

The impact on educational experiences, social relationships and self esteem levels upon receiving an early or late diagnosis of ADHD or Dyslexia

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University of Wales Trinity Saint David.

Dissertation submitted in partial fulfilment of the requirements for the degree of Bachelor of Science (BSc) and Counseling in Applied Psychology.

DECLARATION

This work has not previously been accepted in substance for any degrees and is not being concurrently submitted in candidature for any degrees.

Signed ……A.Phillips……. (candidate)

Date ……25/03/25…….

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This dissertation is being submitted in partial fulfilment of the requirements for the degree of ……Bachelor of Science, Applied Psychology……

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STATEMENT 2:

This dissertation is the result of my own independent work/investigation, except where otherwise stated. Other sources are acknowledged by giving explicit references. A reference list is appended.

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Ai Acknowledgements

I acknowledge the use of Google Scholar [https://scholar.google.co.uk/] on October 2024 – March 2025 to research for this project. I used

the prompt(s):

1. The impact of early diagnosed Dyslexia

2. The impact of late diagnosed Dyslexia

3. The impact of early diagnosed ADHD

4. The impact of late diagnosed ADHD

5.Dyslexia and Self-esteem

6. ADHD and Self-esteem

7. Educational experiences of those with ADHD and Dyslexia

8. Social relationships of those with ADHD and Dyslexia

I confirm that I have not presented any AI generated text as my own work. I confirm I have copies of my drafts, notes, and other resources I used before, and after the use of AI tools which I may be asked to provide in evidence.

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iii.Abstract

This study was a survey, investigating the impact early and late diagnosis of ADHD and Dyslexia has on self-esteem, educational experience and social relationships. Consisting of quantitative and qualitative data (statistics and thematic analysis). The aim of this investigation was to detail the differences early and late diagnosis has on an individual. This study importantly presents the impact of diagnosis timing, through detailed lived experiences. The Rosenberg self-esteem scale (RSE) obtained qualitative data, analysed through a two-way ANOVA which found no significant interaction between time and type of diagnosis on self-esteem, F (1,65) = .360, p = .551; $\eta 2$ = .006. Qualitative data was collected through ten open-ended questions targetting education, support received, friends/relationships, initial feelings and what could be improved, obtaining an ample amount of codes and themes. Themes indicated for early identification were ‘Conflicted Understanding’, ‘Alienation’ and ‘Ambivalence’ and late identification granted ‘Misunderstood’, ‘Judgement and Understanding’ and ‘Regret and Restraint’ and ‘Suggested Improvements’ for both types/ times of diagnosis. Findings indicated both times of diagnosis faced strengths, yet challenges with a lack of support. In aid of future research, it can guide secure interventions for adults and promote assistance.

Chapter 1: Review of Literature

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition, which can make learning harder to navigate (Hudson, 2024). Presenting a pattern of inattention and/or hyperactivity-impulsivity behavior. Impacting the functioning or development of an individual (American Psychiatric Association, 2013). The National Institute of Health states that in the UK, 3% - 4% of adults and 5% of children have ADHD (NHS, 2024) although dependent upon age, country and gender group, with males gaining a diagnosis easier compared to females (Young et al, 2020). Thought to be due to the presentations appearing differently for males, and females being referred for suspected emotional issues (Klefsjö et al., 2021). Dyslexia on the other hand, is neurobiological (Munzer et al, 2020) characterized by having struggles with accurate word recognition, difficulties with written expression, decoding and spelling (American Psychiatric Association, 2013). According to the British Dyslexia Association (BDA) 10% of the population are Dyslexic, or will have Dyslexic traits (BDA, 2010).

Dyslexia is categorized as a specific learning difficulty (SLD) as it affects a specific form of learning, such as reading/writing, but does not impact overall intelligence (BDA, 2010). Influencing how someone processes information, prompted by difficulties within phonological processing, the process of manipulating words/sounds (Roncoli, 2016). Comparably, ADHD is classified into different presentations, involving the inattentive presentation, predominantly affecting social and academic activities, involving having a lack of attention to details and making careless mistakes. Secondly, the hyperactive/ impulsive presentation, presented as someone who often fidgets and is regularly hyperactive. Finally, the combined presentation, which can be a combination of the two (American Psychiatric

Association, 2013). Due to its biological basis, the disorder impacts how a person regulates their behavior (Español-Martín et al., 2023) which leads individuals with ADHD to experience social impairments and negative self-esteem (Boguslavsky, 2021, Binti Marsus et al., 2022, Zendarski et al., 2021).

Although, much-like Dyslexia early support and treatment can help its' management (Schelbe et al.,2022, Lyytinen et al, 2015). The time of diagnosis for both ADHD and Dyslexia has proven to be crucial for future progression (Rahul & Ponniah, 2021 & Graf, 2022). With an early diagnosis of Dyslexia promoting self-belief, self-acceptance (Gani, 2024) allowing a better understanding of own behavior (Battistutta et al., 2018) and improved understanding from educators (Snowling et al., 2020). Assessments for Dyslexia typically begin age seven, with more comprehensive testing at nine years old (Van der Leij et al., 2013). These often begin with tailored support strategies and skill building sessions to improve reading and writing skills (Hadhrami et al., 2022). However, if this is not granted, it can lead to higher self-deprecation and struggles in academia (Wilmot et al.,2023). Similarily, a later diagnosis can contribute to lower self-esteem (Glazzard, 2010, Zuppardo et al, 2023 & Watters et al, 2018) lack of close friendships (Shehu et al., 2015 & Miller, 2022) lack of understanding and motivation (Battistutta et al., 2018)

Alternatively, receiving an ADHD diagnosis in childhood allows for the appropriate support strategies to be secured, aiming for long-term improvement in cognitive and social function (Chang et al., 2020) better self-understanding (Jones and Hesse, 2018) and from others (French et al., 2020) and improved progression into adolescence (Zahmacioglu et al., 2017). Also preventing future obstacles proposed by the disorder, such as social and behavioural difficulties (Sayal et al., 2018).

To mediate these challenges, medication, skill building sessions and psychotherapy – primarily focusing on cognitive behavioral techniques, along with other non-pharmacological treatments can improve symptoms (Abdelnour et al., 2022). However, due to disruptive behaviour's of young children, being similar to behavioral issues of those with ADHD, childhood diagnosis can be difficult (Kieling & Rohde, 2012).

Similarly to Dyslexia, there is evidence those children that receive earlier identification of ADHD gain enhancement in self-esteem, academia, social skills and behaviour (Felt et al., 2014). Whereas a late diagnosis can cause the individual to be misunderstood, being flawed on their attention capacity and often criticized on their behavior (Barkley, 2020). Recent studies on ADHD present that 90% of children retain ADHD symptoms until adulthood (Abdelnour et al.,2022) especially if not managed during the younger years (Karam et al., 2015). However, conflicting with the correct earlier management, both Dyslexia and ADHD can be co-morbid, meaning the simultaneous occurrence of two disorders in a single diagnosis (Katzman et al., 2017).

It is recognized that an individual’s self-esteem levels has great contribution to general happiness (Oancea et al.,2020). Sequentially, Glazzard (2010) investigated the impact Dyslexia has on self-esteem levels of early diagnosed school children, through conducting interviews investigating their perceptions towards their diagnosis. Results indicated that students were isolated from others due to being ‘different’ and experienced lack of support and judgement from teachers. With lower self-esteem prior to receiving a diagnosis. However, increased once the diagnosis was obtained by differentiating difficulties to their intelligence. Glazzard also encouraged for continued research and more support for Dyslexia.

Similarily, Alsaad (2023) used Adapted Rosenberg Self-Esteem Scale upon special needs, discovering that children with ADHD are at higher risk to have negative self-esteem. Substantiating, Pedersen et al. (2024) found those with ADHD also resulted in having lower self-esteem. Although, Alsaad highlighted that with positive reinforcement and/or social support, self-esteem can be increased. Further insinuating those with Dyslexia are often discouraged, which led to lower self-esteem too. Concluding that the scale was a reliable measure.

In accordance, Zuppardo et al. (2023) investigated self-esteem of forty-seven children and adolescents from primary and secondary schools with Dyslexia. Self-esteem was low, even after diagnosis. Contradicting earlier findings by Glazzard (2010). However, external factors, co-morbidities and level of support were unconsidered, potentially contributing to no improvement. However, muchlike Glazzard (2010) judgement was evident, caused by stereotypical attitudes from teachers and students.

Furthermore, Battistutta et al. (2018) worked with adolescents who had gained a Dyslexia diagnosis either in primary or secondary school, through three scales based upon self-efficacy and self-esteem, followed by two open-ended questions. Those who gained an early diagnosis were more open towards others and accepted help in difficult tasks, with better understanding of their behaviour. Comparably, those who were late preferred their classmates and teachers to be unaware, to be treated ‘normally’. In contrast, it was proven that early identification of ADHD obtained better support strategies and felt that it improved their overall understanding, academic performance and social skills. Yet often felt excluded due to their differences and struggled with concentration. Supporting previous findings by Glazzard (2010).

On the other hand, of those that received a diagnosis of ADHD during adolescence, Jones and Hesse (2018) found that it helped participants understand past experiences, muchlike those with Dyslexia with Battistutta et al. (2018). However, in contrast participants were relieved, yet angered due to being unsupported by professionals and often being misunderstood from a young age, which led to lower confidence and negative self-esteem. Suggesting that support is individualistic. It is apparent that negative attitudes is received by those with an early identification of ADHD and Dyslexia, due to its associated stigma of lower intelligence by professionals and students (Brunswick & Bargary, 2022).

A late diagnosis has been suggested to be debilitating (Alexander-Passe, 2017). Permitting an individual to go longer wondering what is wrong with them or questioning their capabilities, contributing to lower self-esteem and often being misunderstood (Kirkegaard, 2022). Alexander-passe (2017) studied the perceptions of adults with late diagnosed Dyslexia, similarly to Glazzard (2010), feeling 'different' compared to colleagues was clear, especially when having to work harder on tasks. Often experiencing discrimination in employment and feeling 'unhappy' about the disclosure to others, due to feeling that it would be first recognized on their records, potentially affecting promotion opportunities. In accordance with Battistutta et al. (2018) preferring others to be unaware, suggesting disclosure is questioned by both those early and late identified. Furthermore, it was reported that their mistakes was often referred to their Dyslexia, not a human error. This is a good indication why adults with Dyslexia often face hesitancy regarding its' disclosure or often conceal it (Nalavany et al., 2015).

A late diagnosis of ADHD on the other hand, permits impairment in executive functioning to become more salient (Barkley, 2011) producing attention deficits. Meaning adults becoming less employed, changing work frequently, presenting difficulty relating to others and a higher frustration tolerance (Varrasi et al.,2020) affecting quality of life, functional impairment, lower self-esteem (Zahmacioglu et al., 2017) and interpersonal difficulties (O'Conner & McNicholas, 2020). A later diagnosis also contributes to setbacks in the appropriate support strategies (Liu et al., 2024). Harpin et al. (2016) conducted a review on long term outcomes of individuals with late diagnosed ADHD, which indicated lower self-esteem and poorer social functions, in contrast to Battistutta et al. (2018).

Furthermore, similar to Alexander-passe (2017) negative views by professionals were often experienced upon ADHD disclosure, allowing a prolonged sense of failure, missed opportunities and a sense of psychosocial burden. These results were conducted by Matheson et al. (2013) through interviews with adults diagnosed either in childhood or adulthood, highlighting that accessing support for these struggles was 'an uphill struggle' as it was not recognized as an 'adult disorder' and that receiving medication as a child was insufficient in the management process which is often what they relied on due to this lack of help. They importantly signified that time of diagnosis had no different impact and identified gaps between legal policy and the support being provided.

Moreover, five years later Watters et al. (2018) also investigated those late diagnosed with ADHD and found that all participants had a co-morbidity which could have influenced findings. However, participants stated low self-confidence and low self-esteem. Highlighting participants felt they had 'limited possibilities' when committing to a job, high levels of frustration and feeling inadequate due to concentration difficulties, which could have been

rectified if found earlier. However, benefits of ADHD were also mentioned, that working on impulse/not overthinking was a positive trait. Although, participants highlighted that ‘you just have to accept it’ in adulthood and it was challenging in accessing support, due to being considered a childhood ‘thing’ and that ADHD during adulthood is an ‘excuse’. Supporting the previous statements by Matheson et al. (2013).

A late diagnosis of Dyslexia on the other hand faces similar challanges with psychologists reporting that diagnosing an adult with Dyslexia is harder compared to a child, due to training being focused on youth (Sadusky et al., 2021). Wissell et al. (2022) explored employment in adult Dyslexics. Adults faced continuous challenges and similarly to Alexander-passe (2015) the fear of disclosure of Dyslexia was also a challenge. However, minority reported receiving positive, useful support from team members.

Moreover, a year later Wissell (2023) investigated late diagnosed Dyslexia based upon their own experience. Expressing that there is a notable gap in adolescent and adult diagnosis of Dyslexia. The writer struggled with feeling shame and dumb. Highlighting that employers lacked empathy and that they were terminated from a job role due to Dyslexic difficulties, which at the time was not recognized. Their late diagnosis made them feel that they were not adequate to achieve career progression. That education failed them due to no support, which they believe would have significantly helped. Work was embarrassing and continuously questioning their capacity due to its stigma (Zuppardo et al.,2023) linking to the issues opposed to negative attitudes (Matheson et al.,2013) which evoked isolation, yet motivated them to help others. Indicating that stigma opposed issues are faced by both those early and late diagnosed (Glazzard, 2010).

Furthermore, Hoben and Hesson (2021) found similar findings to a late diagnosis of ADHD through auto-ethnography, highlighting a lengthened period of uncertainty, disconnection from others and feeling like imposters. Reinforced self-doubt upon any success, feeling it was undeserved due to continued failure. However, a late diagnosis also allowed for a sense of relief in improved understanding. Much-like Dyslexia, receiving negative attitudes towards them and the concern about stigma was apparent, majorly in academic settings. Participants had experienced judgement in the workplace and seen as incompetent and that the diagnosis should not be disclosed. Further linking with Wissell (2023) being judged upon their diagnosis, associating links of being misunderstood between ADHD and Dyslexia.

Comparably, Hansson et al. (2015) interviewed twenty-one adults diagnosed with ADHD late. With evident complexity in the experiences recorded, participants felt they had increased value and self-knowledge once having a diagnosis. However, contributed to past restricted opportunities, devaluation and disappointment due to lack of help. Suggesting similarities to the amount of support opposed for Dyslexia and ADHD (Wissell, 2023, Glazzard, 2010).

From a social perspective, Dyslexia is correlated with social and emotional challenges, which can escalate during adulthood. By depending more on skills to gain employment and making friends/associates (Livingston et al., 2018). Initiating the concern opposed to the impact on social skills of those late diagnosed. Evidence suggests that those late diagnosed face more social difficulties due to feeling ‘different’ from others and find it harder to feel accepted (Devol, 2022). However, it is evident that good social relationships and social interaction can positively help those with Dyslexia feel more encompassed by

others (Shehu et al., 2015, Sako, 2016). Those with ADHD face similar social challenges, although, much like Dyslexia evidence suggests that good social connections can facilitate support and the management of ADHD and its' symptoms (Robello, 2019). Moreover, an assured relationship can make an individual with ADHD feel comprehended (Rokeach et al., 2018).

These studies indicate that despite a late identification leading to improved understanding, a sense of regret is evident as it is an answer for their past experiences (Beckett, 2024). Prohibiting them to express their full potential prior to the diagnosis and gaining the support that could have made a difference, usually followed by prolonged frustration and anger (Wissell, 2023). Once receiving a diagnosis, it is proven that it contributes to self-deprecation and feeling unalterable, that they cannot go back and change the past (Lachenmeier, 2023). Yet, if support was received, a possibility of improved results and/or career opportunities could have been obtained (Dolan, 2023). The literature has also detailed that time of diagnosis may not have a different impact on the experiences of adults, with both those diagnosed early and late facing similar challenges and strengths.

The aim of this present study is to investigate differences in impact that receiving an early or late diagnosis of ADHD or Dyslexia has on self-esteem, educational experience and social relationships. With a rationale to explore the impact early and late diagnosis of ADHD and Dyslexia has on an individual. Educational experience referring to a participant's general academic ordeal, social relationships referred to the impact on their social connections (Cohen, 2004). Self-esteem referred to how an individual views themselves and their values (Brown & Zeigler-Hill, 2017). This was done using the Rosenberg self-esteem scale (Rosenberg, 1965). After reviewing the relevant literature, it was predicted that those with a

late diagnosis will have lower self-esteem (Watters et al.,2018, Kirkegaard, 2022) and those that received an early diagnosis would be higher. Alongside self-esteem, the study also explored the impact of early or late diagnosis on participants' educational experiences and social relationships through a series of open-ended questions to determine an interaction. This qualitative element allowed questions to be asked and patterns to be determined (Cleland, 2017). The study was aiming to answer the research question of how does the timing of an ADHD or Dyslexia diagnosis impact educational experiences, social relationships and self-esteem?. Importantly filling the gap in research detailing the experiences of adults with Dyslexia and ADHD, which has been earlier suggested for further investigation.

Chapter 2: Methodology

2.1 Participants

The target purposive sample for this study was individuals with either an early or late diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Dyslexia. Respondents were recruited through email to friends and family and the University of Wales Trinity Saint David (UWTSD) Psychology Experiment Management System (EMS) which is a system aimed at students. Of the 60 aimed participants, a total of 74 participants responded. However, out of this sample five participants were excluded from the analysis, due to not stating a diagnosis type, age of diagnosis or not completing the questions. Leaving a remaining 69 data sets to be analyzed and put in the demographics. One participant responded identifying as ‘Gender Non-Binary'. Ages ranged from 18 – 56 years of age (*M=25.86*). All participants were eighteen years old and over.

Table 1

Sample Demographic Characteristics Table

Demographic characteristics, frequency, percentage, mean and standard deviations of participants involved in this research project

Sample Characteristics	Frequency	Percentage	*M*	*SD*
Gender			1.58	.53
Male	30	43.5%		
Female	38	55.1%		
Non-binary	1	1.4%		
Current age			25.86	
Type of diagnosis			1.54	.53
ADHD	33	47.8%		
Dyslexia	36	50.7%		
Age of diagnosis			14	
Highest education level			3.38	1.39
GCSE or equivalent	21	30.4%		
A-level	19	27.5%		
Undergraduate study	22	31.9%		
Postgraduate study	2	2.9%		
Further education	1	1.4%		
NVQ	2	2.9%		

2.2 Design

This study was a survey, consisting of open and closed questions involving quantitative and qualitative data (statistics and thematic analysis). For the quantitative element, demographic information was collected (including gender, current age, age of diagnosis and highest level of education) and an online survey of 20 questions, using the software Qualtrics. Along with this, the qualitative data was collected by using a psychological scale, the 10 item, Rosenberg self-esteem scale (see appendix C) which is a self-assessment of self-esteem levels. The two independent variables were the time of diagnosis (early or late) and type of diagnosis (ADHD or Dyslexia) with one dependent variable (Self-esteem).

After data was collected, results were analyzed to establish whether there were significant differences between receiving an early or late diagnosis of ADHD or Dyslexia on self-esteem levels. A two-way independent sample ANOVA was carried out to determine whether there was a significant difference between self-esteem levels and time of diagnosis (see appendix I for raw data and appendix J for SPSS outputs). The responses to the open-ended questions were analyzed in accordance with qualitative thematic analysis (see appendix K for analysis and appendix L for codes) analyzing personal experiences of having the type of diagnosis and receiving either early or late identification. Exploring its impact on educational experience and social relationships. By analyzing the responses and making notes, the determination of codes and themes could be extracted from the data, based on the frequency and occurrence of topics.

This was done by following the Braun and Clarke (2017) six stages of thematic analysis. Beginning with 1. Familiarization of the data, which consisted of firstly grouping the responses into four categories (early dyslexia, late dyslexia, early ADHD, late ADHD) which was then printed and re-read multiple times. Leading onto the second step 2. Generating codes, once the data was thoroughly analyzed, the exploration of initial codes could begin. These codes validate the most crucial points from the responses. Once codes were obtained, this led to 3. Gathering themes, further examining the codes in the data to generate patterns and similarities between the groups. Continuing to, 4. Review of the themes, this is when a decision was made if the chosen themes are suitable for the data. 5. Name and define the themes, at this step, a detailed analysis of each theme was done, which crucially defines the patterns in the data and finally 6. The write up of the report which presents the findings (Clarke & Braun, 2017). Data was repeatedly analysed prior to arranging into relative themes and sub-themes. The sub-themes represent the underlying meanings within the data group and the theme captures the overall significance of the responses within that group. Allowing a finalisation of the findings.

2.3 Materials

The respondents were asked two open-text demographic questions and three multiple choices. To begin respondents were asked their 1. Gender (Male, Female, Non-Binary/Third gender, Transgender or prefer not to say). 2. Please state your current age, 3. To the best of your knowledge, please state the age you received your diagnosis 4. Please state the type of diagnosis you received (Attention Deficit Hyperactivity Disorder or Dyslexia). 5. Please state the highest level of education obtained (Below GCSE, GCSE or equivalent, A-level,

Undergraduate study, Postgraduate study, Further education eg Masters, Other – please indicate the education you received).

The Rosenberg self-esteem scale (RSES), a 10 item self-report inventory which assesses the general self-esteem levels of an individual was used (see appendix C for scale). Responses are scored on a 4-point likert scale ranging from 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree. Two examples of the questions asked are 1. I feel that I am a person of worth, at least on an equal plane with others. 2. I feel that I have a number of good qualities. The scoring of these will indicate how strongly the respondent feels upon every statement, regarding their self-esteem. A Cronbach's Alpha value of .7 or above, indicates reliability of a psychological scale, granted by the RSES. The scale was chosen due to being an empirical measure of self-esteem across many years.

Respondents were also asked to answer ten open-text questions (see appendix D) regarding their educational experience and social relationships (for example, 2. How did the timing of your diagnosis impact your educational experience? 5. How did your diagnosis impact your academic work? 7. How has your diagnosis impacted your relationships?). These were chosen to allow respondents to express their own experiences in their own words regarding the time of their diagnosis.

2.4 Study Procedure

The online questionnaire was first delivered in the week commencing (December 12th 2024). Which resulted with a total of 74 respondents, through emailing friends and family and through the UWTSD EMS system, an internal database of research studies targeted specifically at a student population. Five responses were removed due to being incomplete, leaving a remaining 69 for the analysis. When respondents clicked on the study on EMS, they were then transferred to qualtrics via a link on their electronic browser. This was followed by an information sheet (see appendix E) which provided details about what their data is being used for, where it will be kept, the layout of the study and contact information of both the principal researcher and supervisor.

Followed by a consent form (see appendix F). Participants were asked to indicate consent by ticking a box to gain permission to continue and if any of the subject areas disclosed within the study are likely to cause distress, to not take part in the study. That all respondents were free to remove themselves from participation at any-point of the study by shutting their internet browser. Highlighting that no data will be stemmed back to them and will be excluded from the analysis. However, if a participant chooses to withdraw after submission, this cannot be done as the data set will unrecognizable to the principal researcher as they are anonymous.

After a series of demographic questions were shown (see appendix G), with respondents being asked to provide their gender, current age, age of diagnosis, type of diagnosis and highest level of education. Once this section was completed, the RSES was presented with a short description providing specifications about the scale and the scoring measures. After the scale was completed, if respondents chose to continue, they were then

transferred to the qualitative data collection section of the study. Guided with instructions and details on what the ten open–ended questions contained. The study took approximately 10-15 minutes to complete.

Lastly, respondents were presented with a debrief page (see appendix H), providing an explanation questionnaire, expressing gratitude for their participation and supplying contact details of the principal researcher and supervisor as-well as the UWTSD support services if they would like to seek assistance. The information sheet, consent form and debrief sheet were all downloadable, in the case the respondent would like to keep the sheet on their device, with a link at the end and clear instructions on how to download the form if needed.

2.5 Ethical Considerations

A Dissertation Proposal (see appendix A) and an application for Ethical Approval was completed by the principal researcher (aee appendix B) prior to data collection. This was done certify the welfare of thr researcher and the participant, were adjusted and thought about accordingly. This was concluded by the university and approval was given by the SREC (School Research Ethics Committee). Because this study is heavily associated with early and late diagnosis of ADHD or Dyslexia, it has the potential of having ethical concerns, yet these were recognised before the study beginning (British Psychological Society, 2014). Due to the project focus of diagnosis, it was a possible cause of upset for respondents. Especially if it was particularly difficult. This was also opposed to education experience with the diagnosis and the impact on social relationships. The researcher doing this study also had personal experience of having a late diagnosis of Dyslexia and acknowledged the need for certain

precautions to the wording and topic areas of the questions to avoid any possible psychological distress being caused to anyone involved in this study.

Once respondents opened the link to the study via EMS on their electronic browser, they were presented with an information sheet which detailed everything the study involved, including the approximate time it would take to complete and contact details regarding the principal researcher and supervisor. This was followed by a consent form (see appendix F) this was interpreted as informed consent if the participant chose to carry on after this point by clicking a box. The consent form explained that respondents had the right to withdrawal during the study by shutting their browser without giving a reason. it was also heightened that all responses would be anonymous and will be stored confidentially. A debriefing page was displayed once the study was completed (see appendix H) to explain further the aims of this research and the reasoning behind conducting this study, with details containing contacts of the principal researcher and supervisor if the respondent were to have enquires or worries. In addition, the UWTSD support services were linked, for respondents to click if they felt that they needed to gain extra support for their diagnosis or simply wanted to know more about it.

An explanation prior to the start of the scale and questions was included stating that participants do not continue if they felt the topics disclosed in the questions was likely to cause distress. The principal researcher was in frequent contact with the supervisor, which meant guidence and support was available to benefit the management of any possible issues arising. All respondent data and demographics (gender, current age, age of diagnosis and highest level of education) was kept privately on a password protected laptop owned by the principal researcher, in accordance with the Data Protection Act (2018). All responses given into this study were anonymous and kept strictly confidential (British Psychological Society,

2014). In accordance with the UWTSD protocol of internet mediated research. All data involved in this study was conducted from the EMS and was then kept securely on the UWTSD cloud one drive system which is password protected. Data was then permanently deleted from the UWTSD one drive system as soon as the dissertation was over.

Chapter 3 – Results

This section presents the findings of a two-way independent sample ANOVA investigating the difference on self-esteem levels between receiving an early or late diagnosis of ADHD and Dyslexia, followed by the findings from a qualitative thematic analysis, detailing the key quotes and themes obtained from the 10 open-ended questions.

Two-way independent sample ANOVA

Table 2. Table of Descriptive Statistics

Table 2 below reports the mean and standard deviation of self-esteem levels between early and late diagnosis of ADHD and Dyslexia. Scores obtained on self-esteem resulted in being similar with both early and late identification.

Diagnosis	Type	*M*	*SD*
Early	ADHD	22.62	1.41
Early	Dyslexia	23.05	2.06
Late	ADHD	22.94	2.95
Late	Dyslexia	22.73	1.91

The mean and standard deviations of self-esteem levels were very similar. A two-way independent sample ANOVA was conducted which examined time of diagnosis and type of diagnosis on self-esteem. The results revealed no significant main effects for time of diagnosis or type of diagnosis. Time: F (1,65) = .000, p = .999; $\eta 2$ = .000, indicating a small

effect, (Early: M = 22.86, SD = 1.80 ; Late: M = 22.84, SD = 2.48). Type: F (1.65) = .042, p = .839, $\eta 2$ = .001, indicating a small effect, (ADHD: M=22.79, SD = 2.30 ; Dyslexia: M = 22.92, SD = 1.98).

The ANOVA also found no significant interaction between time and type of diagnosis on self-esteem, F (1,65) = .360, p = .551; $\eta 2$ = .006, indicating a medium effect.

Qualitative Thematic Analysis

The responses from the open-ended questions were examined using thematic analysis by Braun & Clarke (2006) followed by being examined through inductive coding. The themes identified for early diagnosis are 1. Conflicted Understanding 2. Alienation with two sub-themes (lacking a sense of belonging and feeling unsupported by teachers) and finally 3. Ambivalence. For those that were diagnosed late, the themes were 1. Misunderstood 2. Judgement and understanding with two sub-themes (fear of being judged/treated differently and improved understanding of self) and 3. Regret and Restraint with two sub-themes (feeling regretful upon past experiences and restrained from reaching full potential). Finally, for both early and late diagnosis, a theme of 1. Suggested Improvements, emerged.

Themes and sub-themes

Table 3

Themes and sub-themes on the impact of early and late identification of Dyslexia and ADHD on educational experience and social relationships with quotes, page and line numbers as supportive evidence.

Theme	Sub-theme	Quote, Page, Participant and Line number
Early, Dyslexia and ADHD		
1. Conflicted Understanding		*"I **understand myself** a lot better" Early ADHD, Page 1, P8, L7*
		*"Definitely **helped me understand** what was going on and helped me realize why I was struggling" Early Dyslexia, Page 7, P50, L1*
2.Alienation	Lacking a sense of belonging	***"No one** understands me" Early Dyslexia, Page 1, P3, L3*
		*"I felt as if i had **something wrong with me**" Early Dyslexia, Page 2, P9, L1*
	Feeling unsupported by teachers	*"'extra help' is **pushed to one side**" Early Dyslexia, Page 2, P10, L12*
		*"my school thought i was just **naughty**" Early ADHD, Page 2, P15, L7*

3.Ambivalence		*"Rathered to **keep it quiet** rather than everyone knowing" Early Dyslexia, Page 6, P44, L8/9*
		*"it always made me start to **dought my abilities"** Early ADHD, Page 3, P18, L19*

Late, Dyslexia and ADHD

1.Misunderstood		*"My behaviour was often **mis understood**" Late ADHD, Page 6, P57, L1*
		*"Other people who don't have adhd **do not understand** the extent of the pain" Late ADHD, Page 2, P6, L12/13*
2. Understanding and Judgement	Fear of being judged or treated differently	**"Worried** me that people think I'm stupid" Late Dyslexia, Page 1, P13, L1
		*"I often feel scared in case I get **judged"** Late Dyslexia, Page 1, P14, L8*
	Improved understanding of self	*"i could actually **understand myself** now" Late Dyslexia, Page 6, P42, L8*

		"Glad and relieved, feeling validation of my symptoms, and a "permission" not to blame myself" Late ADHD, Page 3, P7, L9/10
3. Regret and Restraint	Feeling regretful upon past experiences	*"I might have had less **fraught** relationships/friendships" Late ADHD, Page 3, P7, L12/13*
		*"I felt a bit sad because **i can't go back** and change things" Late ADHD, Page 3, P25, L22*
	Restrained from reaching full potential	*"**Stopped me** from doing the things i wanted to do" Late Dyslexia, Page 4, P23, L1*
		"It definitely **held me back** for reaching my potential" Late ADHD, Page 5, P48, L2
Early and Late Dyslexia and ADHD		
1. Suggested improvements		*"**Less of a fight** to get diagnosed and **more** extra assistance" Early Dyslexia, Page 2, P12, L14*
		*"**More support** in all schools" Early Dyslexia, Page 6, P43, L5*

Early Dyslexia and ADHD

1. **Conflicted Understanding**

Based on the codes and themes extracted from the early ADHD and Dyslexia dataset, it was evident that improved understanding arose from an ADHD diagnosis. However, Dyslexia faced numerous challenges. It is suggested that an earlier identification of ADHD allowed an individual to have improved comprehension of their behavior. Demonstrated by participant 29 *"made me understand my behaviour more" (Page 4, Line 1)* and further supported by participant eight stating an improved understanding of self *"I understand myself a lot better" (Page 1, Line 7).* The earlier diagnosis improved understanding from educators *"made it easier for teachers and other people to understand me" (Page 1, Participant 11, Line 2/3)*. It was prominent that a consequence of obtaining that diagnosis led to feeling relieved *"it was some what a relief. Because i thought i was just troubled" (Page 9, Participant 55, Line 2).*

Participant ten with Dyslexia raised that they *"really struggled to understand the work" (Page 2, Line 1)* and that they were just seen as *"the odd one out" (Page 2, Line 2).* Contradictory, participant one presented that the diagnosis helped *"understand my work better" (Page 1, Line 4)* and indicated improved understanding from educators *"not just overlooked as a disruptive student" (Page 1, Line 1).* However, participant 37 granted that support *"varied to how busy the teacher was" (Page 5, Line 2)* indicating that support is not always easily accessible. Furthermore, the diagnosis provided clarification for participant 50 *"definitely helped me understand what was going on and helped me realize why I was struggling" (Page 7, Line 1).*

2. **Alienation**

Lacking sense of belonging

Throughout the Dyslexia dataset there was a definite sense of alienation *"No one understands me" (Participant 3, Page 1, Line 3)* and participant nine highlighting *"I felt as if i had something wrong with me" (Page 2, Line 1)*. Further supported by participant 19 that they *"did feel a lot different to others" (Page 3, Line 19).* There were several comments regarding receiving judgement, participant 56 presenting that they were *"often judged by being dumb or years behind" (Page 7, Line 8).* Similarly, participant 44 commented *"having dyslexia did give me a different impression from others" (Page 6, Line 2).* For early diagnosed ADHD participant 18 highlighted*"I felt there was something wrong with me compared to other students" (Page 3, Line 2).* Furthermore, participant 53 felt *"frustrated a lot" (page 7, Line 15)* because they *"got told off for things I couldn't control"* (*Page 7, Line 15).* It was evident that prior to the diagnosis participant 55 felt as if *"i was just troubled and could not control my emotions" (Page 9, Line 2).*

Feeling unsupported by teachers

The support measures given to the respondents were individualistic. Proposing the concern that there is no certain/strict curriculum of support measures in place at present. Some participants suggested that they received better support in primary *"the primary school I attended was the most help" (Early Dyslexia, Page 5, Participant 38, Line 9)* while others stated better elsewhere *"a lot more in university" (Early Dyslexia, Page 6, Participant 40, Line 4)* and *"the best support I received was in secondary schools" (Early ADHD, Page 2, Participant 17, Line 9).* Or that support was largely diminished *""extra help" is pushed to one side" (Early Dyslexia, Page 2, Participant 10, Line 12).* Moreover, participant 15

demonstrated that they *"struggled to find help in the classroom" (Page 2, Line 1).* With the same challenges opposed to participant 12 with early diagnosed Dyslexia *"my peers often helped more than teachers" (Page 2, Line 1).* It was stated that behaviour was misunderstood by educators *"thought i was a badly misbehaved kid" (Early ADHD, Page 8, Participant 55, Line 5/6).* The lack of support resulted in participants panicking over their future endeavours *"Panicked i wouldn't get anywhere" (Early Dyslexia, Page 2, Participant nine, Line 2)* and participant 33 stating *"thought I would not be able to be successful in the future. It definitely had an effect on my self esteem" (Early Dyslexia, Page 4, Line 14/15).*

3. **Ambivalence**

This theme was chosen due to a variety of mixed feelings being derived from the dataset. Participants had experienced fear of disclosure in the workplace *"I won't have to tell anyone about it like my boss" (Early Dyslexia, Page 1, Participant three, Line 4).* This participant had received a diagnosis at age five and is now 21 but still faces hesitancy when disclosing the diagnosis. Participant 43 *"rathered to keep it quiet then everyone knowing" (Page 6, Line 8/9).* Furthermore, a sense of feeling ashamed was apparent regarding the disclosure and asking for assistance *"made me feel really embarrassed and dumb, and i was too shy to ask for help" (Early Dyslexia, Page 8, Participant 59, Line 5/6).*

However, the diagnosis of ADHD made respondents doubt what they were capable of "*always made me start to dought my abilities" (Early ADHD, Page 3, Participant 18, Line 19)*. Supported by participant 32 stating *"I really did struggle with class work" (Page 4, Line 2).* There was an indication that due to the stereotypical attitudes associated with ADHD, even when support was opted – it was not obtained. As mentioned by participant eight *"I never went cuz I thought that'd be lame" (Page 1, Line 4)* yet contradictory, later responds to

question ten making it clear that there needs to be *"better support in schools" (Page 1, Line 12).* Furthermore, participant 18 made it clear that their "*I felt less confidence each year... I always felt behind and worried on missing things out" (Page 3, Line 6/7).*

Late, Dyslexia and ADHD

1. **Misunderstood**

The first theme of being 'misunderstood' was prevalent in those late diagnosed with ADHD *"my behaviour was often mis understood" (Page 6, Participant 57, Line 1).* Behaviour prior to the diagnosis was formally just seen as troublesome *"just seen as a trouble maker" (Page 6, Participant 57, Line 3)* and *"teachers never gave me the appropriate help as they didn't think it was my ADHD, only my behaviour"(Page 7, Participant 61, Line ¾).* There was an initiation of feeling mis-understood from others "*other people who don't have adhd do not understand the extent of the pain" (Page 2, P6, Line 12/13).* Similarly, struggles associated with the time of diagnosis was apparent with Dyslexia, receiving judgement of people misunderstanding participant 24's behaviour *"made to be the weirdo of the class" (Page 4, Line 1)* and *"being the 'dumb and weird' one" (Page 4, Line 7).* Furthermore, misunderstanding was evident from educators *"I told the supporting teacher i think I might have it she told me I didn't want that label" (Late ADHD, Page 4, Participant 31, Line 9/10).*

2. **Understanding and Judgement**

Better understanding of self

Both early and late diagnosis employed improved understanding. As stated by participant 42 with late diagnosed Dyslexia *"i could actually understand myself now" (Page 6, Line 8).* It was experienced by those with late diagnosed ADHD, for example by

participant seven highlighting that they felt *"glad and relieved, feeling validation of my symptoms, and a "permission" not to blame myself" (Page 3, Line 9/10).* The diagnosis provided an explanation *"it explained a lot of my past experiences" (Late ADHD, Page 3, Participant 25, Line 21)* and a sense of relief *"it felt like a weight had been lifted off my shoulders" (Late Dyslexia, Page 5, Participant 36, Line 9).* However, this does emphasise the fact that these individuals have previously questioned their behaviour with no straight answer, until gaining the diagnosis.

Fear of being judged or treated differently

This sub-theme was derived from a high prevalence of participants fearing what others may think upon their diagnosis. For example, participant 13 highlighted that it *"worried me that people think I'm stupid" (Late ADHD, Page1, Line 1)* because of their behaviour. This was evident with participants with late diagnosed Dyslexia, proven through participant 14 commenting that they*"often feel scared in case I get judged" (Page 1, Line 8)*.

3. **Regret and Restraint**

Feeling regretful about past experiences

Thirdly, the theme of 'Regret and Restraint' was derived from a wide range of participants experiencing regret. An example being by participant seven *"I might have had less fraught relationships/friendships" (Late ADHD, Page 3, Line 12/13).* Emotions regarding the fact time cannot be rewinded was mentioned *"I felt a bit sad because i can't go back and change things" (Late ADHD, Page 3, Participant 25, Line 22).* Participant seven felt they could not be themselves *"I felt like even more of a fraud" (Late ADHD, Page 2, Line 5/6)*. Furthermore, participant 21 felt as if the *"damage had already been done" (Late Dyslexia, Page 2, L1).*

Due to the stigma attached to a diagnosis, participant 24 for example, did not go for support but regret that decision *"i didn't want to be the even weirder person, so i didn't take it but i wish i had" (Late Dyslexia, Page 4, Line 3)*. Moreover, leading to feeling like an imposter, due to not having the diagnosis earlier *"led to a great deal of stress and acute imposter syndrome" (Late ADHD, Page 2, Participant seven, Line 4/5).*

Restrained from reaching full potential

There was a definite sense of restraint when it came to receiving a diagnosis. participant 23 stated that the diagnosis *"stopped me from doing the things i wanted to do" (Late Dyslexia, Page 4, Line 1).* With participant 48 expressing that *"It definitely held me back for reaching my potential" (Late ADHD, Page 5, Line 2)*. Furthermore, participant 60 felt as if *"it was too late by the time I was diagnosed to get better in school" (Late ADHD, Page 7, Line 3).* Participants expressed that if their diagnosis was granted earlier, things may have turned out differently for them. For example, participant 51 with late diagnosed ADHD *"If it was earlier then I know I would've done much better" (Page 6, Line 7/8).* With emphasis on how this could have improved their outcomes *"if it was a lot earlier...i definitely would be a different person now, more confident and probably a lot happier" (Late Dyslexia, Page 3, Participant 22, Line 17/18)* and improved academically *"could have helped me achieve better in my GCSEs" (Late ADHD, Page 1, Participant five, Line 11).* With further benefits to self-understanding *"earlier, it would have helped my self-esteem and self-respect" (Late Dyslexia, Page 6, Participant 46, Line 8).*

Early and Late, Dyslexia and ADHD

1. **Suggested improvements**

Lastly, the theme in which combined early, and late diagnosis of ADHD and Dyslexia was correlated with responses to question ten being highly similar. There was a paramount need for *"more support in all schools" (Early Dyslexia, Page 6, Participant 43, Line 5)* and *"less of a fight to get diagnosed and more extra assistance" (Early Dyslexia, Page 2, Participant 12, Line 14).* There was a mention for *"More research into diagnosing kids and students when symptoms are showing" (Early Dyslexia, Page 4, Participant 33, Line 18).* With further emphasis on more support elsewhere, compared to only prioritising academia *"more help for self-esteem, motivation and social support" (Early Dyslexia, Page 8, Participant 59, Line 11). "An improvement in diagnosing children at a younger age" (Late Dyslexia, Page 3, Participant 21, Line 20).* A need for *"greater awareness of ADHD" (Late ADHD, Page 3, Participant seven, Line 15)* was also mentioned. Representing improvements are yet to be done in a secure practice. Highlighting that though it has been previously suggested countless times, nothing has changed in supporting those with an early or late diagnosis of both ADHD and Dyslexia.

