Creating Pathways of Learning Support for Employment Ontario Clients with Learning Disabilities:
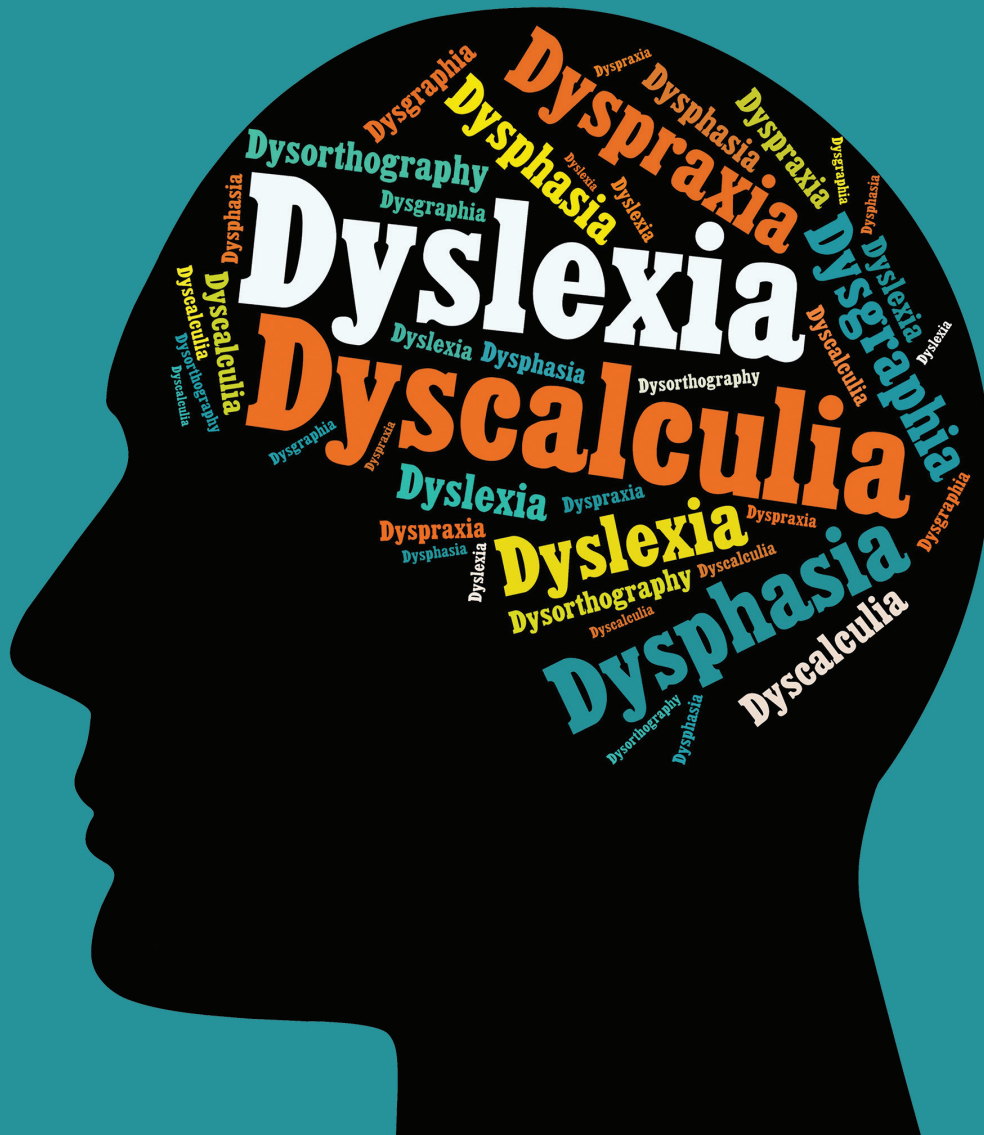
RESEARCH REPORT

Metro Toronto Movement for Literacy

EMPLOYMENT ONTARIO

This *Employment Ontario* project is funded by the Ontario government.

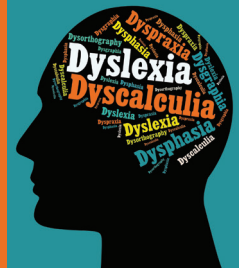# Creating Pathways of Learning Support for Employment Ontario Clients with Learning Disabilities: RESEARCH REPORT

TABLE OF CONTENTS

EXECUTIVE SUMMARY

The project, *Creating Pathways of Learning Support for EO Clients with Learning Disabilities,* is an initiative of the Metro Toronto Movement for Literacy (MTML), funded by the Ontario Ministry of Training, Colleges and Universities. The goal of this project was to address the needs of Employment Ontario (EO) clients and learners with learning disabilities, and to support EO service providers by researching, developing and disseminating resources specifically tailored for the unique needs of individuals with learning disabilities (LD).

