

An Investigation of the Guidance Counselling Needs of Adults with Dyslexia in the Adult Educational Guidance Initiative (AEGI)

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Abstract

The experiences of adult learners with dyslexia is an under-researched area in Ireland at present. This article will discuss the findings from phase one of a mixed methods research study, which is investigating the guidance counselling needs of clients with dyslexia within the Adult Education Guidance Initiative (AEGI). The research is underpinned by a social justice paradigm and a pragmatic methodology. So far, an online survey has provided insights from AEGI guidance practitioners on the complexities of provision to clients with this 'hidden' disability. The 'lived realities' of adult learners with dyslexia is currently being explored in phase two of the study.

Key words: (adult guidance counselling, adult learners, dyslexia, social justice)

Introduction

This article will discuss the findings of the first of two phases of an empirical research study. The overall aim of the study is to investigate the guidance counselling needs of clients with dyslexia in the Irish further/adult education sector in order to inform the development of a framework for provision within the Adult Educational Guidance Initiative (AEGI). Guidance is now strongly positioned as a tool for “assisting citizens to overcome gender, ethnic, age, disability, social class and institutional barriers to learning and work” (OECD, 2004, p.70). The study is motivated by a social justice perspective where the elimination of barriers to full participation in education, employment and decision making for adult learners with dyslexia are prioritised (Irving, 2005; Young, 1990). This is mirrored in the study’s methodological framework where a mixed methods design is being used to address issues of social justice in educational research (Denzin, 2012).

Firstly, in this article, the policy context is examined and literature related to adult dyslexia and adult guidance is critiqued. The overall methodology and the methods of data collection and analysis are then outlined. The findings from phase one, an online survey with AEGI guidance counsellors, will be discussed. The article concludes with a discussion of the overall findings to date and their implications for practice.

Policy context

The social justice movement has been concerned with civil rights issues related to ability, race, gender, sexuality and social class (Young, 1990). While there is a general agreement, regardless of political and ideological background, about the importance of social justice, there are different ideas about how to embed social justice within the career profession (Arthur, 2008). The distributive model of social justice is perhaps the most prominent in current policies (Irving, 2005). For example, 'lifelong learning' is framed by a distributive social justice discourse with a focus on responsabilisation, flexicurity and career management skills (CMS) in Ireland and abroad (DES, 2000; Grummell, 2007; Sultana, 2012). There is an onus on individuals to engage in lifelong learning to increase their productive potential (Irving, 2005).

The distributive model has been criticised for implying that a person's value is connected to his/her economic and productive potential where the main barrier to employment is oneself, rather than social context (Arthur, 2008; Grummell, 2007). Accessibility and inclusion issues are pronounced in disability, education and employment policy discourse (DES, 2000; DES, 2001; European Commission, 2010; OECD, 2004). However, Irving (2005) argues that the frequent use of words such as 'inclusion' simplifies complex social issues and does little to create an inclusive society. There has also been a move towards a social model to disabilities, which is linked to the distributive perspective and highlights the importance of equal opportunities (Irving 2005). This model asserts that excluding individuals with disabilities from any aspects of life is a form of ableism and a violation of human rights (AHEAD 2008). Ableism is now recognised in legislation of most western countries (Loewen and Pollard, 2010).

The primary role of the AEGI, established in 2000, is to provide an impartial guidance service to adult learners to support their education progression (DES, 2000; NGF, 2007). The adult education sector has seen a dramatic participation increase in the past few years, as adults who previously may not have considered going back to education are now returning due to the economic recession and

unemployment (Aontas, 2013). Furthermore, the target groups in the AEGI have recently been extended from three identified groups of adults over the age of 18, to fifteen groups from the age of 16 upwards (NCGE, 2013), leading to stretched resources in the sector (Hearne, 2012). Additionally, there have been major policy developments in the Irish sector, such as the establishment of Educational Training Boards (ETBs) and SOLAS, and the disbandment of FÁS, which may have significant implications for the adult guidance sector and adult learners themselves.

Dyslexia – A hidden disability

A number of core issues in relation to dyslexia have been identified in the literature, such as difficulties establishing prevalence, negative emotional, educational and vocational implications for adults living with dyslexia, issues of disclosure and accessibility to assessment and support services.

