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**Turning the Key:**

Portraits of low literacy amongst people  
with experience of homelessness

ThamesReach  
power

A Thames Reach action research report

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## Turning the Key – foreword

Homeless and socially excluded people have to cope with many afflictions and obstacles that hold them back and sap their confidence. For many of the people supported by Thames Reach, poor literacy is a monkey on the back, perhaps not as obvious and visible as a physical disability or a drug or alcohol problem, but just as debilitating in the way that it can handicap, and reduce hopes and ambitions to dust. Standing in a church at the funeral of a former homeless man, I was painfully aware of the extent of the problem as we set off on the first hymn. Around me were his friends, most of whom had also experienced homelessness, struggling in vain to read the words in the hymn book and join in the singing. Some went through the pretext of mouthing words that were clearly indecipherable to them; others didn't even begin to pretend.

For Thames Reach, *Turning the Key* is a vital piece of research that will change the way we work. Crucially, the author, Julia Olisa, has immersed herself in the organisation over a number of years as a highly valued and skilled volunteer, using her professional training in the area of literacy and dyslexia to assist numerous Thames Reach service users to improve their reading and writing ability, opening up for them new opportunities, raising confidence and improving self-esteem. She is well aware of the determination within Thames Reach to address the problem of low literacy, and also of how far we have to travel to improve in this area of our service delivery.

This research report succinctly and objectively describes the links between illiteracy and social exclusion. It fluently covers the development of our understanding about dyslexia, about which there remains so much more to learn. Chapter 3 brings the issue to life through a fascinating and illuminating case study of a Thames Reach service user, whose life has been cruelly blighted by dyslexia and by the ignorance and misunderstanding associated with it.

The sheer scale of the challenge facing organisations such as Thames Reach working with the homeless and socially excluded is illustrated in chapter 4, which describes the results of an original research study of 101 Thames Reach service users. Chillingly, 55% of participants reported having difficulty filling in forms, and 46% needed help in writing letters. Poor literacy damages confidence and undermines relationships. 20% of participants told us that they lacked the confidence to go to college, and 17% felt that it was harder to maintain contact with family and friends because of their inability to write letters.

It is unacceptable that so many homeless and vulnerable people should continue to be held back by poor literacy – and 60% in the survey told us that they would like to improve their literacy. We need a plan. Helping people to talk about their literacy deficits and finding ways of helping them to actively address the problem must be given a much higher priority in the case work support delivered by Thames Reach staff. To this end, we will develop a straightforward strategy and associated programme to improve the basic literacy and numeracy skills of those who identify this as a need. The practical toolkit that accompanies this research will be made easily accessible to staff and become an integral part of this new approach. It will

offer a straightforward checklist and guide to establishing needs and skills levels, and will outline the different options for addressing and raising them.

*Turning the Key* gathers together information on low literacy, dyslexia and its dehumanising impact on homeless and socially excluded people in a coherent and practical way. It offers overview, insight and, crucially for Thames Reach and other homelessness organisations, some practical solutions to help unlock from their cage men and women whose life chances have been restricted by poor literacy, giving them the opportunity to set, and achieve new goals. It is a report that must be acted on.

**Jeremy Swain – April 2010**

## **Acknowledgements**

This report would not have been possible without the generous contributions by others of their expertise, time and enthusiasm. We are enormously grateful to everyone who agreed to become involved.

First, we would like to thank Jeremy Swain for his vision and commitment to the project.

The men and women who agreed to take part in our research study deserve particular mention. By agreeing to share their experiences, they have enhanced our understanding of low literacy in the lives of adults, and helped us to define our planning for support.

We are indebted to Jackie Masterson and Samantha Parsons for their valuable guidance on the design and reporting of the research study. Our thanks also go to Gerard Lemos for his comments on the report, and to Colin Glover for sharing his experiences of research into dyslexia and homelessness. Sarah Cave kindly advised us on literacy provision for adult dyslexic learners, and we benefited from discussion with Chris Singleton about dyslexia screening for vulnerable people.

The final shape of the report and its Toolkit owes a great deal to suggestions made by Monica Geraghty, Lindsay O'Connor, Michael Hegarty, Dennis Rogers, Debra Ives, Kyla Kirkpatrick, Sarah Colyer, Janice Barrie, Ayshen Cagliyan, Martin Snow and Mesorina Beqiri. We thank them all.

Finally, our special thanks go to all of the Thames Reach staff, volunteers and service users who have been an invaluable source of inspiration for this report.

Fictional names or initials have been used in all of the case studies and individual quotations appearing throughout this report.

## About the Authors

**Julia Olisa** is a teacher with extensive experience in the fields of literacy and literacy difficulties. She has taught dyslexic individuals of all ages in schools, at university and in the workplace. With London University's Institute of Education, Julia has taken part in several literacy research projects, and she continues to regularly train teachers and other professionals interested in dyslexia. For the last three years Julia has been a literacy tutor for Thames Reach, working with adults who have experienced homelessness.

**Jennie Patterson** has eight years of experience working within Learning and Employment services in the third sector, the bulk of which has been with Thames Reach. Jennie has worked in a frontline capacity and as a manager on several learning and employment based projects. Jennie's current role is as the Breakthrough Project Manager at Thames Reach, a project which aims to ensure that employment is a route out of homelessness for a substantial number of service users.

**Francesca Wright** graduated from the University of Buckingham with a BSc in Psychology in 2008. Francesca's key areas of research include Educational Psychology, Addiction Psychology and Clinical Psychology. Francesca is currently working as a Floating Support Worker for Southwark Reach and will be starting a Research MSc in September 2010.

# Turning the Key

## Portraits of low literacy amongst people with experience of homelessness.

*A Thames Reach action research report*

## Summary

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### Introduction

The aim of this report is to promote a better understanding of low literacy amongst people who have experienced homelessness. It draws together research-based knowledge about the causes and outcomes of reading and writing difficulties and discusses basic skills provision currently available in the United Kingdom. To support key staff working in the field, the report includes individual case studies and is accompanied by a practical toolkit.

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### Chapter One – Illiteracy and social exclusion

Relationships between social exclusion and illiteracy have been well established. In 2006, for instance, the '1970 British Cohort Study' tracked the life experiences of over 9,000 current 34 year-olds and documented the outcomes for those with weak basic skills. These people appear to have been impoverished in their life chances, social and political participation, mental health and personal relationships.

A significant percentage of those with low literacy in the 1970 British cohort did not have their needs addressed as children, either at home or in school. Reading and writing are early sources of resilience for children, allowing them access to education in all areas of the curriculum and boosting their potential to achieve in line with their abilities. A particularly vulnerable group is the estimated 18% to 32% of rough sleepers in the UK who were in local authority care during childhood. Research has indicated that they are more likely to have entered the world with weak literacy and low educational attainment. Additional special educational needs such as dyslexia

will have created an even greater risk of later being without education, training or employment.

Links between low literacy and offending are less clear. Reading and writing levels seem to be lower in prisons than amongst the general population. However, detainees tend to be young men from lower socio-economic backgrounds within which low literacy is common, both in prison and outside.

In adulthood, men and women with the lowest levels of literacy tend to enter the workplace earlier and are more likely to be unemployed by the age of 23. For those in jobs, these are the least likely to be full-time, to include training or opportunities for promotion.

To halt the cycle of inequality caused by poor literacy in adulthood, the government established the Skills for Life programme in 2003. The London Skills Commission (London Development Agency, 2006) identified both homeless people and adults with learning difficulties (including dyslexia) to be amongst those who are less well served by current provision. It has been suggested that 'marginally homeless' people should be targeted for skills training, breaking a pattern of drifting in and out of homelessness.

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## **Chapter Two – Developmental dyslexia: causes and characteristics**

Developmental dyslexia has been recognised by the Disability Discrimination Act (2005) as being a substantial disability for some individuals. It has a genetic basis, being found in around ten percent of the population including people of all ages and levels of intelligence. Characteristics that distinguish dyslexia from other causes of low literacy are:

- extreme difficulty in grasping the relationship between spoken words and their written forms ('phonological' skills);
- inefficiencies in working memory;
- slow speed of processing and the inability to become completely automatic in literacy skills.

In daily life, dyslexic people sometimes experience problems with spoken language: on occasions they may not be able to find the right words to express themselves clearly; they often cannot absorb details of discussions. Their weaker short-term memories can cause them to be poor at planning and to be disorganised.

Some learn to live successfully with their difficulties, while for others these constitute a real and humiliating disability. It is not uncommon for dyslexic men and women to have developed reduced expectations of themselves, feelings of shame and resentment towards those who have failed them. If not addressed, low self-esteem can become a primary handicap that limits progress towards overcoming dyslexia and gaining literacy.

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### **Chapter Three – A case study**

RD is a severely dyslexic man in his late forties who spent ten years living rough. His story illuminates the consequences of a disrupted childhood and the absolute failure of schools to address his difficulties.

Problems with employment as an adult ranged from RD's reliance on others for help with application forms to his inability to read written instructions or remember verbal directions at work. Inevitably he was unable to keep any job for long and he eventually became homeless. After a long period on the streets, RD was re-housed by Thames Reach, who provided him with social and training opportunities.

Despite starting a number of literacy courses at college, RD did not complete them. When specialist, one-to-one dyslexia tuition became available within Thames Reach, he was keen to take up this opportunity. Progress was slow, but a high level of determination and his motivation to set an example to others ensured that RD stayed with his programme for over two years, at which stage he returned to college.

This case study raises many issues for consideration by key workers and tutors who are planning literacy support for people who have been homeless. RD would like his story to provide others with the confidence to tackle their own reading and writing problems.

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## **Chapter Four – Low literacy, dyslexia and homelessness: an exploration of prevalence, attitudes and experiences**

A survey of Thames Reach service users was carried out amongst 101 people in supported housing, aged between 22 and 84 years. Information was collected to develop a picture of: the prevalence of weak literacy and dyslexia; people's literacy habits; experiences of external literacy support services; the current, unmet demand for literacy support.

### The prevalence of weak literacy

- Over a third of respondents have difficulty understanding what they read.
- Around half have problems with writing.
- Almost 10% indicated that they are functionally illiterate.
- 55% need help to fill in forms.
- 46% have trouble writing letters.
- Roughly a quarter of those with practical reading and writing difficulties reported that poor literacy had in the past prevented them from getting jobs, training for employment, or going to college (although other participants had not applied for jobs for some time).

### The prevalence of dyslexia

Screening items in the questionnaire proved unreliable in identifying dyslexia in the group. For instance weak working memory, a characteristic of dyslexia, is also influenced by substance abuse or mental health issues, which were common amongst participants. Therefore, although statistical analyses did suggest associations between weak working memory, the processing of letter-sound relationships (phonological skills) and poor literacy, these may not indicate dyslexia.

### Experiences of external literacy support services

- Over a quarter have attended literacy classes since the age of eighteen, the majority finding this a positive experience.
- 13% reported having gained one or more qualifications at the end of their courses.

- Less than 10% have accessed one-to-one literacy lessons, although a similar percentage felt that they would have benefited from this kind of support.

#### The unmet demand for literacy support

- 60% of participants would like the chance to further improve their reading, their writing or both.
- People under the age of 40 are more likely to recognise their support needs. Older people may need encouragement to develop their skills in order to become more independent.

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## **Chapter Five – Literacy interventions for vulnerable adults: research and good practice**

This chapter considers the usefulness of adult literacy provision available to people who have experienced homelessness. These may be particularly vulnerable learners because of low levels of personal resilience, self-esteem and life skills. If they are to be successful in education, support from both key workers and the providers of literacy programmes needs to take account of the problems as well as the attributes they bring to learning.

Since 2003, the most widely available basic skills provision for adults in the UK has been the government's Skills for Life (SfL) initiative. Programmes are run by adult education colleges, third sector and other agencies, or in the workplace.

It can be difficult to assess the quality of adult literacy provision in general and SfL in particular, since there is a dearth of good quality research into the effectiveness of specific interventions or their outcomes. Until a broader body of evidence emerges, three questions might provide a focus when considering programmes for vulnerable adults:

1. **Are confidence, self-esteem and motivation to learn addressed alongside the literacy programme?**

Low literacy students may enter learning programmes with a number of fundamental issues, including negative memories of school, shame about

their poor skills, and sensitivity to student relationships or behaviour. Practical challenges can be caused by poor personal organisation or inability to cope with administrative procedures.

Course providers who address these factors are more likely to retain their most vulnerable students, contributing not only to their literacy, but also to their confidence and self-esteem. Those who go on to gain literacy qualifications, such as the nationally recognised awards offered by SfL, will undoubtedly have positive attitudes to learning reinforced and self image bolstered.

## 2. **Does the programme reflect research-based understandings about the skills required for word recognition and spelling?**

There has been very little research to show whether methods found to be successful in teaching initial literacy skills to children are equally effective with adults. However existing evidence can inform teaching interventions for older learners:

- Good readers and spellers recognise the relationship between sequences of letter-sounds within words and their written forms (phonological skills). Errors made by low literacy adults, including those with dyslexia, indicate that they do not know how to analyse words in this way.
- Children learn to read and write more quickly when they are taught these skills because it helps them to understand how our spelling system works. They can tackle unfamiliar words independently and do not have to rely on visual memory alone. Our view is that this principle must equally apply to adults.

Advice to SfL literacy tutors on the government's website is somewhat contradictory. Although letter-sound knowledge (*phonics*) is included in the core curriculum, a good deal of emphasis is placed on the visual memorisation of whole words. Research no longer supports this approach as a first-line strategy for learning to read and spell.

### 3. **Are the primary difficulties of dyslexic learners addressed?**

In 2004 Rice and Brooks carried out an extensive review of dyslexia provision for adults attending basic skills courses, including the Skills for Life programmes. There was no data comparing the outcomes of programmes for dyslexic groups with those of other poorly performing adults. Lack of detail about the interventions themselves made it impossible to clarify why one worked better than another.

Skills for Life tutors are being trained to have an improved awareness of dyslexia and there is a greater availability of support services in colleges. Nonetheless, for a number of reasons low literacy dyslexic students are still liable to experience persistent learning difficulties on Skills for Life courses:

- the pace of lessons may be too fast and classrooms too distracting;
- dyslexia support may be of too short a duration;
- the characteristic difficulties of dyslexic people to perceive and process the letter sounds of words are not always adequately addressed - advice for tutors on government websites wrongly suggests that dyslexic adults cannot learn these skills.

A good deal of evidence exists to indicate that learners with dyslexia benefit from highly structured, explicit phonological programmes that are taught in a multi-sensory way. Fluency is improved through plenty of practice in new skills. These methods bolster confidence by making sense of our writing system, minimising the risk of failure and creating opportunities for achievement. They can be helpful for all literacy students who are low in confidence and self-esteem.

There may be creative ways in which homelessness agencies can work in partnership with literacy providers to reinforce the work carried out in the classroom. Practice in reading, for instance, accelerates progress in all aspects of literacy, and people can be helped to develop good study habits.

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## **Accompanying Report Summary and Toolkit**

Problems associated with low literacy, including dyslexia, frequently arise as an issue during key work. This report seeks to highlight the background to, context and nature of these difficulties. It goes on to offer an accompanying document in the format of a report summary and practical toolkit for support staff, with advice on:

- The identification and assessment of literacy difficulties;
- Tips for supporting low literacy during key work;
- Pathways to further support.