To date, there has been a significant gap in shared information and recommended tools for clients with learning disabilities, compounded by a lack of time and resources on the part of service providers to find and access these materials. With this project, MTML aimed to bridge this gap in order to increase the capacity of EO service providers to more coherently and effectively support our clients who may be struggling with a learning disability.

The project was in-depth and concentrated into a short time frame where a lot of accomplished. To complement our in-depth environmental scan and literature review of Canadian and international LD resources, the project research team also interviewed twenty LD key informants and spoke with nearly 200 ES and LBS clients and practitioners as part of twenty-one focus groups across Ontario. What we learned was enlightening and we worked to capture it all in our project deliverables.

Project publications to be shared with practitioners and clients include: a comprehensive literature review/research report and environmental scan (research report); a practitioner toolkit titled *Current Best Practices and Supportive Interventions for Learners and Clients with Learning Disabilities;* a toolkit tailored specifically for learners and clients with LD titled *Finding Our Own Ways – Adults and Learning Disabilities: A guide for finding ways to improve your learning success;* and finally two short research briefs featuring highlights of this in-depth research report.

This project and the project publications and tools provide much needed, comprehensive information on existing services and recommended tools to provide support and accommodation to EO clients with learning disabilities. Both the *Current Best Practices* guide for practitioners and service providers, and the learner-focused toolkit are the first of their kind to be published in Ontario. These resources will help strengthen the ability of ES and LBS providers to better serve clients and learners who live with diagnosed or suspected LD, and help improve client success and learning.

EO providers serve vastly diverse populations with vastly divergent needs. What is required for adults with LD to thrive is not be only basic education or remediation of basic skills, or assistance finding a job, or advocacy for accommodations. It is all these things, plus myriad others – it is whatever is needed by that individual. This report aims to start the discussion about how EO providers can determine what is needed to better serve their clients with LD – and give service providers direction and resources to help deliver these services and supports most effectively.

What follows is a review of the current literature in the field, an environmental scan of key stakeholders in Ontario to identify their best practices and most exigent concerns; an analysis and report on the data gathered in 19 focus group discussions; and some recommendations for future directions.

DEFINITIONS OF KEY TERMS AND CONCEPTS

Language builds reality. The terms that are available, accepted and mutually understood both construct and reinforce not only what we are able to think, but how we are able to think it. Far from simply transmitting neutral information, words assume and imply. They also carry associations, no matter how carefully we choose them (Lash, 2010). It is with this in mind that we provide here expanded definitions of a few key terms used in this document, to eliminate confusion, acknowledge regional differences, and to clarify usage of words that can be perceived as either empowering or hurtful, depending on how and by whom they are used.

Learning disabilities (LD)

There are a number of proposed definitions of the term "learning disabilities", and in North America there is only general agreement on which definitions are accepted. The current study adheres to the definition of learning disabilities as stated in 2001 by the Learning Disabilities Association of Ontario (LDAO) – see Appendix I.

LDAO's definition clearly distinguishes LD from intellectual disabilities, emphasizing the specific (not global) nature of this "variety of disorders that affect the acquisition, retention, understanding, organization or use of verbal and/or non-verbal information… result[ing] from impairments in one or more psychological processes related to learning" (LDAO, 2001, p.7). This is an important distinction to note; in other Commonwealth countries, the term "learning disability" makes reference to what North Americans call intellectual/developmental disabilities, such as Down syndrome.

Confusion and discord around terminology is not limited to the distinction of LD from intellectual disabilities. Across the literature, references to LD either may or may not include ADD/ADHD, Autism Spectrum Disorder/s, Asperger's Syndrome, Acquired Brain Injury, and Aphasia. This is not even to mention concurrent diagnoses having to do with physical and mental health, with addictions and the variety of responses to neglect, poverty, trauma and violence.

Throughout this study, we maintain a focus on:

Individuals

A learning disability is one facet of a person's life, and no person's life is any less complex than another's. This report affirms, with each mention of any individual, hypothetical or real, a whole person (body, spirit, heart and mind) with many strengths, who lives in multiple contexts, and whose identity and experience are fluid co-constructions within interdependent communities.