Chapter 4 – Discussion

Key Findings

This study aimed to explore the differences in impact early and late diagnosis of ADHD and Dyslexia has on self-esteem, educational experience and social relationships. Self-esteem outcomes were formally investigated by Harpin et al. (2016) of those late diagnosed with ADHD, results indicated a prolonged sense of low self-esteem and poorer social functions. In accordance, Wissell (2023) found that a late Dyslexia diagnosis led to feeling inadequate, evoking isolation from others. Underpinning the present study prediction, a late diagnosis would initiate lower self-esteem for both ADHD and Dyslexia. Surprisingly, the results obtained from the self-esteem scale for this study sample was similar between those with an early and late diagnosis. Indicating no significant interaction between the time, type of diagnosis on self-esteem levels, contradicting the prediction. Supporting these findings, Glazzard (2010) found lower self-esteem was apparent in participants receiving an earlier identification of Dyslexia. Jones and Hesse (2018) also indicated adolescents diagnosed with ADHD had lower self-esteem. Presenting time of diagnosis may not have a different impact on an individual's self-esteem levels.

However, responses to the free-text questions obtained different results, with participants stating lower self-esteem. This could be caused by the self-esteem scale questions being interpreted wrongly or aimed at how the person felt about themselves. The questions could have caused a level of dis-comfort leading participants to under-report if they had negative experiences associated with their time of diagnosis. Alternatively, the free-text questions granted participants to express their feelings more openly and anonymously,

compared to the structure of the self-esteem scale, where responses were not flexible. The use of Thematic Analysis was a success in identifying re-current topics.

The first theme of ‘Conflicted Understanding’ for early diagnosis was chosen on behalf of participants highlighting conflicted experiences. With both ADHD and Dyslexia receiving positive and negative associations with individualized measures of support. Gaining a positive experience with an early diagnosis was supported by Glazzard (2010) which highlighted participants felt that they could differentiate their difficulties from their intelligence once diagnosis was received. Conversely, an improved understanding of self with ADHD was indicated by Jones and Hesse (2018) and Young et al. (2020). In a study by Hoben and Hesson (2021) participants stated gaining the diagnosis helped them make sense of past behaviors and relief.

Furthermore, the second theme of ‘Alienation’ was chosen due to a prominent sense of participants being unsupported by teachers and lacking sense of belonging. This was supported by Glazzard (2010) with those receiving an early or late diagnosis presenting judgement from teachers and students feeling ‘different’. Presently, Zuppardo et al. (2023) illustrated that children and adolescents with Dyslexia were exposed to negative stereotypical attitudes from others, encouraging that necessary action must be taken to provide the relevant support. Similarly, Jones and Hesse (2018) stated that those receiving an ADHD diagnosis during adolescence were unsupported by professionals, proposing challenges of stigmatized attitudes.

The third theme of ‘Ambivalence’ was chosen due to a high quantity of participants having mixed associations with their diagnosis. Jones and Hesse (2018) highlighted that participants were relieved, yet angered and often being misunderstood from a young age,

leading to lower confidence. Moreover, Young et al. (2020) identified an early identification of ADHD obtained better support strategies and felt it improved overall understanding, academic performance, and social skills. Although, they often felt excluded and struggled to concentrate. In the present study, the preference to not disclose their diagnosis, to be treated 'normally' was formally commented by Battistutta et al. (2018). Similarly, Glazzard (2010) expressed that those with Dyslexia faced hesitancy and complex decisions regarding its disclosure or often conceal it (Nalavany et al., 2015). Likewise, Hoben and Hesson (2021) found that academic settings were exposed to a high volume of subjective negative attitudes.

For late diagnosis, the theme of 'Misunderstood' was supported by numerous researchers such as Alaxander-passe (2015) through studying the perceptions of adults with late diagnosed Dyslexia. Mistakes made by participants were referred to their Dyslexia and not a human error. Watters et al. (2018) facing limited possibilities due to their adult diagnosis of ADHD, that it was seen as an 'excuse'. Dolan (2023) similarly stated that the behaviour of those with ADHD was blamed on laziness or not paying attention. Comparably, Wissell (2023) made clear that education and prospectus areas were continuously questioning their capacity due to Dyslexic judgmental assumptions. This theme proposed that individuals are still continuously flawed by perceptions of others.

Similarly, late diagnosis presented positive, yet challenging experiences obtained through judgement of others. This was delivered through the theme of 'Understanding and Judgement'. Supported by previous statements by Hansson et al. (2015) who's participants with adult diagnosed ADHD felt they had increased value and self-knowledge once having a diagnosis, however, contributed to restricted possibilities, devaluation and disappointment.

Thirdly, the theme of ‘Regret and Restraint’ was previously corresponded by Beckett (2024) highlighting that a late diagnosis leads to feeling regretful, as their past experiences are unalterable. Likewise, assertions by Lachenmeier (2023) and feeling that the past cannot be changed. As previously mentioned by Wissell (2023) stigma is an issue, prohibiting individuals to express their true self. Hoben and Hesson (2021) commented that those with a diagnosis do not feel success is deserved, or believe that if granted earlier, their achievements would have differed (Dolan, 2023). Conforming with Graf (2022) who enhanced the importance of early intervention.

Furthermore, Lachenmeier (2023) highlighted that if support was received earlier, improved results and/or career opportunities could have been obtained. Finally, ‘Suggested improvements’ represented both groups. It has been previously stated that there is no secure support plan in place, mentioned by Matheston et al. (2013) compared to the legal policy. Watters et al. (2018) highlighted that accessing support in adulthood is harder compared to childhood. Recently, Wissell (2023) felt as if education had failed them due to the lack of support, identifying that though the concern of the support policy was raised in 2013, there has been little improvement developed ten years later.

Methodological considerations

The research project overall was a success, gaining an ample number of participants and a detailed amount of data. This may not have been the case if the study had been done through interviews, which was the methodology of studies previously mentioned (Glazzard, 2010,Wissell et al., 2022, Matheson et al.,2013). Participants may not have felt comfortable discussing personal experiences with education and sitting with the researcher, compared to being online. The study also presented that the social element questioned was little affected, with most participants stating no significant effect to their social relationships, representing bigger impact on their educational experience.

However, this study at present did include methodological issues that were apparent during data collection and analysis. Even though there was a final count of 69 participants, there was an average of 60 responses for each question displayed, meaning the other nine participants only completed the self-esteem scale, potentially impacting the overall determination between the self-esteem scale and the outcome of the questions. Furthermore, due to the age frames that this study was based upon (early diagnosis was under the age of eighteen and late diagnosis was eighteen years and over) proposed to be a limitation. For example, participants indicated that their diagnosis was late in their academic career, even though they had received their diagnosis prior to the age of eighteen, meaning their response was referred to an early identification in data collection. This meant negotiation between early and late categories was difficult. Instead, a category of childhood and adulthood would have been beneficial.

Although the self-esteem scale has been stated a trustworthy measure, it proved to have limitations in this study. The scale has potential for response bias, due to the negative

wording of the items, which can alter interpretation. There is also a limit to capture complex feelings due to it being a likert scale, only capturing a fraction of the self-esteem feeling. It does not have certain high and low marks of self-esteem, which can influence determination of the final responses. The scale further does not account for things such as academic ability or social skills, which could explain the contrast in responses to the scale and questions. Again, some responses cannot be dependent on whether their referring to their diagnosis, as they do not mention external factors. A further concern could be associated with the memory of diagnosis, considering if a participant is not recalling accurately. Co-morbidities were also not considered in this study, although some responses mentioned having Dyslexia as-well as ADHD, though when choosing diagnosis type in the demographics, only one was chosen.

The results obtained from the self-esteem scale have been formally contradicted by Alsaad (2023) indicating that self-esteem is affected in those with ADHD and Dyslexia. In this present study, low self-esteem could be due to heightened sense of regret from both groups, that they cannot go back and change their past experiences. These findings importantly suggest that there is still a lack of support for both ADHD and Dyslexia. Rahul & Ponniah (2021) expressed that educators tend to focus on those with better literacy skills in the classroom, yet they need to understand how to properly teach dyslexic pupils. Requiring appropriate instructions and the necessary social and emotional support. The common classroom methods of learning do not work as efficiently, and individualized measures are required due to individual differences. Encouraging that teachers need to adopt flexible approaches to learning which can aid overcoming challenges in the future. In accordance, Ward et al. (2021) suggested a need for more affective long-term solutions for ADHD and that traditional teacher training does not for fill this need.

As a practical application of these findings, it would be benefical for programs to be created to help individuals get diagnosed securely with no judgement for all ages. In addition, general social support groups would help those with ADHD and Dyslexia have a space to express their true selves and not feel the need to change. This could be easily achieved with larger publicity, especially to workforces and education. Making it crucial for employers to understand those who may need extra adjustments. In society at present, this could be easily gained through social media, which will reach the next generation and improve the future perceptions upon the diagnosis.

Suggestions for future research

For future research purposes, investigating particularly educational support available could provide a greater indication of the present strategies in place to help individuals with ADHD and Dyslexia. Furthermore, applying a well-being scale could have portrayed a more detailed representation of how participants felt about the impact of their time of diagnosis. As presented by Ghiasi et al. (2022) who investigated the effectiveness of interventions on the psychological well-being of those with Dyslexia using the Ryff's (1989) psychological well-being scale. Furthermore, Buchanan (2011) also used the Ryff's (1989) well-being scale, but investigated ADHD.

Conducting an interview could have led the study to obtain different results and gained depth in the responses. Compared to some from the survey being quite short or not answered, this would not have been an issue with conducting an interview. Finally, this study has provided evidence that lack of support is still evident for ADHD and Dyslexia. With little improvement over the past few years, as mentioned by Glazzard (2010) and thirteen years later by Wissell (2023). There was a need for more assistance, but statements have been

continuously unacknowledged, leaving adults to have to deal with their diagnosis alone. Future studies need to take this into account, and make a change to something that so drastically needs to be altered.

Conclusion

To conclude, the findings of this project has contributed to the ever-growing opinion proposed by researchers that more support is needed for those with an early and late diagnosis of ADHD and Dyslexia due to being overlooked by health professionals. That both diagnoses experience judgement and subjective negative attitudes and are often misunderstood. The project has found that time and type of diagnosis does not have a significant effect on social relationships and self-esteem levels. Yet, this does question the reliability of the Rosenberg self-esteem scale (RSE) as this was not supported by the qualitative findings.

It is evident that there is a need for a more secure support and awareness to be in place, in the educational curriculum and within employment. The project has suggested methods which are easily achievable to gain these improvements and make the necessary changes to promote the skills of those with ADHD and Dyslexia. In turn, this will facilitate future educational experiences and self-esteem of both. Overall, this dissertation has obtained an insight into real life experiences of the differences in receiving an early and late diagnosis of ADHD and Dyslexia. It has also contributed to the gap in the literature of experiences of adults, which has been previously mentioned needing improvement.

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Appendices

Appendix A - Research Proposal

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UNIVERSITY OF WALES
Trinity Saint David

ECPS6001: Psychology Empirical Project

Research Proposal

Assessment Component 1: Research proposal (1,000 words) worth 10% of the overall module mark for the Psychology Empirical Project. The proposal form will be marked in line with the Level Six Grading Rubric. The boxes below will expand as you type.

Student Name and University ID number:	Alisha Francis Phillips (2218529) 2218529@student.uwtsd.ac.uk
Proposed Supervisor's name:	Charlotte Greenway c.greenway@uwtsd.ac.uk

Psychology Research Area (tick all that apply)

Social Psychology	Developmental Psychology	Biological Psychology	Forensic Psychology
Health Psychology	Individual Differences	**Educational Psychology** ✓	Political Psychology
Cognitive Psychology	Clinical Psychology	Counselling Psychology	Occupational Psychology
Other: indicate briefly (not included in word count)			

Proposed Study Design (tick all that apply)

Quantitative	Experimental	Applied (with UWTSD students	**Online Questionnaire Survey** ✓
Qualitative	Quasi Experimental	Focus Groups	**Online** ✓
Mixed Methods ✓	Applied (with external organisation)	Interviews	Lab-based study
If Applied, and involving an external organisation, please indicate your plans for gaining appropriate approvals from the organisation: (not included in the word count)		*Other study design: indicate briefly (not included in word count)*	

Suggested Research Title/Area: (between 10-15 words and must reflect the essence of your proposed research question, study design and study population and should be more specific than a broad topic area).

Adult experiences of their early and late learning difficulty diagnoses : A mixed methods survey study

Background: 250 words

Why is your study important? What theory and empirical research evidence supports your research question? (Please provide a rationale for your study including a brief review of relevant psychological literature and theory and a minimum of five references).

Previous research regarding either early or late diagnosis of learning difficulties and neurodevelopmental disorders, have examined their different impacts on peoples' lives. Neurodevelopmental disorders are conditions in which(that) alter how the brain functions (Thapar et al, 2017), these involve Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Condition (ASC) (DSM-5). Whereas, learning difficulties are those which may impact one's capability to concentrate, reading and writing, and mathematical skills (Lyon, 1996). Involving Dyslexia and Dyscalculia (Landerl et al, 2009). This study will examine whether receiving an early or late learning difficulty, or neurodevelopmental disorder diagnosis of ADHD, Autism, Dyslexia or Dyscalculia affects an individual differently, specifically on their self-esteem levels, their experiences with educational

support, relationships/friendships and daily tasks. Contributing to present research of those living with a learning difficulty or neurodevelopmental disorder. This study will help those with an early or late diagnosis of either ADHD, Autism, Dyslexia or Dyscalculia, importantly showcasing what is needed to ensure a secure and correct diagnosis, highlighting issues within educational and occupational support. Zahmacioglu et al (2017) indicated that having an early diagnosis of ADHD promotes a more secure progression into adolescence, facilitating self-esteem levels.

Although, a late diagnosis heightened the sense of loneliness. Comparably, Harpin et al (2016) found that undiagnosed ADHD resulted with lower long-term self-esteem levels and poorer social function. This is thought to be due to the psychological and vocational impairments which occur with ADHD (Newark et al, 2016). Moreover, Corden et al (2021) states that an early diagnosis of Autism contributes to positive self-concept and higher self-esteem, although Van der Cruijsen et al (2021) displayed that individuals with Autism are at a higher risk to (of)developing low explicit self-esteem. With a later diagnosis promoting emotional and social difficulties (Mandy et al, 2022). Those with Dyslexia with a late diagnosis demonstrate higher levels of frustration due to continued failure. However, early diagnosis allude (promotes)higher resilience, (Battistutta et al, 2018) also allowing higher levels of self-acceptance in all general abilities, with late diagnosis being associated with loss of motivation and poor academic behaviour. Early interventions for Dyscalculia also result in higher self-acceptance and better educational support (Fastame, 2020). The aim of this study is to explore the impact of either early or late diagnosis of learning disabilities and neurodevelopmental disorders have on an individual. The rationale is to distinguish different impacts, dependent on diagnostic timing.

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Please state the main research question(s) or hypotheses(s): (100 words max)

1. How do different timings of a diagnosis impact an individual differently?

This study aims to investigate how having an early or late diagnosis of Neurodivergent conditions and learning difficulties differently. Through (using) a self-esteem scale with 3 hypotheses being time of diagnosis, type of diagnosis and the interaction. Secondly a five-question open-ended questionnaire analysed by thematic analysis. Detailing the impact on different stages of people's lives and hypothesize that dependent on individual circumstances, that receiving a late diagnosis will negatively impact a person.

Methodological Details (500 words)

Please summarise the key methodological approach: (you can include copies of proposed study materials as appendices if you wish). You must include details of the following: *Participants: Who will your participants be, how will you access and recruit them, and how many are needed? Design: Using appropriate terminology clearly define key elements of your design (IVs, DVs, Qual approach, expt. manipulations etc). How do you plan to analyse your main data? Materials: What are the main measures, scales, experimental tools or other materials required for your study? Procedure: How will you carry out the study – define briefly what will happen to a participant in your study from the point of consent to the study debrief.*

Participants

For this study to be completed It will need approximately 50 participants, these will be strictly aged eighteen to forty. Participants will be gathered through Qualtrics, from a link through a personal University of Wales Trinity Saint David (UWTSD) email address and private social media links. Inclusion criteria would be the gender (male, female and other) and the age of the participant (18-40), participants will need to have a early (childhood 1-17) or late (adulthood 18-40) diagnosis of either ADHD, Autism, Dyslexia or Dyscalculia in order to take part in the study. Exclusion criteria would be if the participant is mid having a diagnosis/no diagnosis, which makes their input not feasible and will give an inaccurate overall result.

Data gathered from Qualtrics, will be saved into SPSS through the university's One drive system, which is a private network. This information is inaccessible and undergoes data management protocol. With no access to personal emails or names, protecting confidentiality and anonymity, in line of General Data Protection Regulations (GDPR) and British Psychological Society (BPS) ethical guidelines. Demographic information will be needed first, being the present age of the participant, their gender and the age in which they received their diagnosis to the best of their knowledge and most importantly what that diagnosis was, that they received (please see appendix two for demographic information).

Design

Using a survey and mixed analysis of qualitative and quantitative data of firstly a 2x2 Anova of a 4-point self-esteem scale of 10 (please see appendix two for self-esteem scale). Secondly, five open ended questions (please see appendix three for questions) which will be analysed through thematic analysis. The study entails two independent variables which are firstly **th etime of diagnosi**s, which involves two groups being early diagnosis (childhood 1-17) and late diagnosis (adulthood 18-40). Secondly, the **type of diagnosis**, which also involves two groups, these are ‘Neuro divergent’ which involves ADHD and ASC. Secondly, learning difficulties, which involves Dyslexia and Dyscalculia - due to the verse (vast)complexity of all learning disabilities, not all can be included in the study. These disclosed timings will be early (1-17 years) or late diagnosis (18-40 years).

Materials

This study entails one dependent variable (DV), as it is measuring the impact of the timing of diagnosis has on **self-esteem levels.** To measure self-esteem levels, it will be done through (carried out using) the Rosenberg self-esteem scale (RSE) (Rosenberg, 1965) which consists of 10 points, on a 4 choice scale from 1=strongly agree and 4=strongly disagree. The ability to use a computer/electronic device, with internet and access to emails/social media is needed. It also includes five (6?) open-ended questions, about educational support, daily tasks and relationships/friendships associated with receiving a diagnosis.

Procedure

To begin, the participant will be sent an email or social media link through an electronic device, which will firstly provide them with the study information page. This information page will outline all details of the study, involving a step-by-step guide to what the participant will need to do and contact details of the researcher. Once the information sheet has been read thoroughly by the participant, if they decide to continue, they will be provided with a consent form displayed on their screen, which will outline all GDPR and BPS ethical guidelines, which are involved in the study and the right to withdraw if they would like to. No data can be removed from the system once submitted to the university one drive; this decision must be made before completing the study. Secondly, if the participant's consent has been given, they will be forwarded onto Qualtrics to complete a demographic form detailing their current age, gender and age of their diagnosis (please see appendix 2 for demographic information). Once this is completed, they will then be forwarded onto completing the 10-point self-esteem scale (please see appendix 1 for scale).

Once completed the participant will be transferred to the six question questionnaire, this will be focused upon the participants' experiences with relationships and friendships, impact on learning/education and the impact on daily life (please see appendix 3 for questionnaire). Once the questionnaire is submitted, they will be provided with a debrief sheet which details the study they have taken part in and that their data can be withdrawn up until this point, why the study was conducted, what previous research suggests and have details of the researcher for any questions to be asked.

Références

Rosenberg, M. (1965). Rosenberg self-esteem scale. Journal of Religion and Health.

Appendices

Appendix 1 - Self-esteem scale

1 = Strongly agree

2 = Agree

3 = Disagree

4 = Strongly disagree

1.On the whole, I am satisfied with myself.

2. At times I think I am no good at all.

3.I feel that I have a number of good qualities.

4.I am able to do things as well as most other people.

5.I feel 1do not have much to be proud of.

6.I certainly feel useless at times.

7.I feel that I'm a person of worth.

8.I wish I could have more respect for myself.

9. All in all, I am inclined to think that I am a failure.

10. I take a positive attitude toward myself.

Appendix 2 - Demographic information

Please state your present age - [18 - 40]

Gender - [Male, Female, Other]

To the best of your knowledge, please state the age in which the diagnosis was received - [ ]

Type of Diagnosis (please tick all that apply) - ADHD, Autism, Dyslexia, Dyscalculia

Appendix 3 - Questions

How has your diagnosis affected your social relationships/friendships?

How has your diagnosis affected your education/learning?

How much support did you receive within education? Please specify the level of education and type of support that was received.

Can you describe the impact of having an early/late diagnosis on your daily life?

What are the positives and negatives of receiving a diagnosis?

What do you think could have helped your relationships/education?

Key Ethical considerations (150 words)

In this section you are required to briefly outline any specific ethical considerations for your project. All projects will be expected to adhere to the BPS code of human research ethics, and you will need to submit a full ethics form which will document your specific processes for informed consent, debriefing, and data protection. Here you need to briefly note additional or specific key ethical considerations for your particular project e.g. potential for distress or discomfort, any deception, research with vulnerable populations or sensitive topic areas, and briefly outline how you expect to manage these risks within your project.

Adhering to the BPS code of human research ethics and the GDPR. This project will take on strong ethical considerations due to learning difficulties potentially being a sensitive topic. The participant will be strongly advised to only take part if they are comfortable and confident in doing so and will be aware of what they are being asked prior to completing the survey. All information included in the study will be confidential and will be kept secure via the UWTSD one drive security management system, which is a private network. The right to withdraw will be heightened throughout the study, and it will be emphasised that information/ responses can be withdrawn at any point before submission. Once submitted it cannot be withdrawn. All details will be on an information sheet at the beginning of the study and a debrief sheet once completed, participants are (will be) fully aware of all protocols, involving no deception.

Appendix B - Ethics Form/School Research Ethics Approval Form

APPLICATION FOR ETHICAL APPROVAL

RESEARCH STUDENTS

This form is to be completed by the student within **SIX** months for full-time students and **TWELVE** months for part time students, after the commencement of the research degree or following progression to Part Two of your course.

Once complete, submit this form via the ***MyTSD Doctoral College Portal*** at (https://mytsd.uwtsd.ac.uk).

This document is also available in Welsh.

RESEARCH STAFF ONLY

All communications relating to this application during its processing must be in writing and emailed to pgresearch@uwtsd.ac.uk , with the title 'Ethical Approval' followed by

STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.

In order for research to result in benefit and minimise risk of harm, it must be conducted ethically. A researcher may not be covered by the University's insurance if ethical approval has not been obtained prior to commencement.

The University follows the OECD Frascati manual definition of **research activity**: "creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications". As such this covers activities undertaken by members of staff, postgraduate research students, and both taught postgraduate and undergraduate students working on dissertations/projects.

The individual undertaking the research activity is known as the "principal researcher".

Ethical approval is not required for routine audits, performance reviews, quality assurance studies, testing within normal educational requirements, and literary or artistic criticism.

Please read the notes for guidance before completing ALL sections of the form.

This form must be completed and approved prior to undertaking any research activity. Please see Checklist for details of process for different categories of application.

SECTION A: About You (Principal Researcher)

1	Full Name:		Alisha Francis Phillips			
2	Tick all boxes that apply:		Member of staff:	☐	Honorary research fellow:	☐
	Undergraduate Student	X	Taught Postgraduate	☐	Postgraduate Research Student	☐

3	Institute/Academic Discipline/Centre:	Psychology and Counselling
4	Campus:	Carmarthen
5	E-mail address:	2218529@student.uwtsd.ac.uk
6	Contact Telephone Number:	07761 214834
	For students:	
7	Student Number:	2218529
8	Programme of Study:	BSc Applied Psychology (BSCAPSSH)
9	Director of Studies/ Supervisor:	Dr Charlotte Greenway

SECTION B: Approval for Research Activity

1	Has the research activity received approval in principle? (please check the Guidance Notes as to the appropriate approval process for different levels of research by different categories of individual)	**YES**	X	**NO**	☐
				Date	
2	If Yes, please indicate source of approval (and date where known): ***Approval in principle must be obtained from the relevant source prior to seeking ethical approval***	Research Degrees Committee	☐		
		Institute Research Committee	☐		
		Other (write in) Dissertation supervisor - Charlotte Greenway	X	13/08/2024	

SECTION C: Internal and External Ethical Guidance Materials

	Please list the core ethical guidance documents that have been referred to during the completion of this form (including any discipline-specific codes of research ethics, location-specific codes of research ethics, and also any specific ethical guidance relating to the proposed methodology). Please tick to confirm that your research proposal adheres to these codes and guidelines. You may add rows to this	
1	**UWTSD Research Ethics & Integrity Code of Practice**	X
2	**UWTSD Research Data Management Policy**	X
3	**UWTSD Data Protection and Storage Protocol**	X
5	**BPS Code of Ethics and Conduct**	X
6	**BPS Ethics guidelines for internet-mediated research**	X
7	**General Data Protection Regulation (GDPR)**	X

SECTION D: External Collaborative Research Activity

If there are external collaborators then you should gain consent from the contact persons to share their personal data with the university. If there are no external collaborators then leave this section blank and continue to section E.

1	Institution	N/A				
2	Contact person name					
3	Contact person e-mail address					
4	Is your research externally funded?		**YES**	□	**NO**	□
5	Are you in receipt of a KESS scholarship?		**YES**	□	**NO**	□
6	Are you specifically employed to undertake this research in either a paid or voluntary	Voluntary	**YES**	□	**NO**	□
7		Employed	**YES**	□	**NO**	□
8	Is the research being undertaken within an existing UWTSD Athrofa Professional Learning Partnership (APLP)?	If YES then the permission question below does not need to be answered.	**YES**	□	**NO**	□
9	Has permission to undertake the research has been provided by the partner organisation?	(If YES attach copy) If NO the application cannot	**YES**	□	**NO**	□

Where research activity is carried out in collaboration with an external organisation

10	Does this organisation have its own ethics approval system?	**YES**	□	**NO**	□
	If Yes, please attach a copy of any final approval (or interim approval) from the organisation (this may be a copy of an email if appropriate).				

1	Indicative title:	The impact on educational experiences, social relationships and self-esteem levels upon receiving an early or late diagnosis of ADHD or Dyslexia		
	Proposed start date:	20/11/24	Proposed end date:	25/03/25
	Introduction to the Research (maximum 300 words per section) **Ensure that you write for a <u>Non-Specialist Audience</u> when outlining your response to the points below:** • *Purpose of Research Activity* • *Proposed Research Question* • *Aims of Research Activity* • *Objectives of Research Activity* Demonstrate, briefly, how **<u>Existing Research</u>** has informed the proposed activity and explain • *What the research activity will add to the body of knowledge* • *How it addresses an area of importance.*			

3	**Purpose of Research Activity** This study explores how the timing of a learning difficulty diagnosis of either Attention Deficit Hyperactivity Disorder (ADHD), Dyslexia or combined, impacts social relationships, educational experience and self-esteem levels of an individual. The impact on education and social relationships will be examined through ten open-ended questions via an online survey (please see Appendix 4 for questions). These responses will then be analysed via thematic analysis (Braun & Clarke, 2012). Self-esteem will be investigated using the Rosenberg self-esteem scale (Rosenberg,1965) (please see appendix 5 for self-esteem scale). This study has taken inspiration from several studies. Shehu et al (2015) investigated the self-esteem levels of children with Dyslexia and their impact on social relationships. Thompson et al. (2020) investigated support strategies in place for those with learning difficulties. Highlighting that barriers prevent support from being done/lack of training and Battistutta et al (2018) investigated self-efficacy and self-concept of those with dyslexia through 2 open-ended questions and 3 scales. The questions asked in this present study are derived from main themes lacking in the literature. How much academic support is available now, social impact (Hamed et al, 2015) and the importance of diagnostic timing (Battistutta et al, 2018). ADHD is a Neurodevelopmental disorder that has multiple presentations (inattention, hyperactivity, impulsivity) and can impact academic performance and relationships (American Psychiatric Association, 2022). Dyslexia is characterised by issues with accurate word recognition, poor decoding, and spelling issues, and can present different levels of severity and can be combined with other learning difficulties (Americal Psychiatric Association, 2022). Research suggests that an early diagnosis of ADHD promotes a more socially secure progression into adolescence (Zahmacioglu et al, 2017) with a late diagnosis leading to lower self-esteem levels (Harpin et al,2016). Watters et al (2018) reported that ADHD has a verse influence on self-esteem, deriving themes of ‘limited possibilities’ and ‘higher frustration’ with academic work. Furthermore, those with late diagnosed Dyslexia demonstrated higher levels of frustration and loss of confidence, whereas early diagnosis promoted resilience (Battistutta et al, 2018) further promoting academic abilities (Rajput, 2014 & Battistutta et al, 2018) this is thought to be due to the language and phonological delay in Dyslexia (Marshall, 2021). Moreover, children with ADHD typically struggle to create friendships compared to others (Bernstein,2014 & Ryan et al, 2016). It has also been stated to be vital to have good academic support to navigate these challenges (Hamed et al, 2015). The impact of early diagnosed ADHD showcases a facilitated social network (Zahmacioglu et al, 2017). However, Miller (2022) demonstrated that a late diagnosis showcased social difficulties and lower self-esteem (Pawasker et al., 2020). The rationale of this research is to explore the possible difficulties faced by individuals with ADHD and Dyslexia, either diagnosed early or late and the impact these different timings have on their social, academic experience and self-esteem. This study will importantly highlight any improvements that can be made academically to support these individuals further. References American Psychiatric Association. (2022). Bipolar and related disorders. *Diagnostic and statistical manual of mental disorders* (5th ed) Braun, V., & Clarke, V. (2012). *Thematic analysis*. American Psychological Association. Battistutta, L., Commissaire, E., & Steffgen, G. (2018). Impact of the time of diagnosis on the perceived competence of adolescents with dyslexia. Learning Disability Quarterly, 41(3), 170-178. Bernstein, M. D. (2014). *Friendships of children with ADHD: Exploring a parent friendship coaching intervention*. The University of Maine.

4	**Research Question** How does the timing of an ADHD or Dyslexia diagnosis impact an individual's educational experiences, social relationships and self-esteem ? (this box should expand as you type)
5	**Aims of Research Activity** This study aims to explore and develop an understanding of the potential impact of receiving a diagnosis between the ages of 1-17 (early) and over the age of 18 (late) of either Attention Deficit (Hyperactivity) Disorder (ADHD) or Dyslexia can have on an individual. How it impacts someone's educational experiences, social relationships and self-esteem levels. (this box should expand as you type)
6	**Objectives of Research Activity** Identify the impact a late or early diagnosis of ADHD, Dyslexia has on educational experiences social relationships and self-esteem levels using an online survey consisting of a 10-point self-esteem scale (Rosenberg, 1965) and 10 open-ended questions. (this box should expand as you type)
	Proposed methods (maximum 600 words) Provide a brief summary of all the methods that **may** be used in the research activity, making it clear what specific techniques may be used. If methods other than those listed in this section are deemed appropriate later, additional ethical approval for those methods will be needed. You do not need to justify the methods here, but should instead describe how you intend to collect the data necessary for you to complete your project.

7	This study is an online survey that will be analysed using quantitative and qualitative methods (statistics and thematic analysis). Participants will be sourced from UWTSD's experiment management system (EMS), and the survey will be created using Qualtrics. However, before gaining access to EMS, I need to complete my remaining credits, which I hope to do over the next few months. The study will explore the impact of receiving an early (1-17 years) and late (18+ years) diagnosis of ADHD or Dyslexia on educational experience, social relationships and self-esteem levels. The survey will consist of ten open-ended questions regarding educational experience, social relationships and support. Followed by a 10-question self-esteem scale. IVs for the quantitative data are time of diagnosis (early and late), type of diagnosis (ADHD or Dyslexia) and one DV (self-esteem). The self-esteem scale will consist of 10 questions on a 4 point likert scale, by opting for 1. strongly agree, 2. agree, 3. disagree, 4. strongly disagree. Two examples are: 1. I take a positive attitude toward myself. 2. I feel I do not have much to be proud of. This data will be analysed using a 2x2 ANOVA on SPSS. Qualitative data from the open-ended questions will be further analysed using thematic analysis (Braun & Clarke, 2006). An example of an open-ended question is 1. How did the timing of your diagnosis impact your learning? The questions asked in this present study are derived from the literature on limited academic support available and how the diagnosis impacts social relationships (Hamed et al., 2015, Battistutta et al.,2018). Participants will read an information sheet once they select the study on EMS (please see Appendix 1 for the information sheet), which will display all information regarding the study, followed by a consent form (please see Appendix 2 for the consent form). The participant will need to complete a demographic form asking for their gender, age and age of diagnosis to the best of their knowledge, type of diagnosis and the highest level of education (please see appendix 3 for demographic information). Once the participant clicks on the study on EMS, they will be entered onto qualtrics which will present the information sheet, consent form and demographics. If informed consent is given, participants will then complete the first half of the study. This will involve completing the Rosenburg (1965) self-esteem scale. Once they have answered all ten questions on the self-esteem scale, they will click to complete a ten open-ended survey. The data received from this will then be analysed through thematic analysis. Thematic analysis provides a practical and theoretically adaptable method for analysing this data. It looks for themes or patterns and considers various ontological and epistemological viewpoints through six steps: familiarisation, coding, generating themes, reviewing themes, naming the themes, and writing up a report. It will discover occurring patterns, and themes will be interoperated and differences or correlations between early and late perspectives (Braun & Clarke, 2012) This study will follow the BPS ethical guidelines for internet-mediated research, with respect for all participants, confidentiality, consideration for the privacy and dignity of all participants, with no deception involved. Data received from this study will adhere to the UWTSD research ethics and integrity code of practice, making sure this research is at the highest standard and following all ethical practices of data protection. Data will be saved into the university's one-drive system, a private network that undergoes data management protocol with UWTSD Research data management policy. In line with the ethical guidelines for confidentiality and anonymity of the General Data Protection Regulations (GDPR) and the British Psychological Society (BPS), the right to withdraw will be explained in the information sheet at the start of the study. At the end of the questionnaire, participants will be debriefed on the study, including contact details of the principal researcher and the supervisor for any enquiries or concerns. The debrief sheet will also have links to university support services if the participant wishes to gain extra support for their diagnosis (please see section H for support lines and appendix 6 for the debrief sheet). There will also be the opportunity to download the information sheet, consent form or debrief sheet when they are shown if required, if the participant wishes to do so. This can be done via a link on the screen when the form is shown. References Braun, V., & Clarke, V. (2012). *Thematic analysis*. American Psychological Association.

	Location of research activity Identify all locations where research activity will take place.
8	This research activity will be conducted online, through a link and through the university's experiment management system (EMS). Participants will complete the study on their own computers, mobile devices or in the psychology labs on campus through a university laptop. (this box should expand as you type)
	Research activity outside of the UK If research activity will take place overseas, you are responsible for ensuring that local ethical considerations are complied with and that the relevant permissions are sought. Specify any local guidelines (e.g. from local professional associations/ learned societies/universities) that exist and whether these involve any ethical stipulations beyond those usual in the UK (provide details of any licenses or permissions required). Also specify whether there are any specific ethical issues raised by the local context in which the research activity is taking place, for example, particular cultural and/or legal sensitivities or vulnerabilities of participants. If you live in the country where you will do the research then please state this.
9	N/A *(this box should expand as you type)*

SECTION E: Details of Research Activity

10	Use of documentation not in the public domain: Are any documents **NOT** publicly available?	**NO**	X
		YES	□
11	If Yes, please provide details here of how you will gain access to specific documentation that is not in the public domain and that this is in accordance with the current data protection law of the country in question and that of England and Wales. N/A		

	Does your research relate to one or more of the seven aims of the Well-being of Future Generations (Wales) Act 2015?	**YES**	**NO**

12	A prosperous Wales	☐	X
13	A resilient Wales	☐	X
14	A healthier Wales	X	☐
15	A more equal Wales	X	☐
16	A Wales of cohesive communities	☐	X
17	A Wales of vibrant culture and thriving Welsh language	☐	X
18	A globally responsible Wales	☐	X
19	If YES to any of the above, please give details:		
	My research contributes to a healthier Wales by providing current information about educational support for those with ADHD or Dyslexia, when receiving an early or late diagnosis. Also, contributing to a more equal Wales by investigating support needed for these individuals and if there is a lack of educational support. (this box should expand as you type)		

SECTION F: Scope of Research Activity

	Will the research activity include:	**YES**	**NO**
1	Use of a questionnaire or similar research instrument?	X	☐
2	Use of interviews?	☐	X
3	Use of focus groups?	☐	X
4	Use of participant diaries?	☐	X
5	Use of video or audio recording?	☐	X
6	Use of computer-generated log files?	☐	X
7	Participant observation with their knowledge?	☐	X
8	Participant observation without their knowledge?	☐	X
9	Access to personal or confidential information without the participants' specific consent?	☐	X
10	Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful /	☐	X
11	Performance of any acts which may cause embarrassment or affect self-esteem?	☐	X
12	Investigation of participants involved in illegal activities?	☐	X
13	Use of procedures that involve deception?	☐	X

14	Administration of any substance, agent or placebo?	☐	X
15	Working with live vertebrate animals?	☐	X
16	Procedures that may have a negative impact on the environment?	☐	X
17	Other primary data collection methods. Please indicate the type of data collection method(s) below.		
	Details of any other primary data collection method: (this box should expand as you type)		X

If NO to every question, then the research activity is (ethically) low risk and **may** be exempt from **some** of the following sections (please refer to Guidance Notes).

If YES to any question, then no research activity should be undertaken until full ethical approval has been obtained.

SECTION G: Intended Participants

If there are no participants then do not complete this section, but go directly to section H.

	Who are the intended participants:	**YES**	**NO**
1	Students or staff at the University?	X	
2	Adults (over the age of 18 and competent to give consent)?		X
3	Vulnerable adults?	☐	X
4	Children and Young People under the age of 18? (Consent from Parent, Carer or Guardian will be required)	☐	X
5	Prisoners?	☐	X
6	Young offenders?	☐	X
7	Those who could be considered to have a particularly dependent relationship with the investigator or a gatekeeper?	☐	X
8	People engaged in illegal activities?	☐	X
9	Others. Please indicate the participants below, and specifically any group who may be unable to give consent.		

	Details of any other participant groups: (this box should expand as you type)	□	X

	Participant numbers and source Provide an estimate of the expected number of participants. How will you identify participants and how will they be recruited?	
10	How many participants are expected?	For this study, approximately 60 participants are needed, including 30 with Dyslexia and 30 with ADHD. Of these, 15 will have an early diagnosis, and the other 15 will have a late diagnosis of either or a combination of the above. These numbers are needed so that the study has ample data to run SPSS and provide enough data from the open-ended questions. *(this box should expand as you type)*
11	Who will the participants be?	Participants will be friends and family and undergraduate and postgraduate students at the University of Wales Trinity Saint Davids (UWTSD). They will be eighteen years old and over. Inclusion criteria involve the participant needing a diagnosis of one or multiple of the following: 1. Dyslexia 2. ADHD. Exclusion criteria involve if a participant does not have a diagnosis of the above or be under the age of 18. *(this box should expand as you type)*
12	How will you identify the participants?	Students will be recruited from the university's experiment management system (EMS). Participants will not gain a unique identification number, as all information will be anonymous. However, responses will be numbered in data analysis and have a unique identification number via EMS and will also be numbered through Qualtrics; no personal information is needed.

