their cultural and linguistic relevance. Locally adapted screening instruments in Malay, Mandarin, or Tamil remain limited (Abd Rauf et al. 2021), making it difficult for educators to distinguish between true learning difficulties and the challenges arising from language exposure. The absence of appropriate tools delays diagnosis and reduces access to support, particularly in public schools with a limited specialist provision.

Emerging research highlights that these diagnostic challenges are not unique to Malaysia but are also evident in multilingual contexts such as the UK. There is a growing recognition of the need for culturally responsive and linguistically sensitive assessment tools that can accurately identify dyslexia in children exposed to multiple languages (Yunus and Ahmad 2022; Lopes et al. 2023). Without such tools, educators may misattribute literacy difficulties to either second-language acquisition or cognitive processing issues, resulting in misdiagnoses or delayed interventions.

The challenge is further compounded by multilingualism itself. In Malaysia, children are frequently exposed to multiple languages at home and in school. In such settings, it can be difficult to distinguish dyslexia from limited proficiency in a second or a third language. For example, a child exposed to both Malay and English may acquire decoding skills in one language while struggling with another language. Without context-sensitive assessment, educators may misattribute difficulties to second-language acquisition rather than a cognitive processing issue, or vice versa (McBride 2019; Yunus and Ahmad 2022).

This diagnostic uncertainty is mirrored in the UK. Although there is greater institutional recognition of multilingual learners in the context, the implementation of inclusive assessment strategies remains uneven. Some local authorities provide access to bilingual screening tools and specialist support staff, while others continue to rely on standardised English-based assessments that disadvantage children from non-English-speaking homes (Knight and Crick 2021). These inconsistencies place the burden of advocacy on parents, many of whom may not be familiar with the educational system or fluent in English. In such contexts, parents who are less confident navigating institutional structures may struggle to access timely assessments or appropriate interventions (Ross 2019).

Beyond assessment, cultural attitudes toward disability and language also influence how dyslexia is perceived and addressed. In Malaysia, there remains the widespread misconception that dyslexia stems from laziness or poor discipline. Academic achievement is highly valued, and reluctance to label a child with learning difficulty persists due to fear of stigma (Oga and Haron 2012; Alias et al. 2015). These cultural barriers discourage early identification and reduce parental engagement with support services. In the UK, particularly among migrant communities, parents may encounter similar difficulties, including language barriers, unfamiliarity with available services, and concerns about stigma within their cultural communities.

In both settings, these social and structural factors demand a more inclusive and culturally responsive approach. Scholars argue for moving beyond deficit-based models to adopt strengths-based frameworks that recognise the cognitive, linguistic, and social benefits of bilingualism, even among learners with dyslexia (McBride 2019). This perspective challenges the prevailing assumption that multilingualism is a barrier and instead views it as a resource that can be harnessed within educational interventions. These challenges also highlighted the need for more inclusive, linguistically sensitive diagnostic frameworks that reflect the realities of multilingual learners and their families, particularly in countries like the UK and Malaysia where educational equity remains uneven.

Parental expectations also play a crucial role in shaping responses to dyslexia. In many Asian contexts, including Malaysia, academic achievement is closely tied to the cultural values of family honour and parental competence. High educational attainment is not only a personal milestone, but also a reflection of the family's social standing and the parent's efficacy (Yamamoto and Holloway 2010). These cultural imperatives place considerable pressure on parents to engage actively in their child's education. When learning difficulties such as dyslexia emerges, the emotional burden intensifies, influencing how parents interpret their child's needs, seek support, and advocate within educational institutions, especially where systemic provisions are inconsistent or lacking.

2.8 Media representations of dyslexia

A growing body of research recognises the influential role of media in shaping public perceptions of dyslexia, although this area remains underexplored in academic discourse. Elliott and Grigorenko (2014) observe that media narratives frequently highlight dyslexia in association with high intelligence and exceptional achievements, often citing famous figures such as Albert Einstein or Richard Branson. This ‘media dyslexic’ trope, as termed by Stanovich (1994, p.588), contributes to the popular myth that dyslexia is a marker of giftedness, a portrayal that may distort public understanding and create unrealistic expectations.

Riddick (2010) similarly found that many parents hold the misconception that dyslexia is linked to high IQ, a belief that is likely reinforced by media emphasis on celebrated role models with dyslexia. From a sociocultural perspective, Collinson (2016) argues that these media portrayals function as a form of identity construction, allowing individuals with dyslexia to resist stigma by aligning themselves with positive, exceptional figures rather than deficit-based labels. This phenomenon also serves as a coping mechanism for children and families navigating educational challenges (Riddick 2010).

Furthermore, the concept of ‘dyslexic advantage’, which associates dyslexia with creativity and entrepreneurial success, is prominently featured in media narratives and advocacy organisations, such as Made by Dyslexia (2017), thereby reinforcing a discourse that posits individuals with dyslexia as valuable contributors to society (Eide and Eide 2012; Gabriel 2018). Despite these positive portrayals, research highlights concerns that media coverage often simplifies or sensationalises dyslexia, overlooking the everyday complexities faced by learners and families (Simblett 2021; Stevenson 2024). Riddick (2010) also emphasises that many parents first encounter information about dyslexia through media channels, highlighting the critical role of media in initial awareness and identity formation. This highlights the need for more comprehensive and accurate media representations to support a broader understanding of dyslexia in educational and social contexts.

2.9 Stigmatisation of learning disabilities

The stigmatisation of learning disabilities, including dyslexia, continues to influence how individuals and families experience education and society more broadly. Drawing on Goffman's (1963) foundational theory of stigma, dyslexia can be understood not only as an individual challenge but also as a socially constructed condition that becomes negatively marked through cultural and institutional discourses. This process often extends beyond the individual to encompass families, particularly parents, who must navigate societal judgement and systemic obstacles as they advocate for appropriate recognition and support (Franklin et al. 2021).

Historical narratives surrounding learning disabilities have reinforced deficit-based perceptions, positioning individuals with such difficulties as burdens to formal education systems. Winzer (1993) observes that even as provisions for special education expanded during the 19th century, dominant discourses continued to frame these learners as deficient. Although there has been a gradual shift toward inclusion, residual stigma remains deeply embedded in many educational environments. Riddick (2010) notes that individuals with dyslexia often feel comfortable acknowledging their diagnosis in private, yet hesitate to disclose it publicly due to fears of being perceived as unintelligent or incapable.

Building on this, Ingesson (2007) found that children frequently conceal their learning difficulties in early education, seek to blend in with peers, and avoid unwanted attention. As learners progress through adolescence, this behaviour often continues, driven by heightened awareness of peer judgement and a desire to avoid ridicule (Ronksley-Pavia et al. 2019). Rather than reflecting individual preferences, such concealment emerges as a response to the stigmatising environment in which support for learning difficulties is often framed as remedial or exceptional.

The consequences of stigma-induced non-disclosure can be significant. Several participants in Ingesson's (2007) study described avoiding specialised support services, even when such services could have enhanced their academic experience. Raskind et al. (2006) similarly found that some students declined formal accommodations, such as additional time in examinations to maintain social conformity. Leitão et al. (2017) reinforce this pattern, reporting that children often reject 'special help' due to its association with inadequacy. While understandable, these decisions can reinforce a cycle of disengagement and internalised self-doubt. Burden and Burdett (2005) highlight how younger children in particular struggle to develop a sense of self-efficacy, whereas older students may adopt a more resilient outlook if they receive sustained support.

Stigma does not only affect children. It also significantly shapes parental experience, especially among mothers, who frequently take on primary caregiving and advocacy responsibilities. Kirby (2020) argues that while parental advocacy is central to gaining recognition and resources, it is often interpreted through a critical societal lens. Mothers in particular are labelled as overbearing or opportunistic, especially when seeking formal diagnoses or school-based accommodations (Haft et al. 2022). Franklin et al. (2021) observe that such scrutiny frequently translates into implicit blame, with parental competence and commitment being called into question. This dynamic reflects longstanding gendered assumptions about caregiving and reinforces additional layers of emotional stress.

The decision to disclose a diagnosis is further complicated by the invisibility of dyslexia. According to Goffman (1963, p.42), conditions that are not immediately visible fall under the category of “discreditable” stigma, requiring individuals to decide when and how to disclose. Darling (2019) explains that while concealment may shield families from social stigma in the short term, it also limits access to support and accommodations. This trade-off highlights the emotional strain parents face as they weigh their child’s educational needs against potential social judgment.

The extent and form of stigma are also shaped by cultural context. In the UK, despite increased institutional recognition of dyslexia, parents from minority or migrant backgrounds continue to face challenges in navigating educational systems that may not be culturally responsive (Ross 2019). In Malaysia, public awareness of dyslexia remains limited, and cultural norms surrounding academic success often reinforce stigma. Oga and Haron (2012) report that individuals with dyslexia often face negative societal perceptions, including experiences of public embarrassment and scepticism. Such responses may discourage families from acknowledging the diagnosis or seeking support, contributing to a broader pattern of stigma surrounding learning difficulties. The role of stigma has been widely recognised as a barrier to early intervention, particularly in cultural contexts where academic achievement is closely tied to family reputation (Yamamoto and Holloway 2010; Alias et al. 2015; Abd Rauf et al. 2021). These findings suggest that social understanding of dyslexia remains a significant determinant of help-seeking behaviour and access to support.

Beyond social perception, stigma has psychological consequences for both children and their caregivers. Haft et al. (2022) link persistent exposure to stigma with increased anxiety, reduced self-esteem, and heightened parental stress. Thomas (2025) offers an important theoretical extension by conceptualising stigma as an “interactional phenomenon”, which is not merely imposed by society but actively negotiated through everyday interactions with teachers, health professionals, and communities. Gabel and Danforth (2008) support this view, noting that parents often internalise negative judgements, leading to guilt or uncertainty about their parenting practices. Nevertheless, many families have pushed back against these narratives. Franklin et al. (2021) document examples of parents who challenge stigma by reframing dyslexia as a learning difference rather than a deficit, although their efforts are often met with structural resistance.

Although this body of literature reveals the widespread impact of stigma, there is a notable gap in comparative research that explores how these dynamics differ across cultural and institutional settings. Most studies have focused on individual or national contexts, offering limited understanding of how parents in different countries perceive, manage, and resist stigma. This study seeks to address this gap by examining parental experiences in both the UK and Malaysia, providing a cross-cultural perspective that has been largely absent in the current discourse.

2.10 Implications of Covid-19 pandemic for children’s schooling

The COVID-19 pandemic, declared a global health emergency by the World Health Organisation (WHO) on 11th March 2020, prompted unprecedented disruptions across educational systems worldwide. Among the most affected were children with learning difficulties, including those with dyslexia, who depend on consistent, structured, and often face-to-face pedagogical support. While necessary public health measures such as school closures were vital to contain viral transmission, they unintentionally deepened existing educational inequalities and revealed critical gaps in support infrastructure.

School closures, coupled with the rapid shift to online learning, disproportionately affected learners from socio-economically disadvantaged households and those with special educational needs and disabilities (SEND). Engzell et al. (2021) observed a significant learning loss across age groups, with students from lower-income backgrounds experiencing minimal or no academic progress. Younger learners, in particular, struggled to adapt to remote education models that lacked predictability, interactivity, and teacher presence on which early literacy development relies (Di Pietro et al. 2020).

In addition to academic regression, the social-emotional effects of prolonged isolation and disruption are far reaching. Children have lost access not only to classroom learning but also to essential routines, peer interaction, and teacher support. Research by Asbury et al. (2020) highlights a surge in anxiety, loneliness, and behavioural problems among young learners, effects which were especially pronounced for children with SEND who were already vulnerable to school exclusion or academic underperformance. Notably, children with dyslexia found themselves particularly disadvantaged, as the withdrawal of school-based services, including individualised support and specialist instruction, left them without tailored interventions at a critical stage in their development (Orgilés et al. 2020).

Furthermore, the pandemic exposed and intensified structural inequities such as the digital divide. Remote learning environments require access to reliable internet and digital devices, which are not uniformly available across households. Di Pietro et al. (2020) and Engzell et al. (2021) argue that these resource gaps not only limited participation in learning activities but also widened pre-existing achievement gaps. For many children, particularly those with undiagnosed learning needs, the absence of standardised assessments during the pandemic delayed both identification and intervention, exacerbating long-term outcomes.

Crucially, the pandemic disrupted dyslexia assessment pathways. With in-person services suspended, many children missed the opportunity for early diagnosis, creating what Ross (2019) has termed a “lost cohort”, referring to students who aged out of assessment windows without ever receiving formal support. Kerr et al. (2021) reported a sharp increase in waiting times for diagnostic services, while Snowling et al. (2020) raised concerns about the reliability of virtual assessments, which often lack the sensitivity required to identify complex learning difficulties. These compounded delays not only stalled academic progress but also placed additional pressure on families already navigating uncertain educational environments.

Building on the broader educational challenges outlined above, the following section focuses on the experiences of children with dyslexia during the pandemic. It situates their academic and emotional struggles within the wider context of parental support, home-school relations, and systemic limitations.

2.10.1 The impact of Covid-19 pandemic on children with dyslexia

The educational barriers posed by COVID-19 have had a disproportionate effect on children with dyslexia (Asbury et al. 2020). This group requires multisensory, structured, and continuous instruction to support their learning. Unfortunately, such instructional elements were largely absent from most remote learning platforms, exacerbating existing challenges (Parhiala et al. 2014; Ross 2019; Asbury et al. 2020; Snowling et al. 2020; Kerr et al. 2021). While digital tools offered some degree of continuity, most were not designed to accommodate neurodiverse learners. As a result, many children with dyslexia experienced stagnation or even regression in their academic development (Ross 2019; Snowling et al. 2020).

Independent learning, a skill often required in online education posed a substantial hurdle for these students. Parhiala et al. (2014) found that children with dyslexia typically need close instructional support to process written materials, decode unfamiliar words, and follow complex instructions. These supports were markedly reduced in remote environments. Meanwhile, parents were thrust into the role of informal educators, often without the knowledge, resources, or training required to provide effective assistance. Asbury et al. (2020) found that many parents of children with SEND reported feeling overwhelmed, particularly those unfamiliar with dyslexia-specific strategies.

Kerr et al. (2021) also observed that the reliance on text-heavy learning materials in remote instruction exacerbated literacy challenges, placing additional cognitive load on children with dyslexia. The absence of in-school interventions such as phonics-based programs, guided reading, and peer-assisted learning meant that students missed out on the very tools designed to mitigate their difficulties. Snowling et al.

(2020) argue that without regular, evidence-based instruction, progress in reading fluency and comprehension is likely to halt or reverse.

Psychosocial outcomes mirrored these academic setbacks. The removal of teacher mentoring and social learning environments led to heightened feelings of frustration, loneliness, and anxiety. Research by Parhiala et al. (2014) and Asbury et al. (2020) suggests that children with dyslexia, who already report lower self-esteem than their peers, experienced worsening mental health during the pandemic. In the absence of structured routines and affirming educational relationships, many children disengaged from school altogether, further entrenching their educational exclusion.

Importantly, the parental role in mitigating these effects cannot be overlooked. However, as highlighted in Section 2.8, stigma surrounding learning disabilities compounded parental stress, particularly in Malaysia where public awareness of dyslexia remains limited (Oga and Haron 2012). In contrast, while parents in the UK had greater access to virtual resources and SEND support forums, access remained uneven and often depended on school-level leadership or local authority provision (Ross 2019). In both contexts, the pandemic revealed the an urgent need for scalable, accessible, and inclusive educational strategies capable of supporting children with dyslexia beyond the classroom.

2.11 Conclusion

This chapter has examined how dyslexia has been historically constructed, defined, and experienced across a range of disciplines and cultural settings. The discussion began by tracing its origins in 19th-century medical frameworks, where early definitions were shaped by neurological and ophthalmological assumptions. These early interpretations still influence contemporary understandings, though there has been a significant shift toward recognising dyslexia as a developmental condition shaped by both individual and environmental factors.

The chapter then explored ongoing debates around the definition of dyslexia. It highlighted the lack of a single, agreed definition and the tension between deficit-based models, which emphasise cognitive impairments, and difference-based approaches, which situate dyslexia within broader educational and social contexts.

These debates carry practical consequences that influence how learners are assessed, supported, and perceived in policy and practice.

The chapter also addressed the specific challenges of identifying and supporting dyslexia in multilingual contexts such as the UK and Malaysia. This emphasises how linguistic diversity, limited culturally appropriate assessment tools, and structural inequalities lead to significant variations in the diagnosis and support of children with dyslexia. In both countries, inconsistencies in policy implementation and teacher training have been shown to contribute to under identification or misdiagnosis.

To explore the developmental characteristics of dyslexia, the discussion challenges the idea of a static or uniform profile. Instead, it presented dyslexia as a condition that changes across the life course and often coexists with other cognitive and emotional difficulties. This complexity requires flexible and sustained support strategies that respond to learners’ evolving needs.

The role of parents emerged as central to advocating for their children, often compensating for institutional gaps. The emotional and practical burdens of navigating educational systems are compounded by stigma that affects both children and families. Cultural narratives and social expectations around disability and academic performance have been shown to shape how dyslexia is understood, disclosed, and supported.

The impact of the COVID-19 pandemic added an urgent dimension to these issues. Disruptions in schooling, assessment delays, and reduced access to specialist services disproportionately affect learners with dyslexia. The pandemic has highlighted how fragile and uneven existing support structures are, particularly for families already marginalised by social and economic disadvantage.

Overall, this chapter has argued that dyslexia should not be viewed as a fixed category, but as a socially and institutionally shaped experience. Definitions, identification practices, and support systems are all influenced by broader cultural, linguistic, and policy contexts. The findings provide a foundation for the next chapter, which will examine the policy frameworks and educational practices that govern dyslexia support in the UK and Malaysia.

Chapter Three: Policy and Practice Comparisons: UK and Malaysia

While the previous chapter focused on conceptualising dyslexia, this chapter critically examines how policy frameworks in the United Kingdom and Malaysia shape the provision of support for children with dyslexia. It builds on the conceptual understandings established in the previous chapter by shifting the focus to institutional responses, examining how dyslexia is addressed through national education systems, policy directives, and classroom practices.

The discussion begins by analysing the UK's legislative and policy developments, including the SEND Code of Practice and recent funding reforms, which have structured how dyslexia is identified and supported in schools. It then turns to the Malaysian context, tracing the evolution of special education policy from the colonial period to the present day. This includes an assessment of formal commitments such as the Zero Reject Policy and the Special Education Integration Programme, while also identifying the structural and professional barriers that limit implementation.

A central argument of this chapter is that, although both countries have taken steps towards inclusion, translating policy into practice remains uneven. Key issues such as the availability of diagnostic services, the adequacy of teacher training, and the consistency of support across regions reveal significant gaps between stated commitments and everyday realities. These implementation challenges not only impact service delivery but also shape how parents experience and engage with education systems in seeking support for their children.

The final section of the chapter presents a comparative analysis of the UK and Malaysia, identifying shared challenges and context-specific differences. This comparison draws attention to how legal structures, funding models, and cultural understandings of disability influence parental involvement and access to services. In doing so, the chapter lays the groundwork for the next stage of the thesis, which focuses on parents' lived experiences and the supports they receive within these policy contexts.

3.1 Relevance of policy review: Considerations for this study

Although it is difficult to isolate the specific influence of national policy on how individual parents interpret dyslexia, the broader educational and policy context provides an important backdrop to parental advocacy. As established in Chapter 2, parents often act as frontline advocates for their children's educational rights, navigating systems that are shaped by legal frameworks, institutional structures, and the involvement of civil society organisations. In both the UK and Malaysia, non-governmental organisations such as the British Dyslexia Association (BDA) and Persatuan Dyslexia Malaysia (PDM) play significant roles in supporting families and engaging with education authorities on matters of access, assessment, and intervention.

The literature suggests that well-structured policy frameworks support equitable access to resources and enhance collaboration between families and educational institutions (Hellawell 2022). However, disparities in implementation remain a persistent concern. In the UK, for example, the Centre for Social Justice (2023) highlights ongoing issues such as inconsistent provision across local authorities, limited funding for specialist services, and bureaucratic delays that disproportionately affect families from disadvantaged backgrounds. Similar implementation gaps have been observed in Malaysia, where inclusive education policies are often unevenly applied across urban and rural regions (Abd Rauf et al. 2021).

Despite substantial academic attention to policy content and design, comparatively little research examines how parents, especially those from marginalised socio-economic groups engage with and navigate these systems.. This represents a critical gap in the literature. By examining parental experiences in both countries, this study contributes to understanding how inconsistencies in policy interpretation and delivery affect families' efforts to obtain support for their children. In doing so, it draws attention to the ways in which policy frameworks shape not only institutional practice, but also the everyday realities of those seeking access to inclusive education.

To contextualise these gaps, the following sections examine how dyslexia-related policies and practices have evolved within the United Kingdom. This includes both legislative developments and practical mechanisms that shape parental access to educational support.

3.2 Dyslexia in the UK

This section presents an overview of dyslexia-related policies and practices across the UK, with a particular focus on England and Wales, as participants from these two nations are represented in this study. Recent statistics indicate that approximately 1.6 million children in England have been identified as having Special Educational Needs (SEN), representing an increase of 101,000 from the previous year (DfE 2024). In Wales, a longitudinal cohort study revealed that 47.9 percent of children born between 2002 and 2003 were identified with Additional Learning Needs (ALN) at some point during their schooling (Davies et al. 2024). These figures reflect the scale and complexity of educational needs across different UK contexts and serve as a starting point for exploring how policy frameworks affect support for children with dyslexia.

3.2.1 UK at a glance

The United Kingdom (UK), located in north-western Europe, comprises four constituent nations: England, Scotland, Wales, and Northern Ireland. Each nation has its own distinct identity, cultural heritage, and political institutions (Britannica 2025). The UK is widely recognised for its historical significance and global influence, particularly in areas such as governance, law, and education (Cannadine 2017).

The country operates under a constitutional monarchy and parliamentary democracy, where the King serves as the ceremonial head of state and the Prime Minister leads the government. The current UK monarch is King Charles III (UK Parliament 2025). Legislative authority is exercised through a bicameral Parliament consisting of the House of Commons and the House of Lords, making it one of the oldest parliamentary systems in the world (Bogdanor 2019).

In terms of education, the UK does not operate under a unified national system. Although the four nations share a common central government, key areas such as education are devolved. As a result, each nation is responsible for developing and implementing its own education policies and legislative frameworks, leading to the establishment of distinct systems across England, Scotland, Wales, and Northern Ireland (Cannadine 2017).

3.2.2 UK’s education policy and practice for dyslexia

To understand the current policy and practice in relation to dyslexia provision in the UK, it is important to explore the history of legislation in relation to the education of children with Special Educational Needs and Disability (SEND) within the UK. The UK's approach to Special Educational Needs and Disabilities (SEND) has evolved significantly over the past century. Early frameworks, such as the Education Act 1944, categorised children with SEND as “handicapped” and typically placed them in segregated institutions (Education Act 1944).

Substantial change was slow until the publication of the Warnock Report in 1978. Prior to this, children with disabilities were often labelled as “maladjusted” or “educationally sub-normal” and educated separately from their peers. Apart from not being included in their local schools and local community, their voices were also systematically overlooked. The Warnock Report (1978) introduced the concept of Special Educational Needs (SEN) and proposed a continuum of need by advocating for an inclusive education model, stressing the importance of parental engagement in the decision-making process. This was a significant move away from the medical model of disability, steering UK policy towards a more socially inclusive framework. While hailed as progressive, the report faced criticism for continuing to position disability within a framework of individual impairment, rather than addressing structural barriers in schools (Glazzard 2013).

The Education Act 1981 codified many of Warnock’s recommendations, introducing Statements of Special Educational Needs (SSEN) and placing a statutory responsibility on local authorities to coordinate multidisciplinary assessments and provide support for children with complex needs. This has positioned local authorities as both gatekeepers and facilitators of access (DfES 2001; Crawford et al. 2022). However, subsequent evaluations questioned the consistency of the implementation and highlighted the bureaucratic burden on the families.

The National Curriculum, introduced in 1988, aimed to standardise access to a broad and balanced education. However, critics have noted that its rigid structure left insufficient room for differentiated learning (Ball 1994; White 2004). The SEN and Disability Act (SENDA) 2001 marked a significant milestone by extending legal protection to learners with disabilities, and introduced a duty on schools and higher education institutions to make reasonable adjustments to avoid discrimination (Norwich 2014). Although this was a step forward, the practical meaning of "reasonable adjustments" varied widely between institutions.

International frameworks have also influenced UK policies. In 1989, the United Nations Convention on the Rights of Children (UNCRC) officially granted children fundamental rights to express their views and to be involved in decisions affecting them (Article 12 UNCRC). Similarly, the UN Convention on the Rights of Persons with Disabilities (UNCRPD), particularly Article 24, enshrined the right to inclusive education for individuals with disabilities (De Beco 2014; Degener 2016). This is stated in Article 12 of the UNCRC as follows:

> “States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child”
>
> (Article 12 UNCRC).

This document has significant implications for policy development, prompting a comprehensive review of legislation and policies related to the rights of all types of disability, including dyslexia. According to Article 24 of the convention, individuals with disabilities, including dyslexia, have a right to inclusive education (De Beco 2014). This suggests that children with dyslexia should be included in mainstream education, with appropriate support in place to enable them to engage with learning effectively. The UK government ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2009 and was thereby obligated to uphold its tenets through national policy and practice (UK Initial Report 2011). Yet, despite recognition of the rights of children and parents to participate in the SEN assessment process by SENCoP 1994 and its revised version in 2001, the statutory assessment process associated with obtaining an SSEN did not achieve this participatory ideal (Martin and White 2012).

The Special Educational Needs New Code of Practice in 2001 was then was put into action to provide a practical guide to assist in the implementation of the Act. This document was designed to offer advice on effective practices, detailing how educational institutions might fulfil their duties under the SENDA legislation (DfES 2001). The Department for Education (DFE) suggested for schools to meet a child's SEN (Special Educational Needs) by following a staged process. This process was first set out in 1994 and was divided in five stages (Doyle 2002):

1. **Stage 1 - Identification**: This stage involves the recognition of children who might have SEN. It often takes place in the classroom, where teachers observe students' performance and identify those who might be having difficulties.
2. **Stage 2 - School Action**: Once a child is identified, the school takes action. This involves providing interventions that are different from or additional to those provided as part of the school's usual differentiated curriculum.
3. **Stage 3 - School Action Plus**: If the School Action is not enough to meet the child's needs, the school seeks external advice. This could involve professionals such as educational psychologists, speech and language therapists, or specialist teachers.
4. **Stage 4 - Statutory Assessment**: At this stage, the Local Authority (LA) conducts a statutory assessment to determine the child's educational needs in a comprehensive way.
5. **Stage 5 - Statement**: The final stage involves the issue of a statement of SEN by the LA. This document details the child's needs and specific help that the child must receive.

However, the revised Code of Practice in Special Educational Needs in November 2002 reduced the five stages to three:

1. Early Years Action/ School Action
2. Early Years Action Plus/ School Action Plus
3. Referral for statutory assessment

Under this model, schools are expected to support children independently before involving external specialists. If these measures remained ineffective, the school would refer the case to an educational psychologist for further evaluation (DfES 2002).

1. Early Years Action/ School Action

In this first stage, a teacher, upon recognising a student’s lack of progress would need to talk to the parents about the need of additional support. The teacher then would need to ask for the assistance of Special Educational Needs Co-ordinator, also known as SENCo. The SENCo plays a critical role in facilitating the school, the teachers, the Learning Support Assistant (LSA), the parents, and the students with SEN. According to the Code of Practice (2022), the SENCo’s role is multi-faceted, encompassing training, advising, and guiding teachers, managing the SEN team, assisting students with diverse needs, and maintaining up-to-date records of each student’s progress. Additionally, they liaise with external bodies including local authorities, educational psychology services, and health and social services. However, the adequacy of time allocated for SENCo to fulfil their wide-ranging responsibilities has been brought into question (Ofsted 2002).

Under the guidance of SENCo, teachers are expected to adopt a research-oriented approach, collecting data on the student's performance both inside and outside the classroom. When adequate information has been gathered, the SENCo organises an assessment, plans support, monitors progress, and reviews actions, all while the teacher continues to engage with the student daily. A joint decision is made about the necessary actions for the student's improvement.

This phase concludes with the development of an Individual Education Plan (IEP) for the student. The teacher, with SENCo's guidance, determines the student's difficulty level by monitoring their progress and consulting with the parents. The result is a comprehensive plan that lays out short-term targets for the student, outlines teaching strategies, delineates provisions for review, and sets the success and exit criteria.

2. Early Years Action Plus/ School Action Plus

Should the first stage fail to yield a positive outcome for the child, the process advances to the second stage, known as School Action Plus. At this stage, the school engages external specialists to provide further input. While this represents an escalation in support, a common perception emerges that any lack of progress is attributable to the child's individual deficits rather than shortcomings within the educational system itself (McKay and Neal 2009). This reflects a broader critique of special educational needs provision in the UK, where the responsibility to adapt is often placed on the learner rather than on the institution. This approach reflects the influence of neoliberal values within education systems, where individual accountability, performance metrics, and standardised outcomes are prioritised over systemic transformation or inclusive pedagogical reform (Graham and Slee 2008; Ball 2012). The new Individual Education Plan (IEP) developed during this phase typically includes three to four personalised targets, often related to communication, literacy, mathematics, and behavioural or social skills. It specifies the child's goals, the teaching strategies to be used, the programme schedule, and the intended outcomes. As a result, expectations for the child increase, and more specialised assessments and interventions are introduced. The SENCo, class teacher, and external specialists collaborate to revise and refine the child's programme, drawing on their combined expertise and observational data. However, the process remains centred on the child's adjustment to normative educational expectations, rather than on critically examining the structural barriers that may limit their access and participation.

3. Referral for statutory assessment

If progress remained limited, the final stage involved referral for statutory assessment by the LA. This process requires detailed evidence and often took place only when earlier interventions had been exhausted. If a Statement of SEN was issued, it outlined the child's needs and the educational provision required. The child should be assessed annually, and the Statement should be reviewed in line with the updated findings. Parents are given written notice of their rights to appeal to a Special Educational Needs Tribunal. Additionally, the name of the designated LA representative who can provide advice and information is disclosed.

While both the SENDA and New Code of Practice were broadly welcomed for their potential to enhance the inclusivity of education, some scholars raised concerns regarding their implementability. Hodkinson (2011) pointed out potential issues related to the interpretation and application of the term *reasonable adjustments*. Others, such as Warnock (2005), argued that while policy developments such as SENDA and the New Code of Practice were theoretically promising, their effectiveness was largely dependent on the resources and commitment of educational institutions.

In 2004, the UK's Department for Education and Skills (DfES) published a strategy report titled 'Removing Barriers to Achievement'. The report highlighted the government's strategy for SEN in four key aspects: early intervention, removing barriers to learning, raising expectations and achievements, and delivering improvements in partnership. The principle of early intervention was underlined as of utmost importance for addressing SEN, as early identification and support are evident to significantly improve long-term outcomes for children with SEN (Guralnick 2005). The second strategy affirmed the government's commitment to creating an inclusive education system wherein children with SEN are supported to participate fully, both academically and socially (Dyson and Gallannaugh 2008).

Alongside the removal of barriers to learning, the strategy aimed to raise expectations and improve outcomes for children with special educational needs (SEN), with an emphasis on providing high-quality teaching and tailored support to enable them to achieve their potential (Farrell et al. 2010). The importance of high expectations for all learners, regardless of their abilities, has been highlighted in the scholarly literature (Hattie 2008). Finally, this strategy emphasises the importance of delivering improvements in partnerships. It acknowledged that schools, parents, local authorities, and health and social services needed to work collaboratively to meet the needs of children with SEN effectively (DfES 2004).

A significant milestone for dyslexia came with the Rose Report (2009), which defined dyslexia as a language-based learning difficulty and emphasised early identification and structured teaching. Its findings informed the Equality Act 2010, which formally recognised dyslexia as a disability. The Act required educational providers to make reasonable adjustments, such as offering multisensory instruction and assistive technologies (British Dyslexia Association 2023).

Although dyslexia is formally recognised under the Equality Act 2010, diagnostic services are not routinely funded by the National Health Service (NHS). As a result, families are often required to seek private assessments that can be financially prohibitive. This lack of public funding creates significant disparities in access, particularly for low-income households, thereby exacerbating existing socio-economic inequalities in educational support (Curia 2022; Centre for Social Justice 2023). Further reform came with the Children and Families Act 2014, which replaced SSENs with EHCPs. EHCPs provide integrated support for children and young people up to the age of 25 and are designed to promote a person-centred, outcomes-based approach. The accompanying SEND Code of Practice (DfE 2015; updated 2022) introduced a single graduated response, required multi-agency cooperation, and reinforced the role of families in shaping provision (Palikara et al. 2018).

However, significant concerns remain. Recent evaluations indicate delays in the EHCP process, inconsistencies in local authority practices, and rising tribunal appeals from parents disputing support decisions (Long and Roberts 2025). Funding pressures have led to the introduction of reform programmes such as the Safety Valve and Delivering Better Value (DBV) schemes, designed to reduce budget deficits in high-needs provision. These initiatives have been criticised for prioritising financial savings over children's legal rights to support (Long and Roberts 2025).

In addition, significant regional disparities continue to exist in how dyslexia-related services are delivered. These inconsistencies are often referred to as a "postcode lottery", a term, according to the Centre for Social Justice (2023), used to describe how a child's access to timely assessments, specialist interventions, and inclusive resources may vary substantially depending on their local authority area or residential postcode. In practice, this means that two children with similar needs may receive very different levels of support based solely on where they live, a situation that raises concerns about equity and fairness in the education system (Centre for Social Justice 2023). A consistent barrier has also been identified in recent studies, which are insufficient school funding for assessments, specialist support, and intervention services, which restricts access to necessary resources for children with dyslexia (Harding et al. 2023).

The revised SEND inspection framework, implemented jointly by the Office for Standards in Education, Children's Services and Skills (Ofsted) and the Care Quality Commission (CQC) in 2023, was introduced to strengthen accountability. While the updated framework places greater emphasis on learner outcomes, transitions, and early intervention, recent inspections still reveal systemic weaknesses, particularly in the areas of speech and language provision, educational psychology services, and parental engagement (Long and Roberts 2025). Parental voices continue to highlight the disconnection between policy intentions and on-the-ground realities. Studies have shown that parents often feel sidelined during assessments and planning, despite policy rhetoric promoting co-production and partnership (Hellawell 2022). They also reported emotional exhaustion from navigating bureaucratic systems and a lack of consistent communication with schools and local authorities (Lavan et al. 2019). The SEND and Alternative Provision (AP) Improvement Plan (DfE 2023), developed in response to the 2022 Green Paper, proposes national standards, new EHCP templates, and a banded funding model. The plan’s promise of "Right support, right place, right time" represents an effort to streamline processes and address disparities.

In March 2025, the UK government announced a new investment of £740 million to create 10,000 additional school places for children with SEND as part of its broader “Plan for Change” (DfE 2025). The funding was intended to expand specialist units within mainstream schools and establish new placements in special schools, thereby increasing access to more intensive support for students with complex learning needs. This was in response to data showing a quadrupling number of pupils with EHCPs placed in independent special schools from 2010 to 2024, alongside an unmet demand for 8,000 additional places in the state sector (DfE 2025).

While this investment may alleviate some pressure, it risks reinforcing a dual system in which more complex needs are outsourced to specialist settings rather than addressed through inclusive practices in mainstream schools. As Education Secretary Bridget Phillipson noted, the government’s goal is to provide every family with access to a suitable local school, regardless of socioeconomic background. However, achieving this vision requires not only than capital investment but also sustained support for school staff and greater consistency across local authorities.

> “As part of our *Plan for Change*, we want every family to have access to a good local school for their child, breaking the link between children’s background and their opportunities in life. This investment will give children with SEND the support they need to thrive, marking the start of a turning point for families who have been fighting to improve their children’s outcomes”
>
> (Phillipson 2025).

In summary, the UK policy on dyslexia has progressively moved toward an inclusive and participatory model. However, implementation gaps, unequal access, and the impact of fiscal policies continue to undermine these aims. This suggests the need for stronger accountability mechanisms, more equitable resource distribution, and a renewed commitment to upholding the rights of all learners with dyslexia.

Table 2 below provides a summary of the key measures, legislation and Acts related to dyslexia in the UK from 1978 until the time this thesis was written.

Table 2: Key measures, legislation and Acts related to dyslexia in the UK from 1978 until present (2025).

Year	Document	Key Points
1978	The Warnock Report : Report to the committee of enquiry into the education of handicapped children and young people	Introduced the term Special Educational Needs (SEN). Identifies a continuum of need and integration of SEN students.
1981	Education Act	Established statutory SEN provision; introduced Statements of SEN (SSEN).
1988	The National Curriculum (DfES)	Standardised curriculum across England; criticised for lack of flexibility in addressing diverse needs.
1991	The United Nations Convention on Rights of Persons with Disabilities (UNCRPD)	UK ratified, recognising inclusive education as a right.
1993	Education Act	Introduced Code of Practice (1994); emphasised parental involvement in SEN processes.
1997	Excellence For All Children (DfEE)	Emphasised raising standards and inclusion in mainstream education.
2000	Curriculum 2000	Strengthens inclusive education with core inclusion-oriented principles : setting suitable learning challenges, responding to pupil's diverse needs, and overcoming potential barriers to learning and assessment.
2001	Special Educational Needs and Disability Act (SENDA)	Outlaws discrimination against SEND students in schools, colleges and higher education.
	Special Educational Needs New Code of practice	Strengthens the rights to mainstream inclusion for SEND students.
2004	Removing Barriers to Achievement (DfES)	A strategy report raising expectations for SEND pupils in mainstream schools.
2009	Rose Report	Defined dyslexia as a language-based learning difficulty; emphasised early identification and evidence-based teaching.
2010	Equality Act (Equality and Human Rights Commission)	Recognised dyslexia as a disability; required reasonable adjustments across education providers.
2014	Children and Families Act (CFA)	Includes children, parents and young people in assessment process. Replaces existing two school-based stages ('School Action' & 'School Action Plus') with one category. Replaces statements with single Education, Health & Care (EHC) assessment/plan, which runs from birth to 25 years.
2015	SEND Code of Practice (DfE)	Promoted child-centred planning; supported coordinated, multi-agency provision; reinforced family engagement.
2019	SEND review announcement	Initiated national review of SEND provision to address inconsistency and service delays.
2022	SEND Green Paper	Highlighted concerns with adversarial, inconsistent, and bureaucratic systems; proposed structural reforms.
2023	SEND and Alternative Provision (AP) Improvement Plan	Introduced national standards, EHCP template reforms, and banded funding model ("Right support, right place, right time").
2023	Revised Ofsted/CQC SEND Inspection Framework	Focused on outcomes, transitions, and early intervention. Increased scrutiny on local authority performance.
2023	Safety Valve and Delivering Better Value (DBV)	Financial schemes to address budget deficits in high-needs SEND provision; criticised for emphasising cost savings over rights.
2025	House of Commons Library Briefing: SN07020	Reported 8,000-place shortfall in special schools. Called for further reform to address tribunal backlogs and underfunding.
2025	Plan for Change for SEND places.	£740 million budget allocation for expansion of inclusive classrooms in mainstream schools.

Table 2 summarises the key policy developments that have shaped dyslexia support in the UK over time. These measures reflect a gradual move away from segregated provision towards a more inclusive, rights-based model. The publication of the Warnock Report in 1978 laid the groundwork for contemporary Special Educational Needs (SEN) policy by reframing support needs as part of a broader spectrum rather than as fixed deficits. Subsequent legislative changes such as the Education Act 1981, the SEN and Disability Act 2001, and the Children and Families Act 2014 have expanded legal entitlements and clarified institutional duties.

The introduction of EHCPs and targeted funding initiatives has aimed to reduce systemic delays and improve access to support. However, several significant challenges remain to be overcome. Variability in implementation across local authorities, ongoing resource constraints, and persistent regional inequalities continue to undermine consistency and equity of provision. These developments highlight the tension between policy intent and practice, with progress in legal recognition often outpacing improvements in lived experience for families navigating dyslexia support systems.

3.2.3 Devolution in Wales

This section provides an essential context for understanding the experiences of the participants based in Wales. In the UK, education is a devolved matter, and as such, parents in Wales may encounter different policy frameworks, service structures, and support systems compared to those in England, Scotland, or Northern Ireland (Knight et al. 2024).

Devolution refers to the transfer of certain legislative powers from the UK Parliament in Westminster to national governments, including the Welsh Government (Torrance 2024). This process began with the Government of Wales Act 1998, which established the National Assembly for Wales with executive authority in key policy areas such as education. It was expanded under the Government of Wales Act 2006 and culminated in the Wales Act 2017, which introduced a reserved power model and granted the Senedd broader autonomy over domestic affairs (Davies et al. 2024; Torrance 2024).

Since gaining legislative power, Wales has developed an education system that is distinct from that of England, Scotland, and Northern Ireland. Welsh education policy places a strong emphasis on cultural identity, inclusion, and well-being (Davies et al. 2024). One of the early indicators of divergence was the abolition of standardised assessments (SATs) in 2004 and the removal of school league tables in 2001 in Wales, reflecting a shift toward teacher-led assessment and a greater focus on holistic pupil development (Welsh Assembly Government 2002).

The education reform in Wales progressed in three phases. The first wave (1999–2010) introduced initiatives such as the Welsh Baccalaureate and the Foundation Phase for the early years, both of which promoted child-centred learning and professional autonomy. However, the second wave (2010–2015) was prompted by poor results in the Programme for International Student Assessment (PISA) in 2009. PISA is an assessment conducted every three years by the Organisation for Economic Co-operation and Development (OECD) to evaluate the knowledge and skills of 15-year-old students across member and partner countries in three core domains: reading, mathematics, and science (OECD 2019). This has led to a more performance-driven agenda, including the reintroduction of national testing and the establishment of school improvement consortia, marking a shift toward greater accountability and data-led decision-making (Davies et al. 2024).

The third and current reform wave (2015–present) focuses on the Curriculum for Wales 2022. Rather than organising learning strictly by subject, the curriculum aims to develop pupils through four key purposes: to become ambitious, capable learners; enterprising, creative contributors; ethical, informed citizens; and healthy, confident individuals (Welsh Government 2024). This shift towards flexible and skills-based learning reflects the Welsh Government’s intention to decentralise decision-making and empower educators (Donaldson 2015; Welsh Government 2017a).

Despite the progressive vision, implementation has not been without difficulty. Research indicates that many educators feel insufficiently prepared to deliver a new curriculum, while inconsistent application across schools has the potential to exacerbate inequalities (Duggan et al. 2022; Crehan 2024; Davies 2025). While the idea of subsidiarity, which involves making decisions close to those affected is central to Welsh’s education policy, research suggests that this principle has not always been supported by sufficient training or clear guidance (Hughes and Lewis 2020; Newton 2020).

Recent analysis by Knight et al. (2025) offers further insight into how policy changes are shaping the identification of learners with additional needs. Their findings show that nearly half of all pupils in Wales were identified with SEN at some point during their schooling under the former system. Importantly, this identification was not evenly distributed: learners from more disadvantaged backgrounds were overrepresented, highlighting the connection between social inequality and educational categorisation.

While the formal definition of SEN/ALN has not changed under the new system, the overall number of pupils identified has declined. Knight et al. (2025) suggest this may reflect a tightening of criteria or shifting diagnostic practices. There are also concerns about how financial and staffing constraints may be influencing the implementation of the new ALN framework across local authorities (Estyn 2023). The reasons behind these patterns remain unclear, and further research is needed to assess whether the new system is improving equitable access to support or unintentionally limiting it.

In addition to these trends, Knight et al. (2024) have quantified the impact of the ALN reforms, showing that the move to a more flexible, needs-based system has led to both improvements in early identification and persistent regional variation in access to support. Their analysis highlight the importance of local authority capacity and resource allocation in shaping the practical outcomes of policy reform.

Taken together, the work of Knight and colleagues (2024, 2025) demonstrates that while Wales' devolved approach has enabled significant policy innovation, challenges remain in ensuring consistent and equitable support for all learners with additional needs. These findings provide a critical backdrop for understanding parental experiences in Wales and for drawing comparisons with both England and Malaysia.

3.2.4 Implementation challenges in special education policy in the UK

Although the United Kingdom has developed a detailed legislative framework to support children with Special Educational Needs and Disabilities (SEND), the effective implementation of these policies remains inconsistent across regions and institutions (Snowling et al. 2020; Centre for Social Justice 2023). This inconsistency significantly influences how families engage with support services and advocate for their children's educational entitlements.

One of the most frequently reported issues relates to the procedural complexity and variable quality of Education, Health and Care Plans (EHCPs), introduced through the Children and Families Act 2014. These plans were intended to promote coordinated, person-centred planning. However, many families experience long delays, bureaucratic hurdles, and inconsistent practices across local authorities (Centre for Social Justice 2023). The rising number of tribunal cases suggests that dissatisfaction with statutory assessments is widespread, particularly among families without the resources to pursue private evaluations or legal redress (British Dyslexia Association 2023; Long and Roberts 2025).

Resource constraints further hinder the implementation. Initiatives such as the Safety Valve and Delivering Better Value (DBV) programmes have been introduced to address high-needs budget deficits, yet critics argue that these frameworks prioritise financial efficiency at the expense of inclusive educational access (Long and Roberts 2025). Children with dyslexia, whose needs may be subtle, persistent, and less easily classified are particularly at risk in systems that rely on visible or categorised indicators to trigger support (Snowling et al. 2020).

A central challenge remains the stark variation in provision between local authorities, known as 'postcode lottery' (Centre for Social Justice 2023). Access to dyslexia assessments, classroom accommodations, and specialist interventions can differ widely depending on geography, undermining the principle of equitable support within the national framework. Two pupils with identical needs may receive drastically different levels of assistance based solely on where they live.

Professional capacity also affects its implementation. Although Special Educational Needs Coordinators (SENCos) play a key role in coordinating provision, many report heavy workloads and insufficient time to carry out their responsibilities effectively (DfE 2022). Furthermore, while SEND is included in teacher training programmes, there is no mandatory requirement for instruction in dyslexia-specific strategies, leading to inconsistent awareness and preparedness among teachers (British Dyslexia Association 2023).

Parents frequently report feeling excluded from decision-making processes, despite statutory requirements for co-production and partnership under the SEND Code of Practice (DfE 2015). In practice, communication between schools and families is often limited, and the procedural demands of navigating the system can result in stress, frustration, and diminished trust (Lavan et al. 2019; Hellawell 2022).

Efforts to improve accountability include the revised Ofsted and CQC inspection framework introduced in 2023. While this framework aims to promote learner-focused outcomes and cross-agency collaboration, inspections continue to identify systemic weaknesses, particularly in areas such as educational psychology, speech and language provision, and parental engagement (Long and Roberts 2025).