Accommodations

Ontario employers and service providers, including educators, have a duty to accommodate that is enshrined in provincial statute and case law. Accommodation is a cornerstone of the right to equal treatment and opportunities. The duty to accommodate may involve changing the terms or conditions of the environment, the functions of a job or the requirements of educational assessments, in order to level the playing field such that all people can participate fully.

Under the Ontario Human Rights Code (OHRC), the principles that guide accommodation have to do with inclusive design, full integration, individualization and respect for the dignity of the individual. All measures to accommodate must be taken unless doing so would cause "undue hardship" with respect to cost or breaches of health and safety requirements (OHRC, 2000).

Psychoeducational assessment

Psychoeducational assessment is the primary means of formally diagnosing LD and must be performed by a psychologist (LDAO, 2001). Other related testing might be done by a pediatrician, a psychiatrist or a neurologist. A high quality psychoeducational assessment is very involved; one national expert described the experience as three hours each day for three days. The first test gathers data on capacities for things like short-term memory, reasoning, inference, etc., which are then analyzed in order to identify underlying cognitive strengths and weaknesses. A subsequent test assesses literacy skills, such as reading comprehension. A comparative analysis of the two is then mounted to discover how the former helps explain the findings of the latter.

This documentation is key to being granted formal accommodations, making issues of access particularly pressing; the current study looks at the financial expense and the wait times for assessments.

INTRODUCTION

Objective

Ontario's training and employment service providers have a history of affirming the principle of equity and the duty to accommodate; we share a basic desire to acknowledge and address systemic barriers. We innovate and collaborate to find ways of mediating or eliminating these barriers. This overall approach is aimed at leveling the playing field and creating a culture of equity. It is our basic responsibility to respect the basic human rights of those with whom we have the privilege of working.

The project, *Creating Pathways of Learning Support for EO Clients with Learning Disabilities,* is animated by the conviction that we can do better: we can find increasingly creative and efficient ways to serve the adults of this province in all their diversity, including those experiencing learning challenges and LD.

The primary goal of this project is to strengthen the capacity of Employment Ontario's (EO) service providers – including Employment Services (ES) and Literacy and Basic Skills (LBS) programming – to meet the needs of clients and learners with LD. The project culminates in the production and province-wide dissemination of this detailed research report, an accessible reference guide and toolkit entitled *Guide to Current Best Practices and Supportive Interventions for Clients with Learning Disabilities,* a toolkit tailored for learners with LD, and a series of research briefs highlighting our most critical learnings. This work is one step in collecting the data, the stories and the voices of academic, institutional and practical wisdom required to meet the ultimate objective of ensuring that all clients receive the services and supports they need to achieve their goals.

Approach

The methodology brought to the first phases of this project has been both practical and theoretical – but always discursive. That is to say, the research team followed leads through email, telephone and live conversations, eliciting suggestions and connections for whom to speak with next – thus gathering a wealth of anecdotal/narrative information. The impressions that emerged in this process in turn guided the more theoretical process of the literature review. That too, however, took unexpected pathways; it followed leads, innovations that looked

hopeful, articles referenced by many others, and voices that resonated with the values of EO service providers.

The two-pronged method of performing the literature review and environmental scan simultaneously was chosen to enrich both our academic and lived answers to the research questions; in this way theory and practice remain able constantly to correct and deepen one another.

Finally, our approach was also collaborative, thanks to the supportive nature of the advisory committee and colleagues at MTML. We would like to note, as a matter of ethical disclosure as well as functional interest, that the project's lead researcher is a faculty member at the George Brown College School of Work and College Preparation in Toronto. She has taught in George Brown's LBS program for many years, and her daily lived experience in the classroom and the experiences of her colleagues is reflected in much of the project material that deals with community colleges and instructional practices.

LITERATURE REVIEW

Teachers who singled out these students and embarrassed them in front of their classmates by telling them they were lazy and not trying, and that they would never amount to anything, were referred to by the subjects far too often to be dismissed as isolated cases.

– Successful Vocational Rehabilitation of Persons with Learning Disabilities,
Wisconsin Association for Children and Adults with Learning Disabilities, 1989.

The "big take away" is that all these instructional practices and interventions require well-planned, continuous, professional development that moves knowledge off the printed page and into the classroom. Thus, practitioners need intensive support as they weave new practices into their existing "instructional toolbox."

– From Effective Literacy Instruction for Adults with Specific Learning Disabilities:
Implications for Adult Educators by Michael Hock, 2012.

