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ABSTRACT

The four papers that make up this document report on poverty issues as they pertain to adults with learning disabilities. "Programmatic Response to Welfare Clients with Learning Disabilities" (Glenn Young) describes steps in the Learning Disabilities Initiative that works with federal agencies, states, local governments, and nonprofit organizations to develop pilot projects and promotional events. "Empirical Relationships among Poverty, Literacy, and Self-Reported Learning Disabilities" (Stephen Reder) reports these findings of indepth secondary analyses of National Adult Literacy Survey data: adults with learning disabilities are highly overrepresented among the undereducated, nonparticipants in the labor force, the unemployed and underemployed, and the poor. "Attention Problems and Literacy Skills" (Richard Cooper) suggests steps to ameliorate adults' difficulties in employment, social, and life skills resulting from learning and attention problems as children: fully enforce the Americans with Disabilities Act; establish interagency diagnostic centers; and develop a new model for literacy and adult education programs. "Implications for Literacy Programs Serving Learning Disabled/Low Income Populations" (Paul J. Gerber) proposes help for the learning disabled beyond their school-age years through treatment of learning disability as a medical condition and literacy centers that diagnose, evaluate, and set attainable goals for individuals with learning disabilities. (Individual papers contain references.) (YLB)

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LEARNING DISABILITIES AND ITS IMPACT ON POVERTY AND ADULT LITERACY PROGRAMS

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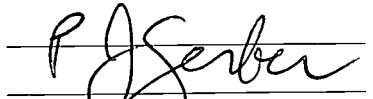
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adult populations. The findings of recent studies show that individuals with learning disabilities make up large percentages of those in the United States who receive public assistance, participate in adult literacy programs, and are enrolled in job training services. The following abbreviated papers report on poverty issues as they pertain to adults with learning disabilities. They are ordered as follows: (1) data on poverty, learning disabilities, and literacy, (2) programmatic response to welfare clients who are learning disabled, and (3) implications for literacy programs in serving disabled/low income populations.

Programmatic Response to Welfare Clients with Learning Disabilities

Glenn Young, M.P.A.

In the early 1990's, two federal reports were issued which focused attention on the learning disabilities in very low income populations. These reports were "The Learning Disabled in Employment and Training" (U.S. Department of Labor, 1991) and "Functional Impairments of AFDC Clients" (Inspector General of the U.S. Department of Health and Human Services, 1992). Both of these reports stated that as many as 40-50 percent of AFDC/JOBS clients may have undiagnosed learning disabilities. In addition, learning disabilities impacts clients' efforts to obtain work as well as the life skills required for self-sufficiency. In response to these reports, the U.S. Department of Health and Human Services' Administration for Children and Families (ACF), the Seattle Regional Office, in coordination with Washington State and several non-profit organizations, undertook efforts to test the hypothesis that there are high rates of learning disabilities in populations served by ACF programs and to evaluate what services can be made available successfully to address the issue. The findings of the two undertakings showed high rates of learning disabilities in both welfare and runaway youth populations. One response to those findings came from then Governor Bill Clinton who wrote to the U.S. Secretary of Education, "A major cause of illiteracy is undiagnosed or ineffectively remediated learning disabilities."

The Issue

The issue of learning disabilities and adulthood is relatively new in the field (Gerber & Reiff, 1994). Only in the last 10-15 years has the understanding been reached that learning disabilities are not "outgrown," but have persistent and often highly detrimental impact on individuals throughout the stage of adulthood. The learning disabilities population

is a heterogeneous one whose incidence rate is estimated at 10-16 percent (Interagency Committee on Learning Disabilities, 1987). There is a range of severity from mild to severe. There are a variety of academic and functional issues. Moreover, adults with learning disabilities have a broad range of socioeconomic status - upper middle class to working class to poverty levels. It is the poverty-stricken individuals who are the latest focus for diagnosis and provision of services.