	Information for participants:	**YES**	**NO**	**N/A**
13	Will you describe the main research procedures to participants in advance, so that they are informed about	X	☐	☐
14	Will you tell participants that their participation is voluntary?	X	☐	☐
15	Will you obtain written consent for participation?	☐	X	☐
16	Will you explain to participants that refusal to participate in the research will not affect their treatment or education (if relevant)?	X	☐	☐
17	If the research is observational, will you ask participants for their consent to being observed?	☐	☐	X
18	Will you tell participants that they may withdraw from the research at any time and for any reason?	X	☐	☐
19	With questionnaires, will you give participants the option of omitting questions they do not want to answer?	X	☐	☐
20	Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	X	☐	☐
21	Will you debrief participants at the end of their participation, in a way appropriate to the type of research undertaken?	X	☐	☐
22	If NO to any of above questions, please give an explanation			
	Participants will be ticking a box to indicate their consent, and it will not be written. *(this box should expand as you type)*			

	Information for participants:	**YES**	**NO**	**N/A**
24	Will participants be paid?	☐	X	☐
25	Is specialist electrical or other equipment to be used with participants?	☐	X	☐
26	Are there any financial or other interests to the investigator or University arising from this study?	☐	X	☐
27	Will the research activity involve deliberately misleading participants in any way, or the partial or full concealment of the specific study aims?	☐	X	☐
28	If YES to any question, please provide full details			

	N/A *(this box should expand as you type)*

SECTION H: Anticipated Risks

	Outline any anticipated risks that may adversely affect any of the participants, the researchers and/or the University, and the steps that will be taken to address them. If you have completed a full risk assessment (for example as required by a		
1	**Full risk assessment completed and appended?**	**Ye**	
		No	X
2	**Risks to participants** For example: sector-specific health & safety, emotional distress, financial disclosure, physical harm, transfer of personal data, sensitive organisational information		

	Risk to participants: **Potential for distress:** Participants will need to disclose their diagnosis and answer questions relating to the impact of their diagnosis and their self-esteem. **Feel of embarrassment and shame:** Participant's may refer to their diagnosis as a mode of embarrassment or shame, and not easy to talk about. **Transfer of personal data:** Risk related to participant's anonymity, confidentiality and data protection.	*How you will mitigate the risk to participants:* **Potential for distress:** Participants will be provided with an information sheet before completing the study, detailing that they will be asked about the impact on their education and support; no deception is involved within this study as participants are fully informed of the contents beforehand. Participants will be reminded that they can withdraw at any point during the study and not answer any questions they feel uncomfortable about. Great consideration will be given to the wording of the questions for the participants as they need to be signed off by the ethics panel and supervisor so no offence is caused. The questions will respect the participant's privacy, sensitivity, dignity and confidentiality and will only question their educational and social experiences. Participants are not pressured to go into detail about anything they do not wish to express and will only be asked about their social and educational experiences. The participant will read a debrief sheet at the end of the study which will detail the study in full, outlining what they have completed and what their data will be used for next (thematic analysis), contact details of the researcher, as well as what it will add to present research of early and late diagnosis. If they have been affected by any of the questions provided or simply want to know more about their learning difficulty diagnosis, support lines will be provided for the participant to contact or research if they would like to. It will be made clear on the debrief sheet that information can be withdrawn up until the point of submission **Feel of embarrassment and shame:** A learning difficulty can be associated with feelings of embarrassment or shame when spoken about or referred to, if the participant has experienced any stereotypical behaviour towards them due to their diagnosis, this could be a cause of shame. If a participant has experienced these feelings due to their diagnosis or by other people, support lines are provided on the debrief sheet (please see appendix 6 for the debrief sheet) if they feel the need to contact them as a mode of support, it will be outlined on the information sheet what the questions will be asking regarding academic support and experience **Transfer of personal data:** Participants' data will be stored on the University's (UWTSD) one-drive system, which is a private network and is password protected; although unlikely, the case of a participant's data not being exposed cannot be 100% guaranteed. In a worst-case scenario, data can be hacked or lost due to electronic dysfunction or issues. However, this situation is highly unlikely with data being stored on a high-security management system. Data will be transferred from Qualtrics to SPSS for data analysis and will be made sure not to be transferred elsewhere and will remain confidential. Doing a questionnaire via qualtrics mitigates the likelihood of physical harm towards the participant as it is all online. The project will strongly consider the BPS ethical guidelines for internet-mediated research, with the project obtaining valid consent of all participants before they complete the survey, no

3	If research activity may include sensitive, embarrassing or upsetting topics (e.g. sexual activity, drug use) or issues likely to disclose information requiring further action (e.g. criminal activity), give details of the procedures to deal with these issues, including any support/advice (e.g. helpline numbers) to be offered to participants. Note that where applicable, consent procedures should make it clear that if something potentially or actually illegal is discovered in the course of a project, it may need to be disclosed to the proper authorities

This project is based on Attention Deficit Hyperactivity Disorder (ADHD) and Dyslexia. A subject of sensitive nature and something that could be potentially embarrassing for some to disclose or a potential subject of upset. If a participant has struggled with their diagnosis, in any educational setting or has experienced bullying or any stereotypical attitude towards them due to their diagnosis, they will be encouraged to not take part in this study. However, support lines and websites will be offered if the participant is happy to carry out the study. The participant will also have contact details of the supervsior and university helplines/ student services also linked below.

Counselling directory, contactable on 0333 325 2500, Monday - Friday 10am until 4pm

https://www.counselling-directory.org.uk/topics/learning-difficulties.html#furtherhelp

They especially support those who have received a late diagnosis as an adult and understand how emotions such as relief or frustration may be apparent. Working with a therapist can improve navigating difficult emotions, different ways of coping or just getting to know the learning difficulty better.

A charity in which support Attention Deficit Hyperactivity Disorder (ADHD) is **The ADHD Foundation, The Neurodiversity Charity,** contactable on 01515419020 and through their website

https://www.adhdfoundation.org.uk/wp-content/uploads/2023/06/Introducing_the_ADHD_Foundation_Neurodiversity_Charity_13.06.pdf

Equality Advisory and Support Service (EASS) 0808 800 0082 (helpline) I 18001 0808 800 0084 (textphone) providing advice on issues relating to equality and human rights of those with a difficulty.

Mencap, Contactable on 0808 808 1111 (Learning Difficulty and Disability Helpline)

mencap.org.uk Information and advice for people with a learning difficulty, their families and carers. Services include an online community.

The **NHS** provides in depth documents to what a learning difficulty is and support that can be given for different types**, visible through the following link** https://www.nhs.uk/conditions/learning-disabilities/diagnosis/ .

Dyslexia and Dyscalculia Support helpline@dyslexia.uk.net 01159246888.

Supporting those who struggle with either dyslexia or dyscalculia or would like to know more about their diagnosis.

UWTSD student services support facilities https://www.uwtsd.ac.uk/experience-facilities/student-support-wellbeing

4	**Risks to the investigator** For example: personal health & safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest

	Risk to the investigator: **Data Protection:** No data is 100% granted safe **Conflict:** Conflict could arise with participants if they don't agree with the project. **Risk of accusation:** The investigator is at risk of accusation of harmful questions against the participant **Transfer of personal data:** Risk related to participant's anonymity, confidentiality and data protection. **Participant find electronic devices hard to use :** Participants may struggle with electronic devices due to their Dyslexia or ADHD. If an email address is provided, I may get unsolicited	*How you will mitigate the risk to the investigator:* **Data Protection:** Participants data will be stored on the University of Wales trinity saint davids (UWTSD) one drive system, which is a private network and is password protected. Although unlikely, the case of a participant's data being exposed, cannot always be 100% guaranteed. In a worst case scenario, data can be hacked, or lost due to electronic disfunction or electronic issues. However, with data being stored on a high security management system, this situation is highly unlikely. **Conflict:** If conflict arises with a participant surrounding the nature of the study, the supervisor of the project will have to be contacted immediately and the situation will be dealt with responsibly and safely. Participants will be fully informed of the study topic before giving consent and will be given both the principal researchers and supervisor contact information. **Risk of accusation:** If the principal researcher is accused of wrongdoing through the questions asked surrounding the nature of the study, the supervisor of the project will have to be contacted, and the situation will be dealt with responsibly and safely. Data involved in this study will undergo several ethical protocols to ensure data is safely managed and is of a high standard, working alongside the UWTSD research ethics and integrity code of practice for risk management, data security, employing no deception or archiving data when it is no longer needed. Gaining consent before the study starts and participants gaining a debrief once completed. Furthermore, following the UWTSD research data management policy with all data being anonymised and not needing any special category data, all personal data is stated in the demographics. **Transfer of personal data:** Participants' data will be stored on the University of Wales Trinity Saint Davids (UWTSD) drive system, which is a private network and is password protected, although unlikely the case of a participant's data not being exposed, cannot be 100% guaranteed. In a worst-case scenario, data can be hacked or lost due to electronic disfunction or electronic issues. However, with data being stored on a high-security management system, this situation is unlikely. In line of the BPS ethical guidelines, all information will be confidential and the study will have strong respect for the anonymity of all participants. This study will be following the Data Management policy and GDPR (2018) by clearly stating what the data is being used for. The participants needed are eighteen years and over which means children's data is not needed. Participants are informed and have the right to withdraw at any point. The study will only start once consent is given and all data will remain private. The study will work alongside all key principles of the GDPR guidelines of data fairness, transparency, the purpose will be outlined, storage of data and security. Furthermore, will account for Data Protection Act (2021) data will not be stored longer then the stated time frame (until the end of the dissertation) will be used in a lawful

5	**University/institutional risks** For example: adverse publicity, financial loss, data protection	
	Risk to the University: **Adverse publicity:** Information held by the university one drive could be leaked **Data protection:** Data protection protocol could be broken or hacked *(this box should expand as you type)*	*How you will mitigate the risk to the University:* **Adverse publicity:** Participants data will be stored on the University of Wales Trinity Saint Davids (UWTSD) one drive system which is a private network and is password protected, although unlikely the case of a participant's data not being exposed, cannot be 100% guaranteed. In a worst-case scenario, the university does not keep the information safe and could release personal data which could have a harmful effect on the people involved. To mitigate this, information will be securely held under all safety protocols. **Data Protection:** Although data is secured safely via the University of Wales Trinity Saint Davids (UWTSD) one-drive system, in the case of the system being hacked and publicised has to be taken into account, although unlikely. Information will be held safely, undergoing data management protocol so that it is inaccessible to anyone else only the principal researcher and supervisor. To mitigate this, this study will work In line with the UWTSD research data management policy (2018) and with the UWTSD data protection and storage policy (2018) to ensure all data is kept secure and confidential.
6	**Environmental risks** For example: accidental spillage of pollutants, damage to local ecosystems	
	Risk to the environment: N/A *(this box should expand as you type)*	*How you will mitigate the risk to environment:* *(this box should expand as you type)*

	Disclosure and Barring Service			
	If the research activity involves children or vulnerable adults, a Disclosure and Barring Service (DBS) certificate must be obtained before any contact with such participants.	**YES**	**NO**	**N/A**
7	Does your research require you to hold a current DBS Certificate?	☐	X	☐
8	If YES, please give the certificate number. If the certificate number is not available please write “Pending”; in this case any ethical approval will be subject to providing the appropriate certificate number.			

SECTION I: Feedback, Consent and Confidentiality

1	**Feedback** What de-briefing and feedback will be provided to participants, how will this be done and when?
	The participants of this study will be fully debriefed once the study has been completed. Once two sections of the study have been submitted, the participants will be provided with a debrief form. This will provide the purpose and aims of the study, and participants will be able to withdraw a final time before closing their browser. The debrief sheet will outline relevant literature if the participants would like to investigate the topic further. Participants will also be provided with the university email address of the principal researcher and supervisor, as well as for the university support services if participants feel the need to look into gaining extra support. Participants will not be able to access data from this study once it has been submitted. The debrief sheet will make it clear that all information given into this project will be kept under strict confidentiality and anonymity in line with the BPS ethical guidelines for internet-mediated research. There will also be strong respect and integrity towards participants, working with the BPS code of ethics and conduct. If participants choose to withdraw half way through the study, they will be taken to the debrief sheet, to ensure that they understand what the study was about and to also allow them to know that their data will not be used in the study. By closing their browser, this automatically does not include their data in the analysis, data is only included when submitted. If the participant submitted but changed their mind and they want to withdraw, this cannot be done as the data is anonymous and will not be identifiable. The debrief form will be downloadable through a link on the screen if the participant wishes to do so.

2	**Informed consent** Describe the arrangements to inform potential participants, before providing consent, of what is involved in participating. Describe the arrangements for participants to provide full consent before data collection begins. If gaining consent in this way is inappropriate, explain how consent will be obtained and recorded in accordance with prevailing data protection legislation.
	Prior to the participant starting the study, they will be provided with a consent form. This will outline essential information that the participant needs to know before completing the study, in order to give their full consent to taking part. The form will highlight that this study is strongly orientated to learning difficulty diagnosis, and that if this topic area is of a sensitive nature to the participant, then it is encouraged that they do not take part. However, a participant can close the browser and contact the study supervisor at any time. The consent form will discuss all tasks involved that will be asked the participants to complete and will describe what is required from the participants in the study; in this case, for the first section, I am hoping for participants to be honest with their answers. In the second section, I am hoping for participants to complete the questionnaire and to express their responses as openly and honestly as they can. However, no pressure is applied on the participant to disclose anything that they don't want to. It will be certain that participants know that all information will be confidential and all identities of the participants will be anonymous; no names are needed, only the gender, the current age of the participant and age of diagnosis, the highest level of education and importantly what diagnosis they received. The right to withdraw at any point will be heightened so that the participant is not pressured to do anything that causes them discomfort. Under the Data Protection Act (2018), participants have the right to know what their data is being used for, and this will be highlighted in the information sheet (please see appendix 1 for information sheet) and the debrief sheet (please see appendix 6 for debrief sheet). The consent form will also be downloadable via a link on the screen at the time of it being shown to the partcipant, if they wish to keep it. *(this box should expand as you type)*
t	**Confidentiality / Anonymity** Set out how anonymity of participants and confidentiality will be ensured in any outputs. If anonymity is not being offered, explain why this is the case.

	Participants of this study will be kept completely anonymous at every point of the research activity, and participants will not need to provide any names during the demographics or the open-ended section of the study. Participants only express their experiences with the impact of early or late diagnosis on their educational experiences and self-esteem levels. Participants will only be known through their university's unique ID code if they were to contact the researcher. Responses will be numbered in data collection; data will not be traceable back to participants once submitted and will be kept confidential; this is following the BPS ethical guidelines for internet-mediated research. The numbers do not apply to anything related to the participant. If the participant chooses to withdraw halfway through the study, they can close their browser and this data will not be included in the analysis. If they choose to withdraw after submitting, this cannot be done due to the data sets being anonymous. Their responses will not be recognisable to the principal researcher.

SECTION J: Data Protection and Storage

	Does the research activity involve personal data (as defined by the General Data Protection Regulation 2016 “GDPR” and the Data Protection Act 2018 “DPA”)?	**YES**	**NO**
1	***“Personal data”*** *means any information relating to an identified or identifiable natural person (‘data subject’). An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person. Any video or audio recordings of participants is considered to be*	X	
	If YES, provide a description of the data and explain why this data needs to be collected:		
2	By completing the consent form, participants will be ticking a box to give their consent, they will not be giving a signature. They will only be identifiable through their unique university ID numbers if they were to contact the researcher and will not be stating any names during this study. However, the gender of the participant is needed in order to examine any possible gender differences in diagnosis timing and impact on the individual. Gender will have a ‘prefer not to say’ option and have a transgender, nonbinary option. Participants disclose the type of diagnosis they received (ADHD, Dyslexia or combined) and their highest level of education. *(this box should expand as you type)*		
	Does it involve special category data (as defined by the GDPR)?	**YES**	**NO**

3	***"Special category data"*** *means sensitive personal data consisting of information as to the data subjects' –* *(a) racial or ethnic origin,* *(b) political opinions,* *(c) religious beliefs or other beliefs of a similar nature,* *(d) membership of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992),* *(e) physical or mental health or condition,* *(f) sexual life,* *(g) genetics,* *(h) biometric data (as used for ID purposes),*	☐	X
	If YES, provide a description of the special category data and explain why this data needs to be collected:		
4	N/A *(this box should expand as you type)*		

	Will data from the research activity (collected data, drafts of the thesis, or materials for publication) be stored in any of the following ways?	**YES**	**NO**
5	Manual files (i.e. in paper form)?	☐	X
6	University computers?	x	
7	Private company computers?	☐	X
8	Home or other personal computers?	X	☐
9	Laptop computers/ CDs/ Portable disk-drives/ memory sticks?	x	
10	"Cloud" storage or websites?	X	☐
11	Other – specify: Experiment Management System (EMS)	X	☐
12	For all stored data, explain the measures in place to ensure the security of the data collected, data confidentiality, including details of backup procedures, password protection, encryption, anonymisation and pseudonymisation:		

	Data that is collected for this research project will be collected through Qualtrics and participants will be recruited through the university's experiment management system (EMS). This data will be stored initially on the Qualtrics cloud server; then it will be downloaded onto the university's drive system, which is a private network. Data will only be accessible through a home laptop which is password protected and saved onto the university one drive system, this will only be accessible for the principal researcher and project supervisor if needed and any external examiners upon request. All data will be kept anonymous in accordance with the BPS ethical guidelines for internet-mediated research and it will be kept under strict private data management through the University's private network. Data will only be kept up until the end of the dissertation and then will be deleted from the one drive. .*(this box should expand as you type)*

	Data Protection		
	Will the research activity involve any of the following activities:	**YES**	**NO**
13	Electronic transfer of data in any form?	☒	☐
14	Sharing of data with others at the University outside of the immediate research team?	☐	X
15	Sharing of data with other organisations?	☐	X
16	Export of data outside the UK or importing of data from outside the UK?	☐	X
17	Use of personal addresses, postcodes, faxes, emails or telephone numbers?	☐	X
18	Publication of data that might allow identification of individuals?	☐	X
19	Use of data management system?	X	☐
20	Data archiving?	☐	X
21	If YES to any question, please provide full details, explaining how this will be conducted in accordance with the GDPR and Data Protection Act (2018) (and any international equivalents, where appropriate):		

	Data will be electronically transferred from Qualtrics to SPSS for the analysis. Following the GDPR and Data Protection Act (2018), data will be kept confidential and anonymous, and no names will be needed. It will ensure that information is only being collected for the specified reasoning of the questions. Data will not be kept longer than the project's end date; once that date has come, data will be deleted from the university one drive and will no longer be on EMS. The data that is needed, which is personal, is the gender and current age of the participant, this is for the exploration purposes outlined above. Under the Data Protection Act (2018) participants have the right to know what their data is being used for and this will be outlined in the information sheet and the debrief sheet. The data management system in use for this project is the university's one drive system, which is a private network. It will only be accessible to the principal researcher through their unique university email address which is password protected.
22	List all who will have access to the data generated by the research activity:
	Alisha Francis Phillips (Principal Researcher) and Charlotte Greenway (Dissertation supervisor) and any external examiners upon request. *(this box should expand as you type)*
23	List who will have control of, and act as custodian(s) for, data generated by the research activity:
	Alisha Francis Phillips (Principal Researcher) *(this box should expand as you type)*
24	Give details of data storage arrangements, including security measures in place to protect the data, where data will be stored, how long for, and in what form. Will data be archived – if so how and if not why not.
	Data collected from this experiment will be gathered through email with friends and family and from the university's experiment management system (EMS). Data will be saved onto the university one drive system which is a private network and password protected. Data received will be stored on a home computer on the university one drive system (data will only be accessible when the principal researcher is logged into the university email). Data will be held until the dissertation is over and then will be deleted from the one drive system. Data will not be archived as it will not be needed again. This will be heightened to the participant on the information sheet, in line with the Data Protection Act (2018) that the participant is aware that they have the right to know what their data is being used for. If participants choose to do the study in the psychology labs the same principles will be applied and the data will be kept in the same storage arrangements to ensure that the data is protected
25	Please indicate if your data will be stored in the UWTSD Research Data Repository (see https://researchdata.uwtsd.ac.uk/). If so please explain. (*Most relevant to academic staff)*
	No, data will be deleted from the university one drive system once the research activity and dissertation is over. *(this box should expand as you type)*

26	Confirm that you have read the UWTSD guidance on data management (see https://www.uwtsd.ac.uk/library/research-data-management/)	**YES**	X
27	Confirm that you are aware that you need to keep all data until after your research has completed or the end of your funding	**YES**	X

SECTION K: Declaration

	The information which I have provided is correct and complete to the best of my knowledge. I have attempted to identify any risks and issues related to the research activity and acknowledge my obligations and the rights of the participants. In submitting this application I hereby confirm that I undertake to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice which is published on the website: https://www.uwtsd.ac.uk/research/research-ethics/		
1	**Signature of applicant:**	A.Phillips	**Date: 21/10/24**

For STUDENT Submissions:

2	Director of Studies/ Supervisor:	Dr Charlotte Greenway	**Date:22.10.24**
3	Signature:		**Updated 25.11.24**

For STAFF Submissions:

4	Academic Director/ Assistant Dean:		**Date:**
5	Signature:		

Checklist: Please complete the checklist below to ensure that you have completed the form according to the guidelines and attached any required documentation:

X	I have read the guidance notes supplied before completing the form.
X	I have completed **ALL RELEVANT** sections of the form in full.
X	I confirm that the research activity has received approval in principle

□	I have attached a copy of final/interim approval from external organisation (**where appropriate**)
□	I have attached a full risk assessment (where appropriate) *ONLY TICK IF YOU HAVE **ATTACHED A FULL RISK ASSESSMENT***
X	I understand that it is my responsibility to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice.
X	I understand that before commencing data collection all documents aimed at respondents (including information sheets, consent forms, questionnaires, interview schedules etc.) must be confirmed by the DoS/Supervisor, module tutor or Academic Director.

RESEARCH STUDENTS ONLY

Once complete, submit this form via the **MyTSD Doctoral College Portal** at (https://mytsd.uwtsd.ac.uk).

RESEARCH STAFF ONLY

All communications relating to this application during its processing must be in writing and emailed to pgresearch@uwtsd.ac.uk , with the title 'Ethical Approval' followed by

STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.

Appendix C - Blank Self-Esteem Scale

Part 1 – Self-Esteem Scale

The following scale will relate to how you feel regarding your self-esteem levels. By answering a 4-point scale of 1. Strongly agree, 2. Agree, 3. Disagree or 4. Strongly disagree to the following ten statements. All responses are anonymous and will not be traced back to you.

	STATEMENT	Strongly Agree	Agree	Disagree	Strongly Disagree	
1.	I feel that I am a person of worth, at least on an equal plane with others.	○	○	○	○	
2.	I feel that I have a number of good qualities..	○	○	○	○	
3.	All in all, I am inclined to feel that I am a failure.	○	○	○	○	
4.	I am able to do things as well as most other people.	○	○	○	○	
5.	I feel I do not have much to be proud of.	○	○	○	○	
6.	I take a positive attitude toward myself.	○	○	○	○	
7.	On the whole, I am satisfied with myself.	○	○	○	○	
8.	I wish I could have more respect for myself.	○	○	○	○	
9.	I certainly feel useless at times.	○	○	○	○	
10.	At times I think I am no good at all.	○	○	○	○	

Appendix D - Survey open-ended questions (un-edited version)

Part 2 - Open-ended survey

The following ten open-ended questions relate to your experiences within education and the impact on your social relationships. All responses will be anonymous and will not be traced back to you, with no pressure to answer anything that you do not wish to disclose.

1. How did the timing of your diagnosis impact your learning?

2. How did the timing of your diagnosis impact your educational experience?

3. How much academic support did you receive for your diagnosis?

4. Where or by whom, did you receive the best support for your diagnosis?

5. How did your diagnosis impact your academic work?

6. How has your diagnosis impacted your friendships?

7. How has your diagnosis impacted your relationships?

8. How did you feel upon receiving your diagnosis?

9. If your diagnosis could have been received at a different time, how could this have helped you?

10. What could be improved/could have been done, to improve your academic experiences, support or social relationships?

Appendix E - Information Sheet

Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Study Information Sheet

This document provides key information regarding the study and provides details about what will be expected of you as a participant. Therefore, please read this information carefully before providing consent to participate.

During this study you will be required to do the following:

- Once information has been read thoroughly, participants are required to sign a consent form to show a willingness to participate and to showcase an understanding of the study.
- Complete a demographics form, stating your current age, the age at which you received your diagnosis to the best of your knowledge, what your diagnosis was and your highest level of education.
- You will be taking part in a study focusing on the impact an early or late diagnosis of Attention Deficit (Hyperactivity) Disorder, Dyslexia or combined, has on educational experiences, social relationships and self-esteem levels.
- If your diagnosis was made between the ages of 1-17 years this will be referred to as an early diagnosis, if a diagnosis was made at 18+ years, this will be referred to as a late diagnosis.
- Once the consent and demographic information have been completed, participants will be required to complete part 1 of the study.
- Firstly, you will be required to complete a self-esteem scale.
- Secondly, you will complete a series of ten open-ended questions, these will refer to your educational experiences, academic support and the social impact upon receiving a diagnosis (questions will be asking about academic attendance, work, support, friendships)
  - If disclosing information about your education or diagnosis is a cause of distress, you are encouraged to not take part in this study.
  - You can withdraw at any point of the study, this will remain anonymous and no data will be traced back to you.
- Once data has been completed you will be displayed with a debrief sheet, detailing the study, previous research and support lines if needed.

All data given into this study via qualtrics will be stored confidentiality on cloud servers and will then be downloaded onto the UWTSD one drive system, which is a password protected private network.

All responses will be anonymous, in line with the UWTSD research data management policy and the UWTSD research ethics & integrity code of practice. Data will only be kept until the end of the dissertation and then will be deleted from the one drive. You will be fully aware of all contents of the study. You are also encouraged to have any electronic software on your device to help you with the study, particularly if you struggle with spelling or word recognition. If you have any questions surrounding the study, contact details of the principal researcher and supervisor are below

Email of principal researcher: 2218529@student.uwtsd.ac.uk Supervisor C.greenway@uwtsd.ac.uk

If you are happy to take part in this study, please continue to the consent form and read carefully.

If you wish to download this form, please click the link below.

LINK HERE

Appendix F - Consent Form

Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Study Consent Form

I understand that this research study is being carried out by a level 6 Applied Psychology student for their dissertation and that taking part in this study will involve filling out ten open-ended questions in a survey relating to educational experiences and social relationships. Followed by completing a self-esteem scale.

This study will take approximately 15-20 minutes to complete.

I understand that participating in this study is voluntary, and I am free to withdraw participation during or up to the end of the study without giving a reason. I understand that once I send the questionnaire after completion, it cannot be withdrawn.

I am aware that if I have concerns or enquiries about the study, I can discuss these concerns with the researcher or research supervisor at any time before or after the study. I understand that the information I provide will be held confidentially and all data will be anonymous.

I also understand that the data will be stored on the principal researchers one drive, up until the principal researcher finishes writing up their dissertation in accordance with the Data Protection Act (2018). All data will then be deleted.

I am comfortable with answering a self-esteem scale, followed by answering ten open-ended questions relating to the impact on educational experiences and social relationships.

- If these subject areas are a cause of distress, you are encouraged to not take part in this study.

I understand that my data will be kept anonymous and will be analysed through SPSS and thematic analysis and that this data cannot be traced back to me.

I understand by ticking a box I am giving my consent to take part and for my data to be analysed.

Contact email of principal researcher: 2218529@student.uwtsd.ac.uk

Contact email of research supervisor: c.greenway@uwtsd.ac.uk

- If you are happy to continue, please click the arrow to complete the demographics form.

If you wish to download this form, please click the link below.

LINK HERE

Appendix G - Demographic information

Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Demographic Information

Please indicate your gender, current age, the age in which you received your diagnosis (to the best of your knowledge), the type of diagnosis you received and highest level of education obtained.

Gender

(Male)

(Female)

(Transgender)

(Nonbinary)

(prefer not to say)

Current age

(.....)

Age that you received your diagnosis (to the best of your knowledge)

(please state here)

Type of diagnosis

- Attention Deficit Hyperactivity Disorder (ADHD)
- Dyslexia

Highest level of education obtained

(Below GCSE)

(GCSE)

(A-level)

(Undergraduate study)

(Postgraduate study)

(Further Education eg. Masters)

Other - (please indicate the education you received)

Appendix -- Debrief Form

Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Study Debrief Sheet

The impact on educational experiences, social relationships and self-esteem levels upon receiving an early or late diagnosis of ADHD or Dyslexia

Thank you for taking part in the study.

This study aimed to explore whether receiving an early or late learning difficulty diagnosis of either Attention Deficit (Hyperactivity) Disorder (ADHD), Dyslexia or a combined diagnosis, has a different impact on educational experiences, social relationships and self-esteem levels. Particularly to provide a new insight into the importance of diagnosis timing.

Research suggests that academic settings need more resources and training for learning difficulty support (Manalo et al, 2010). Further identifying the importance of diagnostic timing, an early diagnosis of ADHD promoted a more socially secure progression into adolescence (Zahmacioglu et al, 2017) with a late diagnosis leading to lower self-esteem levels (Harpin et al, 2016).

Also suggesting that a late diagnosis of Dyslexia can lead to higher levels of frustration and loss of confidence, whereas early diagnosis promoted resilience and higher self-confidence (Battistutta et al, 2018). If identified early, academic abilities and social networking are facilitated (Rajput, 2014).

If you would like to find out more about your diagnosis, you can access the following YouTube videos:

ADHD https://www.youtube.com/watch?v=xMWtGozn5jU Dyslexia https://www.youtube.com/watch?v=zafiGBrFkRM

If you're struggling with a learning difficulty diagnosis, the following support services are available at the University of Trinity Saint Davids (UWTSD) https://www.uwtsd.ac.uk/experience-facilities/student-support-wellbeing

You are entitled to leave the study at any point by closing your browser, if you do so, the data you have provided so far will not be included in the analysis. However, data will not be able to be withdrawn after the point of submission, all data is anonymous and unidentifiable to the principal researcher. Data will not be traced back to you.

If taking part in this study has raised any questions, please feel free to contact the principal researcher 2218529@student.uwtsd.ac.uk or contact the academic supervisor – Charlotte Greenway c.greenway@uwtsd.ac.uk

Alisha Phillips

BSc Honours Applied Psychology, University of Wales Trinity Saint David, Carmarthen

If you wish to download this form, please click the link below.

LINK HERE

Appendix I – Raw data entered into SPSS

Data view

Current_age_	Age_of_diagnosis_	Diagnosis_type_	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10_	Q2_R	Q5_R	Q6_R	Q8_R	Q9_R
21	20	2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
32	14	2	4	3	2	2	2	3	3	3	3	3	2.00	3.00	2.00	2.00	2.00
25	16	2	3	3	1	3	2	4	2	3	3	3	2.00	3.00	1.00	2.00	2.00
21	5	2	4	3	4	3	4	4	2	4	4	1	2.00	1.00	1.00	1.00	1.00
21	20	1	3	3	1	3	3	3	3	3	2	4	2.00	2.00	2.00	2.00	3.00
21	21	1	3	4	1	3	4	4	1	4	4	1	1.00	1.00	1.00	1.00	1.00
56	55	1	2	2	1	2	1	3	1	3	1	3	3.00	4.00	2.00	2.00	4.00
22	21	2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
21	21	1	3	3	1	2	2	3	2	2	3	2	2.00	3.00	2.00	3.00	2.00
20	4	1	3	3	2	3	3	3	2	3	3	3	2.00	2.00	2.00	2.00	2.00
21	14	2	3	3	2	3	3	4	3	4	3	3	2.00	2.00	1.00	1.00	2.00
22	10	2	2	3	2	3	2	3	3	3	3	2	2.00	3.00	2.00	2.00	2.00
25	6	1	2	3	2	2	2	3	3	3	3	2	2.00	3.00	2.00	2.00	2.00
35	8	2	2	2	1	3	2	2	1	2	2	2	3.00	3.00	3.00	3.00	3.00
21	18	2	2	3	2	3	2	3	2	3	2	3	2.00	3.00	2.00	2.00	3.00
20	19	2	2	3	2	3	3	3	3	3	2	3	2.00	2.00	2.00	2.00	3.00
22	18	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
34	34	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
24	22	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
20	18	1	3	3	2	3	2	2	2	3	3	2	2.00	3.00	3.00	2.00	2.00
18	18	1	3	3	2	3	2	4	3	3	2	3	2.00	3.00	1.00	2.00	3.00
13	9	1	2	2	1	2	2	3	1	2	2	2	3.00	3.00	2.00	3.00	3.00
21	21	1	2	4	1	2	2	3	1	3	2	2	1.00	3.00	2.00	2.00	3.00
19	9	2	2	3	2	2	2	3	2	3	3	2	2.00	3.00	2.00	2.00	2.00
22	10	1	2	2	2	3	3	2	2	4	2	2	3.00	2.00	3.00	1.00	3.00
27	14	1	2	1	2	3	3	3	2	4	3	2	4.00	2.00	2.00	1.00	2.00
30	7	2	2	1	2	1	2	2	2	2	2	2	4.00	3.00	3.00	3.00	3.00
35	20	2	2	1	2	2	2	2	2	3	2	2	4.00	3.00	3.00	2.00	3.00
36	25	2	2	1	2	4	3	2	3	4	2	2	4.00	2.00	3.00	1.00	3.00
29	18	2	2	1	2	2	3	2	2	4	2	3	4.00	2.00	3.00	1.00	3.00

	Current_age_	Age_of_diagnosis_	Diagnosis_type_	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10_	Q2_R	Q5_R	Q6_R	Q8_R	Q9_R
29	36	25	2	2	1	2	4	3	2	3	4	2	2	4.00	2.00	3.00	1.00	3.00
30	29	18	2	2	1	2	2	3	2	2	4	2	3	4.00	2.00	3.00	1.00	3.00
31	24	19	2	3	1	2	4	3	2	2	4	3	2	4.00	2.00	3.00	1.00	2.00
32	27	20	2	2	3	3	2	3	3	2	3	3	2	2.00	2.00	2.00	2.00	2.00
33	41	39	1	3	3	2	3	2	3	2	2	3	3	2.00	3.00	2.00	3.00	2.00
34	30	25	1	2	3	3	2	3	3	2	3	3	2	2.00	2.00	2.00	2.00	2.00
35	38	8	1	2	3	2	2	3	3	2	3	3	3	2.00	2.00	2.00	2.00	2.00
36	28	18	2	3	3	2	3	2	3	2	3	3	2	2.00	3.00	2.00	2.00	2.00
37	23	7	1	2	3	2	2	3	3	2	3	3	2	2.00	2.00	2.00	2.00	2.00
38	20	8	1	2	2	2	3	2	3	2	3	3	2	3.00	3.00	2.00	2.00	2.00
39	23	22	1	3	3	2	3	2	3	2	3	2	3	2.00	3.00	2.00	2.00	3.00
40	19	13	1	2	1	2	3	3	2	2	4	2	2	4.00	2.00	3.00	1.00	3.00
41	22	15	2	2	1	2	3	2	2	3	4	3	2	4.00	3.00	3.00	1.00	2.00
42	25	11	1	2	1	2	3	2	3	2	4	2	2	4.00	3.00	2.00	1.00	3.00
43	29	17	2	2	1	2	3	3	1	2	3	1	3	4.00	2.00	4.00	2.00	4.00
44	28	20	2	3	4	2	3	3	3	3	3	3	3	1.00	2.00	2.00	2.00	2.00
45	18	14	2	2	3	2	3	3	3	3	3	3	3	2.00	2.00	2.00	2.00	2.00
46	26	8	2	1	1	1	2	2	1	2	2	2	2	4.00	3.00	4.00	3.00	3.00
47	31	16	1	2	2	2	3	2	3	2	4	2	2	3.00	3.00	2.00	1.00	3.00
48	29	6	2	3	3	2	3	3	3	2	3	4	3	2.00	2.00	2.00	2.00	1.00
49	35	6	1	2	3	2	3	3	4	2	3	4	3	2.00	2.00	1.00	2.00	1.00
50	22	18	2	3	3	2	2	3	3	2	3	4	2	2.00	2.00	2.00	2.00	1.00
51	20	5	2	3	3	2	3	2	3	2	3	3	2	2.00	3.00	2.00	2.00	2.00
52	24	6	2	2	3	2	3	2	3	2	4	4	3	2.00	3.00	2.00	1.00	1.00
53	21	20	2	2	3	2	2	2	3	3	3	4	3	2.00	3.00	2.00	2.00	1.00
54	20	20	2	2	3	2	3	3	3	2	3	3	3	2.00	2.00	2.00	2.00	2.00
55	25	20	2	2	3	2	2	3	3	2	3	3	2	2.00	2.00	2.00	2.00	2.00
56	23	18	2	3	3	2	3	3	4	2	3	4	3	2.00	2.00	1.00	2.00	1.00
57	28	21	2	3	3	2	3	3	3	2	3	4	2	2.00	2.00	2.00	2.00	1.00
58	26	6	2	2	3	2	2	2	3	2	3	4	2	2.00	3.00	2.00	2.00	1.00

58	6	2	2	3	2	2	2	3	2	3	4	2	2.00	3.00	2.00	2.00	1.00
59	7	2	3	3	2	2	3	3	2	3	4	2	2.00	2.00	2.00	2.00	1.00
60	20	1	2	1	2	3	3	3	2	4	2	2	4.00	2.00	2.00	1.00	3.00
61	19	1	2	2	2	3	2	3	2	4	2	2	3.00	3.00	2.00	1.00	3.00
62	12	2	2	1	1	2	2	2	2	4	2	2	4.00	3.00	3.00	1.00	3.00
63	23	1	3	2	2	3	3	2	2	4	2	3	3.00	2.00	3.00	1.00	3.00
64	12	1	2	1	1	2	2	2	2	4	1	2	4.00	3.00	3.00	1.00	4.00
65	10	1	2	1	2	2	2	2	2	3	1	1	4.00	3.00	3.00	2.00	4.00
66	6	1	3	3	2	3	2	3	2	3	4	3	2.00	3.00	2.00	2.00	1.00
67	8	1	3	3	3	3	3	3	2	3	4	3	2.00	2.00	2.00	2.00	1.00
68	5	2	3	2	2	3	3	3	3	3	4	3	3.00	2.00	2.00	2.00	1.00
69	22	1	2	3	2	2	3	3	2	3	3	3	2.00	2.00	2.00	2.00	2.00

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q2_R	Q5_R	Q6_R	Q8_R	Q9_R	Total_Self_Esteem
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
4	3	2	2	2	3	3	3	3	3	2.00	3.00	2.00	2.00	2.00	25.00
3	3	1	3	2	4	2	3	3	3	2.00	3.00	1.00	2.00	2.00	22.00
4	3	4	3	4	4	2	4	4	1	2.00	1.00	1.00	1.00	1.00	20.00
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3	4	1	3	4	4	1	4	4	1	1.00	1.00	1.00	1.00	1.00	14.00
2	2	1	2	1	3	1	3	1	3	3.00	4.00	2.00	2.00	4.00	24.00
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3	3	1	2	2	3	2	2	3	2	2.00	3.00	2.00	3.00	2.00	22.00
3	3	2	3	3	3	2	3	3	3	2.00	2.00	2.00	2.00	2.00	23.00
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2	1	2	4	3	2	3	4	2	2	4.00	2.00	3.00	1.00	3.00	26.00
2	1	2	2	3	2	2	4	2	3	4.00	2.00	3.00	1.00	3.00	24.00

Variable view

Name	Type	Width	Decimals	Label	Values	Missing	Columns	Align	Measure	Role
Current_ag...	String	2000	0	Please state y...	None	None	15	Left	Nominal	Input
Age_of_dia...	String	2000	0	To the best of...	None	None	15	Left	Nominal	Input
Diagnosis_...	Numeric	40	0	Please state ...	{1, Attenti...	None	16	Right	Scale	Input
Q1	Numeric	40	0	On the whole,...	{1, Strongl...	None	5	Right	Scale	Input
Q2	Numeric	40	0	At times I thin...	{1, Strongl...	None	5	Right	Scale	Input
Q3	Numeric	40	0	I feel that I ha...	{1, Strongl...	None	5	Right	Scale	Input
Q4	Numeric	40	0	I am able to d...	{1, Strongl...	None	5	Right	Scale	Input
Q5	Numeric	40	0	I feel I do not ...	{1, Strongl...	None	5	Right	Scale	Input
Q6	Numeric	40	0	I certainly feel...	{1, Strongl...	None	5	Right	Scale	Input
Q7	Numeric	40	0	I feel that I a...	{1, Strongl...	None	5	Right	Scale	Input
Q8	Numeric	40	0	I wish I could ...	{1, Strongl...	None	5	Right	Scale	Input
Q9	Numeric	40	0	All in all, I am...	{1, Strongl...	None	5	Right	Scale	Input
Q10_	Numeric	40	0	I take a positi...	{1, Strongl...	None	5	Right	Scale	Input
Q2_R	Numeric	8	2		None	None	10	Right	Nominal	Input
Q5_R	Numeric	8	2		None	None	10	Right	Nominal	Input
Q6_R	Numeric	8	2		None	None	10	Right	Nominal	Input
Q8_R	Numeric	8	2		None	None	10	Right	Nominal	Input
Q9_R	Numeric	8	2		None	None	10	Right	Nominal	Input
Total_Self_...	Numeric	8	2		None	None	19	Right	Scale	Input

Appendix J - SPSS outputs

Between-Subjects Factors

		Value Label	N
Time of diagnosis	1	Early	37
	2	Late	32
Diagnosis type	1	Attention Deficit (Hyperactivity) Disorder	33
	2	Dyslexia	36

Descriptive Statistics

Dependent Variable: Total_Self_Esteem

Time of diagnosis	Diagnosis type	Mean	Std. Deviation	N
Early	Attention Deficit (Hyperactivity) Disorder	22.62	1.408	16
	Dyslexia	23.05	2.061	21
	Total	22.86	1.798	37
Late	Attention Deficit (Hyperactivity) Disorder	22.94	2.947	17
	Dyslexia	22.73	1.907	15
	Total	22.84	2.477	32
Total	Attention Deficit (Hyperactivity) Disorder	22.79	2.302	33
	Dyslexia	22.92	1.977	36
	Total	22.86	2.123	69

Levene's Test of Equality of Error Variances[a,b]

		Levene Statistic	df1	df2	Sig.
Total_Self_Esteem	Based on Mean	1.461	3	65	.233
	Based on Median	.906	3	65	.443
	Based on Median and with adjusted df	.906	3	37.744	.447
	Based on trimmed mean	1.201	3	65	.317

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a. Dependent variable: Total_Self_Esteem

b. Design: Intercept + Age_of_diagnosis_ + Diagnosis_type_ + Age_of_diagnosis_ * Diagnosis_type_

Tests of Between-Subjects Effects

Dependent Variable: Total_Self_Esteem

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	1.974[a]	3	.658	.140	.935	.006
Intercept	35415.834	1	35415.834	7558.122	<.001	.991
Age_of_diagnosis_	1.517E-5	1	1.517E-5	.000	.999	.000
Diagnosis_type_	.196	1	.196	.042	.839	.001
Age_of_diagnosis_ * Diagnosis_type_	1.687	1	1.687	.360	.551	.006
Error	304.577	65	4.686			
Total	36349.000	69				
Corrected Total	306.551	68				

a. R Squared = .006 (Adjusted R Squared = -.039)

Estimated Marginal Means

1. Grand Mean

Dependent Variable: Total_Self_Esteem

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
22.837	.263	22.312	23.361

2. Time of diagnosis

Estimates

Dependent Variable: Total_Self_Esteem

Time of diagnosis	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Early	22.836	.359	22.119	23.554
Late	22.837	.383	22.072	23.603

Pairwise Comparisons

Dependent Variable: Total_Self_Esteem

(I) Time of diagnosis	(J) Time of diagnosis	Mean Difference (I-J)	Std. Error	Sig.[a]	95% Confidence Interval for Difference[a]	
					Lower Bound	Upper Bound
Early	Late	-.001	.525	.999	-1.050	1.048
Late	Early	.001	.525	.999	-1.048	1.050

Based on estimated marginal means

a. Adjustment for multiple comparisons: Bonferroni.