Dyslexia is a contested and controversial term that lacks a universally accepted definition. The definition adopted in this study is that put forward by the Taskforce on Dyslexia (DES, 2001):

Dyslexia is manifested in a continuum of specific learning difficulties related to the acquisition of basic skills in reading, spelling and/or writing, such difficulties being unexplained in relation to an individual's other abilities and educational experiences. Dyslexia can be described at the neurological, cognitive and behavioural levels. It is typically characterised by inefficient information processing, including difficulties in phonological processing, working memory, rapid naming and automaticity of basic skills. Difficulties in organisation, sequencing and motor skills may also be present (DES, 2001, p.28)

As a result of a multitude of dyslexia definitions, it is difficult to establish its prevalence (Miles, 2004). However, it is often suggested that approximately 5–10% of the general population have dyslexia (DAI, 2014; Tanner, 2010).

Dyslexia is interchangeably described as a 'specific learning disability' and a 'specific learning difficulty' (DES, 2001). While there is a preference amongst educationalists in the UK and Ireland to use the term 'difficulty', dyslexia is identified in British and Irish legislation as a disability (Disability Act, 2005; Equality Act, 2010). The terms 'dyslexia' and 'specific learning disability' are often misleadingly treated as synonymous despite 'specific learning disabili-

ties' including considerably different conditions to dyslexia, such as Autistic Spectrum Disorder (Hughes et al., 2009).

As support for secondary school students with dyslexia has been in place in Ireland since 1975 (DES, 2001), it seems likely that adults with dyslexia who went to school prior to 1975 may not have received appropriate support in their education. Students with specific learning difficulties make up 57% of all Irish students with disabilities and this is by far the largest sub-group in Higher Education (AHEAD, 2012). However, these figures refer only to students who have disclosed a disability verified by medical documentation, and who have registered with the disability service in their institution.

In light of dyslexia being described as a 'hidden' disability (Tanner, 2010), it is important that educational stakeholders, including guidance counsellors and literacy tutors, have sufficient knowledge of dyslexia and a good referral system (Herrington 2010). However, there is a risk of reinforced marginalisation of individuals with dyslexia, as they generally are required to both disclose their disability and provide documentation of a diagnosis in order to access support services (Loewen and Pollard, 2010). Nalavany et al. (2011) estimate, from their international literature review, that circa 50% of adults choose to disclose their dyslexia in the workplace.

Furthermore, not all adults with dyslexic difficulties are formally assessed, which may limit their access to support services (Loewen and Pollard, 2010). In Ireland, a formal psycho-educational assessment is made by an educational psychologist. However, a dyslexia assessment currently costs approximately €450, with a waiting time of 3–6 months, with no state provision for adults (DAI, 2014).

Additionally, there is an ongoing debate about whether or not to diagnose dyslexia, and if dyslexics should be distinguished from poor readers or not. For example, Elliott and Grigorenko (2014) argue that *all* struggling readers should receive needs-based educational interventions, regardless of diagnosis. Similarly, the EU High Level Group of Experts on Literacy (2012) recommends that the term 'dyslexia' should be replaced with 'struggling reader'. They also state that a dyslexia diagnosis can be disempowering and give a "false sense of comfort" (p.45). On the other hand, Hughes et al. (2009) state that "adults with dyslexia are entitled to this knowledge about themselves", and that the information from a diagnosis can be empowering (p.37).

A study on effective adult literacy teaching found that dyslexia does not impact on the learning progress (Brooks et al., 2007). However, if one considers other aspects, several benefits of receiving a dyslexia diagnosis have been identified in the literature, such as increased access to support services and psychological wellbeing (AHEAD, 2009; Tanner, 2010). Furthermore, the *Review of ALCES funded Adult Literacy Provision* (DES 2013) includes a recommendation for the development of clearer guidelines for working with adults with Specific Learning Difficulties, and as an initial step in this process a review of existing guidelines within the context of adult literacy provision is necessary.

In Ireland, adult guidance counselling predominantly employs a humanistic Rogerian model, encompassing three areas of guidance, namely: personal/social, educational, and vocational (NGF, 2007). In relation to the guidance needs of clients with dyslexia, the literature suggests that dyslexia has an impact on all three interlinked areas. For example, a person generally must fail before accessing dyslexia assessment services, creating feelings of failure, which may lead to low self-esteem and depression in adulthood (Borgfors, 2008). The importance of *re-framing* perceptions of self for individuals with dyslexia have been highlighted (Tanner, 2009). There are also a number of studies indicating that adults with dyslexia show significant differences in educational and vocational choices, compared to adults without such symptoms (e.g. Taylor and Walter, 2003). Additionally, adults with dyslexia have been found to often have dysfunctional career trajectories, moving from job to job to avoid difficulties associated with their dyslexia (Bell, 2010).