## Introduction

*“To be literate is to become liberated from the constraints of dependency. To be literate is to gain a voice and to participate meaningfully and assertively in decisions that affect one's life. To be literate is to gain self-confidence. To be literate is to become self-assertive. To be literate is to become politically conscious and critically aware, and to demystify social reality. Literacy enables people to read their own world and to write their own history. Literacy makes people aware of their basic human rights and enables them to fight for and protect their rights. Literacy enables people to have a greater degree of control over their own lives. Literacy helps people to become self-reliant and resist exploitation and oppression. Literacy provides access to written knowledge - and knowledge is power. In a nutshell, literacy empowers.”*

(Yusuf Kassam)

Yusuf Kassam's<sup>1</sup> compelling eulogy on the potency of literacy reflects the critical and often devastating disadvantages suffered by adults who cannot read and write. Numbers in England are alarming: in 2003 it was estimated that 16% percent of adults in the age range 16 to 65 years were reading and writing no better than the level expected of 11 year-olds. Of these, around five percent had skills at or below the level of a seven year-old<sup>23</sup>. Chapter One of this report explores some of the causes of low literacy in adults, and goes on to describe its impact on their lives. Those in this position might not be able to obtain everyday information, read formal letters or fill in forms. They experience polarisation from the literate population in terms of their access to rights, employability<sup>4</sup> and socio-economic status<sup>5</sup>. At risk are their abilities to fulfil duties and achieve their potential<sup>6</sup>.

Homelessness agencies recognise that low literacy can be a significant barrier to meaningful employment and escape from social exclusion. In annual surveys of service users carried out by Thames Reach, at least 14% have cited literacy as a

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<sup>1</sup> 1994:33

<sup>2</sup> Department for Education and Skills.

<sup>3</sup> This figure has been challenged by Sticht (2003), who questions the construct validity of the Skills for Life survey (what skills and knowledge is it actually assessing?).

<sup>4</sup> Bynner, 2004

<sup>5</sup> DfES, 2003

<sup>6</sup> Centre for Economic and Social Inclusion, 2002

support need<sup>7</sup>. In-house training programmes and college courses help some people to improve their skills, but there are others who find it exceptionally hard to make progress. Why might this be?

Of the many causes of low literacy, dyslexia is perhaps the greatest challenge. In common with other specific learning disabilities, adults with dyslexia have frequently experienced lack of understanding and inadequate support since childhood, many humiliations and consequent low self-esteem. Their difficulties may have developed into significant handicaps, exacerbating feelings of frustration, anger and resentment<sup>8</sup>. The causes and characteristics of dyslexia are explained in Chapter Two, which is followed in Chapter Three by a case study of an ex-homeless, dyslexic man. This looks in detail at the literacy and day-to-day problems he has faced as a result of dyslexia, and describes the steps he has taken to move on with his life.

Whether there is a high prevalence of dyslexia amongst the homeless population is not known. Research in this area is sparse for reasons of accessibility to a shifting population, the complexities of life histories and the consequent issues of assessment and identification<sup>9</sup>. The dangers of unreliable screening methods and the over-application of the label 'dyslexic' to vulnerable, low literacy adults have been demonstrated in studies of dyslexia amongst the prison population. More widely accepted as accurate, on the other hand, are estimates that dyslexia affects up to ten percent of the general population<sup>10</sup>. Currently, there is no scientific evidence to suggest that prevalence is any greater within the homelessness sector. It follows, then, that by no means is all adult low literacy is due to dyslexia. Chapter Four reports a study to identify the literacy needs of a sample of service users from the homelessness agency Thames Reach. It also attempts to identify dyslexia in this group, from which prevalence within the charity's service user population as a whole can be estimated.

Identification of the literacy needs of service users and understanding the specific issues they face can make a positive difference to the effectiveness of support plans. It is important to consider whether an individual has the internal resources necessary to make the most of learning opportunities and the ongoing support that is likely to be needed to make the experience successful. Repeated exposure to failure can

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<sup>7</sup> Thames Reach client profile data 2006-2007 and 2007-2008

<sup>8</sup> Morgan & Klein, 2000

<sup>9</sup> Glover & Barn, 2000

<sup>10</sup> Snowling, 2000

confirm personal apprehensions and undermine fragile self-esteem. Organisational skills, for instance, may be inadequate for the demands of study at college. Even more crucial can be psychological issues arising from a lifetime with low basic skills. In some cases complex difficulties, including those caused by dyslexia, substance abuse or ill health, have affected the capacity to absorb new information. As a consequence these adults struggle to keep up in the classroom, even when additional support is offered.

For people whose learning is not straightforward, the design of literacy courses can be crucial. Research has come a long way in the last half century to clarify the processes involved in reading and writing. It is important that these understandings inform approaches to teaching and the curriculum. Chapter Five examines current evidence, with particular reference to the way it is reflected in the United Kingdom's most widely available option for adult literacy learners, the government's Skills for Life programme.

The intention of this report is to create a coherent picture of the numerous issues surrounding low literacy and homelessness. Chapters One to Five may be of particular interest to managers and consultants in the homelessness sector, as well as to potential funders, literacy specialists and academics. The toolkit is the application of the research findings. It is intended to be a practical resource for front-line managers and key workers.

Readers may choose to read the report as a whole, or to focus on sections relevant to their own interests. Each chapter concludes with a summary of key points and an overview of the full report appears at the beginning of the Toolkit.

In summary, the aims of the report are:

1. To promote a greater understanding of low literacy and dyslexia in adults through a synopsis of research evidence, with reference to the experiences of service users.
2. To survey the literacy needs of service users within one homelessness agency, Thames Reach.
3. To outline research-based models for a curriculum that is sensitive to the difficulties associated with dyslexic and entrenched low literacy.

4. To develop a practical toolkit for agency staff and literacy tutors, helping them to identify the needs of low literacy service users and to make informed decisions about appropriate support.

Each chapter concludes with a summary of key points and an overview of the full report appears at the beginning of the accompanying Toolkit.

## Chapter One

### Illiteracy and social exclusion

It has been well-documented that weak literacy and social disadvantage are bedfellows, both in this country<sup>1</sup> and the United States<sup>2</sup>. On the other hand, less is currently known about illiteracy amongst people who have been homeless, or the significance of dyslexia amongst this group as an adverse life influence over and above other causes of low literacy. Inferences about dyslexia and social adversity, therefore, have to be drawn cautiously, avoiding over-zealous assumptions about causal relationships. In this chapter the problems faced by dyslexic men and women are not distinguished from those of other adults with poor reading and writing skills.

The 1970 British Cohort Study<sup>3</sup> has been a vital source of information about low literacy and its socio-economic outcomes in the UK. Data on qualifications gained in the *Skills for Life* Literacy and Numeracy Tests were the starting point for these analyses. DfES figures for 2003 indicate that at least five percent of the population in England is attaining Entry level 2 (the level expected of a seven year-old) or below for literacy. These people appear to be particularly vulnerable to disadvantage in their life chances, social and political participation, mental health and personal relationships. In their most recent update on the lives of the 1970 cohort at age 34, Parsons and Bynner<sup>4</sup> describe “*trajectories of disadvantage*” beginning in childhood.

### Resilience in childhood

Good literacy is an early source of resilience for children, allowing them access to education in all areas of the curriculum and boosting their potential to achieve in line with their abilities. Reading for pleasure is an even stronger predictor of life chances than the socio-economic status of the family<sup>5</sup>. The benefits gained from regular reading throughout childhood, as well as in later life, extend beyond academic success to many aspects of personal development. General knowledge and understanding of other cultures are both broadened, for instance, allowing greater

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<sup>1</sup> Bird, 2004; Bynner & Parsons, 2006; Department for Education and Employment, 1999; Dugdale & Clark, 2008; Parsons & Bynner, 2008

<sup>2</sup> Gottesman et al., 1996; US Department of Education, 1999.

<sup>3</sup> Bynner & Parsons, 2006

<sup>4</sup> 2008

<sup>5</sup> Organisation for Economic Co-operation and Development, 2002

insights into human nature. Community participation is more likely and decision-making improves.

A significant percentage of the 1970 British cohort at Entry level 2 or below did not have their reading needs addressed as children, either at home or in school<sup>6</sup>. Their parents were more likely to have experienced reading difficulties themselves and may have been less inclined to provide critical early support for their children. In many cases, overall interest in the education of their offspring was low. At school, teachers tended to address general learning problems in this group without identifying their specific needs. Well under half received additional remedial support for literacy.

An estimated 18% to 32% of rough sleepers in the UK were in local authority care during childhood<sup>7</sup>. This is a particularly vulnerable group of young people, amongst whom a far smaller percentage than the norm remains in post-16 education (12% - 19% compared with 68%). Research since 1970 paints a picture of low attainment and poor academic outcomes, with weak literacy often a feature<sup>8</sup>. Adverse life experiences make additional learning handicaps such as dyslexia exceptionally hard to overcome. Up to 30% of 'looked after' children may have special educational needs of some sort and may be six to eight times more likely to have a statutory statement of special educational needs than peers living with their natural parents. Special educational needs put young people between sixteen and eighteen particularly at risk of later being without education, training or employment<sup>9</sup>.

Amongst the 1970 British cohort, sixteen year-olds whose literacy remained at Entry level 2 or below into adulthood were the most negative about their educational experiences. They left school as early as possible, nearly half without any qualifications. Males in particular were "*disillusioned and disappointed*"<sup>10</sup> according to Parsons and Bynner.

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<sup>6</sup> Parsons & Bynner, 2008

<sup>7</sup> Randall & Brown, 2001

<sup>8</sup> Stuart et al., 2003

<sup>9</sup> Beitchman, 2001; Coles et al., 2002

<sup>10</sup> 2008:17

## Coping in adult life

In a small study of US adults attending a New York literacy programme, Gottesman and her colleagues observed that:

*“...the lower the individual’s reading skill (as indexed by word identification), the more severe and widespread were the social and academic difficulties he or she experienced.”*<sup>11</sup>

Amongst the poorest readers, most were unskilled, unemployed and living in poverty. Those in employment were less likely to work full-time or to earn adequate wages. Nearly a third of the whole group had experienced substance abuse and ten percent had been in prison. Although they were motivated to improve their circumstances, there was a pervasive sense of low self-esteem, frustration and ‘sadness’.

From data gathered in Britain<sup>12</sup> it emerges that men and women with the lowest levels of literacy:

- enter employment earlier and are more likely to be unemployed by the age of 23;
- if employed, are the least likely at 37 to be in full-time jobs;
- are given less training opportunities than work colleagues with superior literacy skills and are less likely to be promoted.

The 1970 British Cohort study<sup>13</sup> concludes that the relationship between skills and employment is more pronounced in women than in men. Girls leaving school with low literacy often became mothers soon after and tended not to be working at this stage.

Marital breakdown was more common amongst the 34 year-old men with Entry level skills. But, without the means to provide for partners or families, just under half had never married. An inability to achieve independence is reflected in their being more likely than women to be still living with their parents into their thirties. Disadvantaged housing conditions were also common and 13% percent of women had experienced homelessness. The corresponding figure for men at Entry level or below for literacy was 7%, although this was not statistically significant when compared with men as a whole<sup>14</sup>.

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<sup>11</sup> 1996: 596

<sup>12</sup> Dugdale & Clark, 2008

<sup>13</sup> Parsons & Bynner, 2008

<sup>14</sup> Personal communication with Samantha Parsons

Less clear are the links between low literacy and offending. A number of British studies (see Clark & Dugdale, 2008 for an overview) have observed that reading and writing levels seem to be lower in prisons than amongst the general population. It is argued that low literacy and criminality are therefore likely to be linked. Clark and Dugdale<sup>15</sup> find little evidence to support this supposition. They point out that prisons are not a microcosm of society. Detainees tend to be young men from lower socio-economic backgrounds within which low literacy is common, both in prison and outside. An extensive and complex range of factors contributes to offending behaviour, including substance abuse, mental health issues, debt, unemployment and homelessness. Although poor literacy is not the most tangible amongst these, the evidence suggests that improved reading and writing skills will be assets in socio-economic terms for offenders upon their release.

### **Breaking the cycle**

In the UK the Skills for Life programme, established following the Moser Report<sup>16</sup>, has attempted to halt the cycle of inequality caused by poor literacy in adulthood. However, its intention as a short-term measure is based on the premise that low skills will disappear with the success of the programme and with improved literacy teaching in schools. Parsons and Bynner<sup>17</sup> comment that this is an unrealistic goal: children will continue to fall through the net for a number of reasons, including missed schooling or a failure to engage in education. Entrenched difficulties might also be added to the list. In the case of dyslexia, identification in schools has been fallible and appropriate support patchy. It is to be hoped that the recently published Rose Report<sup>18</sup> will go a long way towards improving outcomes for dyslexic children and young people.

By the same token, the London Skills Commission<sup>19</sup> identified both adults with learning difficulties (including dyslexia) and homeless people to be amongst those who are less well served by current provision. Drury and Koloski<sup>20</sup> suggest that 'marginally homeless' people should be targeted for skills training, breaking a pattern of drifting in and out of homelessness.

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<sup>15</sup> 2008

<sup>16</sup> DfEE, 1999

<sup>17</sup> 2008

<sup>18</sup> Rose, 2009

<sup>19</sup> London Development Agency, 2006

<sup>20</sup> 1995

Achievement of this pragmatic objective is not necessarily straightforward. Chapter Three describes the experiences of one ex-rough sleeper and his battle to become literate. His story illustrates the impact of dyslexia on someone whose difficulties were left largely unaddressed at school. It provides an important perspective on how illiteracy influences not only personal thinking and behaviour, but also the attitudes and responses of others. First, to establish a better picture of dyslexia, the following chapter considers its causes and defining characteristics. These are fundamental to our understanding why a dyslexic person may require special considerations for support.

### **Summary**

- ❖ At least five percent of the adult population in England has literacy skills at or below the level of a seven year-old.
- ❖ Weak literacy contributes to social disadvantage.
- ❖ It is not known whether dyslexia has a greater impact on life chances than low literacy caused by other factors.
- ❖ Links between dyslexia and offending are not clear.
- ❖ Good literacy allows children to achieve in other areas of education.
- ❖ A fifth or more rough sleepers were in local authority care as children. As such, they were more vulnerable to low literacy and academic under-achievement.
- ❖ Weak literacy in adults causes frustration and low self-esteem.
- ❖ The poorest adult readers tend to be unskilled and unemployed.
- ❖ They are more likely to suffer breakdown in personal relationships.
- ❖ The government's 'Skills for Life' programmes were set up to address low basic skills.
- ❖ Adults who have been homeless and those with learning difficulties should be targeted for skills training.

## Chapter Two

### Developmental dyslexia: Causes and characteristics

In 1896 a case of unexpected reading difficulty in an intelligent, well-educated boy was reported in the *British Medical Journal* by general practitioner Dr. Pringle-Morgan. Fourteen year-old Percy's problems were labelled "word blindness", an expression that was still in popular use more than half a century later. Today individuals like Percy are likely to be identified as 'dyslexic'.