Univariate Tests

Dependent Variable: Total_Self_Esteem

	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Contrast	1.517E-5	1	1.517E-5	.000	.999	.000
Error	304.577	65	4.686			

The F tests the effect of Time of diagnosis . This test is based on the linearly independent pairwise comparisons among the estimated marginal means.

3. Diagnosis type

Estimates

Dependent Variable: Total_Self_Esteem

Diagnosis type	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Attention Deficit (Hyperactivity) Disorder	22.783	.377	22.030	23.536
Dyslexia	22.890	.366	22.160	23.621

Pairwise Comparisons

Dependent Variable: Total_Self_Esteem

(I) Diagnosis type	(J) Diagnosis type	Mean Difference (I-J)	Std. Error	Sig.[a]	95% Confidence Interval for Difference[a]	
					Lower Bound	Upper Bound
Attention Deficit (Hyperactivity) Disorder	Dyslexia	-.107	.525	.839	-1.157	.942
Dyslexia	Attention Deficit (Hyperactivity) Disorder	.107	.525	.839	-.942	1.157

Based on estimated marginal means

a. Adjustment for multiple comparisons: Bonferroni.

Univariate Tests

Dependent Variable: Total_Self_Esteem

	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Contrast	.196	1	.196	.042	.839	.001
Error	304.577	65	4.686			

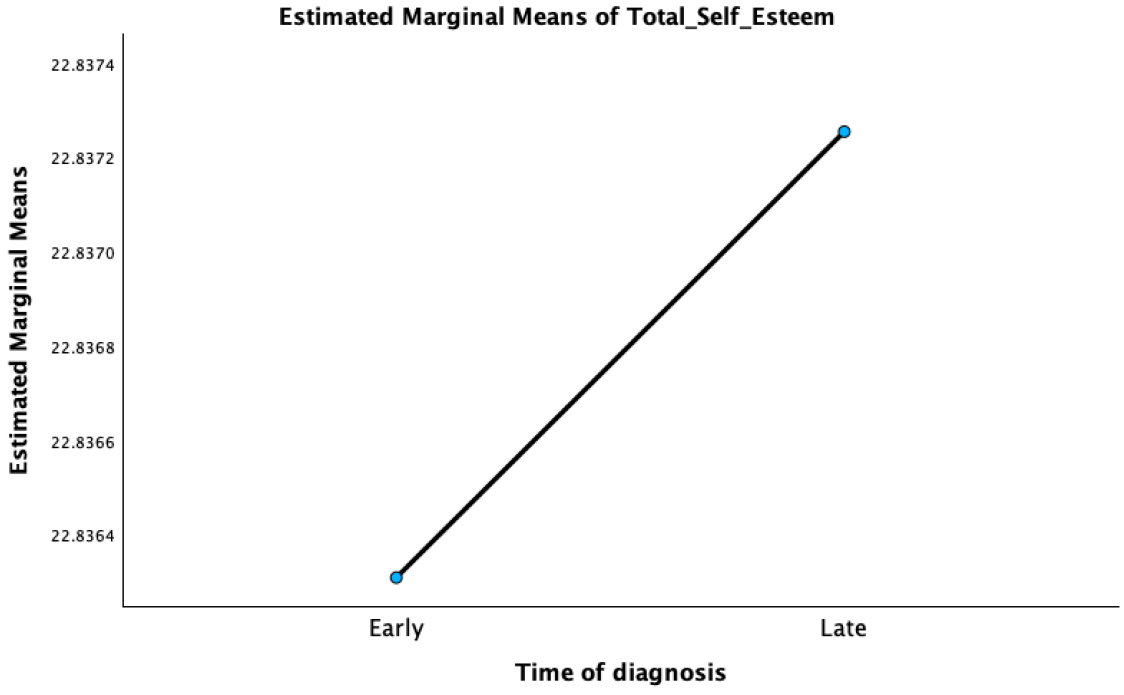
The F tests the effect of Diagnosis type. This test is based on the linearly independent pairwise comparisons among the estimated marginal means.

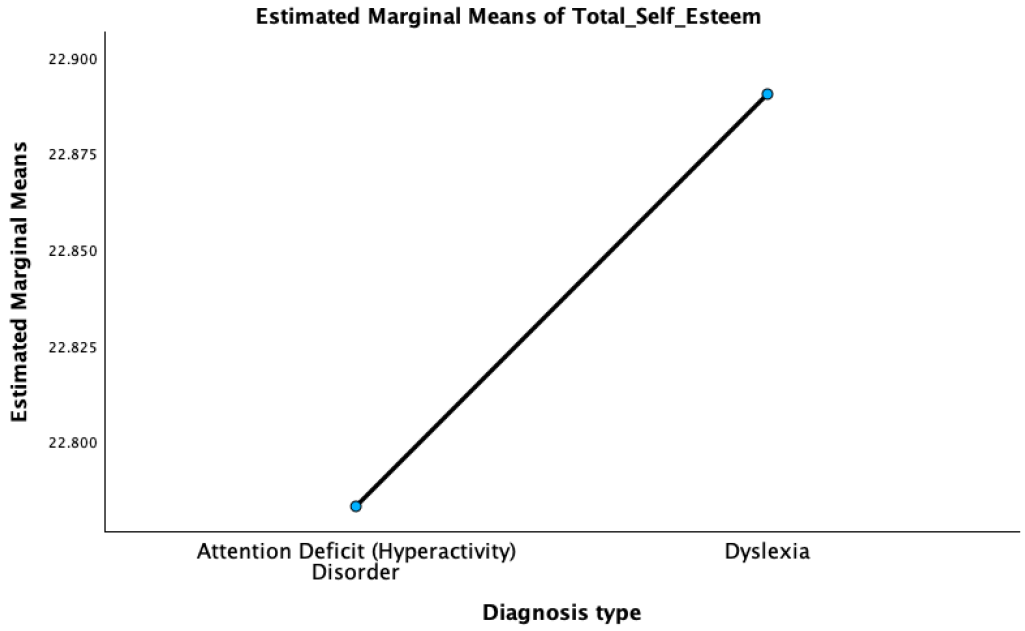
4. Time of diagnosis * Diagnosis type

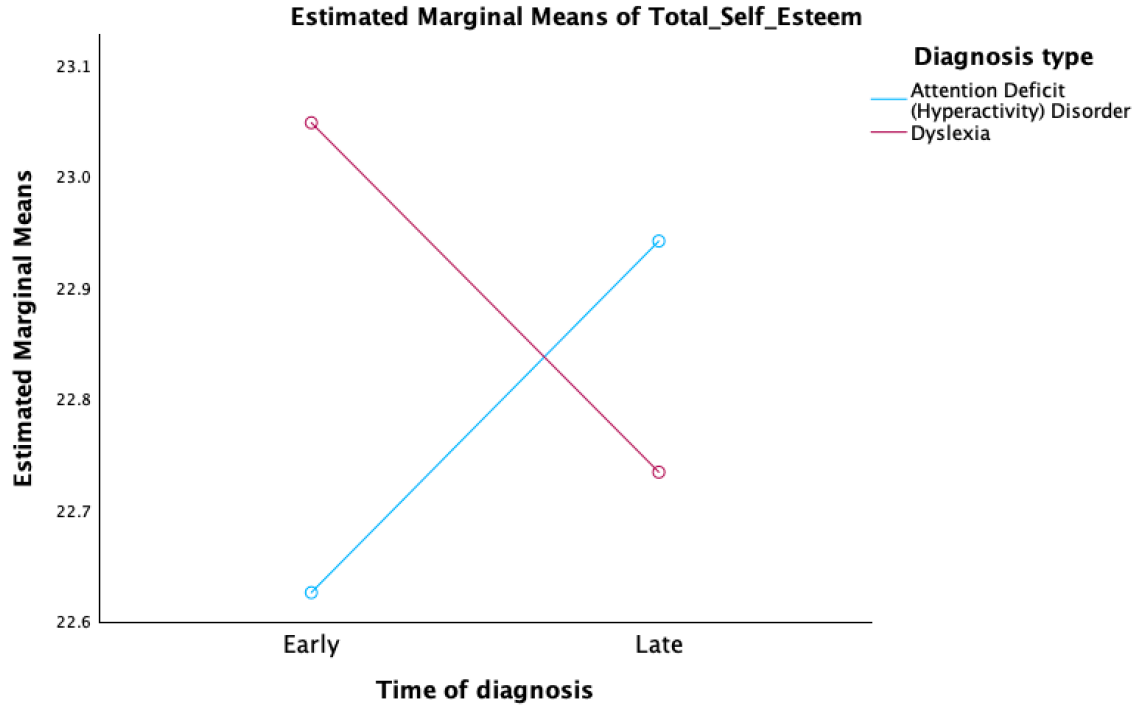
Dependent Variable: Total_Self_Esteem

Time of diagnosis	Diagnosis type	Mean	Std. Error	95% Confidence Interval Lower Bound	95% Confidence Interval Upper Bound
Early	Attention Deficit (Hyperactivity) Disorder	22.625	.541	21.544	23.706
	Dyslexia	23.048	.472	22.104	23.991
Late	Attention Deficit (Hyperactivity) Disorder	22.941	.525	21.893	23.990
	Dyslexia	22.733	.559	21.617	23.850

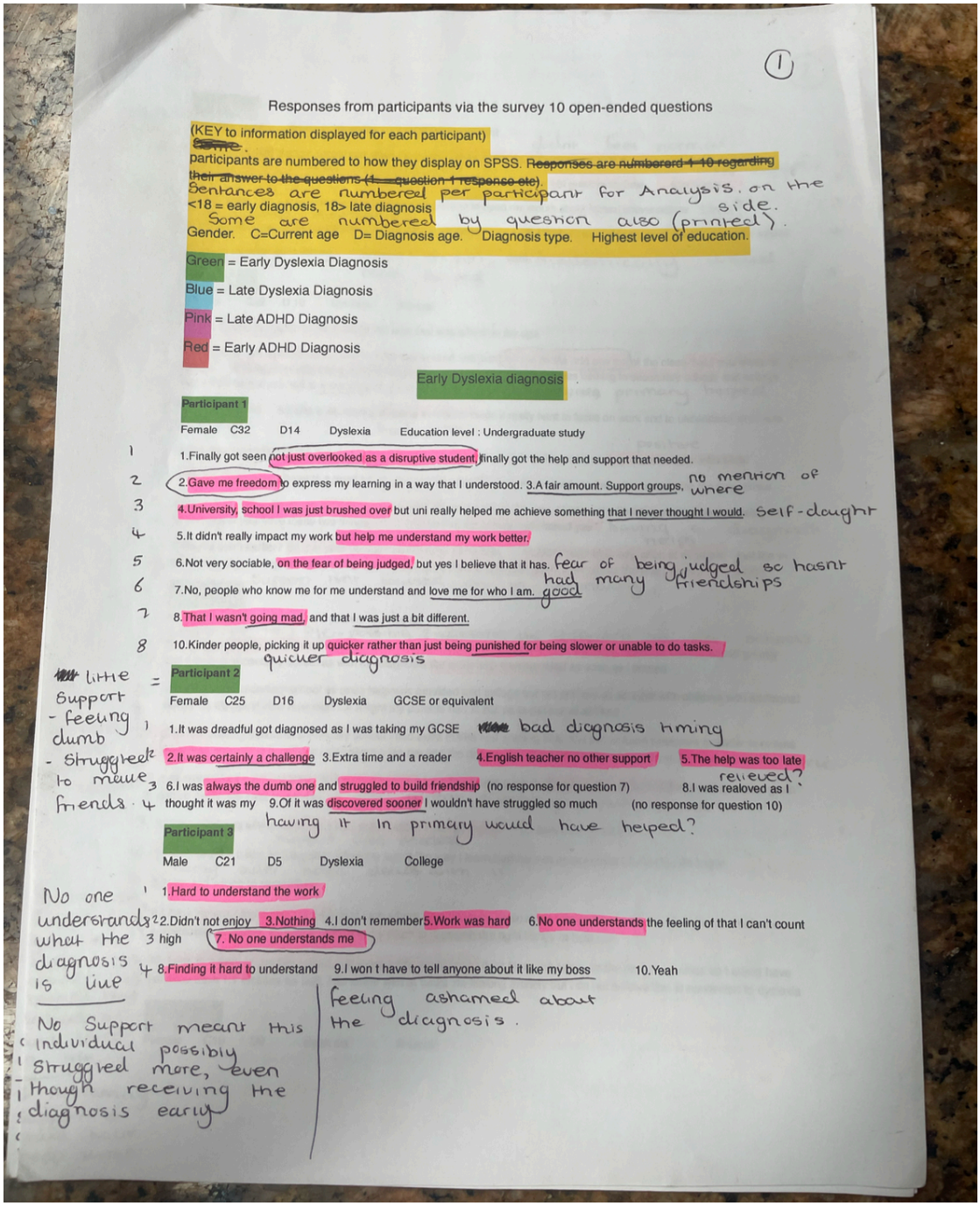
Profile Plots




Estimated Marginal Means of Total_Self_Esteem
Estimated Marginal Means
22.900
22.875
22.850
22.825
22.800
Attention Deficit (Hyperactivity) Disorder
Dyslexia
Diagnosis type


Estimated Marginal Means of Total_Self_Esteem
Diagnosis type
Attention Deficit (Hyperactivity) Disorder
Dyslexia
Estimated Marginal Means
23.1
23.0
22.9
22.8
22.7
22.6
Early
Late
Time of diagnosis

Appendix K - Survey responses after analysis with codes (Early Dyslexia)



(1)

Responses from participants via the survey 10 open-ended questions

(KEY to information displayed for each participant)
~~Some~~.
participants are numbered to how they display on SPSS. ~~Responses are numbered 1-10 regarding their answer to the questions (1 = question 1 response etc).~~
Sentances are numbered per participant for Analysis. on the side.
<18 = early diagnosis, 18> late diagnosis
Some are numbered by question also (printed).
Gender. C=Current age D= Diagnosis age. Diagnosis type. Highest level of education.

Green = Early Dyslexia Diagnosis
Blue = Late Dyslexia Diagnosis
Pink = Late ADHD Diagnosis
Red = Early ADHD Diagnosis

Early Dyslexia diagnosis

Participant 1
Female C32 D14 Dyslexia Education level : Undergraduate study

1 1.Finally got seen not just overlooked as a disruptive student, finally got the help and support that needed.
2 2.Gave me freedom to express my learning in a way that I understood. 3.A fair amount. Support groups, no mention of where
3 4.University, school I was just brushed over but uni really helped me achieve something that I never thought I would. self-daught
4 5.It didn't really impact my work but help me understand my work better.
5 6.Not very sociable, on the fear of being judged, but yes I believe that it has. fear of being judged so hasn't had many friendships
6 7.No, people who know me for me understand and love me for who I am. good
7 8.That I wasn't going mad, and that I was just a bit different.
8 10.Kinder people, picking it up quicker rather than just being punished for being slower or unable to do tasks.
quicker diagnosis

little support - feeling dumb - Struggled to make friends =

Participant 2
Female C25 D16 Dyslexia GCSE or equivalent

1 1.It was dreadful got diagnosed as I was taking my GCSE bad diagnosis timing
2 2.It was certainly a challenge 3.Extra time and a reader 4.English teacher no other support 5.The help was too late received?
3 6.I was always the dumb one and struggled to build friendship (no response for question 7) 8.I was realoved as I
4 thought it was my 9.Of it was discovered sooner I wouldn't have struggled so much (no response for question 10)
having it in primary would have helped?

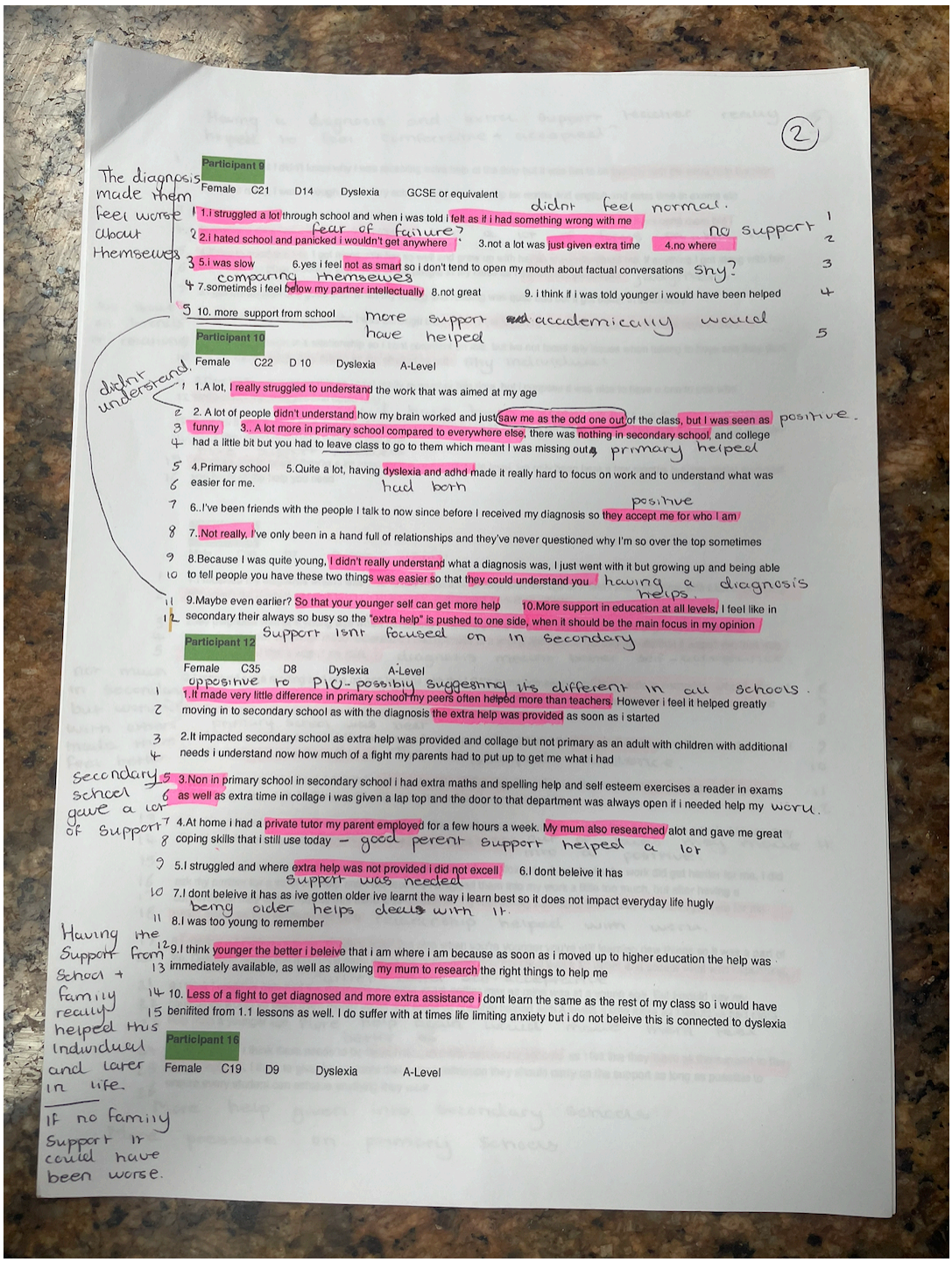
Participant 3
Male C21 D5 Dyslexia College

No one understands what the diagnosis is like

1 1.Hard to understand the work
2 2.Didn't not enjoy 3.Nothing 4.I don't remember 5.Work was hard 6.No one understands the feeling of that I can't count
3 high 7. No one understands me
4 8.Finding it hard to understand 9.I won t have to tell anyone about it like my boss 10.Yeah

feeling ashamed about the diagnosis.

No Support meant this individual possibly Struggled more, even though receiving the diagnosis early



(2)

The diagnosis made them feel worse about themselves

Participant 9

Female C21 D14 Dyslexia GCSE or equivalent

didnt feel normal.

1 1.I struggled a lot through school and when i was told i felt as if i had something wrong with me

fear of failure?

2 2.I hated school and panicked i wouldn't get anywhere 3.not a lot was just given extra time 4.no where

no support

3 5.I was slow 6.yes i feel not as smart so i don't tend to open my mouth about factual conversations

shy?

comparing themselves

4 7.sometimes i feel below my partner intellectually 8.not great 9. i think if i was told younger i would have been helped

5 10. more support from school

more support and academically would have helped

Participant 10

Female C22 D 10 Dyslexia A-Level

didnt understand

1 1.A lot, I really struggled to understand the work that was aimed at my age

2 2. A lot of people didn't understand how my brain worked and just saw me as the odd one out of the class, but I was seen as positive.

3 funny 3.. A lot more in primary school compared to everywhere else, there was nothing in secondary school, and college

4 had a little bit but you had to leave class to go to them which meant I was missing out.

primary helped

5 4.Primary school 5.Quite a lot, having dyslexia and adhd made it really hard to focus on work and to understand what was

6 easier for me.

had born

positive

7 6..I've been friends with the people I talk to now since before I received my diagnosis so they accept me for who I am

8 7..Not really, I've only been in a hand full of relationships and they've never questioned why I'm so over the top sometimes

9 8.Because I was quite young, I didn't really understand what a diagnosis was, I just went with it but growing up and being able

10 to tell people you have these two things was easier so that they could understand you

having a diagnosis helps.

11 9.Maybe even earlier? So that your younger self can get more help 10.More support in education at all levels, I feel like in

12 secondary their always so busy so the "extra help" is pushed to one side, when it should be the main focus in my opinion

Support isnt focused on in secondary

Participant 12

Female C35 D8 Dyslexia A-Level

opposinve to P1C- possibly suggesting its different in all schools.

1 1.It made very little difference in primary school my peers often helped more than teachers. However i feel it helped greatly

2 moving in to secondary school as with the diagnosis the extra help was provided as soon as i started

3 2.It impacted secondary school as extra help was provided and collage but not primary as an adult with children with additional

4 needs i understand now how much of a fight my parents had to put up to get me what i had

Secondary school gave a lot of support

5 3.Non in primary school in secondary school i had extra maths and spelling help and self esteem exercises a reader in exams

6 as well as extra time in collage i was given a lap top and the door to that department was always open if i needed help my worry.

7 4.At home i had a private tutor my parent employed for a few hours a week. My mum also researched alot and gave me great

8 coping skills that i still use today – good perent support helped a lot

9 5.I struggled and where extra help was not provided i did not excell 6.I dont beleive it has

Support was needed

10 7.I dont beleive it has as ive gotten older ive learnt the way i learn best so it does not impact everyday life hugly

being older helps deals with it.

11 8.I was too young to remember

Having the support from School + family really helped this individual and later in life.

12 9.I think younger the better i beleive that i am where i am because as soon as i moved up to higher education the help was

13 immediately available, as well as allowing my mum to research the right things to help me

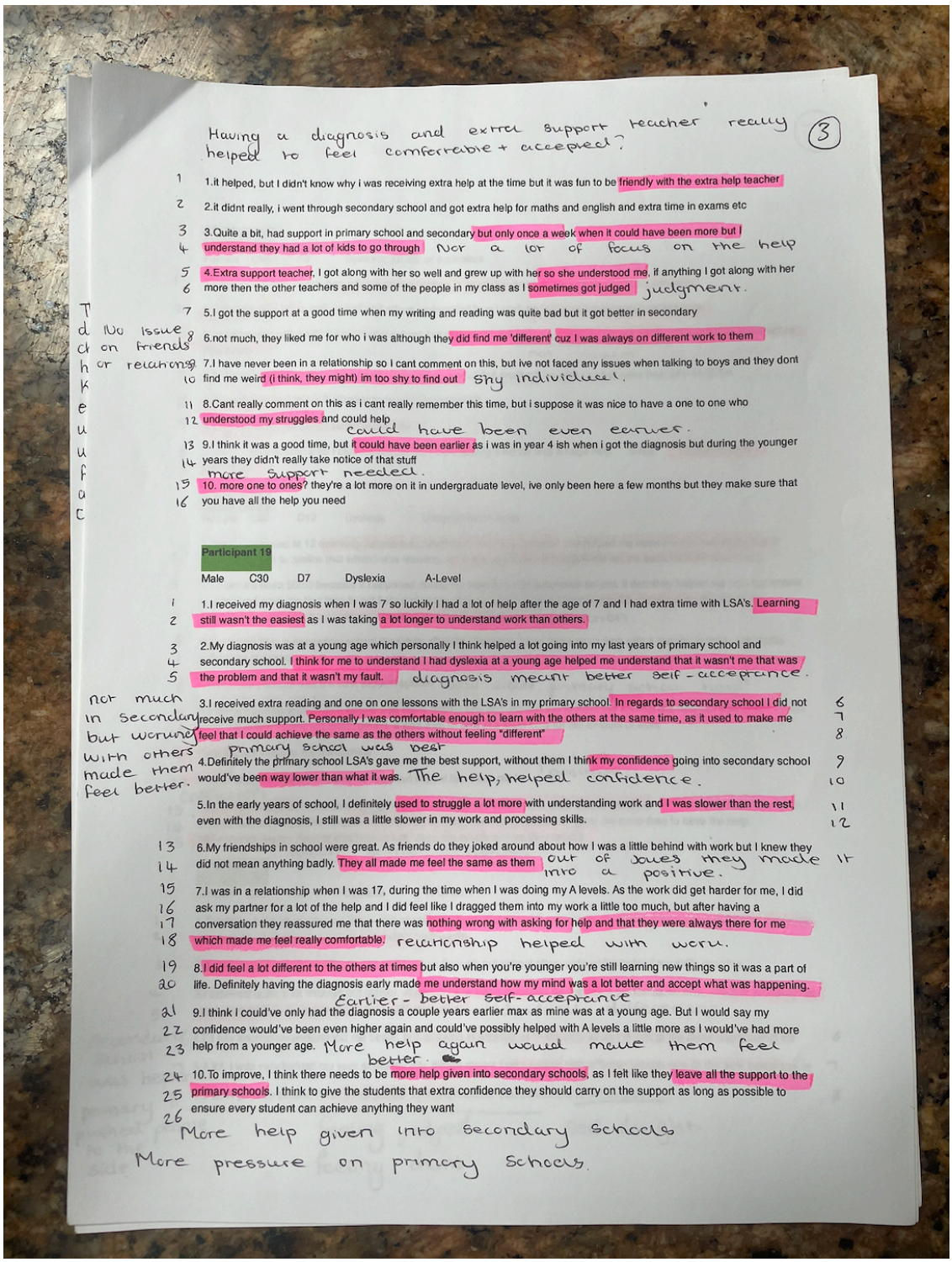
14 10. Less of a fight to get diagnosed and more extra assistance i dont learn the same as the rest of my class so i would have

15 benifited from 1.1 lessons as well. I do suffer with at times life limiting anxiety but i do not beleive this is connected to dyslexia

Participant 16

Female C19 D9 Dyslexia A-Level

If no family support it could have been worse.



Having a diagnosis and extra support teacher really helped to feel comfortable + accepted? (3)

1 1.it helped, but I didn't know why i was receiving extra help at the time but it was fun to be friendly with the extra help teacher

2 2.it didnt really, i went through secondary school and got extra help for maths and english and extra time in exams etc

3 3.Quite a bit, had support in primary school and secondary but only once a week when it could have been more but I
4 understand they had a lot of kids to go through Not a lot of focus on the help

5 4.Extra support teacher, I got along with her so well and grew up with her so she understood me, if anything I got along with her
6 more then the other teachers and some of the people in my class as I sometimes got judged judgment.

7 5.I got the support at a good time when my writing and reading was quite bad but it got better in secondary

No issue on friends or relationship 8 6.not much, they liked me for who i was although they did find me 'different' cuz I was always on different work to them

9 7.I have never been in a relationship so I cant comment on this, but ive not faced any issues when talking to boys and they dont
10 find me weird (i think, they might) im too shy to find out shy individual.

11 8.Cant really comment on this as i cant really remember this time, but i suppose it was nice to have a one to one who
12 understood my struggles and could help could have been even earlier.

13 9.I think it was a good time, but it could have been earlier as i was in year 4 ish when i got the diagnosis but during the younger
14 years they didn't really take notice of that stuff more support needed.

15 10. more one to ones? they're a lot more on it in undergraduate level, ive only been here a few months but they make sure that
16 you have all the help you need

Participant 10

Male C30 D7 Dyslexia A-Level

1 1.I received my diagnosis when I was 7 so luckily I had a lot of help after the age of 7 and I had extra time with LSA's. Learning
2 still wasn't the easiest as I was taking a lot longer to understand work than others.

3 2.My diagnosis was at a young age which personally I think helped a lot going into my last years of primary school and
4 secondary school. I think for me to understand I had dyslexia at a young age helped me understand that it wasn't me that was
5 the problem and that it wasn't my fault. diagnosis meant better self-acceptance.

not much in secondary but worried with others made them feel better. 3.I received extra reading and one on one lessons with the LSA's in my primary school. In regards to secondary school I did not receive much support. Personally I was comfortable enough to learn with the others at the same time, as it used to make me feel that I could achieve the same as the others without feeling "different" primary school was best 6 7 8

4.Definitely the primary school LSA's gave me the best support, without them I think my confidence going into secondary school would've been way lower than what it was. The help, helped confidence. 9 10

5.In the early years of school, I definitely used to struggle a lot more with understanding work and I was slower than the rest, even with the diagnosis, I still was a little slower in my work and processing skills. 11 12

13 6.My friendships in school were great. As friends do they joked around about how I was a little behind with work but I knew they
14 did not mean anything badly. They all made me feel the same as them our of jokes they made into a positive. 11

15 7.I was in a relationship when I was 17, during the time when I was doing my A levels. As the work did get harder for me, I did
16 ask my partner for a lot of the help and I did feel like I dragged them into my work a little too much, but after having a
17 conversation they reassured me that there was nothing wrong with asking for help and that they were always there for me
18 which made me feel really comfortable. relationship helped with worry.

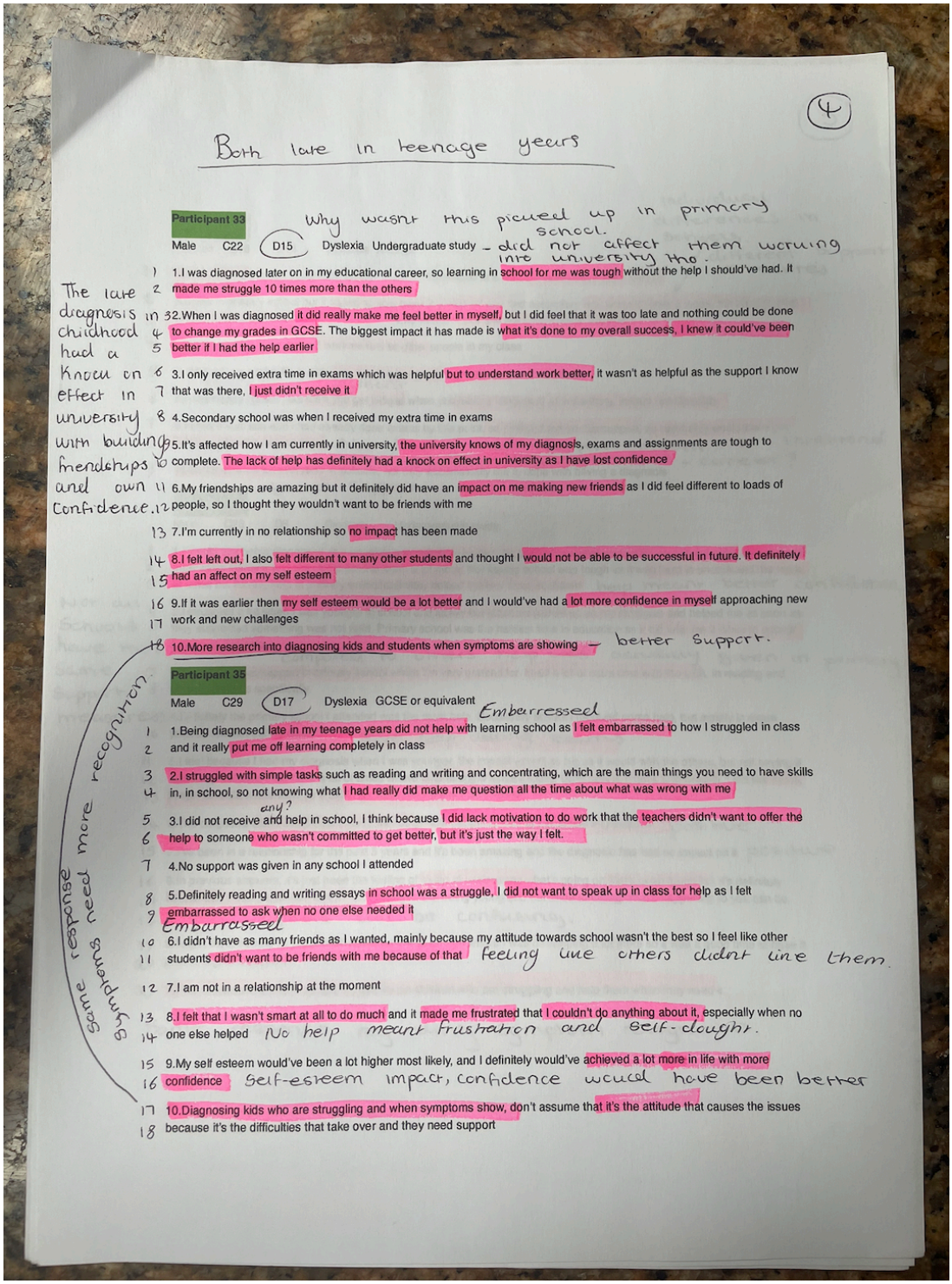
19 8.I did feel a lot different to the others at times but also when you're younger you're still learning new things so it was a part of
20 life. Definitely having the diagnosis early made me understand how my mind was a lot better and accept what was happening.
Earlier - better self-acceptance

21 9.I think I could've only had the diagnosis a couple years earlier max as mine was at a young age. But I would say my
22 confidence would've been even higher again and could've possibly helped with A levels a little more as I would've had more
23 help from a younger age. More help again would make them feel better.

24 10.To improve, I think there needs to be more help given into secondary schools, as I felt like they leave all the support to the
25 primary schools. I think to give the students that extra confidence they should carry on the support as long as possible to
26 ensure every student can achieve anything they want

More help given into secondary schools

More pressure on primary schools.



4

Both late in teenage years

Participant 33
Male C22 D15 Dyslexia Undergraduate study

Why wasn't this picked up in primary school. - did not affect them during into university tho.

1.I was diagnosed later on in my educational career, so learning in school for me was tough without the help I should've had. It made me struggle 10 times more than the others

The late diagnosis in childhood had a knock on effect in university with buildings friendships and own confidence.

2.When I was diagnosed it did really make me feel better in myself, but I did feel that it was too late and nothing could be done to change my grades in GCSE. The biggest impact it has made is what it's done to my overall success, I knew it could've been better if I had the help earlier

3.I only received extra time in exams which was helpful but to understand work better, it wasn't as helpful as the support I know that was there, I just didn't receive it

4.Secondary school was when I received my extra time in exams

5.It's affected how I am currently in university, the university knows of my diagnosis, exams and assignments are tough to complete. The lack of help has definitely had a knock on effect in university as I have lost confidence

6.My friendships are amazing but it definitely did have an impact on me making new friends as I did feel different to loads of people, so I thought they wouldn't want to be friends with me

7.I'm currently in no relationship so no impact has been made

8.I felt left out, I also felt different to many other students and thought I would not be able to be successful in future. It definitely had an affect on my self esteem

9.If it was earlier then my self esteem would be a lot better and I would've had a lot more confidence in myself approaching new work and new challenges

10.More research into diagnosing kids and students when symptoms are showing - better support.

Same response need more recognition symptoms

Participant 35
Male C29 D17 Dyslexia GCSE or equivalent

Embarressed

1.Being diagnosed late in my teenage years did not help with learning school as I felt embarrassed to how I struggled in class and it really put me off learning completely in class

2.I struggled with simple tasks such as reading and writing and concentrating, which are the main things you need to have skills in, in school, so not knowing what I had really did make me question all the time about what was wrong with me

3.I did not receive any? help in school, I think because I did lack motivation to do work that the teachers didn't want to offer the help to someone who wasn't committed to get better, but it's just the way I felt.

4.No support was given in any school I attended

5.Definitely reading and writing essays in school was a struggle, I did not want to speak up in class for help as I felt embarrassed to ask when no one else needed it

Embarrassed

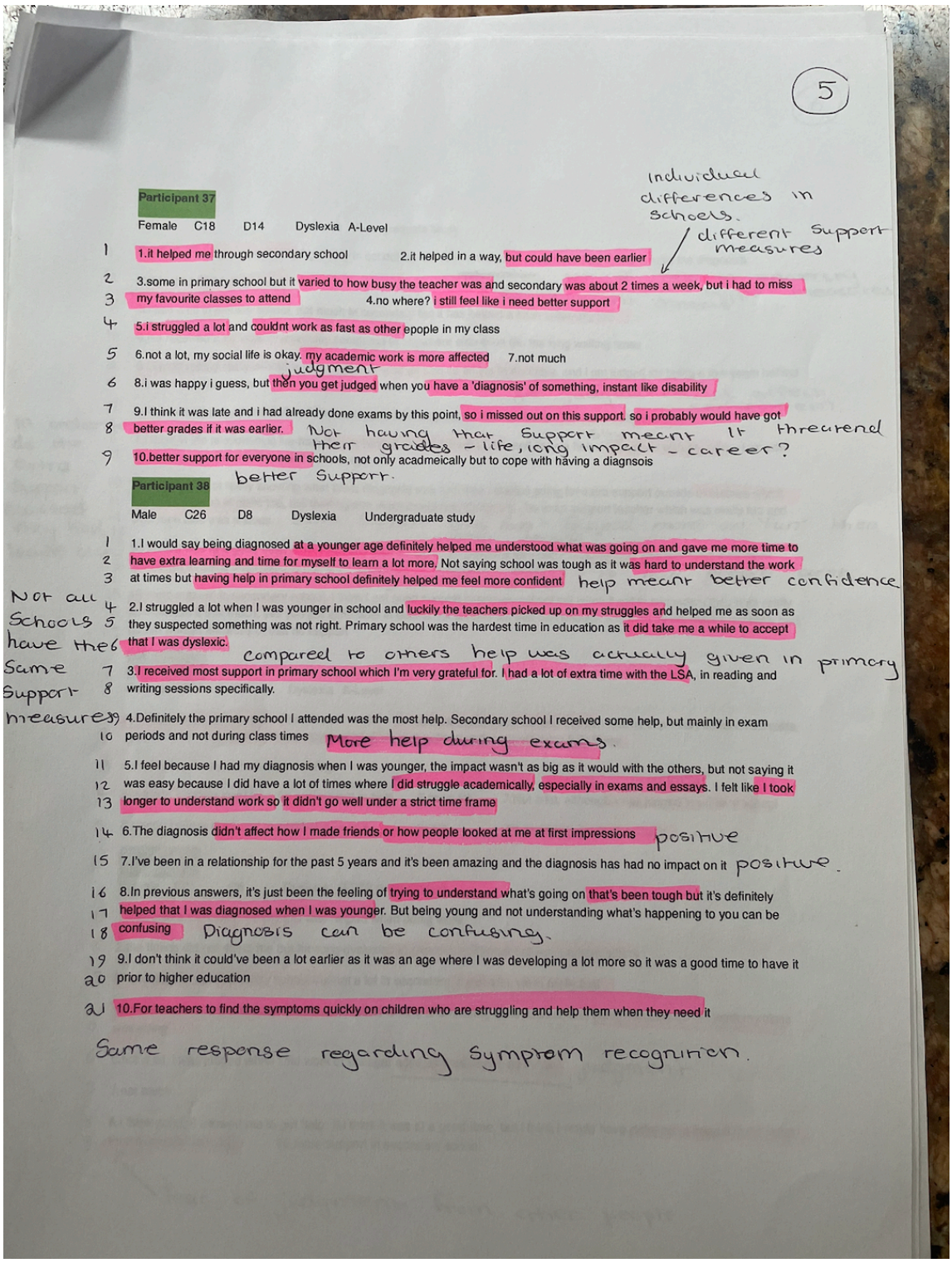
6.I didn't have as many friends as I wanted, mainly because my attitude towards school wasn't the best so I feel like other students didn't want to be friends with me because of that feeling like others didn't like them.

