



# Adults and Dyslexia, 40 years on . . .

**British Dyslex!a**  
Association

## Introduction

This report has been written upon the 40<sup>th</sup> anniversary of the British Dyslexia Association (and coincidentally also of Dyslexia Action), to examine 2 questions:

- Since so many individuals are dyslexic, or have a related condition, why hasn't the domino effect of critical mass and subsequent action, not taken place?
- How can we influence action so that awareness of dyslexia and consequent coping strategies are embedded into society?

## What are Dyslexia and the other related Specific Learning Difficulties and What's the Incidence?

### (a) What is Dyslexia?

**Dyslexia** is the name given to a specific learning difficulty (SpLD) which impedes the typical progress in learning to be literate. However, this is a very narrow and slightly misleading view of the topic. Dyslexia is actually one condition amongst a group which are considered to co exist. It is a genetic condition and the most recent research suggests that it changes the way in which the brain functions, including where certain brain activities are carried out. These changes are responsible for the difficulties and some particular strengths that those with dyslexia and related conditions, may experience.

In addition to the genetic background, it is possible that a traumatic event, such as a car crash, can cause brain injury problems which look like dyslexia, we call this acquired dyslexia. Furthermore, if a child has had unidentified hearing problems lasting for a long time, they may have missed the stage when they should have been learning about sounds through being temporarily hearing impaired. This can also cause problems in acquiring literacy which mimics aspects of dyslexia.

However, it is not that common to meet an individual who is purely dyslexic, they are likely to have some traits of dyslexia but also may have some aspects of these other related conditions. It is now commonly accepted, by all academics in the field, that dyslexia is part of a spectrum of difficulties which co occur with each other.

In overview, it may find it helpful to think of these conditions as creating difficulties in the intake and manipulation of data. So, for example, with dyslexia it is common to have difficulty learning about symbols (such as the alphabet) and being able to take in information via symbols, manipulate it and recall it. In the

case of Asperger's syndrome, the person may have difficulty interpreting facial expressions or common sayings (such as "raining cats and dogs").

Technically, dyslexia is a condition which is characterised by difficulties with phonological processing (this is being able to identify the smallest sound such as a single vowel sound); rapid naming (recalling and naming objects very quickly); working memory (the part of the short term memory system which is responsible for manipulating items to memorise or recall within short term memory); processing speed of the brain; and the automatic development of skills which may not match up to the individual's other cognitive abilities. These difficulties are very specific (hence the term "specific learning difficulty" which is the umbrella term used for this genetic inheritance of related conditions).

Dyslexia impedes the automatic development of skills relating to literacy unless the individual has been taught using dyslexia friendly methods (which are very successful). So, as an adult, the person may still have residual difficulties with reading speed or comprehension. This may result in them getting very tired when having to read and understand text thoroughly as they may be making much more effort to achieve this than their non dyslexic peers. This has become an increasing problem as our world of work becomes more 24/7 with the internet, emails, texting and the continuous opportunities electronic communications afford.

Problems with working memory are, for some, a serious disadvantage. Working memory is involved in performing most tasks in adult life. Ideas are held in real time within the working memory and the performance of all tasks relies on the ability to recall information and manipulate it to achieve the desired outcome. If the working memory is weaker than typical, it may only be able to handle three things at once and complex tasks will be more difficult to undertake and more stressful.

It's not all bad news though and this less typical array of the brain is also thought to be responsible for creativity and unusual problem solving skills. So if the task requires lateral thinking or creative problem solving, then the dyslexic traits provide a positive strength.

There are six other conditions which are considered to arise from the same genetic inheritance as dyslexia, as follows.

**Dyspraxia**, which is more commonly known now as developmental coordination disorder (D.C.D.), is typified by difficulties with coordination, often described by the individual as clumsiness. Problems with coordination may mean that the person finds handwriting very difficult and it may not be very legible. Other tasks requiring dexterity such as carpentry may also be rather problematic. The individual may take longer to learn to drive as that also relies heavily on effective coordination. It is also possible that the cognitive aspects of coordination are

affected so they may have problems with tasks requiring sequencing, structure, organisation, timekeeping, general work organisation and speaking and writing succinctly. However, the person with D.C.D. may not have literacy difficulties and may be very empathetic with others.

