Abstract
This paper draws on the qualitative findings of a PhD study which focused on the lived experiences of adult learners with dyslexia in Ireland. Semi-structured interviews were conducted with 14 adult learners with dyslexia in 2014 and these findings, with particular relevance to adult learning in the recently restructured Further Education and Training (FET) sector, are discussed in this paper. The findings relate to the struggle the adults have experienced throughout their lives and the support and accommodations they need as adult learners. Finally, recommendations are made in relation to creating a more equitable FET sector for adults with dyslexia.

Keywords: Dyslexia, Further Education and Training, Adult Guidance Counselling

Introduction
Dyslexia is not a new phenomenon or condition. Knowledge about dyslexia within an Irish education context has increased over the years, with key publications such as the Report of the Task Force on Dyslexia (DES, 2001) and the follow-up report by McPhillips et al. (2015). Nonetheless, there are still prevalent misconceptions about dyslexia where literacy skills are being linked to intelligence, and many individuals with dyslexia experience social stigma (Evans, 2015; Riddell and Weedon, 2014).

The Dyslexia Association of Ireland (DAI, 2016) defines dyslexia as:

…a specific learning difficulty which makes it harder to learn how to read, write and spell accurately. It is not caused by lack of education or by lack of intelligence. Adults will often have developed ways of coping with these
difficulties and even ways of hiding it. Dyslexic difficulties occur on a spectrum from mild to severe. (DAI, 2016, p. 2)

Additionally, the World Health Organisation (WHO, 2011) offers a useful approach to understanding disability which can be described as a merger of the medical and the social models of disability. Consistent with this approach, dyslexia can be described as the result of dynamic interactions between biological, psychological and social factors (WHO, 2011). Based on this approach, adult guidance counselling can be described as one of the key support activities for adult learners, which was the particular focus of this study (Elftorp, 2017a). This approach also means that considerations of appropriate support for learners with dyslexia need to be multi-layered, particularly in the context of research which suggests that dyslexia is associated with poor educational retention, anxiety and low self-esteem (McGuckin et al., 2013; Pino and Mortari, 2014; UCC and CIT, 2010).

This paper will outline the context of the study, the methodology used, the findings and a discussion of those findings in relation to previous research. Finally, a number of recommendations conclude this paper.

**Context**
In Ireland, Higher Education (HE) is gradually becoming more accessible to individuals with dyslexia and other disabilities (AHEAD, 2018). A number of national initiatives and an infrastructure to support access and participation in HE have been established, such as the Disability Access Route to Education (DARE) scheme and Disability Support Services (McCarthy et al., 2018). This infrastructure has been put in place thanks to clear targets and a focus on ‘widening’ access to HE in public policy (Fleming et al., 2017; HEA, 2015). However, such efforts have not been replicated in the FET strategy, and consequently, there have been no means to measure participation, no clear targets and no national approach or disability support structure established to date (McGuckin et al., 2013).

It is estimated that there are nearly twice as many learners with disabilities in the FET sector compared to the HE sector (AHEAD, 2018; SOLAS, 2016) and these learners may have limited access to appropriate support. It is important to emphasise, however, the dispersed nature of FET provision as there are examples of good practice (McGuckin et al., 2013). For example, the Adult and Community Education (ACE) strand of the FET sector have core principles
of learner-centeredness, inclusiveness and social justice, with the aim to foster empowerment and to recognise and accommodate diversity (AONTAS, 2010). ACE providers vary in relation to the specific courses and supports they offer to learners with disabilities such as dyslexia. Nonetheless, the structure of ACE includes aspects which may be particularly suitable for learners with dyslexia as many have previously negative schooling experiences (Riddick, 2012). The structure typically involves: individualised study programmes which are adopted based on the learner’s needs; a welcoming and ‘non-school’ environment; and a culture which aims to ensure experiences of dignity and respect for the learners (AONTAS, 2010). Although this support structure has many advantages, this kind of embedded approach demands highly knowledgeable tutors, particularly in relation to dyslexia being a ‘hidden’ disability (Couzens et al., 2015).