In relation to adult guidance interventions, adult learners with disabilities may require different types of guidance and perhaps more time, compared to adults without disabilities (AHEAD, 2008). Some specific career development theories have been proposed, such as Social Cognitive Career Theory (Lent et al., 2002) and career constructivist/narrative approach (Savickas, 2013). However, this is in relation to disabilities in general, not dyslexia in particular, and it is argued that more research in this area is urgently needed (Fabian and Pebdani, 2013). The first phase of data collection in this study investigated this topic from the perspective of AEGI guidance counsellors in autumn 2012.

Methodology and Methods: Mixed Methods

This mixed methods study is underpinned by pragmatism, allowing the researcher to use the methods that work best (Morgan, 2007). The appropriateness of mixing quantitative and qualitative methods with their associated,

and often portrayed as conflicting, epistemologies, is a frequently debated issue (Creswell, 2009). The pragmatic paradigm, however, offers a dualism where the 'either-or' choice is rejected, prioritising issues of how to deal with and address practical and social problems, such as dyslexia understanding (Morgan, 2007). For example, pragmatists take an 'intersubjective' stance, which means that one accepts that a single reality exists but that every individual has his/her own interpretation of that reality (Morgan, 2007).

Both guidance counsellors and adult learners with dyslexia are identified as key stakeholders in this study and a mixed methods design has been stated to be particularly suitable to address issues of social justice as it allows for the inclusion of both "voices" (Creswell, 2009). Whilst social justice generally is more closely associated with qualitative methods, quantitative methods are important, not least because we live in a society where public policy predominantly is informed by quantitative data (Creswell, 2009).

The first phase of data collection involved a quantitative online survey (Survey Monkey), investigating the topic from the AEGI practitioner's perspective. This provided data related to their experiences of providing guidance counselling to adults with dyslexia, and a snapshot of current issues in practice. The findings are also informing the second phase of data collection, where in-depth data will be gathered through semi-structured interviews with adult learners about their lived experiences associated with having dyslexia.

Whilst surveys are less flexible than interviews, an online survey was used in the first phase, as the entire target population could be included in an efficient and cost-effective manner (Hewson and Laurent, 2008). A limitation of using a quantitative method is that the data has less context and depth and with low response rates, the reliability can be compromised (Babbie 2013). However, as the target group was a relatively small group (64 guidance counsellors), a number of qualitative responses was also collected in the survey which generated more in-depth, contextualised data. Further, a high anonymity level can be achieved using online questionnaire software, such as Survey Monkey, which can reduce bias and increase openness and honesty (Hewson and Laurent 2008).

The online survey addressed the following key thematic areas: experience of working with clients with dyslexia, referrals and diagnosis, and professional practice. It was distributed to a purposive sample of 64 AEGI guidance counsel-

lors nationally (Babbie, 2013). Despite numerous reminders and best efforts to encourage responses, the response rate was 41.5% (n=27). It is possible that the survey was sent out during a particularly busy time for the AEGI practitioners. However, it is also possible that the response rate was poor due to the stretched resources in the AEGI (Hearne 2012). Whilst numbers appear low, a response rate of 41.5% is above the average for online surveys (33% according to Nulty, 2008) and the data still provided valuable insights into the experiences of the guidance counsellors, which has informed the data collection in phase 2. Each variable was analysed using descriptive statistics. The qualitative data from open-ended questions were subject to content analysis, yielding specific themes.

Phase 1 findings

In relation to dyslexia prevalence and diagnosis, the majority (80%) of the AEGI guidance practitioners estimated that less than 10% of their clients have diagnosed dyslexia. In contrast, the respondents' estimation of proportion of clients with *suspected* dyslexia (non-assessed) varied more, from between 0–10%, to as many as 41–50% of their total number of clients.

The type of support most frequently sought by clients with dyslexia is educational guidance only. The next most frequent is a combination of social/personal, educational, and career guidance. The least common sought is information only, and career guidance only. Just over half (57%) of the respondents believe that clients with dyslexia require specialised guidance interventions such as referrals, re-framing, and more careful explanation of information. However, others argue that *more* guidance, rather than different guidance interventions, is needed for this client group.