**Dyscalculia** is the name given to difficulties with conceptualising or calculating in number. Again, it may help you to think of this in terms of gathering and manipulating information but this time it is with numerical information. At its most extreme, the individual may have no concept of number, that is no idea of twoness or threeness etc. This is relatively unusual. However, it is estimated that 5% of the population have difficulties with manipulating numbers due to specific learning difficulties which include dyscalculia and dyslexia. In adults, this may manifest as difficulties following procedures involving number calculations or handling money. Often however, the same person can do higher level mathematical activities such as problem solving. Residual low confidence issues from finding arithmetic very challenging as a child, can mean that adults persist in low confidence in number based tasks performed in public situations such as writing cheques.

**Dysgraphia** is the term given to those with difficulties with fine motor control. This would affect handwriting and painting, fine art work or other tasks requiring considerable dexterity. Again the strengths of creativity, out of the box and strategic appreciation may all be present.

**Asperger's Syndrome or Autism Spectrum Disorders (A.S.D.)** may at a mild level be due to the same genetic background as dyslexia. Serious autism is likely to result from a different genetic backdrop. Mild Asperger's may result in difficulties within social interaction and communicating with others. You may find it helpful to think of this in terms of the individual having difficulty picking up social clues and interpreting them. Thus the person with mild Asperger's may find it difficult to socialise with others particularly if s/he doesn't know them. They may interpret idioms literally (as in the "raining cats and dogs example given above). These difficulties often lead to the individual deploying coping strategies around reducing change and, consequently, they may appear to be particularly inflexible and uncomfortable with changes. Often individuals with these challenges seek work which requires thoroughness, such as accounting or auditing, and are likely to be very punctual and compliant about rules in employment and contractual obligations.

**Attention Deficit Syndrome (with and without hyperactivity, A.D.H.D. and A.D.D.)** is due to an underdevelopment of the control functions in the brain. The individual appears to have fewer "brakes" on their behaviour and is less able to resist responding to external stimuli. It is present in 1 in 30 of the population and the brain continues to develop in this area until the individual is about 25 years of age. Thus, there may be significant differences between the presentation of a young adult with A.D.H.D., who may still be developing, and an older person with

the same traits. Some individuals may just be fidgety but others may appear to be very impulsive. In the workplace, the person may have difficulty focussing upon the task, or appear restless and may pace whilst thinking or more generally fidget which can appear rude in meetings. They may find it difficult to wait their turn in conversation. However, they may also have high energy which they can put to good use in completing urgent or physically demanding tasks. Those with attention deficit but without hyperactivity may be seen to be day dreamy and have difficulty maintaining sustained attention on a task.

### **Speech and Language Impairment**

Slow development of speech and/or poor understanding of long and complex sounds may also be due to the same genetic inheritance. The combination of a weak working memory combined with poor discrimination of word sounds can result in children having difficulty making the correct sounds, classifying speech sounds and sequencing sounds, all of which are necessary for fluid speech. Weaker oral comprehension, particularly of complex information, may persist into adulthood especially where the individual did not receive specialist help as a child.

The concept of co occurrence <sup>(1)</sup> is that an individual may have one or more aspects of any of the above related conditions. So, for example, they may have problems with a weak working memory, may find it difficult to socialise fully, may not relate to long or complex jokes, or they may have problems with arithmetic but be very literate and have lots of energy. As can be seen from this, each individual affected by specific learning difficulties will have different challenges and strengths and be very different from others with the same diagnosed condition. Specific learning difficulties are just that, very specific, and they form a menu of different traits which are individually distributed amongst adults on this genetic spectrum.