Overview

This literature review was guided by two simple question sets:

- What practices are best serving adults with LD throughout Ontario and beyond, and in all LBS program streams (Anglophone, Deaf, Francophone, and Native Learners)? What approaches, environments and interventions are most supportive? What opportunities are there to share resources or coordinate efforts? *and*

- Where are the gaps? What is the nature of the challenges really facing adults with LD seeking education, training and employment, and what needs to be in place to address them?

The term "Learning Disability" was formally introduced in 1963, and in the two decades that followed, research in the field focused almost exclusively on children in academic contexts. The late 1980s and early 1990s saw a developing awareness that LD impacts the entire social world (beyond the classroom) and the entire lifespan (outside childhood) (Johnston, 1995).

Not surprisingly, then, a preliminary scan of evidence-based research and scholarly publications revealed a marked focus on children with LD and primary education practices. The current review only draws on these regarding points that are relevant to adults (e.g., neuroscience research, cognitive operations). Additionally, the North American research on adults with LD saw a wealth of publications (books, articles, round tables, etc.) produced in the late 1980s and early 1990s. The relative dearth of current material is supplemented by a brief look back at the discourses at play during that bubble. Finally, there has been a robust and rather contentious conversation occurring more recently in other Commonwealth countries, particularly the United Kingdom, on the nature and very existence of LD from a neuroscience perspective. Some of the voices in that conversation bring to light certain assumptions that underpin our local approaches; an initial attempt is made to explore these, centering on the concept of labeling.

Digital searches used the Education Resources Information Centre (ERIC), the databases at the Ontario Institute for Studies in Education (OISE) at the University of Toronto, George Brown College, ProQuest, RefSeek, and Google Scholar. Other non-scholarly searches simply "googled" terms, with a view to experiencing what individuals would be offered if they were seeking information or support as practitioners or as learners/clients with LD. The following descriptors were used in myriad combinations: learning disabilities, adults, adult education, interventions, support/ive, stigma, policy, relationships, skills, training, services, Ontario, dyslexia, LBS, literacy, Universal Design for Learning (UDL), employment, instruction/al methods, best practices, neuroscientific interventions, and others.

A survey of the literature from all relevant jurisdictions and eras saw the following themes organically emerge: culture and belief (both public and private), concurrent concerns, the best interventions and supports, and the increasing role of technology.

Culture and belief

Policy

The Ontario Human Rights Commission (OHRC) develops and administers the Ontario Human Rights Code, monitoring and reporting on anything related to the state of human rights in Ontario. Under the Code, one of the grounds for protection is Disability, which accounts for much of its implementation: "30 – 50% of human rights claims cite the ground of disability. Most are in the area of employment, with services constituting the second largest area" (OHRC, 2000, p.4).

Learning Disabilities are named explicitly under the Disabilities grounds:

> The Code protects people from discrimination and harassment because of past, present and perceived disabilities. 'Disability' covers a broad range and degree of conditions, some visible and some not visible. A disability may have been present from birth, caused by an accident, or developed over time.

> There are physical, mental and learning disabilities, mental disorders, hearing or vision disabilities, epilepsy, mental health disabilities and addictions, environmental sensitivities, and other conditions... [and in Section 10 (1) the Code specifies further] a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language (OHRC, 2000, p.6).

As introduced in the Definitions of Key Terms section of this report, providing accommodations is integral to protecting individuals from discrimination. The imperative to express respect for the dignity of individual shapes how needs must be accommodated, and what needs are accommodated is a complex matter of policy interfacing with complex realities. The Code states,

"There is no set formula for accommodation – each person has unique needs and it is important to consult with the person involved" (OHRC, 2000, p.10).

The Accessibility for Ontarians with Disabilities Act (AODA) is a piece of legislation that obligates organizations, private and public (including education, training and employment services) to ensure that their practices are accessible. AODA standards are a set of enforceable rules that organizations must adhere to in preventing and removing barriers. This includes barriers to access, such as providing potential applicants accommodations for interviews to ensure non-discrimination in consideration for a job.

Community colleges are at the forefront of going beyond mere compliance with the AODA, going to great lengths to innovate, train on, advocate for and embed accessibility principles and practices in the life of institutions. At George Brown College in Toronto, for example, consultants on two committees develop policy, action plans, and processes to support initiatives to create accessible services and environments.