The U.S. Department of Labor (1991) found that 15-23 percent of JTPA Title IIA participants may be learning disabled. In addition, that 25-40 percent of all adults on AFDC and in JOBS may be learning disabled. Last, that 50-80 percent of all ABE students are probably learning disabled. The same report went on to discuss the recognized causes of learning disabilities and those that are exacerbated by the issues embedded in poverty. Most causes were linked to limited access to proper health care. They included: prenatal

malnutrition, birth trauma, chronic and untreated ear infections, prolonged early childhood high fevers, lead poisoning, diet deficiencies, head trauma, and genetic defects.

Soon after the Inspector General's Office of the U.S. Department of Health and Human Services reacted to its own report (1992). With the astounding number of AFDC clients with suspected learning disabilities the following position was taken:

"Many clients were not successful in school and simply dropped out, never being identified as learning disabled and, therefore, never received special education. Most were not even aware of their problem. (p. 9).

The Inspector General's report recommended that all incoming JOBS clients be screened for functional impairments, including learning disabilities.

ACF, Seattle Regional Office's Learning Disabilities Initiative

In response to the two federal reports, the U.S. Department of Health and Human Services' Administration for Children and Families (ACF), The Seattle Regional Office created the Learning Disabilities Initiative. This effort was designed to work with other federal agencies, states, local governments and private non-profit organizations to develop pilot projects and promotional events aimed at the issue of learning disabilities.

Step I - Interagency Task Force

In 1991, the Region X Federal Interagency Task Force on Learning Disabilities was formed by ACF. The federal partners included the Region X offices of the U.S. Department of Labor's Employment and Training Administration, The U.S. Department of Education's Rehabilitative Services Administration, the U.S. Department of Housing and Urban Development, and the U.S. Department of Health and Human Services' Administration for Children and Families. The task force took steps to educate themselves on the nature of learning disabilities and brought in additional partners to create projects to test model programs.

Step II - Expansion of Task Force

The task force decided to focus on efforts in Washington State and added several Washington State agencies as members. In addition, several local private non-profit agencies and technical experts in the area of learning disabilities were added to the group.

Step III - First Project

The first project undertaken was the development of a screening program for runaway and homeless youth in the Seattle area. After two years of research it was revealed based on Washington State standards that 59 percent of youths entering runaway shelters in Seattle had diagnosable learning disabilities, but less than half had been in special education. Funding for the pilot was provided by the Administration for Children Youth and Families (ACYF). The screening program was expanded to include Portland and Eugene, Oregon.)

Step IV - "Building Bridges" Conference

A major conference, attended by over 600 participants, entitled "Building Bridges" was held in Bellevue, Washington on November 10-12, 1993 for the purpose of building connections between the adult basic education community and the learning disability community. The task force developed this conference in partnership with the State of Washington's State Board for Community and Technical Colleges, Office of Adult Literacy. (The Adult Basic and

ERIC Educators [ABLE] Network), the University of Washington's Institute for Public Policy and Management,

Step V - National/Regional Technical Assistance

The Seattle Office task force provided national technical expertise to a number of organizations seeking help in the area of learning disabilities. This technical assistance included staff support to the National Institute for Literacy for the establishment of the National Adult Literacy and Learning Disabilities Center (NALLDC); a national teleconference training of JOBS staff on learning disabilities; providing a team member to HHS's Office of the Secretary for the development of a report on disabilities and welfare reform. In recognition of the effort of ACF Seattle Regional Staff was asked by the National Center on Learning Disabilities to participate in the September 20-21, 1994 National Summit on Learning Disabilities. The Summit's co-chairs included Senator Dodd (D-CT) and presenters included First Lady Hillary Clinton, Attorney General Janet Reno Secretaries Donna Shalala, of the Department of Health and Human Services, and Richard Riley, of the Department of Education and Robert Reich, of the Department of Labor.

Step IV - The Washington State Learning Disabilities Pilot Project.