This appears to paint a very bleak picture because previous paragraphs have focussed mainly on the challenges of these conditions. However, the conditions also often convey some very particular and useful strengths. These include:

- creativity
- lateral thinking
- 3D thinking
- strategic “outsight” and “insight”
- problem solving abilities
- determination
- high energy levels
- empathy

Research by Prof Julie Logan <sup>2</sup> at Cass Business school indicated that the coincidence of dyslexia with entrepreneurial activity was 19% of entrepreneurs in the UK and up to 30% of entrepreneurs in the US. The difference in these percentages was attributed to the different approaches taken in education.

## **(b) What is the incidence of Specific Learning Difficulties?**

Dyslexia and S.p.L.D. has an array from those with very serious difficulties to very mild problems. It has been accepted for over 25 years that 10% of the UK population experience some difficulties and 4% are seriously affected. These numbers arose from research originally carried out in the late 1960s within a longitudinal study conducted by the Institute of Psychiatry.

In addition, there have been 2 more recent studies which suggest that the genetic predisposition to dyslexia may be present in 15.5% of the population. These studies were by Oxford University<sup>3</sup> into the "reading gene" and the B.D.A.'s project "No to Failure"<sup>4</sup>.

It is likely that the incidence of S.p.L.D. occurs within a normal distribution as to severity, with 4% of the population seriously affected and 6% demonstrating increasingly less challenge. It is also likely that some individuals are only lightly affected by the difficulties but are able to maximise their strengths. These may also include individuals who have excellent compensations around their challenges. Perhaps this explains the incidence of exceptional performing individuals within the creative industries and as entrepreneurs who are also dyslexic.

There have been many studies done on the proportions of S.p.L.D. within the **prison and offending** population. The link between dyslexia and offending individuals was first published in 1978 by Chritchley and Chritchley<sup>5</sup>. It is known that the proportion of individuals in offender units who have specific learning difficulties is within the range 46-60%. Furthermore, 60% have a reading age up to 5 years, which means they are for practical purposes, illiterate. The percentage, upon full diagnostic assessment, drops to about 20-30%, depending on the study, as being dyslexic but a further 30% are found to have significant literacy issues. Furthermore, the percentage with S.p.L.D. more generally (ie including A.D.H.D. etc) is higher again. In 2005/6, B.D.A. ran a large scale project involving screening and then teaching offenders to read. This also confirmed that the proportion of those with literacy issues were at the 50% level. A current B.D.A. project with Liverpool and Manchester youth offending teams is showing evidence that 40% of young offenders are demonstrating significant risk of dyslexia or other S.p.L.D.

**Comparisons with other disabilities** show that dyslexia/S.p.L.D. is by far the largest disability group within the U.K., with a conservative estimate of 10% of the population affected. Dyslexia/S.p.L.D. are present from birth whereas other large disability groups tend to be age related. Thus the percentage of children with hearing impairment is 0.375%; percentages rise with age and 40% of those over 50 years experience some hearing loss. Similarly, 0.2% of children suffer from a

visual impairment but 20% of those aged over 75 years have a visual impairment.

## **With such large numbers, why hasn't more been achieved for dyslexic people?**

Whilst the numbers would suggest that the tipping point on awareness of dyslexia/S.p.L.D. would have occurred some time ago, there are many reasons why we are still struggling to get these conditions and the scale of their incidence, recognised. The restraining and driving forces for change are now described.

### **Societal Forces**

In 1970, the Chronically Sick and Disabled Persons' Act was published. It was the first piece of legislation on rights for disabled persons in the world. Dyslexia and autism were specifically included within this Act which gave the first legal and public recognition of these conditions.

This has been followed by subsequent legislation culminating in the Equality Act (2010) and various pieces of case law which have established certain rights for those with dyslexia/S.p.L.D.

The Human Rights Bill also enshrines rights for disabled people, which includes those with dyslexia/S.p.L.D.

Legislation will always codify the minimum standards required and this does translate into a cultural norm but it should be stressed that this will only be at the minimum standard. Thus the existence of dyslexia/S.p.L.D. can no longer be argued and minimum standards for access to education, training, housing and services have been set.