However, whilst ACE has a strong emphasis on the social and personal development aspects of adult learning, other FET programmes and the FET strategy are informed by a neoliberal agenda which focuses on employability and skills development (e.g. SOLAS, 2014; Action Plan 2018). As such, there appears to have been missed opportunities to adopt a social justice approach and to develop an infrastructure of disability support, during the restructuring of the FET sector in recent years.

In relation to the rights of adult learners with dyslexia, Irish legislation establishes that educational institutions are required to actively prevent discrimination and to provide reasonable accommodations to ensure that learners do not experience any disadvantage as a result of their disability (i.e. Disability Act 2005; Education for Persons with Special Educational Needs Act 2004 (EPSEN Act); Equal Status Act 2000; Equality Act 2004; Irish Human Rights and Equality Commission Act 2014). All adult learners, regardless of the programme they are enrolled on, have the same legal rights. However, the State Fund for Students with Disabilities, which institutions can use to finance reasonable accommodations, is only available to HE and PLC students. Although the eligibility criteria for this Fund is due to be broadened, the recent review by the Higher Education Authority (HEA, 2017) does not seem to have considered the exclusion of learners on Quality and Qualifications Ireland (QQI) Level 1 – 4 programmes. Furthermore, there is a legal requirement for public bodies to have an access officer with responsibility for the inclusion of individuals with disabilities (Equality Act 2004, Section 26(2)), but the visibility of ‘access officers’ and disability supports is poor in many Education and Training Boards (ETBs) (McGuckin et al., 2013; NCSE, 2014). In light of this legislation and the gaps
Methodology
As the aim of this study was to investigate the guidance counselling needs of adults with dyslexia and four research questions guided the study. The overarching research question for this study was: What are the guidance counselling needs of adults with dyslexia? The three subordinate research questions were:

(1) How do adults with dyslexia experience and make sense of ‘being dyslexic’?

(2) What challenges and social injustices do adults with dyslexia experience in relation to their personal/social, education and career development?

(3) What factors facilitate the education and career progression for adults with dyslexia?

To address these research questions, a mixed methodology, underpinned by a critical pragmatic research paradigm, with two phases of data collection was employed (Midtgarden, 2012). The benefits of this methodology relate to the methodological pluralism which resulted in complementary and comprehensive findings (Perry, 2009). Pragmatism allows for flexibility and inquiries into practical and social problems and this study drew primarily on some of the more critical works on pragmatism by Dewey (1973), where human experience is the focal point. Therefore, it was important to gather rich contextual data in relation to the self-perceptions and experiences of the adults with dyslexia in this study.

The quantitative phase of the study included an online questionnaire to guidance counsellors working in the Adult Education Guidance Service in 2012 (Elftorp and Hearne, 2014). However, the weight of the study was on the qualitative phase, which explored the experiences of adult learners with dyslexia through interviews with 14 adults in various national locations during 2014. In total, ten men and four women were interviewed, aged 18 to 67, and their education level varied from QQI Level 3 to 8. A strength of this study is that the findings are context-rich and experience-near because, as one of the participants argued:
The best source of information is not from the tutors, it’s not from the teachers, it’s not from the education system ... It’s from the people with dyslexia themselves (Ciaran, 40’s)

Findings
Although the characteristics of the 14 adults with dyslexia in this study vary in terms of severity of dyslexia, gender, age and socio-economic background, a number of recurring themes were identified in their narratives. The particular features of their experiences are presented here under the two themes of Struggle and Progress and Support in the FET Sector.

Struggle and Progress
The most prominent theme in the narratives of all of the adults was a sense of struggle. In terms of the typical dyslexic symptoms, some of the adults in this study were keen to emphasise that although their reading was slow and laboured and they struggled with accurate spelling, they were still able to read and write at some level. As adult learners, dyslexia primarily translated into difficulties with note-taking during class and completing written assignments and examinations within the specified timeframe.

