

Response to the Special Needs Strategy

May 2015

The Learning Disabilities Association of Ontario (LDAO), along with its chapters in 19 local communities, represents and advocates for the interests of children, youth and adults with learning disabilities (LDs) throughout Ontario. LDAO has regularly provided consultation and constructive recommendations on all government initiatives that affect persons with LDs in Ontario. The current initiative of the Ministries of Children & Youth Services, Health & Long-Term Care, Education, and Community & Social Services addresses areas that are extremely important to children and youth with LDs and their parents, and we welcome the opportunity to provide input on their behalf.

Children and youth with LDs comprise over 40% of students receiving special education supports and services in the publicly funded school system, and many also require the kinds of rehabilitation services that are to be coordinated through this Special Needs Strategy initiative, especially speech-language and occupational therapy services. Parents of children and youth with LDs may have identified or unidentified learning disabilities themselves, which may affect their ability to navigate complicated referral and service delivery systems.

In the following pages we will comment on the three components of the Special Needs Strategy.

1. Developmental Screen

LDAO supports the development of a scientifically-based, universally available developmental screen.
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Research has shown that early intervention is very important for children who develop learning disabilities. While LDs are typically not diagnosed until school age, there are early indicators that can guide intervention strategies for children under 6. Early intervention to promote development of language, fine motor and self-regulation skills, for example, can build the foundation for later remediation of academic skills. In addition, children who experience success through interventions at a young age often do not develop secondary difficulties such as low self-esteem and lack of confidence, which would further hinder their progress.

Parents who are alerted to uneven patterns of development in their young children can be provided with activities to do with their child to promote skill development in targeted areas. This needs to be done in a supportive, culturally sensitive way, which emphasizes the range of normal developmental patterns in early childhood years.

2. Coordinated Service Planning

LDAO supports the vital role of Service Planning Coordinators in helping families navigate confusing service systems.

Children and youth with LDs often have co-existing disorders that compound their difficulties and require their parents to navigate multiple service providers systems. Common co-existing disorders are ADHD, language disorders, Developmental Coordination Disorder, and emotional-behavioural disorders. Children and youth with Tourette Syndrome or FASD may also have co-existing learning disabilities.

It will be very important that Service Planning Coordinators be responsible for connecting with children's mental health lead agencies so that mental health services are part of the coordinated service plan. Many children with LDs have mental health needs.

As mentioned previously, parents of children and youth with LDs may have identified or unidentified learning disabilities themselves, which may affect their ability to navigate complicated referral and service delivery systems. They may have encountered barriers in accessing services for themselves or their children in the past, and may be easily frustrated when they do not perceive their needs being addressed adequately. Service Planning Coordinators need to have training and experience in supporting families who are overwhelmed, in crisis, and/or distrustful of service providers.

3. Integrated Rehabilitation Services

LDAO supports the provision of seamless and efficient speech and language therapy, occupational therapy and physiotherapy services from birth through high school. We underline the importance of the stated expectation that *children and youth can access services regardless of age, severity of disorder and/or diagnosis.*

It is important that children's service providers and school boards work together to develop local proposals for a new, integrated approach to rehabilitation service delivery.

Many children and youth with LDs require speech-language and/or occupational therapy (OT) services. They typically do not receive services from children's treatment centres unless there is a co-existing physical disability, while services are provided to individuals with developmental/intellectual disabilities or ASD. Many children who receive speech-language therapy as preschoolers no longer qualify for services at school age unless they need speech therapy. Children with LDs who have difficulties learning to write often have limited or no access to OT services in schools.

Many children with LDs have difficulties in language processing. These difficulties affect not only learning to read and write, but also understanding instructions, reading comprehension and solving word problems in math. Access to language therapy from a speech-language

pathologist can be extremely important to these students' academic success, in addition to other academic interventions.

Research has shown that many children and youth with language processing impairments develop social/emotional difficulties. Children and youth who are frustrated in their attempts to communicate may act out inappropriately, or withdraw socially. Communication difficulties should be considered as one possible antecedent of behaviour problems. In addition, language therapy can include teaching of the social aspects of language, such as interpretation of humour or sarcasm.

Family Involvement

LDAO strongly supports the emphasis on involvement of families and young people in the development and planned implementation of all three components of the Special Needs Strategy.
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Families and young people can provide very important input about their circumstances, needs and hopes, and also their experiences with the provision of services up to this point in time. Unless these views are taken into account in planning and implementation, the Special Needs Strategy will not succeed. An added benefit is that the programs and processes developed will have more buy-in from the individuals who will use them.

LDAO's local chapter network throughout most of Ontario can be a useful link for local planning groups and service delivery networks in reaching families in their communities at all stages of the strategy. Contact information for our community chapters can be found on our website at: www.ldao.ca/lda-in-canada/ldao-chapters/.

Learning Disabilities Association of Ontario

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