Against this, however, are several forces. Whilst the term "dyslexia" is now within common currency there is widespread ignorance on what the condition actually is and the other S.p.L.D. areas are virtually unknown. The basis for this lies within our education system<sup>7</sup>. B.D.A. has campaigned heavily this year for awareness training to be included within initial teacher training. It is a shock to many to discover that the majority of teachers receive no information on the subject during their training to become teachers. This is despite the fact that up to five children in each class will be affected and all children who are excluded from school have been found to have a learning difficulty<sup>6</sup>. This lack of appreciation of the issues and the solutions will inevitably lead to the wider ignorance within society.

Dyslexia was really only recognised in 1970 and for the next 15 years, diagnostic testing was still very much in its infancy. Consequently, anyone aged over 30 now is unlikely to have had their dyslexia identified at an early age and many adults still do not know that the challenges they face are part of the condition. This substantially reduces the number of adults who are aware and also wish to challenge the current state of affairs for dyslexic people.

There is still a significant lack of public acknowledgement of the presence, rights and needs of dyslexia people. To illustrate this, we only have to compare the excellent schemes for blue cross badges and dropped kerbs to cater for the needs of those with mobility issues. Yet, despite the fact that there are more dyslexic people who need access arrangements, it is still difficult to get government booklets in a range of alternative formats catering for the access needs of dyslexic people.

There is also still scepticism about the existence of dyslexia in some quarters. Comments about dyslexia being a middle class myth have been published widely in the press for many years and this has not helped awareness. Cul de sacs about whether dyslexia can be cured have also distracted attention from the real issues.

There is considerable fragmentation within the dyslexia world which decreases the ability to create impact.

## **Organisations**

Dyslexia and S.p.L.D. are represented by several charities covering the needs of both children and adults. The largest of these are B.D.A. with its network of 62 affiliated local dyslexia associations and Dyslexia Action. In addition, there is the Dyslexia Foundation, the Adult Dyslexia Organisation, Helen Arkell Dyslexia Centre, The Dyspraxia Foundation, A.D.H.D. Society, and Patoss which represents and supports specialist teachers, many of whom work in the adult field. The National Autistic Society also supports those with Asperger's Syndrome. As a force for positive change, these charities do a considerable amount of awareness training, respond to consultations and campaign for the rights for those with dyslexia/S.p.L.D.

In comparison again with the hearing and visual impairment communities, these are not large charities with substantial funds. Action for Hearing Loss (formerly RNID) have 1,000 staff whereas the B.D.A. has 22 staff but 1,000 volunteers within its family. It is, therefore, not surprising that the larger charities in other disability fields have achieved more recognition and change for their members, as they have greater resources.

There are many companies providing assistive technology and/or coping strategy training for individuals with dyslexia/S.p.L.D. They provide an economic force



which creates change and many of them are significantly supportive of the charities' aims.

Within employing organisations, some courageous individuals have set up networks for dyslexic people within their companies. Feedback from some of these indicates that these are really helpful to individuals who are facing particular challenges with recent diagnosis or work performance issues, but these networks are the smallest by size compared with those created for gender, sexual orientation and black and ethnic minorities. Again this is at odds with the numbers involved. A better picture exists within the public sector and especially the emergency services. It is commonly suspected that there is a higher percentage of dyslexic/S.p.L.D. individuals than is typical, within the police, fire and ambulance services. Provision for reasonable adjustments and policies for managing capability are more advanced in these industries.

The T.U.C. has provided awareness training for dyslexia for some years and other unions such as the Communications Workers Union (which represents 204,500 members in the communications industry) and the Fire Brigades Union are actively promoting issues concerning dyslexia/S.p.L.D.

Many of the local dyslexia associations affiliated to the B.D.A. have adult groups. These are largely, though not exclusively, engaged in support activities for groups of up to 25 adults.

There are other smaller groups and networks which have websites that provide information and advice and seek to raise awareness of the issues from their perspectives.