7.I am not in a relationship at the moment

8.I felt that I wasn't smart at all to do much and it made me frustrated that I couldn't do anything about it, especially when no one else helped No help meant frustration and self-dought.

9.My self esteem would've been a lot higher most likely, and I definitely would've achieved a lot more in life with more confidence self-esteem impact, confidence would have been better

10.Diagnosing kids who are struggling and when symptoms show, don't assume that it's the attitude that causes the issues because it's the difficulties that take over and they need support



5

Individual differences in schools.

different support measures

Participant 37

Female C18 D14 Dyslexia A-Level

1.it helped me through secondary school 2.it helped in a way, but could have been earlier

3.some in primary school but it varied to how busy the teacher was and secondary was about 2 times a week, but i had to miss my favourite classes to attend 4.no where? i still feel like i need better support

5.i struggled a lot and couldnt work as fast as other epople in my class

6.not a lot, my social life is okay. my academic work is more affected 7.not much

judgment

8.i was happy i guess, but then you get judged when you have a 'diagnosis' of something, instant like disability

9.I think it was late and i had already done exams by this point, so i missed out on this support. so i probably would have got better grades if it was earlier.

Not having that support meant it threatened their grades - life, long impact - career?

10.better support for everyone in schools, not only acadmeically but to cope with having a diagnsois

better support.

Participant 38

Male C26 D8 Dyslexia Undergraduate study

1.I would say being diagnosed at a younger age definitely helped me understood what was going on and gave me more time to have extra learning and time for myself to learn a lot more. Not saying school was tough as it was hard to understand the work at times but having help in primary school definitely helped me feel more confident

help meant better confidence

Not all schools have the same support measures

2.I struggled a lot when I was younger in school and luckily the teachers picked up on my struggles and helped me as soon as they suspected something was not right. Primary school was the hardest time in education as it did take me a while to accept that I was dyslexic.

compared to others help was actually given in primary

3.I received most support in primary school which I'm very grateful for. I had a lot of extra time with the LSA, in reading and writing sessions specifically.

4.Definitely the primary school I attended was the most help. Secondary school I received some help, but mainly in exam periods and not during class times

More help during exams.

5.I feel because I had my diagnosis when I was younger, the impact wasn't as big as it would with the others, but not saying it was easy because I did have a lot of times where I did struggle academically, especially in exams and essays. I felt like I took longer to understand work so it didn't go well under a strict time frame

6.The diagnosis didn't affect how I made friends or how people looked at me at first impressions

positive

7.I've been in a relationship for the past 5 years and it's been amazing and the diagnosis has had no impact on it

positive.

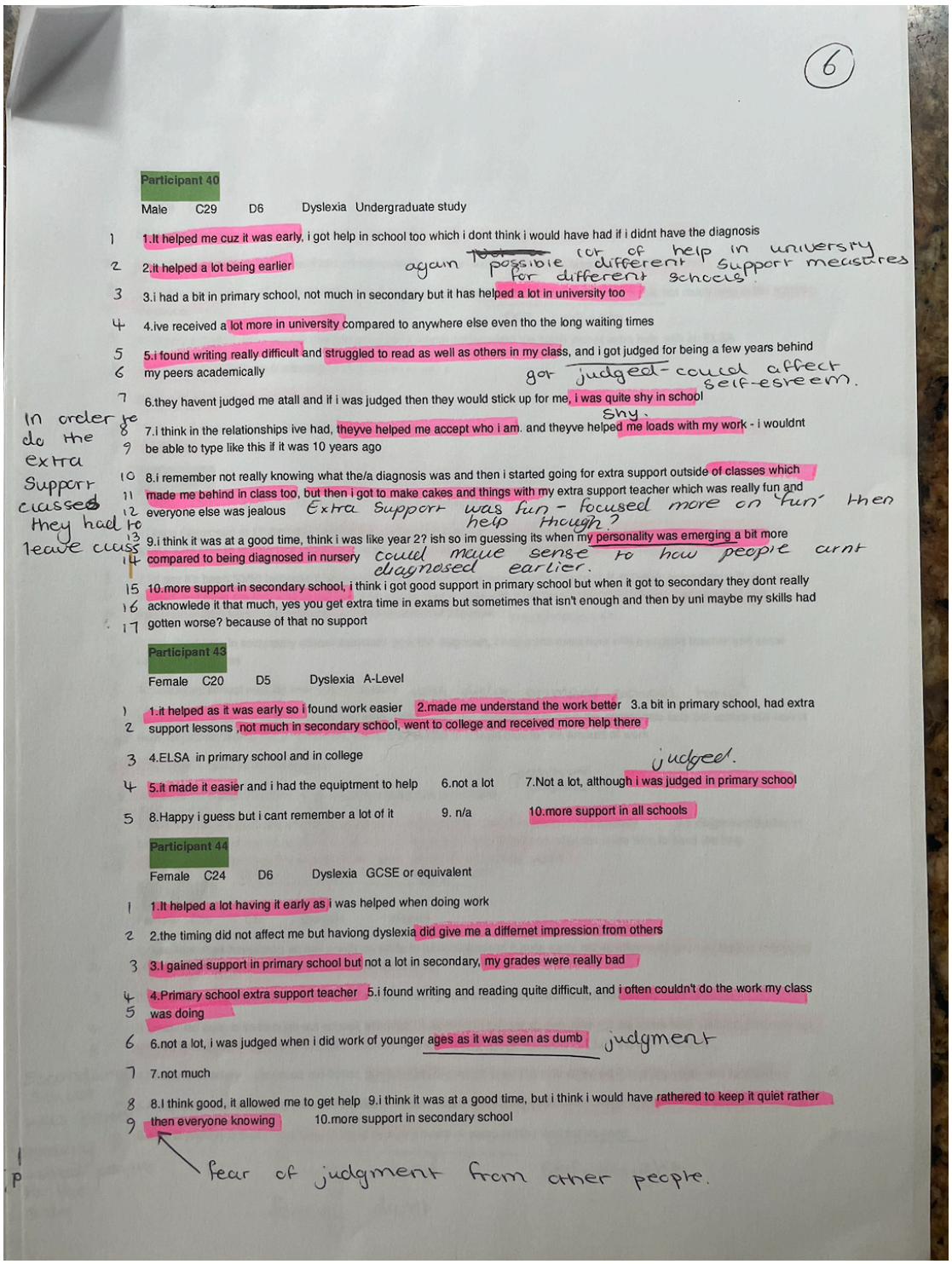
8.In previous answers, it's just been the feeling of trying to understand what's going on that's been tough but it's definitely helped that I was diagnosed when I was younger. But being young and not understanding what's happening to you can be confusing

Diagnosis can be confusing.

9.I don't think it could've been a lot earlier as it was an age where I was developing a lot more so it was a good time to have it prior to higher education

10.For teachers to find the symptoms quickly on children who are struggling and help them when they need it

Same response regarding symptom recognition.



6

Participant 40

Male C29 D6 Dyslexia Undergraduate study

1 1.It helped me cuz it was early, i got help in school too which i dont think i would have had if i didnt have the diagnosis
2 2.it helped a lot being earlier
3 3.i had a bit in primary school, not much in secondary but it has helped a lot in university too
4 4.ive received a lot more in university compared to anywhere else even tho the long waiting times
5 5.i found writing really difficult and struggled to read as well as others in my class, and i got judged for being a few years behind
6 my peers academically
7 6.they havent judged me atall and if i was judged then they would stick up for me, i was quite shy in school
8 7.i think in the relationships ive had, theyve helped me accept who i am. and theyve helped me loads with my work - i wouldnt
9 be able to type like this if it was 10 years ago
10 8.i remember not really knowing what the/a diagnosis was and then i started going for extra support outside of classes which
11 made me behind in class too, but then i got to make cakes and things with my extra support teacher which was really fun and
12 everyone else was jealous
13 9.i think it was at a good time, think i was like year 2? ish so im guessing its when my personality was emerging a bit more
14 compared to being diagnosed in nursery
15 10.more support in secondary school, i think i got good support in primary school but when it got to secondary they dont really
16 acknowlede it that much, yes you get extra time in exams but sometimes that isn't enough and then by uni maybe my skills had
17 gotten worse? because of that no support

again possible for different schools for of help in university different support measures

got judged - could affect self-esreem.

shy.

In order to do the extra support classes they had to leave class

Extra support was fun - focused more on 'fun' then help though?

could make sense to how people arnt diagnosed earlier.

Participant 43

Female C20 D5 Dyslexia A-Level

1 1.it helped as it was early so i found work easier 2.made me understand the work better 3.a bit in primary school, had extra
2 support lessons ,not much in secondary school, went to college and received more help there
3 4.ELSA in primary school and in college
4 5.it made it easier and i had the equiptment to help 6.not a lot 7.Not a lot, although i was judged in primary school
5 8.Happy i guess but i cant remember a lot of it 9. n/a 10.more support in all schools

judged.

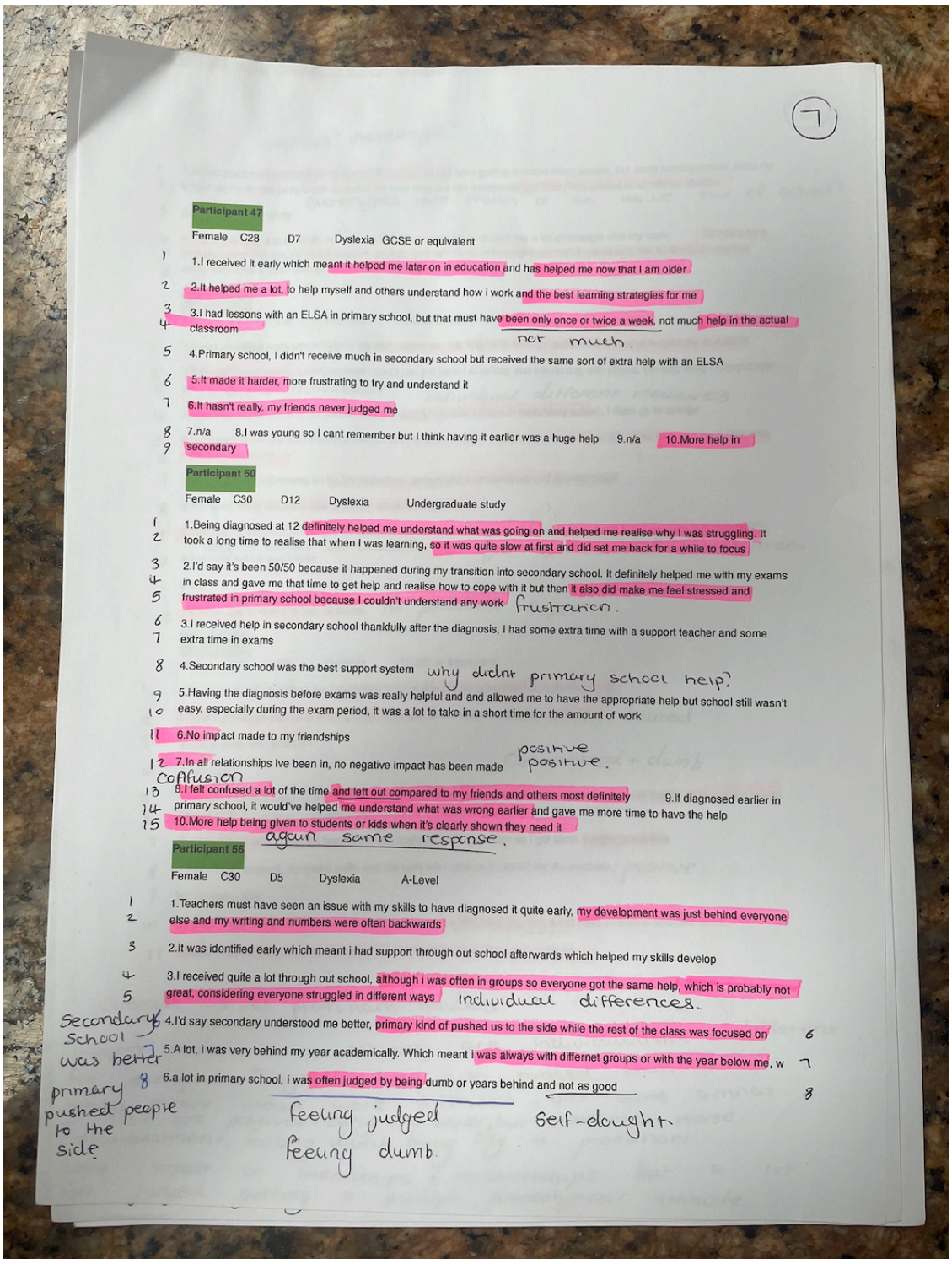
Participant 44

Female C24 D6 Dyslexia GCSE or equivalent

1 1.It helped a lot having it early as i was helped when doing work
2 2.the timing did not affect me but haviong dyslexia did give me a differnet impression from others
3 3.I gained support in primary school but not a lot in secondary, my grades were really bad
4 4.Primary school extra support teacher 5.i found writing and reading quite difficult, and i often couldn't do the work my class
5 was doing
6 6.not a lot, i was judged when i did work of younger ages as it was seen as dumb
7 7.not much
8 8.I think good, it allowed me to get help 9.i think it was at a good time, but i think i would have rathered to keep it quiet rather
9 then everyone knowing 10.more support in secondary school

judgment

fear of judgment from other people.



(7)

Participant 47

Female C28 D7 Dyslexia GCSE or equivalent

1.I received it early which meant it helped me later on in education and has helped me now that I am older

2.It helped me a lot, to help myself and others understand how i work and the best learning strategies for me

3.I had lessons with an ELSA in primary school, but that must have been only once or twice a week, not much help in the actual classroom

not much.

4.Primary school, I didn't receive much in secondary school but received the same sort of extra help with an ELSA

5.It made it harder, more frustrating to try and understand it

6.It hasn't really, my friends never judged me

7.n/a 8.I was young so I cant remember but I think having it earlier was a huge help 9.n/a 10.More help in secondary

Participant 50

Female C30 D12 Dyslexia Undergraduate study

1.Being diagnosed at 12 definitely helped me understand what was going on and helped me realise why I was struggling. It took a long time to realise that when I was learning, so it was quite slow at first and did set me back for a while to focus

2.I'd say it's been 50/50 because it happened during my transition into secondary school. It definitely helped me with my exams in class and gave me that time to get help and realise how to cope with it but then it also did make me feel stressed and frustrated in primary school because I couldn't understand any work

frustration.

3.I received help in secondary school thankfully after the diagnosis, I had some extra time with a support teacher and some extra time in exams

4.Secondary school was the best support system why didnt primary school help?

5.Having the diagnosis before exams was really helpful and and allowed me to have the appropriate help but school still wasn't easy, especially during the exam period, it was a lot to take in a short time for the amount of work

6.No impact made to my friendships

7.In all relationships Ive been in, no negative impact has been made

positive
positive.

confusion

8.I felt confused a lot of the time and left out compared to my friends and others most definitely 9.If diagnosed earlier in primary school, it would've helped me understand what was wrong earlier and gave me more time to have the help

10.More help being given to students or kids when it's clearly shown they need it

again same response.

Participant 56

Female C30 D5 Dyslexia A-Level

1.Teachers must have seen an issue with my skills to have diagnosed it quite early, my development was just behind everyone else and my writing and numbers were often backwards

2.It was identified early which meant i had support through out school afterwards which helped my skills develop

3.I received quite a lot through out school, although i was often in groups so everyone got the same help, which is probably not great, considering everyone struggled in different ways

Individual differences.

Secondary School was better

4.I'd say secondary understood me better, primary kind of pushed us to the side while the rest of the class was focused on 6

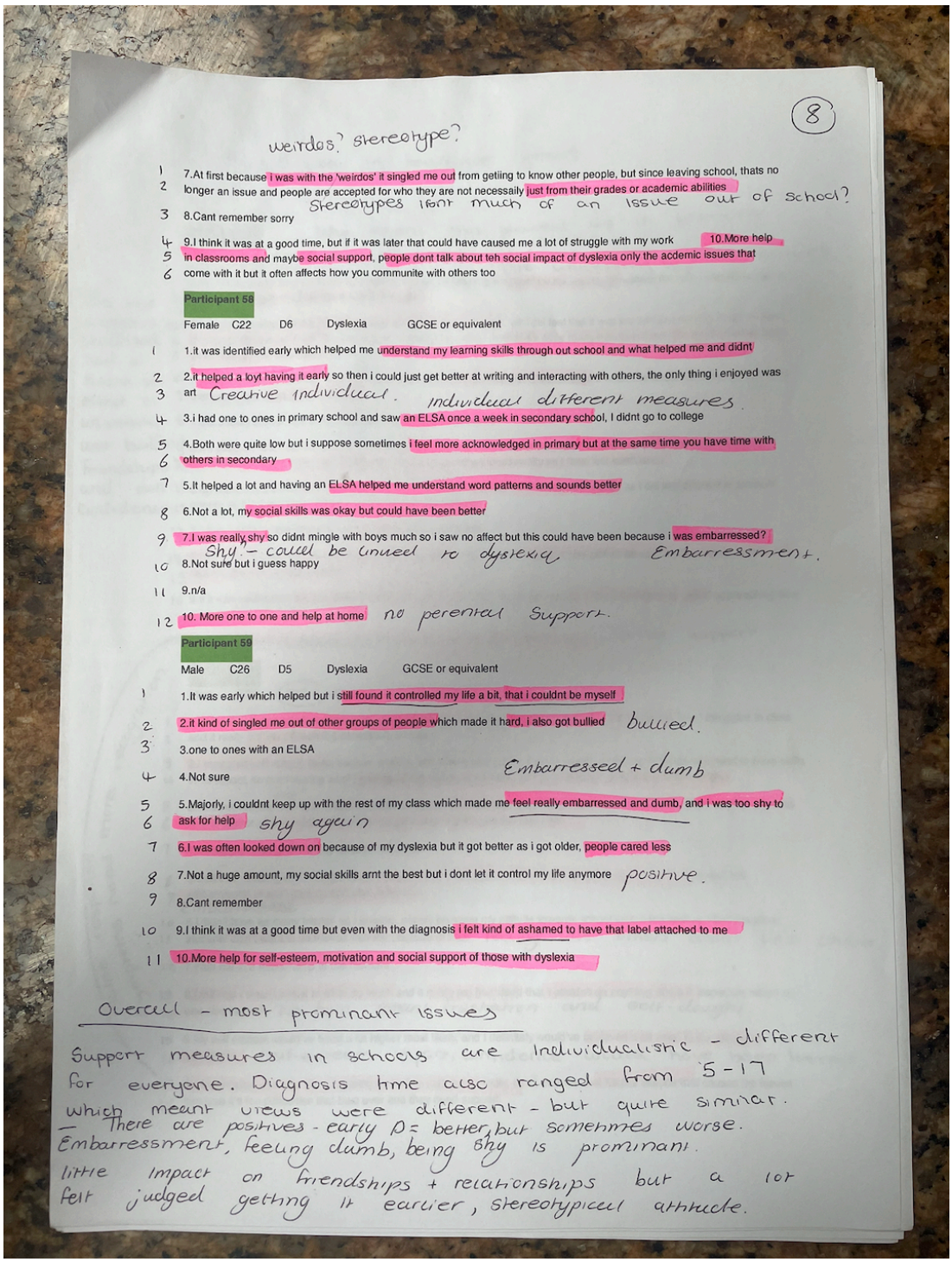
5.A lot, i was very behind my year academically. Which meant i was always with differnet groups or with the year below me, w 7

primary pushed people to the side

6.a lot in primary school, i was often judged by being dumb or years behind and not as good 8

feeling judged
feeling dumb

self-doubt.



(8)

weirdos? stereotype?

7.At first because I was with the 'weirdos' it singled me out from getiing to know other people, but since leaving school, thats no longer an issue and people are accepted for who they are not necessaily just from their grades or academic abilities

Stereotypes isnt much of an issue out of school?

8.Cant remember sorry

9.I think it was at a good time, but if it was later that could have caused me a lot of struggle with my work 10.More help in classrooms and maybe social support, people dont talk about teh social impact of dyslexia only the acdemic issues that come with it but it often affects how you communite with others too

Participant 58

Female C22 D6 Dyslexia GCSE or equivalent

1.it was identified early which helped me understand my learning skills through out school and what helped me and didnt

2.it helped a loyt having it early so then i could just get better at writing and interacting with others, the only thing i enjoyed was art Creative individual. individual different measures.

3.i had one to ones in primary school and saw an ELSA once a week in secondary school, I didnt go to college

4.Both were quite low but i suppose sometimes i feel more acknowledged in primary but at the same time you have time with others in secondary

5.It helped a lot and having an ELSA helped me understand word patterns and sounds better

6.Not a lot, my social skills was okay but could have been better

7.I was really shy so didnt mingle with boys much so i saw no affect but this could have been because i was embarrassed?

Shy - could be linked to dyslexia Embarrassment.

8.Not sure but i guess happy

9.n/a

10. More one to one and help at home no perental Support.

Participant 59

Male C26 D5 Dyslexia GCSE or equivalent

1.It was early which helped but i still found it controlled my life a bit, that i couldnt be myself

2.it kind of singled me out of other groups of people which made it hard, i also got bullied bullied.

3.one to ones with an ELSA

Embarresseel + dumb

4.Not sure

5.Majorly, i couldnt keep up with the rest of my class which made me feel really embarrassed and dumb, and i was too shy to ask for help shy again

6.I was often looked down on because of my dyslexia but it got better as i got older, people cared less

7.Not a huge amount, my social skills arnt the best but i dont let it control my life anymore positive.

8.Cant remember

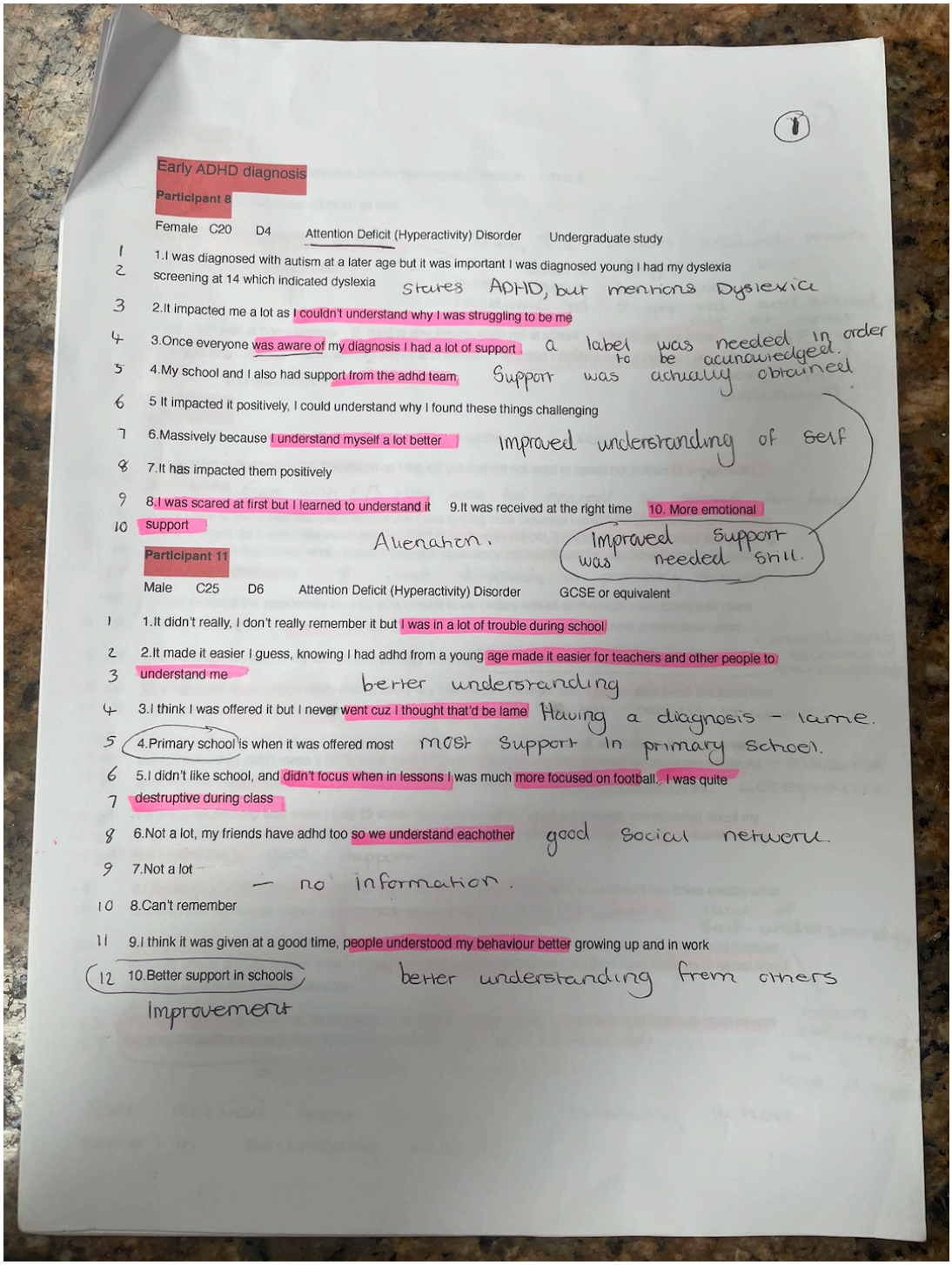
9.I think it was at a good time but even with the diagnosis i felt kind of ashamed to have that label attached to me

10.More help for self-esteem, motivation and social support of those with dyslexia

Overall - most prominant issues

Support measures in schools are individualistic - different for everyone. Diagnosis time also ranged from 5-17 which meant views were different - but quite similar. There are positives - early D= better, but sometimes worse. Embarressment, feeling dumb, being shy is prominant. little impact on friendships + relationships but a lot felt judged getting it earlier, stereotypical attitude.

Survey responses after analysis with codes (Early ADHD)



(1)

Early ADHD diagnosis

Participant 8

Female C20 D4 Attention Deficit (Hyperactivity) Disorder Undergraduate study

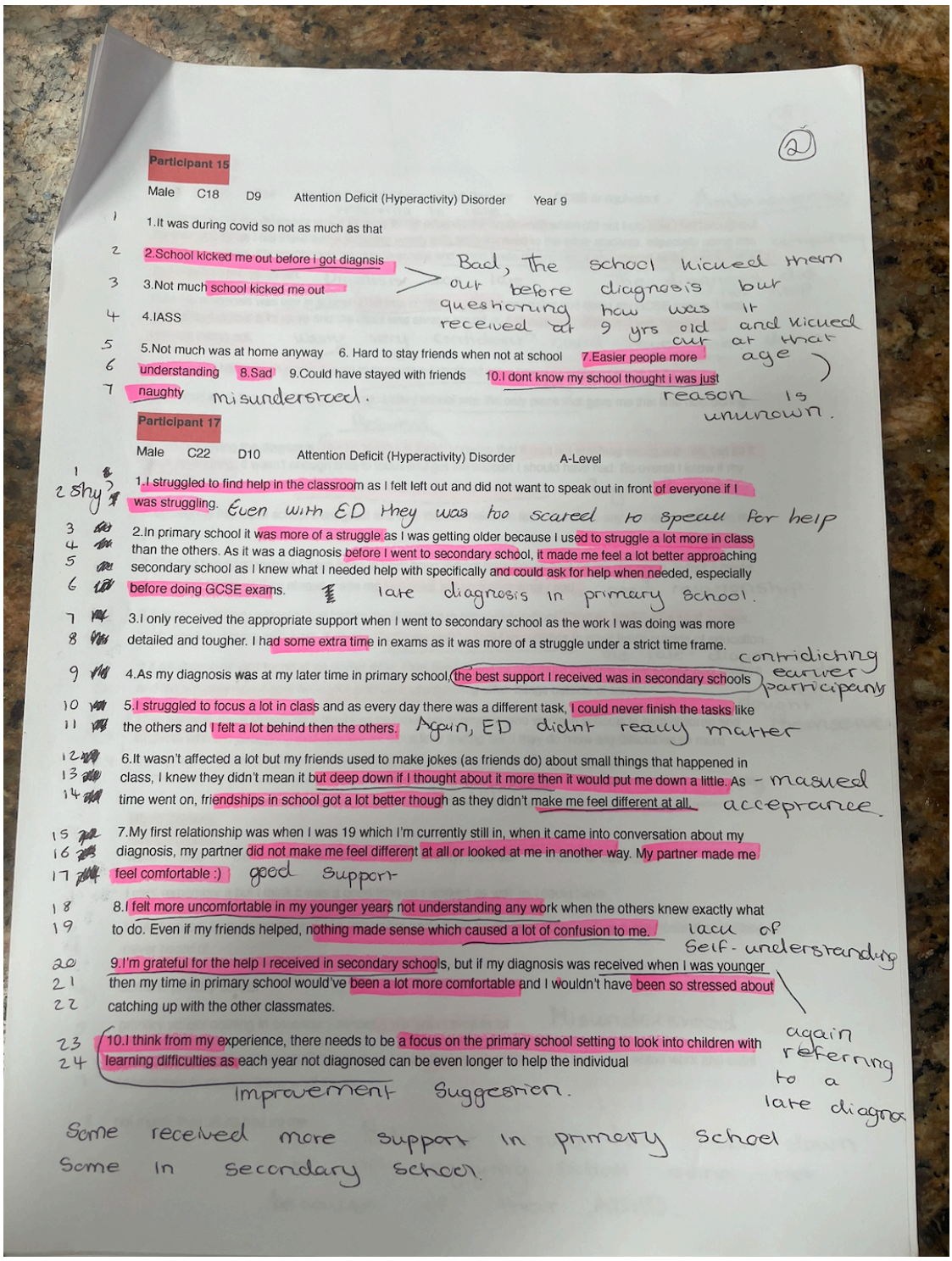
1 1.I was diagnosed with autism at a later age but it was important I was diagnosed young I had my dyslexia
2 screening at 14 which indicated dyslexia — states ADHD, but mentions Dyslexia
3 2.It impacted me a lot as I couldn't understand why I was struggling to be me
4 3.Once everyone was aware of my diagnosis I had a lot of support — a label was needed in order to be acknowledged.
5 4.My school and I also had support from the adhd team — Support was actually obtained
6 5 It impacted it positively, I could understand why I found these things challenging
7 6.Massively because I understand myself a lot better — Improved understanding of self
8 7.It has impacted them positively
9 8.I was scared at first but I learned to understand it 9.It was received at the right time 10. More emotional
10 support — Alienation. — Improved support was needed still.

Participant 11

Male C25 D6 Attention Deficit (Hyperactivity) Disorder GCSE or equivalent

1 1.It didn't really, I don't really remember it but I was in a lot of trouble during school
2 2.It made it easier I guess, knowing I had adhd from a young age made it easier for teachers and other people to
3 understand me — better understanding
4 3.I think I was offered it but I never went cuz I thought that'd be lame — Having a diagnosis - lame.
5 4.Primary school is when it was offered most — most support in primary school.
6 5.I didn't like school, and didn't focus when in lessons I was much more focused on football. I was quite
7 destruptive during class
8 6.Not a lot, my friends have adhd too so we understand eachother — good social network.
9 7.Not a lot — no information.
10 8.Can't remember
11 9.I think it was given at a good time, people understood my behaviour better growing up and in work
12 10.Better support in schools — better understanding from others

Improvement



(2)

Participant 15

Male C18 D9 Attention Deficit (Hyperactivity) Disorder Year 9

1.It was during covid so not as much as that

2.School kicked me out before i got diagnsis

3.Not much school kicked me out

4.IASS

Bad, the school kicked them out before diagnosis but questioning how was it received at 9 yrs old and kicked out at that age)

5.Not much was at home anyway 6. Hard to stay friends when not at school 7.Easier people more understanding 8.Sad 9.Could have stayed with friends 10.I dont know my school thought i was just naughty misunderstood. reason is unknown.

Participant 17

Male C22 D10 Attention Deficit (Hyperactivity) Disorder A-Level

1.I struggled to find help in the classroom as I felt left out and did not want to speak out in front of everyone if I was struggling. Even with ED they was too scared to speak for help

2.In primary school it was more of a struggle as I was getting older because I used to struggle a lot more in class than the others. As it was a diagnosis before I went to secondary school, it made me feel a lot better approaching secondary school as I knew what I needed help with specifically and could ask for help when needed, especially before doing GCSE exams. late diagnosis in primary school.

3.I only received the appropriate support when I went to secondary school as the work I was doing was more detailed and tougher. I had some extra time in exams as it was more of a struggle under a strict time frame.

4.As my diagnosis was at my later time in primary school, the best support I received was in secondary schools contridicting earlier participants

5.I struggled to focus a lot in class and as every day there was a different task, I could never finish the tasks like the others and I felt a lot behind then the others. Again, ED didnt really matter

6.It wasn't affected a lot but my friends used to make jokes (as friends do) about small things that happened in class, I knew they didn't mean it but deep down if I thought about it more then it would put me down a little. As time went on, friendships in school got a lot better though as they didn't make me feel different at all. - masked acceptance.

7.My first relationship was when I was 19 which I'm currently still in, when it came into conversation about my diagnosis, my partner did not make me feel different at all or looked at me in another way. My partner made me feel comfortable :) good support

8.I felt more uncomfortable in my younger years not understanding any work when the others knew exactly what to do. Even if my friends helped, nothing made sense which caused a lot of confusion to me. lack of self-understanding

9.I'm grateful for the help I received in secondary schools, but if my diagnosis was received when I was younger then my time in primary school would've been a lot more comfortable and I wouldn't have been so stressed about catching up with the other classmates.

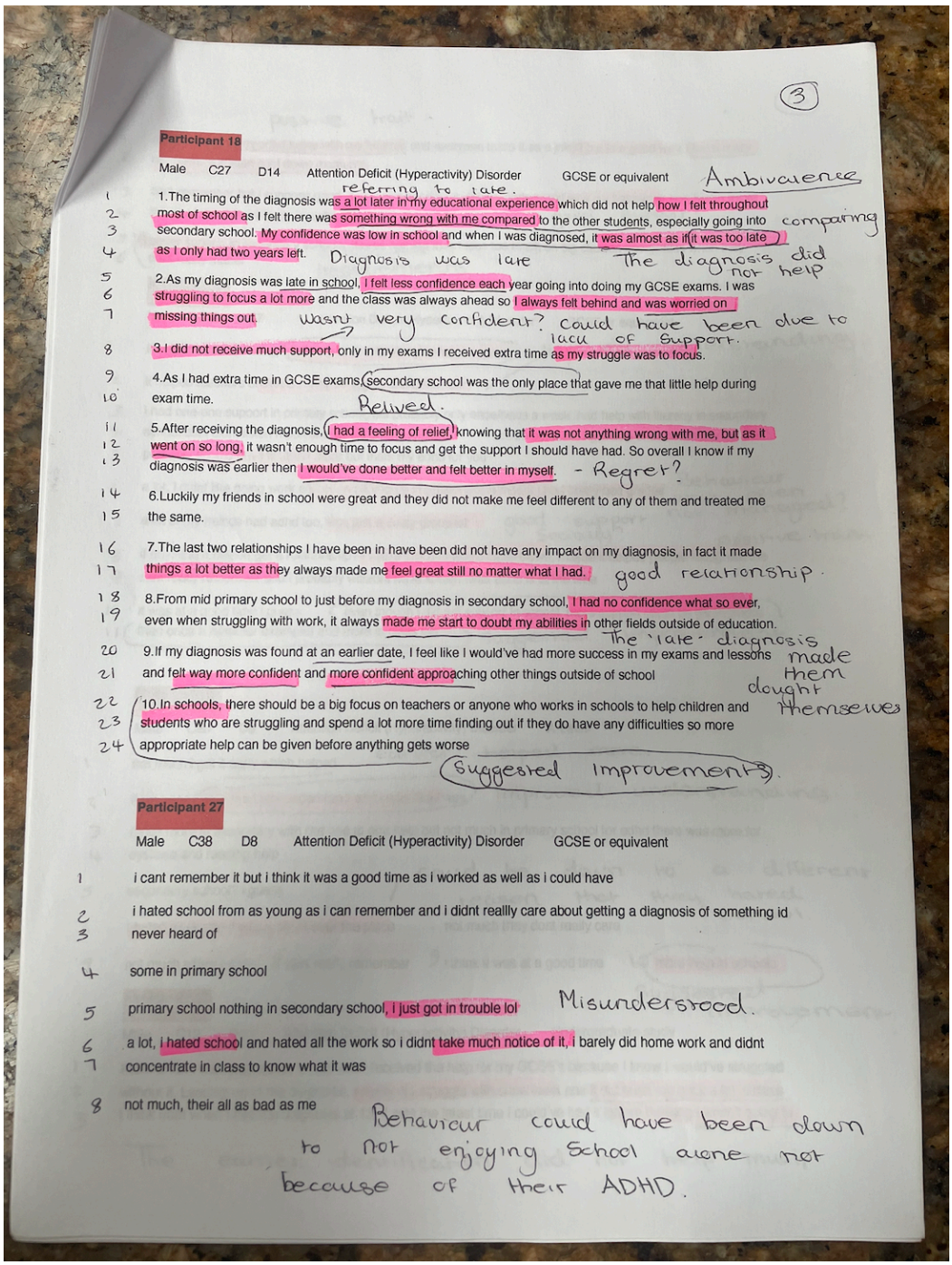
10.I think from my experience, there needs to be a focus on the primary school setting to look into children with learning difficulties as each year not diagnosed can be even longer to help the individual

Improvement Suggestion.

again referring to a late diagnosis

Some received more support in primary school

Some in secondary school.



(3)

Participant 18

Male C27 D14 Attention Deficit (Hyperactivity) Disorder GCSE or equivalent

referring to late. Ambivalence

1.The timing of the diagnosis was a lot later in my educational experience which did not help how I felt throughout most of school as I felt there was something wrong with me compared to the other students, especially going into secondary school. My confidence was low in school and when I was diagnosed, it was almost as if it was too late as I only had two years left.

comparing

Diagnosis was late The diagnosis did not help

2.As my diagnosis was late in school, I felt less confidence each year going into doing my GCSE exams. I was struggling to focus a lot more and the class was always ahead so I always felt behind and was worried on missing things out.

Wasn't very confident? Could have been due to lack of support.

3.I did not receive much support, only in my exams I received extra time as my struggle was to focus.

4.As I had extra time in GCSE exams, secondary school was the only place that gave me that little help during exam time.

Relived.

5.After receiving the diagnosis, I had a feeling of relief, knowing that it was not anything wrong with me, but as it went on so long, it wasn't enough time to focus and get the support I should have had. So overall I know if my diagnosis was earlier then I would've done better and felt better in myself. - Regret?

6.Luckily my friends in school were great and they did not make me feel different to any of them and treated me the same.

7.The last two relationships I have been in have been did not have any impact on my diagnosis, in fact it made things a lot better as they always made me feel great still no matter what I had.

good relationship.

8.From mid primary school to just before my diagnosis in secondary school, I had no confidence what so ever, even when struggling with work, it always made me start to doubt my abilities in other fields outside of education.

The 'late' diagnosis made them doubt themselves

9.If my diagnosis was found at an earlier date, I feel like I would've had more success in my exams and lessons and felt way more confident and more confident approaching other things outside of school

10.In schools, there should be a big focus on teachers or anyone who works in schools to help children and students who are struggling and spend a lot more time finding out if they do have any difficulties so more appropriate help can be given before anything gets worse

Suggested Improvements.