These detailed initiatives are guided by several principles, notably those of Universal Design for Learning (UDL). There are rigorous trainings provided for all faculty and staff, on everything from awareness and integration to the creation of accessible documents, both online and in print. This relationship to the Code and the AODA results in a normalized, non-stigmatizing, and very helpful climate for students with LD, who have a clear procedure to follow when they arrive at the college – one that results in a variety of supportive accommodations, interventions, and tools. These policies enjoy a central position in most Ontario colleges – the e-text and video-based innovations at Durham College and Algonquin College are of particular note as examples and resources for other institutions and service providers.

Despite the long-standing existence and enforceability of such policies, awareness and comprehension of them – and the resources needed to implement them – may be limited among ES providers and LBS practitioners.

Labels

Whether to use the term "learning disability" at all remains at issue among some thinkers and educators – those using a strong strengths-based approach may emphasize instead different learning capacities and styles, while others debate the medicalization implied by the term, especially within a culture that has a growing tendency to pathologize as a clinical disorder what might be regarded normal human phenomena and traits. They may not see learning differences as neuroscientific, genetic, or biochemical in nature – or if they do, they may advise caution on how these differences are described and discussed by the lay person.

The use of labels, however, when their deployment is left in the hands of the individual in question, can be very useful. Labels can work for people by ensuring them access to supports, services, group memberships, medications, and, of course, accommodations. In her compelling and accessible article, *My Thoughts on the Dyslexia Debate,* assessing the worth of using the term "dyslexia" (recently much-contested in the UK and Australia), researcher Dorothy Bishop speaks of the benefits of doing away with the term, and argues that it is unscientific – but she then warns of the potential negative consequences of doing so. She also articulates a slippery slope:

> Those commenting on the dyslexia debate so far have talked about it as if it is a particular issue relating to literacy difficulties, but in fact it's just one instance of a much more pervasive problem. Other neurodevelopmental disorders such as autism spectrum disorder, specific language impairment, attention deficit hyperactivity disorder, developmental dyspraxia and dyscalculia are all beset by the same issues: there is no diagnostic biomarker,

the condition is defined purely in terms of behaviour, different disorders overlap and there's no clear boundary between disorder and normality (Bishop, 2014, para. 7).

The problem with *not* using labels, medical or otherwise, is that this approach allows voices on the other, far less compassionate end of the spectrum to dismiss people's legitimate differences and needs, and even risks victim-blaming. The other side of the dyslexia debate puts forth versions of "Dyslexia is just an excuse for bad teaching/poor performance on standardized tests," and other negative opinions. In dispensing with this hundred-year-old term, we would regress to the days when learning to read was understood as only and always a simple matter of work. Not only that, but the sense of identity and community some individuals have built around their labels would also be jeopardized – very problematic given that meaningful self-conception and social supports are the keys to resilience.

Bishop continues:

> While I can see all the disadvantages of the dyslexia label… I think it will survive into the future because it provides many people with a positive view of their difficulties which also helps them get taken seriously. For that reason, I think we may find it easier to work with the label and try to ensure it is used in a consistent and meaningful way, rather than to argue for its abolition (Bishop, 2014, para. 19).

The conclusion, once again, is that labels are useful insofar as they help people obtain the services and accommodations they need, and the compassion and respect they deserve.

Social stigma and disclosure

Although some studies cite "1 in 10 Canadians" (Price & Cole, 2009, p.11) as having LD, the issue somehow does not receive the same mainstream cultural attention that other barriers, such as mental health issues, have arguably been receiving in recent years. The lack of consistent, visible characteristics that run across all individuals with LD may be partly responsible.

Adults with LD do experience stigma, an issue that Kelsey Lisle explores beautifully in the article, *Identifying the Negative Stigma Associated with Having a Learning Disability.* Causes of sustained stigmatization may have to do with the disability being invisible (hence it could be faked) and historical associations with stupidity and slowness. The author conducted research among teachers and found a still-prevalent perception that "those with LDs are lazy or not trying hard enough" (Lisle, 2011, p.6). The essay also explores how the concepts of self-fulfilling prophecy and expectation (on the part of teachers) can play into the phenomenon of stigma.

A reasonable question, then, is why would an adult ever choose to self-identify or disclose their status as having an LD in the face of reductive and negative stereotypes that speak to deficiency, to weakness and to confusion? This is to say nothing of people in communities/cultures that bring even more severe judgment to issues of intellectual or academic ability. The complexity of disclosure needs to be considered through the lens of not just *how* and *when*, but *whether*. There are plenty of people who do not disclose. One area of further study would be to explore how to set up environments so people feel safe and sincerely invited to disclose.