During the last half century psychologists and interest groups have proposed numerous definitions of dyslexia in order to establish it as a distinct and identifiable phenomenon. Most attempts have fallen short of this goal, in part because a complete understanding about causes is still emerging. In the simplest terms *dyslexia* means 'difficulty (*dys*) with words (*lexia*)'. A similarly straightforward definition was proposed by the British Psychological Society in 1999, which distinguishes dyslexic individuals from other adults whose poor literacy is largely due to inadequate education:

*Dyslexia is evident when accurate and fluent word reading and/or spelling develops very incompletely or with great difficulty. This..... implies that the problem is severe and persistent despite appropriate learning opportunities.*

Reference here to its developmental nature is also important. Although in rare cases it has been acquired following trauma to the brain, the difficulties associated with dyslexia are more usually determined pre-natally. Since 1982 a large data-base of twins in Colorado has allowed researchers to confirm the biological basis of dyslexia<sup>1</sup>. Studies have demonstrated that congenital factors influence word-reading and underlying processing difficulties over and above intelligence or environmental circumstances<sup>2</sup>. Magnetic resonance imaging<sup>3</sup> and post mortem examinations of brain structures<sup>4</sup> have provided physical evidence.

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<sup>1</sup> DeFries, 1991; DeFries & Alarcón, 1996

<sup>2</sup> Connors & Olsen, 1990; Gayan & Olsen, 2003

<sup>3</sup> Snowling, 2000:151-155

<sup>4</sup> Galaburda, 1994

The hunt to isolate specific gene markers for dyslexia continues, with chromosomes 2, 6, 15 and 18 amongst the strongest candidates<sup>5</sup>.

A disability or 'disorder' can only be defined in the context of expected developmental patterns. Understandings about the normal acquisition processes for reading and spelling have underpinned the great body of research into impaired literacy. This is a useful place to start unravelling what it means to be dyslexic.

## **Cognitive processing deficits in dyslexia**

### Phonological skills

In evolutionary terms written literacy requires relatively new skills that, unlike spoken language, are not 'hard-wired' into our brains: they must be learnt. A great leap of understanding for beginning readers and spellers is that writing represents speech. Both can be segmented into units known as 'words' and these, in turn, are constructed of single sounds - '*phonemes*' - represented by letters or groups of letters (for example, *s - i - t*, or *b - oa - t*). '*Phonological awareness*' of these sound segments is facilitated by opportunities to see printed words - in books, on word cards, labels or posters.

From the 1970s a large body of evidence began to accumulate suggesting that impairments in *phonological processing* systems are responsible for the reading difficulties associated with dyslexia<sup>6</sup>. Beginning readers who are without robust early phonological skills may be unable to read or write down simple, regular words and later find it very difficult indeed to grasp more complex spelling. Children who are struggling in this way read less than their peers and are consequently less able to consolidate understandings about printed words and the sounds they represent<sup>7</sup>. It has been argued that, because of this reciprocal relationship, poor phonological skills tend to be found in all delayed readers, whatever the reasons for their falling behind<sup>8</sup>. How, then, can dyslexia be distinguished as a specific difficulty?

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<sup>5</sup> Fisher & DeFries, 2002; Stein, 2004

<sup>6</sup> Snowling, 2000; Stanovich, 1988

<sup>7</sup> Share, 1995

<sup>8</sup> Ellis et al., 1996

One answer may lie in the persistence of problems. Frank Vellutino and his colleagues<sup>9</sup> identified a group of young poor readers who were much harder to help than others, regardless of educational opportunities and socio-economic background. In New Zealand, despite the implementation of a national programme of 'Reading Recovery' for six year-olds<sup>10</sup>, a substantial proportion has failed to respond<sup>11</sup>. It is suggested that the unusual difficulties of these children are due to the severity of their phonological deficits. These continue into adulthood when, for example, even relatively well-compensated dyslexics in higher education demonstrate deficiencies in their phonological skills, verbal 'working' memory and processing speed<sup>12</sup>.

### Verbal working memory

Dyslexia is characterised by limitations in immediate verbal memory, which affects the ability to learn letter-sound relationships or to remember verbal sequences. Consequently, dyslexic individuals may have trouble learning the alphabet, are less able to tackle unfamiliar words when reading and are almost always weak spellers<sup>13</sup>.

### Processing speed

Studies of fluency have indicated that dyslexic people are frequently slow to process both spoken and written information and are unable to become fully automatic in their skills<sup>14</sup>. We can empathise with this phenomenon by remembering what it is like to learn a foreign language. The concentration demanded quickly becomes tiring because we cannot rely on our automatic skills and responses. Many adult dyslexics report similar experiences when performing literacy tasks. The words of a post-graduate student illustrate the typical concerns of even apparently 'compensated' dyslexic adults:

*"I feel very drained every time I read a long text. I am a slow reader and find it hard work. Sometimes I lose concentration. It probably takes me twice as long to read the same thing as it does someone else, especially if I really want to understand what is being said."*

This aspect of dyslexia may further explain why some individuals are less responsive to remediation. It appears to be a life-long impairment. Reading never becomes

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<sup>9</sup> 2000

<sup>10</sup> Clay, 1987

<sup>11</sup> Tunmer & Chapman, 2007

<sup>12</sup> Hatcher et al., 2002; Wilson & Lesaux, 2001

<sup>13</sup> Swan & Goswami, 1997; Tijms, 2004

<sup>14</sup> Nicolson & Fawcett, 1990; Nicolson et al., 2001; Wolf & Bowers, 1999

completely effortless, setting up barriers to comprehension so that texts often have to be read more than once before they become meaningful.

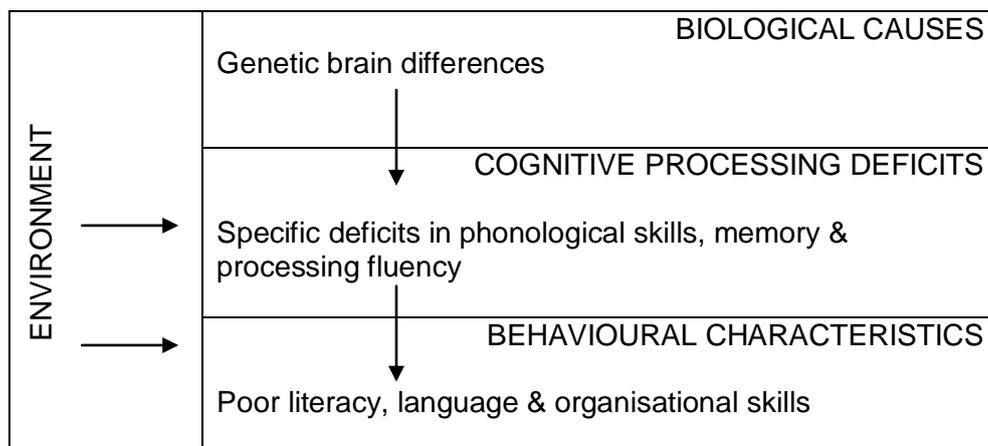
Visual deficits

Visual processing is obviously required for reading and it is reasonable to hypothesise that visual deficits play a role in dyslexia. Nonetheless, these have yet to be clearly demonstrated<sup>15</sup>. Research continues in this direction, the role of the brain’s magnocellular system for example, being of interest to scientists such as John Stein at Oxford<sup>16</sup>.

Some dyslexic people report experiencing visual distortions when reading, letters and words appearing blurred or unstable on the page. Coloured overlays or lenses can help, although claims for their particular therapeutic value to dyslexics have not been convincingly supported since symptoms may be as common amongst the general population<sup>17</sup>.

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A model created by Morton and Frith in 1995 (Figure 1) draws together the causes and outcomes of developmental dyslexia. It takes account of environmental interactions at each level, which might include socio-emotional problems, the language system to be learned and educational experiences.



**Figure 1 Causal model of developmental dyslexia, after Morton & Frith, 1995**

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<sup>15</sup> McBride-Chang, 2004  
<sup>16</sup> For an overview, see Snowling, 2000  
<sup>17</sup> Wright, 2007

## Experiencing dyslexia in adulthood

Most dyslexic people describe a range of problems governed by the demands of adult life that goes well beyond weaknesses in reading and spelling. In the UK, the difficulties and frustrations resulting from dyslexia have been recognised by the Disability Discrimination Act (1995), establishing legal rights for those affected. The extent to which dyslexia constitutes a handicap is influenced by its severity and by access to other strengths or strategies<sup>18</sup>. Specific problems have been well-documented elsewhere<sup>19</sup> and may be summarised as follows:

### Reading

- Word recognition
- Speed of processing
- Comprehension

### Language

- Word finding and pronunciation
- Learning new vocabulary
- Spoken expression
- Directional confusions

### Fluency

- Ability to become automatic in a skill

### Emotional

- Self esteem

### Writing

- Spelling
- Grammar and punctuation
- Composition and monitoring of ideas

### Working Memory

- Remembering verbal information
- Processing of information and ideas
- General organisation and sense of time
- Remembering common sequences

### Motor Control

- Poor handwriting

Although many of these difficulties are found in low literacy adults without dyslexia, unhelpful habits can be harder to break in dyslexic individuals and beneficial experiences typically take longer to amass. As we will see, reliance on coping mechanisms can sometimes be ineffective or even counter-productive.

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<sup>18</sup> Everatt, 1997; Snowling, 1987

<sup>19</sup> See, for example: Morgan & Klein, 2000; Reid & Kirk, 2001

## Primary difficulties

### Reading: 'visual snapshots' and 'guessing games'

During the decades in which many current adult dyslexics were children, phonological skills were typically not nurtured in schools. Instead, teachers emphasised two key strategies: the visual memorisation of words and contextual guessing.

The reading behaviours of low literacy adults were analysed by Worthy and Viise<sup>20</sup>, who observed a heavy emphasis on whole word memorisation. This approach, encouraged by 'sight word' reading instruction methods, can become a relative strength if an individual is unable to unlock the code of our spelling system<sup>21</sup>. In the long-run, however, it is only likely to be an efficient first-line strategy for those with an exceptional visual memory capacity<sup>22</sup>. Even then, unfamiliar vocabulary will be problematic. Take, for example, the nonsense word '*corbulentarioulsy*'. To pronounce this effectively we need to 'sound it out', either letter-by-letter or syllable-by-syllable. An analysis of adults in New York with severe reading difficulties revealed that 84% of the very poorest readers did not know the sounds of individual letters and only 29% could blend speech sounds into words<sup>23</sup>. Worthy and Viise<sup>24</sup> noted that the adults in their study could sometimes only focus on the first few letters of words, ignoring endings.

'Guessing words from context' is equally risky. It is a flawed premise that by asking, "*What word would make sense here?*" things will become easier for the struggling reader. Even amongst proficient readers the probability of accurate guessing is low, particularly when trying to predict essential meaning-carrying words such as nouns and verbs<sup>25</sup>. Take the following example:

*Tom was in a hurry to prepare supper before his guests arrived at eight o'clock. Checking through the recipe, he saw with a sinking heart that he would need some pep..... .*

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<sup>20</sup> 1996

<sup>21</sup> Greenberg et al., 1997; Shaywitz et al., 2003

<sup>22</sup> Stuart et al., 2000

<sup>23</sup> Gottesman et al., 1996

<sup>24</sup> 1996

<sup>25</sup> Perfetti, 1995; Share, 1995

Does Tom need peppercorns, peppermint or peperonata for his recipe? We cannot know without reading, or 'decoding' the whole word. Guessing is even less likely to be successful for the dyslexic reader. Effortful word identification and weak working memory both undermine the capacity to monitor grammar and punctuation or to integrate information throughout the text. Despite the unreliability of this approach, adult dyslexics may continue to focus on context<sup>26</sup>, while in better readers this reliance diminished early on in childhood as word recognition skills became increasingly proficient<sup>27</sup>.

In low literacy adults, effortful reading often impairs comprehension of the text. It also frequently leads to a vicious circle of reluctance to read and the consequent lack of practice in skills. As a result, vocabulary growth, expressive language and general knowledge may all be curbed. Taking a biblical analogy, Keith Stanovich<sup>28</sup> has dubbed this the '*Matthew Effect*': the reading rich become richer and the poor become poorer.

#### The 'culture' of writing

Equally significant are the affects of limited reading experience on writing. Written language reflects a broad range of stylistic conventions expressed through the mechanics of grammar, punctuation and spelling. Adults who read little have reduced exposure to models of effective writing and are less likely to have noted its structural differences from speech. In her excellent study of illiteracy, Victoria Purcell-Gates<sup>29</sup> discusses the 'culture' of formal written language, which most of us enter through reading. The differences between written and spoken expression are found not only throughout literature, but also in more prosaic bureaucratic communications:

*In reply to your query about a possible refund claim, the additional information you provided has enabled me to complete my enquiry into the matter.*

For the dyslexic person, choice of an appropriate style is just one of the many elements to be juggled when writing. The task is often undermined by inadequate working memory and processing fluency. Equally, fears about incorrect spellings can mean that there is an undue focus on this aspect of writing at the expense of others.

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<sup>26</sup> Wilson and Lesaux, 2001

<sup>27</sup> Stanovich & Stanovich, 1995

<sup>28</sup> 1986

<sup>29</sup> 1995

### Spelling

Worthy and Viise<sup>30</sup> compared the spelling errors of low literacy adults with those made by normally developing young children performing at the same level. They found the groups to be defined by their strengths as well as their mainly different errors.

The children had benefited from phonological training at school. Their spellings reflected their willingness to take risks by 'having a go'. Although more phonetic errors were made, such as *ran* for *rain*, the children were building on a phonological approach that would ultimately be beneficial.

In contrast, there was less inclination amongst the adults to risk making mistakes, a characteristic that seemed to reflect their own early education, when 'invented' (phonic) spellings were discouraged. Similarly to reading, these adults relied heavily on visual impressions to judge whether spellings *looked* like real words, but they had few strategies for making corrections.

### Memory and organisation

The typical life-long weakness in verbal 'working' memory that goes hand-in-hand with dyslexia underpins not only literacy, but also day-to-day organisation. A series of tasks can become unmanageable when an individual had a reduced capacity to 'plan in the head'. The dyslexic tends to be easily overwhelmed and may be viewed by others as unreliable. Unsurprisingly, adults with dyslexia have reported auditory short-term memory to be their greatest weakness after reading and spelling<sup>31</sup>.

### Spoken language

Listening and speaking can both be affected when working memory is weak and verbal processing lacks fluency. Dyslexic adults commonly report that they cannot remember spoken information or instructions, particularly under pressure:

*"I picked up the urgency in his voice, and this made me freeze. He told me where to find the information, but I couldn't process what I had to do that quickly."*

(Ex-homeless dyslexic man, training for paid employment)

On the whole, dyslexic people are better at expressing themselves orally than they are in writing. From time-to-time, though, there may be problems with remembering

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<sup>30</sup> 1996

<sup>31</sup> Rack, 1997

specific vocabulary, or with structuring spoken ideas coherently. This again is made worse in stressful situations, such as the close scrutiny of meetings, or when fast responses are required.

## **Self-esteem**

We know that low self-esteem is common amongst people who have been homeless. For some dyslexic adults, their disability has created negative self-perceptions that are additional hurdles to managing life effectively. Common fears are that failure is only one wrong step away and that their 'incompetence' will once again be found out<sup>32</sup>.