This is a significant grouping of people trying to campaign or influence for positive change and recognition. However, as indicated earlier, it is fragmented and so opportunities for impact are lost by not acting cohesively.

### **Individuals Exerting Force**

There are 7 million dyslexic people in the UK by conservative measures, of whom 85% are adults. However, up to half of these may not realise they are dyslexic and most of the rest are not connected up to be able to influence organisations or society. Many of the most able dyslexic adults are either holding down jobs which are totally time consuming or they are self employed. Neither of these aspects leads to improved connections between people.

There are three things in favour though for adult dyslexics in this context. The first is that problem solving, creating atypical solutions and determination are strengths of dyslexia, so where adults are motivated to act, these features lead them to be more effective.

Secondly, many adults learn about their own dyslexia because it is suspected or diagnosed in their children. Their love of their children and desire that life should be improved for them, often provide a huge motivation and passion to do something about dyslexia awareness and access to services.

Thirdly, the impact of the Disability Student Allowance which has provided through Government Funding reasonable adjustments for a significant number of first degree and medical students who are dyslexic. This has increased the supply of specialist trained teachers for working with the over 16s. Many of these are now working both within the student and work populations. In addition, young adults entering the workplace who have had support during their studies have raised expectations for what will be available within the workplace. This has challenged many employers' views and with the threat of potential legal action for not meeting the requirements of the Equality Act (2010), this has led to change in the City and with some large employers.

## **Embedding Dyslexia/S.p.L.D. within the Fabric of Society**

There is a great need to see dyslexia/S.p.L.D. as commonplace and something which is adjusted for and coped with, whilst exploiting the strengths it offers to the full for society. We have not yet reached that stage despite 40 years of hard work. The reasons are explored above.

The solutions can be found within actions which interlock and reinforce actions by individuals, within groups and organisations which ultimately make up society and its norms and values. Only when dyslexia/S.p.L.D. is seen as a normal facet of life and coping strategies are fully implemented will it be part of the fabric of society. To illustrate this, imagine life if we did not recognise the impact of poor sight and spectacles were not readily available. The impact upon the majority of people's lives would be considerable and the loss in earnings for the UK, immense. The recognition of short or long sight is well established within society and coping is normal.

## **Making Progress**

One of the themes throughout this report has been the lack of cohesion between dyslexic people and groups. This fragmentation leads to a huge loss of impact. When all the charities and organisations connected with dyslexia act together they present a powerful force.

Many issues in this report need to be tackled but encouraging collaboration and creating greater impact through collaboration is a strategic theme for the B.D.A. in its 40<sup>th</sup> year. Consequently, the B.D.A. recently started an initiative to draw together groups with an interest in dyslexia/S.p.L.D. amongst adults.

## **Analysis of Issues through the Helplines**

The B.D.A. runs the National Helpline for dyslexic people and our local dyslexia associations also have Helplines to provide more locally focussed information. There are well over 20,000 requests for information and guidance to the B.D.A. alone and 50% of these calls and emails concern adults. So, the first action was to identify the issues that concerned these adults. These were as follows:

- the cost of getting a diagnostic assessment. Dyslexia/S.p.L.D. (other than A.D.H.D. and dyspraxia) are the only disabilities not recognised under the N.H.S. Therefore, it is not possible to get a free diagnostic and it is extremely difficult to acquire one for A.D.H.D. or dyspraxia even though they are recognised.
- within further education, young adults do not have access to the funding for adjustments under the Disabled Student Allowances. The skills tests within apprenticeships prevent many completing successfully despite above average practical competence. The B.D.A. has successfully campaigned for reasonable adjustments to be applied to these skills tests but they are yet to be implemented.
- within higher education, young people complain of poor support within their departments, awareness has not reached their lecturers and tutors; the exam format can be discriminatory (eg multiple choice questions with many options); difficulties with making a case for the opportunity for resits with relevant adjustments.
- within professional education, the awareness of need for reasonable adjustments is there but the translation of this into action is very patchy.
- in the workplace, lack of awareness leads to unfavourable treatment, poor reviews, disciplinary procedures, high sickness levels due to stress; failure to organise workplace needs assessments, variability in knowledge and skills of assessors across the UK, or slow or incomplete implementation of adjustments; recruitment, promotion and redundancy procedures which do not take account of dyslexia.
- for those seeking work, lack of help with form filling in Jobcentres and unfavourable treatment by staff; lack of appropriate support in job seeking; difficulties getting an assessment; difficulties getting literacy support or training.