Taken together, these challenges suggest that while the UK's policy framework provides a strong foundation, delivery remains fragmented. Implementation gaps, funding constraints, and inconsistent training practices limit the realisation of inclusive and equitable education for all children, particularly those with dyslexia. Addressing these issues requires sustained investment in services, clearer lines of accountability, and a national commitment to reducing inequalities across the SEND support structure (Snowling et al. 2020; Centre for Social Justice 2023).

3.3 Dyslexia in Malaysia

To understand the educational experiences of Malaysian parents supporting children with dyslexia, it is essential to examine the historical and current developments in Malaysia's legislative and policy frameworks. The Ministry of Education Malaysia (MoE), through its Special Education Division, defines individuals with dyslexia as those with intellectual functioning equivalent to or above typical students of similar age, but who have significant difficulty in spelling, reading, and writing (MoE 2018). This definition, however, has not consistently translated into widespread understanding among educators and the public. Sahari and Johari (2012) reported that many Malaysian teachers lacked adequate training and awareness to identify or support children with dyslexia effectively.

As of 2023, a total of 736,607 individuals, approximately 2.2 percent of Malaysia's population, were registered as persons with disabilities. Among the registered categories, learning disabilities represented the highest proportion, with 265,503 individuals recorded under this classification (Department of Statistics 2024). In the education sector, official records indicate that 34 special education schools are operating nationwide by 2023, comprising 28 primary schools and six secondary schools. Despite increasing awareness and demand for inclusive education, the number of special education teachers at the primary level has declined slightly, registering a 1.0 percent decrease to a total of 826 teachers during the same year (Department of Statistics 2024).

Malaysia's policy commitment to inclusive education is enshrined in the Education Act 1996, which affirms every child's right to education, including that of those with learning difficulties (Tajuddin and Nordin 2017). However, this commitment often falters at the level of implementation. Jelas and Mohd Ali (2012) identified insufficient early screening, limited teacher training, and inadequate infrastructure as persistent barriers. A significant legal development occurred with the introduction of the Education (Special Education) Regulations 2013, which formally included dyslexia within the broader category of learning disabilities (MoE 2013). While this marked a step toward formal recognition, the subsequent enforcement and integration of dyslexia-focused practices remains inconsistent across Malaysian schools.

3.3.1 Malaysia at a glance

This section outlines Malaysia's socio-political and cultural context to better understand the environment in which participating parents in this study navigate support for children with dyslexia.

Malaysia is located in Southeast Asia and comprises thirteen states and three federal territories. The country is geographically divided into Peninsular Malaysia and East Malaysia, which are separated by the South China Sea (Ahmad et al. 2020). Kuala Lumpur is the capital city, while Putrajaya functions as the federal administrative centre. Historically, the country was referred to by several names, such as Tanah Melayu (Land of the Malays) and the Federation of Malaya, before officially becoming *Malaysia* in 1963. The name itself combines the word *Malay* and the Latin-Greek suffix "-sia" (Suarez 1999; Din 2011). As of 2024, the United Nations has estimated the population to exceed 35 million (United Nations 2024).

Malaysia’s multicultural and multilingual society comprises three primary ethnic groups: Bumiputera (70.4 percent), Chinese (22.4 percent), and Indians (6.5 percent) (Department of Statistics Malaysia 2024). Islam is the official religion, but the Federal Constitution protects religious pluralism, allowing for the free practice of Buddhism, Christianity, Hinduism, and Indigenous beliefs (Bari 2005; Husin and Ibrahim 2016).

Figure 2: The map of Malaysia, a country in the South East Asian region (source : Encyclopaedia Britannica 2025)

Malaysia’s linguistic context is equally diverse. Bahasa Malaysia (Malay) is the national and official language, used for education and governmental functions (Yaakop and Aziz 2014), but English is widely used for administrative and educational purposes (Azman 2016). Additionally, various dialects of Chinese (Mandarin, Cantonese, Hokkien), Indian languages (Tamil, Telugu, Punjabi), and Indigenous languages such as Iban and Kadazan are spoken (Simons and Fennig 2017).

Economically, Malaysia has transitioned from an agriculture-based economy to one driven by services and manufacturing, becoming a significant exporter of electronics and consumer goods. This transformation has led Malaysia to be classified as an upper-middle-income country (World Bank 2024).

As of 2020, Malaysian households were classified into B40 (bottom 40 percent), M40 (middle 40 percent), and T20 (top 20 percent). The COVID-19 pandemic disrupted these classifications and increased income inequality. Approximately 12.5 percent of households earned below RM2,500, while 20 percent of M40 households slipped into the B40 category (Department of Statistics Malaysia 2021). These disparities are crucial when evaluating access to educational support services, including for children with dyslexia.

3.3.2 Malaysian's education policy and practice for dyslexia

Malaysia's education system is centrally governed by the Ministry of Education (MoE), with a hierarchical structure comprising federal, state, district, and school levels (UNESCO 2011). Education is divided into several pathways, including preschool, primary, secondary, post-secondary, special education, and religious and technical education (MoE 2012).

A defining characteristic of Malaysia's public education system is its multi-track structure, as a result of 'divide and rule policy' during British colonialism (Othman et al. 2011). This resulted in the establishment of Malay-medium national schools (Sekolah Kebangsaan, SK), Chinese-medium (SJKC), and Tamil-medium (SJKT) national-type schools. Additional options include religious, special education, international, private, and Chinese independent schools. This diversity contributes to a highly segmented education system, which some scholars argue complicates efforts to promote social cohesion and inclusive practices (Salleh and Woollard 2019).

All public schools are officially open to students regardless of ethnicity or socioeconomic background (MoE 2023). Formal education begins with optional preschool at the age of four, followed by six years of compulsory primary education starting at age seven. The Primary School Achievement Test (Ujian Penilaian Sekolah Rendah, UPSR) was a major milestone until its abolishment in 2021. Public education remains tuition-free through secondary school, while post-secondary and tertiary education at public institutions are substantially subsidised (UNICEF 2023).

Although the Compulsory Education Act (2003) mandates primary education, secondary education remains optional under the current legislation. However, the

MoE proposed extending mandatory schooling to 11 years, including the secondary level, to reduce absenteeism, and dropouts, and improve the quality of education (The Star 2025). A revised Education Act was expected to be tabled in Parliament by February 2025 (The Star 2024), but at the time of writing this thesis, no such tabling had taken place and no official updates had been issued.

To facilitate a comparison between Malaysia and the UK in this study, Table 3 presents the education levels and corresponding school-entry ages in both countries.

Table 3: Education levels and Typical Age for School Children in Malaysia and the UK (Source : Adapted from MoE 2015).

MALAYSIA		**UK**	
Education level by Grade	**Typical age (years)**		**Education level by Year**
Pre-school	6	5 to 6	Year 1
Standard 1	7	6 to 7	Year 2
Standard 2	8	7 to 8	Year 3
Standard 3	9	8 to 9	Year 4
Standard 4	10	9 to 10	Year 5
Standard 5	11	10 to 11	Year 6
Standard 6	12	11 to 12	Year 7
Form 1	13	12 to 13	Year 8
Form 2	14	13 to 14	Year 9
Form 3	15	14 to 15	Year 10
Form 4	16	15 to 16	Year 11
Form 5	17		

Historically, Malaysia’s special education policy has evolved across four broad periods: pre-colonial and early colonial (before 1900), pre-independence (1900–1957), post-independence (1957–1990), and modern (1990–present) (Lee and Low 2014).

1. Before and during the early colonial period (before 1900)

During this period, the education system in what is now known as Malaysia (previously referred to as Malaya) lacked a centralised system. Educational institutions generally fell into three categories: missionary schools, Chinese schools, and Malay schools. Missionary and Chinese schools primarily served privileged groups. Missionary schools catered to the children of the elite and were designed to prepare them for administrative roles under the British colonial governance. Similarly, Chinese schools were established by affluent Chinese families to provide their children with education that preserved cultural heritage (Suryadinata 1997; Puteh 2006; Lee 2009). These institutions were largely funded by fees and donations, which limited their accessibility to marginalised populations, including those with disabilities (Hussin 1989).

In contrast, traditional Malay schools, known as ‘Sekolah Pondok’ were more inclusive, accepting students with disabilities. The term *pondok* originates from an Arabic word*al-Funduq*, which means temporary home, hotel or hostel (Tayeb 2020). This term was borrowed and became part of Malay vocabulary that is specific to the pattern of traditional learning oriented to religion (TAyed 2020). These schools, prevalent in rural areas of Malaysia, emphasised teaching and learning of Islamic values and lifestyle (Abidin et al. 2017). While limited in resources, these schools demonstrated early examples of inclusive practice within the Malaysian context.

2. Pre-independence (1900-1957)

The focus on formal Special Education (SE) in Malaysia began in the 1920s, with the setting up of specific schools for students with hearing and visual impairments, mainly due to the efforts of volunteers (Lee 2009). In 1948, a landmark institution, the Princess Elizabeth Special School, was established in Johor Bahru, a Malaysian state, specifically for visually impaired children (Lee and Low 2014). The school eventually came under the auspices of the Malaysian Association of the Blind before becoming a part of the MoE’s structure. Before this transition, the provision of education for special needs populations in Malaysia primarily depended on non-governmental organisations (NGOs), mirroring the wider trend across the Asia-Pacific region, where facilities relied heavily on the philanthropic efforts of NGOs and missionary groups (Jayasooria and Ooi 1994). One example of such initiatives in Malaysia was the St Nicholas Home for the Blind, established by Anglican medical missionaries in 1926 (Jayasooria and Ooi 1994).

The development of formal special education in Malaysia can be traced to the establishment of the two federal institutions during the pre-independence period. Six years after the founding of the Princess Elizabeth Special Education School, the Federal School for Deaf Children was established in Penang. These two schools represented the Federal Government of Malaya's early involvement in special education, predating Malaysia's independence (Lee and Low 2014).

The curriculum adopted by these institutions was heavily influenced by Western models, particularly in their use of Braille and sign language, reflecting an early biomedical understanding of disability (Albrecht et al. 2001). This model framed disability primarily in terms of impairment, focusing on 'caring for' individuals with disabilities through prevention and treatment of functional limitations, whether physical or cognitive. Consequently, policy and practice during this period were grounded in a welfare model, in which people with disabilities were seen as dependent and in need of assistance.

This understanding was also reflected in the language used: terms such as orang kurang upaya (person with less ability) and orang cacat (handicapped person) were commonly used to describe individuals with disabilities (Norazit 2010). Under this paradigm, institutionalisation and exclusion from mainstream education were not only prevalent but also considered standard practice, mirroring global trends at the time (Yell et al. 1998).

One of the challenges faced by the Malaysian government after the decolonisation of the land in 1957 was the promotion of national unity through a national education system (Dolhan and Ishak 2009). Several committees were established to study the school system and the recommendations were embedded in multiple reports and policy documents: the Barnes Report (1951), which reviewed and improved Malay education; the Fenn-Wu report (1951), which reviewed Chinese education; and the Education Ordinance (1952), which recommended national schools as a model for the national system (Dolhan and Ishak 2009).

The Razak Report (1956) was a turning point in shaping Malaysia’s national education system. It endorsed the concept of a national education system with the Malay language, the national language, as the main medium of instruction while recommending that the primary purpose of education is to foster national unity (Tie 2024). However, it also permitted the use of other languages such as English, Chinese, and Tamil, provided that the Malay language was taught as a subject (Tie 2024).

The report also emphasised equal access to education for all, including those from disadvantaged backgrounds and laid the foundation for a standardised curriculum, formal schooling structure, and teacher training expansion (Bajunid et al. 1996). It was emphasised that;

> “The ultimate objective of education policy in this country must be to bring together the children of all races under a national education system in which the national language (Malay language) is the main medium of instruction”
>
> (Abu Bakar 2014, p.138)

3. Post-independence (1957-1990)

In the decades following independence, efforts to enhance the Malaysian education system were prioritised. However, during this period, special education remained marginalised. Most early initiatives focused on children with sensory impairments, particularly those with visual and hearing disabilities (Lee and Low 2014). In the early 1960s, an integration programme for these students was introduced, and in 1977, the first boarding school for students with visual impairment was established (Awang Mat 2001). Various policies and acts were sequentially introduced between the 1950s and 1970s for large-scale educational reform, including the Razak Report 1956, Education Ordinance 1957, the Abdul Rahman Talib Report 1960, the Education Act 1961, and the Cabinet Report 1974 (Puteh 2006).

Until the 1980s, the educational provision for children with disabilities fell largely under the remit of the Ministry of Health (MoH) and the Department of Social Welfare (now the Ministry of Women, Family, and Community

Development, MOW). In 1981, an inter-ministerial committee was formed to address the fragmentation of responsibilities. Following this, the Ministry of Education (MoE) became responsible for children with mild learning disabilities and sensory impairments, while the MoW took responsibility for children with more severe physical or cognitive impairments (Lee and Low 2014). In the same year, the MoH was also assigned the role of overseeing early identification and screening of high-risk children at birth.

It was not until the Education Act 1986 that integration programmes were formally recognised as a part of the special education provision in Malaysia. The integration model, known a*s "Program Percantuman di Sekolah Biasa"* (combined programme in regular schools), aimed to support students with special needs within mainstream settings (Lee and Low 2014). By 1987, the MoE instructed all states to establish integration programmes for students with learning difficulties, a move that came two decades after similar provisions had been made for children with visual and hearing impairments.

During this period, teacher training for special education was limited. It was typically offered through short in-service courses or through postgraduate programmes abroad. Although special education was not yet a central focus in national policy, there was a gradual ideological shift toward inclusive education. Influenced by international trends, particularly from the United Kingdom and the United States, Malaysia began adopting the social model of disability**,** which viewed disability not solely as a medical condition but as a result of social and environmental barriers (Lindsay 2003).

4. Modern Malaysia (1990 to present)

From the 1990s onward, special education in Malaysia began to receive formal attention, with significant shifts toward legal recognition and structured provision. In 1994, Malaysia became a signatory of the Salamanca Statement which advocated inclusive education for all students (Lee and Low 2014). The same year saw the launch of Malaysia's pilot Inclusive Education Programme (Bosi 2004).

In 1995, the Ministry of Education (MoE) established a dedicated Special Education Department to consolidate responsibilities and oversight in this area (Nasir and Effendi 2016). This institutional development preceded the enactment of the Education Act 1996, which for the first time codified ‘special education’ and ‘special schools’ in Malaysian law. Under Section 41 of the Act, special education was defined as a form of education tailored to students with disabilities, while special schools were designated as institutions to deliver such education (Othman et al. 2022).

In response to growing global and local demands for educational equity, Malaysia introduced the Malaysia Education Blueprint (MEB) 2013–2025. The policy framework contains a three-wave strategy aiming to improve the outcomes for students with special educational needs (SEN) (MoE 2013). In Wave 1 (2013–2015), the focus was on increasing the enrolment of registered students with SEN by 30 percent according to their competency level; for instance, high-functioning students with SEN who could manage the mainstream curriculum were encouraged to participate in the Inclusive Education Programme (Latiff et al. 2015). Wave 2 (2016–2020) aimed to strengthen teacher training and foster closer collaboration between the government and non-governmental organisations to improve the support provided to students with SEN (Latiff et al. 2015). Meanwhile, in Wave 3 (2021–2025), greater emphasis is placed on evaluating the outcomes of the preceding phases, with a focus on enabling students with SEN to access high-quality education tailored to their individual learning requirements (Latiff et al. 2015). To reinforce parental and community roles, the Ministry also introduced the "Circular on Voluntary Parental Involvement in the Classroom" as part of Initiative 62 in the MEB, focusing on collaboration between families, schools, and private stakeholders (Ensimau et al. 2022).

Under the MEB, the MoE aimed to enrol 75 percent of SEN students in inclusive settings by 2025 (MoE 2013). Complementary guidelines were introduced, including the Inclusive Pedagogy Implementation Guide (2016), which supported mainstream and special education teachers in adapting instruction for diverse learners (UNESCO 2021; Singh 2022). In parallel, the

Ministry of Women, Family, and Community Development launched the Action Plan for Persons with Disabilities (Pelan Tindakan OKU) 2016–2022, strengthening the inter-agency alignment. OKU according to the Persons with Disabilities Act, 2008 refers to ‘Orang Kurang Upaya’ (OKU): individuals with long-term physical, mental, intellectual, or sensory impairments.

Three principal education models were formalised under this policy: the Special Education School, the Special Education Integration Programme (SEIP), and the Inclusive Education Programme (IEP) (Nasir and Efendi 2016). The Special Education School programme is designed to provide tailored educational provision for children with disabilities, gifted learners, and other marginalised groups. This includes schools specifically established for students with visual impairments, hearing impairments, or learning disabilities. Instructional methods are adapted to meet the unique needs of each group. For example, visually impaired students are taught using the Braille system, while students with hearing impairments are supported through a range of communication methods, including Malay Language Code, lip reading, body language, facial expressions, and hand codes (Omar and Sulaiman 2018). For students with learning disabilities, instruction is delivered using either the Special Education Curriculum or the Alternative Curriculum, depending on the nature and extent of their learning needs (Omar and Sulaiman 2018).

The second programme, the Special Education Integration Programme (SEIP), refers to a system in which students with special needs are placed in designated special classes within mainstream schools (Mottan 2015). This arrangement aims to provide instruction in the least restrictive environment while allowing them to develop their social and communication skills effectively with their typically developing peers (Taib [no date]). As of 2021, a total of 2,586 schools across Malaysia have offered SEIP services, accommodating 78,030 students (MoE 2021).

The third programme, the Inclusive Education Programme (IEP), enables students with special needs to attend the same classes as their peers without disabilities and to access the general education curriculum. Unlike the SEIP system, which places students in separate classrooms, the IEP encourages shared learning spaces and full participation in academic and non-academic activities. According to the MoE (2021), 3,774 schools in Malaysia had implemented the IEP, supporting the educational needs of 16,504 students. Since 2006, all students registered under any of the special education programmes have been eligible to receive a monthly allowance from the MoE, as part of a broader effort to reduce financial barriers and support families (Nasir and Effendi 2016).

The Malaysian government ratified the Convention on the Rights of the Child (CRC) in 1995 and the Convention on the Rights of Persons with Disabilities (CRPD) in 2010 to support the United Nations' provision of the right to education for persons with disabilities (PwDs), including children with disabilities. In addition, the UNESCO Statement and Action Framework on Special Needs Education was approved in 1994. Learning disabilities, including dyslexia, were officially recognised as a category of impairment eligible for disability registration under the Malaysian's Department of Social Welfare (Dzulkifli 2023). In response to this, further refinement of these classifications was introduced under the Education (Special Education) Regulations 2013, which expanded the categories of disability to six: learning disabilities, speech impairments, physical impairments, visual impairments, hearing impairments, and multiple disabilities (MoE 2013). Despite these advancements in policy, the identification process remains predominantly medical in nature, and often reliant on clinical diagnoses and broad diagnostic labels.

In 2018, the MoE introduced the Zero Reject Policy, which obliges schools to grant admission to all children, regardless of legal and disability status, where children with special needs would undergo the Early Intervention Programme to help them learn in a formal education setting (Azmi 2018). Although widely perceived as a new initiative, the Zero Reject Policy builds on pre-existing legal obligations outlined in the Education Act 1996 (Act 550), specifically Section 29A, concerning Compulsory Primary Education. Subsection (2) stipulates that every Malaysian citizen residing in the country must ensure that a child who reaches the age of six on the first day of January in the current school year is enrolled in a primary school and remains in school for the full period of compulsory education. Failure to comply with this requirement constitutes an offence under Subsection (4), which prescribes a fine not exceeding RM5,000 or imprisonment for a term not exceeding six months, or both (Ensimau et al. 2023). As such, the Zero Reject Policy serves to reinforce Act 550 by explicitly affirming the entitlement of children with SEN to access compulsory primary education on an equal basis with their peers.

The Holistic Inclusive Education Programme was set up later (2018) where 220 special education teachers from 44 pilot schools were trained by experts in the field, known as “master trainers” (UNICEF East Asia and Pacific 2020; Singh 2022). UNICEF East Asia and Pacific (2020) also noted that the MoE and Ministry of Health also teamed up to establish a multi-disciplinary team of doctors, therapists, and other specialists that support teachers in hospital learning centres under the Schools in Hospitals programme where learning centres, located in hospitals, are specially structured to provide continuous education for children with disabilities and undergoing long-term or repeated treatments.

In March 2020, the MoE introduced the Primary Literacy and Numeracy (PLaN) programme as a comprehensive initiative to support the teaching and learning of Year Two and Three students in primary schools. By 2024, the scope of PLaN was expanded to include Year One students, marking a significant policy effort to address early learning gaps. In August 2024, a total of 122,062 Year One students were selected to participate in the initial phase of the programme (Adnan 2024). The primary aim of PLaN is to ensure that students acquire foundational competencies in reading, writing, and arithmetic, collectively known as 3M skills (Bernama 2024). Students were screened after three months of formal instruction using classroom-based assessments, and those who did not achieve Tahap Penguasaan 1 (Minimum Proficiency Level 1) in Bahasa Melayu and Mathematics were grouped into three intervention categories: (1) students struggling with both literacy and numeracy, (2) students with difficulties in literacy alone, and (3) students with numeracy-related challenges (Adnan 2024). Tailored interventions were provided accordingly, using structured learning modules and reading materials and students who demonstrated sufficient progress after a three-month intervention period were reintegrated into mainstream classes, while those with continued learning delays received ongoing support until the minimum proficiency threshold was achieved (Adnan 2024).

PLaN replaces the earlier Literacy and Numeracy Screening (LINUS) programme, which was discontinued in 2019 (UNICEF 2023). Introduced in 2010, LINUS is a remedial intervention program launched by Malaysia's MoE in 2010 to boost foundational literacy and numeracy skills among primary school pupils. The programme targeted students in Year One to Three and was designed to identify those who had not yet attained basic literacy and numeracy skills (Luyee et al. 2015). It comprises two standardised screening tests each year (March and August), designed to pinpoint learning difficulties in every lower-primary child, irrespective of overall academic ability (Kadir 2011; Sani and Idris 2013; 2017). In 2013, the programme was revised and rebranded as LINUS 2.0, expanding its coverage to include English language literacy alongside Bahasa Melayu and Mathematics (UNICEF 2023).

The MoE has also introduced the Instrumen Senarai Semak Disleksia (Dyslexia Checklist Instrument) as an early screening tool. Developed in 2004, the checklist includes 50 questions designed to flag potential indicators of dyslexia. However, its reliance on manual calculations and subjective assessment makes it vulnerable to error and time constraints (Abd Rauf et al. 2018).

Table 4 below summarises Malaysia's key legislation and policies relevant to special educational needs and dyslexia.

Table 4: Malaysia's Education Legislation and Policies from 1956 until present (2025). (Source : Adapted from MoE 2018).

Year	Document	Key Points
1956	Razak Report 1956	Establishment of a National Education System, Malay language as the national language of instruction, curriculum standardisation and systematic educational progression.
1957	Education Ordinance 1957	Set the foundation for a unified national education system, building upon the recommendations of the Razak Report a year prior.
1960	Abdul Rahman Talib Report 1960	Widen access to secondary education, adjusting the examination system, promoting science and technical education, and extend compulsory education.
1961	Education Act 1961	Incorporated the recommendations from both the Razak Report and the Abdul Rahman Talib report.
1974	Cabinet Report 1974	Address the racial tensions and language issues to use education as a tool for national integration.
1986	Education Act 1986	Identify an integration program as a part of Malaysia's special education program.
1996	Education Act 1996	Primary education is compulsory for all children.
2004	MoE introduces dyslexia screening checklist (Instrumen Senarai Semak Disleksia); ISD	To assess students with learning problems with 50 questions to determine if they have dyslexia.
2007	National Special Education Policy 2007	Provided a framework for the development and implementation of special education programs, focusing on the need for early identification and intervention, individualised educational planning, and inclusion.
2008	Persons with Disabilities Act 2008 (PwD Act 2008)	Persons and children with disabilities should have access to education.
2008	Circular No.3/2008	Released by the MoE to make it mandatory for all public schools to accept students with special needs and provide the necessary support.
2006 and 2012	Memorandums by the National Early Childhood Intervention Council : (i) Early Childhood Intervention (2006) (ii) Inclusive Education (2012)	Emphasis on the importance of parents, carers, and families' involvement as active partners in screening, diagnosis, assessment and intervention. Advocating for an inclusive education system that values diversity, calling for policy makers and school stakeholders to promote and implement the inclusive culture at all levels.
2010	The United Nations Convention on Rights of Persons with Disabilities (UNCRPD)	Malaysia ratified, committed to designing and implementing policies to combat stereotypes, prejudices and harmful practices relating to people with disabilities.
2010	Literacy and Numeracy Screening (LINUS) programme	Targets students in Years 1 to 3 to identify those who had not yet attained basic literacy and numeracy skills
2013	The Malaysian Education Blueprint (MEB) 2013-2025	Acknowledged SEN and outlined provision of resources for children with special needs.
2013	Education (Special Education) Regulations 2013 (added under Education Act 1996)	Defined Learning Disability (LD) category including dyslexia; probationary assessment period introduced
2015	LINUS 2.0	Rebranded version of LINUS. Inclusion of English language literacy screening alongside the original Bahasa Melayu and numeracy components.
2016	The 11th Malaysia Plan (2016-2020)	Proposed strategies for improving inclusivity and the quality of special education.
2016	The Inclusive Pedagogy Implementation Guide of 2016	Assist mainstream teachers and special education teachers to include students with special education needs in inclusive classrooms
2018	Zero Reject Policy 2018	Guaranteed access for all SEN students, including those with dyslexia
2018	The Holistic Inclusive Education Programme	Training program of 220 special education teachers from 44 pilot schools master trainers.
2020	Primary Literacy and Numeracy (PLaN) programme	Support the teaching and learning of Year Two and Three students in primary schools.
2024	PLaN (expansion)	Expansion of PLaN to include year 1 students to address early learning gaps.

3.3.3 Implementation challenges in special education policy in Malaysia

While Malaysia has made notable progress in developing a comprehensive policy framework for special education, the translation of these policies into effective practice remains uneven. Key national initiatives, including the Zero Reject Policy, the Special Education Integration Programme (SEIP), and the Inclusive Education Programme (IEP), signal a clear commitment to inclusion. However, researchers argue that implementation often falters at the school level due to systemic limitations (Lee and Low 2014; Abd Rauf et al. 2021).

A common barrier is the lack of adequate infrastructure and teaching resources in SEIP-designated schools. These include shortages of adapted instructional materials and classroom modifications suitable for students with disabilities (Nasir and Effendi 2016). General education teachers, who are already burdened with extensive classroom demands, are expected to support learners with diverse needs without receiving sufficient tools or training.

Teachers' capacity remains a critical constraint. While some in-service training is available, it is often short-term and insufficiently targeted to address complex needs such as dyslexia (Sahari and Johari 2012; Abd Rauf et al. 2021). Despite dyslexia's formal recognition as a specific learning difficulty, teacher preparation rarely includes comprehensive neurodiversity education. Malaysia has yet to adopt structured frameworks akin to the Rose Report in the United Kingdom, which mandates explicit dyslexia training in initial teacher education (Curia 2022). The World Bank (2024) reports Malaysia's lag behind regional peers like Vietnam in the proportion of students taught by educators with special education qualifications.

A concerning practice is the redeployment of general education teachers into special education roles following minimal training. Ghani et al. (2013) note that many teachers in the Special Education Programme lack specialised backgrounds and instead receive only brief training courses. This mismatch challenges both students and educators, as instruction is not consistently adapted to individual learning profiles, while teachers report difficulties managing diverse needs without adequate pedagogical resources.

Identification processes remain largely informal despite national recognition of dyslexia as a specific learning difficulty (Che Pee et al. 2016). Teachers rely predominantly on observational methods, often without standardised screening tools. Malaysia's shortage of culturally sensitive and standardised diagnostic instruments, particularly in rural areas, contributes to delayed or inaccurate identification, especially in multilingual and multicultural settings (Aquil and Ariffin 2020; Dzulkifli 2023). This gap risks misdiagnoses and inadequate support.

The now-discontinued Literacy and Numeracy Screening (LINUS) programme, initiated in 2010 to develop foundational literacy and numeracy skills, showed positive effects on general literacy rates but failed to address specific learning disabilities adequately (Abd Rauf et al. 2018). Luyee et al. (2015) argue that LINUS lacked sensitivity to dyslexia, treating all literacy delays as homogeneous deficits. Similarly, Sani and Idris (2013) found school leaders often could not distinguish between broad learning difficulties and specific developmental disorders. These challenges persisted despite preschool education, indicating deeper knowledge deficits among the educators.

Abd Rauf et al. (2021) identifies a conceptual barrier in teacher attitudes and understandings of disability. Without fundamental shifts in conceptualising inclusion and neurodiversity, technical training alone will not produce sustainable change. Inclusive education requires both pedagogical transformation and ideological commitment. While LINUS contributed to foundational academic skills, its generalist approach limited its effectiveness for learners with specific difficulties such as dyslexia.

Resource disparities between urban and rural schools exacerbate implementation issues. Centralised MoE funding often results in uneven distribution of special education services. Urban schools benefit from infrastructure upgrades and specialist support, while rural and remote schools face severe limitations in facilities, services, and staffing (Abdullah et al. 2018; Abd Rauf et al. 2021). The uneven reach of SEIP and IEP programmes further restricts access for students with special needs, compelling families to travel considerable distances or forgo support.

Cultural beliefs and societal attitudes towards disability further influence policy enactment. In some schools, the negative perceptions among educators and administrators hinder inclusion efforts. Omar and Sulaiman (2018) observe that restrictive admission criteria for IEP participation often exclude children with complex or visible impairments. Teng (2016) notes that SEN students frequently face assessments using standard criteria without appropriate accommodations, contributing to low academic achievement and diminished self-esteem.

While Malaysia's Education Blueprint (MOE 2013) and the Zero Reject Policy (MOE 2018) articulate a clear commitment to inclusive education, recent empirical evidence indicates significant gaps in policy implementation. Abd Rauf et al. (2021) document persistent shortcomings in teacher training and resource provision, undermining schools' abilities to support students with dyslexia effectively. They further highlights systemic weaknesses that contribute to inconsistent identification and intervention, with many parents expressing frustration over the absence of culturally responsive supports. These findings highlight the urgent need for targeted investment in teacher professional development and more equitable resource allocation to bridge urban-rural disparities and advance meaningful inclusion.

Collectively, these factors illustrate a persistent gap between policy intent and practical outcomes. Addressing these challenges requires a multi-level response, including sustained structural investment, comprehensive teacher training reform, development of culturally sensitive diagnostic tools, and transformation of attitudes. Only through such concerted efforts can Malaysia advance towards genuine inclusion for students with dyslexia and other learning differences (Rauf et al. 2021)

3.4 Comparative policy analysis: UK and Malaysia and the implications for parental experience

This section presents a comparative analysis of special education- and dyslexia-related policies in the United Kingdom and Malaysia. The purpose of this comparison is to understand how different legal frameworks, identification processes, and school-based practices influence the experiences of parents managing a child with dyslexia. While both countries have introduced policies aimed at supporting learners with special needs, the ways in which these policies are implemented vary according to each country's educational structure and socio-cultural context.

In both contexts, the training and deployment of teachers represent a critical point of divergence. In Malaysia, teachers assigned to special education are often mainstream educators who receive brief in-service training with a limited focus on neurodevelopmental conditions such as dyslexia (Sahari and Johari 2012; Ghani et al. 2013). While this reflects an effort to address teacher shortages, it also raises concerns regarding pedagogical quality and long-term learning outcomes. In contrast, in the UK, the Children and Families Act 2014 and the SEND Code of Practice (DfE 2015) mandate structured support through trained Special Educational Needs Coordinators (SENCos), although researchers continue to question the variability and effectiveness of teacher preparation (Norwich 2014; World Bank 2024). Abd Rauf et al. (2021) further highlight significant gaps in professional development and resource allocation within Malaysian schools, undermining effective policy implementation and inclusive practice.

Access to dyslexia diagnosis also differs between the two settings but remains a challenge in both contexts. In the UK, referrals typically begin at the school level and may involve educational psychologists. Yet the absence of routine NHS funding for dyslexia assessments means that many families must pay for private evaluations, which can be prohibitively expensive (Harding et al. 2023). In Malaysia, diagnostic services are available through public hospitals, but are often subject to long waiting lists and uneven regional access, particularly outside urban areas (Che Pee et al. 2016; Aquil et al. 2020). These delays have consequences for early intervention and contribute to inequalities in access to support. Parents in both contexts reported frustration with the time and effort required to secure recognition and assistance for their children.

These structural issues are shaped by gendered patterns of parental engagement. In both the UK and Malaysia, caregiving responsibilities and school-related tasks tend to fall disproportionately on the mothers. In Malaysia, cultural norms continue to position mothers as primarily responsible for educational advocacy and emotional labour related to their child’s learning needs (Oga and Haron 2012; Alias et al. 2015). Even in households where both parents are employed, mothers are more likely to handle school communications and support provision (Chandramuki et al. 2012). A similar pattern is evident in the UK, where mothers are more likely than fathers to coordinate diagnoses, attend meetings, and engage with support systems (Franklin et al. 2021; Haft et al. 2022). Although national policies are framed in gender-neutral terms, they are often implemented to reinforce existing caregiving norms. As a result, the burden of navigating dyslexia support systems continues to fall disproportionately on women.

Policy structures further shape the extent and quality of parental involvement. In the UK, parents of children with identified needs are entitled to participate in decision-making processes through the EHCP system. Where necessary, they also have the right to appeal to decisions via the tribunal. This legal framework offers parents formal channels to engage with the system, although access to these rights depends on awareness and confidence in navigating complex procedures. In Malaysia, by contrast, there is no statutory equivalent to the EHCP, and parental engagement is often informal. While some schools offer Individualised Education Plans (IEPs), their implementation is inconsistent and not mandated by law. In practice, opportunities for parental input vary widely and are shaped by school leadership, teacher attitudes, and civil society advocacy, particularly through organisations such as Persatuan Dyslexia Malaysia (Nasir and Effendi 2016).

Taken together, these comparisons point to important differences in how national policies recognise and support parental roles in dyslexia provision. The presence or absence of formal mechanisms for involvement, availability of diagnostic services, and level of teacher training all shape how parents engage with schools and influence the support their children receive. Table 5 presents a comparative overview of dyslexia support policies in the United Kingdom and Malaysia, highlighting key differences in legislative frameworks, diagnostic pathways, funding structures, and the roles of teachers and parents. This comparison draws on established statutory guidance and recent policy analyses to illustrate how each country’s approach shapes the provision and accessibility of support to dyslexic learners.

Table 5: Policy Comparison: Dyslexia Support in the UK and Malaysia

Category	United Kingdom (UK)	Malaysia
Legislative Framework	Structured by the Children and Families Act (2014), Equality Act (2010), and SEND Code of Practice (2015; revised 2022), which provide statutory guidance for service delivery.	Informed by the Education Act (1996), Education (Special Education) Regulations (2013), and the Zero Reject Policy(2018), which collectively support inclusive education efforts.
Definition of Dyslexia	Defined in the Rose Review (2009) as a phonological-based SpLD; aligned with the definitions adopted by the British Dyslexia Association (BDA) and the International Dyslexia Association (IDA).	Recognised by the Ministry of Education (MoE) as a SpLD; identification is commonly based on teacher observations and developmental checklists.
Diagnostic Pathway	Typically initiated through a school's Special Educational Needs Coordinator (SENCo), and may be escalated to a local authority educational psychologist or specialist. Parents may also engage independent psychologists for formal assessments.	Generally based on teacher and parent observations, with referrals made through government healthcare services. Families may also access private hospitals or clinics.
Access to Diagnosis	NHS does not routinely fund diagnostic services; private assessments are common but costly	Government hospitals provide free assessments with long waits; private services more accessible in urban areas.
Role of Teachers	SENCo plays a central role in coordinating support plans (IEPs and EHCPs); teachers undertake mandatory SEND training.	Teachers assigned to special education may not have specialist training; dyslexia-specific instruction is typically introduced through brief, non-compulsory in-service courses.
Funding Structures	EHCP-related funding is administered through local authorities; recent reform initiatives (e.g., Safety Valve, Delivering Better Value programmes) aim to address funding inefficiencies.	Funding is centralised under the Ministry of Education; distribution is affected by regional disparities in school infrastructure and staffing.
Parental Involvement	Parents are legally entitled to participate in the EHCP process and may appeal decisions through formal tribunal mechanisms.	Parental engagement is less formalised; advocacy is often facilitated by non-governmental organisations or through informal community-based support channels.
Support Mechanisms in Schools	Provision includes IEPs, differentiated instruction, multisensory learning strategies, and assistive technologies to support learners with dyslexia.	Support is delivered primarily through Special Education Integration Programmes (PPKI). Implementation is affected by limited staff training and the grouping of students with varied competency levels in the same classroom.
Monitoring and Accountability	Provision is monitored by Ofsted and the Care Quality Commission (CQC); joint SEND inspections have been introduced since 2023.	Supervision is conducted by the MoE and district-level officers; enforcement varies by locality, leading to inconsistent outcomes.
Cultural Perceptions	Dyslexia is increasingly framed within neurodiversity discourses, though stigma and misunderstanding persist in certain social contexts.	Misconceptions about dyslexia remain prevalent, particularly in rural and traditional communities, where awareness of neurodevelopmental conditions is relatively limited.
Influence of NGOs and Civil Society	Supported by active advocacy groups such as the British Dyslexia Association (BDA), which influence policy and practice.	Civil society organisations such as Persatuan Dyslexia Malaysia (PDM) play a key role in promoting awareness, early intervention, and support services.
Language and Literacy Context	English is the primary medium of instruction; students with English as an Additional Language (EAL) may encounter additional learning barriers.	Malaysia's multilingual environment (Malay, English, Mandarin, Tamil) introduces complexity in literacy instruction and may delay identification in certain linguistic contexts.
Alignment with UNCRPD Article 24	Fully ratified and integrated into national education policy, affirming inclusive education as a legal right	Ratified but not fully operationalised; significant implementation challenges persist.

The evidence reviewed in this section highlights several policy-level divergences that directly shape how parents experience dyslexia identification and support services in each setting. In the UK, while legislative frameworks such as the Children and Families Act 2014 and the SEND Code of Practice (DfE 2015) provide stronger formal protections, concerns remain about the practical consistency of implementation. In Malaysia, the absence of robust accountability mechanisms and uneven distribution of trained personnel restrict parental agency and exacerbate regional disparities in service delivery.

It is worth noting that the comparative analysis indicates that both systems would benefit from improved coordination between the health and education sectors, earlier and more accurate identification processes, and greater emphasis on empowering parents through transparent, rights-based mechanisms. These findings have direct relevance to the analysis in Chapters 5 and 6, where parents' narratives in the UK and Malaysia illustrate the lived consequences of these policy frameworks.

3.5 Conclusion

This chapter has presented a detailed comparison of dyslexia-related policies and practices in the UK and Malaysia, providing an essential context for the institutional support parents encounter in each country. Beginning with an overview of the UK's educational framework, the chapter examined key policies, government initiatives, and resources available to support students with dyslexia.

The chapter then turned to Malaysia, offering an overview of its educational system, particularly the state of special education. Policies and initiatives addressing dyslexia in Malaysia were discussed, revealing both efforts to support children with dyslexia and the unique challenges that arising from limited resources and differing educational priorities.

A comparative analysis of policy and practice highlighted key similarities and differences in approaches between the two countries, addressing aspects such as funding, teacher training, diagnostic approaches, and the level of parental support.

The chapter also considered the role of cultural influences in policy-making, reflecting how varying cultural values and societal attitudes impact the experiences of parents and children with dyslexia. By contextualising the institutional frameworks within the

UK and Malaysia, this chapter has examined the impact of policy on parental experiences and student outcomes. This comparative foundation will inform the subsequent analysis of parental perceptions and support systems, advancing the discussion of effective interventions and inclusive practices for children with dyslexia across diverse educational contexts.

Chapter Four: Methods and Methodology

The chapter outlines the research methods and methodology employed in this small-scale qualitative study. It begins by restating the research aims and questions, followed by a discussion of the philosophical assumptions underpinning the study. The study adopts a critical realist paradigm, which provides a conceptual foundation for understanding how structural and personal realities intersect to shape the experiences of parents.

A rationale is presented for the use of a qualitative research design, with a specific focus on semi-structured interviews and reflexive thematic analysis. The chapter also details the sampling strategy, participant recruitment, data collection procedures, and the processes of transcription, translation, and data analysis. Issues of reflexivity, positionality, and ethics are interwoven throughout the discussion, with specific attention given to maintaining trustworthiness and rigour in qualitative research.

The chapter concludes by examining the impact of the COVID-19 pandemic on data collection and acknowledging the study's limitations. Ethical considerations, guided by the British Educational Research Association (BERA 2024), were embedded at every stage of the research, from initial design to findings dissemination. Ethical integrity was sustained throughout the entire research process, and ethical issues are addressed in a dedicated section in this chapter.

In this study, the term *parent* is used to refer to the individual or individuals who bear primary parental responsibility for the child with dyslexia. While this typically includes mothers and fathers, it may also include other family members, adoptive parents, or foster parents. Given the subjective nature of qualitative inquiry, the subsequent sections may be written in the first person where appropriate to honour the reflexive and co-constructed nature of the research process.

4.1 Research aims and questions

Building upon insights derived from the literature review, this study aims to explore how parents of children with dyslexia (aged 7 to 12 years) in mainstream primary schools in the UK and Malaysia support and manage their children's educational needs. While previous research has primarily focused on cognitive assessments or school-based interventions, there remains a significant gap in the literature exploring the parental experiences, particularly in cross-cultural contexts.

The following research questions guide this inquiry:

1. What are the similarities and differences in the experiences of parents who are supporting children with dyslexia (aged 7-12 years) in mainstream schools in the UK and Malaysia?
2. What are the similarities and differences in terms of institutional supports received by the parents of children with dyslexia in the UK and Malaysia?
3. What practices do parents identify as most useful from both countries in terms of supporting children with dyslexia?

4.2 Philosophical considerations

All research is grounded in a set of philosophical assumptions that guide how knowledge is conceptualised and pursued. These assumptions, typically situated within the domains of ontology (nature of reality) and epistemology (nature and scope of knowledge), inform the methodological choices that guide the research process (Mertens 2010). This section begins by outlining the ontological and epistemological positions found in the study, before justifying the research position.

4.2.1 Ontology

Ontology is concerned with how we understand the nature of reality, specifically what exists, what can be known, and how we come to know it (Ladyman 2007). In qualitative research, these assumptions matter because they shape how we frame our research questions, interpret participants' accounts, and ultimately understand the world we are studying.

Ontological positions in social research typically fall along a continuum between realism and relativism. A realist ontology asserts that a single, objective reality exists independently of our understanding of it (Guba and Lincoln 1994). From this perspective, the researcher's role is to uncover and represent that external reality. Tebes (2005) describes this as a "mind-independent reality" (p. 219), where truth is considered to exist whether it is perceived by individuals.

Conversely, a relativist ontology argues that reality is socially constructed and inherently shaped by cultural, historical, and linguistic contexts (Willig 2013). Within this paradigm, there is no singular, objective reality; instead, multiple realities are co-constructed through social interaction. Thus, the emphasis is placed on understanding the subjective experiences and meaning-making processes of individuals embedded within specific socio-cultural contexts (Guba and Lincoln 1994).

Both the realist and relativist perspectives offer significant yet contrasting ways of understanding human experience. The choice between them has practical implications, affecting how researchers listen to participants, what is considered valid knowledge, and how findings are contextualised within broader social and structural frameworks. This study positions itself between these two poles, recognising that while individual experiences are subjectively interpreted, they are also influenced by the structural realities that shape and constrain those experiences.

4.2.2 Epistemology

Epistemology is concerned with the nature of knowledge (Mertens 2010), particularly on how it is acquired (Killam 2013), or how we can know about reality (Al-Ababneh 2020). In social research, epistemological assumptions significantly influence methodological decisions, including the choice of data collection methods and how knowledge claims are justified (Guba and Lincoln 1994).

Two dominant epistemological positions: objectivism and subjectivism (Guba and Lincoln 1994), frame much of the discussion in qualitative research. Objectivist epistemology assumes that knowledge exists independently of the researcher and can be observed, measured, and verified without influence from the researcher’s values or interpretations (Braun and Clarke 2022). This perspective is consistent with the correspondence theory of truth, in which knowledge is understood as a faithful representation of an external reality (O’Connor 1975). Within this framework, the researcher's task is to minimise bias and produce value-free, generalisable findings (Braun and Clarke 2022).

In contrast, subjectivist epistemology challenges the notion of value-free knowledge, arguing that knowledge is co-constructed through interaction and interpretation, shaped by individuals' prior experiences, values, and cultural positioning (Mertens 2010). In this view, the researcher is not a detached observer, but an active participant in meaning-making (Willig 2013). Emphasis is placed on exploring participants' interpretations of their own experiences and on recognising the researcher's reflexive role in shaping the construction and interpretation of data (Gough and Madill 2012).

The tension between objectivist and subjectivist positions reflects a broader philosophical debate within qualitative research regarding the nature of truth, representation, and role of interpretation. Both perspectives have methodological and ethical implications, particularly in studies concerned with subjective experiences and marginalised voices. This study embraces a subjectivist epistemology, consistent with its qualitative orientation and its commitment to exploring the detailed, context-bound realities of parents navigating dyslexia support systems in two distinct socio-cultural settings. The following section outlines how these ontological and epistemological assumptions combine within research paradigms, and how this informed the philosophical positioning of the present study.

4.3 Research paradigm

The ontological and epistemological assumptions outlined earlier are brought together within paradigms. A paradigm represents a worldview, which is a set of beliefs and values that shapes how knowledge is conceptualised, acquired, and applied (Schwandt 2001; Scotland 2012). Guba and Lincoln (1994) define a research paradigm as

> "a set of basic beliefs that deals with ultimate or first principles. It represents a worldview that defines the nature of the 'world', the individuals place in it, and the range of possible relationships to that world and its parts".
>
> (Guba and Lincoln 1994, pp. 105)

This section introduces three dominant research paradigms relevant to social science inquiry, which are positivism, constructionism, and critical realism. Each paradigm is examined in turn of its ontological and epistemological foundations, followed by an explanation of the paradigm that underpins the current study. This is followed by a rationale for the chosen philosophical positioning that underpins the present research.

4.3.1 Positivism

Positivism is grounded in a realist ontology and an objectivist epistemology. It assumes that a single objective reality exists independently of human perception, and that this reality can be discovered through objective, systematic investigation (Robson and McCartan 2016). Commonly associated with research in the natural sciences, positivist approaches aim to identify causal relationships and produce findings that are generalisable. When applied to social science, this paradigm assumes that human behaviour can be studied using the same empirical methods as the physical sciences, with the goal of revealing consistent patterns and laws (Gergen 1973).

4.3.2 Constructionism

Constructionism contrasts with positivism and is underpinned by a relativist ontology and a subjectivist epistemology (Burr and Dick 2017). Within this paradigm, knowledge is not discovered but constructed through social processes, language, and interaction. Constructionist research emphasises the importance of understanding participants' experiences and the meanings they attribute to them (Mertens 2010). Knowledge is generated collaboratively, with the researcher playing an active role in shaping the inquiry and interpretation (Lincoln and Guba 2000).

