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Learning Disabilities Association
of Newfoundland and Labrador

The right to learn, the power to achieve

Presentation to Health Accord September 23, 2021

Good morning and thank you for this opportunity. (Introductions)

The Learning Disabilities Association of NL is a not-for-profit community organization working to provide services and support to those living with Learning Disabilities across the province, as well as their caregivers and other service providers, through early identification, removal of barriers and creating equity through support.

Our main thesis is: The barriers caused by Learning Disabilities need to be recognised and addressed effectively to achieve better health outcomes. This involves two major steps: **Identification and Intervention**. We will address each separately.

To clarify our use of terminology, a Learning Disability (which is called Specific Learning Disorder in the DSM V) is a life-long neurological disability which significantly impacts academic learning in areas like reading (dyslexia), writing (dysgraphia) and math (dyscalculia) as well as areas of Executive Functioning. It is not a result of low intelligence, poor teaching, poor parenting, or hearing or vision issues, though it can co-exist with these. Learning Disabilities are the most prevalent disability among children in our schools, with statistics hovering around 16%. And that is just for those who have been diagnosed.

We believe that success in one's learning is a clear social determinant of health and that significant unaddressed challenges in one's learning can result in negative health outcomes.

The Health Accord website presents a slide entitled "What makes Canadians Sick". The first six of these are:

- Income
- Early childhood Development
- Disability
- Education
- Social Exclusion
- Social safety net

<https://healthaccordnl.ca/>

Unaddressed barriers to learning created by Learning Disabilities have the potential to impact all six of these.

To quote an article entitled **Measuring the Effects of Education on Health and Civic Engagement: Proceedings of the Copenhagen Symposium – © OECD 2006** "Overall, we find considerable international evidence that education is strongly linked to health and to determinants of health such as health behaviours, risky contexts and preventative service use. Moreover, we find that a substantial element of this effect is causal."

What are the effects of education on health? By Leon Feinstein, Ricardo Sabates, Tashweka M. Anderson, Annik Sorhaindo and Cathie Hammond
<https://www.oecd.org/education/innovation-education/37425753.pdf>

As well, from an article entitled "Health and Academics are Intertwined" from the School-Based Health Alliance website, "Health problems and risk-taking behaviors are linked to poor student achievement. Conversely, low academic achievement is a powerful predictor of risk-taking behavior and compromised health status. "

<https://www.sbh4all.org/what-we-do/school-based-health-care/health-and-learning/student-success/>

1. Universal Identification

Our experience points to a critical gap and inequities in the area of Identification and assessment of individuals with Learning Disabilities in the province. This was substantiated by a study we commissioned earlier this year and completed by Dr. David Philpott.

A Learning Disability is diagnosed through a comprehensive assessment which is normally completed by a Psychologist. Except under very specific circumstances, the Psychologists employed by our Health Care system do not do assessments, so we rely on the Education system to do this important work.

Many children in the school system are suspected by their parents or teachers to have a Learning Disability, however the capacity of our Education system to assess children is limited and the wait lists can be long. The other available option that some parents access when the wait list is too long, is to turn to the private system and pay (\$3500) to a Psychologist in private practice. This is unattainable by most parents and creates incredible inequity in the system which is unacceptable.

The end result is that many children are identified late (too late) in their school years or that they leave their schooling without identification and assessment.

This situation of insufficient identification and assessment services comes at a tremendous cost to these children, who all too soon become teenagers, falling far behind their classmates, embarrassed, disinterested in and disconnected from school, suffering low self-esteem, anxiety and depression, never achieving school success and often dropping out. This is often layered with other issues that many of our most vulnerable young people live with such as poverty, family illiteracy, mental health issues, addictions, family involvement with the justice system, racialized discrimination and other forms of disempowerment. These children, who are in most need of our help do not receive it.

The outcomes for these undiagnosed young adults can be very negative and can include unemployment, mental health challenges, poverty, and even criminal behaviour. Once leaving school, there is virtually no avenue for an adult to receive a diagnosis. Estimates are very high for the percentage of inmates who have undiagnosed learning disabilities, and is often referred to as the “school to prison pipeline”.

The issue we present is the need for **free, early and universal access** to assessment and diagnosis of Learning Disabilities. A Learning Disability is the only disability which is currently not diagnosed within our healthcare system in any systematic way. Other disabilities of childhood are covered under our healthcare plan (MCP) and, although waitlists there are long as well, at least it is available, equitably, to all regardless of financial need.

In the winter of 2020, LDANL commissioned a study into the Assessment needs in the province, which was undertaken by Dr. David Philpott. The resulting report, *Optimizing Potential*, substantiated this critical unmet need in the province for individuals with Learning Disabilities. Some findings:

- “More than 1,200 NL students drop out of school each year. Approximately 2000 students are enrolled in ABE in the province at an annual cost of nearly \$10 million.
- Youth/adults who are attempting to resume their education experience the same learning challenges that led them to leave school in the first place and they have no greater understanding of it or awareness of how to accommodate it than they did in their adolescence.
- The more marginalized the student the lower the priority for an assessment. The majority of youth who have left school (youth in care, those at the NL Youth Detention Center, enrolled in ABE programs, as well as those accessing programs such as Choices for Youth, Thrive, etc.) have never been assessed, despite high visibility and displayed high risk for years.

- It is estimated that the incidence of LDs in the prison population may be as high as 77%. The local John Howard Society reports 90% of its clientele requires exploration of their learning needs to facilitate rehabilitation and support better transition to productive adult lives. An identical percentage of the clientele at HM Penitentiary are early school leavers.”

(Sources in original text)

From the study:

“ One informant noted that if a person had to pay \$3,500 to get an MRI in this province, there would be outrage yet it is perfectly acceptable to have to pay a psychologist \$3,500 on the weekend to have an assessment. Another participant pointed out that LDs is a health issue that, unidentified, becomes a chronic health issue (and therefore more costly over the lifespan). The province’s health authorities cannot continue to ignore this. It is at the core of homelessness, poverty, addictions, mental health and criminality. “

Intervention Across the Lifespan and Across Domains

Even though learning disabilities are lifelong disabilities, timely and appropriate interventions immensely improve the academic, career, social, relationship and overall life outcomes of persons with learning disabilities.

Interventions are needed across the lifespan and include:

- Maximizing the academic learning through literacy (and/or math) instruction using proven targeted methods for LD; this means a change in the kind of literacy programming offered to students with LD in K-12 and offerings of LD specific tutoring for the adult population (perhaps as an add-on to programs such as ABE); This should also include prevention-oriented programs for preschool children as well as education for early childhood workers.

- Needed medical services available in or directly to schools, such as Occupational Therapy which can have a very positive impact on LD - Currently this service is incredibly difficult to access and not well known by educators and parents;
- Providing accommodations and compensatory strategies such as Assistive Technology which is critical for those with Learning Disabilities to provide equitable access to print;
- Mental Health supports which promote positive self-concept and which address the anxiety and depression which frequently occur;
- Self-advocacy skills which begin with a thorough debriefing of their assessment and an exploration of which accommodations work best (much like finding the best prosthetic to enhance mobility);
- Peer support and mentorship;
- Navigating educational systems from primary school to post-secondary schools to find the needed supports and services;
- Career supports including advocating for accommodations in the workplace as well as awareness among employers;
- Recreational and Social Supports / Community Awareness.

These are our concerns and our priorities as we begin new initiatives and grow our services across the province.

Thank you for the opportunity to begin what we hope will be a continued dialogue and collaboration between our organization and the Health Care system in this province.