Through the partnerships developed by the interagency task force, ACF Region X, the Washington State Department of Social and Health Services Division of Employment and Social Services, and the National Institute for Literacy (NIFL), a pilot project was undertaken to investigate the potential rates and impacts of learning disabilities (LD) and attention deficit/hyperactivity disorder (ADHD) in AFDC/JOBS populations. The pilot study was funded in October of 1994 and begin operations in January of 1995. The \$435,000 for the project came through Washington State combining general revenue dollars, matched by JOBS funds; additional dollars were provided by National Institute for Literacy, Washington State Medicaid and Vocational Rehabilitation. During the mid-point of the effort, additional funds were provided by the ACF's Administration for Developmental Disabilities. The goals of the project were:

- 1) provide the means to identify the disabilities;
- 2) determine what method(s) of instructional techniques and other interventions is most beneficial in meeting the learning needs of these individuals;
- 3) provide instructional accommodations, and medical interventions;
- 4) increase educators awareness of the specific needs of persons with learning disabilities and encouraging the development of new instructional techniques.

Anticipated outcomes of the pilot study included:

- 1) validating the LD rates reported by Labor and HHS;
- 2) development of successful means of providing training and classroom/workplace accommodations for JOBS clients with LD;
- 3) development of collaborative efforts to provide better and more directed services to persons with learning disabilities;
- 4) helping JOBS clients to become aware of their disabilities and providing them with the means to address the issue and develop positive self-advocacy skills.

Step VII: Structure and Outcomes

In testing the runaway and homeless youth and AFDC populations, the process was similar. The general purpose of the program was to both test for both rates of learning disabilities, but also to check the validity of the different screening protocols. Each program used different screening systems, but used the same testing tools. It was determined that it would be best to use the national standards and definitions established by the GED testing service. In following that format, the runaway program and the pilot project used the basic testing of the Wechsler IQ, either the WISC III or WAIS-R depending upon age and the Woodcock-Johnson Revised Tests for Achievement. As in accordance with the GED testing requirements, a 15 point spread (one standard deviation) was required for the determination of learning disabilities. Table 1 shows the finding for each group.

Table 1. Results of Testing Runaway/Homeless Youth and AFDC Populations

	N	LD	Previously Identified
Runaway/Homeless	73	59%	34%
* AFDC Pilot Study	106	35%	10%

* The pilot study project numbers are preliminary. They are in the process of being validated.

The findings of both the runaway and pilot project data are limited. Some of the broad issues raised fall into the range of the following questions:

- 1) Are current literacy programs putting too much emphasis on reading and not enough on making a person functional?
- 2) How do we better incorporate the issues of accommodations into the literacy world?
- 3) If the rates of LD are valid, what does this mean for how we are approaching this population for a wide range of services, including job training, literacy education, AIDS education and family skills training?
- 4) Are we using the wrong type of training approach, thus needing to focus more on visual and tactic efforts?
- 5) How do we work towards having schools better identify the populations with LD and provide better services so we can avoid the high rates of unidentified individual with learning disabilities involved as recipients of public assistance?
- 6) What are the best approaches for dealing with these populations, now knowing that there is in fact a disabling condition involved?

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Empirical Relationships Among Poverty, Literacy and Self-Reported Learning Disabilities

Stephen Reder, Ph.D.

The many definitions and estimates of the extent of learning disabilities share the notion that learning disabilities are closely linked to the development of literacy skills and educational attainment. There has been, however, little research that provides comprehensive estimates of the incidence, distribution and impact of learning disabilities in the adult population. With so little comprehensive information of this sort available, it has been difficult to determine the social and economic impacts of learning disabilities in the adult population. Secondary analyses of data from a recent adult literacy survey in which adults self-identified as having learning disabilities can begin to fill in this picture.