In a study of successful North American adults with a range of learning disabilities, Gerber and colleagues<sup>33</sup> observed that the central factor governing career success was *control*. All of the participants, whatever their professional achievements, demonstrated vulnerability in their self-confidence and they dealt with this in distinct ways. High achievers applied controlling strategies to promote professional development; moderately successful individuals sought control in order to compensate for their weaknesses. Ultimately, members of the moderate group acquired less control over their lives than those in the successful group, typically attributing changes in their career paths not to vision but to "luck".

The complex histories of dyslexic adults who have been homeless reflect lives during which control has often been a missing factor. Some had chaotic childhoods in which schooling was disrupted. Those in education may have experienced a mismatch of learning needs, actual teaching and curriculum timing. They often encountered impatient teachers who attributed their problems to laziness or stupidity<sup>34</sup>. Children who do well in school from the start are more intensely rewarded for their efforts, externally through recognition by their peers and adults and internally from the satisfaction of gaining new skills. Dyslexic children, on the other hand, observe others apparently learning to read without effort and are frustrated by constantly 'getting things wrong' in writing. Ultimately, weak literacy may be a barrier to success in what would otherwise be areas of potential strength.

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<sup>32</sup> Riddick et al., 1999

<sup>33</sup> 1992

<sup>34</sup> McLoughlin et al., 1994; Riddick, 1995

The insidious effects of negative school experiences are carried into adolescence and adulthood, even by individuals who are considered high achievers. Barbara Riddick and her colleagues<sup>35</sup> found, for example, that self-esteem was significantly lower in a group of dyslexic university students than in their non-dyslexic peers. It may be that the opportunity to compare oneself with others is a significant factor, since self-esteem in these students improved once the competitive and high literacy demands of university were left behind. In general, adults who view themselves as poor readers tend to be more vulnerable to depression. Their negative feelings seem to be bound up in self-concepts associated with perceptions of difficulties rather than with actual, measured literacy skills<sup>36</sup>.

David Servan-Schreiber<sup>37</sup> describes the inhibitory effects of stress on brain function located in the prefrontal cortex, which 'switches off' when an individual becomes anxious, frustrated or angry. This causes reduced mental clarity, affecting the ability to solve problems or make effective decisions. When Everatt and Brannan<sup>38</sup> gave a spelling test to a group of dyslexic adults, their subsequent performance on visual memory and reasoning tasks was detrimentally affected. Non-dyslexics, for whom spelling tests are less likely to arouse anxiety, did not show this reduced efficiency. Thus long-term failure in one area may lead to underperformance in others, particularly when stress has been increased.

For many dyslexic adults, even apparently straightforward daily tasks can create sufficient anxiety to render them almost unmanageable<sup>39</sup>:

*“Cheque writing is the ultimate real-world literacy task. It requires complete accuracy under a close time restraint with no rehearsal whilst being observed by another person.”*

The successful professionals in Gerber's study alleviated anxiety through strong, controlling strategies. At the other end of the spectrum, people with very little reading and writing ability may employ avoidance as a technique to cope with the challenges and anxieties arising from even mundane activities. Inability to read bus and train information or to recognise signs, for instance, might make public transport seem out

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<sup>35</sup> 1999

<sup>36</sup> Adult Literacy and Basic Skills Unit, 1987

<sup>37</sup> 2005

<sup>38</sup> 1996

<sup>39</sup> Riddick et al., 1999: 243

of the question. Shopping too may be restricted to local, well-known stores and products with familiar labels<sup>40</sup>.

Two case studies illustrate the life-limitations and psychological challenges arising from low reading and writing skills. Migden's<sup>41</sup> description of a dyslexic man's progress in literacy (which appears in the Toolkit) and Chapter Three's story of RD both demonstrate the importance of concurrent support to develop self-esteem and personal resilience. Ultimately, successful outcomes can only be judged in light of reduced dependency and increased stability, embodied in improved life management skills, relationships and employment.

## **Summary**

- ❖ Dyslexia is an inherited, life-long condition, which primarily affects the ability to gain fluent reading and writing skills.
- ❖ It has a number of defining features, which distinguish it from other forms of weak literacy.
- ❖ Dyslexics often have trouble perceiving the individual sounds within spoken words. This makes it difficult to spell new words, or to 'sound out' unfamiliar words when reading.
- ❖ Weak verbal memory adds to problems in gaining literacy, in spoken expression and listening skills and in day-to-day organisation.
- ❖ Individuals with dyslexia find it hard to become automatic in their reading and writing.
- ❖ Consensus has not yet been reached about the nature of visual deficits in dyslexia.
- ❖ Adults have often developed compensatory strategies to cope with their difficulties. They may rely on visual memory for spellings, or use context to 'guess' words when reading. Neither is usually sufficient.
- ❖ Written grammar, punctuation and expression in writing all suffer when reading experiences have been inadequate.
- ❖ Low self-esteem in dyslexic adults reflects feelings of frustration, failure and helplessness. Everyday activities are sometimes avoided if they pose too great a challenge.

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<sup>40</sup> Purcell-Gates, 1995

<sup>41</sup> 1990

- ❖ Emotional issues need to be addressed at the same time as educational needs if an intervention is to be successful.

## Chapter Three

### Dyslexia and homelessness: A case study

In every phenomenon the beginning remains always the most notable moment.

(Thomas Carlyle)

An adult who makes the decision to tackle a life-long handicap does so when feelings of self-worth and confidence are strong enough to make personal growth a realistic goal. After a lifetime of difficulties, the subject of this case study was hopeful that he could still tackle his literacy problems. The extent of his success would depend on how firmly he believed in his own potential and how far he could overcome deep-seated negative emotions associated with reading and writing.

RD was a 47 year-old dyslexic man who had experienced homelessness throughout a ten-year period. With the help of Thames Reach, he had controlled his alcohol dependence and was settled in independent accommodation. Much of his time was spent providing peer support for other service users and he was recognised within the organisation for the quality and dedication of this voluntary work. His ambition was to move into paid employment within the sector, via one of the charity's in-house training programmes. But poor literacy had been a lifelong handicap for RD and it was to be his stumbling block when he applied to this scheme.

Two years earlier, a screening assessment had suggested that RD was dyslexic, a revelation prompting the comment, *"I'm not lazy, then?"*. With the encouragement of Thames Reach staff he returned to learning at college, gaining Level 1 for reading in the national adult Literacy Tests. This gave an enormous boost to his confidence. Nonetheless, RD dropped out of each subsequent course he tried and his writing skills remained weak. He explained that the pace of lessons always became too fast and the presence of other students was constantly distracting. Group learning could not, by its nature, be tailored to his complex needs.

Details of RD's background experiences outline the causes of his entrenched difficulties and provide an insight into a lifetime of coping with reading and writing problems.

## History

Learning to read was almost inevitably going to be difficult for RD. He had an unsettled childhood in which he was moved from one foster home to another and changed school numerous times. Dyslexia was not commonly recognised in the 1960s when he was growing up and it was not identified during primary school. To compound his difficulties, RD was born with Nystagmus, a life-long condition that causes the eyes to flicker uncontrollably and is accompanied by poor general vision.

After an unpromising start, RD went on to attend eight secondary schools. A picture of inadequate support and increasingly sapped confidence is reflected in his negative recollections of that period:

*“In each one of them I was told that I was lazy or a dunce.”*

He finally left the world of ‘education’ illiterate and with no formal qualifications.

The first obstacle to face RD as he tried to find employment was form-filling. This could only be tackled with the help of others, a situation causing him so much humiliation that he created alternative excuses for his helplessness. He repeatedly broke his glasses and, more extremely, punched walls in order to injure his writing hand.

*“I could not tell people that I was not able to read and write. That was too shameful for me to do.”*

As RD moved from one job to another he continued to rely on the good will of fellow employees, often trading their help with reading and paperwork for his physical labour. A weak verbal working memory was a characteristic of his dyslexia, one which exacerbated problems at work. During a period as a pub barman, for example,

*“I gave people wrong drinks and drank more than I sold.”*

Just one employer recognised the difficulties RD was struggling with, putting in place practical adjustments that would allow him to fulfil his duties as a healthcare assistant: RD was encouraged to tape-record his reports and handover information, which were later transcribed by a colleague. This was a job he enjoyed and would have liked to pursue as a career. In the meantime, with the support of his wife RD

had also started to read and was learning how to write. But frustration and low self-esteem remained constant influences that led to a further down-turn in circumstances and his ensuing lengthy period of homelessness.

RD was eventually re-housed and supported by Thames Reach, where he also accessed social and training opportunities. As he became increasingly active within the organisation, he offered his services to others in a number of ways. These included the organisation of a weekly club for service users and the representation of their views to staff and management. Both demanded the ability to write letters, notices and minutes of meetings. Although secretarial support was offered, it was not regularly available. The need for independence was pressing, increasingly so as RD attempted to move back into paid employment.

### **Assessment**

RD began one-to-one literacy lessons towards the end of 2006. It was clear from the very beginning that he had a steep hill to climb to gain the quality of literacy that would allow him to fulfil his ambitions for work. He agreed to a detailed, diagnostic literacy assessment that would explore his strengths and difficulties more fully, and guide his support programme. [The tests used, available to educational psychologists and appropriately qualified literacy tutors, are listed at the end of this chapter.]

#### *Cognitive ability*

- RD was a man of average intelligence, with stronger visual than verbal skills.

#### *Literacy*

- RD's ability to recognise single words in isolation was at a ten year-old level.
- Comprehension of text was significantly weak, at a twelve year-old level.
- Spelling was at the level of an eight year-old.
- RD was extremely slow to write down his ideas. He demonstrated very little understanding of even the most basic punctuation. Although he expressed himself with reasonable grammatical accuracy, RD's style would need considerable development to meet the demands of office-based work.

#### *Underlying skills*

- RD was unable to recite the alphabet sequence from memory. He knew the names of all the letters, but few of their spoken sounds.
- His phonological skills were very weak: he could not identify or work with the letter-sound sequences of spoken words.

- RD's efforts were further undermined by his restricted auditory working memory.
- Gaps in his skills and knowledge plus poor vision caused RD to read and write slowly. But, tests of his processing speed did not highlight the inherent deficit often found in dyslexic people.

### *Observations*

To compensate for his deficient phonological skills, RD appeared to have memorised visual 'snapshots' of words. On encountering an unfamiliar written word in text, his eyes would typically look up from the page as he searched his memory for an item that made sense within the context of the sentence. This was rarely successful. Words in isolation were almost insoluble puzzles since he had no means of 'decoding' them. Spelling attempts were similarly based on inadequately memorised visual impressions.

RD's spoken language contained grammatical features that never appear in standard, written English, including incorrect verb forms ("*He done it*").

This assessment confirmed RD's inadequate knowledge about the way the English writing system works. He had reached a plateau from which it was unlikely he would move unless new skills were developed.

### **The support programme**

RD was required to commit to the service he was being offered. A formal, written agreement described his obligation to attend lessons regularly and punctually and to complete homework. Short-term targets were formulated, to be reviewed every eight weeks.

To create the missing link between written and spoken words, it was imperative that RD should begin a structured phonics programme. Throughout the first year, he learned how to blend single letter sounds into whole words when reading and similarly to segment spoken words for spelling. Irregular spellings were introduced when required. Sentence work dovetailed spelling in context with the conventions of punctuation and grammar and provided controlled opportunities to practise proof-reading.

From the beginning, RD was encouraged to increase his independent reading. This would allow him to extend his word recognition and would give him important

exposure to vocabulary and models of written expression. Comprehension skills were practised formally, with materials selected as far as possible for their interest and relevance.

One of the tenets of dyslexia support is that no assumptions should be made about existing knowledge or understandings. The structure of RD's programme was important in this respect. All new information was taught explicitly and, taking account of working memory deficits, well consolidated. Homework exercises promoted practice in new skills and encouraged independent learning. Each of these methods was designed to foster confidence through many small achievements and minimal failure. It was a safe learning environment within which RD could begin to make his own discoveries about written English.

### **Progress**

Lessons of one hour took place weekly at Thames Reach, which RD attended regularly. During the first few months he also, on the whole, completed his homework tasks. Both habits were vital, since it became apparent early on that progress was likely to be slow.

The alphabet sequence was mastered after ten weeks of patient practice and RD began to understand its application for filing and referencing. His satisfaction in gaining this skill was a small but important landmark in building his confidence.

Phonological exercises were even more challenging and RD was consistently reluctant to abandon his embedded reliance on visual memory when struggling with spellings. After six months RD was becoming more skilled in identifying phoneme (sound) sequences within words and he had begun to tackle two-syllable spellings. He increasingly applied basic punctuation to simple sentences in lessons and sometimes in personal writing.

Despite being slow to appear, improvements were tangible after ten months of the programme. RD himself, on the other hand, began to lose confidence at this stage. During a regular progress review, evidence of his growing skills was highlighted and the extent to which new strategies were countering his difficulties was considered. This discussion influenced RD more than was apparent the time. His restored faith became more obvious during the course of subsequent key events.

Six months prior to his first lesson, RD had been awarded a bursary to purchase equipment that would support his dyslexia. The majority of his day-to-day writing was word processed but, because he found it difficult to spot his own errors, he relied on others for proof reading. To increase his independence, we investigated text-to-speech software, which would allow him to listen to his writing and to spot when it did not make sense. Software of this kind offers no magic formula. Corrections cannot be made unless simple grammar and punctuation have been mastered. The phonetic spell checker can enhance accuracy, but only when a basic level of spelling competence is in place. However, it seemed important that RD should begin using a tool that would give him a sense of greater control over his everyday literacy.

This was particularly important since at about this time RD was asked to write an article about his experiences of dyslexia for an in-house magazine. He viewed this as an opportunity to inspire others with similar difficulties to seek support. It was the catalyst for a significant step forward in the development of his skills.

Until this event, RD had been reluctant to write independently, either during lessons or for homework. He was embarrassed by his efforts and could not see the point of a daily journal or other such contrived exercises. But he was now a man with a mission and any self-consciousness largely dissipated. RD spent every spare moment during the next month writing his piece for the magazine, using his new software as far as he could. Together we discussed and improved his sentences and highlighted spellings that he now had the knowledge to correct. RD's determination was renewed as the essential groundwork covered in earlier lessons became relevant and meaningful.

Towards the end of his article RD commented that at the outset of our lessons he had hoped for a speedy end to his difficulties. He went on to describe his gradual acceptance that there could be *"no quick fix"* and how his confidence had returned as he began to notice his expanding skills. By counselling others to be prepared to *"put in the work to improve"*, RD demonstrated his sense that control over learning could be achieved through effort and personal responsibility.

While his confidence was increasing, it was becoming apparent that progress would stall if RD did not develop his intuition for correct written English by reading more widely. He had turned willingly to books only once in his life, to relieve long hours of

boredom during a period in prison. Even then, he admitted, it was not an activity he had enjoyed for its own sake. Now, apart from an occasional look at free newspapers, RD read almost solely for practical purposes, checking emails and documents on the computer. In line with recommendations made by the Moser Report<sup>1</sup>, during lessons he was offered a variety of books selected for personal interest and reading level. Each was returned after a considerable length of time, barely opened. As an incentive, RD agreed to read for short periods daily and to make a 'reading record' calendar. Staff in the offices he visited offered their support. Nevertheless, this programme did not get off the ground; arguments for the benefits of wider reading had not convinced RD to change his habits. The reasons were deep-seated.