York University's Learning Disability Services's excellent online resource, Should I Disclose my Learning Disability to an Employer?, is an accessible strengths-based guide to disclosing LD. What is extraordinary about this resource is its balance: it resists the tendency to be too optimistic and acknowledges that not every recipient of the disclosure is going to jump to accommodate – it may even disadvantage the individual, so they should weigh the decision carefully. At the same time, it provides a map of how to do so in the best way possible, even providing case studies and scripts for individuals to consider and compare.

Self-esteem

At issue is not only what others believe about individuals with LD, but what individuals with LD believe about themselves. A reasonably robust sense of self-esteem underpins not only a basic contentedness or enjoyment of life: it is the precondition for a sense of personal agency, for believing that what you do and who you are matter. This sense of agency in turn is required to engage in the practice of continuous learning, and is far more important to an adult's development than basic skills or the "three R's".

Catherine M. Smith's excellent article, *Possibilities and Pitfalls: Employment and Learning Disabilities*, explores systemic barriers, asking, "how many people are there who do not have the time, motivation, or resources to fight such a battle, and therefore simply accept the discrimination?" (Smith, 2011, p.2). She addresses job fit and the self-knowledge one needs to pursue their best goal path. She also delves into social skills, or more accurately, the lack thereof cited by the Ontario Ministry of Labour as *the main* reason for termination of employment (Smith, 2011, p.2, emphasis added), and the related issues of self-esteem that play into goal setting:

> Self-efficacy refers to one's belief that one's own efforts have a direct impact on outcomes. Many people with learning disabilities do not believe that what they do makes any difference…they will either succeed or not, depending on luck, their teacher, their boss, or other factors apart from their own effort. Those who succeed want to succeed and believe that what they do makes the difference. Therefore they are more motivated to take action and persevere. At some point, adults with learning disabilities who achieve success decide to take control over their own lives and make things happen by taking direct action (Smith, 2011, p.2).

This self-efficacy is related to "re-framing" the LD, or accepting and valuing oneself with LD, and "such acceptance brings with it the ability and willingness to discuss one's learning disabilities with others when and as appropriate, without shame or guilt" (Smith, 2011, p.3). Frank, strengths-based discussion opens the possibility of reaching out for support, or advocating for rights.

But healthy self-esteem is a tall order for many of us, especially in a competitive culture with limited resources to meet the needs of vulnerable individuals. For students in academic settings, where individuals with LD report high levels of isolation, anxiety and self-judgement, the task can seem almost hopeless. Rigorous qualitative comparative research was conducted on the personality profiles of two groups of adults with LD – one group in a training program within a rehabilitation setting and one in a mainstream university setting, as a means to identifying best practices for transitional education.

The people in training/rehabilitation "demonstrated feelings of social isolation, poor self-concept, self-doubt, and extreme restlessness. Somewhat different profiles were seen with the university group as they indicated feelings of fear, obsessive thoughts, a lack of self-confidence, self-doubt, and extreme self-criticism. Both groups demonstrated profiles of individuals under extreme short- and long-term stress leading to anxiety" (Gregg, N. et al, 1992, p.386)

Outside the classroom, the non-academic or social outcomes for people with LD can be seen through a strengths-based lens that focuses on resilience and the often brilliant innovations, workarounds and strategies that these individuals employ every day. A particularly sad irony is that so few feel brilliant or think of themselves as such – in fact, quite the opposite. The internalized sense that one is "stupid" or not capable contributes a damaged sense of agency and capacity to connect with others, both close cousins with depression. Close on the heels of isolation and despair are often found risk-taking and self-destructive strategies, such as self-medicating with drug use.

This brings us to how the presence of LD can also be seen as a risk factor in social outcomes. The interaction between the LD and other social factors, such as substance use and family problems, is a complicated one. *Risk, Resilience, and Adjustment of Individuals with Learning Disabilities* deals with resilience and how it turns on myriad factors that influence how LD are experienced. Things truly sound like they can go one way or another: "other risk and protective factors, as highlighted in the literature, interact with the presence of a learning disability to facilitate or impede adjustment" (Morrison & Cosden, 1997, p.60).

How would you know which factor had primacy? In true chicken and egg style, what if a young student was living in poverty and neglected nutritionally, and so had troubles concentrating at school, resulting in being labelled as lazy and stupid? And what if the trouble at school was met with vicious abuse at home, and the avoidance of both environments marked the beginning of substance use? What then would ever prompt someone meeting that person as an adult to wonder if there they had a learning disability?

So we arrive at the place where good, accessible formal assessment and documentation can enter the picture to boost self-esteem.