Participant 27

Male C38 D8 Attention Deficit (Hyperactivity) Disorder GCSE or equivalent

i cant remember it but i think it was a good time as i worked as well as i could have

i hated school from as young as i can remember and i didnt reallly care about getting a diagnosis of something id never heard of

some in primary school

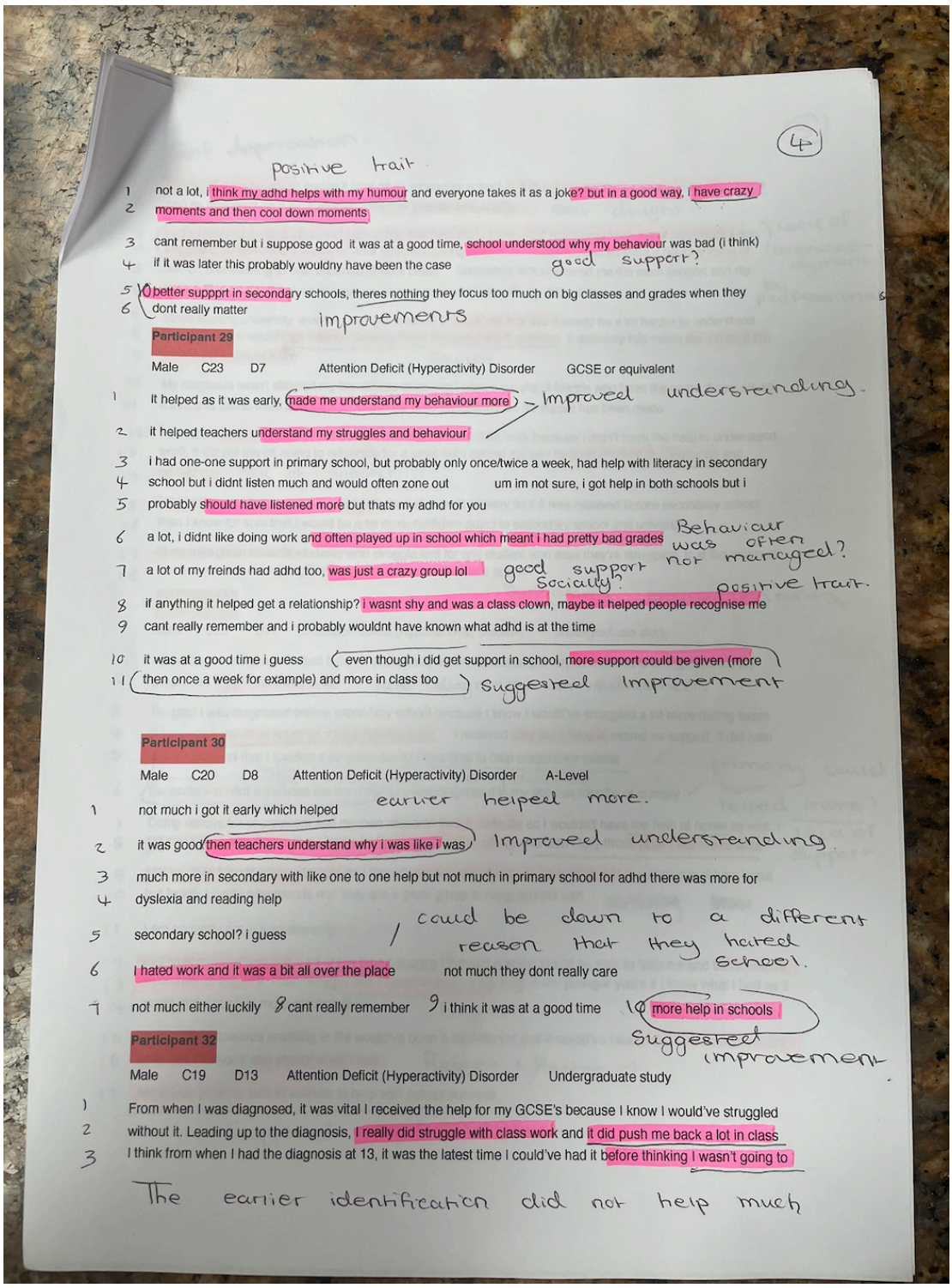
primary school nothing in secondary school, I just got in trouble lol

Misunderstood.

a lot, i hated school and hated all the work so i didnt take much notice of it, i barely did home work and didnt concentrate in class to know what it was

not much, their all as bad as me

Behaviour could have been down to not enjoying School alone not because of their ADHD.



(4)

positive trait

not a lot, i think my adhd helps with my humour and everyone takes it as a joke? but in a good way, i have crazy moments and then cool down moments

cant remember but i suppose good it was at a good time, school understood why my behaviour was bad (i think)
if it was later this probably wouldny have been the case

good support?

better suppprt in secondary schools, theres nothing they focus too much on big classes and grades when they dont really matter

improvements

Participant 29

Male C23 D7 Attention Deficit (Hyperactivity) Disorder GCSE or equivalent

It helped as it was early, made me understand my behaviour more - Improved understanding.

it helped teachers understand my struggles and behaviour

i had one-one support in primary school, but probably only once/twice a week, had help with literacy in secondary school but i didnt listen much and would often zone out um im not sure, i got help in both schools but i probably should have listened more but thats my adhd for you

a lot, i didnt like doing work and often played up in school which meant i had pretty bad grades Behaviour was often not managed?

a lot of my freinds had adhd too, was just a crazy group lol good support Sociality? positive trait.

if anything it helped get a relationship? i wasnt shy and was a class clown, maybe it helped people recognise me

cant really remember and i probably wouldnt have known what adhd is at the time

it was at a good time i guess (even though i did get support in school, more support could be given (more then once a week for example) and more in class too) Suggested Improvement

Participant 30

Male C20 D8 Attention Deficit (Hyperactivity) Disorder A-Level

not much i got it early which helped earlier helped more.

it was good (then teachers understand why i was like i was) Improved understanding.

much more in secondary with like one to one help but not much in primary school for adhd there was more for dyslexia and reading help

secondary school? i guess / could be down to a different reason that they hated school.

I hated work and it was a bit all over the place not much they dont really care

not much either luckily 8 cant really remember 9 i think it was at a good time 10 more help in schools

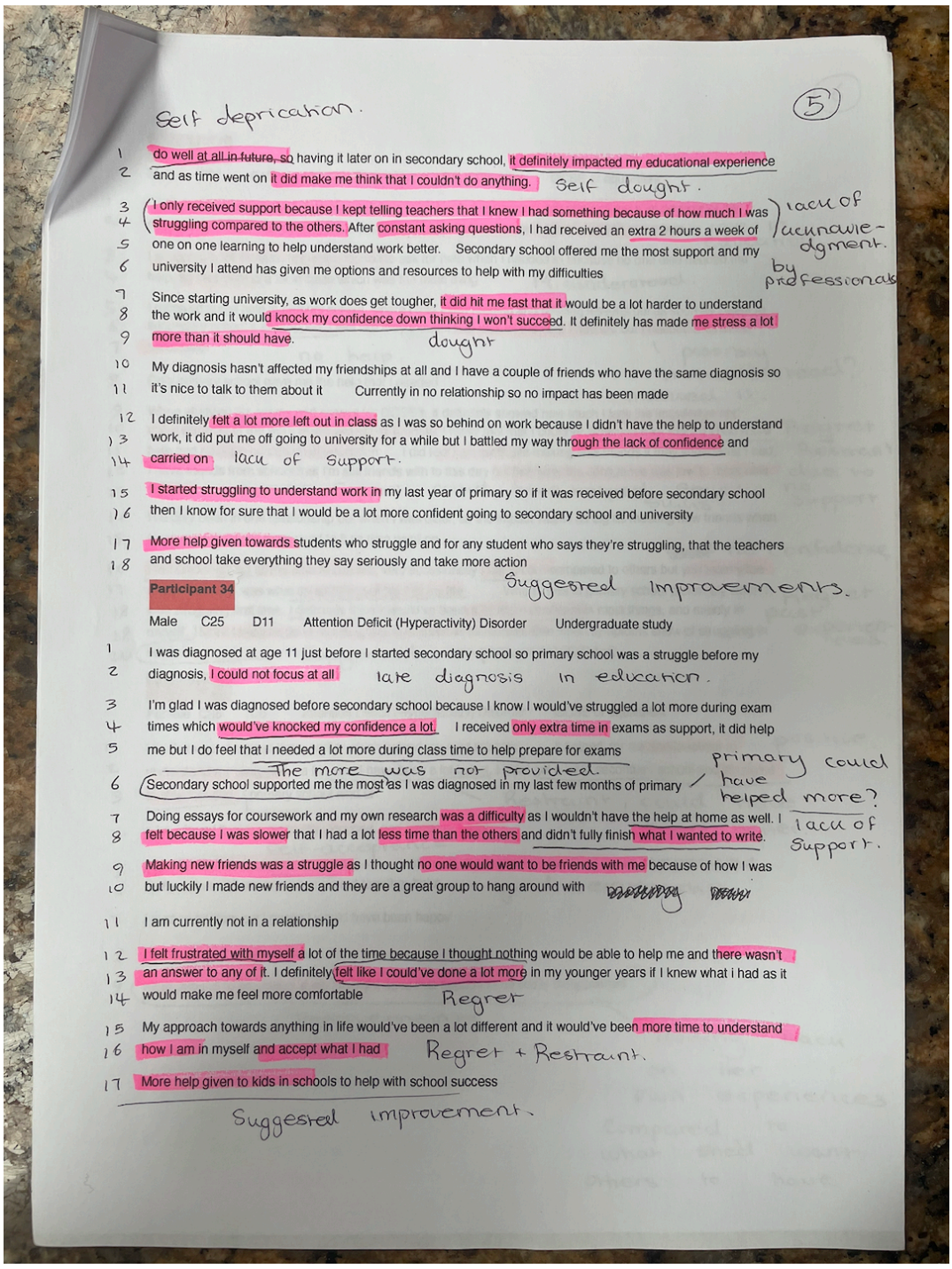
Suggested improvement

Participant 32

Male C19 D13 Attention Deficit (Hyperactivity) Disorder Undergraduate study

From when I was diagnosed, it was vital I received the help for my GCSE's because I know I would've struggled without it. Leading up to the diagnosis, I really did struggle with class work and it did push me back a lot in class I think from when I had the diagnosis at 13, it was the latest time I could've had it before thinking I wasn't going to

The earlier identification did not help much



Self depreciation. (5)

do well at all in future, so having it later on in secondary school, it definitely impacted my educational experience and as time went on it did make me think that I couldn't do anything. Self doubt.

I only received support because I kept telling teachers that I knew I had something because of how much I was struggling compared to the others. After constant asking questions, I had received an extra 2 hours a week of one on one learning to help understand work better. Secondary school offered me the most support and my university I attend has given me options and resources to help with my difficulties

lack of acknowledgment by professionals

Since starting university, as work does get tougher, it did hit me fast that it would be a lot harder to understand the work and it would knock my confidence down thinking I won't succeed. It definitely has made me stress a lot more than it should have. doubt

My diagnosis hasn't affected my friendships at all and I have a couple of friends who have the same diagnosis so it's nice to talk to them about it Currently in no relationship so no impact has been made

I definitely felt a lot more left out in class as I was so behind on work because I didn't have the help to understand work, it did put me off going to university for a while but I battled my way through the lack of confidence and carried on lack of support.

I started struggling to understand work in my last year of primary so if it was received before secondary school then I know for sure that I would be a lot more confident going to secondary school and university

More help given towards students who struggle and for any student who says they're struggling, that the teachers and school take everything they say seriously and take more action

Suggested improvements.

Participant 34

Male C25 D11 Attention Deficit (Hyperactivity) Disorder Undergraduate study

I was diagnosed at age 11 just before I started secondary school so primary school was a struggle before my diagnosis, I could not focus at all late diagnosis in education.

I'm glad I was diagnosed before secondary school because I know I would've struggled a lot more during exam times which would've knocked my confidence a lot. I received only extra time in exams as support, it did help me but I do feel that I needed a lot more during class time to help prepare for exams

The more was not provided.

Secondary school supported me the most as I was diagnosed in my last few months of primary / primary could have helped more?

Doing essays for coursework and my own research was a difficulty as I wouldn't have the help at home as well. I felt because I was slower that I had a lot less time than the others and didn't fully finish what I wanted to write. lack of support.

Making new friends was a struggle as I thought no one would want to be friends with me because of how I was but luckily I made new friends and they are a great group to hang around with

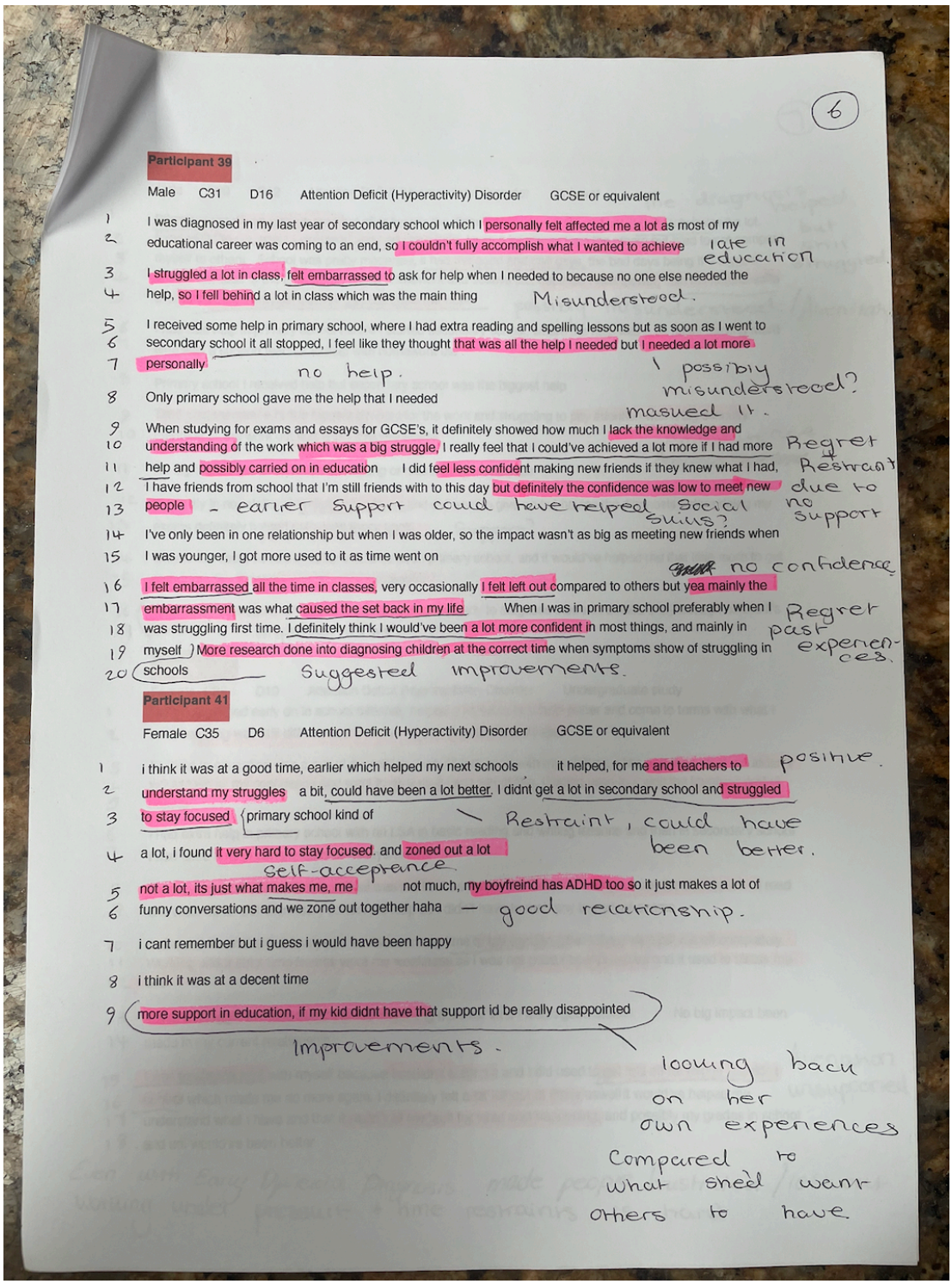
I am currently not in a relationship

I felt frustrated with myself a lot of the time because I thought nothing would be able to help me and there wasn't an answer to any of it. I definitely felt like I could've done a lot more in my younger years if I knew what i had as it would make me feel more comfortable Regret

My approach towards anything in life would've been a lot different and it would've been more time to understand how I am in myself and accept what I had Regret + Restraint.

More help given to kids in schools to help with school success

Suggested improvement.



6

Participant 39

Male C31 D16 Attention Deficit (Hyperactivity) Disorder GCSE or equivalent

I was diagnosed in my last year of secondary school which I personally felt affected me a lot as most of my educational career was coming to an end, so I couldn't fully accomplish what I wanted to achieve late in education

I struggled a lot in class, felt embarrassed to ask for help when I needed to because no one else needed the help, so I fell behind a lot in class which was the main thing Misunderstood.

I received some help in primary school, where I had extra reading and spelling lessons but as soon as I went to secondary school it all stopped, I feel like they thought that was all the help I needed but I needed a lot more personally no help. ? possibly misunderstood? masked it.

Only primary school gave me the help that I needed

When studying for exams and essays for GCSE's, it definitely showed how much I lack the knowledge and understanding of the work which was a big struggle, I really feel that I could've achieved a lot more if I had more help and possibly carried on in education I did feel less confident making new friends if they knew what I had, I have friends from school that I'm still friends with to this day but definitely the confidence was low to meet new people - earlier support could have helped Social skills? Regret Restraint due to no support

I've only been in one relationship but when I was older, so the impact wasn't as big as meeting new friends when I was younger, I got more used to it as time went on no confidence.

I felt embarrassed all the time in classes, very occasionally I felt left out compared to others but yea mainly the embarrassment was what caused the set back in my life When I was in primary school preferably when I was struggling first time. I definitely think I would've been a lot more confident in most things, and mainly in myself More research done into diagnosing children at the correct time when symptoms show of struggling in schools Regret past experiences. Suggested improvements.

Participant 41

Female C35 D6 Attention Deficit (Hyperactivity) Disorder GCSE or equivalent

i think it was at a good time, earlier which helped my next schools it helped, for me and teachers to understand my struggles a bit, could have been a lot better. I didnt get a lot in secondary school and struggled to stay focused primary school kind of positive.

a lot, i found it very hard to stay focused. and zoned out a lot Restraint, could have been better. self-acceprance

not a lot, its just what makes me, me not much, my boyfreind has ADHD too so it just makes a lot of funny conversations and we zone out together haha — good relationship.

i cant remember but i guess i would have been happy

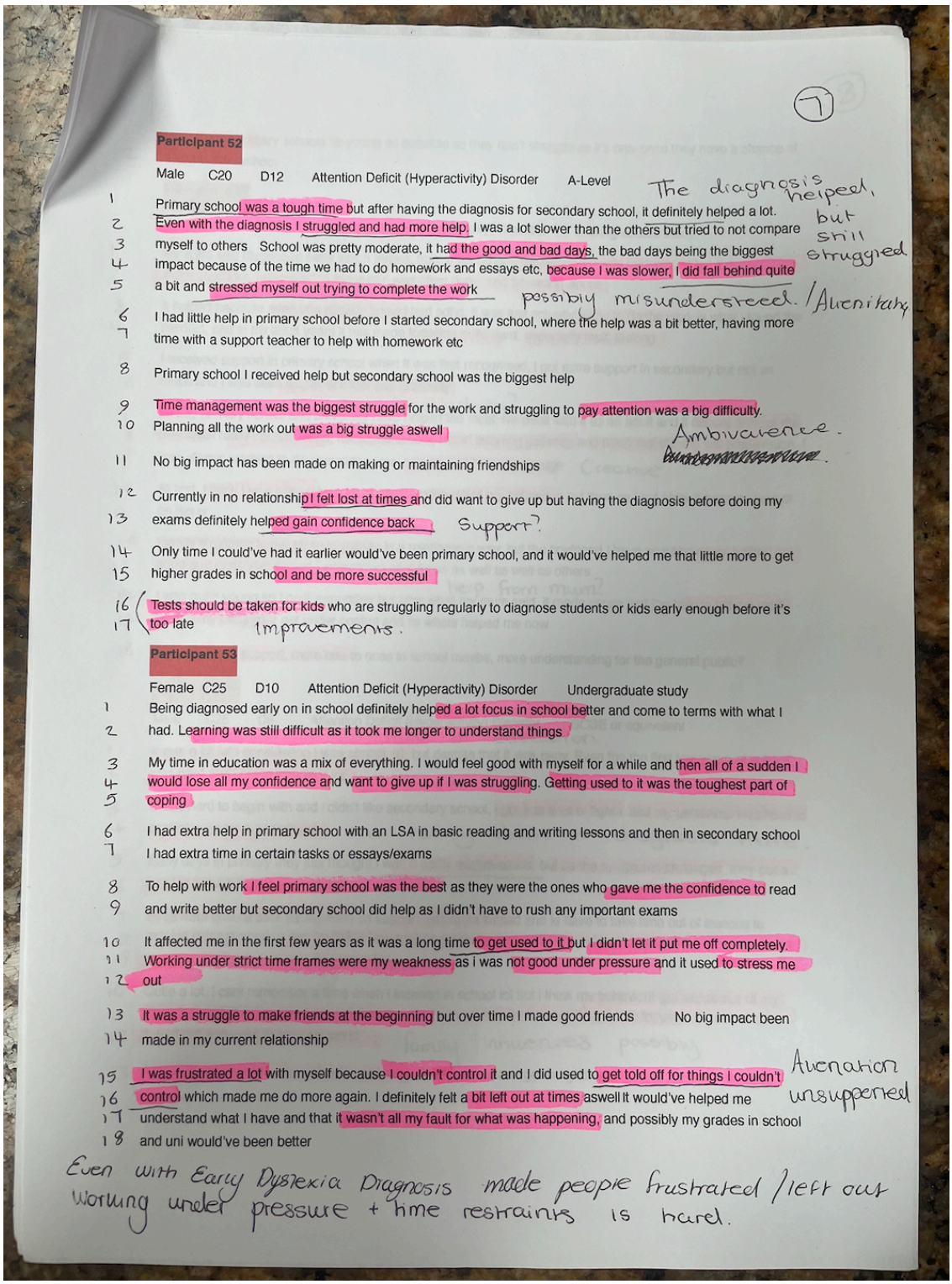
i think it was at a decent time

more support in education, if my kid didnt have that support id be really disappointed

Improvements.

looking back on her own experiences

Compared to what she'd want others to have.



(7)

Participant 52

Male C20 D12 Attention Deficit (Hyperactivity) Disorder A-Level

The diagnosis helped, but still struggled.

Primary school was a tough time but after having the diagnosis for secondary school, it definitely helped a lot. Even with the diagnosis I struggled and had more help. I was a lot slower than the others but tried to not compare myself to others School was pretty moderate, it had the good and bad days, the bad days being the biggest impact because of the time we had to do homework and essays etc, because I was slower, I did fall behind quite a bit and stressed myself out trying to complete the work

possibly misunderstood. / Alienation

I had little help in primary school before I started secondary school, where the help was a bit better, having more time with a support teacher to help with homework etc

Primary school I received help but secondary school was the biggest help

Time management was the biggest struggle for the work and struggling to pay attention was a big difficulty. Planning all the work out was a big struggle aswell

Ambivalence.

No big impact has been made on making or maintaining friendships

Currently in no relationship I felt lost at times and did want to give up but having the diagnosis before doing my exams definitely helped gain confidence back

Support?

Only time I could've had it earlier would've been primary school, and it would've helped me that little more to get higher grades in school and be more successful

Tests should be taken for kids who are struggling regularly to diagnose students or kids early enough before it's too late

Improvements.

Participant 53

Female C25 D10 Attention Deficit (Hyperactivity) Disorder Undergraduate study

Being diagnosed early on in school definitely helped a lot focus in school better and come to terms with what I had. Learning was still difficult as it took me longer to understand things

My time in education was a mix of everything. I would feel good with myself for a while and then all of a sudden I would lose all my confidence and want to give up if I was struggling. Getting used to it was the toughest part of coping

I had extra help in primary school with an LSA in basic reading and writing lessons and then in secondary school I had extra time in certain tasks or essays/exams

To help with work I feel primary school was the best as they were the ones who gave me the confidence to read and write better but secondary school did help as I didn't have to rush any important exams

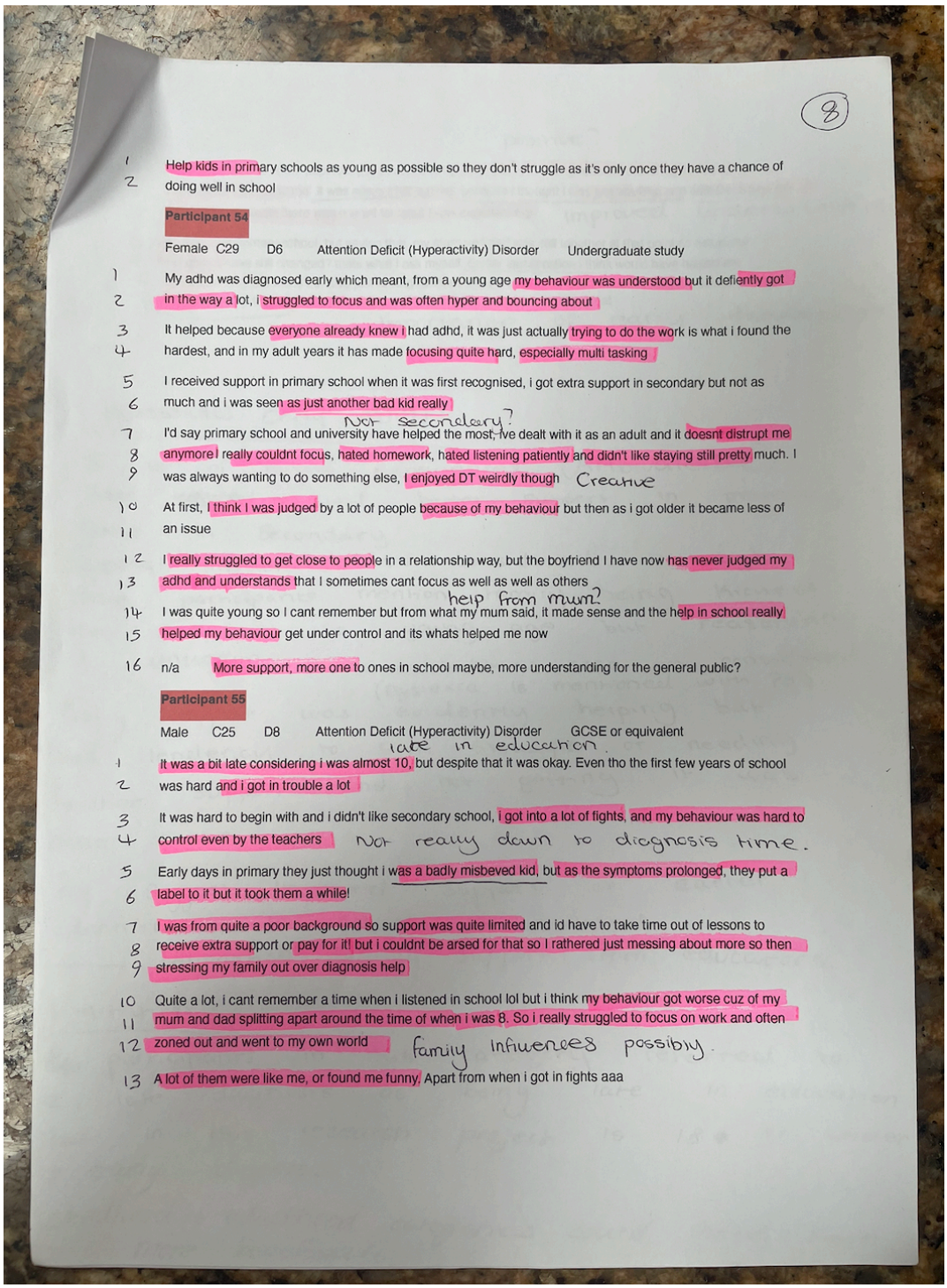
It affected me in the first few years as it was a long time to get used to it but I didn't let it put me off completely. Working under strict time frames were my weakness as I was not good under pressure and it used to stress me out

It was a struggle to make friends at the beginning but over time I made good friends No big impact been made in my current relationship

Alienation unsupported

I was frustrated a lot with myself because I couldn't control it and I did used to get told off for things I couldn't control which made me do more again. I definitely felt a bit left out at times aswell It would've helped me understand what I have and that it wasn't all my fault for what was happening, and possibly my grades in school and uni would've been better

Even with Early Dyslexia Diagnosis made people frustrated / left out working under pressure + time restraints is hard.



(8)

Help kids in primary schools as young as possible so they don't struggle as it's only once they have a chance of doing well in school

Participant 54

Female C29 D6 Attention Deficit (Hyperactivity) Disorder Undergraduate study

My adhd was diagnosed early which meant, from a young age my behaviour was understood but it defiently got in the way a lot, i struggled to focus and was often hyper and bouncing about

It helped because everyone already knew I had adhd, it was just actually trying to do the work is what i found the hardest, and in my adult years it has made focusing quite hard, especially multi tasking

I received support in primary school when it was first recognised, i got extra support in secondary but not as much and i was seen as just another bad kid really

Not secondary?

I'd say primary school and university have helped the most, I've dealt with it as an adult and it doesnt distrupt me anymore I really couldnt focus, hated homework, hated listening patiently and didn't like staying still pretty much. I was always wanting to do something else, I enjoyed DT weirdly though Creative

At first, I think I was judged by a lot of people because of my behaviour but then as i got older it became less of an issue

I really struggled to get close to people in a relationship way, but the boyfriend I have now has never judged my adhd and understands that I sometimes cant focus as well as well as others

help from mum?

I was quite young so I cant remember but from what my mum said, it made sense and the help in school really helped my behaviour get under control and its whats helped me now

n/a More support, more one to ones in school maybe, more understanding for the general public?

Participant 55

Male C25 D8 Attention Deficit (Hyperactivity) Disorder GCSE or equivalent

late in education.

It was a bit late considering i was almost 10, but despite that it was okay. Even tho the first few years of school was hard and i got in trouble a lot

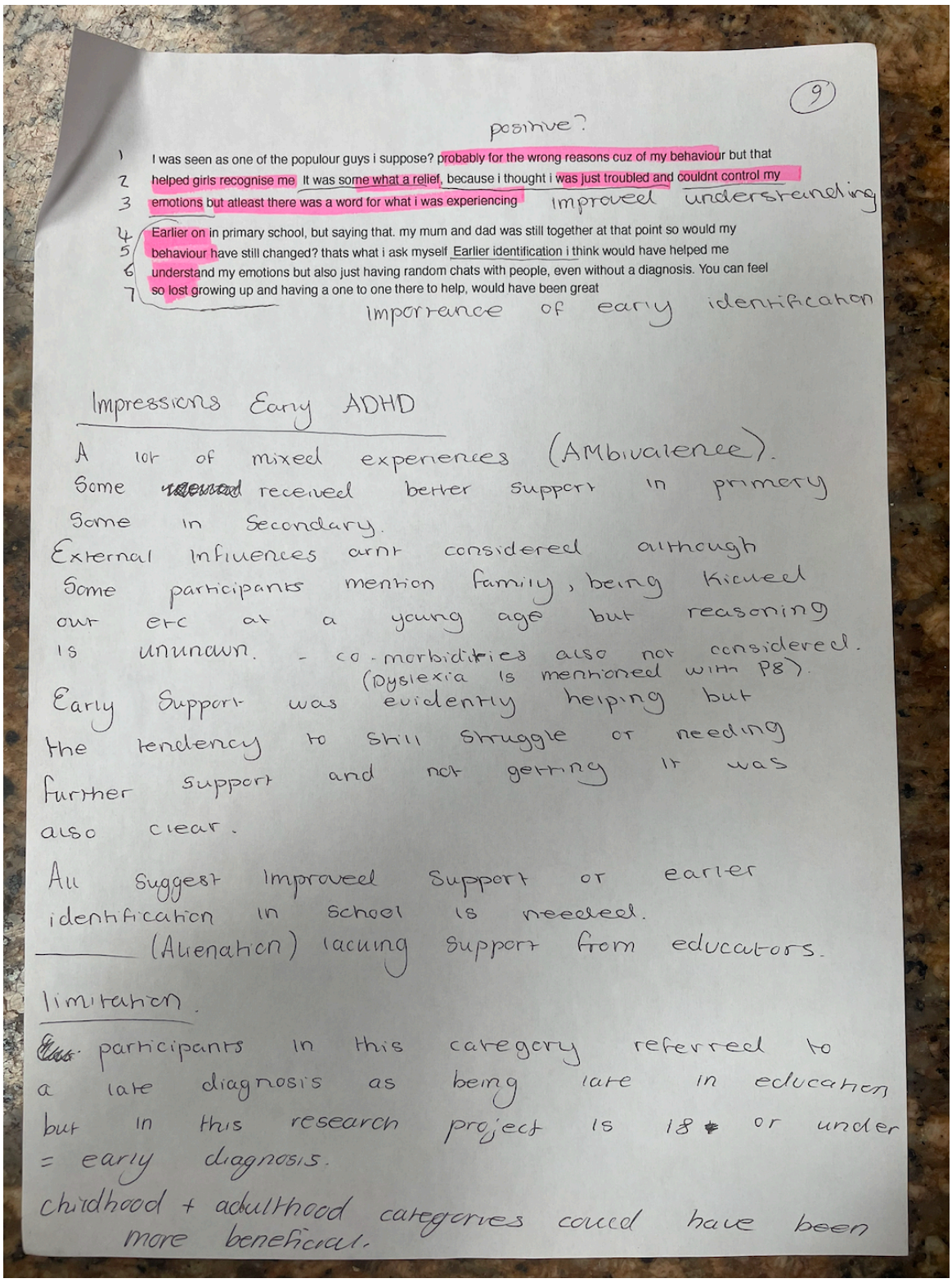
It was hard to begin with and i didn't like secondary school, i got into a lot of fights, and my behaviour was hard to control even by the teachers Not really down to diagnosis time.

Early days in primary they just thought i was a badly misbeved kid, but as the symptoms prolonged, they put a label to it but it took them a while!

I was from quite a poor background so support was quite limited and id have to take time out of lessons to receive extra support or pay for it! but i couldnt be arsed for that so I rathered just messing about more so then stressing my family out over diagnosis help

Quite a lot, i cant remember a time when i listened in school lol but i think my behaviour got worse cuz of my mum and dad splitting apart around the time of when i was 8. So i really struggled to focus on work and often zoned out and went to my own world family influences possibly.

A lot of them were like me, or found me funny. Apart from when i got in fights aaa



(9)

positive?

I was seen as one of the populour guys i suppose? probably for the wrong reasons cuz of my behaviour but that helped girls recognise me It was some what a relief, because i thought i was just troubled and couldnt control my emotions but atleast there was a word for what i was experiencing

improved understanding

Earlier on in primary school, but saying that. my mum and dad was still together at that point so would my behaviour have still changed? thats what i ask myself Earlier identification i think would have helped me understand my emotions but also just having random chats with people, even without a diagnosis. You can feel so lost growing up and having a one to one there to help, would have been great

importance of early identification

Impressions Early ADHD

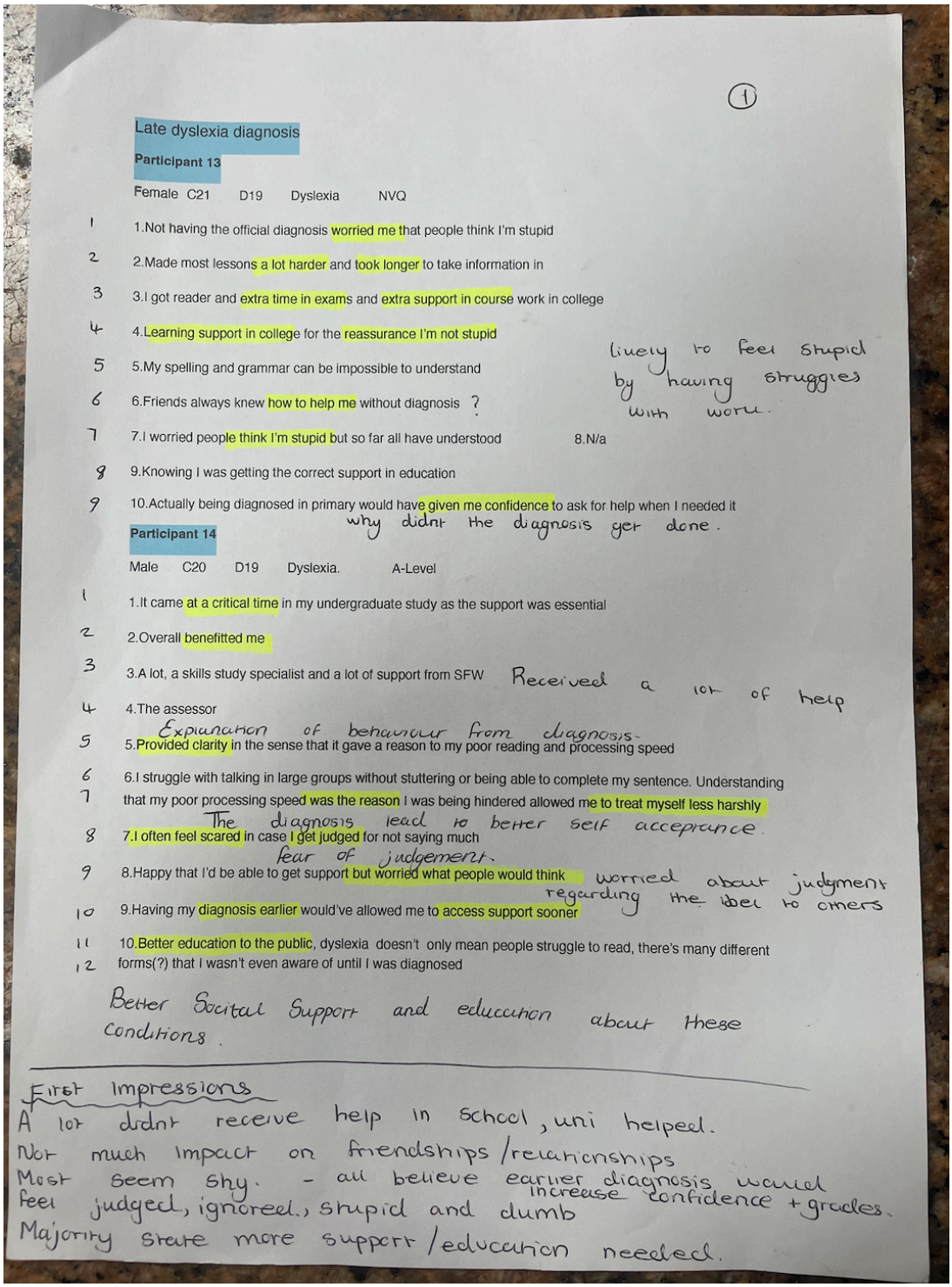
A lot of mixed experiences (AMbivalence).
Some ~~received~~ received better support in primary
Some in Secondary.
External influences arnt considered although
Some participants mention family, being kicked
out etc at a young age but reasoning
is unknown. - co-morbidities also not considered.
(Dyslexia is mentioned with P8).
Early Support was evidently helping but
the tendency to still struggle or needing
further support and not getting it was
also clear.

All Suggest Improved Support or earlier
identification in school is needed.
(Alienation) lacking support from educators.

limitation.

~~Class~~ participants in this category referred to
a late diagnosis as being late in education
but in this research project is 18 or under
= early diagnosis.
childhood + adulthood categories could have been
more beneficial.

Survey responses after analysis with codes (Late Dyslexia)



①

Late dyslexia diagnosis

Participant 13

Female C21 D19 Dyslexia NVQ

1. 1.Not having the official diagnosis worried me that people think I'm stupid
2. 2.Made most lessons a lot harder and took longer to take information in
3. 3.I got reader and extra time in exams and extra support in course work in college
4. 4.Learning support in college for the reassurance I'm not stupid
5. 5.My spelling and grammar can be impossible to understand
6. 6.Friends always knew how to help me without diagnosis ?
7. 7.I worried people think I'm stupid but so far all have understood 8.N/a
8. 9.Knowing I was getting the correct support in education
9. 10.Actually being diagnosed in primary would have given me confidence to ask for help when I needed it

likely to feel stupid by having struggles with work.

why didnt the diagnosis get done.

Participant 14

Male C20 D19 Dyslexia. A-Level

1. 1.It came at a critical time in my undergraduate study as the support was essential
2. 2.Overall benefitted me
3. 3.A lot, a skills study specialist and a lot of support from SFW
4. 4.The assessor
5. 5.Provided clarity in the sense that it gave a reason to my poor reading and processing speed
6. 6.I struggle with talking in large groups without stuttering or being able to complete my sentence. Understanding
7. that my poor processing speed was the reason I was being hindered allowed me to treat myself less harshly
8. 7.I often feel scared in case I get judged for not saying much
9. 8.Happy that I'd be able to get support but worried what people would think
10. 9.Having my diagnosis earlier would've allowed me to access support sooner
11. 10.Better education to the public, dyslexia doesn't only mean people struggle to read, there's many different
12. forms(?) that I wasn't even aware of until I was diagnosed

Received a lot of help

Explanation of behaviour from diagnosis.

The diagnosis lead to better self acceptance.

fear of judgement.

worried about judgment regarding the idea to others

Better Social Support and education about these conditions.