RD's poor vision was sufficient alone to make reading arduous. Simple, coloured transparencies were tried, but were of marginal benefit in relieving visual discomfort when laid over the page. He soon discarded them. At about this time, RD accessed specialist medical treatment for his Nystagmus. Although he was told that his condition could not be cured, new lenses brought about some improvement in his eyesight.

The combination of lifelong dyslexia and Nystagmus had made 'reading for pleasure' an unrecognisable concept for RD. But emotional and psychological issues had probably been equally significant in shaping his 'passive resistance' to this activity.

In her portrait of an illiterate family in the United States, Victoria Purcell-Gates<sup>2</sup> describes the devastating effects on a child who, in the midst of a loving family, has had an upbringing devoid of the printed word. Never having been introduced to the 'culture of reading', the young boy at the centre of her study simply could not see the point of written words. He was bewildered by lessons when he started school and resisted attempts to engage him in reading activities.

RD was subject to a different kind of literacy deprivation. Although he had grown up with books and environmental writing, nobody had nurtured in him the positive emotions and pleasure many of us associate with reading. He had no memory of ever being read to as a child at home and he was therefore deprived the interest and warmth of stories enjoyed with a trusted adult. RD's own perplexing struggle to read

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<sup>1</sup> DfEE, 1999

<sup>2</sup> 1995

was frustrating for all concerned, his errors meeting with impatience and often physical punishment. At school, the neglect of his difficulties compounded negative self-perceptions and did no more to foster a love of reading. Instead, feelings of failure and humiliation took root and remained with him even when his skills improved later on in life.

A further, compounding factor in RD's antipathy to book reading arose as a consequence of his past alcohol dependence. To distract his thoughts from drinking he avoided spending too much time alone in his flat and was generally out and about, working in a busy office or engaged in social activities. By its nature reading tends to be a solitary pastime, particularly for people with dyslexia who are often sensitive to disturbance. RD had created a lifestyle that was not conducive to this habit.

More positively, RD had persevered to achieve reading skills that would meet his functional needs. But with a minimal enthusiasm for books limiting his exposure to formal English, it was difficult to know whether he would ever become a fully proficient writer.

## ***Discussion***

How had RD, a severely dyslexic man, maintained his determination to become functionally literate at the age of 47 after a lifetime of being let down?

First, RD was strongly motivated to continue rebuilding his life through employment. He was well aware that literacy would be a key factor in his progress. An educational programme sensitive to his needs and dyslexic difficulties provided the environment in which confidence would build and a solid development in skills could be realised.

Equally important was RD's growing resilience. Despite years of multiple adversities, the support offered by caring individuals had affirmed his self-worth and reignited his altruistic qualities. He was empowered by chances to take an active role in the organisation that had helped him. Such was the impact of his rehabilitation that he felt able offer his own life experiences as exemplars to inspire others. RD wanted to be a role model, demonstrating that it is never too late to tackle an obstacle such as low literacy:

*"If I can do it, so can anyone."*

After two years of focused dyslexia support, RD felt ready to return to college to work towards further literacy qualifications. As he embarked on his new course, his increased confidence and enthusiasm are reflected in this response to an early lesson:

*“I did my first piece of work for the teacher, which he has taken away to look at. He only wanted one page, but I gave him three – I just couldn’t stop writing!”*

Disappointingly, administrative confusions, absent tutors and his familiar problems with large student groups quickly undermined RD’s resolve and he left within a few weeks. Barriers to learning for dyslexic students attending Skills for Life courses will be discussed in greater depth in Chapter Five. In RD’s case, the outcome was almost certainly influenced by his own background issues, but the institution was equally unable to meet the needs of one of its more vulnerable students.

### **Assessment Tests**

Glutting, J., Adams, W. & Sheslow, D. (2000). *Wide Range Intelligence Test*. Wide Range Inc: Wilmington, DE, USA.

Turner, M. & Ridsdale, J. (2002). *Digit Span Memory Test - Revised*. Dyslexia Institute: UK

Wagner, R.K., Torgeson, J.K. & Rashotte, C.A. (1999). *Comprehensive Test of Phonological Processing*. PRO-ED Inc: Austin, Texas, USA.

Wagner, R.K., Torgeson, J.K. & Rashotte, C.A. (1999). *Test of Word Reading Efficiency*. PRO-ED Inc: Austin, Texas, USA.

Wilkinson, G.S. & Robertson, G.J. (2006). *Wide Range Achievement Test*. (3<sup>rd</sup> and 4<sup>th</sup> editions). Psychological Assessment Resources Inc: Lutz, Florida, USA.

## Chapter Four

### Low literacy and dyslexia amongst the homeless: An exploration of prevalence, attitudes and experiences

#### Introduction

The key aim of this study was to gain a picture of literacy needs amongst the service users of one homelessness agency, Thames Reach. The prevalence of dyslexia was of additional interest because greater resources and understanding are often needed to support its associated difficulties. There is currently a dearth of sound research evidence exploring relationships between illiteracy and homelessness. Even more difficult to ascertain is whether dyslexia is a significant causal factor. Nevertheless, the social disadvantage brought about by weak literacy has been well documented (see Chapter Two) and it would be unwise to reject the notion that it predisposes some people to greater adversity.

A precise modelling of these relationships would need to take account of numerous variables and has not yet been achieved. Chris Singleton and his colleagues<sup>1</sup> suggest three alternative models of the contribution dyslexia might make to social exclusion in the form of youth offending. In each model we substitute 'homelessness' for 'offending' and 'illiteracy' for 'dyslexia': although dyslexic difficulties can be more problematic to remediate, the negative life outcomes arising from all forms of low literacy can be equally devastating. In the first hypothesis illiteracy is the 'last straw' in a number of adverse circumstances that can tip the balance from having a home into homelessness. The second model describes a 'causal chain' in which weak literacy leads to poor educational attainment, unemployment and homelessness. In the final alternative, inability to read and write 'amplifies' the impact of other low skills and life management capabilities, leading to disengagement from society.

Perhaps the foremost reason why literacy researchers have not been attracted to the exploration of these issues is the difficulty associated with data-gathering amongst people who have been homeless. The majority of studies concerned with adult

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<sup>1</sup> British Dyslexia Association, 2005

dyslexia, for example, have been carried out in universities, colleges and increasingly in prisons, where participants are easier to recruit and remain accessible. Homeless people, on the other hand, are a transient population that is characteristically less reliable for research purposes. Furthermore, the intensity of testing required to accurately measure true literacy levels or to identify dyslexia would undoubtedly provoke anxiety and act as a deterrent to many vulnerable participants. Glover and Barn<sup>2</sup> found that a two-stage process of dyslexia screening followed by lengthy psychological assessments was extremely difficult to manage amongst people with experience of homeless. Of 77 young people originally screened in their study, dyslexia was strongly indicated in 21 cases, but only two persisted in completing a full psychological follow-up assessment. The researchers also suggest that, as a way forward, this form of assessment is prohibitively expensive in terms of time and professional expertise.

A further pitfall of trying to distinguish dyslexia from other causes of low literacy in vulnerable adults is typified by studies conducted in prisons. Some of these have been criticised for their inconsistent definitions of dyslexia and the use of flawed screening processes<sup>3</sup>. High estimates of dyslexia amongst detainees, varying from 30% to 60%, have been challenged by Samuelsson and colleagues<sup>4</sup> who question the methodology used to obtain these figures. Their own work in Sweden has suggested that, when educational level is taken into account, the literacy skills of prisoners are in line with the adult population as a whole. Both the UK Prison Reading Survey<sup>5</sup> and a study of British juvenile offenders<sup>6</sup> reached similar conclusions, finding no evidence of a higher prevalence of dyslexia amongst offenders than the approximate 10% found in the general population. A significant number of detainees, on the other hand, had low levels of literacy attributed to general verbal deficits or environmental factors such as impoverished home experiences and reduced educational opportunity.

For people who have experienced homelessness, screening for dyslexia may be a more practical and resource-efficient option than in-depth testing. Some of the psychological tests used in formal assessments are strongly influenced by factors such as schooling (see the Discussion at the end of this chapter). Screening is a

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<sup>2</sup> 2000

<sup>3</sup> Kirk & Reid, 2001; Rice et al., 1998; Samuelsson et al., 2003; Snowling et al., 2000

<sup>4</sup> 2003

<sup>5</sup> Rice et al., 1998

<sup>6</sup> Snowling et al., 2000

quicker and less threatening process, which attempts to identify the inherent phonological, memory and speed of processing difficulties associated with dyslexia.

Given the difficulties described above and taking account of the information most likely to be of practical use to professionals working in the homelessness sector, this study focuses on participants' own perceptions and experiences. The framework of a structured questionnaire was designed to provide respondents with a means of recognising their skills and articulating their literacy needs. As the case studies of RD (Chapter Three) and Mr S (Toolkit) demonstrate, this can be a vital step towards an individual overcoming some of the barriers to moving on.

## **Method**

### Design

The study used a self report questionnaire with fixed choice answers to investigate participants' experiences of literacy. Dyslexia screening questions included in the survey were modelled on items from the Vinegrad Adult Dyslexia Checklist - Revised<sup>7</sup>. Some items were omitted and others were modified to reflect the characteristics of participants in this study. The questionnaire was created using the web-based tool 'Survey Monkey'.

The use of a questionnaire can bring potential problems associated with respondents either wishing to 'please the interviewer', trying to 'look good', or avoiding being 'found out'. Some, for example, may be reluctant to reveal the 'shameful' problems they have kept hidden for many years. To address these issues, apparently dissimilar questions presented at different stages of the interview sometimes overlapped in the information they were probing.

### Participants

To overcome the problem of participant unreliability, it was decided to approach people who had been resettled in Thames Reach supported housing schemes following periods of homelessness.

Posters and leaflets were placed around the housing locations to advertise the survey. Thames Reach support staff were asked to encourage service users to

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<sup>7</sup> Vinegrad, 1994

participate. Some people had been reluctant to volunteer for the project because they believed it would involve an assessment of their reading and writing skills. The posters and briefings were instrumental in reassuring service users that this was not the case and many went on to become volunteers. A £5 supermarket voucher was offered to everyone who agreed to take part, a financial incentive that significantly increased the number of participants.

Of the 432 service users currently in Thames Reach supported housing we recruited 101 people in total. Of those who enrolled 91 (90%) were male and 10 (10%) were female (compared with 81% and 19% respectively in the Thames Reach supported housing population). The age range was 22 to 84 years. Figure 1 represents the numbers in each age group, which have similar ratios amongst Thames Reach supported housing tenants as a whole. Participants came from 10 ethnic groups. Eleven of the volunteers reported that English is an additional language for them (EAL).

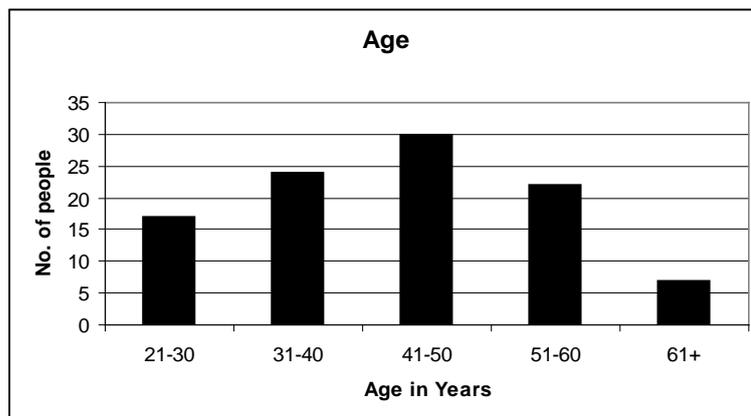


Figure 2: Age range of participants in numbers (total 101).

### Procedure

The questionnaire was composed of an introduction to the survey followed by questions on participant demographics, reading and writing and previous literacy support experiences. Dyslexia screening items are detailed in the discussion of results.

Interviews were held in participants' supported housing schemes. This choice of location was important since some people were not willing or did not have the resources to travel across London to appointments. Each interview lasted between

twenty and thirty minutes and was conducted on a one-to-one basis in a private room to preserve confidentiality.

At the beginning of the interview participants were given a brief about the survey and the aims of the investigation. They were informed that their responses would be confidential and that they would not have to answer questions about which they felt uncomfortable. All volunteers were asked to sign a consent form after completing the survey. No participants withdrew during the course of the survey.

## Results

The data collected by the survey is generally reported as percentages. The Chi-square test<sup>8</sup> was used to look for statistical significance in relationships between variables<sup>9</sup>. It should be noted that although this test can suggest associations, it cannot demonstrate causes.

Because of the imbalance between the numbers of male and female respondents, gender differences in responses could not meaningfully be commented on.

### Literacy competencies

People who took part in this survey reported a range of current reading and writing problems (Figure 2).

#### *Reading skills*

- 9% had serious reading difficulties.
- 38% had trouble understanding written materials.
- 54% reported that they cannot always remember what they have just read.

In some cases, reading comprehension is likely to be impaired because individuals have not mastered the mechanics of word recognition:

- 18% reported that they are unable to read words they have never seen before;
- 91% of participants, on the other hand, suggested that they use letter sounds to tackle unfamiliar words.

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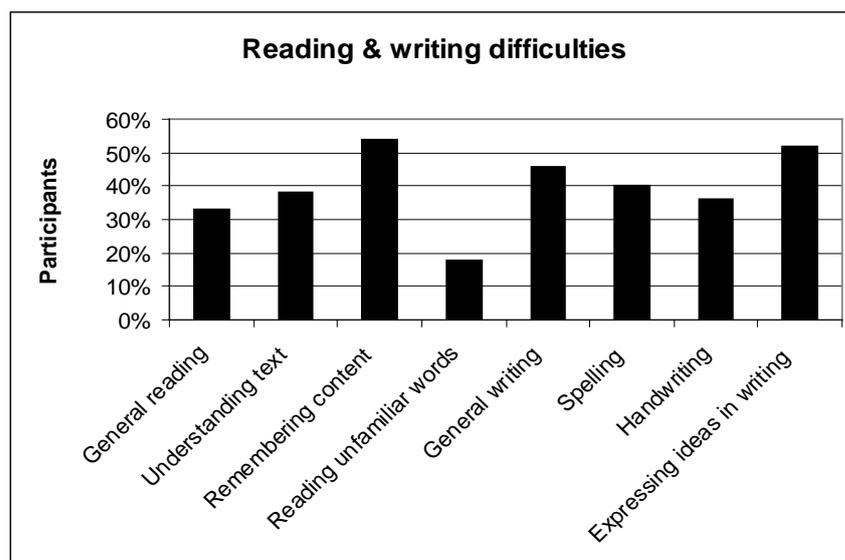
<sup>8</sup>  $\chi^2$

<sup>9</sup> Technical note: These relationships were examined using nominal data and two-tailed tests. In each of these calculations, the degree of freedom is 1 (df = 1). Significance is indicated at the five percent probability level ( $p = 0.05$ ) or better.

The discrepancy in these percentages may be explained if we remember that 74% of the volunteers (now aged over 30) were of primary school age when phonics teaching was not wide-spread. It may be that some weaker readers understand the importance of phonic word building methods, despite not having mastered them for themselves.