4.3.3 Critical realism

Critical realism represents a middle ground, combining a realist ontology with a subjectivist epistemology (Danermark et al. 2002; Willig 2013). It asserts that an external reality exists independently of human perception but emphasises that our knowledge of it is shaped by social, cultural, and linguistic contexts (Pawson and Tilley 1997). Reality, then, is not denied but is only knowable through the discursive and social means available to us (Braun and Clarke 2022). Therefore, critical realists acknowledge that there may be different perspectives and interpretations of this singular reality. Research which is situated within a critical realist paradigm aims to explore participants' perceptions of their reality, embedded within their cultural context (Willig 2013).

4.4 Philosophical positioning of the research

This study adopts a critical realist paradigm, combining a realist ontology with a subjectivist epistemology (Danermark et al. 2002; Braun and Clarke 2022). I recognise that educational policies and institutional structures exist independently of individual perception, but our understanding of these realities is always mediated through personal, cultural, and historical interpretation. In practice, this meant that my data collection and analysis were designed to capture both the subjective experiences of parents and the material conditions shaping those experiences.

Reflexive thematic analysis was chosen for its capacity to identify patterns in meaning-making while also theorising about the underlying structures that give rise to these patterns (Fryer 2022). The analysis attends to both the ways parents construct meaning around dyslexia support and the real-world policies and systems that enable or constrain their experiences. This dual focus is consistent with recent methodological guidance on operationalising critical realism in qualitative research (Braun and Clarke 2022; Wiltshire 2022).

This philosophical positioning is particularly relevant for a study that compares experiences across two national contexts, Malaysia and the United Kingdom. I acknowledge that structural elements, such as education policy and institutional support, operate independently of any individual's perception. However, parents' experiences of navigating these systems are deeply shaped by their own cultural values, expectations, and meanings they attach to events. Adopting a critical realist stance allowed me to explore both the material conditions that parents encounter and the subjective ways they interpret and respond to those conditions (Danermark et al. 2002).

4.5 Theoretical framework to the study

This study is guided by Bronfenbrenner's Bioecological Systems Model (1994), which offers a conceptual foundation for examining the complex, multi-level systems that shape how parents understand and respond to their child's dyslexia. The model is particularly suited to this research, as it situates individual experiences within broader sociocultural, institutional, and historical contexts. It recognises that a child's development and the support they receive are not shaped by isolated events, but by ongoing, dynamic interactions between personal, social, and structural forces (Bronfenbrenner and Ceci 1994; Bronfenbrenner and Morris 1998).

This systems-based perspective is informed by the study's critical realist paradigm, which accepts that social structures exist independently of human thought, but that our understanding of them is always mediated through personal and cultural interpretation (Danermark et al. 2002; Willig 2013). By applying Bronfenbrenner's framework, this research captures how parents in the UK and Malaysia interpret their role, navigate institutional structures, and engage with broader discourses of disability and education.

4.5.1 Relevance of Bronfenbrenner's bioecological systems model (1994) to the study

The decision to employ Bronfenbrenner's Bioecological Systems Model (1994) instead of his earlier Ecological Model (1979) was prompted by the need to understand the complex experiences of parents of children with dyslexia. The 1979's model focused primarily on environmental influences, such as the microsystem, mesosystem, exosystem, and macrosystem, but lacked emphasis on the biological dimensions of human development (Bronfenbrenner 1979).

In contrast, the bioecological model introduced in 1994 incorporates biological factors, offering a more holistic and dynamic approach to human development (Bronfenbrenner and Ceci 1994). This integration is particularly significant for this study as it acknowledges the role of both environmental and biological influences in shaping the developmental trajectories of children with dyslexia (Rosa and Tudge 2013).

The inclusion of biological elements is particularly relevant for dyslexia, which is recognised as a neurobiological condition affecting learning and literacy development (Hulme and Snowling 2009). By applying this model, the study captures the interaction between children with dyslexia and their environment, accounting for the varied ways dyslexia manifests in different contexts. Figure 3 illustrates Bronfenbrenner's initial ecological model before its expansion.

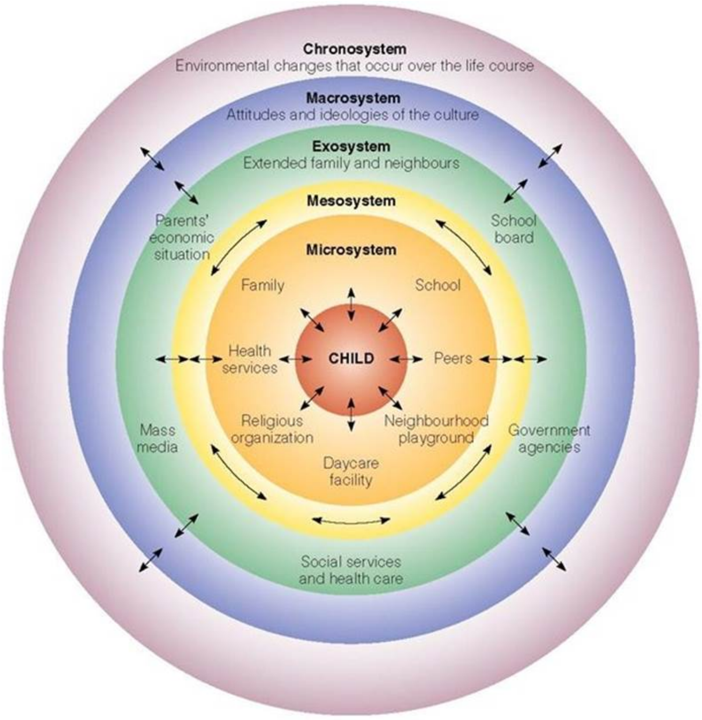

Figure 3: Bronfenbrenner's Ecological Model (1979).
(Source : Evans 2020)

A key feature of the 1994 bioecological model is its concept of proximal processes, which refer to the enduring, reciprocal interactions between a developing individual and the people, objects, and symbols in their immediate environment (Bronfenbrenner and Morris 1998; Shelton 2018). These are the activities, roles, and relationships in which a person actively participates, such as family routines, classroom learning, or peer interactions, and are considered the primary engines of development. Proximal processes also encompass the psychological activities individuals use to make sense of their experiences, including learning, thinking, and practicing new skills. These processes drive development but are shaped by the child's biological makeup and the environmental context (Bronfenbrenner and Morris 1998). This makes the model particularly well-suited for studying dyslexia, a neurobiological condition (Hulme and Snowling 2009), as it accounts for how children with dyslexia experience learning challenges within their family, school, and broader social systems. The mesosystem, which examines family-school interaction, plays a critical role in comparing parental engagement and institutional support across cultural contexts like the UK and Malaysia (Desforges and Abouchaar 2003).

The chronosystem focuses on the influence of time and life transitions. It provides understanding of how significant changes, such as moving through educational stages or the impact of events like the COVID-19 pandemic, shape the support children with dyslexia receive (Di Pietro et al. 2020). The bioecological model thus enables a more comprehensive analysis of how children with dyslexia and their parents navigate changing educational environments, highlighting how differences in institutional support in the UK and Malaysia affect their experiences and outcomes (Sahari and Johari 2012). This makes the model an essential framework for the comparative aspects of this study.

4.5.2 Overview of the Bronfenbrenner's bioecological systems model (1994)

Bronfenbrenner's original ecological systems theory (1979) identified four nested systems that influence development: microsystem, mesosystem, exosystem, and macrosystem. In 1986, he extended the framework by introducing the chronosystem, which captures the temporal dimensions of development, including life transitions, social changes, and historical events.

The bioecological model (1994) represents a conceptual shift from focusing solely on the environmental context to emphasising the central role of proximal processes, the enduring, reciprocal interactions between the individual and their environment that drive development (Bronfenbrenner and Morris 1998). This evolution allows for a more dynamic understanding of how children with dyslexia, and their families, engage with support systems over time. Figure 4 illustrates the model's multi-layered systems.

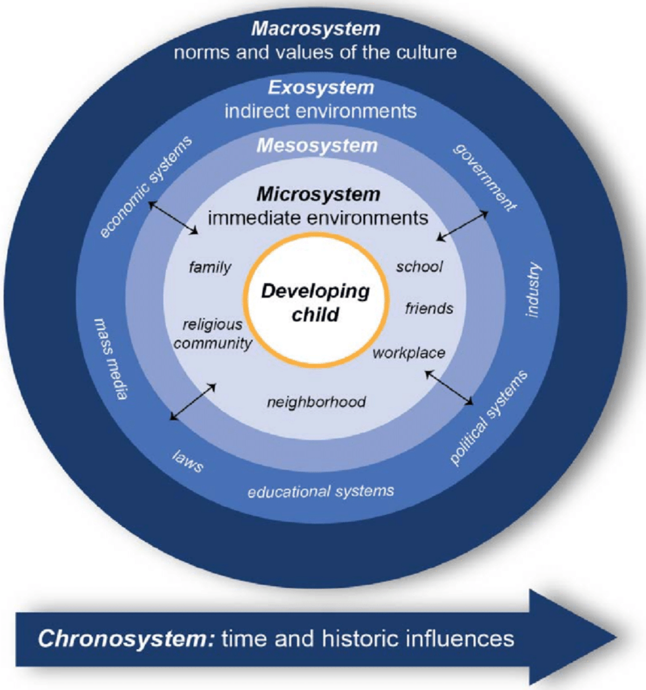

Figure 4: Bronfenbrenner's Bioecological Model of Human Development (1994) (Source : Adapted from Nicholson and Dominguez-Pareto 2020)

4.5.3 Application of Bronfenbrenner's bioecological theory (1994)

Applying Bronfenbrenner's model enables this study to examine how structural factors and personal experiences intersect to shape the ways parents support their children with dyslexia. It also offers a framework to compare how these systems operate in two distinct national contexts.

The centre of the model is the microsystem, which includes parents, teachers, and others with whom the child has daily direct contact. For many parents in this study, the microsystem emerged as a key site for both support and frustration. The quality of interactions between home and school had a significant impact on how dyslexia was understood and responded to. Where relationships with school staff were positive, parents felt more confident in their ability to support their child. However, when communication broke down or teachers lacked knowledge of dyslexia, barriers to effective support emerged (Desforges and Abouchaar 2003).

The Mesosystem reflects the links between different microsystems. For example, the relationship between home and external services, such as educational psychologists or speech and language therapists, is crucial in shaping parental experiences. In both the UK and Malaysia, the quality of these interactions may vary based on the availability of resources, cultural attitudes towards dyslexia, and institutional frameworks supporting SEN. Understanding how these interconnections function (or fail to function) is essential for improving the educational experiences of children with dyslexia.

Beyond the direct environment, the exosystem comprises structures that indirectly affect the child, including education policy, school governance, and parents' workplaces. For instance, differences in the availability and quality of formal support services between the UK and Malaysia were shaped by each country’s institutional capacity and policy frameworks (Sahari and Johari 2012; Hornby and Blackwell 2018). Parental experience in both contexts can be influenced by different structural limitations, bureaucratic barriers, and policy implementation, which also influence their ability to access timely and meaningful support.

Bronfenbrenner’s ecological model highlights how broader societal systems, such as political ideologies, cultural beliefs, and historical legacies influence educational practices. At the macrosystem level, both the UK and Malaysia are shaped by ideological frameworks that go beyond their immediate policy differences. Although their current special educational needs (SEN) systems differ, both have been influenced by a shared colonial history. In Malaysia, the impact of British imperialism is particularly visible in institutional arrangements, curriculum structures, and assessment models (Gill 2005; Noor and Leong 2013). The structures surrounding education are shaped by wider ideological forces, most notably capitalist and utilitarian values that prioritise academic attainment and measurable productivity. These ideals are present in both the UK and Malaysian systems and frequently marginalise those falling outside the conventional standards of success (Tomlinson 2017; Elliott 2020). Within this framework, children with dyslexia are often understood in terms of their difficulties rather than their support needs. These common assumptions, shaped by broader social influences, affect how dyslexia is viewed and how effectively inclusive practices are put into place in schools.

Finally, the Chronosystem considers the element of time, specifically how life transitions, historical events, and changing circumstances affect both parents and children. Many parents have reflected on the disruption of services during the pandemic and the long-term effects of online learning on their children's confidence and progress. The chronosystem thus allows for analysis not only of “where” and “how” support is accessed, but also “when”, emphasising that subjective experience is both place- and time-sensitive (Di Pietro et al. 2020).

4.6 Research design

When planning this research, I needed to make critical decisions, one of which is the overall research design. Broadly speaking, research can adopt either a quantitative or qualitative approach. While quantitative methods typically involve numerical data and statistical analysis to test hypotheses or explore causal relationships (Robson and McCartan 2015), this was not suitable for my research goals. I was not seeking to measure or predict phenomena but rather to understand the lived realities of parents supporting children with dyslexia in two very different sociocultural and educational contexts: the UK and Malaysia. The approaches differ not only in terms of data collection and analysis but also in their philosophical assumptions and suitability for answering the research questions. Each will be briefly considered below, with reference to their appropriateness for the aims of the current study.

4.6.1 Quantitative design versus qualitative design

Quantitative research typically gathers numerical data that can be subjected to statistical analysis, with the aim of identifying patterns, testing hypotheses, or establishing causal relationships (Robson and McCartan 2015). It is often aligned with a positivist paradigm, which assumes that it is possible to obtain value-free, objective knowledge about the world (Guba and Lincoln 1994). However, the present study does not seek to quantify parental experiences, nor is it concerned with testing pre-existing theories. Rather, the aim is to understand how parents interpret and navigate the educational and emotional challenges associated with supporting a child with dyslexia in different sociocultural contexts. Therefore, a quantitative approach was considered inappropriate. For instance, quantitative tools such as questionnaires would have limited parents’ ability to articulate a culturally situated understanding of dyslexia. The emphasis of this research is on meaning-making, interpretation, and exploration of subjective experiences: the dimensions that cannot be meaningfully reduced to numerical categories. Deductive reasoning typically used in quantitative studies does not align with the exploratory and inductive nature of this research.

In contrast, qualitative research is concerned with capturing rich, descriptive accounts of participants' experiences, often through methods such as interviews or focus groups (Robson and McCartan 2016). This design aligns well with research situated within a critical realist or social constructionist paradigm, both of which view knowledge as contextually situated and co-constructed (Mertens 2010). Given that this study aims to explore how parents of children with dyslexia in the UK and Malaysia interpret and respond to their unique challenges, a qualitative approach was deemed most appropriate to address the present research aims and questions.

4.6.2 Rationale for a qualitative design

Hence, the study adopts a qualitative approach underpinned by reflexive thematic analysis (Braun and Clarke 2006 2013) which is particularly well suited to capturing participants' subjective experiences and accounts without adhering to the stricter procedural frameworks of methodologies such as phenomenology or grounded theory. Reflexive thematic analysis differs from codebook approaches in that it allows the researcher's interpretations, positionality, and theoretical lens to shape theme development (Braun and Clarke 2019). It offers analytical flexibility and supports both semantic and latent coding, making it an effective strategy for examining how parents of children with dyslexia construct meaning around educational, emotional, and institutional challenges within their respective cultural contexts. Further detail on the thematic analysis process and rationale are discussed in Section 4.12.1 of this chapter.

The suitability of qualitative methods for exploring complex, emotionally charged experiences is widely documented in the literature. Chandramuki et al. (2012), for example, noted the emotional and psychological toll experienced by parents following a dyslexia diagnosis, while Stephenson et al. (2024) emphasised the value of clear, supportive communication to assist parents in understanding their children with dyslexia's needs. These findings highlight the importance of capturing the emotional detail of an experience, which is something that qualitative methods are particularly well-equipped to achieve.

In addition to the theoretical rationale, this study is informed by my own experience as a parent of a child with dyslexia. While I took care to reflexively examine this positionality throughout the study, my personal experience offered insights and sensitivity that informed both the study design and my interpretation of the data. Following Finlay's (2002) notion of reflexivity as continuous, critical self-awareness, I engaged in ongoing reflection to bracket my assumptions and remain attentive to how my role as a parent might shape the research process. This was particularly important given my desire to centre on participants' voices rather than project my own interpretations of their experiences. At the same time, I was conscious of the uniqueness of each parent's journey and did not presume that my experience was representative. My aim was not to foreground my perspective, but to create space for participants to share their own accounts on their terms, and approach these narratives with care, curiosity, and respect.

Following Creswell (2013), who highlights the value of qualitative research in capturing participants' language and perspectives, I selected semi-structured interviews as my primary method of data collection. This method offered participants a space to reflect on their experiences, speak openly, and guide the conversation in ways that felt authentic to them. Importantly, it also allowed me to remain responsive, refining the interview guide over time to explore emerging themes: a flexibility that more rigid tools such as questionnaires would not have supported as effectively. This is explained further in Section 4.4.1 of this chapter.

Other studies of dyslexia have used similar approaches. Leitao et al. (2017) employed phenomenological methods to explore parental perspectives, while Earey (2013) demonstrated the value of in-depth interviews in facilitating openness and trust. These examples indicate the appropriateness of qualitative methods for exploring sensitive, complex, and under-researched experiences. As Bratlinger et al. (2005) suggest, qualitative research has the potential to influence policy and practice, particularly in fields such as special education. My hope is that this study will contribute to more responsive and culturally attuned support for families in both the UK and Malaysia.

4.7 Ethical considerations

Ethical responsibility underpins the integrity of qualitative research, particularly when the research focus is on participants' subjective experiences and potentially vulnerable subject matter. Bos (2020) refers to ethics as an inquiry into what is right and wrong, and what researchers ought to do. In this study, which explores the emotional and social realities faced by parents of children with dyslexia, ethical conduct was not approached as a procedural obligation but as an ongoing, embedded commitment across all stages of the research process (Kvale and Brinkmann 2009; BERA 2024).

As noted by Dornyei (2007), qualitative research often involves a degree of emotional intimacy that can be both empowering and exposing for participants. Recognising this, I adopted a relational ethics framework, based on the British Educational Research Association’s ethical guidelines (BERA 2024) and reinforced by my own reflexive engagement throughout the project. Ethical practice in this study extended beyond compliance with formal protocols to include cultivation of trust, emotional attentiveness, and methodological transparency.

4.7.1 Ethical approval

In line with the established ethical guidance for conducting research with human participants (Cohen et al. 2005), ethical approval for this study was sought and granted by the School Research Ethics Committee of Cardiff University. The application was submitted online via the institutional ethics portal and included a full outline of the project’s aims, methodological approach, and ethical considerations. Supporting documentation, such as the Participant Information Sheet and Consent Form, were also uploaded for review. Approval was granted without conditions, confirming that the study met the required standards for participant safety, informed consent, and data protection. (A copy of the approval letter is included in Appendix 1.)

Upon receiving ethical approval, a recruitment post was carefully created, taking ethical considerations into account, and was shared on dedicated parents of children with dyslexia’s support groups on Facebook (Meta), both in the UK and Malaysia. Facebook, according to Boegershausen et al. (2025) is by far the most popular type of online platform study in academic research. This platform was also selected for their relevance and accessibility to the participant population. Kelly et al. (2022) reported that the success of the Facebook support group being observed was determined by frequent user-level activity and authentic knowledge sharing (p. 9).

By sharing study information through these channels, I aimed to reach out to individuals who met the criteria for participation in the research. It is important to note that the recruitment post was designed with utmost sensitivity and respect for potential participants, providing clear information about the study purpose, procedures, and potential benefits and risks. Additionally, it emphasised the voluntary nature of participation, affirming individuals' freedom to decide whether they wished to take part in the study.

The decision to use social media as a recruitment tool also raised important considerations around equity and access. While digital platforms offer broad reach and convenience, I remained mindful of the risk of digital exclusion and made provisions for participants to contact me through alternative methods where needed.

4.7.2 Informed consent

Informed consent was implemented in accordance with BERA’s (2024) framing of consent as an ongoing, ethically sensitive process. It states that the participant should receive adequate information on which to base their choice to freely consent. To this end, before the interviews were conducted, each participant was provided with an information sheet describing the research and the expression of interest form (see Appendix). Each set outlines the study’s objectives, expectations, potential risks, and ethical rights, including the right to withdraw at any point. The Information Sheet also included my contact details should they wish to raise concerns or seek clarification at any stage of the research process. (See Appendix 2.)

Consent was secured using DocuSign, an electronic signature service that provided a secure and trackable means of authorisation while preserving participants' copies for their own records. Consent extended beyond agreement to participate but also included permission for the interviews to be recorded and transcribed for analysis. Participants were asked to confirm this explicitly prior to the commencement of each session. The voluntary nature of participation was emphasised, and no financial or material incentives were offered, in line with ethical guidance discouraging inducements in sensitive research (Creswell 2013; BERA 2018; BERA 2024). Informed consent was treated not as a single event, but as an ongoing ethical process, with participants reminded of their rights throughout the study (Kvale and Brinkmann 2009).

4.7.3 Debriefing subjects

Following the interviews, participants were offered the opportunity to ask questions and reflect on the interview process. Where appropriate, I provided verbal reassurance and follow-up support resources to participants who appeared emotionally affected. This process was guided by BERA’s (2024) emphasis on researcher responsibility to minimise harm and respect participant agency throughout. (See Appendix 3.)

1. The subject's right to withdraw

Participants’ right to withdraw was reaffirmed before, during, and after data collection. This included the right to withdraw their data without needing to provide justification, in line with BERA’s (2024) principle of autonomy. Participants were informed, both in writing and verbally, that they could discontinue their involvement at any time without having to justify their decision. If the participants chose to withdraw, all data contributing to that point would be securely deleted. This principle of non-retaliation and respect for autonomy is particularly crucial in research involving emotionally sensitive topics (Miller and Boulton 2007).

2. Confidentiality and anonymity

Confidentiality and data protection were upheld in accordance with the Data Protection Act 2018, the UK General Data Protection Regulation (GDPR), and the ethical standards set out by BERA (2024). While conventional safeguards were applied such as pseudonymisation and secure storage, this study also acknowledged the inherent limitations of confidentiality in qualitative research involving richly detailed personal accounts.

One particular problem which I thought may arise is that, as some of the events or organisations that the participants were involved in could be familiar, and there might be a chance that participants might be recognisable from their statements. Thus, the anonymisation process was not limited to the textual level. All personal data collected during the study were handled with a high level of care to protect participants’ identities and ensure compliance with legal and institutional requirements. For example, during transcription, contextual cues that could link narratives to particular individuals or locations were replaced with generic descriptors (e.g. "a local school" or "a community programme"). This not only protected confidentiality but also maintained the integrity of participants’ narratives by retaining meaning without exposing identity.

All transcripts were anonymised immediately after data collection. Pseudonyms were used in place of real names, and any potentially identifying details, such as references to specific schools, towns, or individuals, were either generalised or redacted. Data were stored securely on encrypted devices and backed up using institutionally approved, password-protected platforms. Access to the data was limited to the researcher, and in accordance with ethical guidance, all files will be destroyed following the end of the required data retention period.

In line with BERA (2024), participants were fully informed both verbally and in writing of how their data would be used, stored, and disseminated. They were made aware of their right to withdraw, the procedures for doing so, and the conditions under which confidentiality might legally be breached (e.g. safeguarding concerns). Participants were also informed of the potential for de-identified data to be included in academic publications or used in future research outputs, subject to continued anonymity. Data will be retained for the period specified in Cardiff University’s data management policy and securely destroyed thereafter. These procedures reflect a commitment to both legal compliance and the ethical principle of respect for participant autonomy, privacy, and dignity throughout the research process.

3. Ethics in interviewing

Although the participants were not considered a vulnerable population, the potential for emotional responses during the interviews was acknowledged. Questions were designed to avoid unnecessary distress, particularly when discussing sensitive aspects of their child's development, and I remained alert to signs of emotional discomfort. Creswell (2013) and BERA (2024) note, researchers must anticipate emotional risk and prepare to respond with care. After consulting with my supervisor, I prepared strategies to respond empathetically should the participants become emotionally affected during the interviews. I also considered potential cultural, religious, gender, or other differences among the participants and the interview sites, ensuring that these aspects were respected. Prior to the interview, warm-up questions about the participants' demographic backgrounds were asked to create a relaxed atmosphere and establish rapport. Interview questions were introduced gradually, starting with demographic prompts to build rapport. Cultural and religious sensitivities were respected, particularly in relation to gender norms and family values, in line with BERA's (2024) commitment to cultural competence.

4.8 Reflexivity and researcher positionality

Reflexivity is an essential practice in qualitative research, requiring the researcher to routinely reflect on their assumptions, choices, and actions throughout the research process (Finlay and Cough 2003; Berger 2015). It is not about just thinking yourself, but also the knowledge researcher produce from research, and how they produce it (Wilkinson 1988; Luttrell 2019). In this study, reflexivity was central not only to research design and data collection but also to the interpretation of participants' experiences.

4.8.1 Reflexivity – Inside researcher

The personal and professional motivations behind this research necessitated a commitment to reflexivity, recognising how my own values, beliefs, and personal experiences might shape the study (Lincoln and Guba 1985). As stated, the very existence of this thesis is a result of my own experiences with my child with dyslexia. These all influenced my choice of parents' experience as a subject for investigation

As a mother and primary caregiver, I am acutely aware of the gendered expectations that shape parental advocacy in dyslexia. This positionality informed my approach to interviewing, data analysis, and interpretation, and aligns with feminist methodological commitments to reflexivity and the recognition of care as a gendered social practice (Lynch et al. 2009). To address this, I approached data analysis with a “neutral stance”, striving to be a passive gatherer of information and resisting the inclination to validate my own experiences through participants' responses.

During the analysis, listening to the interviews revealed moments where my voice as an interviewer reflected the empathy and shared understanding I felt with participants. While this familiarity was significant in building rapport, it occasionally risked compromising objectivity, as I managed my dual role as both a peer to other parents and an impartial researcher. Malinowski (1967) suggests that reflexivity requires not the elimination of bias but an open acknowledgment of its influence on the research process. I thus embraced this dual role, allowing it to enrich the data while continuously reflecting on and adjusting for its potential effects.

By taking this reflexive approach, I sought to leverage my insider perspective as a meaningful contribution to the research, rather than viewing it solely as a limitation. Acknowledging my positionality openly enabled me to interpret the data with both empathy and objectivity, supporting a balanced representation of the unique and complex experiences of parents of children with dyslexia. This reflexive journey, marked by self-reflection, ethical diligence, and a commitment to representing both common and unique perspectives, improved the authenticity and depth of this study.

4.8.2 Dual positionality

As a researcher, I hold a dual positionality that has deeply influenced this study. Not only am I a researcher exploring the experiences of parents of children with dyslexia, but I am also a mother of a child with dyslexia. This dual identity adds both a personal and professional layer to my work, as my motivation for conducting this study is deeply rooted in my own desire to understand dyslexia and contribute to the support and resources available for other parents in similar circumstances. While my role as a parent allowed me to connect authentically with participants, it also introduced complexities regarding objectivity and the potential for bias (Holmes 2020). Additionally, being Malaysian and conducting interviews in Malay positioned me as an insider researcher with a shared linguistic and cultural background. This insider status likely aided recruitment and deepened participant trust, as cultural references were naturally understood. However, it also risked over-identification with participants' experiences, which could influence data interpretation. To address this, I engaged in ongoing reflexive journaling and peer debriefing.

Understanding the potential influence of my dual positionality, I approached each interview with openness, disclosing my background to participants. This transparency promoted trust, allowing participants to feel comfortable and open in sharing their personal experiences with dyslexia. Many parents expressed appreciation for speaking to someone who could relate to their experiences, which encouraged candid and meaningful discussions. However, as Delamont (2018) suggests, dual positionality can also present challenges, such as the risk of over-identifying with participants' views or, conversely, allowing personal biases to affect my interpretation of their perspectives.

Another layer of my insider positionality lies in my identity as a Malaysian researcher conducting interviews in Malay with Malaysian participants. This cultural and linguistic familiarity undoubtedly facilitated rapport-building, comfort, and richer engagement during interviews. It also likely aided recruitment, as participants may have felt more comfortable speaking to someone who shares their cultural background. However, this dual familiarity introduces a risk of over-identification with participants, which could inadvertently influence interpretation or reduce critical distance. To mitigate this, I engaged in continuous reflexive journaling and peer debriefing to check for bias, and adopted deliberate strategies during interviews, such as using neutral prompts and avoiding assumptions based on shared cultural references.

To mitigate these risks, I employed reflexive practices throughout the research process, acknowledging the moments when I encountered views that differed from my own or when I felt the urge to correct participants on certain points. For example, some participants disclosed information that did not fully meet the study's inclusion criteria, such as additional diagnoses beyond dyslexia. In these instances, I made considered decisions to exclude certain interviews to maintain focus on the study's core research aims and preserve coherence within the dataset. During interviews, I consciously avoided leading questions or inserting my own experiences into the conversation. For example, instead of affirming a participant's statement with my personal perspective, I used neutral prompts such as, "Can you elaborate on that?" or "How did that make you feel?"

As highlighted by Berger (2015), conducting research from an insider position presents both opportunities and challenges. While familiarity with the research context may support rapport-building and comprehensive understanding, it also raises concerns about subjectivity and assumed knowledge. This risk: commonly referred to as the "familiarity problem" (Chavez 2008) can affect how data are interpreted, particularly when researchers unconsciously anticipate responses based on their own experiences. In this study, I approached these concerns by maintaining a reflexive stance, recognising how my position shaped interactions and interpretation. Following Greene (2014), I viewed positionality not as a limitation, but as a resource that, when critically examined, contributes to deeper and more ethically grounded qualitative inquiry.

4.9 Trustworthiness in qualitative research

To establish trustworthiness, I prioritised Lincoln and Guba's (1985) criteria of credibility, transferability, dependability, and confirmability. Verbatim transcription and translation contributed to credibility and accurately captured participants' voices. Transferability was strengthened through the inclusion of diverse perspectives from parents in both countries, while dependability was supported by thorough documentation and consistent management of the data.

This approach, informed by Braun and Clarke's (2006) framework for thematic analysis, involved listening to each recording alongside transcripts to identify key themes and patterns. The iterative and reflective nature of these practices made sure that the findings presented accurately represent the subjective experiences of parents navigating dyslexia support systems in the UK and Malaysia.

In qualitative research, trustworthiness refers to the credibility, relevance, and integrity of the research process and its findings. Rather than applying the statistical criteria of validity and reliability typically associated with quantitative traditions, qualitative inquiry draws on alternative benchmarks. Lincoln and Guba's (1985) framework, comprising credibility, transferability, dependability, and confirmability provides a well-established basis for assessing rigour. While originally developed within an interpretivist paradigm, these principles remain applicable within a critical realist approach that acknowledges the partial, situated nature of knowledge. In this study, they were embedded across the research design and analytic process to support transparency, reflexivity, and conceptual clarity (Nowell et al. 2017).

4.9.1 Credibility

Credibility in qualitative research refers to the confidence that can be placed in the truth of the findings, particularly how well they reflect participants' experiences and contexts (Gasson 2004). In this study, credibility was established through a combination of strategies, including extended engagement with the data, researcher reflexivity, triangulation of data sources, and academic peer support. These measures were adopted to demonstrate transparency, rigour, and contextual sensitivity throughout the research process.

Data collection through in-depth, semi-structured interviews allowed parents to speak candidly about their experiences in navigating support systems for their children with dyslexia. Interviews were conducted in both English and Malay, depending on the participant's preference. For the Malay-language interviews, efforts were made to ensure that the translation process captured both the cultural context and the emotional richness of participants' narratives. Verbatim transcription of all interviews enabled close engagement with the data, while repeated reading of transcripts facilitated early identification of recurring issues and patterns (Braun and Clarke 2006).

Triangulation contributed to the credibility of the study by facilitating a more layered and contextually grounded understanding of parental experience. Interview transcripts were analysed alongside researcher field notes and reflexive journal entries, which provided additional context and affective dimensions of the data. The use of multiple data sources allowed for the identification of both convergent patterns and meaningful divergences, in line with a critical realist concern for capturing complexity within socially situated accounts (Singleton et al. 2023). Divergent cases were not excluded but were instead examined for their significance and integrated where appropriate.

My position as both the researcher and parent of a dyslexic child shaped how I approached the fieldwork. While this enabled a relational and empathetic stance, it also necessitated a conscious effort to maintain a critical distance. Throughout the project, I kept a reflexive journal to document my assumptions, emotional responses, and decisions made during the analytic process (Tracy 2010). This ongoing reflexive practice helped guard against potential bias and foreground participants' perspectives over my own interpretations (Holmes 2020).

Academic peer engagement further strengthened the study's credibility. I held regular supervisory meetings in which emerging findings and analytical decisions were critically discussed. My supervisor, an experienced researcher in inclusive education, offered substantive feedback on the development of themes and alignment between data and research aims. I also shared my early findings during doctoral research seminars, where comments from peers contributed to refining the study's direction and depth (Merriam and Tisdell 2016).

Together, these approaches enabled a reflective and methodologically consistent inquiry, ensuring that the voices of the parents remained central to the research. The findings presented in later chapters are therefore grounded not only in what participants said, but also in a transparent and rigorous analytic process.

4.9.2 Transferability

Transferability refers to the degree to which the findings of this research might be relevant to other contexts or settings (Merriam and Tisdell 2016). In qualitative inquiry, this does not imply statistical generalisability but rather rests on the provision of sufficiently detailed contextual information that enables others to determine whether the findings might apply in different circumstances (Morrow 2005).

This study, which explores the experiences of parents of children with dyslexia in the UK and Malaysia, does not claim universal generalisability. Rather, it offers in-depth insight into participants' experiences within the two distinct educational and cultural environments. Given the complexity of these contexts, where institutional resources, awareness of dyslexia, and societal attitudes towards disability vary, thick description (Geertz 1973) was used to present the research setting, participant profiles, and key socio-cultural dynamics.

In accordance with Morrow’s (2005) guidance, detailed attention was paid to the research context, positionality of the researcher, and nature of relationships with participants. The dual-country design of the study further enhances the potential relevance of the findings by offering comparative insights into how similar challenges can be navigated in different policy environments. For instance, the findings indicated how institutional support is accessed or withheld, how cultural stigma is internalised or resisted, and how parents adopt different advocacy and care strategies in both settings.

Verbatim quotations were used to foreground participants’ voices, allowing their experiences to be presented on their own terms. Within a critical realist framework, such quotations are not treated as transparent reflections of reality but as situated articulations shaped by deeper generative mechanisms across multiple layers of social reality (Bhaskar and Danermark 2006; Singleton et al. 2023). This methodological choice reflects an ontological commitment to stratified complexity and supports analytical transferability by enabling readers to assess the relevance of findings in light of contextual detail (Korstjens and Moser 2018; Elliott 2020). As Singleton et al. (2023) argue, critical realism values both convergence and divergence in participant accounts as a way of identifying meaningful complexity within socially embedded phenomena. By providing direct quotations alongside reflexive commentary and contextual framing, this study acknowledges the layered nature of knowledge and supports a more transparent account of how meaning is constructed, constrained, and communicated.

The cross-national design also offered an opportunity to explore how social, institutional, and familial factors intersect in different ways across contexts, providing insight into systemic patterns as well as personal experiences (Sahari and Johari 2012; Elliott 2020). The findings derived may be of use not only to academic audiences but also to practitioners and policymakers seeking to improve inclusive education in varied cultural settings.

4.9.3 Dependability

Dependability refers to the consistency and reliability of the research process over time, particularly how data collection, analysis, and interpretation have been managed and documented (Ravitch and Carl 2019). In this study, several strategies were used to support dependability, including detailed methodological records, peer and supervisory input, and ongoing reflexive practice.

A detailed audit trail was maintained to support transparency. This included documentation of how interview protocols were refined, how translation was managed for interviews conducted in Malay, and how the coding process developed across different stages of analysis. These decisions were logged to create a traceable record of how the research progressed and how key judgments were made (Nowell et al. 2017). For example, the decision to exclude participants whose children had additional diagnoses was discussed and agreed with supervisory mentors to help maintain a focused scope (Bratlinger et al. 2005).

Expert input was also built into the process. A doctoral-level academic with expertise in qualitative educational research reviewed an early phase of the thematic analysis. Their comments helped refine the specificity of theme names and improve the alignment between codes, categories, and the study's research questions. This helped ensure internal coherence across the findings and strengthened the overall quality of the analysis.

Reflexivity was central to supporting consistency in interpretation. As a parent of a child with dyslexia, I kept regular reflective notes to consider how my experiences might influence the research process. These reflections were not used to try to remove subjectivity but to acknowledge it and consider how it might shape the interpretation of participants' accounts (Finlay 2002).

In addition, all key materials, including transcripts, coding memos, raw data files, and records of supervision meetings were stored and organised to allow a clear link between data and the reported findings. This provided a structured audit trail that supported transparency and enhanced the overall dependability of the study (Korstjens and Moser 2018; Rose and Johnson 2020).

4.9.4 Confirmability

Confirmability addresses the extent to which findings reflect participants' perspectives rather than the researcher's assumptions or biases. As Gasson (2004, p.93) notes, the goal is to ensure that "findings should represent, as far as is (humanly) possible, the situation being researched rather than the beliefs, pet theories, or biases of the researcher.” This criterion is closely linked to reflexivity, transparency in the analytic process, and the careful linking of interpretations to data (Lincoln and Guba 1985; Morrow 2005).

In this study, interviews were transcribed verbatim, with transcripts reviewed multiple times alongside the original audio to support accurate representation of meaning, tone, and intent. For interviews conducted in Malay, I personally transcribed and translated the material, ensuring fidelity to cultural and linguistic meaning, as recommended by Temple and Young (2004) and Van Nes et al. (2010). Quotations were used throughout the findings chapters to illustrate the themes and foreground participants’ voices.

While formal member checking, such as returning full transcripts or analysed findings to participants was not conducted, in-situ clarification was used during interviews to verify the accuracy of interpretations in real time. Participants were invited to confirm or elaborate on the researcher’s understanding of their responses, particularly during sensitive or complex discussions. This approach aligns with critiques of traditional member checking, which can be burdensome for participants and may not always yield substantive feedback (Birt et al. 2016; Candela 2019). Instead, immediate validation during data collection supported accurate meaning-making while respecting participants’ time and emotional wellbeing (Maxwell 2013). Future research might consider more structured member checking approaches that engage participants with analysed data summaries to enhance collaboration and transparency (Birt et al. 2016).

To enhance confirmability, reflexivity was embedded throughout the research process. I maintained reflective field notes after each interview, noting emotional responses, power dynamics, and emerging biases. This allowed me to critically interrogate how my role as a researcher and parent shaped the framing of questions, interpretation of data, and selection of themes (Finlay 2002). Rather than attempting to erase subjectivity, I embraced it as part of a reflexive triangulation process that contributed to analytical integrity and ethical awareness.

Consistent with the critical realist paradigm underpinning this study (Danermark et al. 2002; Scotland 2012), I recognised that participants’ experiences are both shaped by institutional and cultural structures and interpreted through personal meaning-making. Therefore, confirmability was achieved not through claims of neutrality, but through methodological transparency, the use of rich participant quotations, and thoughtful documentation of the analytical journey from data to themes.

4.10 Data collection

This section outlines the data collection methods used in this study, including the use of semi-structured interviews, adaptations made due to the COVID-19 pandemic, and rationale for choosing online platforms. It also explains the linguistic considerations, interview structure, and interview questions, providing an understanding of how the data were gathered in a way that respected participants' contexts and voices.

4.10.1 Interview method and format

To explore the experiences of parents of children with dyslexia in both the UK and Malaysia, I employed qualitative methods centred on semi-structured interviews. Interviewing individuals with direct experience of a phenomenon is a foundational practice in qualitative research (Creswell and Creswell 2018), allowing them to articulate their stories in their own words and reflect on both the personal and social aspects of their experiences. Interviews are not merely vehicles for information-gathering but also dialogic spaces in which institutional dynamics, emotional reflections, and cultural values are brought to the surface (Yin 2003; Punch 2013; Cohen et al. 2018).

Initially, I had intended to conduct all interviews in person, with the belief that face-to-face interaction would improve rapport-building and enable richer understanding of participants' narratives through the observation of both verbal and non-verbal cues, such as tone, gestures, posture, and facial expressions (Opdenakker 2006).

However, this approach was ultimately reconsidered in light of the post-pandemic context. While national restrictions in both the UK and Malaysia had been lifted at the time of data collection, the cultural and psychological impact of COVID-19 lingered in both settings. Many participants remained cautious about meeting in person. There was also a clear preference for online engagement due to its familiarity and convenience, which had become commonplace across multiple domains during and following the pandemic (Lobe and Morgan 2021).

Their decisions were also shaped by the demands of caregiving, work schedules, and general comfort with digital communication platforms, which echoed broader research indicating that online formats may feel less intrusive and more accessible to individuals navigating complex life responsibilities (Allred and Atkin 2020; Self 2021). In this way, what began as a pragmatic adjustment evolved into a methodological decision that enhanced both participation and inclusivity. It became evident that online communication, once a necessary adjustment during the height of the pandemic, had since become embedded in everyday practices for many families.

As a result, I revised the data collection strategy and opted to conduct all interviews online via Zoom, a widely accepted and accessible digital platform. Zoom enabled synchronous, video-based interaction, preserving the interpersonal immediacy essential to qualitative interviewing while providing a safe, and accessible format during a period of global disruption (Deakin and Wakefield 2014; Archibald et al. 2019). This decision was not only pragmatic but ethical and methodologically appropriate.

Although online interviews have been criticised for limiting the richness of in-person interaction (Opdenakker 2006), my experience is consistent with emerging literature that highlights their potential to yield rich, reflective, and emotionally resonant data (Archibald et al. 2019; Jenner and Myers 2019). In fact, many participants appeared more at ease speaking from within their own home environments. The less formal nature of online interaction seemed to reduce the social pressures associated with in-person meetings, and in several cases, this encouraged deeper emotional engagement and openness, and in several cases, the participants expressed appreciation for the flexibility of the format. Thus, what initially appeared to be a logistical compromise ultimately became a strength of the study, facilitating broad participation while upholding relational integrity central to qualitative inquiry.

The use of Zoom proved to be advantageous in enabling cross-national data collection, allowing me to engage with participants across two distinct geographical contexts without the logistical and financial burdens typically associated with travel. Additionally, online interviews contributed to the environmental sustainability of the research by eliminating the carbon costs of transportation, an increasingly important consideration given the global commitments to climate action (Ministry for the Environment 2022).

As the sole researcher conducting the fieldwork, I personally led all interviews. For Malaysian participants, I conducted the interviews in Malay, the first language of the participants and myself to support full and comfortable self-expression. Speaking a shared language not only facilitated clarity but also helped gain trust and cultural resonance during the interview process. I subsequently translated the interviews into English for analysis. My fluency in both languages allowed me to attend closely to the meanings embedded in the participants' accounts, although I remained reflexively aware that translation involves not only linguistic conversion but also epistemic and cultural mediation (Temple and Young 2004; Poblete 2009). Within a critical realist ontology, this translational process is recognised as a necessary act of bridging between layers of meaning situated across different socio-cultural contexts, rather than a neutral act of representation. A fuller discussion of the translation process is provided in Section 4.7.4, and its methodological implications are considered in Section 4.14.

4.10.2 Interview structure

The decision to employ a semi-structured interview format in this study was grounded in both the ontological and epistemological positioning of the research, and the practical need to explore parents' experiences in rich and contextually embedded ways. Semi-structured interviews are widely used in qualitative research to investigate complex, personal, and socially situated phenomena. Their utility lies in their ability to balance structure and flexibility, which are two qualities that are particularly crucial when the research touches on sensitive or emotionally charged topics, such as parenting a child with dyslexia (Creswell 2013; Robson and McCartan 2016).

As Creswell (2013) notes, semi-structured interviews are well suited to studies that aim to elicit participant perspectives in their own words, especially when dealing with subject matter where individual narratives and meaning-making are central. In this research, the emotional and social dimensions of dyslexia, as perceived and experienced by parents, required a method that would not only encourage depth of response but would also adapt to the dynamic flow of conversation. As Neuman

(2006) and Pietkiewicz and Smith (2012) suggest, semi-structured interviews allow participants to construct their accounts in a way that reflects the meanings they ascribe to their experiences, while also enabling the interviewer to probe further into areas of significance as they emerge.

Methodologically, the semi-structured interview format was selected over fully structured or unstructured alternatives due to its ability to balance the dual priorities of consistency and depth. While structured interviews offer standardisation and ease of comparison, they tend to constrain participants' responses through fixed question formats and limited answer categories, which can restrict the expression of complex experiences and emotions (Patton 2014). Such constraints would have conflicted with this study's to explore the participants' beliefs, emotions, and reflective accounts in depth.

On the other hand, unstructured interviews, though capable of producing rich and detailed narratives, risk generating data that vary widely in scope and focus, potentially limiting coherence and comparability across participants (Smith 2004). Semi-structured interviews offer a balanced alternative to these more rigid or open-ended approaches by combining guided questioning with flexibility to explore emerging themes. This format enables the interviewer to uphold methodological rigour and consistency while remaining responsive to participants' individual narratives and contexts (Rubin 2012; Gerson and Damaske 2020).

Interviews were conducted on a one-to-one basis, rather than using focus groups. This decision was motivated by both ethical and practical concerns. In particular, the private interview format enabled participants to discuss potentially stigmatising issues, such as institutional neglect or family stress, without fear of judgement from others. This approach supports the ethical imperative to protect participants' emotional wellbeing and privacy, especially when researching vulnerable populations (Smith and Osborn 2007).

While concerns are often raised about the limitations of online interviews, such as the reduced visibility of body language (Hanna and Mwale 2017), the literature suggests that these concerns may be overstated. Visual cues such as facial expressions, eye contact, and gestures were largely retained in the video-call format, and several scholars have found that participants may even be more candid in virtual environments (Jenner and Myers 2019; De Villiers et al. 2021). I also found that using features such as a strategically placed interview guide and maintaining video visibility throughout helped to sustain eye contact and facilitate natural dialogue. This technique supported active listening practices, including verbal cues like “mm-hmm” or nodding, that have been shown to improve rapport and conversational flow (Archibald et al. 2019).

Each interview was scheduled to last no more than one hour, with the majority falling between 25 and 35 minutes. This duration was deemed sufficient for exploring the research themes while remaining sensitive to participants' time and energy, particularly in the context of parental caregiving responsibilities.

4.10.3 Interview design and questions

Building on established practices in dyslexia research (Edwards 1994; Riddick 1996), I developed a flexible interview guide structured around the study’s two core research questions. The guide functioned as a thematic scaffold, maintaining coherence with the research objectives while allowing for organic conversational flow.