The National Adult Literacy Survey (NALS), conducted in 1992, surveyed the adult population of the United States, collecting background information about the social, educational, linguistic, economic and family characteristics of the adult population aged 16 and above. The NALS also administered paper and pencil tests to assess respondents' prose, document and quantitative literacy proficiencies in simulated functional activities. These simulated everyday functional tasks involved the use of written information, such as completing a form, extracting information from a map, locating needed information in a newspaper, and so forth (Kirsch, Jungeblut, Jenkins & Kolstad, 1993).

The NALS report categorized adults' literacy proficiencies into five levels. Nearly half of the U.S. population age 16 and above was estimated to perform at the two lowest of these five proficiency levels, a literacy threshold identified by the National Education Goals Panel (1993) as necessary for meeting the national education goal for adult literacy. Adults performing at these two lowest levels are far less likely than their more literate peers to be employed full time, to earn high wages, or to vote. They are also far more likely to receive food stamps, to be in poverty, and to rely on nonprint sources for information about current events, public affairs, and government (Kirsch et al., 1993).

Reder (1995) conducted in-depth secondary analyses of the literacy, educational, economic and social status of adults with and without self-reported learning disabilities. This work indicates that 3.1% of the noninstitutionalized adult population (age 16 and older) in the United States reports having learning disabilities. Although this is lower than many other estimates, it nevertheless represents a large population of close to 6 million adults. And these adults, according to these data, have high levels of need. Those with learning disabilities are highly over represented among the undereducated, among nonparticipants in the labor force, among the unemployed and underemployed, and among the poor. Adults in the labor force with learning disabilities work fewer hours, command lower wages, and earn less - the median annual earnings for individuals with learning disabilities (\$10,400) is only 58.1% of the median earnings of those not having learning disabilities (\$17,886). Forty-two percent (42%) of the families of adults with learning disabilities are below or near the federal poverty line, compared to only 16% of the families of adults without learning disabilities (Reder, 1995).

Adults with learning disabilities have significantly lower literacy proficiencies than those without learning disabilities, a difference averaging about 70 points on each of the proficiency scales of the National Adult Literacy Survey. Although some of these profound differences in literacy are associated with the lower educational attainment of adults who have learning disabilities, there is still a major gap in skills when the groups are equated for education. When educational attainment and other background variables are held constant through multiple regression techniques, those with learning disabilities average nearly 40 points less on the literacy proficiency scale than those without learning disabilities. As might be expected from their lower literacy proficiencies, adults with learning disabilities report using libraries less, newspapers less, and using written materials less frequently in their lives. Learning disabilities thus appear to be

strongly associated with both lower literacy skills and less engagement in literacy practices (Reder, 1995).

Reder (1995) conducted multivariate analyses of the relationships among learning disabilities, other background characteristics and assessed functional literacy proficiencies, and of their joint effects on important social and economic outcomes. When both educational attainment and assessed literacy proficiencies are statistically controlled (along with demographic and other background variables), adults with learning disabilities still appear distinct in terms of social and economic outcomes. Those having learning disabilities, for example, earn significantly less and are far more often living in poverty than a comparable population having the same education and literacy proficiencies. In terms of a range of post-school social and economic outcomes, learning disabilities evidently entail other difficulties besides low literacy skills and educational attainment. One suggestion offered by Reder (1995) is that adults self-reporting learning disabilities function at lower levels of self-efficacy, less often believing their functional literacy skills to be effective and adequate for everyday purposes. Adults with self-reported learning disabilities, even when matched for educational attainment and assessed literacy abilities with those not reporting such disabilities, tend to rate their literacy skills as much less satisfactory. Programs need to think through the implications of serving a population with such distinct patterns of social and economic outcomes, and critically examine the extent to which adult literacy students with learning disabilities may need specialized treatment.

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Attention Problems and Literacy Skills

Richard Cooper, Ph.D.