Following this analysis, it was decided to consult widely amongst those organisations trying to do something to help dyslexic adults.

## **Consultation Events**

The B.D.A. has run 2 consultation events, one in Bracknell in the South and the second in Liverpool (with thanks to the Dyslexia Foundation for their support with this). 100 individuals and organisations responded positively to this initiative. 23

representatives attended the meeting in Bracknell and a further 12 attended the Liverpool meeting. The meetings addressed 4 questions. The outcomes from these meetings reinforced the issues identified by the Helpline staff. The feedback, via the flip charts, was as follows:

### **What are the issues for adults with dyslexia?**

Using the N.H.S. for severely dyslexic individuals, lack of accessibility through the website and general use. Screens with subtitles in surgeries, staff who are too busy, time with a G.P. which is too short to explain, the same problems with dentists; problems with permissions for operations and other aspects of hospitalization. A preference for C.D./audio with accessible information was expressed. There should be a clear understanding of dyslexia for medics and mental health workers.

Diagnostic assessment, both the routes to it and the costs are barriers to identification and help.

There are issues with diagnostic reports, often multiple assessments required (too many), decision makers require reports but they don't understand them, those undertaking the diagnostic assessments, specialist teachers and occupational health professionals, often don't have sufficient grasp of issues in the workplace. There is a lack of counselling for adults post assessment. The process should be more joined up. Reports often need to be deciphered. Reports should use language people can understand and managers should understand how dyslexia impacts in the workplace. H.R. staff need awareness training.

Dyslexia has a huge impact on employability. There are difficulties getting jobs, including specific problems with standard recruitment practices. The availability of advice and guidance is severely limited, mainly to the Charity offerings. Changes in work practices are common and the effects of this on coping strategies and difficulty in maintaining employment and getting another job after redundancy are considerable. The majority of employers do not provide screening to identify risk of dyslexia, and the need for reasonable adjustments.

Government organisations e.g. libraries with 150 books on dyslexia but no services for dyslexics. Information needs to be made more accessible, including expert views. Audio books should be available to expand understanding. There is a need to fight our case along with R.N.I.B. to enforce existing rights under the Equality Act. Some libraries are linked to Talking Books. Calibre will provide for anyone who has difficulty accessing print.

Simplification of the printed word, with a "kite mark" to indicate simple and accessible text was proposed. There needs to be a joined up message across the dyslexia organisations. Campaigning needs a multi tiered approach with a simultaneous attack on major priorities.

Qualifications are required but there are difficulties involved in getting them. There is an essential need for Basic Skills Training but major difficulties exist in accessing this. Where or how is there access to funded tuition for adults? How does an individual get an assessment funded? Why isn't dyslexia picked up at school, college, university were all questions asked. It was suggested that it might be better to have a quick assessment to avoid expense.

Lack of confidence, poor self esteem which results in fear when writing in public eg form filling or avoiding promotion for risk of exposure. Unemployment, fear of failure or fear of asking for help, fear of exposure, crumbling coping strategies, links to mental health, stress and bullying were all discussed as issues. The individuality of the condition and resulting "no one size fits all" and public response to those with less severe problems which is often "do you need any help?"

### **What are we providing already?**

**In the South**, the following provision exists:

Dyslexia Assessment and Consultation: Free information and awareness raising, free screening. Diagnostic and workplace assessments (charges apply), Legal work (charges apply).

B.D.A. and RighttoWrite provide dyslexic specialists for workplace assessment under the Access to Work scheme via the contract with R.B.L.I.