### *Writing skills*

- 46% of respondents described general problems with writing;
- 52% highlighted difficulties with written expression (including seven people with EAL);
- 32% felt that their spelling is weak;
- 8% cannot spell at all;
- 36% still have trouble writing legibly;
- 40% have overcome handwriting problems by using only capital letters.



*Figure 3: Current reading and writing difficulties of respondents.*

The latter statistic makes it difficult to assess how far capital letters are understood as a form of simple punctuation. Examination of punctuation was generally problematic for the study. Questions were not able to distinguish whether participants who claim to use capital letters (90%), full stops (74%), question marks (56%) and commas (56%) are actually confident in applying them.

### Literacy difficulties in context

The most common day-to-day problems caused by low literacy amongst participants are reported in Figure 3. When literacy is weak, the demands of day-to-day living can give rise to dependency on others. Form-filling, for example, calls for multiple skills of word recognition, comprehension and writing. In this sample:

- 55% either sometimes or always have trouble filling in forms;
- 30% have limited capability to write letters and 16% always need letters to be written on their behalf;
- 17% find that their poor writing skills make it harder to keep in contact with family or friends;
- 11% are restricted in their use of public transport because of weak reading, making all but the shortest journeys daunting.

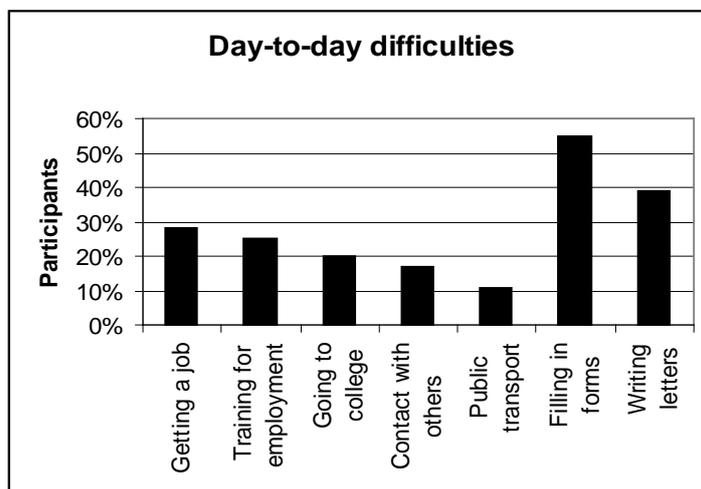


Figure 4: Respondents' day-to-day difficulties caused by weak literacy.

Employment prospects are adversely affected as a direct consequence of poor literacy:

- 28% have been unable to get jobs;
- 5% have only ever had manual jobs (they may have avoided work that demands reading or writing);
- 25% from have not had training for employment;
- 20% have felt unable to go to college.

Respondents who have not looked for work recently may perceive the impact of low literacy less on job applications than on tasks such as form filling. Forms are an

ever-present necessity, giving access to income, housing and various other sources of support.

To explore reading habits, participants were asked how often they look at books or newspapers and magazines (Figure 4).

- 20% never or very rarely read either books or magazines.
- 74% frequently look at newspapers or magazines.
- 30% reported that they pick up a book more than once a week.
- 51% never read books.

Chi-squared analyses indicated that low reading ability<sup>10</sup> has a significant association with the avoidance of newspapers or magazines<sup>11</sup>, but not with book-reading habits. Magazines and newspapers are more popular, perhaps because they tend to be less demanding than books in terms of time and concentration. So, while the very weakest readers will avoid all reading matter, even those with adequate skills often choose not to read books.

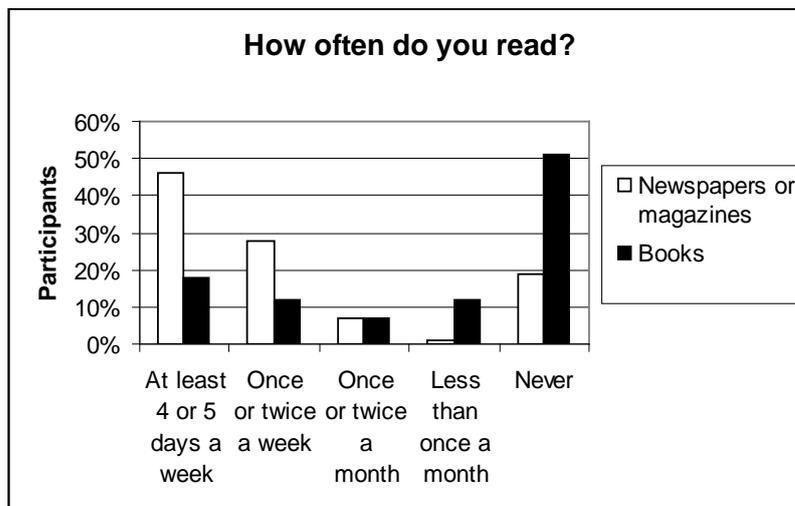


Figure 5: Newspaper/magazine and book reading habits of respondents.

### Causes of literacy difficulties

More than half of the people responding to the survey (55%) reported current problems with their eyesight. Most either needed spectacles or didn't wear the ones they had been prescribed. Participants were not required to describe specific

<sup>10</sup> 'reading difficulty' is defined here by responses to the question: "Since leaving school, have you had any problems with reading?"

<sup>11</sup>  $\chi^2 = 8.77$ ,  $p = 0.004$ ,  $df = 1$

problems with vision and it should be born in mind that not all conditions affect close reading.

Within the survey population as a whole, an association is suggested between problems learning to read as a child and ongoing difficulties<sup>12</sup>. Of the four people with EAL and currently weak reading, three also experienced difficulties learning to read in childhood. The most frequently cited reasons for inability to learn to read and write at school (Figure 5) were:

- general learning difficulties (30%);
- missed schooling (26%);
- dyslexia, boring lessons, or insufficient help from teachers and parents (each 19%);
- many changes of school (13%);
- unsettled home lives, physical disabilities, or bullying at school (each fewer than 10%).

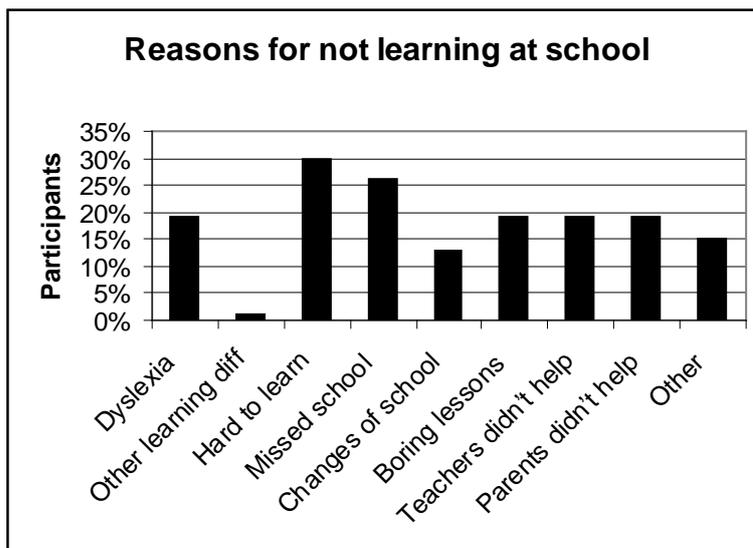


Figure 6: Respondents reasons for failing to learn to read and write at school.

Despite 30% of participants having literacy difficulties as children, only 13% remembered receiving additional support at school to address their problems.

### Dyslexia

<sup>12</sup>  $\chi^2 = 27.0$ ,  $p < 0.0001$ ,  $df = 1$

Although 19% attributed their literacy problems at school to dyslexia, 23% currently strongly suspect that they are dyslexic. They include:

- 19% who are poor spellers (nearly half of this group);
- 14% who are weak readers (just under half);
- 12% who fall into both groups.

Just 17% of all participants remembered undergoing a formal assessment of their difficulties, either in childhood or as adults. The nature and outcome of tests were not recollected in every case.

### Screening for dyslexia

Dyslexia screening items included in the questionnaire are shown in Figure 7.

### *Working memory*

- 60% of the whole sample has problems remembering lists of instructions or long telephone messages. Amongst this group are:
  - 75% of weak readers
  - 75% of weak spellers
  - 75% of those who think they are dyslexic.
- 35% of participants cannot do “sums in their heads”, including:
  - 84% of weak readers
  - 82% of weak spellers.

Chi-squared suggests that memory for verbal information (lists, instructions and messages)<sup>13</sup> and the ability to perform mental arithmetic<sup>14</sup> are both significantly associated with literacy.

Inadequate education or low general ability may account for the poor literacy and mental arithmetic capacities of some people. It should also be born in mind that lifestyle and medical issues affecting memory are common amongst this sample of recently homeless people (Figure 6). The influence of these factors on memory was recognised by:

- 38% with a history of alcohol abuse;
- 37% with a current or past drug habit;
- 15% who have had mental and physical health issues.

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<sup>13</sup> reading:  $\chi^2 = 5.43$ ,  $p = 0.02$ ,  $df = 1$ ; spelling:  $\chi^2 = 6.68$ ,  $p = 0.01$ ,  $df = 1$

<sup>14</sup> reading:  $\chi^2 = 6.9$ ,  $p = 0.008$ ,  $df = 1$ ; spelling:  $\chi^2 = 12.1$ ,  $p = 0.001$ ,  $df = 1$

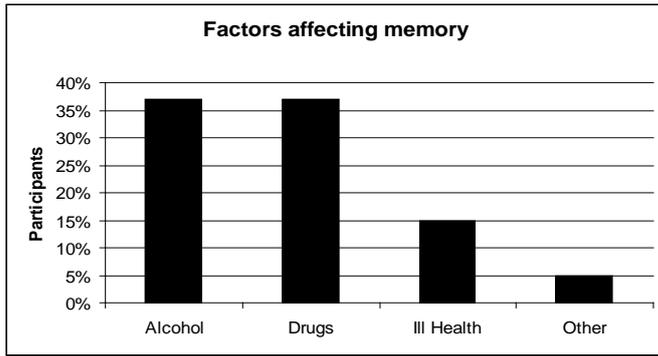


Figure 7: Factors reported as affecting respondents' working memory.

### Phonological skills

A person's inability to pronounce long words correctly can indicate that their phonological processing skills are not well developed. Chi-squared analyses suggested that there was a strong association between this difficulty and both reading and spelling problems<sup>15</sup>. However, because reading and writing experiences tend to foster the development of phonological skills, we cannot be confident that for this population weak phonology reliably indicates dyslexia.

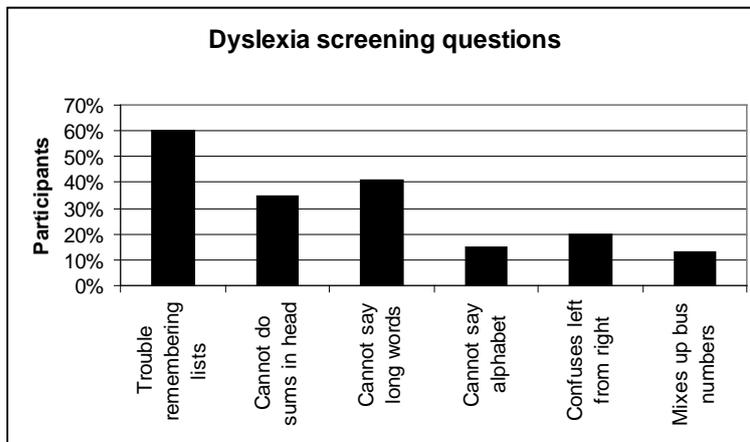


Figure 8: Responses to dyslexia screening questions included in the survey.

Fifteen percent of respondents were unable to say the alphabet, which appears to distinguish weak from strong literacy<sup>16</sup>. Neither directional confusions (left and right) nor a tendency to mix up bus numbers was significantly associated with reading or spelling.

<sup>15</sup> reading:  $\chi^2 = 10.8$ ,  $p = 0.001$ ,  $df = 1$ ; spelling:  $\chi^2 = 16.8$ ,  $p < 0.000$ ,  $df = 1$

<sup>16</sup> reading:  $\chi^2 = 9.05$ ,  $p = 0.003$ ,  $df = 1$ ; spelling:  $\chi^2 = 5.23$ ,  $p = 0.022$ ,  $df = 1$

How accurate do the assumptions of people who think they are dyslexic appear to be? Chi-squared testing indicated no relationships with either knowledge of the alphabet sequence or directional and number confusions. The association with respondents' short-term memory difficulties was not examined because of the substance abuse and health issues affecting over three quarters of this sub-group. There did appear to be an association with the ability to articulate long words<sup>17</sup>, however as has already been discussed, this skill is influenced by previous literacy and educational experiences.

Overall, factors in the lifestyles and personal histories of respondents render the dyslexia screening questions included in this survey unreliable. Nonetheless, results suggest that weak working memory, phonological skills and the ability to repeat the alphabet sequence may each be associated with low literacy in general. Causal relationships cannot be inferred but they do contribute to a profile of difficulties to be taken into account when literacy interventions are put into place.

#### Adult literacy education

Participants were asked about their access to literacy tuition in adulthood.

- 28% have attended literacy classes since the age of eighteen (Table 1):
  - 14% in colleges
  - 6% in prison
  - 8% in third sector or other education centres
- 19% have completed at least one course.
- 13% have gained one or more qualifications, ranging from Entry 1 (below the level expected of a seven year-old) to Level 2 (equivalent to GCSE A\*-C grade).

<i>Literacy course venues</i>	<i>% respondents</i>	<i>National literacy tests passed</i>	<i>% respondents</i>
College	14%	Entry 1	3%
Prison	6%	Entry 2	2%
Third sector/other	8%	Entry 3	3%
<b>Total</b>	<b>28%</b>	Level 1	7%
		Level 2	11%

*Table 1: Formal literacy courses attended and qualifications gained by respondents.*

<sup>17</sup>  $\chi^2 = 6.49, p = 0.011$

The majority of respondents who had attended college reported finding their courses helpful. When problems were commented upon, individuals referred to the pace of the lessons - too fast or too slow, unsuitable curriculum content, noise in the classroom and difficulty travelling to lessons. (Unwillingness to travel was an issue for several others who had not yet accessed courses, although numbers were not recorded).

One-to-one literacy lessons had been accessed by a small number of respondents:

- 5% at college
- 3% in prison.

These lessons were considered helpful in all cases and a further 9% felt that they would have benefited from this kind of support.

Looking to the future, a majority of participants (60%) indicated a wish to improve their literacy skills (Figure 8):

- 16% would like to develop their writing skills;
- 43% need support for both reading and writing.
- 1% (one person) wanted to improve only reading;
- 11% were “not sure at the moment”.

It is interesting to note the changes in individuals' perceptions or attitudes as the survey progressed. At the later stage 44% of participants were willing to declare a need to develop their reading and 59% their writing. This is compared with those who had initially disclosed general problems with reading (33%) or with writing (46%).