John was referred to the Center for Alternative Learning in Bryn Mawr, Pennsylvania by a psychologist for literacy skills development. This client had sought out new testing with this psychologist because he had seen a report on television about Attention Deficit Disorder (ADD). He wondered if he had ADD and whether this disorder was responsible for his poor reading and writing skills. Although he was not able to pay for the testing himself (he was just getting by with another low paying job), John convinced his parents that the new testing would provide the answers, and this time things would be different."

John was diagnosed early in elementary school with a learning disability and was given a special education placement. Despite the special instruction and years of supplemental support paid for by his parents who sacrificed much to do so, John did not develop adequate literacy skills. Upon graduation from high school, he had a seventh grade reading level and a third grade spelling level. John moved from one unskilled job to another and continued to request support from his parents. Now at age 28, he believes that a new diagnosis would solve his problems.

A psychologist completed a battery of psychological and educational tests. The report on the testing stated that the purpose of the testing was to determine if John had ADD. It referred to his previous diagnosis of being learning disabled and his special education experiences. The battery of tests produced scores which were consistent with previous

testing. However, in the summary section of the report the psychologist concluded that John indeed had Attention Deficit Disorder and that he should seek assistance from a learning specialist to develop his basic academic skills. This he did, armed with his new diagnosis.

John saw the specialist and enrolled in adult basic education classes, but after a few weeks stopped attending because nothing seemed different to him. The new diagnosis did not eliminate his problems, he still had to struggle and work hard to improve his literacy skills. John was disappointed that the new testing did not cure him.

This case study is representative of many adults who have low literacy skills. These individuals frequently have a background which includes 1) psychoeducational testing while in school; 2) special education of some type; 3) different labels being used to describe the same conditions; 4) a job history of low paying unskilled employment; 5) varying degrees of dependency on parents or the state long after becoming adults; 6) an on-and-off search for a "cure" for the learning problems; 7) parents, many of whom have similar problems and limited means, struggle to help their adult children to obtain a better life.

Children did not outgrow learning and attention problems. The symptoms of these problems often change as the person matures, learns to compensate and manipulates the environment to avoid weaknesses. But the underlying thought processes which cause the learning and attention problems remain the same. The difficulties, which these adults with learning disabilities had as children in school, result in difficulties in employment, social and life skills. In the United States public policy is set with the belief that children outgrow learning and attention problems and demand that adults be tested again to determine if they have "real" problems before they qualify for programs, accommodations and/or benefits.

The impact on today's adult education and literacy programs is staggering as large numbers of these adults drop out of programs because of the high cost and limited access to the required retesting.

Special education should have eliminated the weak academic and literacy skills of students with learning and attention problems. Instead, these individuals either dropped out of school or moved through the system without developing adequate literacy skills and now come to adult education programs seeking help. Few adult educators are trained to provide special education and the funds available per adult student are a fraction of what was spent each year to provide special education during the school-age years. Adults with special learning needs cannot be expected to succeed in adult education and literacy programs which do not meet their specific needs and do not have adequate funds to provide services.

The confusion over definitions and labels has hindered the research efforts in the fields of learning and attention disorders. Researchers who are trying to study the population of adults with low literacy skills find that the lack of agreement about definitions and labels leads to unquantifiable results. Statistics about the number of adults with learning and attention problems range from 3% to 80% (ERIC, 1995). And, as noted in the case study cited above, the criteria for determining if a person has a learning problem or an attention problem is not well-defined and is often a reflection of the popularity of the label and the bias of the examiner. These problems with definitions and labels leave the adult with low literacy skills confused and frustrated and in a cycle of failure.

The lack of basic literacy skills and the difficulties associated with learning and attention problems result in limited employment skills. The consequences for society are enormous. Large numbers of people who, because of their weak literacy skills, remain in unskilled jobs or on welfare rolls, are raising families of children who most often repeat the cycle of low literacy skills and poverty.