For Research Question 1, which focused on parental experiences across UK and Malaysian contexts, participants were asked: “Can you describe the challenges you have faced in supporting your child’s learning?” For Research Question 2, relating to institutional support, the prompt was: “What types of support have you received from schools or other institutions, and how effective were these?”. This structure supported thematic consistency across interviews while allowing space for individualisation based on each participant’s background, beliefs, and experiences. In line with Leitao et al. (2017), I adopted a flexible approach that allowed questions to be adapted or expanded in response to participants’ narratives. Frequently, this meant following unanticipated threads of conversation using prompts such as “Can you tell me more about that?” or “How did that make you feel at the time?”, thereby encouraging deeper reflection and context-rich responses.

Although the questions were planned in sequence, it was expected that the order of questions asked, and the use of follow-up questions and prompts would be used flexibly in response to participants’ answers to support a conversational style. The questions were deliberately designed to be open-ended, avoiding “yes” or “no” or leading formats to support the facilitation and exploration of participants’ views and experiences (Silverman 2011). The questions were carefully crafted to be broad enough to invite detailed stories, yet sufficiently focused to relate to the overarching research questions. The open nature of the questioning also enabled participants to reflect on their roles not simply as caregivers, but as advocates, negotiators, and interpreters of institutional and social responses to their child’s dyslexia.

Ethical considerations were embedded throughout the design. As advised by Cohen et al. (2018), care was taken to avoid overly complex or emotionally invasive questions. Instead, I aimed for clarity and simplicity in wording, enabling participants to engage fully without confusion. Participants were encouraged to ask for clarification if any questions were unclear, thereby reinforcing the collaborative nature of the interview process. This will be explained further in a later section.

Although alternative data collection tools such as surveys were initially considered, interviews were deemed the most suitable method to achieve the study’s aims. Interviews, particularly when semi-structured and conducted with sensitivity, are uniquely capable of capturing the “essence” of lived experience (Creswell 2013). In contrast to more rigid instruments, they offer the researcher the opportunity to adjust, clarify, and deepen inquiry in real time, advantages that are especially critical in research concerning emotionally, relationally, and institutionally embedded experiences. Furthermore, interviews tend to generate higher engagement and response rates (Oppenheim 1992). Apart from that, before finalising the interview questions, opinions were obtained from my supervisor, who is an expert in the field of educational research.

4.10.4 Transcription and note-taking

In qualitative research, transcription is not a mere technical task but constitutes an early stage of analytical interpretation, shaping how meaning is constructed and conveyed (Lapadat and Lindsay 1999). From a critical realist perspective, transcription involves engaging with participants’ accounts as situated representations of underlying realities, rather than treating them as transparent reflections of experience. As argued by Riessman (1993), transcription should be understood as the beginning of data analysis, shaping how experiences are interpreted and represented. Transcription was a key stage in my analytical journey, allowing me to become deeply immersed in the voices and stories of parents navigating the challenges of raising children with dyslexia in the two national contexts.

All interviews were transcribed by me, allowing for close engagement with the data from the outset. This decision was informed by ethical considerations, including participant confidentiality and epistemological commitment to transparency and reflexivity in cross-cultural research (Temple and Young 2004; Squires 2009). Interviews with Malaysian participants were conducted in Malay to facilitate emotional comfort and authentic expression. The interviews were then transcribed verbatim in Malay and subsequently translated into English. As van Nes et al. (2010) emphasise, preserving both linguistic and conceptual equivalence in translation is critical in maintaining the integrity of cross-cultural qualitative work. The act of translating my own transcripts, while time-consuming, provided an invaluable opportunity to remain close to participants’ meanings and to carefully consider how the cultural context informed their perspectives.

Transcribing the interviews myself, rather than outsourcing the task, allowed me to better attend to both what was said and how it was conveyed. As noted by Hesse-Biber and Leavy (2006), this proximity to the data supports early analytical insight. In keeping with Gibson and Brown’s (2009) notion of *unfocused transcription*, I prioritised the meaning of participants’ accounts rather than capturing every linguistic detail such as intonation or overlaps. The transcription was guided by basic punctuation to aid readability, with a focus on identifying themes and preserving participant voice, particularly when exploring sensitive topics such as stigma, emotional labour, and institutional support.

Zoom’s automatic transcription feature was used for English-language interviews with UK participants, but all transcripts were manually reviewed and corrected by cross-checking with the original recordings. Repeated listening to the recordings helped to ensure accuracy. This process also fostered familiarity with the data, as recommended by Silverman (2011) and Braun and Clarke (2006; 2021). Instances where a participant's tone or pacing added meaning: such as through hesitation, laughter, or emotional pauses were documented in the transcript or noted in my field observations.

To support the transcription and analysis process, I maintained a set of contemporaneous field notes and a reflexive journal. These documents were particularly valuable in helping me track emerging interpretations and reflect on how my positionality as both researcher and parent shaped the interactions and my reading of the data (Finlay 2002). For instance, after early transcriptions, I noticed that certain questions could inadvertently lead to responses. Through reflective journaling, I adjusted my approach to better encourage participants to speak freely and shape the narrative in their own terms.

In this way, transcription was not just a method of data preparation but a site of analytical and ethical engagement, reflecting a commitment to careful interpretation and representation of participant voice within and across cultural settings.

4.10.5 Translation

In cross-national qualitative research, translation extends beyond a technical process and must be recognised as an integral part of meaning-making. From a critical realist perspective, language is not simply a vehicle for conveying information but shapes how participants' realities are understood and communicated (Bhaskar and Danermark 2006; Singleton et al. 2023). As such, translation involves a process of 'decoding and recoding' that extends beyond the purely linguistic, requiring the researcher-translator to attend to cultural, emotional and conceptual dimensions embedded in the language (Poblete 2009).

All interviews conducted in Malaysia were carried out in Malay, the participants' first language, despite many being proficient in English. This decision was underpinned by an ethical commitment to fostering participant comfort, encouraging full expression, and safeguarding the integrity of meaning (Temple and Young 2004). Conducting interviews in a shared first language helped minimise the risk of losing emotional subtlety or culturally embedded references that may not have transferred clearly in a second language. It also supported consistency in the data collection process and coherence across subsequent stages of transcription and analysis.

As the researcher, I am fluent in both Malay and English and undertook all translations myself. In doing so, I took on the dual role of researcher and translator, which is increasingly common in social science research involving non-anglophone participants (Ferguson et al. 2011). As Poblete (2009) reminds us, the researcher-translator is not simply a conduit but a cultural mediator who must navigate what can and cannot be translated across semantic worlds. My positioning as an “insider” (Court and Abbas 2013), who shares linguistic and cultural background with participants, supported my efforts to convey the meaning of their narratives with depth and care.

In this study, I first transcribed interviews verbatim in Malay, before translating them into English. This sequencing aligns with the argument by Sutrisno et al. (2014) that deferring translation until after transcription and initial analysis helps preserve the contextual richness and specificity of meaning. By first engaging deeply with the data in its original language, I was better positioned to capture the subtleties and complexities inherent in the participants' narratives before rendering them into English.

Throughout the translation process, I drew on both literal and free translation strategies (Birbili 2000). Literal translation was used for factual responses and structured content, such as participants’ biographical details, while the free translation was adopted for more complex, emotive and culturally embedded responses. This blended approach supported clarity and fidelity to meaning, and helped address moments of ‘intermittent untranslatability’ where direct equivalence between languages was not possible (Poblete 2009).

In such cases, I sought what Sutrisno et al. (2014) refer to as ‘conceptual equivalence’, which refers to the process of conveying the meaning and cultural resonance of a participant’s words in a way that is intelligible to English-speaking audiences while remaining faithful to the speaker’s intent. This often required ‘amplification’ (Poblete 2009, p.329), where background information or cultural context was briefly introduced to make the translated meaning accessible. For example, references to local schooling systems, cultural attitudes toward disability, or expressions of family obligation sometimes required additional explanation to maintain coherence and reflect the intended meaning.

To mitigate the potential bias of working alone, I consulted a peer who graduated with a Bachelor of Teaching English as Second Language (TESL) to review selected translations for clarity and conceptual alignment. This process of informal peer validation follows the recommendations by Squires (2009) and supports transparency and rigour in the translation of qualitative data. Reflexive journaling was also maintained throughout to document translation decisions, tensions, and instances where I became particularly aware of my influence during the translation process.

Moreover, as Poblete (2009) observes, the act of presenting translated extracts in English often gives the illusion that participants' words are seamlessly accessible, obscuring the complexity of the translation work involved. In contrast, this study seeks to make visible the translational and ethical work that underpins the representation of participants' voices. I remain mindful of my responsibility not only to produce accessible findings for an English-speaking academic audience but also to honour the meaning and integrity of the participants' original expressions.

4.11 Sampling strategy and participants

In qualitative research, how we choose who to speak with is a vital part of the research process. As Lohr (2019) explains, sampling design shapes the direction and credibility of a study. After deciding that interviews were the most appropriate way to explore parents' experiences, the next step was to consider who should be included and how they would be recruited (King and Hugh-Jones 2019). Because the focus was on parents of children with dyslexia, it was important to define clear inclusion and exclusion criteria to ensure that participants had relevant experiences to share (Willig 2013).

This study used a combination of the purposive and convenience sampling methods. The aim was to speak with parents of children aged 7 to 12 who had received a formal diagnosis of dyslexia. This age range reflects the typical years of primary school in both the UK and Malaysia and allowed for meaningful comparison across the two contexts. The differences between these education systems, including school entry points and structure, are outlined in Chapter 3 (Table 3) to give context to this choice.

Purposive sampling was used to focus on individuals who could speak directly to the research questions. It is a widely used approach in qualitative research, where the goal is not to generalise statistically but to learn in depth from people with relevant experience (Patton 2014). However, as several scholars point out, there are ongoing challenges in how purposive sampling is defined, used, and reported. Researchers and educators alike have noted that there is still confusion around how to distinguish it from other forms of non-random sampling, and a lack of consistency in how it is applied (Hood 2006; Etikan et al. 2016; Morse 2020; Nind and Katramadou 2023).

Convenience sampling was used alongside purposive sampling. This was a practical decision based on time, access, and availability. In qualitative research, convenience sampling is often used when the researcher has access to a specific group and needs to work within the realities of the research context (Koerber and McMichael 2008; Golzar et al. 2022). Participants who met the inclusion criteria and were willing to take part were invited into the study. As Rahi (2017) notes, this method allows researchers to reach those who are both accessible and ready to share their experiences.

Although convenience sampling is sometimes criticized for its lack of rigor, it is crucial to acknowledge its significance. It enabled conversations with parents from two distinct national contexts, many of whom are frequently underrepresented in research. This sampling method also fits with qualitative traditions that value depth and detail over statistical generalisability. As Miles and Huberman (2006) maintained, smaller, focused samples allow for deeper engagement with each participant’s perspective.

4.11.1 Participants selection and rationale

The sample for this study comprised 20 parents, 10 from the United Kingdom and 10 from Malaysia, each of whom had a child formally diagnosed with dyslexia. This cross-national structure was designed to enable meaningful comparisons of parental experiences across differing educational, cultural, and policy contexts.

Determining an appropriate sample size in qualitative research is subject to ongoing debate, with no universally fixed rules. However, guidelines suggest that between 10 and 20 participants are generally adequate for studies examining personal experiences (Morse 1995; Sandelowski 1996; Bernard 2013). For phenomenological research, Creswell (1998) proposes between 5 and 25 interviews, while Guest et al. (2006) argue that thematic saturation can typically be reached with 10 to 12 participants per subgroup when using semi-structured interviews.

In the context of this comparative study, the decision to recruit 20 participants, equally divided between the UK and Malaysia, was guided by the need to balance analytical depth with diversity. This sample size allowed for the exploration of both shared and context-specific parental experiences, while maintaining manageability for in-depth qualitative analysis. Similar sample sizes have been used in recent cross-cultural studies on parental experiences, which have achieved thematic saturation and rich, and comprehensive findings (Knight et al. 2024; Mohd Nabil et al. 2024).

Furthermore, the concept of “information power” (Malterud et al. 2016) was central to determining adequacy because the study’s aims were focused, participant criteria were specific, and interviews generated rich, in-depth data, a modest sample was sufficient to address the research questions robustly. This approach is consistent with guidance for reflexive thematic analysis, which emphasises the quality and relevance of data in relation to the study’s aims over strict numerical thresholds (Braun and Clarke 2021; Naeem et al. 2024).

Although the recruitment process met its intended target, it was not without challenges. Some participants withdrew after initially consenting or ceased communication, requiring renewed efforts to achieve a balanced sample. Ultimately, the final sample retained equal representation from both national contexts.

This sample size enabled a meaningful comparison of parental experiences while supporting the thematic depth and context-specific analysis required in qualitative research. The participants’ profiles are presented in Chapter 5 to situate their narratives within their personal and social contexts.

4.11.2 Recruitment process

Participants were recruited via Facebook groups dedicated to dyslexia support, where I posted a detailed call for participants outlining the study’s aims, inclusion criteria, and ethical assurances, including voluntary participation and informed consent. To maintain a focused scope, only parents whose children had a sole diagnosis of dyslexia were included. This criterion was crucial for maintaining a clear focus on dyslexia-specific findings, without the confounding influence of co-occurring conditions such as ADHD or autism.

Although it was anticipated that most Malaysian participants would be proficient in English, all interviews in Malaysia were conducted in Malay, and later translated to English by me as the researcher. This approach aimed to maintain linguistic consistency while enabling participants to express themselves comfortably in their native language. Conducting all interviews in a single language reduced the risk of bias associated with varying levels of language proficiency and supported coherence throughout the translation and analysis process. It was anticipated however that there would be instances of code switching between Malay and English, considering the participants' familiarity with both languages. The methodological issues surrounding the translation of some of the interviews will be addressed in a later section.

While Facebook groups dedicated to dyslexia support provided an efficient and accessible means of recruiting participants, this approach likely introduced certain biases into the sample. Specifically, parents who are digitally literate, actively engaged in online support communities, and comfortable with technology were more likely to participate, potentially excluding those without reliable internet access, from lower socioeconomic backgrounds, or less familiar with social media platforms (Boegershausen et al. 2025). For example, parents in rural Malaysia or low-income UK households may have been underrepresented due to digital exclusion. No additional efforts were made to recruit offline (e.g., through schools, NGOs, or community centres) due to post-pandemic constraints and resource limitations. While Facebook enabled access to active, engaged parents, the study acknowledges that this approach may have excluded families without digital access. Future research should incorporate offline recruitment strategies to capture a more diverse and representative sample.

The initial target was to recruit 20 participants who met the inclusion criteria and provided informed consent. However, several challenges arose during the recruitment process. Two parents formally withdrew from the study after initially agreeing to take part, and a further two informally disengaged by ceasing communication without explanation. As a result, I initially conducted interviews with 16 participants (8 from the UK and 8 from Malaysia), all of whom met the specified criteria. However, following a renewed round of recruitment efforts, I was able to secure an additional four participants, two from each country, thereby achieving the intended sample size of 20.

All interviews were subsequently transcribed and subjected to thematic analysis, with the aim of identifying shared patterns and distinctive experiences across the dataset. Further demographic details of the participants are presented in Chapter 5, where their characteristics are situated alongside the themes that emerged from the data.

4.11.3 Demographic and contextual variation

Although the study did not seek demographic representativeness, efforts were made to include parents with diverse experiences in terms of socioeconomic status, educational background, urban and rural schooling contexts, and access to formal support services. Importantly, all participants confirmed that their child's diagnosis was limited to dyslexia, without co-occurring conditions. This approach was taken to confirm that the narratives reflected challenges specific to dyslexia, without being shaped by additional diagnoses such as ADHD or autism.

While this focus on children with a sole diagnosis of dyslexia provides clarity on dyslexia-specific challenges and support needs, it is important to acknowledge that comorbidity is common in neurodevelopmental disorders. Research consistently shows that 40 to 60 percent of children with dyslexia also have co-occurring conditions such as ADHD, dyscalculia, or anxiety (Hulme and Snowling 2009; Snowling et al. 2020; Catts et al. 2024). As a result, this exclusion criterion may limit the relevance and transferability of findings to the broader dyslexia population, where overlapping learning difficulties and mental health concerns are the norm rather than the exception. Future research should explore how co-occurring conditions shape parental experiences, educational outcomes, and the effectiveness of support strategies.

The table below provides a summary of the participants recruited for this study, comprising ten parents from the United Kingdom and ten from Malaysia. Each participant has been assigned a pseudonym to preserve anonymity, and their country of residence is noted to reflect the cross-national scope of the study. This overview supports transparency in reporting and helps to contextualise the findings that follow. More detailed demographic information including participants' age group, relationship to the child, occupation, the age of the child with dyslexia, and the age at which the diagnosis was received is presented in Chapter 5 (Table 8) , where their narratives are explored in greater depth.

Table 6: Overview of Participant Sample by Pseudonym, Relationship to Child, and Country of Residence

No	Pseudonyms	Relationship to Child	Country of Residence
1.	Faiz	Biological Father	Malaysia
2.	Eliza	Biological Mother	Malaysia
3.	Aziz	Adoptive Father	Malaysia
4.	Syamsul	Biological Father	Malaysia
5.	Lana	Biological Mother	Malaysia
6.	Hana	Biological Mother	Malaysia
7.	Nora	Biological Mother	Malaysia
8.	Sarah	Biological Mother	Malaysia
9.	Azira	Biological Mother	Malaysia
10.	Hakim	Biological Father	Malaysia
11.	Whitney	Biological Mother	UK
12.	Amanda	Biological Mother	UK
13.	Jennifer	Biological Mother	UK
14.	Carol	Biological Mother	UK
15.	Rubina	Biological Mother	UK
16.	Emily	Biological Mother	UK
17.	Sabby	Biological Mother	UK
18.	Monica	Biological Mother	UK
19.	John	Biological Father	UK
20.	Jean	Biological Mother	UK

4.12 Data analysis

Data analysis in qualitative research is essential for organising and interpreting data to generate meaningful insights. Within an action research framework, Coghlan and Brydon-Miller (2014) describe this process as 'mining', 'interrogating', and 'interpreting' data to contribute to knowledge and theory development (p. 2).

This study employs thematic analysis as the primary method for analysing interview data. Defined by Braun and Clarke (2022), thematic analysis involves identifying, analysing, and reporting patterns across qualitative data sets. Its flexibility and applicability to diverse contexts made it particularly suitable for this study's comparative exploration of parental experiences in two cultural settings.

4.12.1 Rationale for thematic analysis

Thematic analysis was selected for its adaptability and alignment with the study's critical realist stance, which acknowledges the existence of structural realities while recognising that understandings are mediated by language, culture, and context (Danermark et al. 2002). Reflexive thematic analysis (RTA), as articulated by Braun and Clarke (2006, 2022), emphasises the active role of the in generating themes through a process of engagement, reflection, and conceptual interpretation. Rather than assuming that themes exist independently within the data, RTA acknowledges that meaning is co-constructed and contingent. This perspective aligns with the epistemological foundations of this research, which views participants' accounts as embedded in social and institutional structures.

The choice of RTA also reflects the study's intention to explore shared patterns across a cross-national sample while remaining attentive to the constructed and contextual nature of these meanings (Terry and Hayfield 2020; Braun and Clarke 2022). Alternative qualitative methods were considered; Interpretative Phenomenological Analysis (IPA), while valuable for detailed exploration of individual meaning, was not adopted due to its idiographic focus (Smith and Fieldsend 2021). Grounded Theory, oriented toward generating new theory through iterative coding (Glaser and Strauss 1967), was also not selected as this study aimed to work within an established theoretical framework, namely Bronfenbrenner's Bioecological Systems Model (1994).

Thematic analysis supports both inductive and deductive analytic strategies, which were critical to the two-stage process employed. Initially, an inductive approach allowed themes to emerge directly from the data, capturing the authentic voices and experiences of participants (Boyatzis 1998; Rubin 2012). Subsequently, a deductive phase interpreted these themes in relation to the broader structural influences articulated in Bronfenbrenner's model (1994). This combination enabled a rich, situated analysis that balanced participant perspectives with theoretical insight.

Ethical and reflexive considerations were central to the analytical process. Thematic analysis facilitated respectful engagement with participants' narratives, preserving both commonalities and individual differences. The use of verbatim quotations throughout the findings chapters foregrounds the participant voices, maintaining a grounded connection to the lived experience.

The suitability of thematic analysis for small sample sizes further supported its selection, offering depth and contextual attention without necessitating theoretical saturation (Braun and Clarke 2013). The method's accessibility also accommodated the project's time constraints, while allowing for critical and transparent engagement with the data.

In summary, reflexive thematic analysis was chosen for its compatibility with the study's theoretical and methodological aims, flexibility across epistemologies, and ethical responsiveness to participant accounts. It provided a coherent framework to interpret parental experiences of dyslexia support within contrasting national contexts.

4.12.2 Reflexive thematic analysis framework: Six recursive phases

Although this study follows Braun and Clarke's (2006) widely cited six-phase guide to thematic analysis, it does so within the updated conceptualisation of reflexive thematic analysis (Braun and Clarke 2019; 2022). The original six phases serve as a practical heuristic rather than a rigid procedure. Braun and Clarke (2021) emphasise that RTA foregrounds researcher subjectivity, transparency in analytic choices, and the active, reflexive construction of themes as interpretative outputs (Clarke 2021). Documenting these analytic decisions was essential to avoid superficial reporting and maintain methodological rigour (Willig 2013; Nowell et al. 2017).

The following subsections provides a detailed account of how each phase was conducted, highlighting the recursive movement between stages and reflexive decision-making.

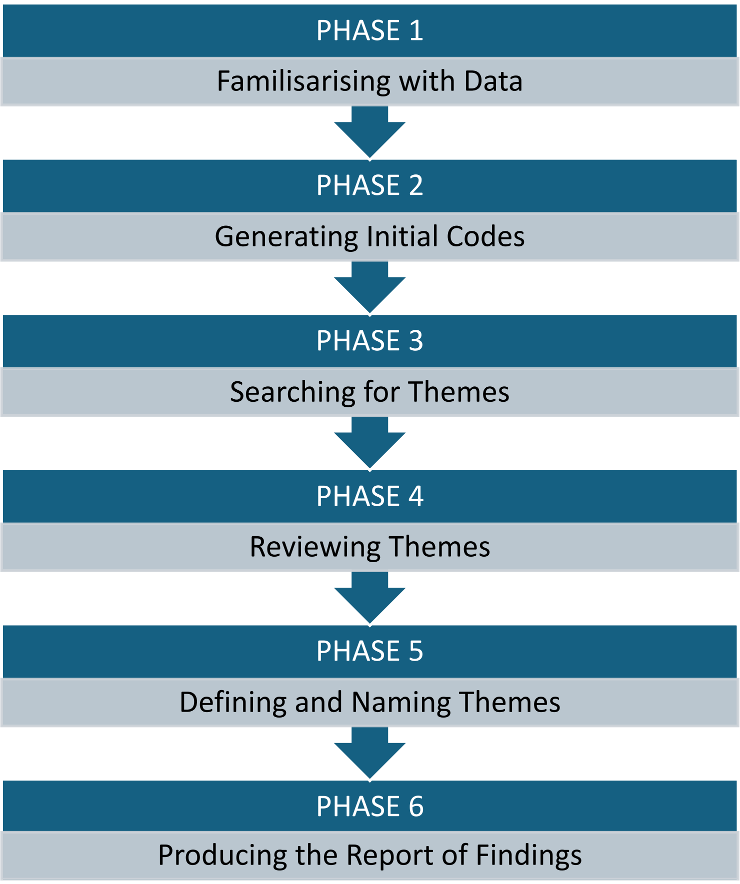

Figure 5: Braun and Clarke's (2006;2013) six stages of thematic analysis

4.12.2.1 Phase one: Familiarise yourself with the data

The analytic process began with deep familiarisation. Immediately following each interview, I instantly wrote reflective notes that captured initial impressions, key emotional responses, and contextual details, particularly nonverbal cues that might not appear in transcripts alone. Interviews conducted via Zoom in English were transcribed using the platform's auto-transcription tool, which I then manually checked against the recordings for accuracy and detail, including pauses, emphasis, and tone. For interviews conducted in Malay, I transcribed and translated the recordings myself to preserve both cultural and linguistic meaning.

As Braun and Clarke (2006, p.12) note, "you will develop a far more thorough understanding of your data through having transcribed it." Engaging directly in the transcription process enabled me to begin identifying moments of significance and recurrent ideas. During this phase, I annotated transcripts with initial thoughts and reflections, capturing early patterns and questions that could guide deeper engagement in later stages (Freeman and Sullivan 2019; Clarke 2021c). Following transcription, I thoroughly read and re-read the data, writing detailed notes to identify key themes and insights which are relevant to understanding parental experiences with dyslexia. I also created a Microsoft Word table with three columns: participant code, transcript text, and field notes. This structure enabled me to compare verbal content with contextual observations, while also highlighting early patterns.

4.12.2.2 Phase two: Coding the data (previously generating initial codes)

At this stage, coding was conducted manually in Microsoft Word by using a two-cycle process. Drawing on a critical realist orientation, I approached the data with the aim of identifying surface-level content as well as underlying patterns that could reflect broader institutional and contextual mechanisms. In the first cycle, I coded line by line, assigning short, descriptive or conceptual codes to text segments of text that reflected meanings or experiences relevant to the research questions and conceptual framework. These initial codes were recorded in a second table that included three columns: participant pseudonym and excerpt, assigned code, and brief analytic notes.

In the coding process, I employed both semantic and latent coding strategies. Semantic coding involves identifying and categorising explicit, surface-level meanings in participants' language, focusing on what is directly stated in the data (Braun and Clarke 2013). In contrast, latent coding goes beyond the surface to interpret underlying, implicit meanings, assumptions, or ideas that are not immediately obvious in the text. While semantic codes capture what participants say, latent codes seek to uncover the deeper patterns, concepts, or social meanings that shape their experiences (Braun and Clarke 2013). This allowed for deeper reading between the lines, identifying the underlying social meanings that shaped parents' experiences with dyslexia support. Multiple codes were often applied to the same segment to capture its multidimensionality.

The coding was influenced by the study's conceptual framework, Bronfenbrenner's bioecological model (1994) while remaining open to inductively derived insights from the data itself. Codes were created not only around explicit content but also around underlying social and institutional meanings, consistent with the use of both semantic and latent analyses (King and Horrocks 2010; Braun and Clarke 2013).

Throughout this phase, I also made a conscious effort to give equal attention to each transcript (Clarke 2021), so that quieter or less detailed voices were not overshadowed by those who provided longer accounts. Contradictory codes were not discarded but retained for further analysis, following Braun and Clarke’s (2006) reminder that analytic depth includes recognising divergent perspectives.

Although I did not use qualitative data analysis software such as NVivo, my systematic manual approach allowed for close engagement with the data and facilitated the identification of patterns and relationships. I regularly engaged in peer debriefing with my supervisor, who reviewed the early drafts of the coding framework and provided feedback on code definitions and alignment between codes and research aims. This external input functioned as an informal audit, helping to check for coherence, conceptual overlap, and underdeveloped ideas (Braun and Clarke 2021). Consistent with the principles of reflexive thematic analysis, inter-coder reliability was not formally assessed, as the analytic process was guided by a consistent methodological stance informed by critical realism (Braun and Clarke 2022).

4.12.2.3 Phase 3: Generating initial themes (previously searching for themes)

Once the codes were generated, I grouped related codes into broader categories and then preliminary themes, using another three-column table (codes, categories, and emerging themes). Patterns that recurred across participants and contexts (UK and Malaysia) were prioritised, particularly those aligned with Bronfenbrenner’s systems.

Examples include grouping “confusion about EHCP,” “lack of clarity about diagnosis,” and “schools unresponsive” under a broader category of *navigational challenges*, which later became part of the theme Parent–Teacher Communication(Mesosystem). The construction of these themes involved iterative reading, comparisons, and early thematic mapping (Maguire and Delahunt 2017).

4.12.2.4 Phase 4: Reviewing and developing themes (previously reviewing themes)

This stage involved critically reassessing the developing themes to confirm that they were coherent, distinctive, and relevant to the research questions. Some initial themes were refined or restructured, while others were broken down into subthemes to better reflect the clarity of the data. I also returned to both coded and uncoded segments of the transcripts to confirm the relevance and coverage of the themes.

To ensure rigour, I engaged in peer debriefing with my supervisor, who reviewed early drafts of the theme map and provided feedback on conceptual overlaps, inconsistencies, or underdeveloped ideas. This was an essential reflexive checkpoint, as Braun and Clarke (2021) emphasise the importance of revisiting and re-evaluating themes to ensure they “tell a convincing and coherent story.” Braun and Clarke (2006) also advise researchers to “let things go” when a theme no longer contributes meaningfully to the developing analytic narrative, which was particularly useful as I refined the story told by the data.

4.12.2.5 Phase 5: Refining, defining and naming themes (previously defining and naming themes)

At this stage, I defined each theme in relation to the research questions and wrote short analytic summaries to clarify their focus and boundaries. I revised the theme names several times, aiming for a balance between clarity, analytic depth, and staying true to participants’ language and perspectives. As Braun and Clarke (2006, p.18) suggest, theme names should be “concise, punchy, and immediately give the reader a sense of what the theme is about.” This process required careful consideration of how themes function within the story being told and how they connected to the wider literature and theoretical framework (Clarke 2021).

Rather than relying on frequency, I prioritised conceptual relevance. Themes were included based on whether they spoke directly to the research questions and offered insight into the patterns and experiences shared across the two cultural contexts. This approach helped support an analysis grounded in meaning rather than numbers, and reflected the complexity and richness of what participants shared.

At this point, I mapped final codes into subthemes and main themes, helping ensure that all coded segments were properly represented. The final thematic structure reflected 11 major themes, each situated within Bronfenbrenner’s ecological levels (Microsystem to Chronosystem) and linked to one or more research questions (see Table 6: Themes with Associated Research Questions and Sub-Themes).

4.12.2.6 Phase 6: Producing the report

The final phase involved writing up the analysis and presenting the themes through a combination of thematic summaries and illustrative quotations. The write-up involved presenting each theme in detail in Chapters 5 and 6, accompanied by supporting quotations from parents and analytic interpretation. The narrative is intentionally layered, combining participants' lived realities with conceptual insights and linked back to the literature in Chapters 2 and 3.

Rather than focusing on frequency, I selected themes based on conceptual richness and explanatory power, particularly in highlighting similarities and differences between the UK and Malaysia, as well as context-specific barriers and enablers of support. This approach aligns with Braun and Clarke's (2021) advice to privilege meaning and relevance over quantity in qualitative reporting. To provide a clear overview of how the thematic analysis was structured and linked to the research aims, Table 7 summarises the 11 key themes generated from the data. Each theme is mapped to the relevant research questions and accompanied by corresponding sub-themes or categories.

Table 7: Themes with Associated Research Questions and Sub-Themes

	Theme	**Research Question (s)**	**Sub-Themes/Categories**
1.	**Child–Parent Relationship** *(Microsystem)*	RQ1	- Emotional experiences with initial identification - Coping with parenting challenges - Concerns about self-esteem
2.	**Parent–Teacher Communication and Emotional Labour** *(Mesosystem)*	RQ1, RQ2	- Frequency and quality of communication - Collaborative Planning and Emotional Labour - Support services available through schools
3.	**Parental Networks** *(Mesosystem)*	RQ1, RQ3	- Finding and joining support groups - Resource sharing among parents - Peer learning and informal advocacy
4.	**Cultural Stigma** *(Macrosystem)*	RQ1	- Community beliefs and misconceptions - Impact on parental identity and response - Social silence or shame
5.	**Educational System Beliefs** *(Macrosystem)*	RQ2	Teacher attitudes toward dyslexia - Recognition and definition of dyslexia in schools - Use of interventions and programs
6.	**Legislation and Rights** *(Macrosystem)*	RQ2	- Awareness of national dyslexia policies - Challenges in asserting rights - Varying access between UK and Malaysia
7.	**Educational Policy Awareness** *(Exosystem)*	RQ2	- Parental knowledge of national policies - Discrepancies in implementation - Advocacy for reforms
8.	**Resource Availability** *(Exosystem)*	RQ2, RQ3	- Access to specialists or tutors - Financial barriers to support - Extracurricular learning opportunities
9.	**Media Influence** *(Exosystem)*	RQ1	- How media frames dyslexia - Parents' reactions and awareness - Shaping public perception
10.	**Stages of Understanding** *(Chronosystem)*	RQ1, RQ3	- Early signs and diagnosis - Knowledge growth over time - Changing strategies and mindset
11.	**Transitions** *(Chronosystem)*	RQ1, RQ2	- Impact of receiving diagnosis - Educational transitions (e.g., primary to secondary) - COVID-19 disruptions

4.13 Impact of the Covid-19 pandemic

Although this study was conducted in the post-pandemic period, methodological and procedural decisions were significantly shaped by the impacts of COVID-19. The pandemic not only disrupted educational systems globally but also influenced how qualitative research was conceptualised, designed, and implemented. In line with a critical realist approach that acknowledges the influence of structural and contextual forces on human behaviour and knowledge production (Danermark et al. 2002), it was necessary to consider how COVID-19 shaped both participants' lived realities and the research conditions under which this study was carried out.

One of the most direct methodological implications of the pandemic concerned the mode of data collection. Initially, face-to-face interviews had been planned to facilitate rapport-building, capture non-verbal communication, and improve contextual depth (Knox and Burkard 2009). However, even as public health restrictions began to ease, the pandemic's residual effects, such as ongoing health anxieties, changing social norms, and increased reliance on digital communication influenced participant preferences. Many parents, particularly those with caregiving responsibilities, expressed a clear preference for remote interviews. This change was not merely a pragmatic adjustment, but a reflection of wider transformations in the way people engage with institutions and researchers in a post-COVID world.

Notably, the pandemic shaped the broader research context and, by extension, the meaning participants ascribed to their experiences. For many parents, the challenges of supporting a child with dyslexia were exacerbated by disruptions to formal education, reduced access to specialist services, and increased home-learning responsibilities during lockdowns. Even after schools reopened, the effects of these disruptions continued to influence their perceptions of support systems and institutional responsiveness. As such, COVID-19 was not simply an external event, but a structuring condition that shaped the content and tone of participant narratives. This temporal dimension was reflected in the design of the interview schedule, which included prompts to explore changes brought about by the pandemic, and was considered during analysis to account for the broader socio-historical positioning of participants' accounts.

The pandemic also impacted my perspective as a researcher and parent. A few position papers and reflections on the impact of COVID-19 on researchers have been published (Corbera et al. 2020; Malisch et al. 2020; Maranda and Yakubovich 2020; Stadnyk and Black 2020; Wang and DeLaquil 2020). During the pandemic, I was pregnant while also supporting the online learning of my other child, who has dyslexia. This dual responsibility brought firsthand understanding into the emotional and physical challenges many parents faced during this period. It allowed me to empathise deeply with participants who described similar stressors in managing their children's education under unprecedented circumstances. Like many of the participants, I witnessed my child struggling to keep up academically, missing key lessons, and feeling the impact of limited support, which reinforced my empathy and understanding of the struggles they described in our conversations. Throughout the interviews, participants reflected on similar difficulties, expressing how overwhelming it was to assist with their children's education at home without the usual school support. While this shared context helped promote rapport and mutual understanding, it also necessitated continuous reflexive scrutiny to keep my interpretations remained grounded in participants' perspectives, rather than my own.

To conclude, the methodological framework of this study was significantly shaped by the conditions of the COVID-19 pandemic. It influenced how data were collected, altered the context in which research took place, and introduced a distinctive temporal dimension that shaped how participants narrated their experiences. Recognising the pandemic's impact is not only a matter of methodological clarity, but also a way of respecting the social realities in which participants' stories were situated.

4.14 Methodological limitations of the study

While this study offers meaningful insights into the experiences of parents of children with dyslexia in the UK and Malaysia, it is essential to acknowledge its limitations to support a transparent, critical engagement with the research process. These limitations are considered in light of the study's design, sampling, data collection methods, and analytical approach.

One limitation pertains to the potential for bias or selective sharing during the one-to-one interviews. Although I took care to create a comfortable and non-judgemental environment during the interviews, I remain aware that participants may have chosen to withhold, downplay, or reshape certain experiences, particularly those involving institutional dissatisfaction or personal distress. As noted by Morris and Turnbull (2006), parents discussing sensitive topics, such as educational struggles or stigma related to dyslexia, may be selective in what they choose to share. I sought to minimise this by fostering a respectful, empathetic interview space, yet I accept that some narratives may be partial or shaped by participants' concerns about representation or judgement. While encouraging participants to share their personal stories, I was careful not to press them for more than they were comfortable with. Ethical interviewing practices were upheld by respecting each participant's emotional boundaries, allowing them to pause, redirect, or skip any question as needed. In doing so, I was able to maintain a data collection process that was respectful, trauma-informed, and centred on participant agency.

Another limitation arises from the sample selection process, which may affect the representativeness of the findings. The participants in this study were exclusively those who had received a formal sole diagnosis of dyslexia from a qualified practitioner. While this criterion supports the legitimacy of the study, it may unintentionally exclude individuals from lower socio-economic backgrounds whose children exhibit symptoms of dyslexia but have not yet received a formal diagnosis. As a result, the sample may not accurately represent the entire population of children with dyslexia in the UK and Malaysia. To address this limitation, future research could incorporate strategies to include participants from diverse socio-economic backgrounds, thereby supporting a more comprehensive understanding of the experiences of all individuals with dyslexia.

Despite the clear inclusion criteria, I recognised the possibility that some children discussed in the interviews may have had co-occurring conditions, even if they were not formally disclosed. Neurodevelopmental conditions such as dyslexia, ADHD, and autism often overlap (Snowling 2008), and parents may not always be aware of, or willing to report, multiple diagnoses. Furthermore, excluding any participants with formally diagnosed comorbidities (e.g., ADHD, developmental language disorder, dyscalculia, and anxiety) may have narrowed the scope too tightly. This focus on "pure" dyslexia, while sharpening the study's analytic clarity, likely omitted a substantial portion of the dyslexia population. Evidence suggests that children with both dyslexia and additional diagnoses often experience more severe academic, social, and emotional difficulties (Hulme and Snowling 2009; Catts et al. 2024; Snowling et al. 2020). Consequently, my findings may not fully capture the complexity of challenges faced by these families. Future studies may consider including children with comorbidities to provide a more comprehensive understanding of parental experiences and support needs.

The sampling strategy employed, primarily purposive and convenience sampling, was practical and consistent with the study's qualitative, exploratory focus. However, it does present certain limitations in terms of representativeness. All participants were parents of children aged 7 to 12 who had received a sole diagnosis of dyslexia. While this helped to focus the analysis and avoid the complexity of comorbid conditions, it may have inadvertently excluded voices from socio-economically marginalised backgrounds or rural communities where access to formal diagnosis is more limited. Consequently, the findings cannot be generalised to all parents of children with dyslexia in the UK and Malaysia, particularly to those whose children may be undiagnosed or misdiagnosed due to systemic inequities.

The characteristics of my sample, such as education level, urban or rural residence, and socioeconomic status, likely influenced the findings of this study (Lincoln and Guba 1985; Patton 2015). Although purposive sampling is appropriate for in-depth qualitative inquiry, it may introduce selection bias and limit the broader applicability of the results (Palinkas et al. 2015; Etikan et al. 2016). The reliance on Facebook for participant recruitment, while practical in a post-pandemic context, may have resulted in a sample skewed towards digitally literate and more engaged parents. This digital bias limits the transferability of the findings, particularly for families who lack internet access or are less familiar with online support networks (Boegershausen et al. 2025). As such, the experiences of parents from more marginalised or rural backgrounds may not be fully captured in this study.

Another limitation arises from the medium of data collection. Although the interviews were conducted post-pandemic, many parents preferred online interviews via Zoom, citing continued health concerns, work and caregiving responsibilities, and convenience. Initially, I had planned for in-person interviews, believing that face-to-face contact would better facilitate rapport and allow for the observation of non-verbal cues. While the online format ultimately proved effective and may have increased accessibility and comfort for participants, I acknowledge that certain forms of communication, such as body language, gestures, and silences, may have been less visible. Nonetheless, as Deakin and Wakefield (2014) and Jenner and Myers (2019) suggest, virtual interviews can still yield rich, meaningful data when conducted with care and attention to relational dynamics.

Finally, I must reflect on my own dual positionality as a researcher and parent of a child with dyslexia. While this insider perspective provided me with unique insight, empathy, and shared understanding, it also introduced the potential for bias in data interpretation. I managed this tension through continuous reflexive practice, including journaling, peer debriefing, and supervision. I was vigilant about safeguarding that participants’ voices were heard in their own right, not filtered through my personal view. Nevertheless, qualitative research is inherently shaped by the positionality of the researcher, and my own experiences inevitably informed the way I made sense of the data. To acknowledge these limitations, I aim to offer a transparent account of the conditions under which this study was conducted. These reflections are not intended to diminish the value of the research but to provide context for its interpretation and contribute to a wider conversation about methodological reflexivity in qualitative inquiry.

4.15 Conclusion

This chapter has outlined the methods and methodological approach used in this study. It explained the decision to adopt a qualitative design, guided by a critical realist perspective to explore the experiences of parents of children with dyslexia in the UK and Malaysia. The chapter described how the research questions were shaped by both philosophical considerations and the need to understand the topic in real-world settings.

Bronfenbrenner’s Bioecological Systems Model was introduced as the theoretical framework, which helped to structure the way parental experiences were examined across different levels of influence, from family and school settings to wider policy and cultural contexts. Reflexive thematic analysis was selected as the method for analysing interview data, allowing patterns and themes to emerge from the participants' own words and experiences.

The chapter also discussed how data were collected using semi-structured interviews and explained how ethical principles and reflexivity were applied throughout the research process. I also acknowledged my own role and background as a parent, which informed how I approached the study while trying to remain open to other people's experiences.

Finally, the chapter outlined the challenges faced due to the COVID-19 pandemic, as well as some of the study's limitations, such as access and generalisability. The next chapter will present the findings, beginning with an overview of the participants and the context in which they shared their experiences, followed by the themes that emerged from the data.

Chapter Five: Parental Perceptions: relational dimensions and the diagnostic process

This chapter presents the findings from interviews with parents of children diagnosed with dyslexia in the UK and Malaysia. As a qualitative study, the chapter focuses on participants’ experiences and perspectives, using selected verbatim quotes to support each theme. In line with Creswell’s (2014) guidance, the findings are presented independently from the discussion to allow participants' voices to remain at the forefront. Detailed interpretation and engagement with theoretical concepts and literature will follow in Chapter 7.

The analysis is presented in two chapters. This chapter focuses on the internal and relational dimensions of parenting, including how parents recognised early signs, navigated the diagnostic process, and made sense of their roles and emotional responses. Chapter 6 addresses the external, systemic context, examining the role of schools, diagnostic pathways, and national policy frameworks in shaping parental experiences. This structure reflects the study’s dual aim: to explore both the subjective experience of parenting a child with dyslexia and the broader institutional conditions within which those experiences unfold.

Each main section of this chapter corresponds to one of Bronfenbrenner’s system levels: microsystem, mesosystem, exosystem, macrosystem, and chronosystem, allowing the findings to be organised in a way that highlights interaction between individual, institutional, and societal influences on parental experiences. Within each section, themes and subthemes are structured around the study’s three research questions.

5.1 Participant profile and summary

A total of 20 parents participated in this study: 10 from the United Kingdom and 10 from Malaysia. All participants had a child with a formal diagnosis of dyslexia, and each had been actively involved in supporting their child’s education and development. The sample included both mothers and fathers, though the majority were mothers. Parents were recruited from diverse backgrounds in terms of ethnicity, occupation, and socioeconomic status, providing a wide range of perspectives on navigating dyslexia in two different national contexts.

The UK participants included parents from English, mixed-heritage, and ethnic minority backgrounds. Most lived in urban or semi-urban settings and were familiar with the Special Educational Needs and Disabilities (SEND) framework. Several had experience working within or alongside the education sector. In contrast, the Malaysian participants were predominantly Malay, and while most also lived in urban areas, access to specialist services and dyslexia-specific support varied widely across states. Some participants in Malaysia had limited prior awareness of dyslexia and shared accounts of delayed diagnosis and uncertainty about available services.

Table 8 summarises demographic details, including pseudonyms, age group, relationship to the child, occupation, and contextual notes regarding diagnosis. All names have been anonymised to protect confidentiality, in accordance with ethical guidelines for qualitative research (Wiles et al. 2008; British Sociological Association 2017; Saldana 2021). These profiles provide context for the findings presented in this chapter and highlight the breadth of perspectives represented across both national settings.

The participants' narratives are provided in greater detail following the table below. Their accounts revealed the personal, emotional, and social dimensions of parenting a child with dyslexia. Instead of treating them as isolated case studies, they are integrated into a thematic analysis to identify shared experiences, cross-contextual differences, and the impact of structural and cultural factors on parental perceptions.

Table 8: Participants Demographic Profiles

No	Pseudonyms	Age Group	Relationship to Child	Occupation	Age of child/children with dyslexia	Age of child/children at time of diagnosis
MALAYSIAN						
1.	Faiz	40-49	Biological Father	Government Servant	10	6
2.	Eliza	40-49	Biological Mother	Executive	12	5
3.	Aziz	50 and above	Adoptive Father	Former Editor	12	9
4.	Syamsul	40-49	Biological Father	School Teacher	12	7
5.	Lana	40-49	Biological Mother	Lecturer	10	6
6.	Hana	40-49	Biological Mother	School Teacher	12	8
7.	Nora	40-49	Biological Mother	Bank Officer	10	6
8.	Sarah	40-49	Biological Mother	Homemaker	8	7
9.	Azira	40-45	Biological Mother	Homemaker	12	10
10.	Hakim	35-39	Biological Father	Businessman	12	6
UK						
11.	Whitney	40-49	Biological Mother	Senior Analyst	9	9
12.	Amanda	40-49	Biological Mother	Dog sitter (former teacher)	11	9
13.	Jennifer	50 and above	Biological Mother	Daycare Operator	11	8
14.	Carol	50 and above	Biological Mother	Self-employed	11	8
15.	Rubina	Below 40	Biological Mother	Self-employed	11	6
16.	Emily	40-49	Biological Mother	Nursery School Teacher	11	8
17.	Sabby	40-49	Biological Mother	Self-employed	10	10
18.	Monica	50 and above	Biological Mother	Homemaker	11	9
19.	John	35-39	Biological Father	Sales executive	11	8
20.	Jean	40-49	Biological Mother	Homemaker	9	8

The profiles above show some variation in the age at which children were diagnosed with dyslexia. While this study does not aim to generalise across populations, the demographic patterns suggest that several Malaysian children were diagnosed around the start of primary school, typically between ages six and seven. In Malaysia, there is a widespread expectation that children should be able to read by the time they enter Year 1 at age seven. When this does not occur, parents often feel pressured to seek formal assessment, especially in urban or middle-class contexts. This pressure is reinforced by national education policies that prioritise early literacy proficiency as a key performance benchmark, such as the Literacy and Numeracy Screening (LINUS) programme, which screens all children in Years 1 to 3 for reading and numeracy skills (Sani and Idris 2013; 2017). In contrast, UK diagnoses tended to occur later, typically following a period of school-based observation and support. These patterns illustrate how institutional frameworks shape parental responses to early learning concerns.