Not all I have to contend with: concurrent concerns

Adults who struggle to learn new things in LBS programs, or to find dignified employment, are often negotiating multiple barriers that are hard to differentiate. For example, one might say "I'm so stupid" when in fact they experience undiagnosed dyslexia – but the conviction of their stupidity actually originated long ago, through experiences with, for example, an insensitive teacher. The compromised sense of agency of individuals who have such experiences often leads to poor mental health, which in turn can compromise sleep and nutrition patterns and exacerbate the risk of poverty. A structural analysis of the issue suggests that solutions will be every bit as interlocked and complex as the problems.

People who live with mental health issues

How mental health issues dovetail with LD is profoundly complicated, and it may be almost impossible to tell them apart, or to definitively separate causes from effects. Struggles with processing information – especially social cues – may result in anxiety and depression, which in turn can make it difficult to learn new things or perform well in a job interview.

The qualitative research report, *The Mental Health of Canadians with Self-Reported Learning Disabilities* (Wilson et al., 2009) shows clearly that people with learning disabilities "were more than twice as likely to report high levels of distress, depression, anxiety disorders, suicidal thoughts, visits to mental health professionals, and poorer overall mental health than were persons without disabilities (PWOD)" (p. 24). Researchers rigorously controlled for other variables, covered impressive terrain in Canadian geography, and reported exhaustively on outcomes to do with physical health, employment, and relationships, among others. The study also found an "enhanced negative impact on health for those PWLD [persons with learning disabilities] who also self-reported ADD/ADHD" (Wilson et al, 2009, p.34).

Usefully, the report not only looks at the genders separately, but also offers comprehensive data specifically on adults. It found that the incidence of mental health issues increased and worsened throughout a lifespan – that older adults living with suspected or diagnosed LD were more likely to report suicidal thoughts, depression, and distress. One arresting statistic indicates that, "[f]or persons who committed suicide and left notes, 89% produced spelling patterns and handwriting errors similar to a school sample of adolescents with LD" (Wilson et al, 2009, p.25). The challenges

presented in this report call for consideration of mental health issues in any program or service design for adults with LD, especially later in life.

> *"For persons who committed suicide and left notes, 89% produced spelling patterns and handwriting errors similar to a school sample of adolescents with LD"*
> (Wilson et al, 2009, p.25).

People who are Deaf

The current study, along with a growing number of Employment Ontario (EO) providers, celebrates Deaf culture and looks to people who are Deaf and Hard-of-Hearing to define that culture for the hearing, and to show us our role within it. The inclusion of Deaf issues in this chapter is not an indication that these issues are a liability or pathology. It is a culture. But it is one in which issues of LD are complex and understudied.

There is a dearth of literature on Deaf adults with LD, leaving a vast and important area for further study. Still, as with every other theme in the current review, there is some material on children, and seemingly more material that was published in the early 1990s.

The recommended best practices with the Deaf/Deafblind context include: emphasizing the visual and the kinesthetic, structuring the environment and the instruction carefully, and individualizing the curriculum and its delivery. At the Deaf Education website, Nicola Wayer's online article, *Learning Disabilities and Deafness,* summarizes:

> Strategies that apply for assisting hearing LD students may also be useful for Deaf LD students in both the hearing-mainstream setting and within the mainstream of a residential school for the Deaf. Such strategies include controlling the classroom environment (lighting, sounds, temperature) and considering factors that influence students' emotional being such as motivation, commitment to tasks, and psychological structure. It is important to recognize that students' learning styles differ and teachers should employ strategies that utilize the students' strengths. In the physical environment, temperature, noise, and lighting affect LD students more dramatically than non-LD students as they are more easily distracted by changes or discomfort caused by these factors (Wayer (n.d.), para. 8).

Learning disabilities in Deaf learners, such as linguistic and memory problems, can be overlooked as factors contributing to a person's learning difficulties because these challenges may be misattributed to communication problems common to Deaf people. For example, if a Deaf baby is born to hearing parents who do not sign, then that individual receives *no language input/ instruction at all* until such time as they became involved with Deaf culture, often at a residential school. So certainly there is a language development delay for that person. But how would one know if that was attributable to LD or be able to identify the concurrent LD that is also at work? Sophisticated assessments would be necessary. The most recent recommendations publically available are found in *A Guide to the Diagnosis of Learning Disabilities in Deaf and Hard-of-Hearing Children and Adults,* published in 1994 in the journal, American Annals of the Deaf.