Many of these children grow up to become adults who have special needs and are dependent on their parents. But what happens when the parents have problems themselves or when the parents are no longer able to help their adult children? Too often individuals with limited literacy skills, which are the result of learning and attention problems, become dependent on the state and are served through a number of agencies and programs. These agencies include the prisons, welfare, job training, and adult basic education program, vocational rehabilitation, and drug and alcohol treatment centers.

Most of the adult clients at the Center for Alternative Learning cannot afford testing, nor do they have third party plans. Although some are eligible for services from vocational rehabilitation services, many others are not

deemed eligible because their disability is not considered severe enough or they are employed and do not know that they may be eligible. At the Center for Alternative Learning free testing is provided for learning and attention problems to adults who do not have the means, or who do not qualify for services elsewhere. This is done as part of demonstration and experimental projects. However, the number of such projects is small and the need far exceeds the capacity to provide the service.

Policy Implications

A number of steps can be taken to ameliorate the problems detailed above. One step would be to fully enforce the American with Disabilities Act to provide services to individuals who have a history of a disability. This means that adults who enter an adult education program and who were in special education automatically would be eligible for accommodations and services rather than being required to provide their special needs through new testing.

The second step is to establish interagency diagnostic centers where testing could be done for all agencies rather than having each agency (vocational rehabilitation, education, job service, welfare, psychological and medical services) require and complete their own testing. These centers could become a repository for previous testing, reducing the need to full batteries of tests for previously diagnosed adults.

Third, literacy and adult education programs should not be modeled on the K through 12 special education programs. A new model needs to be developed. This model is one that should be based on the success of adults with learning and attention problems, and on the theories of those who do not have these problems.

Fourth and last, there is a definite need for a clarification of the learning disabilities definition. This would help greatly in delineating between individuals who are, in fact, disabled by the phenomena commonly referred to as learning or attention problems and those whose skills are limited by these phenomena and are not disabled by them.

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Implications for Literacy Programs Serving Learning Disabled/Low Income Populations

Paul J. Gerber, Ph.D.

The field of learning disabilities has now come full circle. In its early years efforts were directed in an area of clinical investigation which focused on adults with brain injury. As the field has evolved and rallied around the term learning disabilities, it has come to acknowledge that having a learning disability has lifelong implications (Gerber & Reiff, 1991). No longer does the mantra from yesteryear hold true - "don't worry s/he will outgrow it". Learning disabilities has been proven to exist throughout the entire developmental continuum. Without question there are stage-specific issues, but the incontrovertible evidence shows that learning disabilities is a persistent problem that evidences itself into and throughout adulthood (Gerber, P. J., Schneiders, C. A., Paradise, L. V., Reiff, H. B., Ginsberg, R., & Popp, P. A., 1990).

Because of the heterogeneous nature of learning disabilities there are a wide variety of adult outcomes (Gerber & Reiff, 1991). There are adults with learning disabilities who have mild learning disabilities and those who are very severe.

Some are able to compensate and accommodate to their learning disability which allows for a rich quality of life, while others never seem to be able to overcome the hurdles that are presented to them. This places them on the margins of adult functioning because they do not have the wherewithal to adapt to the demands of the communities in which they live.

Life Beyond School

The largest group of individuals with disabilities to leave school, whether as dropouts or graduates, is the population of students with learning disabilities. In the case where they have stayed in school, they have benefited from transition planning which is mandated by federal law. In fact, at the age of 16 they are guaranteed an Individual Transition Plan (ITP) generated on their behalf by learning disabilities specialists and support personnel.

In theory, this blueprint is to help conceptualize and plan for services and supports that will take a person with a learning disability well beyond placement in their first job, as well as facilitating first attempts at independent community functioning.

Unfortunately, transition planning does not help those who have dropped out of school. Similarly, it does not address the needs of those who have "fallen in between the cracks" and proceeded through school without being diagnosed as learning disabled.