The following section introduces the study's participants in more detail, illustrating how these broader educational and cultural contexts shaped their early experiences of navigating dyslexia.

The Malaysian Participants

Faiz (46, Government Officer)

Faiz's journey into dyslexia awareness began when his daughter was diagnosed at the age of six. His initial concern prompted him to learn more about the condition, which eventually led to his own assessment and diagnosis. Reflecting on his past educational struggles, Faiz viewed his daughter's experience as an opportunity to intervene earlier and differently from his own path.

Eliza (41, Executive)

Eliza sought early intervention after recognising signs of dyslexia in her eldest son. Although he was formally diagnosed by the age of five, Eliza's attempts to secure school-based support were met with resistance. In response, she turned to private tuition and described feeling disheartened by the absence of institutional provision, particularly in managing her son's emotional wellbeing and social inclusion.

Aziz (66, Retired News Editor)
Aziz , who adopted his son, reported limited knowledge of dyslexia before his son's diagnosis. A key turning point came when his son was disciplined unfairly at school for unfinished homework. Recognising the mismatch between his son's needs and the school's responses, Aziz decided to change schools and began researching dyslexia independently in order to become a more informed advocate.

Syamsul (44, Secondary School Teacher)
Syamsul's awareness began after watching a Hindi film depicting a child with dyslexia. Noticing similar behaviours in his son, he pursued assessment which confirmed dyslexia. Initially met with family scepticism, Syamsul reframed the condition as manageable and invested in educational programmes aligned with his son's strengths.

Lana (40, Lecturer)
Diagnosed at six, Lana sought formal support including specialist centre enrolment but chose not to disclose the diagnosis to her daughter's primary school, fearing differential treatment. She instead employed additional home-based strategies, illustrating tensions between private understanding and public disclosure in Malaysia.

Hana (44, Teacher)
Having supported her older daughters with dyslexia, Hana felt emotionally exhausted despite professional experience when her son was also diagnosed at eight. She highlighted inconsistencies in institutional responses despite greater awareness.

Nora (49, Bank Officer)
Nora expressed mixed emotions following her son's diagnosis at age six. As a working mother, she experienced guilt about whether her demanding job might have contributed to missed early signs. She also noted feelings of comparison with peers whose children appeared to be progressing without difficulty, highlighting the emotional weight of academic benchmarking in middle-class parenting cultures.

Sarah (44, Homemaker)
Sarah was already familiar with dyslexia due to her twin daughters' earlier diagnoses. When her son began struggling with reading, she initially attributed the delay to pandemic-related school disruptions. Later assessments confirmed he shared similar

difficulties. Her narrative highlighted the cumulative emotional and logistical burden of supporting multiple children with additional learning needs.

Azira (42, Homemaker)
With limited formal education, Azira relied on school professionals to identify and address her daughter’s challenges. She expressed frustration at the high costs of private assessments and the lack of accessible public support in her area. Her experience raises broader concerns about how systemic inequalities shape parental capacity to advocate effectively.

Hakim (39, Business Owner)
Hakim became familiar with dyslexia only after his daughter’s diagnosis. Although he explored private schooling, he found most institutions reluctant to enrol children with learning difficulties. Residing in a rural area, he felt constrained by the limited schooling options available, and described feeling isolated within an unsupportive system.

The UK Participants

Whitney (41, Senior Analyst)
Whitney noticed her daughter’s reluctance to read during the pandemic, which prompted her to seek support. Although the school identified potential signs of dyslexia, they did not offer financial assistance for an assessment. Whitney described the process as emotionally exhausting but remained proactive in seeking a formal diagnosis.

Amanda (49, Dog Sitter and Former Teacher)
Amanda’s son was diagnosed in Year 3. With a family history of dyslexia, she was somewhat prepared for the possibility. However, she found that navigating the education system, despite her background in teaching was fraught with delays and bureaucratic obstacles. Amanda eventually transferred her son to a school with a more inclusive ethos.

Jennifer (53, Daycare Operator)
Jennifer noticed early signs of learning difficulty in her son during his reception year. She initially assumed additional tutoring would be sufficient. Over time, as difficulties persisted, she began to realise the complexity of his needs. Her narrative reflects a common trajectory where assumptions about remediation give way to broader concerns about educational fit and emotional wellbeing.

Carol (50, Self-Employed and SEN Advocate)
Carol is an active campaigner in the field of special education. When her son was diagnosed with dyslexia at age eight, she brought a wealth of advocacy experience to the role. Despite this, she encountered resistance from her son’s school. Her account demonstrates that even well-informed parents can struggle to navigate opaque institutional systems.

Rubina (37, Online Business Owner)
Rubina’s daughter’s struggles with literacy reminded her of her own delayed academic progress as a child. Drawing on this personal history, she took early steps to support her daughter through tutoring and educational reading. Her profile illustrates how intergenerational experiences of learning difficulties can inform more empathetic parental responses.

Emily (46, Nursery School Teacher)
Despite raising concerns as early as Year 6, Emily's daughter was only diagnosed in Year 10. She described a sense of resignation and noted that emotional wellbeing and social integration took precedence over academic performance. Her experience reflects the psychological toll of prolonged institutional inaction.

Sabby (45, Administrator)
Sabby described her son as bright but disengaged from competitive environments. She worried about the psychological effects of constant benchmarking and expressed a desire for schools to broaden their definitions of achievement. Her narrative critiques the narrow performance metrics embedded in many educational systems.

Monica (50, Sales Executive)
Monica's daughter was diagnosed at age eight. While she coped well in primary school, Monica feared she would struggle with the reading demands of secondary education. Despite being advised that her daughter did not qualify for an EHCP, Monica remained uncertain about future academic transitions, pointing to gaps in guidance for borderline cases.

John (39, Sales Executive)
As a first-time parent, John initially deferred entirely to the school's judgement. However, he later felt unprepared and unsupported when dyslexia emerged as a concern. His reflections reveal the isolating effects of stigma and the lack of informal support networks in certain communities.

Jean (45, Homemaker)
Living in Wales, Jean observed that formal dyslexia assessments had become less common due to policy shifts toward universal classroom accommodations. While these practices were intended to improve inclusion, Jean remained sceptical about their consistency and effectiveness. Her narrative highlights tensions in systems undergoing reform.

5.2 Experiences of parents of children with dyslexia in the UK and Malaysia

The analysis in this chapter is guided by Bronfenbrenner’s Bioecological Systems Theory (1994), which provides a useful conceptual guide for understanding how parents' experiences are shaped by interacting systems at multiple levels from close, immediate environments (microsystem) to broader societal structures (macrosystem), institutional frameworks (exosystem), and changes across time (chronosystem).

This framework aligns with findings in the literature emphasising the importance of examining both personal and structural influences on parental advocacy and coping (Bronfenbrenner 1994; Liasidou 2012; Norwich 2013). It also supports a comprehensive approach consistent with the gaps identified in Chapter 2, where parents’ navigations of institutional systems and cultural norms were highlighted as complex and under-researched (Abd Rauf et al. 2021; Hellawell 2022).

Following recommendations by Cohen et al. (2011) and Creswell (2014), the findings are organised according to the three research questions underpinning this study:

1. RQ1: What are the similarities and differences in experiences of parents who are supporting children with dyslexia (aged 7-12 years) in mainstream schools in the UK and Malaysia?
2. RQ2: What are the similarities and differences in terms of institutional supports received by the parents of children with dyslexia in the UK and Malaysia?
3. What practices do parents identify as most useful from both countries in terms of supporting children with dyslexia?

The structure of this chapter reflects these research questions and is supported by themes generated through data analysis. Each theme is introduced with an overview, followed by participant excerpts and commentary. At the end of each section, summary tables are included to support clarity and accessibility for readers.

Table 9 below provides an overview of the codes, categories and final themes developed during analysis, aligned with Bronfenbrenner’s system levels. These themes are revisited throughout Chapters 4 and 5, depending on whether they relate primarily to interpersonal experience or broader structural and policy contexts.

Table 9: Codes, Categories, and Final Themes (Aligned with Bronfenbrenner’s Bioecological Systems 1994)

Initial Codes	Categories	Themes	Sub Themes	System Level
“I didn’t know understand what was happening” “I was so worried and frustrated at the same time” “I cried when I found out”	Emotional response to diagnosis	**Child-Parent Relationship** (Parents’ experiences on their relationship with the identified child)	I. Emotional Responses to Early Signs and Diagnosis II. Experiences on coping with managing their child. III. Parents’ concerns about their child’s self-esteem	**Microsystem** (People)
“She was telling us that she felt stupid” “She stopped joining school competitions.” “He would say, ‘Do I have to go?’”	Child’s emotional well-being			
“We tried to stay positive” “It’s about helping, not fixing”	Parental coping and adjustment			
“The teacher hardly calls me” “We meet once a term only” “No follow-up on progress”	Weak school-parent communication	**Parent-Teacher Communication.** (Parents’ experiences on interactions with teachers and the school)	I. Frequency of meetings and updates. II. Collaborative Planning for Child’s Needs. III. Supports Received from Schools.	**Mesosystem** (Process)
”No one asked if it would work for us at home” “It was like, here’s the option, take it or leave it” “Some teachers might think I’m too anxious”	Lack of collaboration			
“The school	Supports offered by teachers/schools			
“I found this group on Facebook” “We share strategies on WhatsApp”	Peer support and informal learning	**Informal Parental Networks.** (Parents’ experiences in connecting with other parents of children with dyslexia for mutual support, sharing of resources or advocacy)	I. Finding and Joining support group. II. Sharing resources and advice	
“I didn’t even know what dyslexia was” “People think my son is lazy”	Cultural misunderstanding of dyslexia	**Cultural stigma** (Broader societal beliefs about dyslexia and how they affect parents and children).	I. Community beliefs about dyslexia II. Dealing with misconception and myths	**Macrosystem** (Context)
“There’s a lot of shame” “The school won’t even name it as dyslexia”	Social silence and stigma			
“They use one-size-fits-all methods” “She just gets told to try harder”	Standardised practices in classrooms	**Educational system beliefs** (Prevailing beliefs within the educational system regarding dyslexia, which influence teaching	I. Teaching Practices in Mainstream Classrooms II. Recognition of dyslexia as a learning difference III. Interventions and programs	
“The teachers don’t believe in dyslexia” “They don’t know what to do with him”	Institutional beliefs about dyslexia			

		methods, interventions and school policies)		
"I didn't know my rights" "The paperwork is too complicated"	Lack of legal and procedural awareness	**Legislation and Rights** (National laws or regulations related to dyslexia and how they shape or limit interventions)	I. Awareness of laws concerning dyslexia and challenges in asserting rights.	
"Private testing is expensive" "In Malaysia, it's not even acknowledged in some schools"	Inequities in access			
"I only found out about the policy last year" "Nobody tells us anything"	Limited awareness of national policy	**Educational Policy awareness** (How informed parents are about educational policies related to dyslexia, and how these policies affect the children)	I. Knowledge of existing policies. II. Advocacy for policy change.	**Exosystem** (Environment)
"Policy exists, but not followed" "In rural areas, nothing is implemented"	Policy-practice gaps			
"I can't afford a private tutor" "No support in our area"	Barriers to resource access	**Resource availability** (The availability and effectiveness of external resources like specialised tutors, extracurricular programs or interventions).	I. Access to Specialists and Educational Support II. Financial considerations.	
"I use YouTube to understand dyslexia" "Social media helps"	Media as an informal source of knowledge	**Media Influence** (How media portrayal of dyslexia affects parents' perceptions and actions)	I. Parents' reactions to media portrayals.	
"At first, I thought it was just laziness" "Now I know better"	Change in parental understanding	**Stages of Understanding** (Changes in parents' understanding of dyslexia over time, from initial recognition to current understanding)	I. Early signs and seeking diagnosis. II. Growth in understanding dyslexia.	**Chronosystem** (Time)
"We switched schools three times" "Secondary school is a big worry"	Major educational transitions	**Transitions** (Key transitions from the process of getting a diagnosis to moving between different schools, as well as from one educational method to another)	I. School Transfers II. The preparation to moving from primary to secondary schools. III. Impact of Covid-19 pandemic and remote learning	
"COVID made it worse" "Online learning was a disaster"	Pandemic-related disruption			

Referring to Table 9, the themes drawn from parents' accounts for this chapter are organised around three core elements of Bronfenbrenner's Bioecological Model: the Microsystem, Macrosystem (with particular emphasis on cultural stigma), and Chronosystem. These levels were selected as they most directly capture the interpersonal, societal, and temporal dimensions of parents' experiences of raising a child with dyslexia (Bronfenbrenner 1994). The Microsystem reflects the immediate and emotionally significant relationships between parents and their children, while the Macrosystem highlights the role of cultural narratives, public discourse and national education policies in shaping how dyslexia is understood and responded to across different communities (Liasidou 2012; Norwich 2013). The Chronosystem, meanwhile, brings attention to how parental knowledge, confidence and coping strategies evolve over time, often shaped by key events such as diagnosis, school transitions, or changes in policy and provision (Bronfenbrenner and Morris 2006).

The next section 5.3 presents the results in turn for each research question, drawing on thematic analysis and participant narratives to examine how dyslexia is navigated within families, schools, and broader systems.

5.3 Microsystem: Direct interactions and immediate relationships

The microsystem refers to the child's immediate environment, particularly the home and family, where development is shaped through direct interaction (Bronfenbrenner 1994). In this context, parents play a central role in recognising early signs of dyslexia and responding to their child's learning needs. Participants described the range of emotional, cognitive, and practical work they undertook to support their child, often with little external validation or guidance.

A recurring aspect of this work was the emotional labour involved in caregiving. Parents spoke of managing their own distress while remaining composed and reassuring for their children. Several described the need to mask frustration or doubt in front of others, particularly teachers and extended family members, while internally trying to remain hopeful. These experiences were not isolated moments, but ongoing processes that reflected the relational and emotional demands of raising a child with a specific learning difficulty.

The dominant theme that emerged within this level was the Child–Parent Relationship, where parents reflected on how dyslexia reshaped their emotional connection with their children and influenced the atmosphere at home. This included early emotional reactions, daily coping challenges, and concerns about self-esteem.

5.3.1 Child-parents relationships

This section explores how parents experienced and responded to dyslexia within the home. Three interrelated processes were identified across the interviews: (i) emotional responses to early signs and diagnosis, (ii) coping with parenting challenges, and (iii) concerns about children's self-esteem. These responses were shaped by cultural norms, institutional expectations, and the availability of support.

5.3.1.1 Emotional responses to early signs and diagnosis

Parents in both the UK and Malaysia described intense emotional responses when they first recognised that their child was struggling with literacy. For many, the early signs were confusing and distressing, and the process of obtaining a formal diagnosis was emotionally charged. Twelve of the twenty participants reported anxiety, guilt, and persistent self-doubt during this period.

Malaysian parents often became concerned during the transition to formal schooling (age five to seven), when reading and writing expectations became more structured. Many reported frustration when teachers dismissed their concerns or delays occured due to a lack of referral pathways. Malaysian mother Lana's experience exemplifies this emotional complexity:

> "I didn't understand what was happening. He could memorise so many songs and was very talkative, but he struggled a lot in identifying alphabets when I showed them to him using flash cards. He couldn't recognise them and remained stuck on the same set of alphabets for an entire year in kindergarten!" (Lana, Malaysia)

Lana's concerns were dismissed by teachers, who reassured her that other children were facing greater difficulties. The dismissal compounded her emotional labour, forcing her to manage frustration internally while continuing to advocate externally:

> “I was so worried and frustrated at the same time. My concern wasn’t about other children; it was about my own child. Having other children at home and being their mother, I have a gut feeling that something was not right.” (Lana, Malaysian)

Such dismissal reflects known barriers to early identification in Malaysia (Abd Rauf et al. 2021) and highlights gaps in policy implementation as described in Chapter 3 (Nasir and Effendi 2016). Parents’ concerns are frequently invalidated, with educators downplaying early warning signs and delaying referrals for formal assessments.

Sarah’s account highlights the emotional burden of multiple diagnoses within one family:

> “My heart broke when I was told that my son might also have dyslexia, even if it's mild. I had hoped he wouldn't struggle as his sisters. This is so overwhelming, like I'm stuck in a loop, dealing with assessments and therapy sessions all over again.” (Sarah, Malaysia)

Similarly, UK parent Jennifer recalled the emotional impact of diagnostic discussions, describing feelings of shock and guilt that persisted even after formal identification:

> “The teachers went through a long list of things he was struggling with, and it hit me hard. I kept thinking…(pause) ‘At least he's well-behaved, he can do that right.’ But it was um tough to hear.” (Jennifer, UK)

Throughout the interview, Jennifer became visibly emotional and burst into tears when recollecting the specific event of the parent-teacher meeting. Noticing her distress, I interrupted to check if she was okay and offered her the option to take a break. However, she declined the offer and chose to continue with the interview.

These narratives reflect how institutional responses can intensify parental emotional labour by creating environments where feelings of inadequacy are amplified (Alias et al. 2015; Lin and Szczygieł 2023; Laurin and Andersson 2024). They also exemplify how deficit-focused institutional discourse can deepen parental feelings of self-doubt and guilt, as found in prior studies (Shaywitz 2003; Ross 2019). Shaywitz (2003) notes that diagnostic encounters often magnify parental feelings of inadequacy, particularly when accompanied by uncertainty over next steps, while Ross (2019) argue that such experiences contribute to parental guilt and stress, particularly when the institutional response lacks empathy or constructive direction.

The COVID-19 pandemic compounded these emotions, in line with findings that the pandemic increased psychological strain on parents of children with additional needs (Davies et al. 2024). Whitney initially attributed her daughter's reading difficulties to the disruptions of homeschooling, only to later realise that her child's self-esteem was being damaged:

> "She was telling us that she felt stupid. I didn't know how to explain to her that she wasn't. It broke my heart." (Whitney, UK)

Rubina, a UK parent, echoed this experience, connecting her daughter's difficulties to her own childhood experiences:

> "I saw myself in her struggles… and I kept thinking, maybe I did something wrong. Too much screen time, not enough sensory play, not enough attention?" (Rubina, UK)

She went on to describe the emotional impact of the diagnosis in terms of shattered expectations:

> "The diagnosis really shattered me because I had always dreamed of her doing really well in school and becoming a doctor." (Rubina, UK)

These narratives reflect the psychological toll of raising a child with dyslexia, particularly in systems that equate academic success with intelligence and future opportunities. Chandler et al. (2017) argue that such internalised guilt is common among parents who are socially and culturally invested in their children's success.

The parents also frequently compared their child to siblings or peers, which sometimes validated their concerns but also heightened feelings of guilt, echoing research on middle-class parenting and educational expectations (Alias et al. 2015). Amanda's professional background as a teacher shaped her expectations and emotional responses:

> “It helped that I was a teacher. I know what kids his age are typically capable of.” (Amanda, UK)

Across both contexts, parents compared their child to siblings or peers. While this sometimes helped validate concerns, it also contributed to feelings of guilt and self-blame. These emotional responses were rarely acknowledged or supported by professionals, leaving parents to manage them privately while continuing to advocate for their child’s needs.

The COVID-19 pandemic further heightened these feelings, particularly when school closures delayed assessments or reduced access to interventions. Several UK parents said that they initially attributed their child’s difficulties to lockdown disruption before realising that the problem was more persistent.

Taken together, these accounts illustrate the emotional labour involved in recognising dyslexia, pursuing a diagnosis, and responding to its implications within the home. This supports earlier discussions in section 2.6.1 on the emotional labour in parental coping and advocacy.

This theme contributes to Research Question 1, which explores how parents interpret and respond to their child’s diagnosis, particularly in the early stages of their journey.

The emotional responses described by parents in this study are consistent with those reported by Parhiala et al (2014) and Abd Rauf et al (2021), who observed heightened stress and uncertainty following diagnosis. However, this study adds a comparative dimension, showing how institutional awareness and cultural context shape emotional reactions differently in Malaysia and the UK. Unlike previous work, which largely focused on mothers, the current findings also incorporate paternal perspectives, offering a more inclusive view of parental adjustment.

5.3.1.2 Coping with parenting challenges

Following initial emotional responses, parents described various strategies to manage the ongoing demands of supporting their child’s learning and wellbeing. These strategies reflect substantial emotional labour, as parents regulate their emotions to sustain their caregiving roles despite systemic obstacles (Laurin and Andersson 2024).

Across both contexts, the parents shared how supporting their child’s literacy at home demanded creativity, patience, and persistence. Malaysian mother Hana explained:

> “I had to become the tutor at home. Every day after school, I’d go over the same letters again and again. It tested my patience because he would forget it the next day.” (Hana, Malaysia)

She also reflected on the emotional toll:

> “I couldn’t show I was frustrated. I had to smile and encourage him because if I lost hope, he would too.” (Hana, Malaysia)

Malaysian father Syamsul described shifting focus from academic pressures to nurturing his son’s artistic interests as a means of maintaining hope and positive engagement:

> "I realised I needed to focus on helping him rather than pushing him. We tried to stay positive and I started to concentrate on his strengths instead." (Syamsul, Malaysia)

In the UK, parents like Jennifer took proactive roles, seeking specialised tuition and advocating for assistive technologies, while managing feelings of inadequacy in the face of systemic limitations:

> “My heart ached for him because… the teaching methods aren’t suitable for him.” (Jennifer, UK)

Whitney, a UK mother, described consciously regulating her own emotional responses to support her daughter effectively:

> “She would shut down, say she was dumb, and I had to hold it together. I learned to take breaks, play music, or do something fun before attending her to finish homework or do lessons at home. It was never just about school, it was about how she felt about herself.” (Whitney, UK)

Such examples demonstrate the depth and complexity of parental emotional labour within the microsystem, encompassing both self-regulation and relational sensitivity

(Armstrong and Humphrey 2009). Some parents described a shift in expectations and routines over time. Rubina, who initially blamed herself for her daughter's slow reading progress, began to accept a more flexible approach:

> "I used to push her to read every night because that's what all the books said. But then I noticed she hated it. Now, we read when she wants to. If she's tired, we leave it. That was a big shift for me, letting go of control." (Rubina, UK)

Similarly, Amanda described efforts to adapt their expectations and focus on their child's strengths:

> "Whenever students get their test results, I could see the disappointment on his face. I started talking to him and praised him more. It's about celebrating small victories and understanding that progress looks different for everyone." (Amanda, UK)

This reframing aligns with Bronfenbrenner's conceptualisation of the microsystem as a site of active adaptation, where parents negotiate emotional labour alongside practical demands (Bronfenbrenner 1994; Ross 2019). It also resonates with scholarship emphasising the importance of parental resilience and resourcefulness in contexts of limited institutional support (Hellawell 2022).

Azira, a homemaker in Malaysia, revealed that limited formal education and financial resources affected her confidence in supporting her daughter's learning. She described relying on informal networks and low-cost resources:

> "I don't have a strong educational background. I try my best, but I rely a lot on the school. Sometimes I use YouTube or ask friends. Private tutors are too expensive for us." (Azira, Malaysia)

Her narrative illustrates the material constraints experienced by many families and resonates with findings of Poed et al. (2020), who identified socioeconomic disparities as a major barrier to consistent and informed parental support in cases of special educational needs.

Despite differences in context and capacity, coping strategies evolved over time. Carol, a UK parent with professional experience in special needs advocacy, acknowledged that familiarity with the system did not eliminate the emotional complexity of supporting her own child:

> "You'd think I'd have all the answers, but every child is different. I still have moments when I feel lost. But I remind myself it's not about fixing him, it's about supporting him in the way he needs." (Carol, UK)

Similarly, Faiz, a Malaysian father, linked his parenting approach to wider concerns about his daughter's mental health and the family's history of depression:

> "This isn't just her journey. It's ours as parents. I want to make sure she feels supported every step of the way." (Faiz, Malaysia)

In these accounts, the parents described their role not only as caregivers but also as protectors, advocates, and emotional regulators. The need to maintain optimism in the face of slow or uncertain progress placed a sustained emotional burden on many families. This form of coping extended beyond educational support to daily family interactions, sleep routines, and social events.

These findings illustrate how the demands of daily caregiving for a child with dyslexia require sustained emotional and practical adaptation, thus addressing Research Question 1, particularly in understanding how parents navigate the ongoing demands of supporting their child's development within the home environment.

The accounts of mothers in both the UK and Malaysia reveal a consistent pattern: women assume the bulk of responsibility for navigating school systems, managing stigma, and sustaining their children's self-esteem. This aligns with feminist analyses highlighting how care and advocacy work are socially assigned to women, often at significant personal and professional costs (Lynch et al. 2009; Laurin and Andersson 2024). The relative absence of fathers in daily advocacy roles was also notable, with their involvement described as supportive but secondary due to cultural expectations and work commitments. This aligns with existing research on gendered caregiving and highlights an area for further exploration in future studies.

These findings extend current understandings of parental coping by foregrounding the affective and structural labour involved in sustaining educational and emotional support within the home. Previous studies have noted the resourcefulness of parents in adapting to unmet institutional needs (Armstrong and Humphrey 2009; Hellawell 2022), but this study shows how such adaptations are contingent on cultural expectations, socioeconomic positioning, and gendered caregiving norms. The comparative perspective highlights how emotional labour is differentially distributed and performed, complicating universalist narratives of parental resilience and highlighting the role of structural conditions in shaping what forms of coping are available, visible, or legitimised.

5.3.1.3 Concerns about children's self-esteem

A recurring concern across parent narratives was the impact of dyslexia on their child's self-esteem. Many parents observed that their children were aware of their struggles compared to peers and described how this affected their confidence, motivation, and sense of self. These concerns often emerged in the early years of schooling and intensified when children were exposed to public reading tasks, grading systems, or comments from teachers and classmates. This corresponds with research by Mugnaini et al. (2009) and Livingston et al. (2018), who found that unaddressed reading difficulties often contribute to anxiety, frustration, and withdrawal in children with dyslexia.

The emotional toll also intensifies when children face repeated failure without adequate support. Recent studies by Catts et al. (2024) and Leslie et al. (2025) indicate that ongoing academic setbacks can undermine children's motivation and self-worth. Across both contexts, parents described how their children's self-perception was shaped by repeated experiences of failure or comparison. Some children verbalised feelings of being "stupid" or "slow," while others withdrew or displayed frustration. Parents responded to these challenges by actively trying to boost their children's confidence, using praise, reassurance, and sometimes avoidance of tasks that might trigger shame.

Eliza's reflection on her son illustrates this clearly:

> "He used to love talking and asking questions. But after a while, he said he felt stupid. (Sigh). He stopped joining school competitions and told me he didn't want people to know about his dyslexia." (Eliza, Malaysia)

Her account demonstrates how stigma around dyslexia may lead children to disengage both socially and academically. This reluctance to disclose difficulties or accept support has been noted by Ingesson (2007) and Ronksley-Pavia et al. (2019), who observed that children may reject help to avoid being labelled.

Syamsul's description of his son's school refusal reflects similar emotional consequences:

> "He would wake up and say, 'Do I have to go?' He consistently ranked last in class… And reading was a challenge. Watching him avoid reading sessions… was tough." (Syamsul, Malaysia)

Syamsul made efforts to protect his child from public embarrassment by reminding his teachers not to call him to read out loud.

Parallel concerns emerged among UK parents. John observed a similar decline in confidence in his daughter:

> "She told me one day, 'Everyone else reads chapter books, and I'm still doing phonics.' It broke my heart. I told her that everyone learns differently, but I could see she felt behind." (John, UK)

Jennifer's account further illustrates the link between academic struggle and self-perception:

> "He's the kind of child who wants to do well, but when he can't keep up, he just shuts down. He calls himself dumb, even though he's clearly not. That's what worries me most." (Jennifer, UK)

These experiences echo findings from Leitão et al. (2017), who reported that the visibility of educational support often discourages students from engaging with interventions due to fear of peer judgement. Karande et al. (2007) also documented that such reluctance may lead learners to avoid reading and writing, perpetuating disengagement and low self-esteem.

Bullying and social exclusion further compound these challenges. Eliza recounted an incident of her son being mocked and isolated:

> “Someone wrote ‘babi’ (pig) on his uniform and he became the joke throughout the day… Everyone was mocking and laughing at him. After that, he lost interest in school and wouldn’t even open a book.” (Eliza, Malaysia)

This illustrates the social consequences of dyslexia stigma, consistent with literature documenting how unsupportive school environments increase the risk of marginalisation (Poed et al. 2020).

UK parents shared comparable accounts. Sarah described her son being discouraged from participating in school activities, limiting his opportunities and confidence. Carol recalled a distressing episode when her son’s frustration escalated into self-harm:

> “He hit his head on a table in frustration and said he wished he were dead. I was shocked and immediately went to the headmaster, but he dismissed it, saying that since no one saw it, it didn’t actually happen.” (Carol, UK)

Such dismissive responses from school staff reflect wider concerns about the marginalisation of children with learning difficulties through inadequate emotional support (Gabel and Danforth, 2008). In response, some parents actively promoted their children’s strengths and fostered positive self-concepts. Amanda normalised dyslexia within her family context:

> “I told him that Daddy has dyslexia too but he’s doing well. We framed it as just a different way of thinking. We celebrate his creativity and humour, which are also parts of who he is.” (Amanda, UK)

Rubina similarly highlighted her daughter’s talents beyond academic skills:

> “She might struggle with reading, but she’s amazing at building things and remembering stories. I make sure she hears that from me, especially on days when school doesn’t.” (Rubina, UK)

These findings highlight the important role that parents play in supporting their children’s emotional wellbeing following a diagnosis of dyslexia. Across both the UK and Malaysia, parents described ongoing efforts to protect their children’s self-confidence and counter feelings of shame or inadequacy. These actions required considerable emotional work, particularly in managing their own feelings while reassuring their children and adjusting family expectations to maintain a sense of optimism.

This supports the work of Poulsen et al. (2017), who argue that supporting both learning and emotional wellbeing is essential to effective provision for children with special educational needs. Concerns around self-esteem were evident early in children's school experiences and often linked to comparison with peers, reinforcing earlier research that highlights the emotional vulnerability of learners with dyslexia (Mugnaini et al. 2009; Leitão et al. 2017). However, this study extends existing work by showing how families actively compensate for institutional limitations through emotional and practical support at home.

Parents' efforts to affirm their children's strengths and mitigate the effects of stigma reveal the everyday work involved in sustaining a child's sense of worth. These strategies are not simply supportive but form a vital part of how families navigate systems that continue to privilege academic success as the main measure of ability. This analysis suggests that inclusive education must take into account not only formal access but also the emotional and relational context in which learning takes place. This theme contributes to Research Question 1 by showing how parents respond to their children's emotional and psychological needs in the early stages of managing dyslexia.

5.4 Macrosystem: Cultural and societal influences

This section continues to address Research Question 1: What are the similarities and differences in experiences of parents who are supporting children with dyslexia (aged 7–12) in mainstream schools in the UK and Malaysia?

Within Bronfenbrenner's Bioecological Systems Theory (1994), the macrosystem refers to the broader cultural, social, and ideological context in which families operate. This level includes public beliefs, dominant narratives, and national discourse that influence how learning differences like dyslexia are understood and responded to in society. In both the UK and Malaysia, parents described how societal attitudes and cultural norms shaped their experiences of diagnosis, advocacy, and emotional labour.

Two themes are discussed here: (1) cultural stigma and (2) common misconceptions and myths. Together, these illustrate how macrosystemic factors created additional barriers for parents, often compounding institutional and familial challenges.

5.4.1 Cultural stigma

Cultural stigma, as identified in this study, refers to the widespread societal misunderstanding of dyslexia and the negative assumptions often associated with the label. This theme emerged strongly in the Malaysian data and was also evident, though in different ways, in the UK. Malaysian parents described widespread societal misunderstanding of dyslexia, which influenced how others responded to their child's needs and to decisions around formal support.

Two sub-themes emerged within the broader theme of cultural stigma, which are community beliefs about dyslexia and dealing with misconception and myths. These sub-themes reflect both the societal challenges parents face and their strategies for negotiating the cultural expectations that influence how dyslexia is recognised and supported.

5.4.1.1 Community beliefs about dyslexia

In Malaysia, cultural narratives about disability and academic success significantly influenced how parents engaged with their child's diagnosis. A prominent concern was the application for the government-issued disability card (Kad OKU), which entitles children to educational and financial assistance. While potentially beneficial, the card was perceived by many as socially stigmatising. Out of the 10 Malaysian participants in this study, seven reported facing negative reactions from their social circles when the card is mentioned.

Eliza recounted the reaction of her extended family when she mentioned applying for the OKU card:

> "When I told my siblings about my plan to apply for the card, they immediately questioned if that really is necessary. It made me question whether I was doing the right thing." (Eliza, Malaysia)

Such experiences echo Goffman’s (1963) concept of courtesy stigma, where stigma is extended to family members by association. Lana articulated the emotional burden of navigating bureaucratic and social resistance concurrently:

> “I feel like I’m fighting two battles, one with the system, and one with people around me.” (Lana, Malaysia)

Azira’s narrative further exemplifies how gendered cultural beliefs shape family responses:

> “My husband is opposed to the idea of the OKU card as he doesn’t want it to define his son. He kept pushing to send him to more tuitions, believing that it would work eventually. He’s so afraid of people looking at his son as not as bright.” (Azira, Malaysia)

These accounts reflect cultural imperatives in Malaysia that place considerable pressure on parents to demonstrate competence through their child’s academic success (Yamamoto and Holloway 2010). The stigma associated with disability labels discourages early identification and complicates parental advocacy (Oga and Haron 2012; Alias et al. 2015).

Nora, another Malaysian participant, similarly chose not to disclose her son’s diagnosis to friends or colleagues. She expressed concern about being judged, particularly in conversations that typically celebrated academic success:

> “Conversations with colleagues often revolve around how well their children are doing, and it makes me question why my son isn’t the same. After I brought up dyslexia in general and the OKU card, they were all opposed to it. That reaction has made me keep my situation to myself.” (Nora, Malaysia)

This dynamic pointed out the social complexity of decisions around formal recognition and disclosure, balancing potential benefits with social risks, consistent with Gabel and Danforth’s (2008) observations about stigma’s impact on families.

In the UK, while public discourse around dyslexia was more open, parents still encountered implicit judgements. Rubina described frustration at hearing others claim that individuals with dyslexia would struggle in academically demanding fields such as medicine. She challenged this assumption:

> "I've heard people say that those with dyslexia can't succeed in medical school. But I know doctors who were diagnosed with dyslexia later in life. If they can do it, I believe my daughter can too." (Rubina, Malaysia)

This reflects ongoing cultural narratives that link dyslexia with intellectual limitation, requiring parents to actively contest these assumptions (Ross 2019).

5.4.1.2 Misconceptions and myths

Parents in both Malaysia and the UK described pervasive myths surrounding dyslexia that shaped educational opportunities. Aziz recounted teacher misunderstandings that framed dyslexia as a reversible issue focused solely on letter reversal:

> "I was confused when talking to the teachers because they focused only on letter reversal, and keep telling me my son just needed to read more and practice. They made it seem like it was something that could be fixed, giving the impression that my son could 'recover' from dyslexia (Aziz, Malaysia)

This reflects systemic misrecognition, where neurodiversity is oversimplified as poor academic or behavioural performance (Abd Rauf et al. 2021). Syamsul similarly described scepticism from educators:

> "The teachers acted as though my son's dyslexia was due to not reading enough at home, or me not reading enough with him. But from my research and attending seminars, I understand that dyslexia is a neurological condition. It's not about my son lacking exposure or my parenting style." (Syamsul, Malaysia)

The consequences of such limited understanding extend beyond the classroom. Sarah, a parent with multiple children diagnosed with dyslexia, reflected on the narrow educational and career pathways available to her son in Malaysia:

> "When looking at secondary school options for my kid, the choices seem restricted to farming, bread making, and hairstyling. That's what they offer to

> kids in my son’s PPKI class. It makes me wonder whether they believe dyslexic children can't become doctors or scientists.”

PPKI stands for ‘Pendidikan Khas Integrasi’, which translates to "Integrated Special Education" in English. In Malaysia, PPKI is a program designed to cater to students with special educational needs within mainstream schools (OKU Matters [no date])

Sarah also shared a distressing example of how these misconceptions influence public attitudes. During a medical appointment, her son enthusiastically told a doctor he wanted to be an astronaut. The doctor’s reaction was dismissive, telling her son to “be realistic.”:

> “His (my son’s) face fell immediately. He changed his answer and said maybe he’d be a PE (physical education) teacher. I was too stunned to respond right then and there.” (Sarah, Malaysia)

This interaction had a lasting impact on both mother and child. Sarah reflected:

> “What truly troubled me was seeing how disappointed my son was, and how quickly his self-esteem plummeted.” (Sarah, Malaysia)

These stories mirror concerns raised by Ross (2019), who found that educational support for children with dyslexia is often shaped by implicit assumptions about their academic potential, contributing to a narrowing of future opportunities.

While these examples reflect the Malaysian context, UK parents also described having to confront myths that dyslexia indicated laziness, poor parenting, or limited intelligence. Carol noted her fears about how society might treat her son if his needs were not identified and supported early on:

> “It’s a real worry for my son’s future. Without proper support, what happens to him? I fear he might end up in prison because society doesn’t provide the right opportunities or support. I’ve read about it and it scares me.” (Carol, UK)

Carol’s concern about the school-to-prison pipeline reflects broader anxieties about the long-term impact of systemic neglect. Research by Boetsch et al. (1996)

suggests that when dyslexia goes undiagnosed or unsupported, individuals may face cumulative disadvantages that affect their social, educational, and life outcomes.

Nonetheless, some parents offered hopeful counter-narratives. Jean affirmed her daughter’s academic potential despite dyslexia:

> “Just because she has dyslexia, doesn’t mean she can’t get into the Science stream, or excel in studies. People need to stop assuming that.” (Jean, UK)

This demonstrates how empowered parental advocacy can challenge societal myths (Laurin and Andersson 2024).

The findings reveal that cultural stigma and misconceptions profoundly shape parental experiences and influence educational and social trajectories for children with dyslexia. In Malaysia, limited awareness and inconsistent institutional support exacerbate isolation and social judgement, consistent with Oga and Haron (2012) and Alias et al. (2015). In the UK, despite comparatively greater institutional support, parents still contend with stereotypes requiring active advocacy to overcome (Ross 2019).

The decision to apply for the OKU card in Malaysia exemplifies the tension between accessing resources and navigating the social costs of labelling, consistent with Goffman’s (1963) theory of stigma. Parents demonstrate resilience by challenging myths and promoting their children’s strengths, aligning with Laurin and Andersson’s (2024) emphasis on culturally sensitive, gender-aware advocacy. These findings highlight how the macrosystem, through cultural stigma and persistent misconceptions shapes the everyday realities of parenting a child with dyslexia.

While parents in Malaysia often contended with lower public awareness and social discomfort around disability, UK parents also faced subtle forms of bias and deficit framing. In both settings, parents engaged in emotional and advocacy work to protect their children from negative assumptions and to promote more inclusive understandings.

This section contributes to Research Question 1, particularly in understanding how sociocultural beliefs about dyslexia influence parental experiences, access to support, and decisions around disclosure and advocacy.

5.5 Chronosystem: Evolving understanding and key transitions

This section continues to address Research Question 1, which explores the similarities and differences in experiences of parents supporting children with dyslexia (aged 7–12) in mainstream schools in the UK and Malaysia. It also incorporates insights relevant to Research Question 3, focusing on how these experiences change over time.

In Bronfenbrenner’s Bioecological Systems Theory (1994), the Chronosystem refers to the dimension of time, encompassing both life transitions and sociohistorical changes that influence the individual’s development. For parents in this study, the Chronosystem captures the evolving nature of their understanding, emotional responses, and support strategies as their children grow older and navigate different educational stages. A dominant theme emerges from this system, which is stages of parental understanding.

5.5.1 Stages of parental understanding

This theme examines how parents’ understanding of dyslexia evolved over time, highlighting the shifting nature of their emotional responses, knowledge, and support strategies. These developments are considered in relation to Research Questions 1 and 3, demonstrating how parental roles adapt with increasing awareness and experience. Two sub-themes were identified: (1) early signs and seeking diagnosis, and (2) growing understanding of dyslexia.

5.5.1.1 Early signs and seeking diagnosis

Most parents recounted noticing their child’s literacy difficulties prior to receiving a formal diagnosis. These early observations were often accompanied by feelings of doubt, frustration, and sometimes denial, particularly when concerns were dismissed or minimised by educational professionals.

Emily, a UK parent, reflected on her prolonged journey to diagnosis:

> “I’ve been asking about it for years. The teachers kept saying he just needed more time. But as a mother, I knew something wasn’t right.” (Emily, UK)

Similarly, in Malaysia, Lanadescribed withholding her daughter’s diagnosis from her school due to fears about institutional response:

> “We didn’t tell the school. We just helped her ourselves. I wasn’t sure they’d understand or support her.” (Lana, Malaysia)

These accounts reflect documented delays in securing formal recognition, a consequence of scepticism within professional settings and variable access to assessment (Ross 2019). Such delays exacerbate parental stress and postpone effective intervention, undermining educational and emotional outcomes for children (Catts et al. 2024).

Parents also reported relying on informal sources such as internet forums, social media, and conversations with other parents. Hana, a secondary school teacher in Malaysia, explained:

> “At first, I had no clue what was going on. I googled everything. Facebook groups were really helpful. That’s how I learned about dyslexia centres and what signs to look for.” (Hana, Malaysia)

Such experiences reflect what Malterud et al. (2016) describe as "information power", where the quality of informal knowledge networks can compensate for gaps in professional support. This was especially salient in contexts where access to formal diagnosis was limited or costly, as noted by Snowling et al. (2020).

Faiz recounted his wife’s initial hesitation in acknowledging their daughter’s difficulties, attributing it to denial.

> "I knew she was in denial, but as the signs became clearer, she communicated them to me, and I acted rationally by seeking a formal diagnosis." (Faiz, Malaysia)

Denial was a common theme among parents who hoped their child’s challenges were temporary. This reflects findings by Snowling and Hulme (2012), who noted that misconceptions about developmental timelines often delay intervention.

Similarly, Eliza assumed her son's difficulty recognising letters was a normal phase:

> “I remember feeling disappointed when my son easily forgets his alphabet practice despite series of repetition. But I was under the impression that it is

> normal for a 5-year-old child to not memorise alphabets and he will pick up when he’s ready.” (Eliza, Malaysia)

Elliza’s experience also aligns with studies by Snowling and Hulme (2012), which highlight that parents often delay seeking interventions due to misconceptions or hope that their children will "grow out" of their difficulties.

Parents with prior exposure to learning disabilities, like Sarah, who had two older children diagnosed with dyslexia, recognised the signs more readily but still grappled with emotional resistance. She shared:

> "I wanted to believe it wasn’t dyslexia, so I tried speed reading techniques and other programs, which only added to his stress."

In contrast, some parents were more decisive. Nora, whose older son had been diagnosed later in childhood, acted quickly when she saw similar signs in her younger son. She mentioned:

> "I didn’t have time to be in denial. I wanted fast intervention.” (Nora, Malaysia)

This reflects the importance of experience and parental self-efficacy, as discussed by Laurin and Andersson (2024), in shaping timely action. Parents with previous exposure to learning differences often demonstrated greater confidence in initiating support pathways.

In the UK, prior familial experiences with dyslexia facilitated earlier acceptance. Amanda, whose family had a history of dyslexia, noted:

> "Knowing dyslexia isn’t the end of the world keeps me relaxed." (Amanda, UK)

Carol, already familiar with neurodivergence through her autistic son, trusted her instincts despite others’ doubt:

> "His brother is autistic, so I accepted that my son might have another condition. Despite others saying he had no problems, I trusted my instincts, and they were right," she said. (Carol,UK)

This transition from confusion to proactive diagnosis reflects a transformative process in parental understanding, involving both cognitive and emotional adaptation (Borelli et al. 2017). It resonates with Bronfenbrenner’s Chronosystem, which highlights the influence of temporal changes on development and advocacy (Bronfenbrenner 1994).

5.5.1.2 Growth in understanding dyslexia

Following diagnosis, many parents described increasing clarity and confidence in supporting their children, reframing dyslexia as a difference rather than a deficit. Jean, a UK parent, reflected:

> “Once I learned more about dyslexia, I stopped blaming myself or thinking my daughter was lazy. It made me realise she just needed different kinds of support.” (Jean, UK)

For Faiz, the diagnosis provided much-needed clarity, allowing him and his wife to better plan for their daughter’s education and address her emotional needs. He noted that understanding dyslexia shed light on his daughter's heightened empathetic traits, a finding consistent with Macdonald’s (2009) assertion that a neurodiverse perspective on dyslexia often reveals unique strengths alongside challenges.

> “We understand her better now and can support her academically and emotionally.” (Faiz, Malaysia)

Eliza, while benefiting from a clearer understanding of her son’s condition, continued to encounter systemic barriers, particularly from educators who lacked comprehensive knowledge of dyslexia. This mirrors findings by Shaywitz (2003), who argued that parental advocacy often becomes a cornerstone of navigating underprepared educational systems. Eliza expressed:

> “Even though I understand his condition, he still faces school and societal perceptions, even from teachers. It's a major headache,” (Eliza, Malaysia).

Syamsul also experienced dismissive attitudes:

> “Teachers keep saying my son is fine, as if I am the one who is overreacting and need to calm down.” (Syamsul, Malaysia)

This aligns with Elliot and Grigorenko's (2014) critique of the lack of consistent training for educators in understanding the complexities of dyslexia, leading to dismissive or superficial responses that hinder parental efforts to secure adequate support.

Parents frequently undertook self-education. Aziz acknowledged:

> “I understand more now than I used to, but explaining dyslexia to others remains difficult because it's such a broad topic.” (Aziz, Malaysia)

Sarah shifted towards a strengths-based approach, prioritising engagement over rigid interventions, reflecting environmental influences on dyslexia outcomes (Leitão et al. 2022; Catts et al. 2024):

> “I stopped pressuring my child and forcing him into programs like KUMON. Instead, I focus on finding ways to engage him in learning and identify his strengths.” (Sarah, Malaysia)

Similarly, Nora described the relief of understanding dyslexia more positively:

> “It was very confusing and depressing until I fully understood dyslexia in a different light.” (Nora, Malaysia)

Jennifer’s understanding deepened during the Covid-19 lockdown, enabling more active educational involvement:

> “Understanding dyslexia better made me realise I needed to be more proactive. The Covid lockdown allowed me to focus on him, giving him the one-on-one time he needed.” (Jennifer, UK)

Carol, despite experience and advocacy, described feeling isolated and overwhelmed:

> “Even with my knowledge, it felt like I was fighting alone. It’s tough for me as a mother and even tougher for my son, who didn’t see school as I hoped he would.” (Carol, UK)

This experience reflects ongoing systemic gaps that exacerbate parental stress, despite growing awareness and advocacy efforts (Ross 2019). These findings reveal a dynamic, time-based process in which parental understanding deepens and changes. Over time, many parents shifted from uncertainty or denial to more confident and informed support. Yet, even with increased awareness, systemic barriers continued to frustrate efforts to secure adequate help. This aligns with Bronfenbrenner's (2005) depiction of the Chronosystem as a process shaped by time and changing contexts.