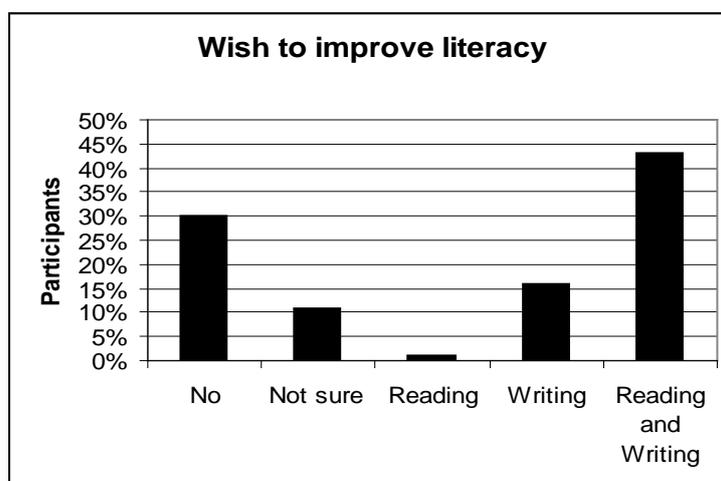


Figure 9: Percentages of respondents wishing to improve their literacy skills.

Younger respondents aged between 22 and 40 years were more likely than those over 40 to be interested in improving their literacy (Figure 10). There is a considerable drop-off from over 70% of 22 to 40 year-olds to around 50% of those aged between 41 and 60. However, day-to-day difficulties, represented by problems with form-filling, are at least as significant for the older age groups (Figure 10). These comparisons suggest that service users may become increasingly more prepared with age to rely on the support of others.

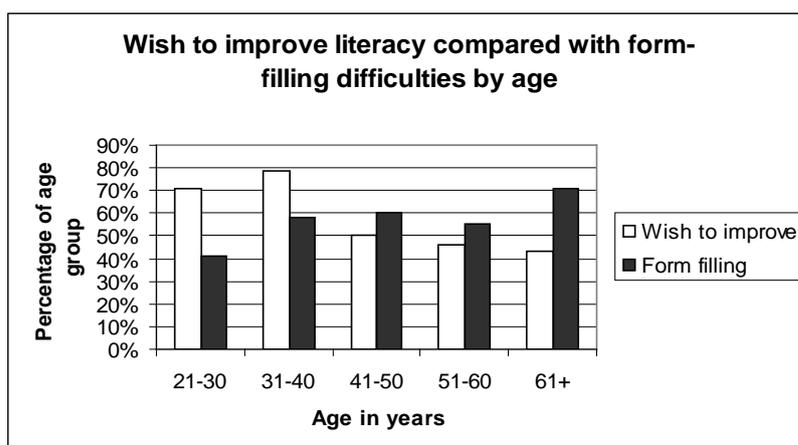


Figure 10: Percentages of respondents wishing to improve literacy skills compared with percentages with form-filling difficulties by age group.

## Discussion

The most striking observation arising from this survey of people who have experienced homelessness is that over half had ongoing concerns about literacy. Almost one in ten indicated that they are functionally illiterate. The nature of the study did not allow actual literacy levels to be measured using standardised tests. We cannot therefore distinguish between individuals' perceptions of what is satisfactory in terms of their own requirements and the skills that allow the adult population in general to go about its daily business. In other words, the need to achieve functional literacy may be even greater than that demonstrated here.

Although there were some inconsistencies in responses to items in the questionnaire, it was evident that people were generally candid. One outcome of discrepant answers is positive. Increased recognition by participants of their literacy needs as they reached the end of the survey would seem to suggest greater self-reflection in some people brought about by the exercise. This is an important step towards addressing problems and removing dependency on others. On the other hand,

participants over forty appeared less interested than younger people in improving their literacy, while continuing to need help with tasks such as form-filling. This age group may require particular encouragement to develop their reading and writing skills in order to allow them to become more independent.

The identification of more complex, dyslexic difficulties was problematic. Firstly, respondents' own perceptions about dyslexia were unreliable and vague recollections of previous literacy assessments were no more illuminating. Then the use of informal screening questions, which can be successful in university settings, was not so amongst these less advantaged members of society.

Time constraints and participants' aversion to assessment had been important factors in choosing the screening approach. The process of volunteer recruitment confirmed that apprehension about tests is deep-seated in many adults who have been homeless. Statistical analyses using the Chi-square test suggested that two of the most important indicators, working memory and phonological skills, were diagnostic variables associated with participants' perceived reading and spelling abilities. They could not, however, reliably distinguish dyslexia. Working memory in this population is frequently impaired by substance misuse and mental or physical health issues. Inherent deficits in phonological skills can similarly be hard to identify when both general language skills and reading experiences have been inadequate. The Chi-square test itself has limited powers since it describes associations between variables, but not causal links. For example, memory problems affecting reading may be constitutional or brought about by the factors already mentioned.

Future research may consider computerised screening programs if dyslexia is the primary focus. In response to the difficulties associated with the assessment of juvenile offenders, Chris Singleton has developed the Lucid Adult Dyslexia Screening Plus system<sup>18</sup>. He believes that a brief session of 25 to 30 minutes taking tests on the computer is more acceptable to many vulnerable people than the two or more hours normally required face-to-face with an assessor. Crucially, the design of LADS Plus takes into account the unreliability of conventional measurements of verbal intelligence (frequently used in psychological assessments) in people for whom normal educational experiences have been absent. In addition to an adapted verbal reasoning task, the battery includes tests of non-verbal reasoning, word recognition,

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<sup>18</sup> LADS Plus: Lucid Research, 2002; Singleton & Horne, 2004

word construction (which demands phonological skills), processing speed and working memory. The latter is once again likely to be an uncertain indicator of dyslexia when assessing people with histories of ill health and substance abuse.

While the problems associated with literacy and particularly dyslexia research in this field are complex, they also raise issues for professionals supporting men and women who would like to improve their reading and writing skills. The purpose of screening is to help institutions and teachers meet the needs of students more effectively. All such programmes carry some risk that a few individuals will be incorrectly identified as having a condition (a 'false positive'), while others will be incorrectly missed (a 'false negative'). In the case of dyslexia, a perceptive literacy tutor will spot such anomalies and take action accordingly. This entails the existence of properly structured support processes, whether in college or within homelessness organisations themselves. In some situations well-trained staff working within efficient systems might obviate the need for formal screening altogether.

There is no doubt that significant, unmet literacy needs exist within the sample of people who volunteered to participate in this study. Key workers are instrumental in helping service users to articulate their needs, in presenting options and in providing ongoing encouragement. Issues to be considered when making decisions about support will be discussed more fully in the following chapter.

## ***Summary***

### **Background Issues**

- ❖ The precise relationship between weak literacy and social disadvantage has not yet been modelled.
- ❖ There is a dearth of research looking at low literacy, dyslexia and homelessness.
- ❖ The formal assessment of literacy difficulties in individuals with disadvantaged educational backgrounds, histories of substance abuse or ill health can be problematic.
- ❖ Screening tests that take life histories into account may be more acceptable to service users and to literacy tutors working alongside them.
- ❖ Vulnerable people should be given the opportunity to articulate their literacy needs, followed by access to systematic, structured support.

## Key findings

- ❖ Almost 10% of participants indicated that they are functionally illiterate.
- ❖ 55% have trouble filling in forms.
- ❖ 46% need help to write letters.
- ❖ 17% find it harder to maintain contact with friends and family because of their inability to write letters.
- ❖ 20% never or rarely read books, magazines or newspapers.
- ❖ 28% have been prevented by inadequate literacy from getting jobs and 25% from accessing training for work.
- ❖ 20% lack the confidence to go to college.
- ❖ Eyesight is often an unaddressed issue affecting literacy.
- ❖ Dyslexia screening in this study proved unreliable.
- ❖ Associations were indicated between general low literacy and:
  - weak working memory
  - phonological skills
  - the ability to recite the alphabet.
- ❖ 28% have attended adult literacy classes.
- ❖ 13% have gained at least one adult literacy qualification.
- ❖ 60% would like to improve their literacy.
- ❖ Participants under the age of forty were more likely than those over forty to be interested in developing their literacy skills.

## Chapter Five

### Literacy interventions for vulnerable adults: Research and good practice

*The common problem, yours, mine, everyone's*

*Is – not to fancy what were fair in life*

*Provided it could be – but, finding first*

*What may be, then find how to make it fair.*

(From Robert Browning: 'Bishop Blougram's Apology')

Previous chapters have outlined the nature of dyslexia and the impact of low literacy on people's lives. The research study reported in Chapter Four suggests that there are significant, unmet literacy needs amongst service users of one homelessness agency. When individuals are ready to tackle their reading and writing problems, key workers may be their primary advocates and sources of advice. The Toolbox at the end of this report is intended as a guide to help professionals decide which paths to recommend.

In this chapter we consider how useful available adult literacy provision is for a specific social sector: those who have experienced homelessness. Low levels of personal resilience, self-esteem and life skills create additional vulnerability in this group, making it particularly important to tailor provision to their precise needs. Key workers, for instance, can plan more effectively if they initially assess an individual's preparation and readiness for education. Literacy providers are also likely see better returns if they question the rationale for their teaching methods and curriculum content.

Although the chapter focuses on the government's Skills for Life (SfL) programme, the issues raised are equally important when considering literacy courses run by voluntary sector and other community providers.

## **Background**

### **The Skills for Life Strategy**

Until relatively recently, adult literacy provision in the United Kingdom was traditionally a low policy priority for government. But towards the end of the twentieth century politicians began to recognise the impact of a 'long tail of underachievement' in literacy and numeracy on the labour market and the UK's economic competitiveness. In 1999 the Moser report, 'A Fresh Start', identified the need for a national strategy to break the cycle of low attainment and in 2001 the then Department for Education and Skills (DfES) launched the Skills for Life (SfL) strategy. A standards curriculum<sup>1</sup> and national qualifications were designed for a target group of adults with basic skills below Level 2 (equivalent to GCSE grades A-C). Currently, SfL provides the most widely available programmes for low literacy adults in the United Kingdom. The majority are delivered by adult education colleges, with others available in workplace, prison and wider community settings.

### **Adult literacy interventions: the evidence**

Evidence informing the literacy curriculum for children in schools has been well researched and is therefore supported by a defensible rationale. It is unfortunate that good quality research into the effectiveness of existing literacy interventions for adults has been somewhat sparse<sup>2</sup>. Studies carried out in the UK and the US are mostly marked by methodological flaws and, in some cases, publication bias in the data<sup>3</sup>.

Studies of literacy programmes for people who have been homeless are even harder to find. An exception is Drury and Koloski's<sup>4</sup> comprehensive review of the US Department of Education's *Adult Education for the Homeless* programme, which reached more than 150,000 adults across the country. The authors found no clear demonstration of successful outcomes that would allow them to comment on the content of instruction. One reason was that participation in the programme tended to be short-term, partly due to high mobility amongst participants. However, the authors did conclude that 1:1 tuition was clearly more effective than group teaching, because

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<sup>1</sup> [http://www.dcsf.gov.uk/curriculum\\_literacy](http://www.dcsf.gov.uk/curriculum_literacy)

<sup>2</sup> Besser et al., 2004; Kruidenier, 2002; Torgeson et al., 2003

<sup>3</sup> Torgeson et al., 2003

<sup>4</sup> 1995

it could be tailored to the needs of individuals<sup>5</sup>. They further observed that the more hours of instruction, the greater the improvements in skills.

The quality of SfL literacy programmes and their real outcomes are equally difficult to gauge since there has been no follow-up to the 2003 'Skills for Life Survey' and Ofsted reports do not separate out literacy, numeracy and language. Data taken from national test results may not accurately reflect the success of these programmes, when some people gain skills but not a qualification and others lose some of the skills they have gained<sup>6</sup>. The nature of the tests themselves can distort our picture of the competencies that have been gained: questions purporting to test spelling, for example, ask candidates to recognise real words amongst a group of misspelled items (*lovly*, *lovely*, *loveley*, *lovley*), which is, strictly speaking, a reading task. Sticht<sup>7</sup> has pointed out that, more broadly, test performance is likely to reflect problem solving and reasoning skills, the ability to manage test-taking anxiety, life experiences and motivations.

What, then, are the factors most likely to improve the effectiveness of a literacy programme, particularly for more vulnerable individuals? Until a broader body of evidence emerges, the following questions are worth considering:

1. Are confidence, self-esteem and motivation to learn addressed alongside the curriculum?
2. Does the programme reflect research-based understandings about the skills required for word recognition and spelling?
3. Are the primary difficulties of dyslexic learners addressed?

### ***The promotion of learning***

1. **Are confidence, self-esteem and motivation to learn addressed alongside the literacy programme?**

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<sup>5</sup> See also Seigal & Smythe, 2006

<sup>6</sup> National Audit Office, 2008

<sup>7</sup> 2003

Confidence and self-esteem are well recognised as key elements contributing not only to an individual's ability to learn<sup>8</sup>, but also to their initial willingness to participate in education<sup>9</sup>. The National Audit Office, for example, acknowledged in 2004 that the stigma associated with low literacy prevents many people from enrolling on courses. Learners in the US *Adult Education for the Homeless* programme<sup>10</sup> also tended to find groups more threatening, particularly if they had mental health problems. When Thames Reach service users have been asked why they applied for in-house, one-to-one literacy lessons they frequently cite embarrassment and fear of being unable to cope in classes at college. Dyslexic adults are particularly vulnerable to concerns that their learning difficulties – or 'stupidity' – will be exposed to others. Initial resilience may rest on how far confidence in coping mechanisms outweighs personal anxieties. The cases of Mr S (Toolkit) and RD (Chapter Three) demonstrate that sufficient determination and 'readiness' to learn can improve an individual's chances of studying successfully.

At the start of a new learning programme some adults are entering the classroom for the first time since adolescence or even earlier, often carrying with them negative memories of their schooldays. Personal resolve may well be fragile at this stage, however strong their underlying motivations. Sympathetic college staff who recognise the apprehensions of students and who acknowledge the challenges of exposure and change, can help them to settle down and 'stay the course'<sup>11</sup>. Even at the initial stages of enrolment, administrative procedures that are not user-friendly can be deterrents to less resilient students. Equally sensitive are the social dynamics of the classroom: the effects of student relationships and behaviour on the group. Some noise and disruption, for example, are almost inevitable, but learners like RD who have memory and information processing deficits find themselves unable to concentrate if distractions are not kept to a minimum.

Dyslexic learners are often amongst those requiring the highest levels of emotional support at college. Criticism of provision prior to 2003<sup>12</sup> and the Special Educational Needs and Disability Act 2001 (SENDA) prompted the DfES to ensure that specialist dyslexia services would be available to students attending adult education colleges. To raise awareness amongst SfL tutors, it published '*A Framework for Understanding*

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<sup>8</sup> Drury & Koloski, 1995; Migden, 1990

<sup>9</sup> James & Nightingale, 2005

<sup>10</sup> Drury & Koloski, 1995

<sup>11</sup> Besser et al., 2004

<sup>12</sup> see Torgeson et al., 2002

*Dyslexia*<sup>13</sup>. This includes an overview of theories, some less well supported than others, explaining the causes and nature of dyslexia and describing a range of teaching approaches.

Of the nineteen participants in our survey (Chapter Four) who had attended college courses in literacy, nine commented that they would have benefited from one-to-one lessons. Arrangements for dyslexic people and others who are particularly vulnerable should be investigated prior to entering college. Some will require guidance and encouragement from key workers to access the services that are available and to learn how to express their difficulties to tutors in order to gain appropriate support.