First Impressions

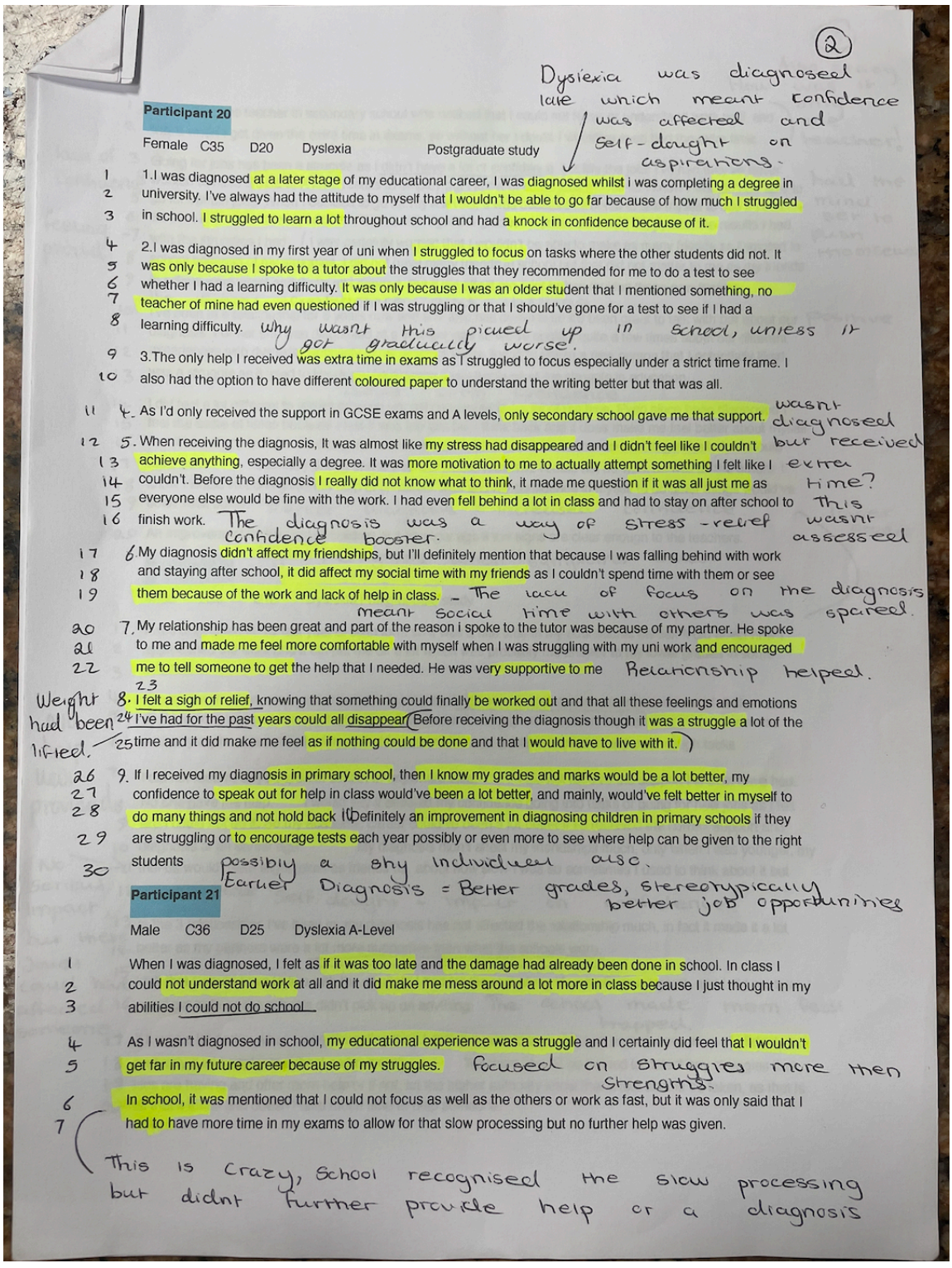
A lot didnt receive help in school, uni helped.

Not much impact on friendships/relationships

Most seem shy. - all believe earlier diagnosis would increase confidence + grades.

feel judged, ignored, stupid and dumb

Majority state more support/education needed.



(2)

Dysiexia was diagnoseed late which meant confidence was affecteed and self-daught on aspirations.

Participant 20

Female C35 D20 Dyslexia Postgraduate study

1.I was diagnosed at a later stage of my educational career, I was diagnosed whilst i was completing a degree in university. I've always had the attitude to myself that I wouldn't be able to go far because of how much I struggled in school. I struggled to learn a lot throughout school and had a knock in confidence because of it.

2.I was diagnosed in my first year of uni when I struggled to focus on tasks where the other students did not. It was only because I spoke to a tutor about the struggles that they recommended for me to do a test to see whether I had a learning difficulty. It was only because I was an older student that I mentioned something, no teacher of mine had even questioned if I was struggling or that I should've gone for a test to see if I had a learning difficulty. Why wasnt this picued up in school, unless it got gradually worse.

3.The only help I received was extra time in exams as I struggled to focus especially under a strict time frame. I also had the option to have different coloured paper to understand the writing better but that was all.

4. As I'd only received the support in GCSE exams and A levels, only secondary school gave me that support. wasnt diagnoseed but received extra time?

5. When receiving the diagnosis, It was almost like my stress had disappeared and I didn't feel like I couldn't achieve anything, especially a degree. It was more motivation to me to actually attempt something I felt like I couldn't. Before the diagnosis I really did not know what to think, it made me question if it was all just me as everyone else would be fine with the work. I had even fell behind a lot in class and had to stay on after school to finish work. The diagnosis was a way of stress-relief confidence booster. This wasnt assesseed

6.My diagnosis didn't affect my friendships, but I'll definitely mention that because I was falling behind with work and staying after school, it did affect my social time with my friends as I couldn't spend time with them or see them because of the work and lack of help in class. The lack of focus on the diagnosis meant social time with others was spareed.

7. My relationship has been great and part of the reason i spoke to the tutor was because of my partner. He spoke to me and made me feel more comfortable with myself when I was struggling with my uni work and encouraged me to tell someone to get the help that I needed. He was very supportive to me Relationship helped.

8. I felt a sigh of relief, knowing that something could finally be worked out and that all these feelings and emotions I've had for the past years could all disappear. Before receiving the diagnosis though it was a struggle a lot of the time and it did make me feel as if nothing could be done and that I would have to live with it. Weight had been lifted.

9. If I received my diagnosis in primary school, then I know my grades and marks would be a lot better, my confidence to speak out for help in class would've been a lot better, and mainly, would've felt better in myself to do many things and not hold back it. Definitely an improvement in diagnosing children in primary schools if they are struggling or to encourage tests each year possibly or even more to see where help can be given to the right students possibly a shy individuel also.

Earuer Diagnosis = Better grades, stereotypically better job opportunities

Participant 21

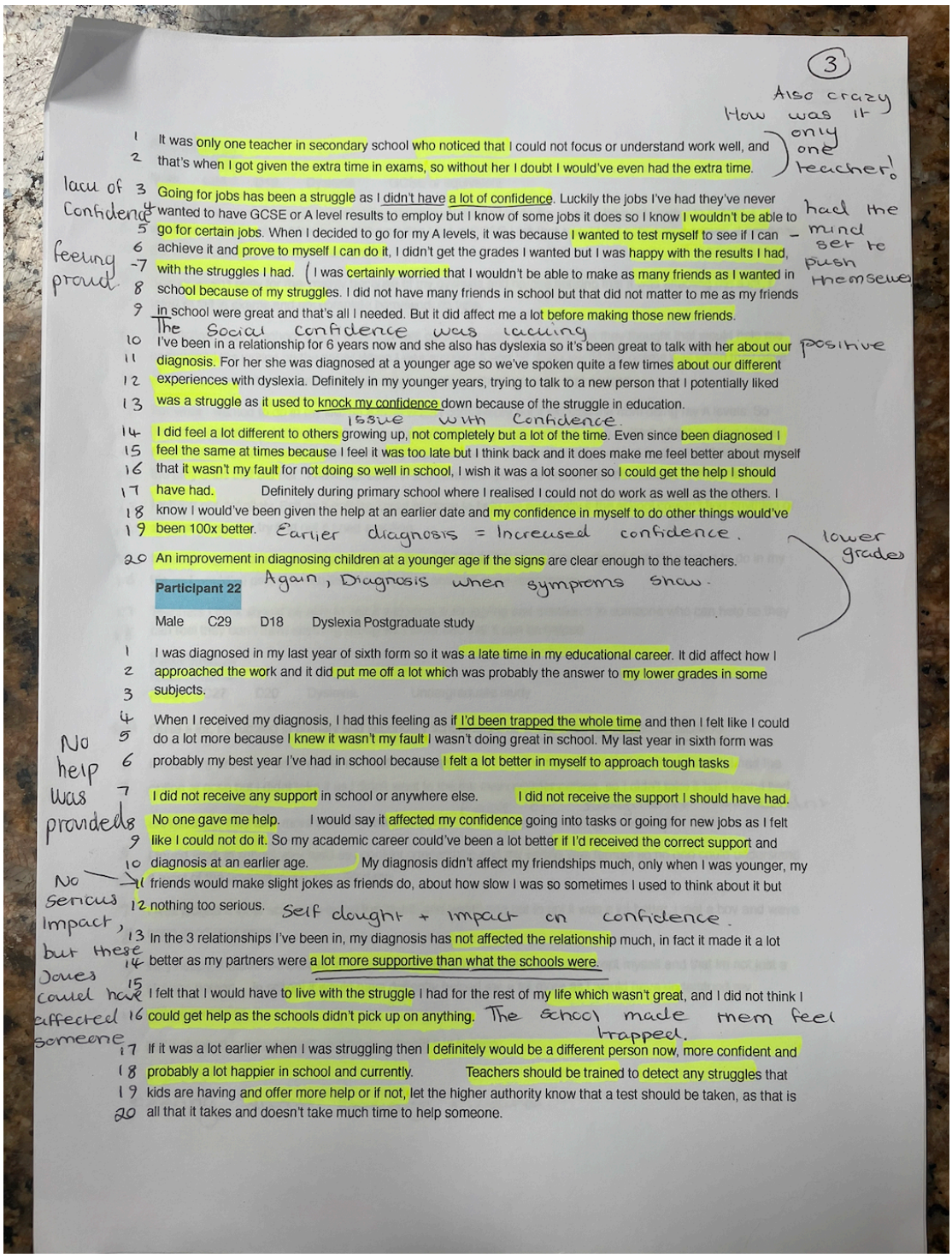
Male C36 D25 Dyslexia A-Level

When I was diagnosed, I felt as if it was too late and the damage had already been done in school. In class I could not understand work at all and it did make me mess around a lot more in class because I just thought in my abilities I could not do school

As I wasn't diagnosed in school, my educational experience was a struggle and I certainly did feel that I wouldn't get far in my future career because of my struggles. focused on struggles more then strengths.

In school, it was mentioned that I could not focus as well as the others or work as fast, but it was only said that I had to have more time in my exams to allow for that slow processing but no further help was given.

This is crazy, School recognised the slow processing but didnt further provide help or a diagnosis



3

Also crazy How was it only one teacher!

It was only one teacher in secondary school who noticed that I could not focus or understand work well, and that's when I got given the extra time in exams, so without her I doubt I would've even had the extra time.

lack of Confidence

Going for jobs has been a struggle as I didn't have a lot of confidence. Luckily the jobs I've had they've never wanted to have GCSE or A level results to employ but I know of some jobs it does so I know I wouldn't be able to go for certain jobs. When I decided to go for my A levels, it was because I wanted to test myself to see if I can achieve it and prove to myself I can do it, I didn't get the grades I wanted but I was happy with the results I had, with the struggles I had. (I was certainly worried that I wouldn't be able to make as many friends as I wanted in school because of my struggles. I did not have many friends in school but that did not matter to me as my friends in school were great and that's all I needed. But it did affect me a lot before making those new friends.

had the mind set to push themselves

feeling proud

The Social confidence was lacking

I've been in a relationship for 6 years now and she also has dyslexia so it's been great to talk with her about our diagnosis. For her she was diagnosed at a younger age so we've spoken quite a few times about our different experiences with dyslexia. Definitely in my younger years, trying to talk to a new person that I potentially liked was a struggle as it used to knock my confidence down because of the struggle in education.

positive

issue with Confidence.

I did feel a lot different to others growing up, not completely but a lot of the time. Even since been diagnosed I feel the same at times because I feel it was too late but I think back and it does make me feel better about myself that it wasn't my fault for not doing so well in school, I wish it was a lot sooner so I could get the help I should have had. Definitely during primary school where I realised I could not do work as well as the others. I know I would've been given the help at an earlier date and my confidence in myself to do other things would've been 100x better. Earlier diagnosis = Increased confidence.

lower grades

An improvement in diagnosing children at a younger age if the signs are clear enough to the teachers.

Again, Diagnosis when symptoms show.

Participant 22

Male C29 D18 Dyslexia Postgraduate study

I was diagnosed in my last year of sixth form so it was a late time in my educational career. It did affect how I approached the work and it did put me off a lot which was probably the answer to my lower grades in some subjects.

When I received my diagnosis, I had this feeling as if I'd been trapped the whole time and then I felt like I could do a lot more because I knew it wasn't my fault I wasn't doing great in school. My last year in sixth form was probably my best year I've had in school because I felt a lot better in myself to approach tough tasks

No help was provided

I did not receive any support in school or anywhere else. I did not receive the support I should have had. No one gave me help. I would say it affected my confidence going into tasks or going for new jobs as I felt like I could not do it. So my academic career could've been a lot better if I'd received the correct support and diagnosis at an earlier age. My diagnosis didn't affect my friendships much, only when I was younger, my friends would make slight jokes as friends do, about how slow I was so sometimes I used to think about it but nothing too serious.

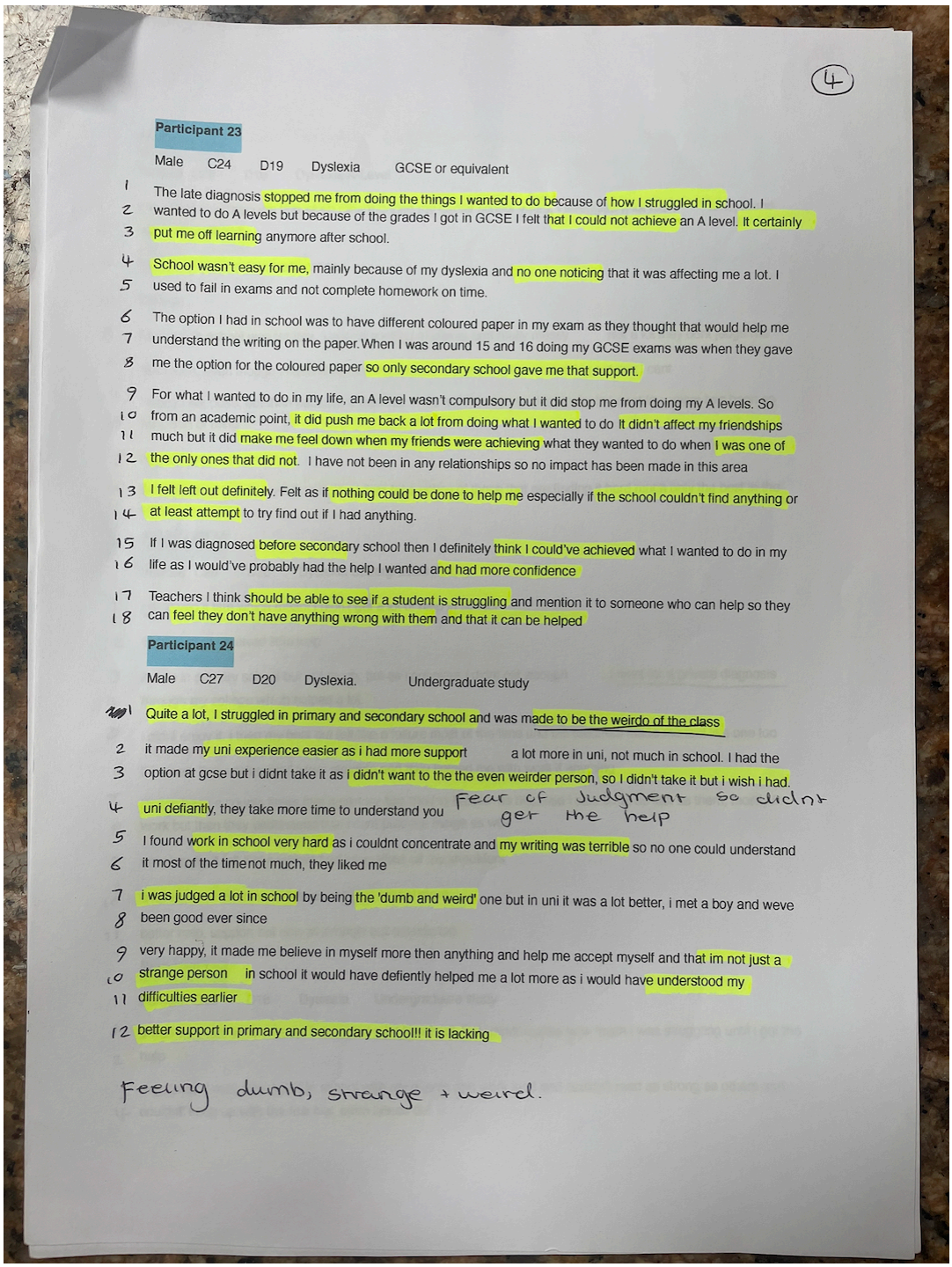
No serious Impact, but these Issues could have affected someone

Self doubt + impact on confidence.

In the 3 relationships I've been in, my diagnosis has not affected the relationship much, in fact it made it a lot better as my partners were a lot more supportive than what the schools were.

I felt that I would have to live with the struggle I had for the rest of my life which wasn't great, and I did not think I could get help as the schools didn't pick up on anything. The school made them feel trapped.

If it was a lot earlier when I was struggling then I definitely would be a different person now, more confident and probably a lot happier in school and currently. Teachers should be trained to detect any struggles that kids are having and offer more help or if not, let the higher authority know that a test should be taken, as that is all that it takes and doesn't take much time to help someone.



(4)

Participant 23

Male C24 D19 Dyslexia GCSE or equivalent

The late diagnosis stopped me from doing the things I wanted to do because of how I struggled in school. I wanted to do A levels but because of the grades I got in GCSE I felt that I could not achieve an A level. It certainly put me off learning anymore after school.

School wasn't easy for me, mainly because of my dyslexia and no one noticing that it was affecting me a lot. I used to fail in exams and not complete homework on time.

The option I had in school was to have different coloured paper in my exam as they thought that would help me understand the writing on the paper. When I was around 15 and 16 doing my GCSE exams was when they gave me the option for the coloured paper so only secondary school gave me that support.

For what I wanted to do in my life, an A level wasn't compulsory but it did stop me from doing my A levels. So from an academic point, it did push me back a lot from doing what I wanted to do It didn't affect my friendships much but it did make me feel down when my friends were achieving what they wanted to do when I was one of the only ones that did not. I have not been in any relationships so no impact has been made in this area

I felt left out definitely. Felt as if nothing could be done to help me especially if the school couldn't find anything or at least attempt to try find out if I had anything.

If I was diagnosed before secondary school then I definitely think I could've achieved what I wanted to do in my life as I would've probably had the help I wanted and had more confidence

Teachers I think should be able to see if a student is struggling and mention it to someone who can help so they can feel they don't have anything wrong with them and that it can be helped

Participant 24

Male C27 D20 Dyslexia. Undergraduate study

Quite a lot, I struggled in primary and secondary school and was made to be the weirdo of the class

it made my uni experience easier as i had more support a lot more in uni, not much in school. I had the option at gcse but i didnt take it as i didn't want to the the even weirder person, so I didn't take it but i wish i had.

uni defiantly, they take more time to understand you Fear of Judgment so didnt get the help

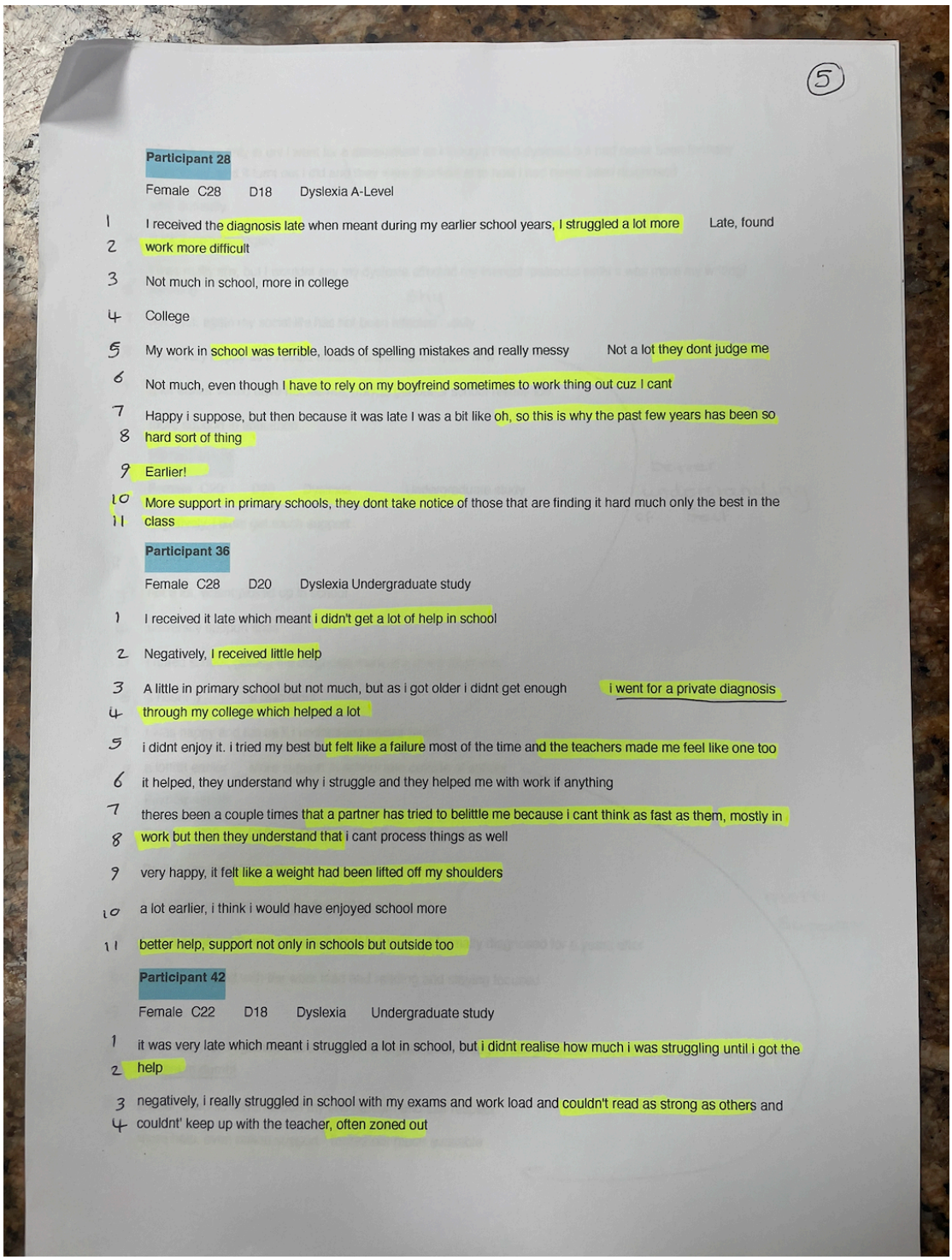
I found work in school very hard as i couldnt concentrate and my writing was terrible so no one could understand it most of the time not much, they liked me

i was judged a lot in school by being the 'dumb and weird' one but in uni it was a lot better, i met a boy and weve been good ever since

very happy, it made me believe in myself more then anything and help me accept myself and that im not just a strange person in school it would have defiently helped me a lot more as i would have understood my difficulties earlier

better support in primary and secondary school!! it is lacking

Feeling dumb, strange + weird.



(5)

Participant 28

Female C28 D18 Dyslexia A-Level

I received the diagnosis late when meant during my earlier school years, I struggled a lot more Late, found work more difficult

Not much in school, more in college

College

My work in school was terrible, loads of spelling mistakes and really messy Not a lot they dont judge me

Not much, even though I have to rely on my boyfreind sometimes to work thing out cuz I cant

Happy i suppose, but then because it was late I was a bit like oh, so this is why the past few years has been so hard sort of thing

Earlier!

More support in primary schools, they dont take notice of those that are finding it hard much only the best in the class

Participant 36

Female C28 D20 Dyslexia Undergraduate study

I received it late which meant i didn't get a lot of help in school

Negatively, I received little help

A little in primary school but not much, but as i got older i didnt get enough i went for a private diagnosis through my college which helped a lot

i didnt enjoy it. i tried my best but felt like a failure most of the time and the teachers made me feel like one too

it helped, they understand why i struggle and they helped me with work if anything

theres been a couple times that a partner has tried to belittle me because i cant think as fast as them, mostly in work but then they understand that i cant process things as well

very happy, it felt like a weight had been lifted off my shoulders

a lot earlier, i think i would have enjoyed school more

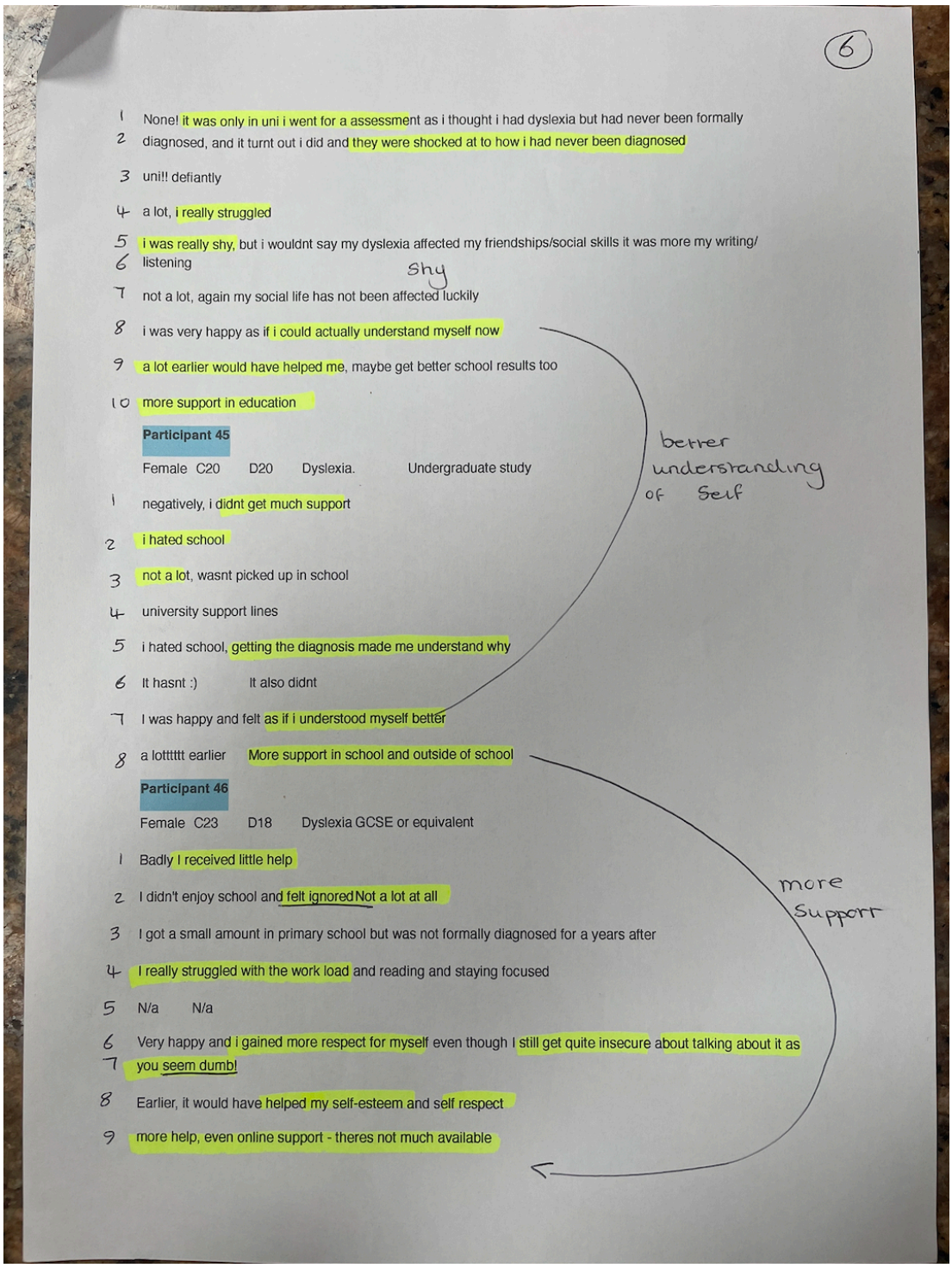
better help, support not only in schools but outside too

Participant 42

Female C22 D18 Dyslexia Undergraduate study

it was very late which meant i struggled a lot in school, but i didnt realise how much i was struggling until i got the help

negatively, i really struggled in school with my exams and work load and couldn't read as strong as others and couldnt' keep up with the teacher, often zoned out



6

1 None! it was only in uni i went for a assessment as i thought i had dyslexia but had never been formally
2 diagnosed, and it turnt out i did and they were shocked at to how i had never been diagnosed

3 uni!! defiantly

4 a lot, i really struggled

5 i was really shy, but i wouldnt say my dyslexia affected my friendships/social skills it was more my writing/
6 listening

Shy

7 not a lot, again my social life has not been affected luckily

8 i was very happy as if i could actually understand myself now

9 a lot earlier would have helped me, maybe get better school results too

10 more support in education

Participant 45

Female C20 D20 Dyslexia. Undergraduate study

better understanding of Self

1 negatively, i didnt get much support

2 i hated school

3 not a lot, wasnt picked up in school

4 university support lines

5 i hated school, getting the diagnosis made me understand why

6 It hasnt :) It also didnt

7 I was happy and felt as if i understood myself better

8 a lotttttt earlier More support in school and outside of school

Participant 46

Female C23 D18 Dyslexia GCSE or equivalent

more Support

1 Badly I received little help

2 I didn't enjoy school and felt ignored Not a lot at all

3 I got a small amount in primary school but was not formally diagnosed for a years after

4 I really struggled with the work load and reading and staying focused

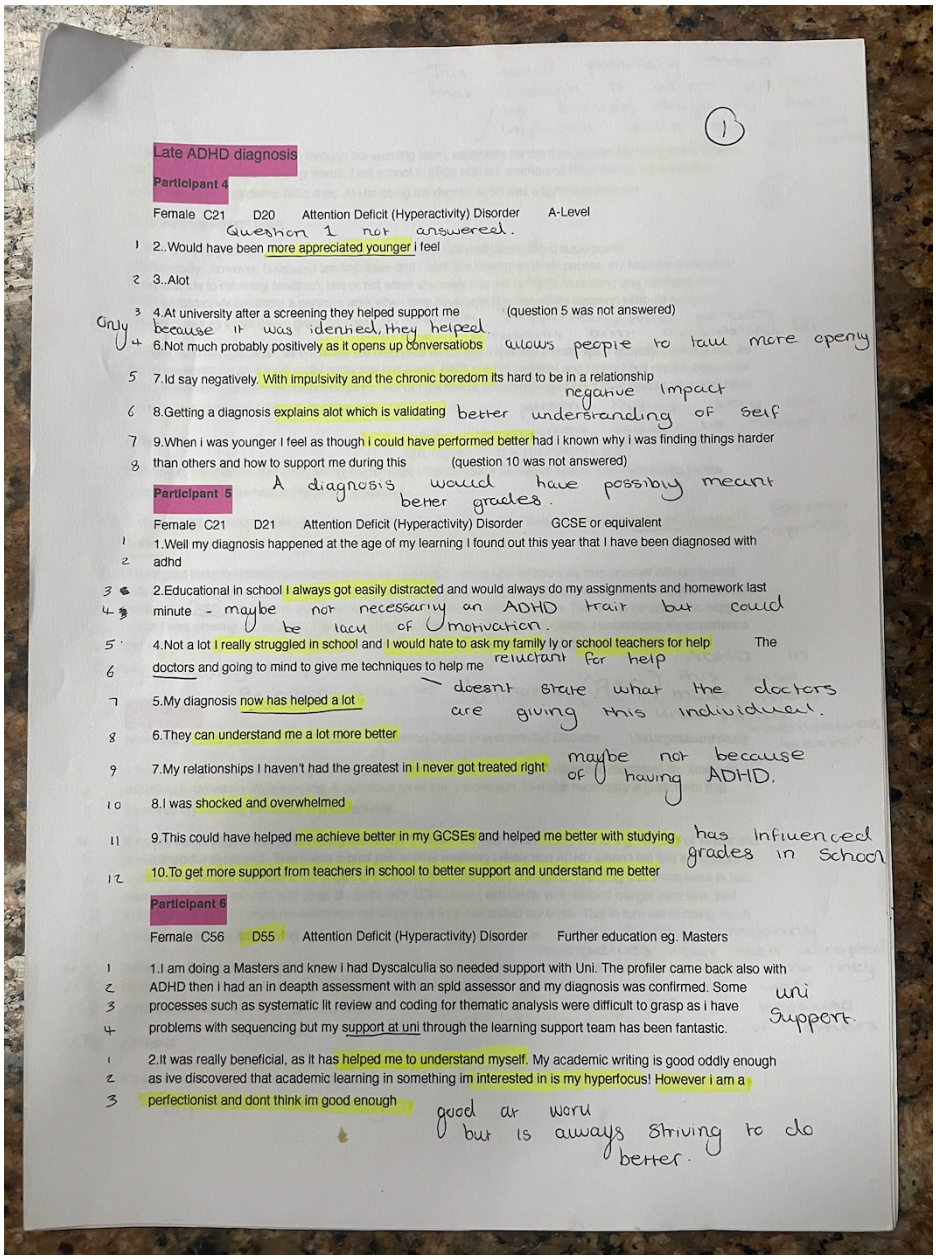
5 N/a N/a

6 Very happy and i gained more respect for myself even though I still get quite insecure about talking about it as
7 you seem dumb!

8 Earlier, it would have helped my self-esteem and self respect

9 more help, even online support - theres not much available

Survey responses after analysis with codes (Late ADHD)



(1)

Late ADHD diagnosis

Participant 4

Female C21 D20 Attention Deficit (Hyperactivity) Disorder A-Level

Question 1 not answered.

2..Would have been more appreciated younger i feel

3..Alot

4.At university after a screening they helped support me (question 5 was not answered)

Grey 6.Not much probably positively as it opens up conversatiobs allows people to talk more openly because it was identified, they helped.

7.Id say negatively. With impulsivity and the chronic boredom its hard to be in a relationship negative impact

8.Getting a diagnosis explains alot which is validating better understanding of self

9.When i was younger I feel as though i could have performed better had i known why i was finding things harder than others and how to support me during this (question 10 was not answered)

Participant 5

A diagnosis would have possibly meant better grades.

Female C21 D21 Attention Deficit (Hyperactivity) Disorder GCSE or equivalent

1.Well my diagnosis happened at the age of my learning I found out this year that I have been diagnosed with adhd

2.Educational in school I always got easily distracted and would always do my assignments and homework last minute - maybe not necessarily an ADHD trait but could be lack of motivation.

4.Not a lot I really struggled in school and I would hate to ask my family ly or school teachers for help The doctors and going to mind to give me techniques to help me reluctant for help

5.My diagnosis now has helped a lot doesn't state what the doctors are giving this individual.

6.They can understand me a lot more better

7.My relationships I haven't had the greatest in I never got treated right maybe not because of having ADHD.

8.I was shocked and overwhelmed

9.This could have helped me achieve better in my GCSEs and helped me better with studying has influenced grades in school

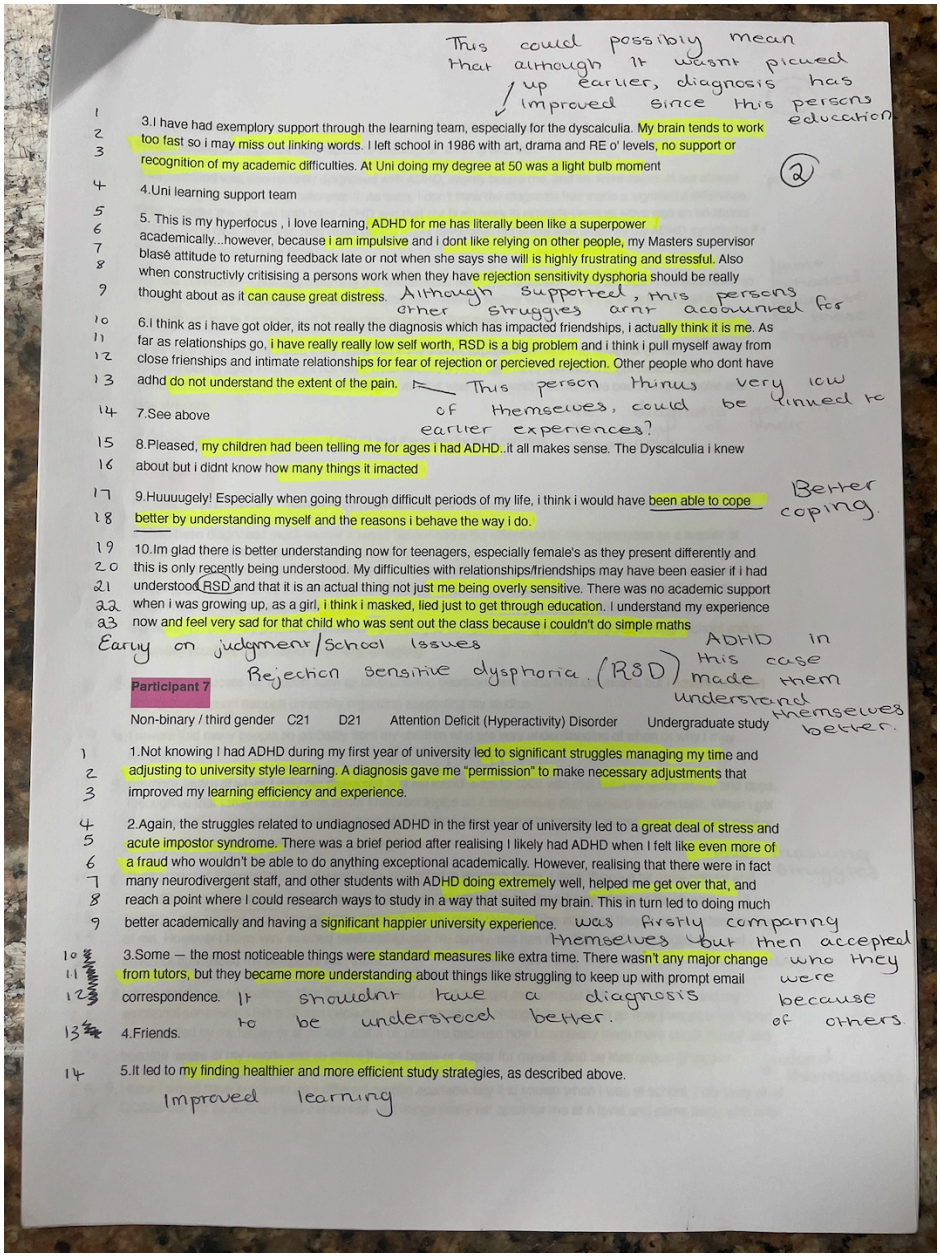
10.To get more support from teachers in school to better support and understand me better

Participant 6

Female C56 D55 Attention Deficit (Hyperactivity) Disorder Further education eg. Masters

1.I am doing a Masters and knew i had Dyscalculia so needed support with Uni. The profiler came back also with ADHD then i had an in deapth assessment with an spld assessor and my diagnosis was confirmed. Some processes such as systematic lit review and coding for thematic analysis were difficult to grasp as i have problems with sequencing but my support at uni through the learning support team has been fantastic. uni support.

2.It was really beneficial, as it has helped me to understand myself. My academic writing is good oddly enough as ive discovered that academic learning in something im interested in is my hyperfocus! However i am a perfectionist and dont think im good enough good at work but is always striving to do better.



This could possibly mean that although it wasnt picked up earlier, diagnosis has improved since this persons education

3.I have had exemplory support through the learning team, especially for the dyscalculia. My brain tends to work too fast so i may miss out linking words. I left school in 1986 with art, drama and RE o' levels, no support or recognition of my academic difficulties. At Uni doing my degree at 50 was a light bulb moment

(2)

4.Uni learning support team

5. This is my hyperfocus , i love learning, ADHD for me has literally been like a superpower academically...however, because i am impulsive and i dont like relying on other people, my Masters supervisor blasé attitude to returning feedback late or not when she says she will is highly frustrating and stressful. Also when constructivly critisising a persons work when they have rejection sensitivity dysphoria should be really thought about as it can cause great distress.

Although supported, this persons other struggles arnt accounted for

6.I think as i have got older, its not really the diagnosis which has impacted friendships, i actually think it is me. As far as relationships go, i have really really low self worth, RSD is a big problem and i think i pull myself away from close frienships and intimate relationships for fear of rejection or percieved rejection. Other people who dont have adhd do not understand the extent of the pain.

This person thinks very low of themselves, could be linked to earlier experiences?

7.See above

8.Pleased, my children had been telling me for ages i had ADHD..it all makes sense. The Dyscalculia i knew about but i didnt know how many things it imacted

9.Huuuugely! Especially when going through difficult periods of my life, i think i would have been able to cope better by understanding myself and the reasons i behave the way i do.

Better coping.

10.Im glad there is better understanding now for teenagers, especially female's as they present differently and this is only recently being understood. My difficulties with relationships/friendships may have been easier if i had understood RSD and that it is an actual thing not just me being overly sensitive. There was no academic support when i was growing up, as a girl, i think i masked, lied just to get through education. I understand my experience now and feel very sad for that child who was sent out the class because i couldn't do simple maths

Early on judgment/School issues

ADHD in this case made them understand themselves better.