The main issues facing clients with dyslexia are thought to be difficulty in accessing formal assessment services, feelings of failure and stigmatisation. Furthermore, non-disclosure of dyslexia may lead to non-suitable guidance interventions, restricted access to support services and special accommodations, low self-esteem and educational disengagement.

In terms of inward referral to the AEGI service, all respondents indicated that they have supported clients with dyslexia through the self-referral process. The second most common source of referrals is ETB (formerly VEC) literacy services (78%). The two services which most of the respondents have referred clients to are the ETB Literacy Services (77%) and external assessment/diagnostic

services (68%). However, the majority of respondents consider the referral services for clients with dyslexia inadequate (77%), and provide reasons such as literacy services not being specialised in relation to learning disabilities, a lack of local services, financial barriers to formal assessment, and lack of resources post-diagnosis.

Several benefits of receiving a diagnosis have been identified, such as 'putting a name' on the difficulties, access to appropriate support services, and elimination of other potential causes of learning difficulties. Overall, 81% of the practitioners would encourage a client to receive a diagnosis where dyslexia is suspected, but the financial barrier to accessing formal assessment services appears to be a major issue for clients in the AEGI. A number of facilitating factors to accessing formal assessments were also identified by the respondents, namely; financial assistance, guidance counselling, follow-up support post diagnosis, a trusting client-practitioner relationship, appropriate referral procedures, awareness of services, and a willingness to be assessed.

Only 19% of the respondents use pre-screening psychometric measures for clients with suspected dyslexia. Some do not regard themselves qualified to use such tests and others feel that they can be limiting or that general guidance interventions are more effective. Similarly, standardised psychometric assessment tools were generally not considered suitable for clients with dyslexia. Dyslexia friendly guidance information material is provided by the respondents to different extents, ranging from 'Never' (14%), 'Only when specifically requested' (14%), 'Sometimes' (62%) and 'Always' (10%). The majority of respondents (75%) agreed that there is inadequate professional support for guidance counsellors working with clients with dyslexia in the AEGI. Whilst some of them have accessed CPD training (57%), new training is needed and should be available to all AEGI services.

Finally, 62% of the practitioners indicated that they do not use specific approaches when working with clients with dyslexia. Of those who do, some of the approaches mentioned are the narrative guidance counselling, Cognitive Behavioural Therapy and person-centred guidance counselling. However, these approaches are not always used exclusively with clients with dyslexia but also with the general client population.

Discussion of Findings from Phase 1

The variation reported in the survey in relation to prevalence rates of clients in the AEGI with *suspected* dyslexia appears to concur with previous research (Miles, 2004). This may be related to the fact that the issue of dyslexia has only been addressed in the education system in recent times and some adults with dyslexic difficulties may not identify as dyslexic (DES, 2001). Furthermore, as dyslexia is a *hidden* disability the guidance counsellor needs to be familiar with presenting difficulties if the client does not disclose his/her dyslexia (AHEAD, 2008). One survey respondent argued that literacy difficulties are not necessarily caused by dyslexia. It is possible that attitude towards dyslexia may also impact on respondents' estimations of prevalence.

The AEGI practitioners in the study indicated that educational guidance was the most frequently requested type of provision by clients with dyslexia. This may partly be explained by the fact that some AEGI services have been found to limit their guidance provision to educational guidance, rather than providing a holistic service with personal/social, vocational, and educational guidance (Philips and Eustace, 2010). However, the findings did not reveal whether there are any differences in the types of guidance adults with or without dyslexia require. Furthermore, as a combination of personal/social, educational, and vocational guidance counselling was identified as the second most frequently sought type of guidance, this would suggest that most services indeed do offer a broad range of guidance to clients with dyslexia.

Whilst the issue of *more*, rather than *different* interventions for clients with dyslexia emerged, the knowledge base of guidance practitioners, appropriate referrals for assessment, learning and support services are also essential (Bell, 2010; Fabian and Pebdani, 2013). Additionally, re-framing negative associations with learning and of the 'self' has been identified as pertinent in both the literature (Tanner, 2009) and the findings from the survey.