However, to a greater extent than the dyslexic symptoms, the term ‘struggle’ related to experiences of being subjected to pejorative labels such as ‘slow’ or ‘stupid’, segregated treatments and lowered expectations in their earlier schooling, all of which had a negative impact on their self-esteem. For example, one participant articulated:

There was one [teacher] that used to throw me a sewing basket and say ‘here, do that! That’s all you’ll ever be able to do in your life! (Catherine, 50’s)

For those who had negative experiences in school, dispositional barriers often impacted on their decisions to engage in education as adults:

I kind of stayed away from theory stuff you know. I actually have a massive fear of classrooms and stuff like that ... It’s like being at school all over like, you know. I’d be thinking that everyone is looking at me ... eh, more ... it’s just pure shameful, like you know. And no one is probably taking notice of me, it’s all in my own head you know. (Peter, 20’s)
Poor educational retention also featured in the narratives of many of the adults as some had not completed education courses due to exam anxiety and difficulties in accessing accommodations:

Then I had to sit an exam. And like that then, I completely panicked. So I rang up and said that I wasn’t available to sit the exam and could I put it off. (Dolores, 50’s)

Nevertheless, five of the adults in this study had completed the one-year Career Paths for Dyslexia (CPfD) Programme and found it to be hugely beneficial, particularly in relation to increased self-esteem and self-efficacy in their learning capability. The programme was described as a ‘stepping stone’ to further educational and career progression.

Another key to the progression of the adults in this study was a proper dyslexia diagnosis. This was instrumental for some in relation to both their emotional wellbeing and their educational progression. For some, receiving a dyslexia diagnosis after years of wondering ‘what’s wrong with me?’, was a momentous experience:

I remember when she told me I had it, it was like somebody hit me a kick in the stomach. And I actually couldn’t believe the shock when she was telling me. I felt like getting sick. I remember feeling like getting sick. And then I just started crying and all of a sudden I felt this relief. (Catherine, 50’s)

The diagnosis also increased the adult’s levels of self-esteem as it validated their intelligence, personal strengths and ability to learn:

For me, when I did that, it was to find out, you know, what can I do for the future? What can I do to help myself to minimise the effects of dyslexia? And where are my strengths as well? So I can focus on my strengths. (Ciaran, 40’s)

Overall, the experiences of the adults in this study suggests that despite adverse and traumatic experiences of being labelled as ‘stupid’ or being pushed to ‘the back of the class’, positive experiences and a formal dyslexia assessment can help adults to successfully reframe their self-perceptions. However, in the context of FET, they may still require different forms of accommodations to support their learning, as presented next.
Support in the FET Sector

Whilst some of the adults in this study had accessed reasonable accommodations or had well-developed coping skills and compensatory strategies, others had not accessed support and were unaware of their legislated rights to reasonable accommodations. Their experiences indicate that the level of support on offer in the FET sector varies significantly. Whilst there were examples of good practice, the nature of support in most ETBs was informal and the provision of accommodations was generally at the discretion of individual tutors. Some adults in this study felt that there was reluctance amongst some staff to provide basic support and reasonable accommodations, such as access to lecture notes or assistive technology (AT).

In relation to the types of support the adults in this study had availed of, half of them had been advised to attend general adult literacy training through their local ETB’s literacy services, both before and after being diagnosed as dyslexic, in order to improve their literacy skills. However, on doing so they experienced severely limited progress. This was a source of great frustration for some as it was experienced as ‘another failure’ and as a result some of them had ‘written themselves off’ as learners. In hindsight, some of the adults felt that general literacy training was a way of trying to ‘fix’ or ‘cure’ dyslexia. Instead of more literacy training, most of them wanted help to develop alternative strategies and skills which could facilitate independent learning and living:

They’re [adults with dyslexia] always going to have dyslexia. So even if they do learn to read and write, it’s going to be a struggle for them to do it … So I think that what most people want is, they want to find ways to help them to live their lives. (Ciaran, 40’s)

Some of the identified strategies in this study relate to technology, both general ICT (Information and Communications Technology) and specialised AT. Whilst AT can be expensive and time-consuming to learn, some technology is readily available in smartphones and laptops. For example, rather than trying to copy notes by hand from a slide or whiteboard during class, some of the adults took photographs of notes with their smartphones, and they used free text-to-speech software.