Therefore, an important question emerges for the field for those with learning disabilities who have not benefited from traditional school-age learning disabilities services. Where do those who are learning disabled and are in need for services beyond their school-age years receive help in dealing with their learning disability? Some individuals with learning disabilities receive services from Vocational Rehabilitation Services. However, these individuals are but a mere small percentage of those who comprise the adult learning disabled population. They have passed muster as being eligible as "severely disabled" and having a major life function or functions that is/are an impediment to gaining employment. The rest of the learning disabilities population is forced to seek help from the wide array of services in their community.

The most common resource to help adults with learning disabilities are agencies that focus on literacy. Typically, help is found through adult basic education programs and/or a variety of community-based literacy programs. Since 75 percent of individuals with learning disabilities have some sort of reading problem the focus of services tends to be the teaching of reading. This has been the mission of literacy programs as they have developed over the years, and this logically is their primary approach. However, despite the common presenting problem of reading difficulties found in adults with learning disabilities they frequently have broader needs associated with their learning disability. Therefore, there is an inherent conflict with the traditional mission of literacy programs and what is needed to develop functional skills for workplace and community adjustment.

Learning Disability as a Medical Condition

Learning disabilities has bonafide medical status. It has been identified as a variety of conditions in the American Psychiatric Association's Diagnostic Statistical Manual (DSM) for over a decade. Moreover, at about the same time DSM validated learning disabilities in its medical classification, the International Classification of Diseases (ICD) recognized it as well. It was this kind of recognition that served the basis for learning disability being included as a diagnostic category worthy of eligibility for services through vocational rehabilitation services in 1983.

If learning disability stands apart as a medical condition affecting learning, behavior, and adaptive behavior then it must be treated as a disability having a medical origin. Its source does not emanate from a learning difference or a learning disadvantage although its manifestations may look the same. The goal of building functional skills in individuals with learning disabilities and other learning problems may also show similarities at the treatment level. What makes learning disability different is once a person is diagnosed as being learning disabled s/he is assured many of the provisions which

Section 504 of the Vocational Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Inherent to both pieces of legislation is the concept of reasonable accommodation which creates a "level playing field" for those with learning disabilities to compete - whether in school, during testing and examinations, or in workplace settings.

Literacy Centers' Role in Serving Adults with Learning Disabilities

Literacy Centers have begun to serve individuals with learning disabilities with a multiplicity of needs. Not surprisingly, the variety of challenges posed by their learning disabled clients run the gamut from fairly proficient readers to non-readers. It is the non-readers who have captured the attention of those in the fields of learning disabilities and literacy most recently. They have evidenced a need for not only learning to read, but other skills that are needed to function independently in the community such as self-help skills, time management skills, and skills that support employment adjustment and stability. With the data now emerging onto the national scene showing high rates of joblessness and poverty (with needed welfare and public assistance) in the adult learning disabled population, it is not uncommon to see individuals such as these calling on literacy programs (mostly referred by case managers from other agencies) to help them.

A Confluence of Issues Pressing on the Literacy Movement

If literacy programs are to help adults with learning disabilities there are a number of items that must be acknowledged if they will be successful in their efforts.

1. Learning disabilities is a condition that should be treated as different than some of the other presenting problems of literacy center clients. Typical treatment plans or tutoring strategies used in the literacy movement may not work as well with clients who are learning disabled. The best practices (methods and strategies used in the learning disabilities practitioners "toolkit") used during the school-age years may be the most effective approach for tutoring (i.e. multisensory techniques and phonological awareness techniques).

2. Because learning disabilities has broader implications than just learning to read, use language, or utilize mathematics then as part of their work literacy providers should be prepared to help teach functional skills that are closely related to or even distantly related to literacy issues.

3. Because learning disabilities is noted as a disability then individuals with learning disabilities should be taught in literacy programs with the concept of accommodation in mind. This concept is consistent with the spirit of current law and policy. It is also important for individuals with learning disabilities to be able to access accommodation whether in testing and examination sessions or invoke the principle of reasonable accommodation in workplace settings. This will be key in both community and vocational adjustment.