In relation to the issue of diagnosis, there are several positive implications for the individual to receive a formal assessment (Tanner, 2010). The benefits of a diagnosis that emerged include: being able to '*put a name on*' the difficulties, access to support services and special accommodations in higher/third level education, and elimination of other potential underlying causes. An indirect benefit for the family of the client was also identified as dyslexia often is hereditary and a diagnosis of one family member may help explain difficulties that other family members may experience. In contrast to current debates on the

negative effects of labelling individuals as dyslexic (e.g. Elliott and Grigorenko, 2014), receiving a diagnosis was described as ‘putting a name on the difficulties’ and the respondents believe that this is important for adult learners. This will be explored further in Phase 2 of the study from the perspective of adult learners with dyslexia).

The respondents of the survey also identified several barriers to accessing formal assessment services, such as the financial implications for the client and the lack of local services. Furthermore, the findings also indicate that there is a lack of follow-up support post-diagnosis, which is regrettable as this is described as crucial for individuals with dyslexia (AHEAD, 2008). Additionally, advocacy is recognised as a core guidance competency (NGF, 2007) and one practitioner stated that the guidance counsellor is in a better position to advocate for more support in adult education if the client has a formal diagnosis of dyslexia.

However, dyslexia is a *hidden* disability and approximately 50% of adults choose to disclose their dyslexia in the workplace (Nalavany et al., 2011). This is particularly unfortunate considering the negative implications of non-disclosure identified in the survey findings and the literature, such as: inappropriate guidance interventions, limited access to support services, reinforced low self-esteem, and restricted career and educational progression (e.g. Loewen and Pollard, 2010). In terms of inward referrals of clients with dyslexia, 78.3% of the AEGI practitioners respondents have received clients with dyslexia through the ETB (formerly VEC) literacy services, which may be an indication that literacy students are now accessing guidance services to a larger extent than previously (Philips and Eustace, 2010). However, keeping in mind that dyslexia is a hidden disability, it is important not to assume that all dyslexic adults have literacy issues or that all literacy students have dyslexia. A good referral structure and strong linkages with local services is vital for guidance counsellors working with clients with dyslexia (AHEAD, 2008; NCGE, 2013). However, as the findings from phase 1 indicate, referral services are inadequate and thus reinforce difficulties for clients with dyslexia. Specifically, there appears to be a lack of specialised services locally for adult learners with dyslexia and the respondents suggest that the literacy services are equipped to deal with literacy issues in general, but not always dyslexia in particular. Brooks et al. (2007) on the other hand, suggest that dyslexia does not impact on the effectiveness of literacy teaching.

Some of the survey findings demonstrate that the practitioners use the model that works best, based on the experiences or problems of the client rather than

the client's ability. There is a lack of research in relation to the most suitable guidance approaches to working with disabled clients, which needs further attention (Fabian and Pebdani, 2013).

Finally, the respondents in the survey expressed the need for more specialised referral services, more relevant training and practitioner support and more time to address issues properly in the guidance process. Correspondingly, a lack of training, time, funding, and support are the main barriers to implementing social justice guidance interventions in professional practice (Arthur, 2008). In addition, with new policy changes in the further education sector, there may be more challenges for guidance counsellors in supporting adult learners with dyslexia if additional support services are not in place for cross-sectorial delivery.

Conclusion

This study is positioned within the Irish adult educational guidance sector (AEGI) during a time of significant changes in the provision of further education. The AEGI guidance counsellors' experiences elucidated in phase one of the research study provide an insight into the complexities of provision and the challenges, barriers, and facilitating factors related to their work with clients with dyslexia. The core issues include financial and structural barriers to accessing assessment services and specialised services post-diagnosis for learners in further and adult education. More CPD training for adult guidance counsellors in the area of specific learning disabilities is crucial, as the hidden aspect of dyslexia requires an understanding and awareness of dyslexia related issues, such as the emotional, educational, and vocational impact of dyslexia on adult learners. Whilst the literature suggests that strong linkages with local services, such as literacy services, is vital for guidance counsellors working with clients with dyslexia (AHEAD, 2008; NCGE, 2013), the respondents of the survey indicated that the current referral structures are inadequate. The necessity for more collaborative, structured referral systems across the different services in further and adult education appears to be a significant issue that needs to be addressed.

Finally, the issues that emerged in phase one will be explored in more depth with adult learners in phase two of the study, which is now underway. Rich and contextual data is now being collected through a number of semi-structured interviews with adult learners about their experiences of living with diagnosed or suspected dyslexia.

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