**In the north west of England**, there is the following:

Quite a lot of effective signposting, passing on to relevant agencies.  
D.S.A. and assistive software provision  
Software companies developing and producing good assistive technology  
Local Dyslexia Associations and other self help groups.

Dyslexia Foundation (based in Liverpool and in Manchester) offering free screening and then full assessments. Referrals come from job centres and a bursary scheme is provided.

Dyslexia Friendly Community College provides some places on a dyslexia coping strategy course.

### **Nationally:**

A.D.O. has a free helpline and shares good practice across local authorities. Coaching, 1:1 help, free classes in IT, touch typing and self development, and provides Assessments (charges apply)

Texthelp provides awareness raising and training. Read and Write Gold software (charges apply)

Dyslexia Action has a learning fund; provides awareness raising and adjustment advice. Assessments and screening (charges apply). Training and conferences (charges apply). Working with the Shaw Trust on the Work Programme, it is able to provide some literacy support.

The B.D.A. provides the national Helpline and half the calls are adult based. It campaigns on behalf of adults. Provides Access to Work workplace needs assessments in the South (via contract with R.B.L.I.). Chargeable services include the training of workplace needs assessors; conferences for employers and adults; training for employers in awareness, screening and provision of reasonable adjustments; mediation service for employers. Dyslexia Friendly (D.F.) Quality Mark verifies employers with D.F. practices. Publishes books, including 2 new ones, Dyslexia in the Workplace, and Tips for the Dyslexic Adult.

### **What Could We Do?**

Have a combined voice.

Feedback for individuals who have learned they are dyslexic so they can participate in society.

Distinguish between assessments for education and those for employment (possible communication issue on this).

Gain consistency across the UK on assessment standards (especially on workplace needs assessments).

A review of Access to Work has been announced, establish who is on the panel and whether they are representative of dyslexics.

Establish a forum for examples of good practice.

Group together, hold a first meeting of not for profit organisations in this arena and then use e communications and accessible formats for communications.

Identify more organisations which are in this field and could join in.

Identify issues, map and prioritise the issues.

Issues for adults with dyslexia: assessment, free assessments, diagnosis/screening and support with findings, anger and frustration.

Full diagnostic versus workplace needs assessments.

Issues in learning, University, Further Education.

Publicise good experiences in large companies eg EON with Nottingham group providing screening and reasonable adjustments. Some activities 100% funded by Access to Work such as coping strategy training. R.B.L.I. contract for Access to Work specifically providing dyslexia trained assessors for those whose primary need is dyslexia, producing a magazine to showcase reasonable adjustments and news. B.D.A. local associations groups for adults providing support.

Microlink providing media coverage and links to employers, video produced for DSA, elearning opportunities for on line literacy (B.D.A. shortly to have an adult

literacy programme for free on their elearning site) The unemployed: forms, benefits, apprenticeship issues.  
Develop a joint collaboration policy.

### **The Priorities**

- Access to diagnostics that are accessible and in accessible formats for the lay person.
- Provision of accessible information.
- National cohesion for us all would be very valuable.
- Shift from focus on literacy to personal organisation and functional skills development (N.B. loss of funding on short courses).
- Importance of support groups: options for communities, eforums, role models.
- Statistics to influence, use a consortia approach to gather these.
- Raising awareness and encouraging disclosure, increasing awareness of reasonable adjustments and more funding for accessible formats.
- Unemployed and useful schemes.
- AWARENESS, ASSESSMENT AND ACCESSIBILITY (especially for those who will otherwise fall through the loop).
- Work together to create greater impact, set up second consultation and then a network or steering group to take forward collaborative work on these priority areas.

### **Next Steps**

The B.D.A., in collaboration with the Dyslexia Foundation, will now set up a consortia steering group and offer invitations to appropriately incorporated organisations engaged with dyslexia adults to provide a representative for this group. The first meeting will be convened to establish a memorandum of understanding and to determine the initial priorities and plan of action.

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17<sup>th</sup> November, 2012

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