Rejection sensitive dysphoria (RSD)

Participant 7

Non-binary / third gender C21 D21 Attention Deficit (Hyperactivity) Disorder Undergraduate study

1.Not knowing I had ADHD during my first year of university led to significant struggles managing my time and adjusting to university style learning. A diagnosis gave me "permission" to make necessary adjustments that improved my learning efficiency and experience.

2.Again, the struggles related to undiagnosed ADHD in the first year of university led to a great deal of stress and acute impostor syndrome. There was a brief period after realising I likely had ADHD when I felt like even more of a fraud who wouldn't be able to do anything exceptional academically. However, realising that there were in fact many neurodivergent staff, and other students with ADHD doing extremely well, helped me get over that, and reach a point where I could research ways to study in a way that suited my brain. This in turn led to doing much better academically and having a significant happier university experience.

was firstly comparing themselves but then accepted who they were because of others

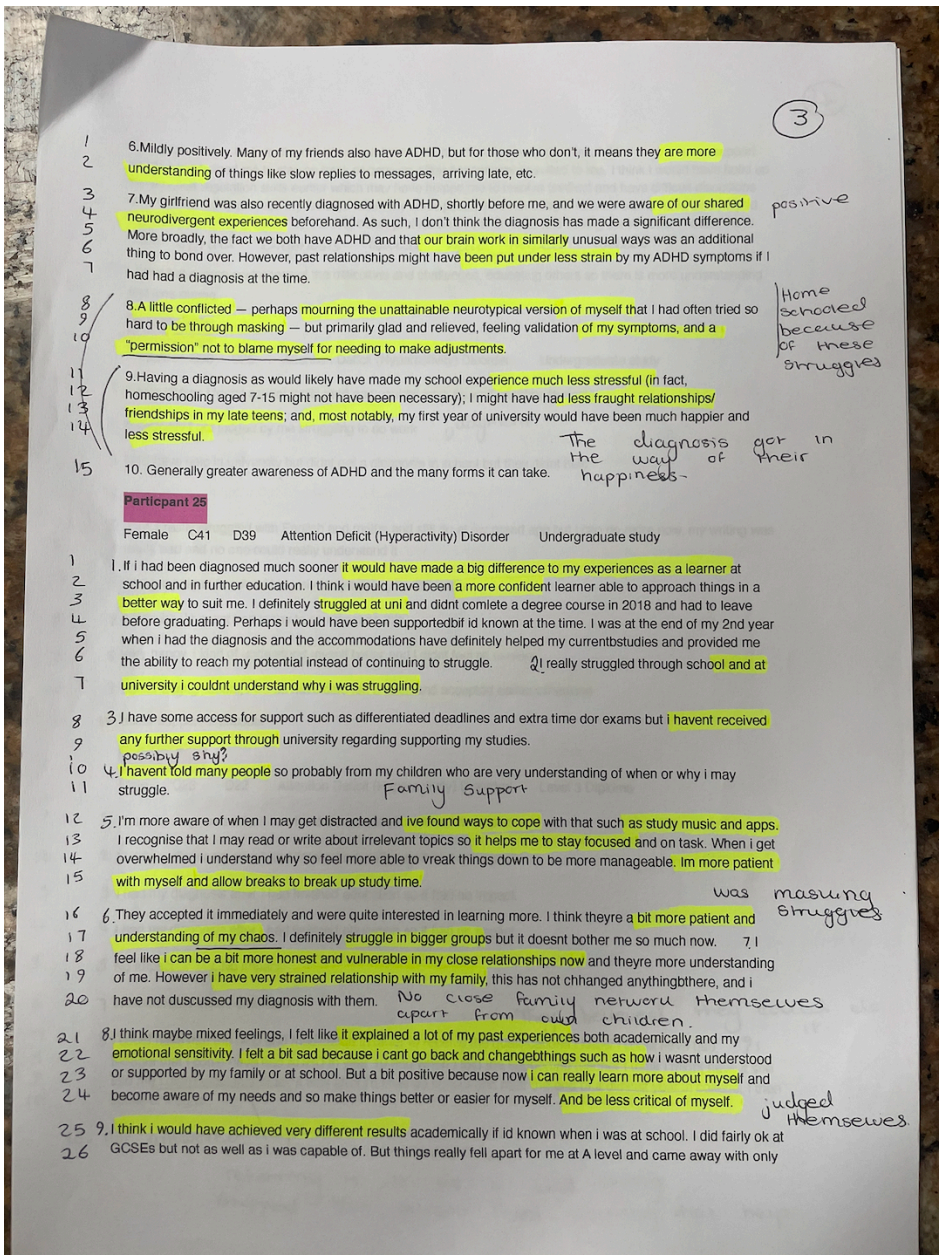
3.Some — the most noticeable things were standard measures like extra time. There wasn't any major change from tutors, but they became more understanding about things like struggling to keep up with prompt email correspondence.

It shouldnt have a diagnosis to be understood better.

4.Friends.

5.It led to my finding healthier and more efficient study strategies, as described above.

Improved learning



3

6. Mildly positively. Many of my friends also have ADHD, but for those who don't, it means they are more understanding of things like slow replies to messages, arriving late, etc.

7. My girlfriend was also recently diagnosed with ADHD, shortly before me, and we were aware of our shared neurodivergent experiences beforehand. As such, I don't think the diagnosis has made a significant difference. More broadly, the fact we both have ADHD and that our brain work in similarly unusual ways was an additional thing to bond over. However, past relationships might have been put under less strain by my ADHD symptoms if I had had a diagnosis at the time.

positive

8. A little conflicted — perhaps mourning the unattainable neurotypical version of myself that I had often tried so hard to be through masking — but primarily glad and relieved, feeling validation of my symptoms, and a "permission" not to blame myself for needing to make adjustments.

Home schooled because of these struggles

9. Having a diagnosis as would likely have made my school experience much less stressful (in fact, homeschooling aged 7-15 might not have been necessary); I might have had less fraught relationships/ friendships in my late teens; and, most notably, my first year of university would have been much happier and less stressful.

The diagnosis got in the way of their happiness.

10. Generally greater awareness of ADHD and the many forms it can take.

Particpant 25

Female C41 D39 Attention Deficit (Hyperactivity) Disorder Undergraduate study

1. If i had been diagnosed much sooner it would have made a big difference to my experiences as a learner at school and in further education. I think i would have been a more confident learner able to approach things in a better way to suit me. I definitely struggled at uni and didnt comlete a degree course in 2018 and had to leave before graduating. Perhaps i would have been supportedbif id known at the time. I was at the end of my 2nd year when i had the diagnosis and the accommodations have definitely helped my currentbstudies and provided me the ability to reach my potential instead of continuing to struggle. 2. I really struggled through school and at university i couldnt understand why i was struggling.

3. I have some access for support such as differentiated deadlines and extra time dor exams but i havent received any further support through university regarding supporting my studies.

possibly shy?

4. I havent told many people so probably from my children who are very understanding of when or why i may struggle.

Family Support

5. I'm more aware of when I may get distracted and ive found ways to cope with that such as study music and apps. I recognise that I may read or write about irrelevant topics so it helps me to stay focused and on task. When i get overwhelmed i understand why so feel more able to vreak things down to be more manageable. Im more patient with myself and allow breaks to break up study time.

was masking struggles

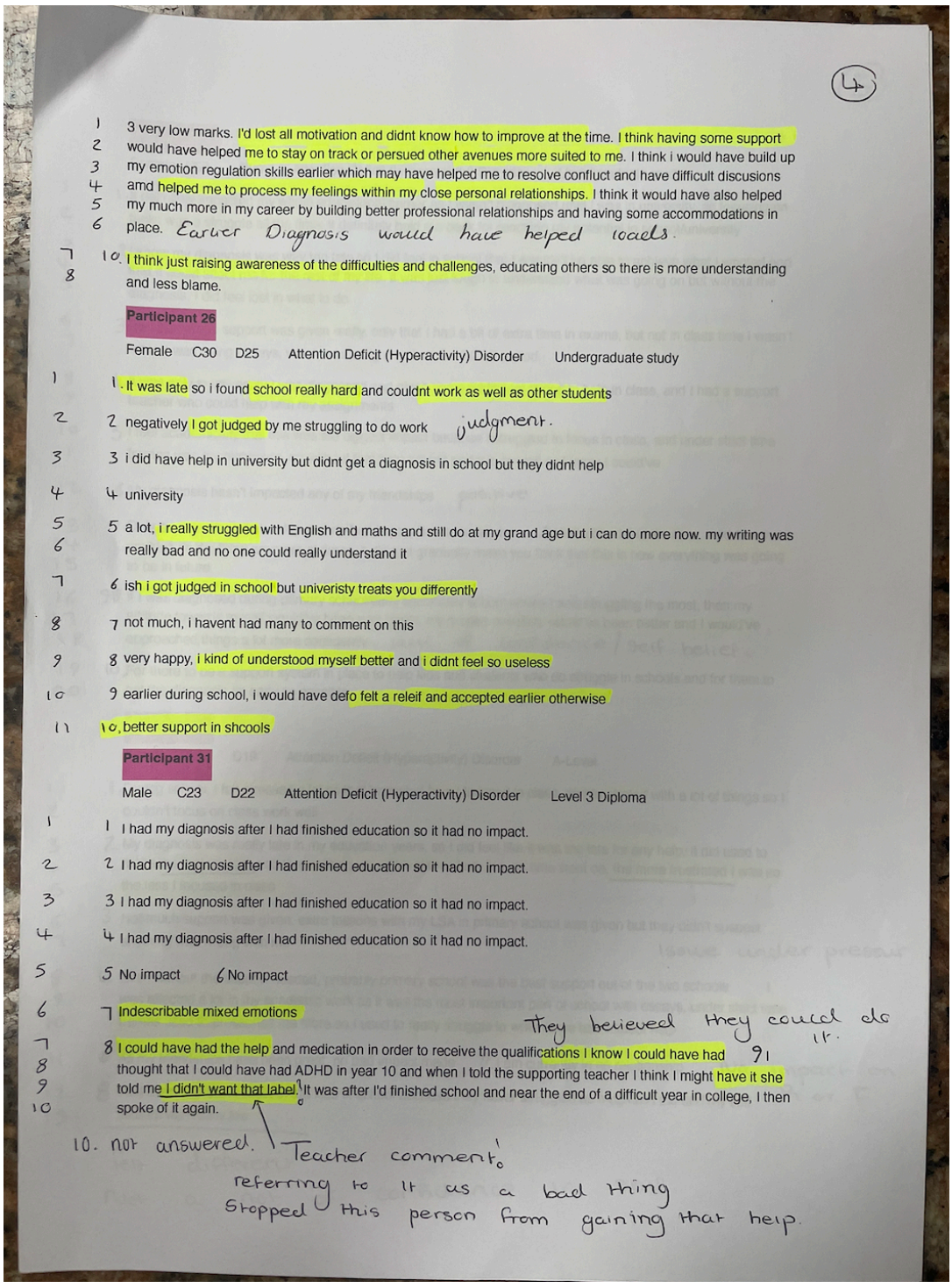
6. They accepted it immediately and were quite interested in learning more. I think theyre a bit more patient and understanding of my chaos. I definitely struggle in bigger groups but it doesnt bother me so much now. 7. I feel like i can be a bit more honest and vulnerable in my close relationships now and theyre more understanding of me. However i have very strained relationship with my family, this has not chhanged anythingbthere, and i have not duscussed my diagnosis with them.

No close family network themselves apart from own children.

8. I think maybe mixed feelings, I felt like it explained a lot of my past experiences both academically and my emotional sensitivity. I felt a bit sad because i cant go back and changebthings such as how i wasnt understood or supported by my family or at school. But a bit positive because now i can really learn more about myself and become aware of my needs and so make things better or easier for myself. And be less critical of myself.

judged themselves.

9. I think i would have achieved very different results academically if id known when i was at school. I did fairly ok at GCSEs but not as well as i was capable of. But things really fell apart for me at A level and came away with only



4

3 very low marks. I'd lost all motivation and didnt know how to improve at the time. I think having some support would have helped me to stay on track or persued other avenues more suited to me. I think i would have build up my emotion regulation skills earlier which may have helped me to resolve confluct and have difficult discusions amd helped me to process my feelings within my close personal relationships. I think it would have also helped my much more in my career by building better professional relationships and having some accommodations in place. Earlier Diagnosis would have helped loads.

10. I think just raising awareness of the difficulties and challenges, educating others so there is more understanding and less blame.

Participant 26

Female C30 D25 Attention Deficit (Hyperactivity) Disorder Undergraduate study

1. It was late so i found school really hard and couldnt work as well as other students
2. negatively I got judged by me struggling to do work judgment.
3. i did have help in university but didnt get a diagnosis in school but they didnt help
4. university
5. a lot, i really struggled with English and maths and still do at my grand age but i can do more now. my writing was really bad and no one could really understand it
6. ish i got judged in school but univeristy treats you differently
7. not much, i havent had many to comment on this
8. very happy, i kind of understood myself better and i didnt feel so useless
9. earlier during school, i would have defo felt a releif and accepted earlier otherwise
10. better support in shcools

Participant 31

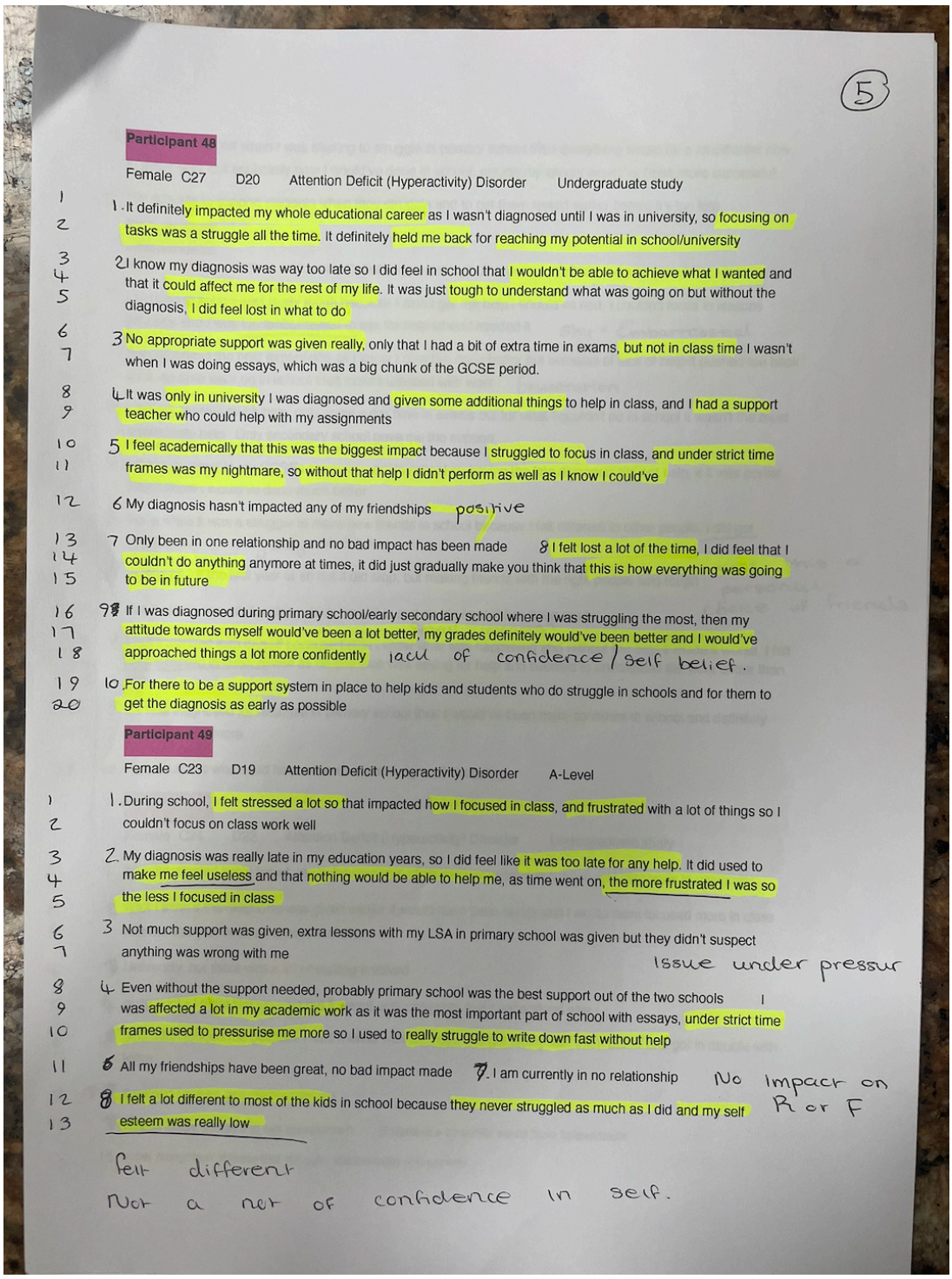
Male C23 D22 Attention Deficit (Hyperactivity) Disorder Level 3 Diploma

1. I had my diagnosis after I had finished education so it had no impact.
2. I had my diagnosis after I had finished education so it had no impact.
3. I had my diagnosis after I had finished education so it had no impact.
4. I had my diagnosis after I had finished education so it had no impact.
5. No impact 6 No impact
6. Indescribable mixed emotions
7. I could have had the help and medication in order to receive the qualifications I know I could have had 9 I thought that I could have had ADHD in year 10 and when I told the supporting teacher I think I might have it she told me I didn't want that label. It was after I'd finished school and near the end of a difficult year in college, I then spoke of it again.

They believed they could do it.

10. not answered.

Teacher comment referring to it as a bad thing Stopped this person from gaining that help.



5

Participant 48

Female C27 D20 Attention Deficit (Hyperactivity) Disorder Undergraduate study

1. It definitely impacted my whole educational career as I wasn't diagnosed until I was in university, so focusing on tasks was a struggle all the time. It definitely held me back for reaching my potential in school/university

2. I know my diagnosis was way too late so I did feel in school that I wouldn't be able to achieve what I wanted and that it could affect me for the rest of my life. It was just tough to understand what was going on but without the diagnosis, I did feel lost in what to do

3. No appropriate support was given really, only that I had a bit of extra time in exams, but not in class time I wasn't when I was doing essays, which was a big chunk of the GCSE period.

4. It was only in university I was diagnosed and given some additional things to help in class, and I had a support teacher who could help with my assignments

5. I feel academically that this was the biggest impact because I struggled to focus in class, and under strict time frames was my nightmare, so without that help I didn't perform as well as I know I could've

6. My diagnosis hasn't impacted any of my friendships positive

7. Only been in one relationship and no bad impact has been made 8. I felt lost a lot of the time, I did feel that I couldn't do anything anymore at times, it did just gradually make you think that this is how everything was going to be in future

9. If I was diagnosed during primary school/early secondary school where I was struggling the most, then my attitude towards myself would've been a lot better, my grades definitely would've been better and I would've approached things a lot more confidently lack of confidence / self belief.

10. For there to be a support system in place to help kids and students who do struggle in schools and for them to get the diagnosis as early as possible

Participant 49

Female C23 D19 Attention Deficit (Hyperactivity) Disorder A-Level

1. During school, I felt stressed a lot so that impacted how I focused in class, and frustrated with a lot of things so I couldn't focus on class work well

2. My diagnosis was really late in my education years, so I did feel like it was too late for any help. It did used to make me feel useless and that nothing would be able to help me, as time went on, the more frustrated I was so the less I focused in class

3. Not much support was given, extra lessons with my LSA in primary school was given but they didn't suspect anything was wrong with me

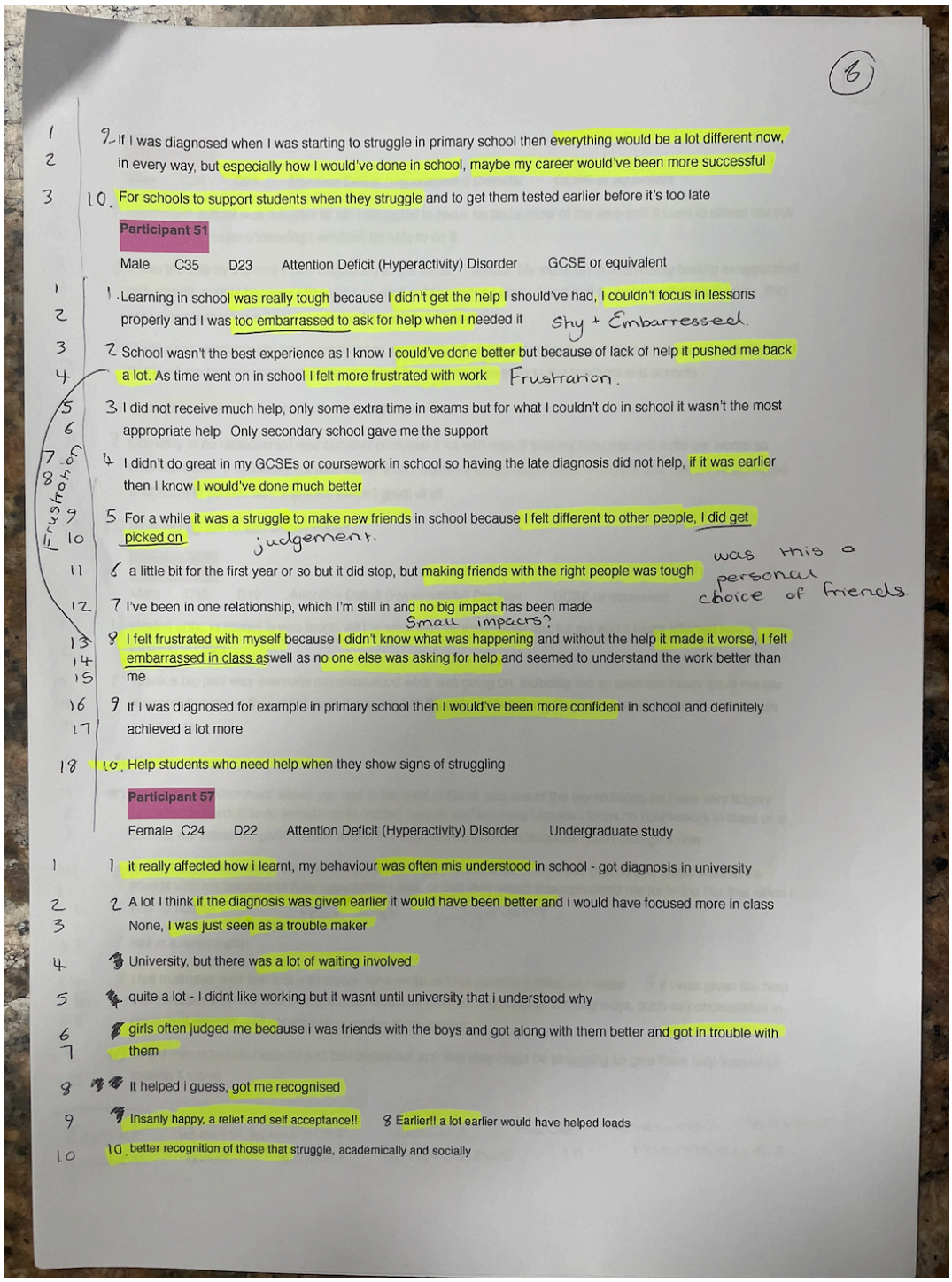
Issue under pressur

4. Even without the support needed, probably primary school was the best support out of the two schools I was affected a lot in my academic work as it was the most important part of school with essays, under strict time frames used to pressurise me more so I used to really struggle to write down fast without help

6. All my friendships have been great, no bad impact made 7. I am currently in no relationship No impact on R or F

8. I felt a lot different to most of the kids in school because they never struggled as much as I did and my self esteem was really low

felt different
Not a net of confidence in self.



(6)

9. If I was diagnosed when I was starting to struggle in primary school then everything would be a lot different now, in every way, but especially how I would've done in school, maybe my career would've been more successful

10. For schools to support students when they struggle and to get them tested earlier before it's too late

Participant 51

Male C35 D23 Attention Deficit (Hyperactivity) Disorder GCSE or equivalent

1. Learning in school was really tough because I didn't get the help I should've had, I couldn't focus in lessons properly and I was too embarrassed to ask for help when I needed it — Shy + Embarresseed.

2. School wasn't the best experience as I know I could've done better but because of lack of help it pushed me back a lot. As time went on in school I felt more frustrated with work — Frustration.

3. I did not receive much help, only some extra time in exams but for what I couldn't do in school it wasn't the most appropriate help Only secondary school gave me the support

4. I didn't do great in my GCSEs or coursework in school so having the late diagnosis did not help, if it was earlier then I know I would've done much better

5. For a while it was a struggle to make new friends in school because I felt different to other people, I did get picked on — judgement.

6. a little bit for the first year or so but it did stop, but making friends with the right people was tough — was this a personal choice of friends

7. I've been in one relationship, which I'm still in and no big impact has been made — Small impacts?

8. I felt frustrated with myself because I didn't know what was happening and without the help it made it worse, I felt embarrassed in class aswell as no one else was asking for help and seemed to understand the work better than me

9. If I was diagnosed for example in primary school then I would've been more confident in school and definitely achieved a lot more

10. Help students who need help when they show signs of struggling

Frustration

Participant 57

Female C24 D22 Attention Deficit (Hyperactivity) Disorder Undergraduate study

1. it really affected how i learnt, my behaviour was often mis understood in school - got diagnosis in university

2. A lot I think if the diagnosis was given earlier it would have been better and i would have focused more in class

3. None, I was just seen as a trouble maker

4. University, but there was a lot of waiting involved

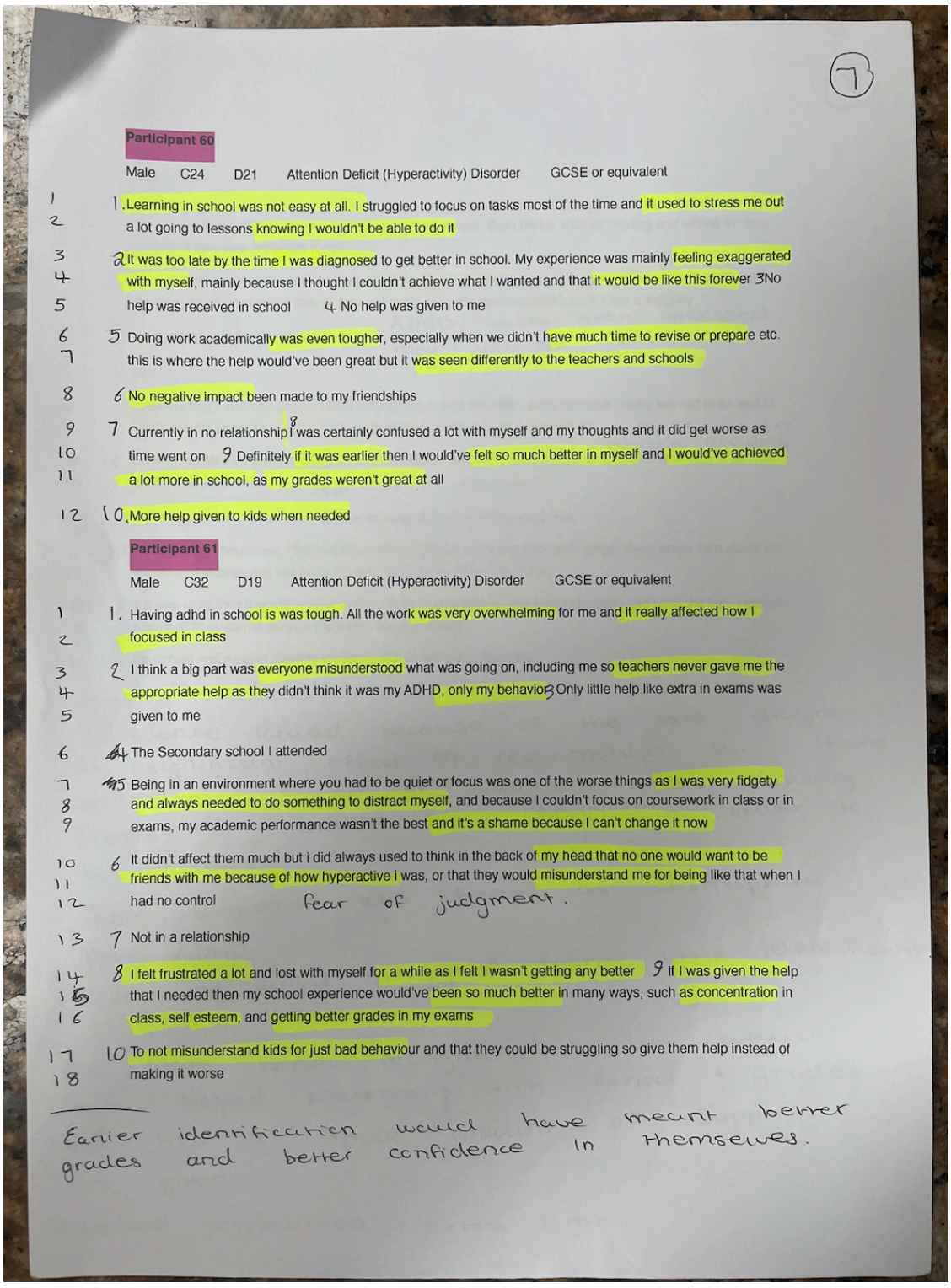
5. quite a lot - I didnt like working but it wasnt until university that i understood why

6. girls often judged me because i was friends with the boys and got along with them better and got in trouble with them

7. It helped i guess, got me recognised

8. Insanly happy, a relief and self acceptance!! 8 Earlier!! a lot earlier would have helped loads

9. better recognition of those that struggle, academically and socially



7

Participant 60

Male C24 D21 Attention Deficit (Hyperactivity) Disorder GCSE or equivalent

1. Learning in school was not easy at all. I struggled to focus on tasks most of the time and it used to stress me out a lot going to lessons knowing I wouldn't be able to do it

2. It was too late by the time I was diagnosed to get better in school. My experience was mainly feeling exaggerated with myself, mainly because I thought I couldn't achieve what I wanted and that it would be like this forever 3. No help was received in school 4. No help was given to me

5. Doing work academically was even tougher, especially when we didn't have much time to revise or prepare etc. this is where the help would've been great but it was seen differently to the teachers and schools

6. No negative impact been made to my friendships

7. Currently in no relationship 8. I was certainly confused a lot with myself and my thoughts and it did get worse as time went on 9. Definitely if it was earlier then I would've felt so much better in myself and I would've achieved a lot more in school, as my grades weren't great at all

10. More help given to kids when needed

Participant 61

Male C32 D19 Attention Deficit (Hyperactivity) Disorder GCSE or equivalent

1. Having adhd in school is was tough. All the work was very overwhelming for me and it really affected how I focused in class

2. I think a big part was everyone misunderstood what was going on, including me so teachers never gave me the appropriate help as they didn't think it was my ADHD, only my behavior 3. Only little help like extra in exams was given to me

~~4~~ The Secondary school I attended

~~5~~ Being in an environment where you had to be quiet or focus was one of the worse things as I was very fidgety and always needed to do something to distract myself, and because I couldn't focus on coursework in class or in exams, my academic performance wasn't the best and it's a shame because I can't change it now

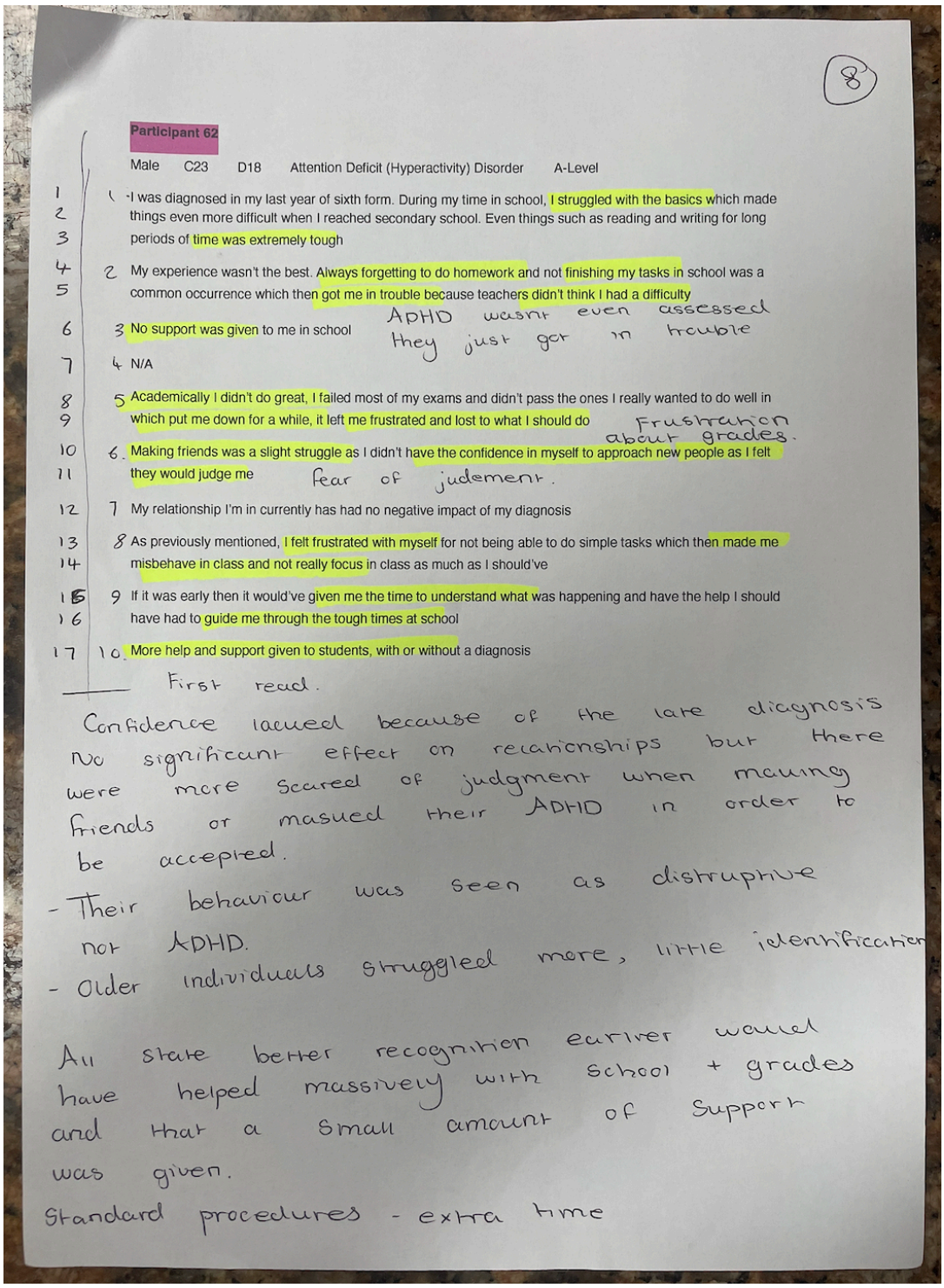
6. It didn't affect them much but i did always used to think in the back of my head that no one would want to be friends with me because of how hyperactive i was, or that they would misunderstand me for being like that when I had no control fear of judgment.

7. Not in a relationship

8. I felt frustrated a lot and lost with myself for a while as I felt I wasn't getting any better 9. If I was given the help that I needed then my school experience would've been so much better in many ways, such as concentration in class, self esteem, and getting better grades in my exams

10. To not misunderstand kids for just bad behaviour and that they could be struggling so give them help instead of making it worse

Earlier identification would have meant better grades and better confidence in themselves.



8

Participant 62

Male C23 D18 Attention Deficit (Hyperactivity) Disorder A-Level

1. I was diagnosed in my last year of sixth form. During my time in school, I struggled with the basics which made things even more difficult when I reached secondary school. Even things such as reading and writing for long periods of time was extremely tough
2. My experience wasn't the best. Always forgetting to do homework and not finishing my tasks in school was a common occurrence which then got me in trouble because teachers didn't think I had a difficulty
3. No support was given to me in school — ADHD wasn't even assessed they just got in trouble
4. N/A
5. Academically I didn't do great, I failed most of my exams and didn't pass the ones I really wanted to do well in which put me down for a while, it left me frustrated and lost to what I should do — Frustration about grades.
6. Making friends was a slight struggle as I didn't have the confidence in myself to approach new people as I felt they would judge me — fear of judement.
7. My relationship I'm in currently has had no negative impact of my diagnosis
8. As previously mentioned, I felt frustrated with myself for not being able to do simple tasks which then made me misbehave in class and not really focus in class as much as I should've
9. If it was early then it would've given me the time to understand what was happening and have the help I should have had to guide me through the tough times at school
10. More help and support given to students, with or without a diagnosis

First read.

Confidence lacked because of the late diagnosis
No significant effect on relationships but there were more scared of judgment when making friends or masked their ADHD in order to be accepted.
- Their behaviour was seen as disruptive not ADHD.
- Older individuals struggled more, little identification

All state better recognition earlier would have helped massively with school + grades and that a small amount of support was given.

Standard procedures - extra time

Appendix L – Detailed Code list

Early Diagnosis

1. Conflicted Understanding

Quotation examples	Keywords	Codes	Theme and Sub-theme
*"made me **understand** my behaviour more"* *"it was some what a **relief.** Because i thought i was just troubled"* *"**understand** my work better"* *"really **struggled** to understand the*	Understand Relief Struggled Odd one out	Improved understanding Sense of relief Felt judged Diagnosis did not help understanding of work/no support	**Conflicted Understanding**
*"**No one understands** me"* *"I felt as if i had **something wrong with me**"* *"did feel **a lot different** to others"* *"having dyslexia did give me a **different impression** from others"*	No one understands Something wrong with me Different impression	Lack of understanding from others Self-deprecation Feeling different from others	**Alienation** Lacking a sense of belonging

*""extra help" is **pushed to one side**"* *"**struggled to find help** in the classroom"* *"my **peers often helped more** than teachers"* *"thought **I would not be able** to be successful in the future. **It definitely had an effect on my self esteem**"*	Pushed to one side Struggled to find help Peers often helped more	Lack of support Teachers did not support individuals Self-deprecation/ self-dought Impact on self-esteem/self-image	Feeling unsupported by teachers
*"**rathered to keep it quiet** then everyone knowing"* *"made me feel really **embarrassed** and **dumb,** and i was too shy to ask for help"* "*always made me start to **dought my abilities**"*	Rathered to keep it quiet Embarrassed and dumb Dought my abilities	Fear of disclosure Stigma Subjective negative attitudes attached with the diagnosis Self-dought	**Ambivalence**

Code list for late diagnosis

Quotation examples	Keywords	Codes	Theme
*"my behaviour was often **mis understood**"* *"teachers never gave me the appropriate help as they didn't think it was my ADHD, **only my behaviour**"* "*other people who don't have adhd **do not understand the extent of the pain**"* *"made to be the **weirdo of the class**"* *"I told the supporting teacher i think I might have it she told me **I didn't want that label**"*	Mis-understood Only my behaviour Do not understand Weirdo I didn't want that label	Diagnosis was not considered Stigmatised attitudes Lack of support Lack of understanding from others	**Misunderstood**
*"worried me that **people think I'm stupid**"* *"often feel scared in case I **get judged**"*	Worried me Often feel scared	Fear of judgement from others Fear of disclosure	**Judgement and understanding** Fear of being judged/ treated differently

*"i could actually **understand myself now**"* *"**glad and relieved**, feeling validation of my symptoms, and a **"permission"** not to blame myself"* *"it **explained a lot** of my past experiences"* *"it felt like a **weight had been lifted off***	Understand myself Glad and relieved Explained a lot Weight had been lifted	Facilitated understanding Relief Explanation of past behaviours and/ situations	Improved understanding of self
*"I **might have had less fraught relationships/ friendships**"* *"I felt **a bit sad** because i **can't go back** and change things"* *"damage **had already been done**"* *"i didn't want to be the even **weirder person,** so i didn't take it but i wish i had"* *"**led to a great deal of stress** and acute imposter syndrome"*	Might have had less fraught relationships/ friendships A bit sad because i can't go back and change things Damage had already been done Weirder person – wish support was obtained great deal of stress Acute imposter syndrome	Regret associated with social relationships Regret upon past experiences Can't change the past Stigma attached perceptions – stopped support being obtained Caused stress and self-dought	**Regret and Restraint** Feeling regretful upon past experiences

*"**stopped me from doing the things i wanted to do**"*	Stopped me	Restrain from what they wanted to do	Restrained from reaching full potential
*"It definitely **held me back** for reaching my potential"*	Held me back	Felt they couldnt reach their potential	
*"**it was too late** by the time I was diagnosed to get better in school"*	It was too late	Past experiences could have been helped	
*"**could have helped me achieve better** in my GCSEs"*	Could have helped	Importance of earlier identification	
*"**earlier, it would have helped** my self-esteem and self-respect"*	Earlier		

Code list for improvements (Early and late diagnosis)

Quotation examples	Keywords	Codes	Theme
*"**more support** in all schools"* *"**less of a fight** to get diagnosed and **more extra assistance**"* *"**more help** for self-esteem, motivation and social support"* *"**An improvement** in diagnosing children at a younger age"* *"**greater awareness** of ADHD"*	More support Less of a fight More help An improvement Greater awareness	What needs to be changed to help individuals with an early or late diagnosis of ADHD or Dyslexia Lack of support Lack of awareness Improvements	Suggested improvements