Other factors which facilitated a positive learning experience appeared to be linked to the types of supports available and the culture and attitude towards dyslexia in the particular FET institution. For the adults who had participated
in the CPfD programme, the positive attitude towards dyslexia and the rare experience of being in an environment where being dyslexic was the ‘norm’ was of great benefit to them:

I just got that acceptance in myself then that ‘I’m actually alright, I’m not stupid’. There are some very clever people here, you know … I had that embedded belief that I was stupid or wasn’t going to get it. And then when I came here and got into the mix and everyone just accepted me for where I was at. (Ben, 40’s)

Another positive aspect of the CPfD Programme was the holistic approach where the psychological and social aspects of dyslexia were acknowledged.

For those who had availed of adult guidance counselling, it was evident that the personal and social dimensions of the client-centred guidance were valued:

She [adult guidance counsellor] does the whole lot … she would talk to me about how I’m actually feeling you know. When I’m not myself, what’s my confidence like? (Ben, 40’s)

Finally, one of the implications of dyslexia being a ‘hidden’ disability was that the adults in this study were continually faced with the dilemma of disclosure of their dyslexia. Whilst some of the adults were comfortable with disclosure, most of them found it emotionally difficult and spoke of high levels of anxiety and stress. In relation to FET settings, disclosure was sometimes associated with a ‘fear’ of being judged. However, although many felt anxious due to anticipated negative consequences, some regarded it as necessary to access appropriate support:

Yea, I do feel a bit awkward and a bit uncomfortable. But I mean, even when I was telling them in the college … I said I have it, it didn’t feel good, but like … it is something I have to do. (Phillip, 20’s)

Whilst disclosure can be a prerequisite to accessing supports, it is not guaranteed as there may not be a formal support structure in place within the FET educational institutions.

**Discussion of Findings**
The findings are discussed in relation to previous research and with regards to implications for policy makers and stakeholders within the FET sector under
the two headings of *(Mis)perceptions of Dyslexia and Varied Levels of Support for Adult Learners with Dyslexia.*

*(Mis)perceptions of Dyslexia*

One of the key issues that emerged in this study were the adults’ experiences of misrecognition and feelings of shame, anxiety and low levels of self-esteem amongst many adults with dyslexia. These issues appear to be partly related to a prevalent misconceived view that dyslexia is linked to intelligence (Evans, 2015; Riddick, 2012; Young Kong, 2012). This misconception also informs how both children and adults with dyslexia are ‘labelled’ by others, with examples like ‘slow’ and ‘stupid’ (Birr Moje *et al.*, 2009). To address this, the adults in this study suggested that a strengthened awareness of dyslexia is essential, not least in relation to ensuring that younger generations will not be faced with the same level of adversity they experience. The implications, therefore, are that training is needed for education providers to increase their level of understanding of dyslexia and the particular needs of learners with dyslexia (McPhillips *et al.*, 2015).

Another key issue for the adults who were diagnosed as dyslexic in adulthood relates to the necessity for them to reframe their negative self-perceptions towards a new type of learner identity. The importance of ‘reframing’ has been noted in a number of Irish and international studies (Claassens and Lessing, 2015; Evans, 2015; Young Kong, 2012). The factors which were identified in this study as facilitating this process included: dyslexia-friendly environments, recognition of personal strengths, and validation of intelligence and learning capacity. One example of good practice in the FET sector, which was identified in this study, was the CPfD Programme in Co. Kildare. Its holistic approach encompasses both educational and personal support including literacy training, emotional wellbeing, preparation for further study or work and peer engagement with other dyslexic learners.

The current findings also strongly suggest that a dyslexia diagnosis has the potential to be transformative as it provides a sense of recognition of intelligence and capability, and likely increases access to support and accommodations in educational institutions (Claassens and Lessing, 2015). However, the benefits of being diagnosed are often contingent on the individual developing a strong knowledge of his/her dyslexia and own personal strengths (Long and McPolin, 2009; Pino and Mortari, 2014). The implications, therefore, relate to the need for support post-diagnosis to ensure these positive outcomes are maintained.
(Sandell et al., 2013; Young Kong, 2012). However, the financial barrier to accessing assessment services, in combination with a prevalent diagnosis criteria for access to support, are significant social justice issues which need to be addressed within the FET sector (Elftorp and Hearne, 2014; Harkin et al., 2015).