4. Learning disabilities has been traditionally thought of as a phenomenon of middle class populations. No longer can the fields of learning disabilities and literacy think of serving clients with just this kind of profile. With such policy initiatives as welfare reform low income and poverty clients with learning disabilities will be attending literacy centers in greater numbers and with a myriad of issues. Since literacy centers will see more and more of these kind of clients they will have to broaden their approach from an emphasis on reading, to reading and associated functional issues to meet the needs of individuals with learning disabilities.

5. What remains as an issue for consideration is the degree to which literacy centers will participate in the process of diagnosis and evaluation. Without question some clients will arrive at literacy programs with a diagnosis in-hand. Others will need to be evaluated. This question of evaluation becomes a matter of human and financial resources as well as expertise. If literacy centers are to be full service operations and truly meet the needs of diagnosed and undiagnosed cases of learning disabilities then evaluation is a matter of paramount importance.

6. Literacy centers see individuals with learning disabilities who have a wide array of literacy needs. The goal cannot and should not be acquiring a GED at all costs. That outcome is not realistic for many individuals with learning disabilities. It does not mean, however, that literacy centers should have limited aspirations for this type of client. The research has shown that individuals with learning disabilities who find the right "fit" in the workplace and learn to tailor their lives to what they can do, as opposed to what they cannot do, are capable of "making it" and sometimes doing extraordinary things (Gerber, P. J., Ginsberg, R. & Reiff, H. B., 1992).

Response to Current Need

There are literacy centers across the country that are beginning to address the needs of low income/welfare learning disabled populations. An excellent example is the work of the READ Center in Richmond, Virginia (formally known as the Metro Richmond Literacy Center). After a successful year of piloting a case management project for clients with learning disabilities (some of whom were unemployed or at-risk employed), they have launched their next effort in the area of low income persons and welfare recipients. They have called their project the Independence and Work Success Collaborative project. Being mindful of the fact that adult illiteracy costs the country \$225 billion each year in reduced productivity, lost tax revenue, and money spent to support illiterate adults and their families, they have sought to make a positive impact on the greater Richmond area. In essence, they have made a decision to allocate their resources to serve those with learning disabilities who are not being served, and probably, will never be served.

The READ Center has proposed a project that will target hard-to-serve individuals with learning disabilities and who read below the sixth grade level. Many of their clients are no where near a sixth grade reading level. At best they read at a third grade level.

The READ Center will focus on welfare recipients to help them "develop pre-employment skills (life skills, pre-job training and literacy instruction), accommodations for their learning disabilities, and coping strategies to help them keep their jobs". They will be provided with "innovative assessment, training through use of workplace materials, job matching, and long-term follow-up" with support from project staff. An important focus will be accommodation as it applies to their learning disability, their training and job placement. That includes reasonable accommodation as it is defined and operationalized in the Americans with Disabilities Act.

Those who work at the READ Center have learned that the literacy needs of individuals with learning disabilities are difficult to separate from the real-world issues of independent functioning and vocational adjustment. They have acknowledged the fact that their role as a literacy agency must be extended if they are to make a significant impact of low income/welfare recipients with learning disabilities who are showing up at their doors in greater numbers. Moreover, they have learned how to serve those with learning disabilities through literacy training, accommodation-oriented instruction, and skills that carry over to lives in their communities.

Concluding Thoughts

Literacy centers are a first chance and a last chance for the learning disabled population. They will serve individuals with learning disabilities well if they help them to be more proficient in reading, but also not exclude the concurrent issues

individuals who are learning disabled a two pronged approach is crucial.

The field of learning disabilities has waited too long to acknowledge that adults can be learning disabled. With that acknowledgment we cannot afford to wait any longer to serve ALL adults with learning disabilities who are in need of help.

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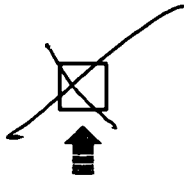
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