This section contributes to Research Questions 1 and 3, by showing how parents' roles and perspectives evolve as they navigate ongoing institutional and emotional challenges. It also demonstrates how the chronosystem operates across both UK and Malaysian contexts, influencing parental trajectories over time.

5.5.2 Transitions

This section addresses Research Questions 1 and 3 by exploring how parents in the UK and Malaysia responded to key transitions in their children's educational journeys. These transitions included school transfers, the move from primary to secondary school, and the disruption caused by the COVID-19 pandemic.

In Bronfenbrenner's chronosystem (1994), transitions are understood as significant life events that occur over time, shaping development through changes in environment and routine. In this study, parents described how such moments often intensified challenges or prompted shifts in their understanding and support strategies.

5.5.2.1 School transfer

The decision to transfer schools was a recurring theme among parents, often driven by the need to secure better educational support for their children with dyslexia. These decisions were frequently influenced by disparities in dyslexia awareness, resources, and teacher attitudes between schools.

Hana described transferring her son to a school offering the PPKI (Integrated Special Education) program, despite the logistical challenges of a longer commute:

> "In my area, there's only one school which offers that program. So even though it's quite far from my place, I have no choice, or else my son would have trouble catching up."

This highlights a systemic gap in the availability of specialised programmes for children with dyslexia in Malaysia, forcing parents to make significant sacrifices to access appropriate support. As Abd Rauf et al. (2021) observe, limited access to diagnostic services and uneven provision of dyslexia support programmes in Malaysia contribute to fragmented educational pathways, particularly for families without strong institutional knowledge or resources.

Conversely, Eliza's experience illustrates the challenges of transferring schools due to external factors, such as work commitments, only to find that the new school lacked adequate resources for students with dyslexia:

> "He ended up feeling unhappy all the time, and I was constantly worried. I wonder why there are such inconsistencies, and how do we as parents determine which school suits our children best?"

This reflects the broader issue of inconsistencies in dyslexia support across schools, even within the same country. Snowling et al. (2020) highlight that while legal and diagnostic frameworks for dyslexia have advanced, the implementation of those frameworks remains uneven, especially at the level of individual schools.

Aziz, on the other hand, transferred his child after a traumatic incident with a teacher who lacked understanding about dyslexia. He recounted the incident which caused him to doubt teachers' role in helping his son to thrive:

> "The reason my son was grounded the whole day and denied entry to the class was because he forgot to bring a particular exercise book to school that day. It was after all unintentional and I found out later that children with dyslexia struggle with working memory. It is sad that the teacher did not seem to want to learn and understand this," he expressed.

His narrative aligns with findings by Tanaka et al. (2011), who note that core features of dyslexia, such as working memory deficits, are often misunderstood in school settings, leading to punitive responses. The lack of awareness among educators about the cognitive basis of dyslexia compounds stress for both students and parents.

In the UK, Amanda decided to move her son to another school after numerous conflicts with teachers who were reluctant to acknowledge dyslexia:

> “Arguing with teachers who don’t believe dyslexia exists was exhausting, so I moved him to a more supportive environment. It was not easy, but the old school just wasn’t listening. My son needed teachers who understood dyslexia, not more pressure and blame.” (Amanda, UK)

When asked about the detail of the argument, Amanda refused to go into specifics but stressed that she did not have the energy to prolong the issue as it might put her in a bad spotlight in front of her child and other parents.

Aziz and Amanda’s experiences highlight the emotional labour involved in negotiating support and reflect Ross’s (2019) findings that parents initiating school transfers is as a form of protective action when institutional support is either absent or perceived as harmful. School changes, while sometimes necessary, are not always accessible to all families, particularly those with fewer financial or social resources.

It was evident that school transfers in this study were often necessitated by systemic shortcomings, including a lack of consistent resources, inadequate teacher training, and limited availability of specialised programmes. These challenges are particularly pronounced in Malaysia, where dyslexia support remains underdeveloped compared to the UK (Abd Rauf et al. 2021). As noted by Sahari and Johari (2012), the low levels of dyslexia awareness in Malaysia contribute to a fragmented support system, leaving parents to shoulder the burden of securing appropriate educational settings.

In the UK, while institutional frameworks are more robust, disparities in teacher attitudes and school policies still pose significant obstacles. This mirrors findings by Snowling et al. (2020), who emphasise the need for greater standardisation in dyslexia practice to ensure equitable support across settings.

Parents’ narratives also highlight the emotional toll of navigating these transitions. The uncertainty and frustration associated with finding the “right” school reflect broader societal and systemic challenges in accommodating neurodiverse learners.

As Elliott (2020) argues, without coherent frameworks and shared understandings, parents are often left to act as de facto advocates, educators, and case managers for their children.

Bronfenbrenner’s Chronosystem provides a useful lens for understanding these transitions, emphasising the interplay between individual experiences and broader systemic factors over time. School transfers represent a critical juncture in the educational progress of children with dyslexia, shaping not only their academic outcomes but also their self-esteem and social skills.

5.5.2.2 Moving from primary to secondary school

The transition from primary to secondary education emerged as a significant concern among parents in both the UK and Malaysia. Research indicates that such transitions can adversely affect children’s psychological wellbeing, often triggering increased stress, anxiety, and behavioural difficulties (Jackson and Schulenberg 2013; Peters and Brooks 2016; Palmu et al. 2018). Although these challenges are common to many learners, parents of children with dyslexia perceive this stage as a period of heightened vulnerability. The disruption of familiar routines, reduction in individualised support, and shift away from nurturing environments raise fears that their children may struggle to adapt to the more demanding and less flexible structures characteristic of secondary education. This apprehension aligns with Peters and Brooks’s (2016) findings that children requiring additional support frequently experience more difficult transitions, owing to elevated anxiety and difficulties coping with change.

Parents in both countries expressed anxiety about the transition to secondary school. Their concerns centred on the reduced individual attention and the increased academic pressure.

For UK parents, concern centred around whether new schools would uphold or diminish the level of support their children had previously received. Amanda voiced this uncertainty:

> “My main worry is whether secondary school will have the right support for him. The current school has been good, but what if the next one doesn’t understand his needs as well?” (Amanda, UK)

Amanda’s concerns reflect wider inconsistencies in dyslexia provision between schools, even within the same education authority. Despite the UK’s robust legislative frameworks such as the SEND Code of Practice (2015), the delivery of support often depends on individual school capacity and ethos (Ross 2019). Riddick (2010) similarly observes that parents regularly encounter discontinuity in support, which can result in children’s needs being overlooked during transitions.

Monica’s narrative added another layer to this anxiety. Her daughter, a slow reader, had not been issued an Education, Health and Care Plan (EHCP), despite ongoing literacy challenges:

> “She’s a slow reader and there’s no EHCP. I just worry that once she gets to secondary school, she’ll fall through the cracks.” (Monica, UK)

This concern is not unfounded. As noted by Kirby et al. (2024), the absence of formalised documentation such as an EHCP can hinder the continuity of interventions, particularly when children move to larger, more academically focused secondary schools where staff may be less familiar with individual needs.

In Malaysia, parental concerns were compounded by systemic gaps and a lack of transitional planning for children with dyslexia. Lana reflected on the shift from primary to secondary school with trepidation:

> “In primary school, at least there was some understanding. But when I looked into secondary school options, it was clear they weren’t ready to support her needs.” (Lana, Malaysia)

Aziz, whose son had achieved district-level athletic success, expressed similar disappointment:

> “I expected more from the school, considering my child has this learning disability. As a parent, I hoped to be guided on the next steps, especially since secondary school requires serious attention to academics. I honestly am clueless.” (Aziz, Malaysia)

These concerns echo findings by Abd Rauf et al. (2021), who document the limited availability of structured guidance for parents navigating the Malaysian education system. The transition period is often approached with minimal institutional support, leaving parents uncertain about how their children will be accommodated in new academic environments.

Sarah’s experience highlights a more systemic form of restriction. Her child, enrolled in the PPKI (Integrated Special Education) stream, was presented with a narrow range of vocational options:

> “There is a stigma that if you are dyslexic, your only choices are agriculture, bakery, and hairdressing. We were told these are the options my child will have based on the PPKI route he is taking.” (Sarah, Malaysia)

Such limitations are symptomatic of a broader deficit-oriented model within Malaysian special education policy, where children with dyslexia are frequently categorised according to perceived limitations rather than supported according to individual potential. As Sahari and Johari (2012) note, this often results in learners being channelled into predetermined vocational pathways, irrespective of their personal aspirations or cognitive strengths. This institutional framing not only narrows educational opportunities but also reinforces social hierarchies that devalue neurodivergent learners. In contrast, education systems informed by neurodiversity frameworks, as advocated by Rahman and Woollard (2019), prioritise personalised learning approaches and inclusive practices that recognise the strengths and variability of learners with dyslexia. The persistence of a deficit model in Malaysia contributes to parental apprehension, with many fearing that formal identification will lead to reduced expectations, marginalised placements, or restricted future prospects for their children.

Syamsul’s decision to withhold his son’s diagnosis when applying to a secondary school further illustrates the calculated decisions parents make in response to perceived institutional barriers. His account reflects a broader climate of apprehension, where disclosure of a learning difficulty is seen as potentially detrimental to educational access:

> “I really wanted him to be enrolled in that particular school next year, and I can’t afford to have the application rejected if the school knows he has learning problems and dyslexia.” (Syamsul, Malaysia)

This narrative highlights how some parents feel compelled to withhold critical information to avoid discrimination or reduced opportunity. This strategy of concealment aligns with Goffman's (1963) theory of stigma management, and speaks to the continued presence of discriminatory gatekeeping within the Malaysian education system (Alias et al. 2015). Rather than supporting transparent, collaborative planning, parents often feel compelled to suppress their child's needs in order to access better opportunities. It also points to a lack of institutional assurance that children with additional learning needs will be equitably supported: a situation that not only undermines inclusive policy ambitions but also places the burden of navigating systemic risk onto families themselves.

In both contexts, parents anticipated a decline in support after primary school, a concern grounded in their experiences with inconsistent systems. UK parents worried about the variability of provision across institutions, while Malaysian parents expressed apprehension about the lack of adequate pathways altogether. These cross-contextual findings align with Lee and Low's (2014) identification of a key weakness in educational planning: the absence of coherent and inclusive transition strategies for neurodiverse learners.

Bronfenbrenner's chronosystem (1994) offers a valuable framework for understanding the temporal dimensions of parental concern. As children move into new educational phases, particularly from primary to secondary school, prior experiences with institutional systems (both supportive and obstructive) accumulate to inform parental expectations and strategies. Rather than being perceived as a fresh start, this transition is often viewed by parents as a critical juncture that reveals the continuity (or lack thereof) in systemic support. For many, it represents a moment of heightened vulnerability, where uncertainties about teacher awareness, institutional resources, and policy implementation converge, reinforcing the need for sustained and informed parental advocacy.

5.5.2.3 The Covid-19 pandemic impact: Transition to online learning

The onset of the COVID-19 pandemic brought an abrupt disruption to the structure of schooling, resulting in the rapid closure of educational institutions and a sudden transition to remote learning. For many parents of children with dyslexia, this shift exacerbated existing challenges and introduced new demands, particularly where support strategies were reliant on in-person, multisensory instruction that could not easily be replicated at home.

Several parents described how they were compelled to assume instructional roles during this period, often with minimal support or training. Whitney, a UK-based parent, commented:

> “We had to become the teacher overnight. It was frustrating because even I didn’t know the right techniques to help her. I felt completely out of depth.” (Whitney, UK)

Sarah, a mother in Malaysia supporting multiple children with learning needs, similarly described the compounded pressures:

> “During the lockdown, it was chaos. I had to teach all three kids on my own. My son with dyslexia just couldn’t keep up. The screen made things worse.” (Sarah, Malaysia)

These accounts reflect broader research findings. Asbury et al. (2020) report that families of children with special educational needs and disabilities (SEND) were disproportionately affected by the pandemic. The pivot to digital learning environments further marginalised learners with dyslexia, particularly where standardised platforms failed to accommodate their need for tailored, multisensory instruction (Snowling et al. 2020).

Parents in Malaysia spoke of additional structural pressures. Nora, balancing remote work with family responsibilities, reflected on the strain:

> “My working schedule is very tight, and my workload doubled when working from home during the pandemic. It was chaotic as I had to handle house chores and multiple kids at the same time. I did not have the time and specific knowledge to help my son with school lessons at that time.” (Nora, Malaysia)

Her narrative echoes wider concerns that parental responsibilities intensified in the absence of accessible institutional support, with a marked impact on working mothers. This pattern is particularly visible in contexts such as Malaysia, where formal provision for dyslexia is limited and inconsistently delivered (Abd Rauf et al. 2021).

Despite the difficulties, some parents described using the lockdown period to engage more meaningfully with their children's learning. Jennifer, a parent from the UK, noted:

> "Understanding dyslexia better made me realise I needed to be more proactive. The Covid lockdown allowed me to focus on him, giving him the one-on-one time he needed." (Jennifer, UK)

This account illustrates how, for some families, the disruption offered a space for reflection and strengthened relational learning. However, such outcomes were not widespread and should be seen in the context of broader inequities in access, capacity, and confidence.

The emotional and behavioural impact of the pandemic also emerged in the parents' accounts. Azira shared her son's experience of school reintegration:

> "After PKP, he had tantrums at school. There were incidents. Sigh. He locked himself in the toilet. He ran away. He wanted to leave school." (Azira, Malaysia)

These incidents, which Azira did not choose to disclose, signal ongoing difficulties in emotional regulation following extended periods of isolation and uncertainty. As Boetsch et al. (1996) and Parhiala (2014) argue, such behaviours are not uncommon among children with dyslexia, particularly in response to demands for literacy performance or unstructured environments. Azira's account further illustrates the emotional toll that such transitions can have on children and families, particularly in the absence of professional support.

Across all transitions, school transfers, moving to secondary school, and the pandemic, parents acted as key agents of support and adaptation. Their responses were shaped by systemic structures, resource availability, and prior experiences. While some found ways to adjust and advocate, others continued to encounter limitations in institutional flexibility and understanding.

Drawing on Bronfenbrenner’s chronosystem (2005), these narratives show how macro-level events, such as the COVID-19 pandemic, interact with children’s lived experiences over time, often intensifying existing educational and emotional vulnerabilities. The findings also align with Elliott’s (2020) call for a broader understanding of dyslexia that encompasses emotional and behavioural components as integral, rather than peripheral, to educational experience. While some families demonstrated resourcefulness and adaptability, the lack of consistent guidance and the reliance on parents to fill systemic gaps exposed fundamental weaknesses in both UK and Malaysian provision. In Malaysia, these gaps were further compounded by limited teacher training and rigid curriculum structures (Abd Rauf et al. 2021).

As schools move beyond the immediate crisis response, the findings point to the need for sustainable strategies that embed inclusive practice into both digital and physical learning environments. Digital technologies hold potential when used to supplement, rather than replace, tailored instruction, particularly if grounded in evidence-based design for learners with dyslexia (Snowling et al. 2020). However, any such strategies must be supported by adequate teacher preparation, infrastructure, and policy alignment to avoid reproducing the inequalities surfaced during the pandemic.

These findings contribute to Research Questions 1 and 3, showing how parent experiences and strategies evolve in response to time-based events. The chronosystem framework captures how such moments accumulate, shaping not only children’s educational journeys but also the evolving roles and emotional trajectories of parents themselves.

Chapter Six: Supports Received

This chapter addresses Research Questions 2 and 3:

- RQ2: What are the similarities and differences in terms of institutional supports received by the parents of children with dyslexia in the UK and Malaysia?
- RQ3: What practices do parents identify as most useful from both countries in terms of supporting children with dyslexia?

While Chapter 5 focused on the microsystem and parents' personal experiences in identifying and managing their child's dyslexia, this chapter shifts the focus to the formal and informal structures of support encountered by families. Formal supports often include educational institutions, healthcare services, and policy frameworks, while informal supports encompass community networks, family, and peer groups. Framed through Bronfenbrenner's ecological model, the findings are organised across three interconnected systems, which are Mesosystem, Macrosystem and Exosystem.

6.1 Mesosystem: Direct interactions between parents and educational institutions

This section responds directly to Research Questions 2 and 3, which seek to explore the similarities and differences in the institutional supports received by parents of children with dyslexia in the UK and Malaysia, and to identify which practices parents view as most helpful. In Bronfenbrenner's Bioecological Model (1994), the mesosystem identifies the relationships between key settings in a child's life, such as the interaction between home and school. These relational spaces are particularly significant in the context of dyslexia, where consistent and collaborative engagement between families and schools often determines the success of educational support.

Two dominant themes emerged under this domain: (i) Parent–Teacher Communication and (ii) Informal Parental Networks.

6.1.1 Parent-teacher communication

Communication between parents and schools is central to inclusive educational practice as it supports early identification, facilitates coordinated interventions, and promotes consistency between home and school strategies (Hornby and Lafaele 2011; Goodall 2017). For parents of children with dyslexia, sustained and meaningful dialogue with educators plays a significant role in shaping their child's academic progress and sense of inclusion.

However, sustaining this communication involves considerable emotional labour on the part of both parents and teachers (Lin and Szczygieł 2023; Dunne et al. 2024). Parents often manage feelings of frustration, hope, and vulnerability while advocating for their children, whereas teachers engage in reflective practices to balance classroom demands with the emotional needs of families (Dunne et al. 2024). This reciprocal emotional labour is foundational to building trust and empathy, which parents identified as critical to effective collaboration.

This section analyses three interconnected elements of parent–teacher communication, which are on the frequency of meetings and updates with schools, collaborative planning and supports received from schools.

6.1.1.1 Parents' experiences on frequency of meetings and updates with schools

Parents widely recognised regular and meaningful communication with schools as essential in supporting children with dyslexia. In the UK, several parents described structured communication systems, including routine updates through digital platforms, termly review meetings, and informal conversations initiated by school staff. Amanda, for instance, recalled receiving weekly check-ins from her son's school during the COVID-19 pandemic:

> "It helped me feel like I wasn't alone in this." (Amanda, UK)

Jennifer similarly highlighted the reassurance provided by consistent weekly updates:

> "Just a sentence or two from the teacher, that was enough. It made a difference knowing they were paying attention."(Jennifer, UK)

These experiences correspond with the SEND Code of Practice (DfE 2014), which emphasises the need for regular, meaningful dialogue between home and school to promote inclusive education.

Whitney noted that her daughter’s teachers often recommended professional assessments and maintained both formal and informal communication with her. While she appreciated the school’s proactive approach, she observed that the tone occasionally suggested that additional support was optional, creating uncertainty about follow-up urgency. Nonetheless, her experience reflects a school culture more accustomed to collaborative decision-making.

Not all parents in the UK reported positive interactions. Emily described a lack of consistent communication despite her persistent advocacy:

> “It was always me chasing them. I felt like I had to push constantly just to get any answers.” (Emily, UK)

This advocacy work intensified parents’ emotional and cognitive load, illustrating the invisible labour required to secure support within complex systems.

By contrast, Malaysian parents described communication as more formalised but less frequent, typically limited to scheduled parent–teacher conferences or report card discussions. While these occasions provided general academic feedback, they often lacked the depth necessary to address specific needs related to dyslexia. Hana explained:

> “It’s more about overall progress… there isn’t time to talk about what’s actually going on in the classroom.” (Hana, Malaysia)

Lana reflected on the need to actively request separate meetings to discuss her daughter’s performance, and described the social discomfort of initiating conversations about dyslexia:

> “You have to really push for those meetings, and even then, it feels awkward bringing up dyslexia. Like, I was frowned upon.” (Lana, Malaysia)

Such experiences highlight the compounded emotional labour in navigating stigma alongside institutional barriers.

Nonetheless, some parents in Malaysia recounted more positive experiences when school leadership was proactive. Hana praised her son’s headmaster for regularly checking in with parents of children registered under the OKU (Disabled Person) card scheme:

> “He keeps us informed and checks in on how we’re managing.” (Hana, Malaysia)

However, she also noted inconsistent commitment from teaching staff:

> “The headmaster is doing an excellent job, but some of the teachers were not supportive at all.”

Aziz described repeated efforts to receive updates on his son’s progress within the PPKI programme, yet he experienced little response:

> “I really want to know what he’s learning so I can help at home, but I receive no updates despite asking multiple times.”(Aziz, Malaysia)

Similarly, Nora indicated that teachers only provided information when she initiated contact.

These accounts reflect ongoing disparities in the frequency and quality of home–school communication, influenced by wider institutional practices and parental roles. In the UK, the findings are consistent with those of Ross (2019) and Curran and Boddison (2021), who note that while frameworks like the SEND Code of Practice promote collaborative working, parents often encounter bureaucratic hurdles and rely heavily on the facilitative role of SENCOs. In Malaysia, similar challenges emerge, although they are shaped by different structural and cultural factors. The limited opportunities for reciprocal engagement reflect the more hierarchical nature of school–parent relationships identified by Oga and Haron (2012) and Alias et al. (2015). In both contexts, these findings highlight the constraints on parental agency when communication channels are formalised but not relationally responsive.

In line with research by Abd Rauf et al. (2021) and Dzulkifli (2023), the Malaysian data also suggest that national policy efforts toward inclusion are undermined by variable implementation across schools. Parents, particularly mothers, frequently assumed the role of primary communicators and coordinators of support. This reflects broader gendered patterns in caregiving, as noted by Laurin and Andersson

(2024), and supports longstanding findings in feminist education research that mothers are often positioned as default advocates (Lynch et al. 2009). Importantly, across both countries, parents viewed regular two-way communication not simply as a procedural necessity but as a sign of shared responsibility and respect for their contributions to their child's education.

6.1.1.2 Collaborative planning for child's needs

Meaningful collaboration, wherein parents' insights are solicited and integrated into decisions, was valued but unevenly experienced. UK parents reported examples of inclusive planning processes facilitated by SENCOs, which fostered alignment between home and school strategies. Amanda recalled:

> "They always asked what we were doing at home and tried to match it in school." (Amanda, UK)

This type of consultation fostered consistency across settings and contributed to her feeling that she was valued as part of the team supporting her child. Similarly, Whitney highlighted the inclusive approach adopted by her school's Special Educational Needs Coordinator (SENCO):

> "The SENCO explained the interventions clearly and asked for my input. It felt like we were working together, not just being told what would happen." (Whitney, UK)

These examples correspond with the principles outlined in the SEND Code of Practice (DfE 2014), which emphasises partnership with parents as fundamental to effective provision. They illustrate institutional frameworks that facilitate and promote collaborative planning, which Snowling et al. (2020) highlight as essential for successful dyslexia interventions. Such interactions also reduce the emotional labour parents bear by affirming their expertise and partnership in their child's education.

Amanda's reflections during the COVID-19 lockdown offer further insight into the possibilities of flexible, family-led support. Faced with her son's disengagement from online learning, she proposed a revised learning approach grounded in early literacy strategies. Despite initial resistance, the school agreed to her plan:

> “The school was insistent on sticking to its lesson plans. However, I was determined to homeschool. We moved away from the standard online lessons and tasks and went back to the basics taught in reception at key stage one and gradually built up his lessons as he improved.” (Amanda, UK)

She later observed:

> “Having been a teacher myself, the school eventually recognised the progress and allowed me to carry on. They had to trust my teaching method, and it turned out well in helping my son as he started to understand the basic concepts that he had been struggling with.” (Amanda, UK)

Amanda’s experience illustrates how parental social capital and professional background can shift the dynamics of parent–school engagement. Drawing on Bourdieu’s (1989) theory of social capital and habitus, parents with professional experience in education like Amanda are often able to assert their expertise and negotiate more flexible, child-centred approaches with schools. In contrast, parents without such capital may feel less empowered, experiencing interactions as more hierarchical or adversarial (Ross 2019). This finding reinforces the argument that power relations and social positioning significantly influence the extent to which parents’ voices are recognised and acted upon within educational institutions, as also reflected in the ambiguity of parental roles in frameworks like the SEND Code of Practice (DfE 2015) and the Children and Families Act 2014. Thus, while Amanda’s case demonstrates the potential for positive collaboration, it also highlights persistent inequalities in whose expertise is valued and whose preferences shape educational provision (Craston et al. 2013).

Tanaka et al. (2011) similarly emphasise the importance of adapting instructional strategies to match the specific cognitive profiles of learners with dyslexia.

Conversely, other UK parents felt sidelined or tokenised. Emily said:

> “I was just handed a plan. No one asked if it would work for us at home.” (Emily, UK)

Such experiences suggest that parental expertise was not always recognised as a legitimate form of knowledge, placing additional emotional and administrative demands on parents. The need to repeatedly assert their perspective and correct assumptions made by professionals contributed to a sense of being undervalued, and intensified the emotional labour involved in securing appropriate support for their child.

In Malaysia, collaborative planning was more frequently described as inconsistent and largely parent-initiated. Several participants noted that they had to take the lead in initiating meetings, often without sustained follow-up or tailored responses. Sarah reflected:

> “Given this, I've taken it upon myself to meet my son’s teachers. I believe this will help them to provide him with the right attention and support in different situations and subjects.” (Sarah, Malaysia)

While this initiative was driven by strong parental commitment, the lack of school-led coordination meant that discussions remained surface-level and rarely translated into long-term planning. Sarah also reported feeling dismissed by some staff:

> “Some teachers might think I’m too anxious, but I know my son’s needs, and his progress is my priority.” (Sarah, Malaysia)

This disconnection between parental knowledge and institutional responsiveness reflects wider critiques of Malaysian policy implementation. Despite national efforts such as the Zero Reject Policy (MOE 2018), school-level practices often fall short in enabling inclusive dialogue, as observed by Abd Rauf et al. (2021).

Aziz offered a similarly constrained account. After his son was placed in a special education programme, he reported:

> “It was like, here’s the option, take it or leave it. No conversation about whether it suited my son.” (Aziz, Malaysia)

Such experiences reflect wider systemic gaps in professional training and inclusive pedagogical practice, often leaving parents to compensate for institutional limitations. This not only placed additional emotional and cognitive demands on families but also reinforced feelings of exclusion from formal decision-making processes. However, there were also examples of constructive engagement. Hana described a situation in which her child's teacher took the initiative to consult her directly about how best to adapt classroom materials to suit her child's needs:

> "She would ask, 'Do you think he'd understand this better if I used pictures?' That made a huge difference." (Hana, Malaysia)

This approach, though exceptional, demonstrates that where teachers are willing to invite parental insight, collaboration becomes more purposeful and child-centred. It reinforces Snowling et al.'s (2020) contention that flexible, communication-driven strategies are essential to support children with dyslexia.

Both parents and teachers perform ongoing emotional labour that underpins effective communication and collaboration. Dunne et al. (2024) highlight how teachers' reflective practice supports emotional attunement, enabling empathetic responses to families' needs while managing classroom pressures. Parents reciprocally engage in emotional labour, modulating feelings of frustration, hope, and vulnerability to maintain constructive dialogue and advocate persistently (Lin and Szczygieł 2023; Laurin and Andersson 2024).

Parents expressed appreciation when their emotional labour was recognised and met with empathy, fostering trust and partnership. Rubina said:

> "We're not just observers. We're experts on our children, and we know them better. When schools listen to us, the support works better." (Rubina, UK)

This view is supported by research from Hornby and Lafaele (2011), who argue that meaningful collaboration depends not only on procedural involvement but on mutual respect for the knowledge that families bring. This mutual recognition also alleviates some of the emotional burden parents carry and facilitates more effective support for children.

6.1.1.3 Parents' experiences of support received from schools

The level and type of support provided by schools also varied widely. In the Malaysian context, parents frequently reported difficulties accessing consistent or meaningful support. Faiz explained that securing additional examination time for his daughter required repeated intervention on his part. Rather than being embedded in school procedures, such adjustments were perceived as exceptions requiring persistent advocacy:

> "We had to keep asking for that extra time allocated for our daughter during every upcoming examination. I was under the impression that the school would already record it… instead, we have to get this information ourselves." (Faiz, Malaysia)

This reflects broader concerns regarding policy implementation in Malaysia, where inclusive practices often remain inconsistently applied despite national directives (Sidhu and Manzura 2013; Abd Rauf et al. 2021; Lim et al. 2022; Dzulkifli 2023).

Hana similarly described the absence of targeted support within the mainstream system. Although she raised the idea of initiating a specialised class for children with dyslexia, resource constraints were cited as the primary barrier:

> "The headmaster agreed it was a good idea but said that budget issues and limited resources from the Ministry of Education made it difficult to do." (Hana, Malaysia)

These constraints point to systemic limitations where macrosystem-level policies, such as the Zero Reject Policy, are not consistently operationalised at the mesosystem level of school practice (Sidhu and Manzura 2013; MoE 2018; Abd Rauf et al. 2021).

Some parents, such as Eliza, described an apparent disinterest from school staff:

> "I tried to bring it up once but felt like they didn't take it seriously. Right now, the only support I get is from other parents in similar situations." (Eliza, Malaysia)

While some variability was evident, pockets of promising practice were also reported. Aziz recounted a teacher's willingness to offer after-school support, which he attributed to her personal connection to dyslexia through a family member. This, however, highlighted the discretionary nature of support rather than a systemic response:

> “One of my son’s teachers offered extra classes after school. But some other teachers seem to think dyslexia is just an excuse.” (Aziz, Malaysia)

Syamsul reflected on the now-discontinued LINUS programme, describing it as one of the few interventions that effectively supported his son’s learning. Although LINUS aimed to develop literacy and numeracy skills in the early years, its discontinuation left a noticeable gap:

> “The LINUS program actually helped my son. It’s a shame they stopped it (in 2021).” (Syamsul, Malaysia)

LINUS, which stands for Literacy and Numeracy Screening, is a special remedial program that is specially constructed for the student who do not acquire the basic skill of literacy and numeracy (OKU Rights Matter [no date]; Abd Rauf et al. 2018).

Conversely, Lana described the difficult choice to withhold her daughter’s diagnosis from the school, based on advice from other parents and the perceived lack of institutional capacity:

> "I was reluctant to let the school know about Zara's dyslexia at first, especially since I heard from other parents that the school doesn't really have the right resources for kids with learning difficulties. However, to support her, I signed her up for a dyslexia program on the weekends, even though it costs extra on my end. If the school had provided the support she needed, Zara wouldn't have to spend her weekends this way and could have enjoyed more time outdoors." (Lana, Malaysia)

In contrast, several UK parents reported more structured interventions, though these were often qualified by concerns about budget constraints and the perceived adequacy of the support. Whitney, for instance, appreciated the assistive technologies provided but was concerned about the sustainability of such support:

> “They kept mentioning their budget issues, implying that we’d need to manage some of the support on our own.” (Whitney, UK)

This aligns with Palikara et al. (2018), who note that the availability of resources in the UK is often determined at the local authority level, leading to significant variation across settings.

Amanda's account, however, points to a reliance on voluntary or unqualified support that the school provided.:

> "This lady, just a mother of another student, didn't have any professional training. She spends 10mins every morning with my son to help him apparently. It made me feel like the school wasn't really taking my son's needs seriously, by letting a volunteer do the intervention task." (Amanda, UK)

Such reliance on untrained volunteers suggests insufficient institutional capacity, despite formal policy frameworks like the SEND Code of Practice (DfE 2014). This aligns with Dyson and Gallannaugh (2008), who caution that inclusive policies in the UK are frequently implemented in fragmented or inconsistent ways.

Collectively, these findings indicate the importance of coherent, school-level practices that reflect national policy intentions. In line with Bronfenbrenner's (1994) model, the effectiveness of school-based support cannot be separated from the quality of interaction between institutions and families.

Parents' persistent efforts to secure support reflect significant emotional labour, the ongoing management of feelings such as frustration, hope, and exhaustion required to navigate often fragmented or inconsistent school responses (Lin and Szczygiel 2023; Dunne et al. 2024). Parents like Faiz and Lana exemplify this, repeatedly advocating for accommodations while coping with institutional inertia or lack of resources. This emotional labour is compounded by dismissal or inconsistent support, which can deepen parental stress and feelings of isolation (Laurin and Andersson 2024).

These findings indicate the importance of coherent, school-level practices that reflect national policy intentions. Following Bronfenbrenner's (1994) model, the effectiveness of school-based support cannot be separated from the quality of interaction between institutions and families. While the UK context features more formalised structures such as the SEND Code of Practice (DfE 2014), issues around funding, staff training, and local authority variation persist.

Meanwhile, in Malaysia, although policies such as the Zero Reject Policy (MOE 2018) provide a legislative foundation for inclusive education, actual practice remains inconsistent, often relying on parental initiative or individual teacher goodwill.

To advance equitable support for children with dyslexia, both systems must address gaps between policy and practice. The UK requires greater investment in staff training and targeted resource allocation, particularly in underfunded areas. Malaysia needs inclusive practices more firmly embedded within school routines, supported by clearer implementation guidelines and sustained professional development. In line with Terzi (2005), inclusive education must attend to both systemic and relational conditions. Without this dual focus, schools risk positioning parents as the primary coordinators of support, a burden that is neither equitable nor sustainable.

6.1.2 Informal parental networks

Informal parental networks represent a key dimension of the mesosystem, highlighting how relationships beyond the school setting contribute to parental experiences of supporting a child with dyslexia. These networks offered critical forms of support, particularly where formal systems were perceived as limited or inconsistent. Two subthemes emerged: (i) finding and joining support groups, and (ii) sharing resources and advice.

This section examines how parents in both the UK and Malaysia sought out peer support, often through local community groups or online forums, and how these relationships enabled them to navigate the emotional and practical challenges associated with dyslexia. The findings illustrate that informal networks not only reduced parental isolation but also served as platforms for exchanging strategies, sourcing interventions, and fostering a collective sense of resilience.

6.1.2.1 Parents’ experiences in finding and joining support group

In both countries, parents described participation in support groups as a turning point, providing a sense of solidarity when institutional support is lacking. In Malaysia, support groups are typically informal, parent-led, and organised via platforms such as

Facebook, WhatsApp, and Telegram. This enabled broad participation, particularly among families in areas where specialist services are unavailable.

A notable example is the Malaysian Dyslexic Parents Support Group (MDPSG), a voluntary collective that began in the late 2010s. While not formally registered, it maintained informal partnerships with NGOs and dyslexia centres. Faiz, a long-term member, described the group as central to his experience of parenting a child with dyslexia:

> “They make me feel like I'm not alone. No matter what question I have, big or small, there's always someone ready to help.”
> (Faiz, Malaysia)

Faiz’s role in mentoring new members reflected how such groups can foster not only mutual support but also informal leadership. However, he also noted that engagement often diminished as children moved into secondary education, reflecting the cyclical nature of volunteer-led communities.

> “Some parents leave when their kids move to secondary school. New parents join, but it’s not always consistent. We have a few of us who stay to keep things going.” (Faiz, Malaysia)

Lana turned to a support group after feeling unsupported by her social circle:

> “I felt so lost. I could vent on my social media or talk to friends, but they couldn't really help. But being able to connect with other parents who are going through the same thing and hearing their stories gives me hope.”
> (Lana, Malaysia)

Likewise, Nora credited an NGO-led course for providing her with a clearer understanding of dyslexia:

> “Even after the doctor explained dyslexia to me, I didn't fully grasp what it is… Meeting other parents helped me feel less isolated and more equipped to support my son.” (Nora, Malaysia)

These experiences align with Bronfenbrenner’s (1994) model, which proposes that mesosystem interactions extend beyond school to include community and peer-based environments. As Jelas and Mohd Ali (2012) argue, informal parent networks often play a critical role in contexts where institutional mechanisms remain underdeveloped.

In the UK, support networks were typically more structured and often affiliated with organisations such as the British Dyslexia Association (BDA). Amanda, for example, joined a parent-led network facilitated by her local authority’s SEND team:

> “It was a lifeline. I found out what an EHCP was, how to apply, what language to use. But it only ran monthly and sometimes it was just two or three of us.”
> (Amanda, UK)

While structured networks offered access to specialised knowledge, they are also affected by fluctuating levels of participation and capacity. As Ross (2019) notes, parent groups often rely on a small number of committed volunteers and can struggle to meet wider demand.

Not all parents felt ready to engage with groups. Whitney, early in her child’s diagnostic process, preferred to rely on her partner:

> “I'm fortunate to have a partner who's really supportive. Right now, we're each other's main source of support.” (Whitney, UK)

Her reluctance to engage with groups reflected concerns about conflicting advice and emotional fatigue. Dyson and Gallannaugh (2008) caution that while peer networks offer critical support, they must be navigated with care to avoid compounding stress.

Some parents described using informal social ties instead of formal groups. Sabby explained:

> “I often talk to one of my friends for validation. I’ve learned that every child is unique, so I don't take any advice as a one-size-fits-all solution.”
> (Sabby, UK)

This aligns with Guralnick (2005), who suggests that informal peer relationships can be as effective as structured programmes when they meet the contextual needs of families. Despite differences in delivery and formality, the core value of these networks lay in connection and understanding. In Malaysia, these communities often compensated for gaps in formal provision (Jelas and Mohd Ali 2012), while in the UK, they complemented institutional frameworks, sometimes offering greater flexibility and immediacy (BDA 2025).

6.1.2.2 Parents' experiences in sharing resources and advice

In addition to emotional support, peer networks facilitated the exchange of practical strategies and information. In Malaysia, these exchanges helped parents navigate a system often perceived as fragmented or opaque. Syamsul described the benefit of learning from others:

> "Before I found this group, getting reliable information was really tough. Even though there's a lot online, it's all over the place and can be confusing. Being part of this group lets me verify the information I come across and learn from the experiences and opinions of other parents before making decisions." (Syamsul, Malaysia)

He cited the group's influence in his decision to withhold his son's dyslexia diagnosis during school admission, a strategy shaped by shared concerns about stigma and discriminatory gatekeeping. This example reflects how collective knowledge within peer groups can shape navigation strategies in response to systemic exclusion (Terzi 2005).

For other parents, peer networks filled the emotional and informational gap left by formal institutions. Eliza described her frustration with the lack of systemic support and the comfort she found in peer networks:

> "I'm exhausted, and the only real support I get, especially in terms of moral support, is from parents I've met in the support group. I've heard about various initiatives, but they seem to only reach the ministerial level. I haven't seen any real change." (Eliza, Malaysia)

Lana described how she used her experiences to help others:

> “I always volunteer to share my experiences and strategies for helping my son in our support group. It feels rewarding to assist other parents. And it's especially fulfilling when my insights reach beyond our group, helping more people understand what dyslexia is and the accommodations needed for those with the condition.” (Lana, Malaysia)

These narratives reflect a shift from passive recipient to active contributor, echoing observations by Laurin and Andersson (2024) on the empowering potential of informal advocacy spaces.

In the UK, similar themes emerged. Rubina valued the balance of empathy and pragmatism in her support group:

> “I'm so thankful I found a support group, and everyone in it has been incredible. Sure, there's advice that might not be relevant to my situation, but I've learned to focus on the helpful parts. We're all parents facing our own challenges, and we make sure to support one another, ensuring no one feels left out or alone on this journey.” (Rubina, UK)

Rubina’s emphasis on empathy and mutual support aligns with the findings of Palikara et al. (2018), who argue that peer groups contribute to both emotional resilience and practical empowerment among parents of children with special educational needs.

Despite these benefits, some parents in the UK expressed concerns about engaging with formal support networks. Whitney shared her decision to rely primarily on her partner for support, citing concern that exposure to overwhelming or conflicting advice might exacerbate stress:

> “I'm fortunate to have a partner who's really supportive. We make all decisions about our daughter together. Right now, we're each other's main source of support.” (Whitney, UK)

This reflects the complexity of parental needs and preferences, reinforcing Dyson and Gallannaugh’s (2008) view that support structures must be thoughtfully designed to accommodate diverse parental preferences and avoid compounding emotional strain.

Taken together, these accounts suggest that informal networks serve as both a compensatory and complementary resource for families navigating dyslexia. Bronfenbrenner’s (1994) mesosystem encompasses such peer-based interactions, recognising their role in shaping parental understanding, emotional wellbeing, and strategic decision-making.

However, reliance on informal networks also reflects systemic shortcomings. Reid and Fawcett (2004) caution that while these networks can be supportive, they should not substitute formal provision. When parents are compelled to rely on peer-led strategies due to institutional gaps, concerns about equity and accountability arise (Jelas and Mohd Ali 2012; Abd Rauf et al. 2021).

From a policy perspective, informal networks should be formally recognised as part of inclusive education ecosystems. Malaysia may benefit from structured collaboration between schools and community-rooted NGO-led groups. In the UK, local authorities and schools could strengthen signposting to credible peer networks and integrate parental expertise into practice (Ross 2019; Snowling et al. 2020).

As demonstrated by participants like Lana and Rubina, informal networks do more than fill institutional voids. They foster solidarity, amplify parental voice, and model inclusive practices that are often lacking in formal systems. As Palikara et al. (2018) and Laurin and Andersson (2024) argue, these collective spaces can be critical mechanisms of resilience and reform, prompting schools and policymakers to expand their understanding of what constitutes meaningful support.

6.2 Macrosystem: Institutional beliefs, intervention, and legal frameworks

This section addresses the broader structures shaping parental experiences and institutional responses to dyslexia, drawing on Research Question 2, which explores similarities and differences in the institutional support received by parents of children with dyslexia in the UK and Malaysia. In Bronfenbrenner’s (1994) model, the macrosystem encompasses wider ideological and policy frameworks that influence how schools operate, how professionals respond to children’s needs, and how parents advocate for appropriate support.

Across the dataset, parents in both countries pointed to the influence of institutional beliefs, resource distribution, and legislative awareness on shaping their children’s access to support. Two dominant themes emerged: Educational System Beliefs and Legislation and Rights, each of which is addressed in turn through participant narratives and thematic interpretation.

6.2.1 Educational system beliefs

Participants across both contexts described how prevailing educational beliefs about dyslexia shaped the support their children received. These beliefs influenced whether dyslexia was formally recognised, how it was addressed in mainstream classrooms, and the degree to which individual needs were accommodated. While some families reported supportive environments, many described inconsistencies and gaps in teacher knowledge, programme availability, and broader institutional understanding.

Three subthemes were identified: teaching practices in mainstream classrooms, recognition of dyslexia as a learning difference, and the availability of targeted interventions. These subthemes collectively reveal how national education systems mediate the extent and quality of dyslexia provision, often placing the onus on parents to initiate or sustain support.

6.2.1.1 Teaching practices in mainstream classrooms

Teaching practice emerged as a central concern for parents in both the UK and Malaysia, with many identifying a gap between policy ideals and classroom realities. The findings suggest that while some schools are adopting more inclusive methods, practice remains highly variable, often shaped by resource constraints, institutional cultures, and the training of teaching staff.

In Malaysia, parental accounts highlighted the value of multisensory and small-group instruction when available. Eliza described how her son benefitted from a teacher who adopted kinaesthetic and interactive strategies:

> “He was in a small group, and the teacher’s active teaching style, with lots of movement, really helped him learn.” (Eliza, Malaysia)

Her comments suggest that when teaching was adapted to meet the needs of children with dyslexia, the impact could be substantial. However, such approaches were not widespread. Eliza also noted that similar resources and trained personnel were not available in other schools, echoing findings that Malaysia’s dyslexia support is fragmented and unevenly distributed, particularly between urban and rural areas (Abd Rauf et al. 2021; Dzilkifli 2023; Mohd Nabil et al. 2024). This fragmentation is further highlighted by disparities in teacher training, resource allocation, and awareness initiatives, with rural communities often facing greater barriers to accessing specialised support.

Other parents described more conventional classrooms where little adaptation was evident. Aziz explained that his son's teachers framed learning difficulties as motivational issues rather than developmental needs, while Hana reported that her child's school relied heavily on rigid, textbook-centred methods. These experiences align with findings from Sidhu and Manzura (2013), who note that limited training in specific learning difficulties among Malaysian teachers often results in the pathologisation or dismissal of dyslexia-related behaviours.

In contrast, UK parents reported greater exposure to individualised classroom aids, including assistive technologies. Whitney described how her daughter's school provided access to devices that facilitated engagement:

> "The school gave her access to an iPad and provided a raised board to help her read." (Whitney, UK)

While these accommodations were helpful, Whitney noted that their availability was not universal and is often tied to local funding rather than system-wide entitlement. This finding is consistent with previous research that identifies variability in the implementation of the SEND Code of Practice (DfE 2014) due to differences in local authority budgets and staff capacity (Reid and Fawcett 2004; Palikara et al. 2018).

Other parents expressed frustration with the teaching approaches that failed to respond meaningfully to their child's needs. Amanda, for example, described how she restructured her son's learning at home during the COVID-19 lockdown after finding that the school materials were unsuitable:

> "I realised the standard syllabus was ineffective for him, so I began teaching him from scratch, focusing on basic concepts." (Amanda, UK)

Her decision to homeschool part-time reflects a broader trend in the data where parents responded to gaps in provision with their own expertise. While Amanda's background as a former teacher enabled this intervention, not all parents were in a position to compensate for the systemic shortcomings. This reflects the broader concerns raised by Hattie (2008), who argues for a shift towards more adaptive and student-centred pedagogical approaches.

Taken together, these findings show that while evidence-informed strategies such as multisensory instruction and assistive technologies can be highly effective, their implementation remains inconsistent. In Malaysia, the challenges stem primarily from a lack of training and national coherence in dyslexia support (Abd Rauf et al. 2021). In the UK, despite the established policy frameworks, local-level disparities in funding and capacity often limit practical delivery (Ross 2019; Snowling et al. 2020).

Bronfenbrenner's (2005) ecological systems model highlight the importance of aligning classroom-level (microsystem) interactions with the broader policy and institutional contexts of the macrosystem. These findings suggest that sustainable change in teaching practices requires not only individual teacher effort, but also systemic reform through ongoing investment, teacher education, and equitable resource allocation.

6.2.1.2 Recognition of dyslexia as a learning difference

Recognition of dyslexia as a distinct learning difference was a significant concern for parents in both Malaysia and the UK. Participants' accounts revealed how deeply embedded educational cultures and systemic expectations shape whether, how, and when dyslexia is acknowledged within mainstream schools (Ross 2019; Lim et al. 2022; Dzulkifli 2023). Recognition is often the crucial first step towards support; however, it holds value only when accompanied by informed and sustained action (DfE 2014; Elliott 2020).

In Malaysia, many parents described a pervasive lack of awareness among educators, despite national policies promoting inclusive education. Hana, for example, expressed frustration after interactions with teachers:

> "I assumed that with global advancements in understanding dyslexia, there would be efforts to include this in teacher training programs. Even existing teachers should have some knowledge of it. But when I spoke to teachers

> about my son's condition, their responses were, ‘Does he have it? He seems normal to us.’” (Hana, Malaysia)

Her account reflects wider systemic challenges, where policies such as the Zero Reject Policy (MOE 2018) have not been accompanied by sufficient teacher preparation or diagnostic confidence (Dzulkifli 2023). As a result, responsibility for recognition often shifts to parents.