Varied Levels of Support for Adult Learners with Dyslexia

With regards to the levels and types of support learners with dyslexia in the FET sector appear to be at a particular disadvantage compared to those in primary, post primary and HE due to the lack of a national approach and commitment to supporting these learners (McGuinness et al., 2014). Whilst there are examples of good practice where a high level of disability support is offered through a special disability support office and by tutors, the findings suggests that support provision in the FET sector is more often left to the discretion of individual tutors, who may have insufficient knowledge about dyslexia, or may be reluctant to accommodate adult learners with dyslexia (McGuckin et al., 2013; NCSE 2014).

From the findings of this study, it is evident that the varied level of support in FET institutions has negative implications for learner progression, leaving some learners feeling discouraged and anxious, or dropping out of their courses and thus perpetuating the cycle of incompletion and failure. Similarly, poor retention rates amongst students with disabilities have previously been linked to limited support provision, in Ireland and internationally (McGuckin et al., 2013; Pino and Mortari, 2014; UCC and CIT, 2010). Guidance counsellors have an important role in supporting learners with dyslexia who struggle. For example, guidance counsellors may need to advocate on behalf of learners with dyslexia or enable them to confront discrimination and to assert their rights and entitlements (Blustein et al., 2005).

In relation to effective accommodations for learners with dyslexia, many provisions incur little or no financial cost, such as additional time to complete an assignment or exam or allowing the learner to use mobile applications to support their learning (Nguyen et al., 2013; Pino and Mortari, 2014). As such, education providers could potentially comply with their legal obligations with little additional resources and these accommodations may also be of benefit to individuals who struggle with literacy but who score outside the cut-off points for a dyslexia diagnosis (Elliott and Grigorenko, 2014). Nonetheless, a further expansion of the Fund for Students with Disabilities to include learners on QQI
Levels 1 – 4 could increase access to more specific accommodations and AT in the FET sector. However, the literature suggests that best practice should also involve an embedded approach, whereby the inclusion of learners with dyslexia is ‘everyone’s job’ not just that of an access officer or a disability support service (McCarthy et al., 2018, p. 6).

**Conclusion**

So what can we learn from adults with dyslexia about the ‘temperature’ of adult learning? Taking both the identified gaps in provision and the individual positive experiences into account, it may be fair to call it ‘lukewarm’. Whilst the core principles of both ACE and adult guidance counselling are person-centred and focused on the promotion of social justice, there are a number of key issues which need to be addressed. Based on the findings of this study, the following three recommendations are put forward:

1. Training and continuous professional development for FET staff is needed in order to strengthen their understanding of dyslexia, their knowledge about their obligation to support dyslexic learners, and awareness of how to support them within the classroom (Elftorp, 2017b; McCarthy et al., 2018; McPhillips et al., 2015).

2. In light of how important a dyslexia diagnosis can be for the educational progression and emotional wellbeing of individuals with dyslexia, children’s ‘right’ to assessment (EPSEN Act 2004) should be extended to adults. Due to the cost of a dyslexia assessment, funding should also be made available for adults with suspected but undiagnosed dyslexia. However, standardised internal needs assessments for those with a previous diagnosis should give access to support and accommodations in FET institutions (see proposed approach by Harkin et al., 2015 in relation to HE).

3. Clear guidelines should be developed for providers of FET which outline a national approach to ensuring that learners do not experience any disadvantage as a result of their disability (Equality Act 2004). Such guidelines could be based on existing good practices, which employ an embedded approach and collaborative support structures (McCarthy et al., 2018; McGuckin et al., 2013).

4. Finally, the restructuring in the FET sector in recent years can be seen as an effort to dislodge old perceptions of the FET sector as the ‘Cinderella sector’ (McGuinness et al., 2014). However, in order to do so, and to ‘raise
the temperature’ of adult learning for all learners, there also needs to be an infrastructure put in place to ensure that learners with dyslexia and other disabilities are accommodated and sufficiently supported.

References


McGuckin, C., Shevlin, M., Bell, S. and Devecchi, C. 2013. Moving to Further and Higher Education - an exploration of the experiences of students with special educational needs. Trim: NCSE.