When men and women are successful in completing their courses, there are opportunities to have their progress in literacy tested. The qualification structure that is integral to the SfL strategy has given many people their first chance to gain formal recognition of academic achievement. Such experiences can bolster self-image, improve confidence and self-esteem and foster a sense of personal control over learning.

## **2. Does the programme reflect research-based understandings about the skills required for word recognition and spelling?**

No studies are available to show whether methods found to be successful in teaching initial literacy skills to children are equally effective with adults. Until this work is carried out, existing research can inform teaching interventions for older learners in a number of ways:

- It has been established unequivocally that competent readers and spellers of all ages recognise the relationship between sequences of letter-sounds within words and their written forms<sup>14</sup>.
- Children who learn this phonology-based system, linked to reading experience, progress better in reading and writing<sup>15</sup>. This is essentially because their skills are transferable: they can tackle unfamiliar words and they do not have the arduous task of memorising hundreds of disparate items. This principle, in our view, must equally apply to adults.

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<sup>13</sup> DfES, 2004

<sup>14</sup> Torgerson et al., 2002; McBride-Chang, 2004

<sup>15</sup> Hatcher, 2003

- As we have seen in Chapter Two, the literacy problems for dyslexic people begin with word reading and spelling. Errors made by both dyslexic and non-dyslexic low literacy adults indicate that they do not know how to analyse words using phonics - the code of English spelling – or understand about structures such as root words, prefixes and suffixes (morphemes)<sup>16</sup>.

The above points are neatly summed up by Rice and Brooks<sup>17</sup> in their comprehensive research review of developmental dyslexia in adults carried out for the DfES: “*Adult literacy learners need to be taught how their writing system works*”. How far programmes run by independent learning providers reflect this view must be judged individually. Since the SfL literacy strategy runs the most widely available courses, this section will focus on the design of its core curriculum and guidance to tutors.

The evidence is mixed. Although “*knowledge of sound-symbol relationships and phonological patterns*” are included in the SfL Adult Literacy Core Curriculum, a specific phonics programme is not outlined. Other advice is somewhat contradictory, reflecting discredited theories from the 1980s<sup>18</sup>, for example:

*Those who use phonics will integrate sound with letter patterns, but good spelling is achievable without it. .... As spelling is primarily a visual motor skill, spelling must be learned and recalled. Good spellers rely on the look of the word.*<sup>19</sup>

Visual memory capacity is a limiting factor when this form of learning is emphasised. Over-load can be misinterpreted as a core deficit:

*Dyslexic learners with visual processing difficulties will have a poor visual memory for words* .....<sup>20</sup>

Rice and Brooks<sup>21</sup> comment that over-emphasis on visual strategies is “*effortful and inefficient*”, since it does not promote an understanding of the relationship between

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<sup>16</sup> Worthy & Viise, 1996

<sup>17</sup> 2004:12

<sup>18</sup> Such as those of Frank Smith, 1982

<sup>19</sup> [http://www.dcsf.gov.uk/curriculum\\_literacy/tree/writing/access](http://www.dcsf.gov.uk/curriculum_literacy/tree/writing/access)

<sup>20</sup> [http://www.dcsf.gov.uk/curriculum\\_literacy/tree/writing/spellwrite/e2/1/dyslexia/](http://www.dcsf.gov.uk/curriculum_literacy/tree/writing/spellwrite/e2/1/dyslexia/)

<sup>21</sup> 2004:74

spoken and written words. The phonological weaknesses of adult literacy learners should be addressed through intensive, systematic phonics programmes<sup>22</sup>, reading experience and practice<sup>23</sup>.

These issues were explored in 2008 in a series of three broadcasts by Channel 4, 'Can't Read, Can't Write', following the progress of a group of people persistently struggling to overcome illiteracy. Their teacher, Phil Beadle, had rejected the standard methods recommended in the SfL framework. Instead he used structured primary school phonics materials alongside multi-sensory teaching and learning. This was not a rigorously conducted study, but viewers were given an insight into the frustrations and unhappiness of people who believed they would never learn to read or write. For one of Beadle's students, 58 year-old Theresa, the outcome of his programme was dramatic:

*"Those sounds have given me life."*

This experience is echoed by Steve, a 55 year-old Thames Reach service user with severe dyslexia who had tried several literacy courses before starting to work with an in-house specialist dyslexia tutor. He responded to his first successes in using letter-sound relationships to write simple, three letter words independently by exclaiming:

*"I never picked it up so quick before!"*

### **3. Are the primary literacy difficulties of dyslexic learners addressed?**

The Rice and Brooks<sup>24</sup> review of adult dyslexia provision highlighted inconsistencies in the diagnosis of dyslexia, unclear definitions and poorly described sampling techniques. Lack of detail about the interventions themselves made it impossible to clarify why one worked better than another. There was no data comparing the outcomes of programmes for dyslexic groups with those of other poorly performing adults. Equally, there is currently no information available about the success of the SfL strategy for dyslexic people.

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<sup>22</sup> Besser et al., 2004

<sup>23</sup> Hatcher, 2003

<sup>24</sup> 2004

Amongst a wide range of information detailed within 'A *Framework for Understanding Dyslexia*'<sup>25</sup>, it is mentioned that a deficit in phonological skills is characteristic of dyslexia, making it difficult to learn the alphabetic code in written English. The general advice offered to literacy tutors on the SfL website is to use alternative strategies that will compensate for, rather than address this weakness:

*Learning letter strings and word structure through visual and meaning-based strategies is generally more effective for these [dyslexic] learners and can help them to see when a word 'looks right'.<sup>26</sup>*

This seems to suggest that skills available to good readers and spellers cannot be acquired by dyslexic adults, although this assumption is not supported by research. The consequences of denying people these tools are persistently weak spelling and difficulty in reading unfamiliar words. In Victoria Purcell-Gates' view<sup>27</sup>:

*"It is unfair and unethical to withhold insider information until.....adults figure it out for themselves, as if they were insiders all along."*

The teaching of spelling "*based on words the learner wants to learn and uses*"<sup>28</sup> similarly restricts opportunities to develop understandings about spelling patterns. It may be appropriate and motivational for students without underlying weaknesses to work in this way, but such an ad hoc approach is unlikely to benefit dyslexic individuals or others with poor working memories and processing difficulties. Information can be missed by these students that others perceive quite easily.

Teaching programmes for learners with specific difficulties are most effective when they are finely structured and explicit<sup>29</sup>. This approach was pioneered in the United States by Gillingham and Stillman<sup>30</sup> to address the deficits usually associated with dyslexia: weak phonological skills, poor working memory and slowness to develop fluency in literacy. Their methods were adopted in Kathleen Hickey's Language Training Course<sup>31</sup>, which influenced other programmes widely used in the UK including Alpha to Omega<sup>32</sup>, the Bangor Dyslexia Teaching System<sup>33</sup> and the

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<sup>25</sup> DfES, 2004

<sup>26</sup> [http://www.dcsf.gov.uk/curriculum\\_literacy/tree/writing/access/](http://www.dcsf.gov.uk/curriculum_literacy/tree/writing/access/)

<sup>27</sup> 1995:98

<sup>28</sup> [http://www.dcsf.gov.uk/curriculum\\_literacy/tree/writing/spellwrite/accessguidance/1/](http://www.dcsf.gov.uk/curriculum_literacy/tree/writing/spellwrite/accessguidance/1/)

<sup>29</sup> Rack, 2004

<sup>30</sup> 1969

<sup>31</sup> 1977

<sup>32</sup> Hornsby & Shear, 1980

<sup>33</sup> Miles, 1992

Dyslexia Institute Literacy Programme<sup>34</sup>. Although these schemes were generally developed with children in mind, they have been used successfully with all age groups. Each one introduces information unambiguously in a clear, cumulative sequence. Through a series of small steps, new understandings are always based on established knowledge. Since dyslexic people are generally slower to assimilate literacy skills, the programmes promote fluency through thorough consolidation and sufficient opportunities to put into practice the skills that have been learnt<sup>35</sup>.

Multi-sensory teaching and learning are central principles of structured dyslexia interventions. In contrast, the fashion in education at all levels over the past few years has been to promote individual students' 'preferred learning styles'. Within the SfL strategy, for instance, it is suggested that:

*..... Strategies should be based on the learner's processing strengths and preferred learning style.*<sup>36</sup>

Which approach has the greater merit? Frank Coffield and his colleagues<sup>37</sup> conducted a wide-ranging research review of the 'learning styles' field, uncovering poor coherence of ideas and no consensus about what actually constitutes a 'learning style' - as many as 70 models exist. One of the most popular constructs in education, for example, proposes that each of us is predominantly visual, auditory or kinaesthetic in the way we process information. However methods used to categorise individuals were found by Coffield to be weak in their validity and unreliable. Given the complexity of human neurological and psychological processes, this is hardly surprising. Nor is it remarkable, therefore, that claims for the effectiveness of teaching practices based on 'learning styles' theories have not been substantiated. Their impact on academic achievements is negligible, research indicating that good quality tutor feedback on student work is significantly more beneficial to progress<sup>38</sup>.

The rationale for multi-sensory learning lies in its promotion of the links between the visual appearance of words, their spoken sound sequences, the motor movements required to write them down and meaning. To be fully familiar with even a single letter, learners should, after all, be able to hear it, to recognise it on the page and to write it. If we emphasise one sense at the expense of others, as in the 'learning

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<sup>34</sup> Walker & Brooks, 1993

<sup>35</sup> Sheehan-Holt & Smith, 2000

<sup>36</sup> [http://www.dcsf.gov.uk/curriculum\\_literacy/tree/writing/spellwrite/accessguidance/1](http://www.dcsf.gov.uk/curriculum_literacy/tree/writing/spellwrite/accessguidance/1)

<sup>37</sup> 2004a; 2004b

<sup>38</sup> Coffield, 2005

styles' theory, these links are less likely to be made. RD (Chapter Three) was a low literacy adult who relied predominantly on visual memory for reading and spelling. As the relationship between speech and writing became clearer to him through multi-sensory methods, he was able to 'sound out' words as he wrote them down and his progress improved.

The structured, multi-sensory phonology-based programmes described above can be helpful for all literacy students, many of whom are low in confidence and self-esteem. They bolster confidence by making sense of our writing system, minimising the risk of failure and creating opportunities for tangible achievement. A safe environment is created in which learners are increasingly encouraged to 'have a go'. As skills become more obviously transferable, they are able to reflect on a range of strategies to, for example, support memory, read unfamiliar words or learn tricky spellings. Experience of increasing success gives, for the first time, a sense of control over literacy. The consequent improvements to self-esteem are likely to extend to other areas of learners' lives<sup>39</sup>.

It is recognised that the resources available to most literacy providers would make long-term, individualised provision such as this a luxury, although the methods can be incorporated into group work. However given appropriate dyslexia tuition, adults with significant literacy difficulties are likely to have greater success if they subsequently join SfL programmes.

### ***A chance to achieve***

For people who are successful in conquering weak reading and writing through the opportunity to attend adult literacy courses, the benefits can be life-changing. For those who fail, the effects may be quite the opposite. Vulnerable individuals such as those who have been homeless need to be given the best possible chance to achieve. This requires focus from every professional involved, be it directly or indirectly.

Firstly, more extensive research into adult literacy learning alongside a formal review of curricula, teaching methods and outcomes are over-due. After many years of dispute, studies of the nature of reading and writing have resolved many of the

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<sup>39</sup> James & Nightingale, 2005

arguments surrounding literacy learning in young children. This can guide our work with adults, but it does not settle the question ‘does what works for children also work for adults?’

Secondly, the training of literacy tutors and curriculum design should accurately reflect the sound research evidence that is available.

Thirdly, homelessness agency staff should aim to understand personal barriers to learning and ensure that these are reflected in support plans.

Finally, there may be ways for homelessness agencies to work in partnership with literacy providers to reinforce the work carried out in the classroom. For instance, we saw in both the case study of RD and the survey of service users (Chapter Four) that book reading is not a popular pastime amongst this group. Sheehan-Holt and Smith observed that, even after attending basic skills programmes, adults continued to have problems with literacy tasks outside the classroom because of a “*lack of intensive and enduring practice in reading*”<sup>40</sup>. Organisations might, for instance, consider setting up reading partners or ‘study buddies’ for the weakest literacy learners. An example of creative thinking is the recent initiative launched by London’s public libraries to engage vulnerable people in reading and other aspects of their services<sup>41</sup>. Approaches such as this can help people to discover that reading is a worthwhile, socially acceptable and even sociable pastime.

This chapter has been designed to inform professionals working in homelessness organisations or in the field of literacy about the issues surrounding provision for vulnerable adults. The Toolkit, which concludes this report in the following section, is designed to offer more pragmatic guidance to key workers on how best to evaluate and address the literacy needs of the people they are supporting.

## **Summary**

- ❖ People who have experienced homelessness may be vulnerable learners because of low levels of resilience, self-esteem and life skills.
- ❖ Dyslexic adults in particular can find college administrative processes confusing, classrooms too noisy and the pace of lessons too fast.

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<sup>40</sup> 2000:241

<sup>41</sup> [www.ousidestory.org.uk](http://www.ousidestory.org.uk)

- ❖ Key workers in homelessness organisations as well as education providers should be sensitive to individual issues and plan support accordingly.
- ❖ Research is not yet available to indicate whether the methods and skills that help children to learn literacy are equally effective with adults.
- ❖ We do know that adults with good literacy continue to use their knowledge of letter-sound relationships (phonics) during reading. Poor readers do not.
- ❖ When young children are taught these skills, they learn to read and spell more quickly.
- ❖ Skills for Life literacy programmes emphasise visual skills just as much as, if not more than, phonics for beginner readers. This is an effortful approach.
- ❖ Low literacy dyslexic learners require well-structured, multi-sensory programmes that teach letter-sound relationships alongside practice in reading and writing.
- ❖ Homelessness agencies might consider working in partnership with literacy providers to reinforce learning. They might provide opportunities to practise reading or help to complete homework.

# Glossary

**acquired dyslexia:** Loss of reading ability following brain damage

**cognitive processing deficit:** A specific difficulty with one aspect of processing in the brain., e.g. weak phonological skills (see below).

**decoding:** Reading unfamiliar words using letter-sound relationships.

**developmental dyslexia:** A genetic condition found in about 10% of the population, amongst people of all intelligence levels. It is characterised by difficulties in reading and spelling, memory and slow processing of verbal information. These problems can persist even when education has been adequate.

**dyslexia:** See developmental dyslexia.

**dyslexia screening:** a short assessment to indicate whether a person might be dyslexic.

**fluency:** Reading that is automatic and without effort.

**intervention:** A reading and spelling programme.

**irregular words:** Words that do not follow the usual letter-sound relationships of English.

**magnocellular system:** Large neurons in the brain responsible for visual motion sensitivity when reading, and for sensitivity to the distinguishing frequencies and amplitudes of letter sounds.

**mnemonic:** A memory aid that helps us to learn a difficult spelling, e.g. because – big elephants can always understand small elephants.

**phonemes:** The smallest spoken sound units in a word, e.g. d-o-g; ch-ai-n.

**phonics:** A method of teaching the relationship between letters and their spoken sounds.

**phonological skills:** Awareness of speech sounds such as syllables, rhyme and phonemes, and the ability to use them for word reading and spelling.

**orthography:** Conventional spelling.

**sight words:** Words that have been memorised and are automatically recognised when reading.

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