Eliza criticised the rigid, exam-oriented Malaysian school system, describing its failure to accommodate learners with dyslexia:

> “Our system expects all children to excel in exams, but kids who have dyslexia are left behind because they don’t learn from textbooks alone.” (Eliza, Malaysia)

This view is supported by research showing that standardised educational frameworks frequently marginalise students with diverse learning profiles, particularly in Malaysia where support is fragmented and teacher training in inclusive practices is inconsistent (Abd Rauf et al. 2021; Faudzi and Cheng 2022; Mohd Nabil et al. 2024). Calls for more visual and interactive instruction reflect broader advocacy for a universal design for learning (Miles and Singal 2010).

Hakim identified persistent misconceptions about dyslexia:

> “I hear a lot about autism but very little about other disabilities. A lot of people that I talked to think dyslexia is just about learning difficulties, not a neurological condition. To them, it’s something that can be corrected over time with practise or repetition (in learning).”

These perceptions reinforce stigma and delay appropriate identification and intervention, especially when dyslexia is misrepresented as a behavioural issue rather than a neurodevelopmental condition (Miles and Singal 2010; Abd Rauf et al. 2021).

Together, these findings suggest that in Malaysia, recognition of dyslexia remains superficial and frequently reliant on private assessments that do not always translate into school-based support. Dyslexia is often viewed as a private family concern rather than a legitimate educational need.

In contrast, parents in the UK generally reported a more established understanding of dyslexia within the education system. Whitney shared that her daughter's difficulties were acknowledged early, and while the response was not perfect, the recognition itself was validating:

> "Teachers are very proactive and often suggest professional assessments, although sometimes I wish they would refer these suggestions as necessary actions rather than optional ones. Because that is what they are doing most of the time (giving options)." (Whitney, UK)

Her experience indicates a more informed environment, although some ambiguity around the assessment referrals remains.

Meanwhile, Amanda reported a longer path to formal recognition:

> "It took years of pushing before they agreed to assess my son properly. They just kept saying he learns slower than the other children, but he's getting there." (Amanda, UK)

Such variation in response illustrates that while the UK operates under a clearer policy framework, including the SEND Code of Practice (DfE 2014), understanding and response to dyslexia can vary substantially between schools. Elliott (2020) criticises the reluctance to label students, arguing that it often delays access to support.

Emily's experience further exemplifies this issue. Despite clear early signs of dyslexia, her daughter's diagnosis was delayed until Year 10 because she was a strong reader and achieved good grades:

> "Her writing was jumbled, as if her brain was working faster than her hand. Teachers dismissed my concerns because she performed well in class." (Emily, UK)

This reflects the broader challenges in recognising dyslexia in high-achieving students, where visible academic struggles are not always present. The DfE (2019) has acknowledged that identification remains inconsistent, particularly for students who do not meet the typical profile of underachievement (Palikara et al. 2018).

Nevertheless, UK parents largely valued the acknowledgement of dyslexia as a legitimate learning difference. The Rose Review (2009) helped shape policy by promoting evidence-based definitions and early intervention. However, Whitney's experience illustrates ongoing gaps:

> "The school gave her an iPad and a raised reading board, but funding for further assessments was lacking." (Whitney, UK)

This reflects Reid's (2009) observation that policy recognition has not been matched by equitable resourcing, leaving families to absorb unmet needs.

Her account demonstrates a shift towards universal inclusive practices, in line with the Rose Review's recommendations. However, Jean also recognised a tension between universal provision and the need for diagnosis to access specific accommodations such as exam concessions (Reid 2009; Palikara et al. 2018).

These findings support Bronfenbrenner's (1994) model, highlighting how the macrosystem, comprising policy, cultural values, and institutional practices, shapes the microsystemic experiences of parents and children. In Malaysia, recognition remains fragmented, often requiring private assessments and sustained advocacy. In the UK, recognition is more embedded within institutional frameworks, although inconsistencies in implementation persist.

Improving recognition in both contexts requires strengthening teacher training, embedding inclusive pedagogy into mainstream education, and ensuring that formal identification processes lead to meaningful and timely support.

6.2.1.3 Interventions and programs

The accessibility and quality of interventions for children with dyslexia differed significantly between Malaysia and the UK, reflecting broader disparities in policy coherence, teacher training, and institutional capacity. Although both countries have introduced programmes targeting children with learning difficulties, parental accounts indicate uneven delivery and effectiveness.

In Malaysia, government-led initiatives such as the Integrated Special Education Programme (PPKI) and the now-discontinued Literacy and Numeracy Screening (LINUS) scheme were intended to address the needs of students with learning differences. However, access to these services was frequently constrained by geography, limited school capacity, and under-resourcing. Hana, for instance, explained the logistical challenges involved in securing PPKI support:

> “In the area I’m staying, only one school offered the programme, and even that is quite far from home. I was also told that schools often have problems because PPKI classes are always full and waiting lists are long.” (Hana, Malaysia)

This experience reflects the findings of Abd Rauf et al. (2021), who identified infrastructure gaps and teacher shortages as major barriers to effective implementation of inclusive education policies in Malaysia. The lack of consistent provision between schools has also contributed to fragmented support. Eliza described a decline in her son’s progress after he transferred to a school without similar specialist services, reinforcing Parhiala et al. (2014) concerns regarding inconsistent practices across the system.

Syamsul highlighted the limitations of the broad scope of the PPKI programme and argued that LINUS had been more effective in addressing his child's needs:

> “I don’t have a problem with not having PPKI or special recovery classes because LINUS itself was sufficient. It’s a shame they stopped the programme.” (Syamsul, Malaysia)

The discontinuation of LINUS left a gap in early intervention for children who require support but do not meet the eligibility criteria for PPKI. Many parents thus turned to private dyslexia centres, a solution that resulted in disparities in access and reinforced socio-economic inequities (Miles and Singal 2010).

In the UK, parents reported greater awareness and more structured intervention pathways. Whitney described the use of assistive technologies such as iPads and coloured overlays to aid her daughter’s learning, but also highlighted financial barriers:

> “The school recommended we buy certain tools, but there was no funding to cover them. This means families who can’t afford them won’t stand a chance to own them.” (Whitney, UK)

This reflects broader critiques of the unequal distribution of resources and limited financial support available to families, even when inclusive policies exist (Reid 2009; Palikara et al. 2018). Although the Education, Health and Care Plan (EHCP) framework provides a legal basis for support, its application process is often long and complex. Amanda detailed her experience in securing a place in a specialist school:

> “It took a year of applications and appeals. There aren’t many schools here in the UK, and to get in, I need to apply and secure council funding. I was initially told my child wouldn’t get in because they only accept autistic children or those with serious issues, but I was persistent.” (Amanda, UK)

Her experience reinforces the concerns expressed by Miles and Singal (2010) about the postcode lottery of provision, where access depends on local authority priorities and parental persistence. The term refers to how a child’s access to timely assessments, specialist interventions, and inclusive resources may vary substantially depending on their local authority area or residential postcode (Centre for Social Justice 2023).

Despite these barriers, the UK’s SEND Code of Practice (DfE 2014) provides a more structured and rights-based framework for intervention. However, Elliott and Grigorenko (2014) caution that even well-designed policies can fall short without adequate funding, trained personnel, and consistent delivery.

In Malaysia, the absence of coordinated national programming means that support frequently depends on individual teacher initiative and parental advocacy. Azira pointed out the lack of specialised services in non-urban settings:

> “The reason I did not send my son to any rehabilitation centre for dyslexia is because there’s none in my area. They are in the cities but not here.” (Azira, Malaysia)

This reflects the ongoing issues of geographic inequality in access to specialist support. In the UK, concerns about eligibility thresholds also surfaced. Monica expressed frustration with the lack of formal support despite her daughter's struggles:

> "I wanted my daughter to have an EHCP but the school said she is not qualified. They have done some extra sessions with her, but still I am a bit afraid about how she will manage in high school without an EHCP." (Monica, UK)

Her concern reflect the pressures placed on parents navigating an overburdened system. Together, these findings illustrate Bronfenbrenner's (1994) view that the macrosystem, comprising national policy and structural conditions, profoundly influences support at the school level.

Structural inequalities in both contexts, ranging from funding constraints to fragmented implementation, contribute to the variability in interventions. In the UK, while formal frameworks exist, bureaucratic barriers and regional disparities continue to impede timely and equitable support. In Malaysia, the lack of national coordination and reliance on informal or private provision intensify inequalities and limit the reach of intervention programmes.

To improve the outcomes for children with dyslexia, both systems require sustained policy commitment, greater investment in inclusive infrastructure, and closer collaboration with families. National approaches must be adapted to reflect the lived realities of parents, who remain central to identifying gaps and advocating for their children's needs.

6.2.2 Legislation and rights

This section explores how educational legislation and parental awareness of rights influence access to dyslexia support in Malaysia and the UK. As part of the macrosystem, legal frameworks not only shape what services are available but also affect how families engage with schools and systems. One key sub-theme was identified: awareness and access to legal rights and entitlements.

6.2.2.1 Awareness and access to legal rights and entitlements

Parental awareness of legal rights plays a crucial role in determining whether children with dyslexia receive the support to which they are entitled. The findings, however, revealed significant disparities between Malaysia and the UK, both in how legal frameworks are communicated and how consistently they are applied.

In Malaysia, many parents reported limited awareness of legal provisions such as the Persons with Disabilities Act (2008) and the Zero Reject Policy (MOE 2018). Several participants learned of available entitlements informally, often through peer networks rather than schools or public platforms. Faiz described his surprise at discovering accommodations:

> “I found out by chance that my daughter could have extra time on exams, but it wasn’t communicated by the school.” (Faiz, Malaysia)

Aziz similarly noted the lack of accessible information:

> “If these policies exist, they aren’t shared with parents through normal channels like television or school pamphlets. It feels like you’re left in the dark.” (Aziz, Malaysia)

These accounts are consistent with Abd Rauf et al. (2021), who report that many Malaysian parents remain unaware of their children’s educational rights due to limited outreach, inconsistent dissemination by schools, and insufficient engagement by relevant authorities. Ross (2019) further demonstrates how inconsistent institutional practices can create unequal access to provision, even when legal entitlements formally exist. Without proactive guidance, many parents struggle to navigate entitlements or advocate effectively on behalf of their children.

Stigma further discouraged some Malaysian parents from asserting their children’s rights. Lana, for example, expressed hesitation in disclosing her daughter’s diagnosis due to fears of labelling:

> “I worry they’ll label her as ‘special needs’ and that it could limit her future.” (Lana, Malaysia)

Nora’s conflicted decision about applying for an OKU card similarly illustrates the tensions faced by families within rigid educational categorizations:

> “If placed in the mainstream class, he can’t keep up. But if put in the recovery class, he’s not qualified because he’s not that slow… It seems there’s no solution.” (Nora, Malaysia)

Such experiences illustrate the systemic gaps in inclusive pathways and align with Sidhu and Manzura’s (2013) critique of rigid educational categories that marginalise students who do not fit institutional criteria. Hakim explained how he began learning about dyslexia only after his child’s diagnosis:

> “When my child was diagnosed, that’s when I started reading about dyslexia. I did not know anything at all.” (Hakim, Malaysia)

This reactive approach indicates that families often receive little guidance post-diagnosis, a concern also noted by Abd Rauf et al. (2021). These structural weaknesses at the macrosystem and exosystem levels interrupt consistent support and limit the effectiveness of parent–school collaboration (Bronfenbrenner and Morris 2006; Sidhu and Manzura 2013).

In contrast, UK parents generally demonstrated greater awareness of legal protections, including the Children and Families Act (2014), the SEND Code of Practice (DfE 2014), and the Equality Act (2010). However, despite this awareness, families frequently encountered barriers to accessing formal support. Amanda shared that she only learned about EHCPs through another parent:

> “The school claimed my son didn’t need an EHCP, but I knew he needed more than the state curriculum could provide.” (Amanda, UK)

This finding is supported by Curran et al. (2018), who demonstrated that UK parents frequently rely on informal channels to navigate complex application processes for special educational needs provision. Furthermore, Curran (2021) highlights the pivotal role of SENCOs as expert advocates within schools, providing essential guidance that enables families to manage the complexities of SEN policy and statutory procedures. This reflects the importance of the SENCO’s intermediary role in facilitating access to appropriate support for children with additional needs.

Carol described pressure to return her son to school without assessment:

> “I wanted to arrange a support plan for his return, but instead, I was pressured to send him back without any real assessment.” (Carol, UK)

Such challenges highlight tensions between legislative frameworks and their enactment. Despite a comparatively strong legal infrastructure, families encounter bureaucratic delays and inconsistencies (Palikara et al. 2018).

Even after securing diagnoses, some parents found support inconsistent. Emily, for example, noted that her daughter’s needs were no longer recognised by Year 11:

> “By Year 11 they had forgotten and didn’t give her any extra time for exams.” (Emily, UK)

This reflects the findings of Elliott and Grigorenko (2014) and Palikara et al. (2018), who argued that policy recognition does not always translate into sustained support. Monica, whose daughter had mild dyslexia, recounted being denied an EHCP due to not meeting threshold criteria:

> “I worry because my daughter has mild dyslexia, and she's struggling, but I was told she’s not ‘struggling enough’ to deserve an EHCP.” (Monica, UK)

Such gatekeeping reflects the reports of uneven policy implementation, where only children meeting rigid thresholds access support (DfE 2015; Palikara et al. 2018; DfE 2019). This leaves those with mild-to-moderate dyslexia under-supported and increases parental burdens. John expressed uncertainty about how to advocate:

> “I asked the school about it, but they said the support my daughter gets is enough. I don't know what to say if they ask me why we need one.” (John, UK)

His experience reflects the bureaucratic and psychological burden placed on families, even within a comparatively comprehensive legal system. Palikara et al. (2018) note that inconsistent advice from schools continues to limit parents' ability to navigate entitlements effectively.

Taken together, these findings indicate that while the UK offers a more developed legal framework for supporting children with dyslexia, challenges remain around its consistent implementation and the complexity of navigating entitlements. In Malaysia, although legal provisions such as the Persons with Disabilities Act (2008) and the Zero Reject Policy exist, they are poorly communicated and rarely enacted in day-to-day school practice. Across both contexts, families are often required to act as advocates to access support, with varying degrees of knowledge, confidence, and institutional responsiveness.

To address these issues, several steps can be taken. First, awareness campaigns should be expanded to reach all families, particularly those in under-served areas. Second, educators must be trained to understand legal obligations and proactively communicate available options. Third, school accountability mechanisms should be strengthened to reduce gatekeeping and increase transparency.

These findings reinforce previous critiques by Mohamad (2020) and Harun et al. (2023), who describe Malaysia's legal provisions as inconsistently applied and insufficiently communicated. In the UK, parents demonstrated greater awareness of their rights under the Children and Families Act (2014), supporting earlier observations by Craston et al. (2013) and Palikara et al. (2018). However, this study also extends existing work by highlighting how factors such as socioeconomic status and parental education shape the ability to act on those rights in both national systems. As Miles and Singal (2010) emphasise, the existence of legislation alone is insufficient: inclusive education requires systems that are transparent, equitable, and responsive to the needs of all families.

6.3 Exosystem: External factors shaping parental support

This section explores how external systems, such as the media, non-governmental organisations (NGOs), and private educational services influence parental support for children with dyslexia. Consistent with Bronfenbrenner's (2005) bioecological model, the exosystem encompasses indirect environmental influences that shape experiences within families and schools. These factors become particularly salient in contexts where formal institutional support is insufficient or inconsistently applied.

Parents in both the UK and Malaysia identified a variety of exosystemic influences shaping their knowledge, perceptions, and advocacy. Media coverage raised awareness but sometimes perpetuated misconceptions, while NGO programmes often compensated for gaps in state provision, especially in Malaysia. In the UK, despite stronger policy frameworks, families frequently relied on private services when public support fell short. These observations echo Palikara et al. (2018), who highlight how external networks serve as compensatory mechanisms when formal systems are lacking, and and Ross (2019), who illustrates how advocacy groups and non-school actors often fill critical gaps in dyslexia support systems.

Three sub-themes are addressed here: awareness of educational policies, resource availability, and media influence. Each demonstrates how systemic gaps can be bridged or worsened by actors beyond the formal school system.

6.3.1 Educational policies awareness

This section assesses the extent to which parents are informed about the educational policies pertaining to dyslexia. Two subthemes emerged: (i) Knowledge of existing policies and (ii) Advocacy for Policy Change.

6.3.1.1 Knowledge of existing policies

Understanding educational policies is essential for parents to navigate dyslexia-related support systems. However, the findings across both contexts indicate a widespread lack of initial awareness, with many parents acquiring policy knowledge through informal channels rather than official sources. This points to broader institutional communication failures and reflects Bronfenbrenner's (2005) view of the exosystem as a space where indirect influences, such as policy dissemination, shape family-level experiences.

In Malaysia, parents often discovered policies such as the Zero Reject Policy or welfare entitlements only after undertaking their own research or through peer support. Lana's experience exemplifies this:

> "Everything I know is from what I googled at that time. The first thing I found was Pusat Dyslexia Malaysia (PDM), to which I instantly registered and took my child." (Lana, Malaysia)

Her reliance on online searches highlights the absence of school-led information pathways and aligns with critiques of Malaysia's fragmented and decentralised policy implementation (Abd Rauf et al. 2021; Ensimau et al. 2023; Mohd Nabil et al. 2024).

Similarly, Aziz reported acting on peer recommendations when applying for an Orang Kurang Upaya (OKU) card:

> “I know for sure I can claim some cash benefits under the welfare department, but I don’t know more than that.” (Aziz, Malaysia)

These accounts suggest that parents without access to such networks are likely to face significant disadvantage, reinforcing inequalities in policy access (Abd Rauf et al. 2021; Heng Yee Chow et al. 2023). Although government initiatives such as the Zero Reject Policy aim to expand inclusivity, their visibility and practical application remain uneven (Ensimau et al. 2023; Mohd Nabil et al. 2024).

In the UK, formal legal frameworks such as the Equality Act (2010) and the SEND Code of Practice (DfE 2015) provide a solid foundation, yet the parents reported inconsistent communication from schools. Amanda described learning about the Education, Health and Care Plan (EHCP) from another parent rather than the school staff:

> “I believe a lot of parents don’t know this too. It is sad that even I had to go the extra mile to get this through, but fortunately I was determined to make sure my son gets the best.” (Amanda, UK)

Amanda also highlighted inconsistencies in the information provided by different school staff:

> “They need to train people too, as different people that I see and speak to seem to have different information, and it’s confusing.” (Amanda, UK)

These experiences echo existing critiques of the UK’s SEND landscape, where the implementation of national policy can vary significantly between local authorities (Palikara et al. 2018; DfE 2022).

Other UK parents expressed similar frustrations. Whitney suggested that a standardised post-diagnosis guide could help:

> "It's a big transition for any child, and having parents who are clueless does not help. If we have a standardised guide, we would be more prepared for what comes next, both mentally and financially." (Whitney, UK)

Jennifer described how meaningful guidance only came after a personal connection with a knowledgeable SENCO:

> "Without his help, we would have been completely clueless." (Jennifer, UK)

In both countries, parents described how a lack of clear, coordinated guidance following diagnosis left them feeling overwhelmed and disempowered. In Malaysia, these gaps stem from systemic communication failures, while in the UK, they reflect variation in local implementation, contributing to a "postcode lottery" in service delivery (DfE 2019).

These findings reinforce Bronfenbrenner's (2005) claim that breakdowns at the exosystem level, where policies are meant to support families can disrupt support flows into the microsystem of the home and school. When policy awareness is weak or absent, parents struggle to advocate effectively for their children, resulting in missed opportunities for early and appropriate intervention.

Addressing these gaps requires more than legislative reform. It demands proactive dissemination of information, strengthened communication between schools and families, and enhanced training for educators to act as informed intermediaries. This aligns with arguments by Miles and Singal (2010) and Maunsell (2020), who stress that the effectiveness of inclusive policy depends on its accessibility and implementation, not just its existence.

6.3.1.2 Advocacy for policy change

While many parents reported gaps in their initial knowledge of dyslexia-related policies, some responded by taking on advocacy roles to challenge systemic shortcomings and press for change. These efforts, ranging from informal awareness-raising to formal engagement with authorities demonstrate how families function as active agents within the exosystem, particularly when institutional responses fall short. Parental advocacy thus becomes a compensatory mechanism, driven by personal experience and systemic gaps.

In Malaysia, advocacy often began with parents seeking answers to unmet needs. Lana, who initially learned about dyslexia through self-research, described how her experiences led her to raise awareness among other parents:

> “Once I learned how the system worked, or didn’t work, I started sharing what I knew in online forums. I don’t want other parents to go through the same confusion.” (Lana, Malaysia)

This type of informal knowledge-sharing highlights the centrality of lived experience in shaping how parents advocate for their children. In contexts where consistent, government-led awareness efforts are lacking, parent-driven initiatives play an increasingly significant role in raising public understanding and facilitating access to support. Evidence suggests that Malaysian parents often rely on online platforms and peer-led groups to navigate available services, largely due to inconsistent guidance from formal institutions. These forms of grassroots advocacy appear to function as a compensatory mechanism, helping to bridge information gaps and providing critical support to other families facing similar challenges (Abd Rauf et al 2021; Ensimau et al 2023; Mohd Nabil et al 2024).

Aziz, drawing on his professional background in journalism, used media to draw attention to policy and training gaps in dyslexia support:

> “I wrote about it because no one was saying anything. If parents stay quiet, the policymakers will assume everything is working fine.” (Aziz, Malaysia)

His reflections mirror the work of Jelas and Mohd Ali (2012), who argue that parental involvement is essential in advocating for more inclusive education policies, particularly in systems where disability is marginalised or poorly understood.

In the UK, advocacy often took a more formalised shape, shaped by legal frameworks and policy consultation opportunities. Amanda, for example, actively challenged her local authority’s refusal to support her son’s EHCP application. Her persistence eventually secured a place at a specialised dyslexia school:

> “I had to appeal three times and write to the council directly. It took a year, but we finally got it.” (Amanda, UK)

Amanda’s experience exemplifies how UK parents can engage in system-level advocacy through legal means, although this process can be lengthy and emotionally draining. As Palikara et al. (2018) and DfE (2022) note, the complexity of the SEND framework often places a disproportionate burden on parents to secure rights already guaranteed by law.

Similarly, Carol became involved with a local parent-led advocacy group after feeling dismissed by her son’s school. She found that collective action offered a stronger platform for engaging with policymakers:

> “When we act as a group, they take us more seriously. One voice can be ignored, but not fifty.” (Carol, UK)

This aligns with Reid and Fawcett’s (2004) view that parent collectives play a critical role in shaping inclusive policy agendas, especially when institutional responsiveness is low.

In both contexts, parents described advocacy as a response to systemic failures, particularly inadequate teacher training, limited early intervention, and poor policy communication. These efforts function as attempts to reshape the exosystem by exerting pressure on local authorities, schools, and government departments. Within Bronfenbrenner’s (2005) bioecological framework, such advocacy reflects the interaction between institutional forces and individual agency. When parents act to influence the systems that shape their children’s experiences, they disrupt existing norms and attempt to shift both practice and policy at the macrosystem level.

While advocacy can be a powerful force for change, it should not be the default route for accessing basic educational rights. As Miles and Singal (2010) emphasise, meaningful inclusion must be built into systems rather than left to the initiative of individual families. Over-reliance on parent-led advocacy reflects structural neglect and can reinforce inequalities, particularly among families with fewer resources or less social capital.

Empowering parents through accessible information, formal consultation channels, and meaningful partnerships with educators and policymakers is essential to building more inclusive systems. While the advocacy efforts described here are commendable, sustainable change requires systemic transformation led by institutions, not just families.

6.3.2 Resource availability

The availability and accessibility of external resources emerged as a key exosystemic factor influencing how parents support their children with dyslexia. This section examines how families navigated through the availability, suitability, and affordability of these resources. The two subthemes are access to specialists and educational support, and financial considerations. The findings illustrate how disparities in resource access, often shaped by geography, socioeconomic background, and institutional knowledge, can exacerbate educational inequalities in children with dyslexia.

6.3.2.1 Locating specialised tutors or experts

The search for qualified professionals to support children with dyslexia often required substantial time, financial investment, and initiative from parents in both Malaysia and the UK. In the absence of reliable institutional guidance, many parents relied on informal sources such as peer networks or online forums. This reflects broader systemic challenges in ensuring equitable access to specialised educational services.

In Malaysia, parents commonly turned to non-governmental organisations (NGOs), particularly the Malaysian Dyslexia Association (PDM), for intervention services. These centres were often perceived as more structured and reliable than government school provision. Eliza, for instance, enrolled her son at PDM before he began Year One:

> “I wanted him to get help from PDM first before he started Standard 1, and after a few months, I could see real improvement.” (Eliza, Malaysia)

Lana shared a similar experience, noting the initially slow progress but eventual improvement:

> “Initially, I didn’t see much progress in the first three months, but due to limited and affordable options, I persisted. After six months, the progress was significant.” (Lana, Malaysia)

Despite the value of centres like PDM, their limited geographic availability remained a critical concern. Faiz noted the lack of options in his area, stating:

> "I can't rely on schools, as there are only few that offer PPKI. The existing ones have long waiting lists, so we have to take our own initiative to ensure our daughter doesn't fall behind. Time is crucial in this matter." (Faiz, Malaysia)

This reliance on private tutors and NGOs reflects systemic shortfalls in Malaysia's public education system. Although policies like the Zero Reject Policy exist, their implementation remains inconsistent. Research highlights that inclusive education in Malaysia is still fragmented, particularly in rural regions, with disparities in teacher training, resource allocation, and access to specialist services (Abd Rauf et al. 2021; Dzilkifli 2023; Mohd Nabil et al. 2024). These inconsistencies indicate that families in less advantaged areas are more likely to depend on informal or private support networks to meet their children's needs.

Other parents, such as Sarah, expressed a desire for greater integration between NGOs and school-based systems to ensure a more holistic approach to support:

> "I wish these kinds of programmes were part of school initiatives. It would help teachers understand the students better." (Sarah, Malaysia)

Nora, constrained by financial and logistical limitations, was unable to pursue private interventions and had to depend entirely on school provisions. She reflected on the emotional toll of these constraints:

> "Shouldn't schools be doing this? The pressure affected my mental health and my child. Now, I let him progress at his own pace, which has made me more relaxed." (Nora, Malaysia)

In the UK, parents similarly described challenges in identifying specialised support, despite the existence of frameworks such as the Education, Health and Care Plan (EHCP). While schools often acknowledged dyslexia as a learning difference, many lacked the resources to provide comprehensive support. Whitney noted that although her daughter's school was cooperative, there was no financial provision for assessments:

> “They told me upfront that they wouldn’t fund any assessments or interventions. We’re lucky to afford it, but I can imagine the struggle for other parents.” (Whitney, UK)

This reflects findings by Palikara et al. (2018), who argue that financial disparities often dictate the quality of dyslexia support, even within a robust policy environment. Amanda, for example, described the EHCP application process as both emotionally and administratively demanding:

> “The process is long and tedious, and not for the faint-hearted.”

Amanda’s case highlights a recurring issue within the UK’s Special Educational Needs and Disabilities (SEND) system, where access to interventions often hinges on a parent’s advocacy skills and persistence (DfE 2019).

Across both contexts, parents had to evaluate the credibility and effectiveness of tutors independently. In the UK, Carol described how difficult it was to distinguish qualified dyslexia specialists from general tutors:

> “There are so many tutors who say they can help, but they’re not all trained in dyslexia. You only realise that after a few sessions.” (Carol, UK)

These experiences reflect Reid and Fawcett’s (2004) concerns regarding the lack of oversight in private dyslexia services, resulting in inconsistent support quality.

Drawing on Bronfenbrenner’s Bioecological Theory (2005), these findings reveal the role of the Exosystem, namely, external institutions and community-based services in shaping parents' immediate experiences in the Microsystem. When external resources are either inaccessible or poorly coordinated with school systems, parents bear the disproportionate burden of seeking, vetting, and financing support. This inequality is particularly pronounced in rural Malaysian settings and among lower-income UK families.

These findings underline the need for systemic reforms in both countries. In Malaysia, better integration between NGOs and public schools, combined with broader geographic distribution of services, would address the critical access gaps. In the UK, clearer regulation of private providers and increased public funding for assessments and interventions could mitigate the existing disparities. Importantly, both systems must prioritise accessibility and clarity, ensuring that parents are not left to navigate complex and fragmented systems alone.

Azira also described the logistical constraints she faced in accessing dyslexia-specific intervention centres. Living outside the city in Johor Bahru, she found services such as Pusat Dyslexia Malaysia (PDM) physically inaccessible:

> “I live in Johor Bahru, so PDM is far. They have a lot of franchises throughout the country, but only located in the city. How am I supposed to send him (to the programs)?” (Azira, Malaysia)

Such accounts reinforce research showing that dyslexia support in Malaysia remains highly centralised, with services and intervention centres concentrated in urban areas and limited availability in rural or outlying regions (Abd Rauf et al. 2021; Bernama 2023; Dzilkifli 2023). This centralisation disadvantages families outside major cities, who face greater barriers in accessing timely and affordable support.

Drawing on Bronfenbrenner’s Bioecological Theory (2005), these findings demonstrate how exosystemic institutions directly influence family-level experiences. When external resources are inaccessible or disconnected from school systems, families are left to bridge the gap, financially, logistically, and emotionally.

6.3.2.2 Financial considerations

The financial implications of supporting a child with dyslexia were a recurring concern, particularly where public support was limited or delayed. Families in both countries described how the cost of assessments and interventions shaped the type and extent of support they could access.

In Malaysia, the absence of consistent school-based support pushed families towards private provision. Eliza framed this responsibility as intrinsic to parenting:

> “It’s a parent’s duty, regardless of the cost.” (Eliza, Malaysia)

For others, however, the financial strain was more acutely felt. Syamsul described the sacrifices his family had to make in order to support his son’s learning needs:

> "Honestly, if you ask me, I can’t afford it, but what choice do I have?" (Syamsul, Malaysia)

Even relatively affordable services, such as weekend programmes at Pusat Dyslexia Malaysia (PDM), were described by some parents as prohibitively expensive. Sarah shared:

> "Even weekend classes, which are supposed to be more affordable, are costly. It certainly burns a hole in our pocket." (Sarah, Malaysia)

This reliance on private provision reflects broader systemic gaps. While Malaysia has adopted inclusive education frameworks, including the Zero Reject Policy (MoE, 2018), implementation remains uneven for dyslexia-specific interventions. Families are frequently left to navigate and finance support independently (Sahari and Johari 2012; Abd Rauf et al. 2021). Such dependence on private services exacerbates inequalities, particularly among families in rural areas or from lower-income backgrounds (Miles and Singal 2010; Dzilkifli 2023).

Similarly, in the UK, despite a more comprehensive policy infrastructure, parents still reported significant out-of-pocket expenses. Whitney reported that her daughter's school could only fund assessments for two families per year, leaving others to finance these costs privately:

> "We are fortunate to afford this, but there are other things I'd rather spend £400 on. Our priority now is our child, and we will find the means if needed.” (Whitney, UK)

Amanda, who pursued an EHCP for her son, echoed this concern, noting that the total cost of assessments and supporting documentation approached £400:

> “With the current crisis, it's hitting us and our businesses hard. If we need to spend more, we will be in trouble.” (Amanda, UK)

These accounts align with critiques of the UK’s SEND framework, where financial constraints and resource limitations often result in inconsistent support (Palikara et al. 2018; DfE 2022). While EHCPs are designed to provide targeted support for children with special educational needs, families frequently face long waits, a lack of clear guidance, or resistance from schools and local authorities (Elliott and Grigorenko 2014). Parents with greater financial means or advocacy experience are often better positioned to access and sustain interventions.

Drawing on Bronfenbrenner's Bioecological Theory (2005), these findings highlight the influence of the Exosystem, particularly economic and policy structures on families' immediate contexts. When external systems fail to offer adequate or accessible support, the burden shifts to the Microsystem, where families must respond to unmet needs. This dynamic not only reinforces socio-economic disparities but also places substantial emotional and psychological pressure on parents attempting to do what is best for their child.

Ultimately, both contexts illustrate the urgent need for equitable funding models and transparent resource allocation. In Malaysia, this may involve embedding dyslexia services within public schools and expanding government subsidies for private interventions. In the UK, greater clarity around funding entitlements and reforms to streamline EHCP processes could ease the financial burden on families. Without such reforms, financial considerations will continue to act as a gatekeeper to educational access, reinforcing existing inequalities in support for children with dyslexia.

6.3.3 Media influence

Media portrayals of dyslexia through news articles, documentaries, and social media played a subtle but significant role in shaping parental perceptions, awareness, and emotional responses. For some parents, these portrayals provided affirmation and helped legitimise their child's experiences. Others, however, expressed concern that the media often oversimplified dyslexia or sensationalised individual success stories, leaving little room for more typical or complex realities.

Across both Malaysian and UK contexts, participants described a media landscape that offered increasing visibility yet failed to adequately capture the everyday challenges of raising a child with dyslexia. These accounts reflect broader critiques in the literature that media representations tend to prioritise exceptionalism, potentially distorting public understanding (Elliott and Grigorenko 2014; Simblett 2021; Stevenson 2024).

6.3.3.1 Parents’ reactions to media portrayals

Fictional portrayals, such as the Hindi film ‘Taare Zameen Par’ (Like Stars on Earth), were frequently mentioned by Malaysian parents as accessible frameworks that helped make sense of dyslexia. Syamsul described how the film resonated with his family:

> “I know there are documentaries about dyslexia, but watching a fictional character in real-life situations makes it more relatable. The layman's terms used in the movie resonated with me and helped me explain the condition to my wife, who was initially in denial.” (Syamsul, Malaysia)

Lana similarly shared that watching the film prompted reflection and understanding:

> “My husband and I watched the movie together and found striking similarities between our son and the main character. It was an eye-opening experience and a good starting point for us.” (Lana, Malaysia)

These accounts align with Collinson’s (2016) argument that media portrayals can serve as a form of identity construction, allowing families to move away from deficit-based narratives by aligning with more empowering or relatable representations. however, parents also expressed concern regarding dyslexia’s limited representation in both fictional and factual media. Hakim remarked on the imbalance of public awareness among conditions:

> “These days, there’s a lot of awareness about autism and ADHD. People are starting to understand them better, and some even actively advocate for support. But when it comes to dyslexia, many think it’s just a temporary issue, and some believe it’s overdiagnosed.” (Hakim, Malaysia)

Aziz, a Malaysian journalist and parent, noted the lack of media coverage from within the industry:

> “Even working in the media, I realise this issue isn’t highlighted enough. Dyslexia doesn’t get the attention it deserves, and that affects how parents like me understand and support our children” (Aziz, Malaysia).

These reflections complicate earlier findings by Riddick (2010), who found that many mothers first recognised dyslexia through media coverage. While several participants acknowledged a recent increase in visibility, many still felt that dyslexia remained underrepresented compared to other neurodevelopmental conditions.

UK parents similarly highlighted media narratives that focus on extraordinary success stories of people with dyslexia, such as prominent entrepreneurs or academics. Whitney criticised this framing for presenting an unrealistic standard:

> “It’s always about someone who went to Oxford or became a millionaire despite having dyslexia. That’s not our reality. My daughter is struggling just to read fluently.” (Whitney, UK)

Such narratives reflect what Riddick (2010) referred to as the 'media dyslexic' stereotype, an overrepresentation of giftedness or creative talent that can obscure the everyday experiences of those with dyslexia (Stanovich 1994; Elliott and Grigorenko 2014). Although these portrayals may function as aspirational or coping mechanisms (Collinson 2016), they risk alienating families who face more routine educational struggles (Gabriel 2018).

Drawing on Bronfenbrenner’s Bioecological Theory (2005), these findings position media as part of the exosystem: not directly interacting with the child but shaping the broader informational and cultural environment in which parental understanding develops. Accurate and inclusive representations can foster social acceptance, inform decision-making, and reduce stigma. However, idealised or oversimplified narratives may reinforce misconceptions, limit awareness of available support, and intensify the feelings of isolation among families.

Overall, these findings reaffirm the need for more balanced and context-sensitive portrayals of dyslexia that reflect its varied manifestations and associated challenges. Media has the potential to function as a valuable educational tool, but only if it moves beyond inspirational tropes to engage more directly with the lived realities of children and their families (Elliott and Grigorenko 2014; Abd Rauf et al 2021; Simblett 2021).

Chapter Seven: Discussion, Implications and Recommendations

This chapter discusses the core findings of this qualitative study, which explored the experiences of parents of children with dyslexia in the UK and Malaysia. The research aimed to understand how institutional support, cultural expectations, and family dynamics shaped these experiences, guided by Bronfenbrenner's Bioecological Theory (1994). This chapter integrates the key themes identified in Chapters 5 and 6 and presents a comparative analysis between the two national contexts. It also reflects on the implications of these findings within the wider literature and theoretical framework, contributes to existing knowledge, and outlines limitations and directions for future research.

7.1 Parental identity and emotional labour

This section addresses the first research question: What are the emotional and psychological experiences of parents of children with dyslexia in the UK and Malaysia, and how do these shape their engagement with support systems?

The findings suggest that parenting a child with dyslexia involves an emotionally complex process shaped by both individual interpretations and broader structural conditions. In both contexts, parents described a shift from early feelings of confusion, guilt, and fear to more stable advocacy and caregiving roles. This progression aligns with the 'parental adjustment process' outlined by Gwernan-Jones et al. (2015) and Boyle and Anderson (2020), where emotional responses are reframed over time through accumulated experience and adaptive coping.

A recurring pattern in this study is the predominance of mothers undertaking the emotional labour, reflecting the established gendered dynamics in caregiving within special education (Laurin and Andersson 2024). Understanding this phenomenon requires feminist theoretical perspectives, particularly the work of Lynch et al. (2009), who argue that care work, including emotional and advocacy labour, remains deeply gendered, with women disproportionately responsible for the wellbeing of children and families. This labour is often undervalued, rendered invisible, and shaped by cultural and institutional expectations. In the context of dyslexia support, mothers in both the UK and Malaysia described assuming primary responsibility for navigating institutional barriers, managing stigma, and sustaining their child’s self-esteem, often at significant personal costs. These findings echo broader feminist critiques that the burden of care and emotional management is not equally shared, but instead systematically assigned to women, reinforcing gender inequalities within families and educational systems.

The emotional labour performed by parents resonates with Hochschild’s (1983) theory of emotional regulation, which considers how individuals manage feelings to conform to socially expected roles. Lin and Szczygiel (2023) further develop this understanding by exploring emotional labour within the context of parenting children with special educational needs, illustrating how parents employ both surface acting, which involves concealing frustration during interactions with schools, and deep acting, where they reframe challenges to maintain resilience and optimism. Participants in this study similarly described managing internal stress while maintaining outward calm, especially when advocating within institutional settings.

Lin and Szczygiel (2023) also emphasise the gendered nature of this labour, noting that mothers disproportionately bear emotional responsibility, a pattern reflected in this study. This burden has implications for parental wellbeing and advocacy, consistent with Laurin and Andersson’s (2024) findings on caregiving in families of children with learning differences. Recognising emotional labour as a core aspect of parenting, particularly as performed by mothers enhances understanding of the psychological and social dynamics shaping parental experiences in dyslexia management, and highlights the need for policy and institutional frameworks that acknowledge and address these gendered inequities.

In the Malaysian context, emotional labour is intensified by cultural norms linking academic success to parental competence and family honour, consistent with earlier findings by Yamamoto and Holloway (2010) and Alias et al. (2015). More recent work by Choi et al. (2014) and Kim and Choi (2022) elaborates on how Asian cultural frameworks impose strong familial and educational expectations on children with learning disabilities, which influence parental perceptions and responses. Several parents initially attributed their child’s difficulties to behavioural issues or poor discipline, reflecting the stigma and delayed help-seeking documented in Asian settings (Choi et al. 2017; Kim et al, 2020).

Conversely, many UK parents were considerably familiar with ‘dyslexia’ before diagnosis but still reported feelings of being overwhelmed and uncertain in interactions with schools. This dilemma indicates that access to information alone does not alleviate emotional distress without coordinated, supportive systems, mirroring critiques of the UK SEND framework concerning procedural delays and inconsistent provision (Ross 2019; Davis et al. 2023; Harding et al. 2023). These findings correspond with literature on bureaucratic challenges and parental stress in navigating formal systems (Leslie et al. 2025).

Bronfenbrenner’s microsystem proves useful in highlighting the parent-child relationship as a primary site of emotional negotiation. Daily parental practices, such as affirming dyslexia as a difference rather than a deficit, exemplify the ‘proximal processes’ essential to child development (Bronfenbrenner and Morris 2006), as illustrated by participants like Faiz in this study. These microsystem-level emotional strategies, often overlooked by institutions, form a vital informal support infrastructure and directly relate to the literature on the impact of parental stress on children’s wellbeing (Pitt and Soni 2018; Leitão et al. 2022).

The chronosystem helps explain how parental perceptions and coping evolve over time, influenced by school transitions, support network exposure, and cumulative advocacy experience (Rosa and Tudge 2013). This temporal perspective reinforces the need for sustained, responsive support rather than one-off interventions, echoing concerns discussed in Section 2.6.2 of Chapter 2 about the consequences of prolonged distress in the absence of adaptive coping mechanisms (Wilmot et al. 2022).

This analysis draws on Feminist Care Theory, which positions care and emotional labour as politically and ethically significant rather than merely personal or private responsibilities (Lynch et al. 2009). By adopting this framework, I recognise that emotional labour within dyslexia parenting is not just a coping strategy, but a relational and systemic practice shaped by intersecting cultural, institutional, and gendered expectations. The theory also frames care work as morally necessary for social cohesion, challenging the marginalisation of caregiving roles in educational discourse.

My positionality as a mother-researcher further informed my attentiveness to the affective dimensions of the data. Drawing on reflexive feminist scholarship (Leavy and Harris 2019), I viewed emotional proximity not as a source of bias but as a methodological strength that deepened my engagement with participants' experiences. This approach enabled me to centre relational dynamics, explore emotional textures, and critically examine how emotional labour both resists and accommodates systemic pressures.

Further, this feminist engagement is strengthened by recognising emotional labour and parental identity through an intersectional framework. As Leavy and Harris (2019) emphasise, gendered caregiving must be understood in conjunction with other axes of identity such as race, class, migration history, and cultural norms. In both national contexts, mothers' emotional responsibilities were shaped not only by their gender, but by socio-cultural expectations of success, institutional responsiveness, and access to resources. These findings suggest that emotional labour is not a universal burden, but one that is shaped by intersecting forms of privilege and marginalisation. Attending to these overlapping structures supports a more contextually situated and justice-oriented analysis of parental identity and care work.

The emotional labour described by the participants often served as a compensatory strategy in contexts where formal support was lacking, particularly in Malaysia, and to a lesser extent in the UK due to systemic delays. By foregrounding the gendered nature of this labour, this study builds on existing scholarship that emphasises the emotional dimensions of caregiving (Section 2.6.1) and contributes to wider discussions on care, gender, and social justice. Recognising emotional labour as central to parental agency and resilience in navigating complex educational systems, the findings point to the need for more equitable support structures that acknowledge, value, and more fairly distribute the emotional and practical responsibilities of care.

7.2 Engagement with schools and practitioners

This section addresses the second research question: How do parents perceive the role of schools and professionals in supporting their children with dyslexia in the UK and Malaysia?

Parental engagement with schools varied markedly across the two contexts, shaped by contrasting education systems, institutional cultures, and parental expectations. In the UK, parents frequently reported more structured communication practices, including digital updates, scheduled review meetings, and the involvement of Special Educational Needs Coordinators (SENCOs). These formalised channels align with the procedural expectations set out in the SEND Code of Practice (DfE 2014) and reflect wider discourses on parental partnership in special educational needs provision (Ross 2019; Leslie et al. 2025).

It is important to recognise that parent–school interactions are not only shaped by policy frameworks but also by underlying social positions and forms of capital. Drawing on Bourdieu's (1989) theory of social capital and habitus, research shows that parents with backgrounds in education or greater familiarity with school systems are often able to assert themselves more confidently in negotiations with teachers and SENCOs, while others, particularly those less familiar with educational processes may feel compelled to 'fight' for recognition or experience interactions as adversarial (Ross 2019). This power imbalance reinforces the ambiguity of parental roles in frameworks such as the SEND Code of Practice (DfE 2015) and the Children and Families Act 2014, where parents are formally consulted but the design and implementation of support measures remain largely in the hands of professionals. These findings echo Craston et al. (2013), who found that parents' difficulties in engaging with professionals, and feelings that their views were not heard, persist despite legislative intentions to promote partnership.

However, despite the presence of these frameworks, many UK parents described experiencing inconsistencies in school responsiveness, bureaucratic delays, and a lack of meaningful involvement in decision-making. Such accounts correspond with critiques raised by Davis et al. (2023) and Harding et al. (2023), who highlight the persistent gap between policy intentions and everyday practice. This disconnect appeared to heighten emotional strain for parents, particularly when navigating opaque or unresponsive systems (Ross 2019).

In Malaysia, parental engagement is generally less formal and more reliant on individual initiatives. Parent–teacher interactions were often described as limited in depth, with minimal attention paid to dyslexia-specific needs. Several parents noted cultural norms that discourage the direct questioning of authority figures, which may contribute to their reluctance to challenge teachers or request further information (Oga and Harun 2012; Alias et al. 2015). These experiences align with structural barriers identified in previous studies, including inconsistent teacher training and weak accountability mechanisms (Faudzi and Cheng 2022; Mohd Nabil et al. 2024).

Bronfenbrenner's mesosystem offers a useful framework for understanding these interactions, emphasising the role of reciprocal relationships between home and school in supporting child development (Bronfenbrenner 2005). In both settings, trust emerged as a key dimension of effective engagement. Parents often valued consistent and respectful communication over frequency alone. In instances where trust was lacking, they described withdrawing from school-based collaboration or taking on sole responsibility for their child's educational needs. These patterns reflect the centrality of relational dynamics in mesosystem functioning (Hornby and Lafaele 2011; Goodall 2017).

In both contexts, parents exercised agency by drawing on external support networks to address gaps in provisions. These included private tutors, community groups, and advocacy organisations such as the British Dyslexia Association. Such strategies highlight the compensatory role families often play in managing unmet institutional responsibilities (Ross 2020; Abd Rauf et al. 2021).

Overall, the contrasting forms of parental engagement observed in this study point to broader socio-ecological dynamics in which institutional provision is uneven, and parents are required to navigate complex and often fragmented support landscapes. Understanding these experiences through an ecological perspective contributes to a more relational and context-sensitive account of how families engage with educational professionals in the context of dyslexia.

7.3 Institutional structure and cultural logic

This section addresses Research Questions 2 and 3 by examining how institutional frameworks and cultural norms shape parental experiences of dyslexia support in the UK and Malaysia.

In the UK, policies such as the SEND Code of Practice (DfE 2014) and statutory mechanisms such as Education, Health and Care Plans (EHCPs) provide a formalised structure intended to promote inclusive provision for children with dyslexia. Parents acknowledged the clarity these policies offer but also reported challenges relating to bureaucratic delays, variation in local authority implementation, and funding constraints, all of which limited timely access to interventions. These accounts are consistent with critiques in the literature that highlight systemic inefficiencies that hinder the intended impact of policy frameworks (Ross 2019; Adams et al. 2022).

Bronfenbrenner’s chronosystem is a useful lens to interpret these concerns. When experienced cumulatively, procedural delays were perceived to erode parental trust and contribute to their emotional exhaustion. This temporal perspective supports arguments in the literature that emphasise the importance of sustained and responsive institutional engagement, rather than isolated or one-off interventions (Leslie et al. 2025).

By contrast, Malaysia’s policy landscape remains emergent. While policy documents such as the Malaysian Education Blueprint (MOE 2013) and the Zero Reject Policy (MOE 2018) signal the growing recognition of inclusive education, their implementation remains inconsistent. Parents frequently described minimal school-level recognition of dyslexia and reliance on private assessments and interventions services. These experiences reflect previous findings that identified fragmented service delivery, uneven access, and urban bias in provision (Abd Rauf et al. 2021; Mohd Nabil et al. 2024).

Cultural values embedded in the macrosystem further shaped parental responses, particularly in relation to stigma and disclosure. Reluctance to disclose learning difficulties was often linked to social pressures surrounding academic achievement and family reputation, consistent with literature on educational cultures in Southeast

Asia (Oga and Haron 2012; Alias et al. 2015; Wilmot et al. 2022). Research further demonstrates that such cultural expectations influence both parental help-seeking and educator responsiveness, with stigma and fear of judgement frequently delaying intervention and support (Yamamoto and Holloway 2010; Abd Rauf et al. 2021). Limited teacher preparation and weak accountability structures have been frequently identified as barriers to meaningful inclusion in Malaysia, resulting in practices that appear inclusive on paper but fall short in implementation (Jelas and Mohd Ali 2012; Alias et al. 2015). These challenges often lead to symbolic rather than substantive access to education for children with learning differences.

In response, Malaysian parents often adopted informal strategies, including participation in peer support networks, engagement with private tuition, and selective disclosure. This ‘micro-policy’ approach illustrates how parents navigate systemic constraints through adaptive, context-specific practices. Such strategies are widely documented in the Malaysian context, where resource limitations, inconsistent policy implementation, and gaps in formal support drive parents to develop their own solutions (Abd Rauf et al. 2021; Mohd Nabil et al. 2024). For instance, studies highlight that parents frequently turn to informal networks and private tuition to compensate for shortcomings in the public education system (Jelas and Mohd Ali 2012; Krishnaswamy et al. 2019). These adaptive practices reflect broader patterns of parental agency in post-colonial education systems, where families act as key policy actors at the micro level (Mahmood 2014).

Taken together, the findings illustrate the interaction between institutional structures and cultural logics in shaping parental experiences. A misalignment between policy intent and prevailing societal attitudes frequently places the burden of navigating support systems on families. These findings suggest that efforts to strengthen dyslexia provision must attend to both institutional design and cultural narratives that inform everyday practices of inclusion, as discussed in Sections 2.6.3 and 2.6.4.

7.4 Cross-cultural reflections and transferable practices

This section addresses Research Question 3 by examining practices across the United Kingdom and Malaysia that parents identified as effective, with the aim of identifying context-sensitive approaches that may be adapted across settings while recognising systemic and cultural distinctions.

Across both contexts, early identification of dyslexia and sustained collaboration between families and schools were viewed as central to providing effective support. UK parents frequently referred to the role of Special Educational Needs Coordinators (SENCOs), structured review processes, and regular communication as key facilitators of inclusion. These accounts align with the existing literature emphasising the value of formalised frameworks such as the SEND Code of Practice in fostering coordinated provision and parental engagement (DfE 2014; Ross 2019).

By contrast, Malaysian parents often rely on informal strategies, including personal relationships with teachers and peer-led community initiatives. Practices such as WhatsApp support groups, private tuition, and parent-developed home routines reflect adaptive responses to limited institutional infrastructure and uneven implementation of inclusive policies (MOE 2018; Abd Rauf et al. 2021). These findings reaffirm the importance of recognising parental agency in contexts where systemic provision is constrained.

Notably, the participants expressed mutual respect for practices in the other contexts. Malaysian parents appreciated the clarity and structure of the UK systems, while UK parents recognised the emotional resilience and flexibility shown by Malaysian families. This reciprocal reflection points to the value of culturally informed adaptation, rather than wholesale transfer of practices across settings (Yamamoto and Holloway 2010).

At the microsystem level, parents in both countries emphasised the significance of emotional support, confidence-building, and fostering self-advocacy in their children. Although often peripheral to formal education systems, these relational strategies were described as essential to the child’s long-term wellbeing, aligning with research highlighting the role of parent–child dynamics in navigating dyslexia-related challenges (Pitt and Soni 2018; Leitao et al. 2022).

Parental strategies also evolved over time, becoming more deliberate and informed. This adaptive progression reflects Bronfenbrenner’s chronosystem, which foregrounds the temporal dimension of family responses to developmental and institutional change (Rosa and Tudge 2013). These patterns caution against static models of intervention and demonstrate the need for responsive, context-specific forms of support.

While cross-national learning holds potential, transferability of practices is contingent on institutional capacity, resource allocation, and cultural alignment. For instance, the introduction of SENCO-type roles in Malaysia would require significant investment in training and systemic restructuring. Similarly, to be effective, emotional support initiatives must be attuned to local beliefs about parenting and disability.

In summary, this comparative analysis suggests that effective dyslexia support involves the integration of a formal policy infrastructure with culturally grounded parental involvement and community-based strategies. Drawing on international practices in ways that remain contextually appropriate may enhance both equity and effectiveness in dyslexia provision.

7.5 Theoretical contributions

This study draws on Bronfenbrenner’s bioecological theory of human development to examine how parents navigate dyslexia support systems in the United Kingdom and Malaysia. The model offers a structured framework for analysing the multiple, interacting systems that shape parental experience, from immediate relationships to institutional processes and broader sociocultural norms (Bronfenbrenner 2005). Its layered approach, encompassing the microsystem, mesosystem, exosystem, macrosystem, and chronosystem, enables a contextualised understanding of how dyslexia support is experienced and negotiated across different levels of influence (Tudge et al. 2009).

At the microsystem level, the findings highlight the centrality of parent-child interactions following diagnosis. Parents assumed ongoing responsibility for emotional support and daily educational tasks, including managing homework, sustaining their child’s confidence, and adapting communication approaches (Lin and Szczygiel 2023; Laurin and Andersson 2024). Although often overlooked within formal education systems, these forms of caregiving constitute a significant layer of informal support embedded within the child’s immediate developmental context (Pitt and Soni 2018; Leitao et al. 2022).

The mesosystem captures the interconnections between home and school, particularly the quality of communication and collaboration with educators. Where parents experienced consistent, inclusive communication, they reported a stronger sense of partnership and trust (Hornby and Lafaele 2011; Goodall 2017). Conversely, limited teacher awareness and fragmented communication, especially in Malaysia contributed to parental frustration and feelings of exclusion, consistent with concerns raised in studies on underdeveloped parental engagement frameworks (Faudzi and Cheng 2022; Mohd Nabil et al. 2024).

At the exosystem level, institutional decisions and resource allocation indirectly shaped parental experiences. While parents rarely engaged directly with policy actors, their accounts reflected the tangible effects of delayed assessments, under-resourced services, and inconsistent application of entitlements, patterns noted across both settings (Ross 2019; Abd Rauf et al. 2021; Adams et al. 2022). Professional intermediaries such as SENCOs and educational psychologists played a crucial mediating role between policy structures and family realities.

The macrosystem refers to wider societal beliefs about disability, cultural expectations of parenting, and the normative frameworks underpinning national education systems. In Malaysia, stigma and misinformation frequently discouraged formal identification and disclosure, prompting reliance on private support or informal strategies (Oga and Haron 2012; Alias et al. 2015; Wilmot et al. 2022). While public awareness in the UK was relatively higher, parents still reported pressures linked to academic performance and normative child development (Ross 2019; Asbury et al. 2020). Although frameworks such as the SEND Code of Practice and Malaysia’s Zero Reject Policy signal state commitment to inclusion, implementation remained uneven (DfE 2014; MoE 2018).

The chronosystem explores how parental experiences shift over time, particularly in relation to emotional adjustment, advocacy efforts, and responses to key transitions such as diagnosis, school changes, and policy developments. Accounts frequently described an initial phase of emotional disruption, marked by confusion, guilt, and uncertainty, followed by gradual adaptation through advocacy, knowledge acquisition, and community engagement (Miles and Singal 2010; Maunsell 2020). Changes in institutional policy, such as delays in EHCP processes or broader disruptions such as the COVID-19 pandemic, also shaped the longer-term trajectory of support access and emotional resilience (Asbury et al. 2020; Orgilés et al. 2020). This temporal dimension supports arguments for more sustained, responsive policy frameworks and longitudinal inquiry into family coping and engagement (Snowling et al. 2020; Catts et al. 2024).

Importantly, this study contributes existing theoretical work on parental engagement and inclusive education by applying Bronfenbrenner's bioecological theory in a way that recentres parents as active, developing agents within the systems that shape their children's lives. While Bronfenbrenner's model is frequently used to analyse child development, it has rarely been applied to examine the dynamic processes through which parents themselves adapt, advocate, and emotionally labour in response to systemic pressures. Therefore, my work offers a distinctive theoretical contribution, positioning parents not as static actors supporting development from the margins, but as individuals shaped by and shaping the ecological contexts in which they are embedded.

The study also incorporates feminist care theory (Lynch et al. 2009) to explore the gendered nature of support provision. Mothers, in particular, were often the primary navigators of school systems and providers of emotional and educational care. Their labour, frequently unacknowledged in institutional settings, points to the need for a broader understanding of what constitutes support and whose labour counts. This dual-theoretical contribution strengthens the case for more inclusive policy and research frameworks that recognise the emotional and political dimensions of parental involvement.

Together, Bronfenbrenner's ecological model and feminist care theory offer a conceptual lens through which the institutional, cultural, and emotional terrain of dyslexia support can be understood. The study's contribution lies not only in applying these frameworks across two contrasting national settings, but in reworking their focus to account for parents as central figures in the ecology of inclusive education.

7.6 Implications for policy and practice

The findings of this study point clearly to urgent areas for reform in how educational systems support parents of children with dyslexia in both Malaysia and the UK. The recommendations presented here recognise the complexity of dyslexia support and the necessity of a holistic, multi-layered response that accounts for the realities faced by families navigating often fragmented systems.

First, teacher education must be a priority. Without sufficient training, educators cannot be expected to identify dyslexia early or implement supportive strategies effectively. This is especially pressing in Malaysia, where cultural stigma and limited awareness persist, creating barriers to inclusion (Lee and Low 2014; Abd Rauf et al. 2021). Embedding dyslexia education within initial teacher training and ongoing professional development is essential to shifting school cultures towards genuine inclusivity (Rose 2009; Elliott and Grigorenko 2014). The Ministry of Education (MoE) should integrate dyslexia awareness, identification, and intervention modules into teacher training colleges and ongoing professional development programmes, and encourage collaboration between mainstream and special education teachers to share best practices and resources. In addition, targeted incentives for specialist teachers to work in rural or high-need regions would help address the current disparities. Meanwhile, teachers in the UK require regular opportunities to update their knowledge and practices, ensuring alignment with emerging research and national guidance (DfE 2014; Snowling et al. 2020). The Department for Education should mandate regular, evidence-based training for all teachers and SENCOs on dyslexia identification and inclusive classroom strategies, and incorporate dyslexia awareness into both initial teacher education and in-service training.

Second, parents must be provided with accessible, standardised guidance following a dyslexia diagnosis. The evidence here reveals that many parents feel adrift post-diagnosis, relying heavily on informal sources for critical information. Schools and educational bodies should develop clear, user-friendly resources that outline the next steps, available supports, and practical advice (Ross 2019; Catts et al. 2024). In the UK, this could include the development and dissemination of standardised information packs and the establishment of a national helpline or online portal to signpost parents to local and national support networks, advocacy groups, and specialist resources. In Malaysia, schools should appoint trained parent liaison officers to guide families through the diagnosis and support process, and develop school-based workshops and support groups for parents in multiple languages. This approach not only empowers parents but also reduces the anxiety and confusion that too often accompany diagnosis, supporting more effective advocacy from the earliest stages (Laurin and Andersson 2024).

Third, the role of media cannot be overlooked. In contexts like Malaysia where stigma remains entrenched (Sahari and Johari 2012; Alias et al. 2015), targeted media campaigns have the potential to reshape public attitudes and promote understanding. The Ministry of Education, in partnership with NGOs, parent groups, and the media, should launch nationwide public awareness campaigns to improve the understanding of dyslexia among educators, parents, and broader communities. Currently, media representations are sporadic and often lack depth, missing the opportunity to present dyslexia in all its complexities (Simblett 2021). Effective media engagement should prioritise authentic, diverse narratives that highlight both the struggles and successes of individuals with dyslexia (Norwich 2013; Ross 2019). This could play a pivotal role in encouraging earlier help-seeking and fostering community support.

Fourth, inequities in resource allocation present a significant barrier to equitable support provision. Both Malaysian and UK parents reported difficulties in accessing timely and affordable services, highlighting broader issues of resource distribution (Poed et al. 2020; Abd Rauf et al. 2021). In Malaysia, resource constraints were more acute in rural and lower-income areas. Addressing these disparities may require targeted funding, mobile assessment units, and localised needs assessments. In the UK, while formal structures exist, delays in accessing statutory support and uneven local provisions remain significant concerns. Streamlining processes for Education, Health and Care Plans (EHCPs), expanding access to specialist staff, and improving transparency through regular audits (e.g. by OFSTED) could support more equitable delivery. Structural reforms should be accompanied by accountability measures that reflect parents' lived experiences and challenges in navigating the support systems.

Malaysia could benefit from adopting aspects of Wales’ ALN framework, as evidenced by Knight et al. (2025), which has led to increased identification and support for students from diverse backgrounds. Implementing data-driven, equity-focused policies could help bridge diagnostic and support gaps in the Malaysian context. Specifically, the Welsh model’s emphasis on early identification, multi-agency collaboration, and continuous monitoring of outcomes provides a template for more inclusive and effective provision. By investing in robust data collection and ensuring that identification criteria are consistently applied across regions, Malaysia can move towards a more equitable system that reduces reliance on private assessment and addresses disparities in access to support.

Lastly, the emotional labour performed by parents, particularly mothers, requires explicit recognition and support. Drawing on foundational and recent scholarship (Hochschild 1983; Lin and Szczygiel 2023), policy and practice must address this hidden but critical dimension of caregiving. Provision of targeted emotional and psychological support, including counselling and peer networks, is necessary to sustain parents in their dual roles as caregivers and advocates (Laurin and Andersson 2024). Gender-sensitive family support policies could alleviate the disproportionate burden borne by mothers and foster more sustainable care environments (Alias and Dahlan 2015). Given the gendered distribution of advocacy and emotional labour, policy frameworks should also actively seek to recognise and support mothers’ contributions, while also encouraging greater involvement of fathers and other caregivers. Training for educators and practitioners should include awareness of gender dynamics in family–school partnerships, and support services should be designed to alleviate, rather than reinforce, the disproportionate burden on women.

While structural and cultural contexts differ, this study highlights opportunities for cross-national learning. Approaches that prove effective in one setting, such as structured post-diagnosis guidance in the UK or grassroots parental networks in Malaysia could inform practice elsewhere, provided adaptations are made for the local context. Institutional readiness, resource availability, and cultural congruence are all critical to the successful transfer of practices. International collaboration in research, training, and resource development may support a more inclusive and responsive dyslexia provision in both countries.

In summary, the findings suggest that improving dyslexia support may require a coordinated approach that integrates policy reform, professional learning, parent engagement, equitable resourcing, and recognition of emotional labour. Rather than isolated interventions, systemic and contextually sensitive responses such as embedded teacher training on specific learning difficulties, clear post-diagnostic guidance for families, school-wide inclusive practices, and cross-agency collaboration are needed to meet the diverse and evolving needs of families. Such efforts may contribute not only to more effective educational outcomes but also to greater equity and inclusion within school systems in both Malaysia and the UK (Ross 2019; Snowling et al. 2020).

7.7 Limitations and directions for future research

This study offers an in-depth, contextually grounded understanding of parental experiences of dyslexia in the United Kingdom and Malaysia. However, it remains important to reflect on the boundaries of the study's design, sampling, and analytical choices, not as shortcomings but as parameters that shape the scope and interpretation of the findings. Engaging critically with these considerations is consistent with a qualitative research tradition informed by critical realism and feminist inquiry, both of which recognise the value of situated knowledge and the complexity of lived experience.

7.7.1 Limitations of scope and representation

The study's focus on parents of children with a formal dyslexia diagnosis inherently excludes families whose children display literacy difficulties but have not been officially assessed. This is particularly relevant in the Malaysian context, where diagnostic access is often urban-centric and heavily reliant on private services (Sahari and Johari 2012; Dzulkifli 2023; Mohd Nabil et al. 2024). As such, the findings reflect the experiences of those who were able to access formal recognition rather than the full spectrum of parental experiences in navigating dyslexia support.

Participants in both national contexts shared particular demographic characteristics. The Malaysian parents were largely middle-class, urban-based, and highly educated, which may not reflect the realities of rural, lower-income, or indigenous communities, particularly families in East Malaysia or Orang Asli populations, who may face additional barriers related to language, infrastructure, and educational inclusion (Abd Rauf et al. 2021). In the UK, most participants had engaged with statutory processes such as EHCPs, which may not capture the experiences of families at the margins of support systems. These exclusions reflect structural inequalities that shape who is heard and whose stories are visible in research. Future studies would benefit from purposive strategies to include underrepresented voices and community-driven insights.

7.7.2 Methodological considerations

This study adopted a qualitative design grounded in critical realism and Bronfenbrenner’s bioecological theory (1994), recognising the layered nature of reality and the dynamic interactions between individuals and institutional structures. Rather than seeking universal claims, the study aimed to identify patterns of meaning within and across contexts, illustrating how parents interpret and respond to systemic conditions. In line with this epistemological stance, findings are not intended to be generalised statistically but to contribute to theoretical and practical understanding through rich, situated accounts (Braun and Clarke 2022).

Data were based on retrospective narratives, shaped by memory, emotion, and social context. These features are not considered methodological weaknesses, but part of the complexity of human experience. As Leavy and Harris (2019) emphasise, feminist and interpretive research values such subjectivity, recognising that meaning is always situated, relational, and shaped by power. Participants’ accounts offer critical insight into the emotional and cognitive labour involved in navigating support systems, even as they reflect individual and cultural ways of making sense of these experiences.

While the study focused on parents, it did not incorporate the voices of professionals such as teachers, SENCos, or allied staff. Including such perspectives in future work could support a more holistic understanding of the distributed responsibilities and institutional dynamics surrounding dyslexia support. Similarly, comparative studies using mixed methods may reveal how school-level data and parental narratives intersect or diverge, further enriching this area of research.

Cross-cultural comparisons also presented challenges, particularly in relation to how participants articulated critique. Several Malaysian participants appeared hesitant to express dissatisfaction, which may reflect prevailing cultural norms around politeness and deference to authority (Smith 2017). The researcher’s insider-outsider status as a Malaysian conducting research in both contexts, supported rapport and cultural sensitivity but also required sustained reflexive awareness. In line with Leavy and Harris (2019), reflexivity in this study was not a procedural gesture but an ongoing ethical practice, involving attention to voice, interpretation, and the responsibilities of representing others' experiences.

Translation from Malay to English was handled by the researcher, who was bilingual and embedded in both contexts. This process involved careful interpretive decisions to preserve tone, meaning, and cultural resonance. Rather than viewing translation as a neutral conduit, this study approached it as an interpretive act shaped by the researcher's linguistic and cultural positionality (Temple and Young 2004). These decisions were made with reflexive transparency throughout transcription, coding, and writing.

Although Bronfenbrenner's model structured the study thematically, some limitations remain in its application. The chronosystem, in particular, was acknowledged conceptually but was not explored through longitudinal data. Future studies using ethnographic or longitudinal qualitative methods may better capture the evolving nature of parental support, advocacy, and emotional labour. Participatory approaches involving parents as co-researchers would further enhance the relevance, credibility, and ethical grounding of this research, particularly within underrepresented communities.

Importantly, rather than treating subjectivity as a limitation, this study embraces the feminist principle that knowledge is always situated. As Leavy and Harris (2019) argue, reflexivity is not simply a matter of disclosing bias but of acknowledging how research relationships, positionality, and social structures shape meaning-making throughout the research process. This perspective is consistent with critical realism, which recognises that knowledge is mediated by context, yet still seeks to identify patterns in the underlying generative mechanisms of experience.

Finally, ethical considerations involved managing the emotional intensity of the interviews. Participants often shared accounts of frustration, hope, and resilience, which required careful navigation. The researcher's own emotional response also necessitated reflexive engagement and ethical vigilance. These experiences highlight the value of qualitative inquiry for accessing the affective dimensions of education, while highlighting the emotional demands placed on both participants and researchers.

7.7.3 Directions for future research

Building on these limitations, several future research directions were identified to deepen and diversify the understanding of parental experience and dyslexia support.

Longitudinal research is needed to explore how parental coping, advocacy, and trust in institutions change over time. Tracking families across key transitions, such as entry into secondary education could provide insights into how early support (or its absence) shapes longer-term outcomes for children and parents (Snowling et al. 2020; Catts et al. 2024). Bronfenbrenner’s chronosystem offers a useful conceptual entry point for such work.

There is also scope for broadening the caregiving lens. Like much of the existing literature, the present study is centred on maternal narratives. Including the perspectives of fathers, grandparents, foster carers, or siblings could uncover the diverse forms of care and advocacy and explore how gender and kinship relations shape emotional labour and institutional engagement (Boetsch et al. 1996).

Future studies could benefit from multi-stakeholder engagement, incorporating the views of teachers, SENCOs, educational psychologists, and school administrators. Such an approach would facilitate a deeper understanding of tensions, misalignments, and opportunities for collaboration between families and institutions (Ross 2019). Future research should also prioritise marginalised and underrepresented groups, particularly in Malaysia. This includes rural populations, East Malaysian communities, and indigenous groups such as the Orang Asli, who may encounter unique linguistic, infrastructural, and socio-political barriers (Abd Rauf et al. 2021). Community partnerships with NGOs, religious organisations, and advocacy groups may support trust-building and improve research access.

Critical inquiry into cultural constructions of dyslexia is also needed. While the dominant understandings of dyslexia is informed by cognitive science, they often intersect with behavioural, moral, or spiritual discourses, particularly in non-Western contexts. In Malaysia, religious and cultural interpretations may shape stigma and influence help-seeking behaviours. Examining how community leaders, educators, and media figures contribute to these constructions would offer insight into the social dimensions of diagnosis and disclosure (Ozernov-Palchik and Gaab 2016).

The inclusion of parents of secondary school children in the sample of participants would also capture how advocacy and support evolve in response to increasing academic pressure and declining one-to-one support. While the early years often receive focused intervention, older pupils with dyslexia tend to encounter declining access to tailored support, particularly in mainstream settings where differentiation becomes more difficult to sustain (Fawcett and Nicolson 1995; Snowling et al. 2020). Parents at this stage may be required to adopt more strategic forms of advocacy, navigating complex systems to secure continued provision. Such perspectives would extend the current understanding of how parental agency adapts to the educational lifespan.

Comparative studies across additional national contexts could offer valuable insights into how policy design, implementation, and institutional culture affect outcomes for families. Such research may enable the development of more contextually informed and practically relevant recommendations for enhancing dyslexia support globally. Further work is also needed to examine home–school collaboration, particularly the factors that enable or hinder constructive communication between parents and educators. Understanding what supports effective relationship-building may inform more coherent and responsive support systems.

Finally, the role of media in shaping parental knowledge, awareness, and perceptions of dyslexia remains underexplored. Many parents first encounter the term ‘dyslexia’ through media representations, which often invoke the ‘media dyslexic’ trope, linking the condition to exceptional intelligence or creativity (Stanovich 1994; Elliott and Grigorenko 2014). While these narratives may help resist stigma (Riddick 2010; Collinson 2016), they also risk reinforcing unrealistic expectations and masking a broader spectrum of experiences. This is particularly relevant in Malaysia, where formal support is uneven and parents frequently rely on digital platforms such as TikTok, Instagram, or WhatsApp. Despite the growing role of these platforms in informal knowledge-sharing, dyslexia remains underrepresented relative to other conditions such as autism or ADHD (BBC 2023; Abas et al. 2025). Recent studies note that while WhatsApp and TikTok are widely used for education and community support in Malaysia, content related to dyslexia is far less visible than that for other neurodevelopmental conditions (Abas et al. 2025). Investigating the visibility and framing of dyslexia in digital parenting spaces could offer insight into how stigma is sustained or challenged through media discourse (Gabriel 2018).

In conclusion, future research on dyslexia and parental experience should adopt approaches that are contextually grounded, relational, and methodologically inclusive. Attending to cultural, institutional, and emotional dimensions while actively engaging with underrepresented voices will be critical to advancing more equitable and effective systems of support for families navigating dyslexia.

7.8 Contributions of the study

This study contributes to the field of dyslexia research, inclusive education, and comparative educational policy by foregrounding parental experiences in both the United Kingdom and Malaysia. Through its cross-cultural design, it offers new insight into how families interpret, navigate, and respond to institutional support structures within two contrasting systems: one situated in a high-income Global North context with established policy frameworks and the other in a post-colonial Global South setting characterised by uneven provision.

A key contribution lies in reframing emotional labour as an informal yet essential component of dyslexia support. Across both contexts, parents reported undertaking substantial emotional and administrative work in managing their child's wellbeing, liaising with educators, and countering stigma, which are often in the absence of consistent institutional guidance. While prior literature has acknowledged these roles (Gwernan-Jones et al. 2015; Laurin and Andersson 2024), this study advances the discussion by conceptualising emotional labour as a form of informal infrastructure, particularly in contexts where formal support is fragmented or delayed. In Malaysia, this labour often substitutes for institutional provision; in the UK, it mitigates the effects of procedural delay. This reconceptualisation positions emotional labour as structurally significant rather than peripheral.

The study also contributes to comparative education literature by documenting how parents enact support beyond formal policy frameworks. While policies such as the SEND Code of Practice in England and the Zero Reject Policy in Malaysia offer commitments to inclusive education, their implementations are inconsistent. In response, parents have been developing adaptive strategies, including informal teacher collaboration and peer-led WhatsApp groups that function as ‘micro-policy’ practices where parental agency emerges to fill institutional gaps. These findings challenge the assumptions about policy effectiveness and affirm the role of parents as informal policy actors in everyday care and support systems.

Theoretically, this study deepens the application of Bronfenbrenner’s bioecological model (1994) within dyslexia research. It extends beyond the microsystem to consider the influence of mesosystem relationships, macrosystem norms, and chronosystemic changes over time. The inclusion of the chronosystem demonstrating how parental perceptions and strategies evolve following diagnosis, policy change, or major disruptions such as the COVID-19 pandemic adds a temporal dimension often missing in cross-cultural research on special educational needs. This layered analysis improved our understanding of the long-term journey of parental adaptation and resilience.

The research also critiques universalist notions of ‘best practice’ in inclusive education. The findings indicate that interventions effective in one context cannot be assumed transferable to another without attention to local systems, resources, and cultural norms. For example, the valued SENCO role in the UK is difficult to replicate in Malaysia without the necessary infrastructure. Conversely, Malaysian parents’ emotionally grounded, informal support strategies may offer insights into under-resourced settings elsewhere. Therefore, the study contributes to the emerging calls for context-sensitive and relational approaches to educational policy design.

An additional contribution lies in addressing a gap in Malaysia-based parental research. The study gives voices, particularly to mothers, who navigate the educational systems shaped by stigma, institutional resistance, and cultural expectations. These narratives highlight the gendered nature of caregiving and advocacy, engaging with feminist literature on emotional labour and family-school dynamics (Lynch et al. 2009; Laurin and Andersson 2024). By situating individual experiences within broader structural and cultural contexts, the research contributes to a more intersectional understanding of educational inequality.

In summary, this study offers a relational, comparative, and parent-informed analysis of support for dyslexia. It moves beyond policy frameworks to examine the everyday practices through which parents sustain their children’s education, particularly in contexts in which formal systems fall short. By focusing on parental perspectives across different sociopolitical settings, the research highlights the value of inclusive and adaptable approaches to educational support that are grounded in the lived realities of families.

Chapter Eight: Conclusion

This thesis examined the experiences of parents of children with dyslexia in the United Kingdom and Malaysia, with particular attention paid to the institutional, cultural, and relational factors that shape how families understand and navigate support systems. Drawing on Bronfenbrenner's bioecological theory (1994) and informed by a critical realist perspective, this study explored how multiple layers of context, from immediate parent-child relationships to national policy frameworks interact to shape parental roles and responses.

Using a qualitative, comparative design, the study focused on two distinct educational settings: one embedded in a Global North context with formalised policy structures, and the other in a post-colonial Global South context where support remains uneven. Semi-structured interviews with 20 parents revealed that, despite contextual differences, families in both settings experienced common challenges, particularly emotional labour, systemic fragmentation, and the need for self-directed advocacy (Alias and Dahlan 2014; O'Sullivan et al. 2022).

Parental narratives emphasised the everyday work of sustaining their children's emotional wellbeing, liaising with professionals, and responding to stigma, often with limited institutional support. These practices, while informal, played a compensatory role in both contexts. In the UK, they mitigated delays and inconsistencies within statutory processes (Ross 2019; Davis et al. 2023); in Malaysia, they often substituted for underdeveloped diagnostic and support systems (Faudzi and Cheng 2022; Mohd Nabil et al. 2024). The findings illustrate how emotional labour, though frequently underacknowledged, constitutes a critical element of dyslexia support ecology (Lynch et al. 2009; Laurin and Andersson 2024).

Bronfenbrenner's framework facilitated an analysis of how these experiences operate across ecological levels. At the microsystem level, parents engaged in relational work that supported their children's identity, confidence, and educational engagement (Pitt and Soni 2018; Leitão et al. 2022). The mesosystem highlighted the significance of school-home relationships, with parents reporting variable experiences of collaboration and communication (Davis et al. 2023). The exosystem and macrosystem revealed broader constraints, including inconsistent policy implementation, limited access to resources, and cultural expectations surrounding academic success (Asbury et al. 2020; Abd Rauf et al. 2021). While the chronosystem was not the focus of data collection, parental accounts indicated how roles and understandings evolved over time in response to diagnosis, institutional encounters, and wider societal changes such as the COVID-19 pandemic (Orgilés et al. 2020; Catts et al. 2024).

The research contributes to existing literature in several ways. First, it advances the understanding of emotional labour as a form of informal infrastructure within dyslexia support. Second, it demonstrates how parental agency is exercised not only within formal policy frameworks but also through grassroots, relational, and adaptive practices (Maunsell 2020). Third, the study extends Bronfenbrenner's model by applying it in a cross-cultural context and highlighting its relevance for analysing parent experiences in under-researched systems (Rosa and Tudge 2013). Finally, the study engages with feminist scholarship by drawing attention to the gendered distribution of caregiving and advocacy roles, particularly the often-invisible contributions of mothers (Lynch et al. 2009; Borelli et al. 2017). Therefore, this thesis offers a distinctive and original contribution by foregrounding the emotional and relational labour of parents as a central, though frequently overlooked, component of dyslexia support. It reframes dyslexia not solely as an educational concern, but as a socially embedded and gendered caregiving experience, shaped by broader systems of power, policy, and cultural expectation. In doing so, the study invites a rethinking of what counts as support, who provides it, and how policy frameworks might better recognise the complexity of parental roles.

The findings suggest that improving dyslexia provision requires more than the development of formal policies. Attention to how families experience and respond to these policies is equally important. While existing structures in the UK offer greater procedural clarity, they remain subject to bureaucratic delays and uneven implementation (Davis et al. 2023). In Malaysia, ongoing efforts toward inclusion are undermined by variable school-level practices and limited diagnostic infrastructure (Sahari and Johari 2012; Alias and Dahlan 2014). In both cases, families compensate for systemic gaps through informal strategies, with implications for equity, access, and parental wellbeing.

Methodologically, the study’s qualitative approach generated detailed accounts of parental experience but was limited by its scope and representativeness. The sample comprised primarily urban and middle-class parents, and future research should seek to include underrepresented groups, such as rural communities, fathers, and nontraditional caregivers. Longitudinal and multi-perspective studies would offer additional insights into how parental roles develop over time and in relation to institutional change (Snowling et al. 2020; Catts et al. 2024).

This thesis does not propose a singular model of best practice. Rather, it suggests that effective dyslexia support is shaped by context, relational trust, and interplay between formal provision and everyday parental practice. The concept of support must therefore be understood not only in institutional terms but also through the lens of care, responsibility, and relational labour.

In sum, this research positions dyslexia not solely as a learning difficulty to be addressed through educational policy, but as a relational and institutional experience embedded within systems of care, power, and culture. By placing parents, particularly mothers at the centre of analysis, the study honours their role as key actors within the ecology of support. It offers a grounded, context-sensitive account of inclusive education, with implications for research, policy, and practice across diverse settings.

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Appendices

Appendix I: Ethical Approval

SOCSI - Ethics Office 1:44 PM
To: Maizatul Ranai Mohd Ranai >

Your ethics application for Parenting the Right-Brained : A Qualitative Study on the Experiences of Parents of Children with Dyslexia in the UK and Malaysia has been given a FAVOURABLE OPINION

Dear Maizatul Ranai Mohd Ranai,

Research project title: Parenting the Right-Brained : A Qualitative Study on the Experiences of Parents of Children with Dyslexia in the UK and Malaysia
SREC reference: 203

Ethical Opinion

The Committee gave a favourable ethical opinion on the basis described in the application form, protocol and supporting documentation.

Appendix II: Information Sheet (Gatekeepers)

INFORMATION SHEET

You are being invited to take part in a research project. Before you decided whether or not to take part, it is important for you to understand why the research is being undertaken and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Kindly ask if you would like more information.

Thank you for reading this.

WHAT IS THE PURPOSE OF THIS STUDY?

This study aims to explore the experiences of parents with school-aged children diagnosed with dyslexia in the UK and Malaysia. It also seeks to find out the experiences of parents of children with dyslexia in a developed country like the UK and in a developing country like Malaysia, and how these experiences differ.

This research also explores the institutional supports received by the parents in respective countries in order to determine any UK practices that can be usefully applied to propose the management of dyslexic kids in Malaysia.

WHO IS ORGANISING THE RESEARCH?

The study is organised by a researcher, namely Maizatul Ranai from Cardiff University.

WHY HAVE I BEEN CHOSEN?

As a volunteer you have responded to my request for participants to take part as you came forward to help and fit the criteria of the type of people needed to take part.

DO I HAVE TO TAKE PART?

It is up to you to decide whether or not you want to take part in the study. If you do decide to take part, you will be asked to sign a consent form. You are given up to four weeks after the interview should you want to withdraw. You are also not required to provide any reason for withdrawal from the study during this four-week period.

WHAT WILL THE TAKING PART INVOLVE?

Once you have agreed to participate in the study, you will be asked to take part in an interview at a time that suits you.

In the briefing session, the purpose and workings of this study will be explained to you. You will also be provided with the opportunity to ask questions regarding this study.

In the debriefing session, you will be reminded on how your data will be stored and how it will be used. You will again be provided with the opportunity to ask questions regarding this study.

The interview would be conducted via Zoom platform and the estimated duration would only in the range of 25 to 35 minutes duration. It would be audio-taped and transcribed verbatim.

WILL I BE PAID FOR TAKING PART?

No, there would be no incentives offered for taking part in this research.

HOW WILL THE DATA BE COLLECTED AND STORED?

All information that is collected about you during the course of this research will be kept strictly confidential. The information will be collected by the researcher and stored on the university's securely encrypted system for a period of 5 years. The data will be accessible only by the researcher.

Cardiff University is the Data Controller and is committed to respecting and protecting your personal data in accordance with your expectations and Data Protection legislation. Further information about Data Protection, including:

- your rights
- the legal basis under which Cardiff University processes your personal data for research
- Cardiff University's Data Protection Policy
- how to contact the Cardiff University Data Protection Officer
- how to contact the Information Commissioner's Office

may be found at https://www.cardiff.ac.uk/public-information/policies-and-procedures/data-protection

HOW CAN I REQUEST ACCESS TO MY DATA?

If you would like to see data that is being stored about you, you can personally contact the researcher (Maizatul).

WHAT WILL HAPPEN TO THE RESULTS OF THE RESEARCH STUDY?

Results of this study, including the anonymised interview transcripts will be used for analysis, and the results will be written up in my PhD thesis. No other use will be made of them without your written permission and no one outside the project but the researcher will be allowed access to the original recordings. Participants will also not be identified in any report, publication or presentation.

WHO IS ORGANISING AND FUNDING THIS RESEARCH PROJECT?

This research is organised by the researcher, Nur Maizatul Akmal Mohd Ranai in Cardiff University in partial fulfilment of the requirements for the degree of Doctor of Philosophy (PhD). It is currently funded by Majlis Amanah Rakyat (MARA).

WHO HAS REVIEWED THE STUDY?

This study has been reviewed and given a favourable opinion by the Ethics Committee of the School of Social Science, Cardiff University and the principal supervisor Dr Raya Jones.

FURTHER INFORMATION AND CONTACT DETAILS.

Should you have any questions relating to this research project, you may contact the researcher during normal working hours :

Maizatul Ranai
mohdranain@cardiff.ac.uk

Dr Raya Jones
JonesRA9@cardiff.ac.uk

Appendix III: Debriefing Sheet (Gatekeepers)

DEBRIEFING SHEET

Many thanks for taking part in this study. We hope you enjoyed the session. Your participation was an important contribution to research on the experiences of parents of children with dyslexia. Please feel free to ask the researcher any questions you have about what happened. Please note that some of the information contained on this form is a repeat of what might be found on the Information Sheet, which you should already have and can keep.

What is the purpose of the study?

The purpose of this project is to explore the experiences of parents with school-aged children diagnosed in the UK and Malaysia. It aims to investigate the lack of understanding and support received by parents of children with dyslexia in Malaysia, the dearth of research about the different experiences of parenting children with dyslexia in the UK and Malaysia, as well as the absence of specific recommendations that can propose the management of children with dyslexia in Malaysia.

How was the data collected and how will it be stored?

All information that is collected about you during the course of this research will be kept strictly confidential. The data collected will be stored securely on the University's encrypted system for a period of 5 years. The data will be accessible only by the researcher (Maizatul).

We may share the data we collect with researchers at other institutions, but any information that leaves Cardiff University will have your personal details removed. In any sort of output, we might publish, we will not include information that will make it possible for other people to know your name or identify you in any way.

What will happen to the results of the research study?

Where appropriate, the results of this study will be included in the project and displayed in plain text. You will not be identified in any report or publication. The results of this study will help to understand the experience of parents of children with dyslexia in different countries (Malaysia and the UK). We will inform you of the results of the study if you wish to have the information.

What do I do if I am unhappy with the way I was treated or with something that happened to me?

In the first instance, you should contact the researcher and explain the situation to identify the root of the problems.

If you are still unhappy, please should contact the relevant Ethics Committee:

Cardiff School of Social Science Committee Email:

Who has reviewed the study?

This study has been reviewed and given a favourable opinion by the Ethics Committee of the School of Social Science, Cardiff University.

Contact for Further Information

I welcome the opportunity to answer any question you may have about any aspect of this study or your participation in it.

MAIZATUL RANAI
mohdranain@cardiff.ac.uk
+60106699500

Appendix IV: Interview Consent Form

- I consent to being audio recorded and I understand how it will be used in the research. ☐
- I understand how the findings and results of the research project will be written up and published. ☐
- I agree to take part in this research project. ☐

____________________	____________________	____________________
Name of participant (printed)	Date	Signature

____________________	____________________	____________________
Name of person taking consent (printed)	Date	Signature

____

Role of person taking consent

This research has been reviewed and approved by Cardiff University School Research Ethics Committee (SREC). If you have any further questions or concerns about this study, please contact :

Maizatul Ranai
mohdranain@cardiff.ac.uk
+6010 6699500

THANK YOU FOR PARTICIPATING IN OUR RESEARCH

Appendix V: Interview Questions

A qualitative study on the experience of parents of children with dyslexia in the UK and Malaysia.

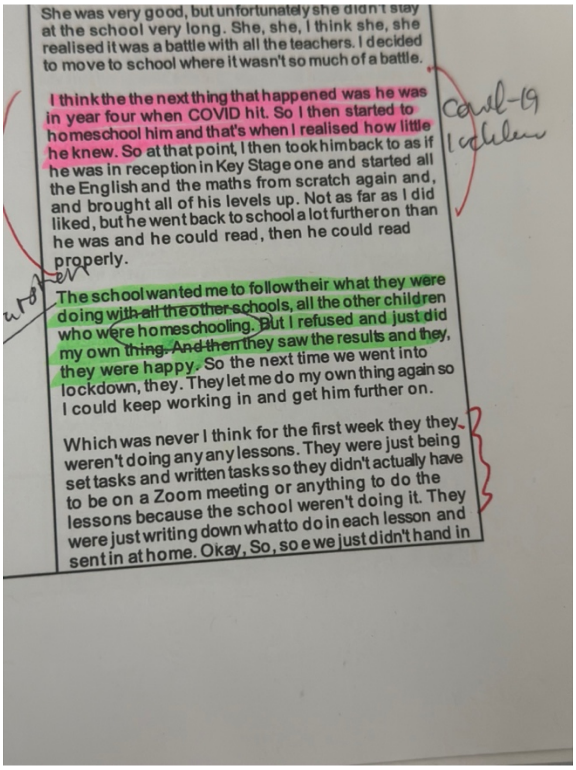
Biographical details : Date :

Name of Parent	
Parent's age	
Parent's occupation	
Child's name	
Relationship	
Child's age	
Child's age at time of diagnosis	
Birth Order of the child	
Language	

Questions.

1. Could you tell me why you decided to be involved in this project?
2. Tell me about your child (ask for name).
3. When did you first notice that your child has learning difficulties?
4. How did you become aware of it?
5. Does any of the siblings have/had literacy problems?
6. How do you know about dyslexia?
7. Tell me about how your child was doing at school before the diagnosis.
8. How aware are you of the steps needed for your child to be diagnosed?
9. Tell me about your experience throughout the assessment process. How would you describe the process?
10. Was the school involved in the diagnosis process?
11. How were the results of the diagnosis conveyed to you?
12. How long does it take to get a formal diagnosis?
13. What kind of support does the school offer?
14. What kind of support do you feel you needed?
15. Did you feel, as a parent, you were being listened too?
16. What kind of challenges that you have to overcome while getting the diagnosis?
17. Are you capable to pay for the diagnosis?
18. How do you feel about your kid being diagnosed?
19. Do you have a sense of the policy in place in your country in relation to dyslexia?
20. What are your hopes or fears for your child's future?

Appendix VI: Initial Open Coding and Annotation of Transcripts



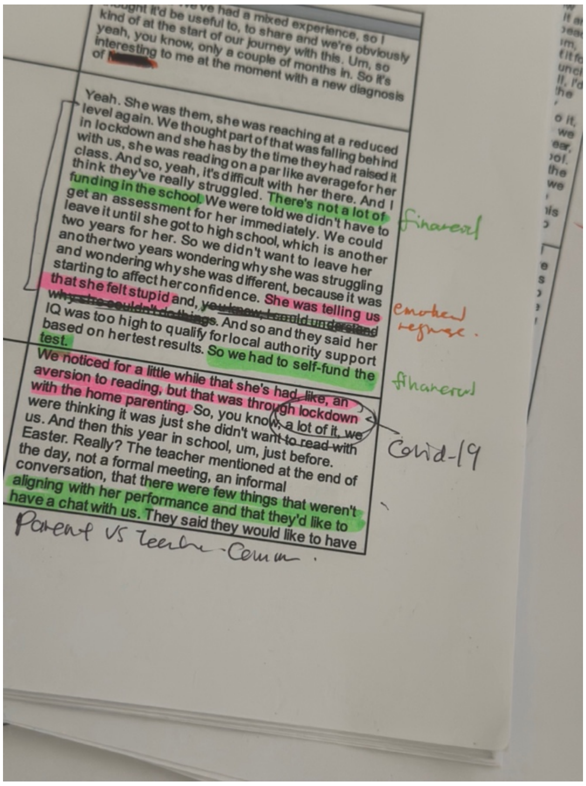
She was very good, but unfortunately she didn't stay at the school very long. She, she, I think she, she realised it was a battle with all the teachers. I decided to move to school where it wasn't so much of a battle.

I think the the next thing that happened was he was in year four when COVID hit. So I then started to homeschool him and that's when I realised how little he knew. So at that point, I then took him back to as if he was in reception in Key Stage one and started all the English and the maths from scratch again and, and brought all of his levels up. Not as far as I did liked, but he went back to school a lot further on than he was and he could read, then he could read properly.

The school wanted me to follow their what they were doing ~~with all the other~~ schools, all the other children who were homeschooling. But I refused and just did my own ~~thing. And then~~ they saw the results and they, they were happy. So the next time we went into lockdown, they. They let me do my own thing again so I could keep working in and get him further on.

Which was never I think for the first week they they weren't doing any any lessons. They were just being set tasks and written tasks so they didn't actually have to be on a Zoom meeting or anything to do the lessons because the school weren't doing it. They were just writing down what to do in each lesson and sent in at home. Okay, So, so e we just didn't hand in

Covid-19 lockdown



…ve had a mixed experience, so I …ought it'd be useful to, to share and we're obviously kind of at the start of our journey with this. Um, so yeah, you know, only a couple of months in. So it's interesting to me at the moment with a new diagnosis of [redacted]

Yeah. She was them, she was reaching at a reduced level again. We thought part of that was falling behind in lockdown and she has by the time they had raised it with us, she was reading on a par like average for her class. And so, yeah, it's difficult with her there. And I think they've really struggled. There's not a lot of funding in the school. We were told we didn't have to get an assessment for her immediately. We could leave it until she got to high school, which is another two years for her. So we didn't want to leave her another two years wondering why she was different, because it was starting to affect her confidence. She was telling us that she felt stupid and, ~~you know, I could understand why she couldn't do things~~. And so and they said her IQ was too high to qualify for local authority support based on her test results. So we had to self-fund the test.

We noticed for a little while that she's had, like, an aversion to reading, but that was through lockdown with the home parenting. So, you know, a lot of it, we were thinking it was just she didn't want to read with us. And then this year in school, um, just before. Easter. Really? The teacher mentioned at the end of the day, not a formal meeting, an informal conversation, that there were few things that weren't aligning with her performance and that they'd like to have a chat with us. They said they would like to have

financial

emotional regulate.

financial

Covid-19

Parent vs Teacher Comm.

Appendix VII: Thematic Organisation of Data