People who are racialized and/or poor

Both LBS and ES providers in Ontario serve a population of broad ethno-cultural diversity. Some cultural norms and aesthetics attach severe shame and stigma to difficulties with ability, competence and academic performance. This shame and stigma may inhibit disclosure of LD,

may inhibit individuals from availing themselves of accommodations, and may prevent the entry of certain people in our programs at all.

Our conversations around how diversity issues impact adults with LD cannot end here, however; critical analysis of how larger structures oppress certain groups must be kept in sight, always from a social justice perspective. Interestingly, a 2002 American study titled, *The Influence of Sociodemographics and Gender on the Disproportionate Identification of Minority Students as Having Learning Disabilities,* found race, gender and class to yield disproportionate odds of being identified as a student with LD. The 2013 study, *Disproportionality in Special Education: Effects of Individual and School Variables on Disability Risk,* by Amanda L. Sullivan, found that this trend is alive and well today, and adds a correlation with school suspensions, which historically do not correlate well with academic success.

These ideas are neither new nor controversial. They are included here only as a reminder that the adolescents in all those popular American studies have Canadian counterparts in similar situations, and that these individuals will become adults whose early academic struggles resonate in complex ways long afterward, both internally and externally. These individuals live in a context where:

> despite higher workforce participation, people of colour (racialized people) are more likely to be un- or under-employed or living in poverty. While a larger share of racialized workers is looking for work, fewer of them have found jobs compared to the rest of Ontarians… [and where] a 2011 report found that racialized Canadian workers earned 81.4 cents for every dollar paid to their Caucasian counterparts (Ontario Common Front, 2012, p.20).

It is clear to see that the pressures faced by many individuals approaching EO services are astounding.

People who have experienced violence and trauma

Violence impacts learning in profound and complex ways. This is because people who have experienced violence and neglect in their lives often develop brilliant strategies – internal and outward behaviours – in order to survive the unbearable.

Students who act out or act helpless, who struggle with being physically or mentally present in classrooms, may be enacting, or unintentionally repeating, these survival/coping strategies. The problem is that these tactics are no longer serving the individual; they are getting in the way of learning. Consider, for example, the strategy of dissociating when one feels anxious (perhaps a common response to classrooms and employment offices); it is hard to remember what you learned when you were "spaced out" for periods of time. It is also hard for anyone to keep their thoughts straight or draw connections between ideas when you are adrenalized.

As students in public schools of all levels, survivors of violence often experience further violation when these strategies, rather than being appreciated (or even understood for what they are), are judged as evidence of laziness or apathy, bad attitude, poor study habits, antisocial aggression, or simply low intellectual ability. Such students are increasingly identified with labels related to mental health and LD. Discourses of pathology (such as with ADD/ADHD, Oppositional Defiant Disorder, and a great many more) are the dominant currency of school systems, and they underpin deeply internalized narratives of failure. Uncritical overreliance and overemphasis on the Diagnostic and Statistical Manual of Mental Disorders (DSM) will often fail to provide holistic, relevant or useful information.

Not much imagination is required to see that people who have survived violence are often the same people who have LD, nor is it surprising that the hallmarks of trauma exposure are

indistinguishable from other processing difficulties. Rebecca Ruiz's excellent article in The Atlantic, *How Childhood Trauma Could be Mistaken for ADHD,* describes emerging research and interventions that address the strong link between childhood trauma and diagnoses of ADHD. Research and data analysis by Dr. Nicole Brown, now a pediatrician at Montefiore Medical Center in the Bronx, New York, revealed that:

> children diagnosed with ADHD… experienced markedly higher levels of poverty, divorce, violence, and family substance abuse. Those who endured four or more adverse childhood events were three times more likely to use ADHD medication (Ruiz, 2014, para. 8).

Another expert interviewed in the article, Caelan Kuban, a psychologist and director of the Michigan-based National Institute for Trauma and Loss in Children, spoke of the challenges professionals face when dealing with the question of trauma versus potential LD or ADHD:

> Four years ago she began offering a course designed to teach educators, social service workers and other professionals how to distinguish the signs of trauma from those of ADHD. 'It's very overwhelming, very frustrating,' she says. 'When I train, the first thing I tell people is you may walk away being more confused than you are right now (Ruiz, 2014, para. 19).

Certainly, at the very least, best practices would know to watch for and how to be more understanding of how some of what children as well as adult learners experience as LD may have its roots in the amygdala (the "fight, flight or freeze" primal part of the brain) rather than the frontal lobe (planning and execution) (Horsman, 2010).

Interventions and supports

Instructional methods

Different learning disabilities, in a sense, can be seen as occupying points on a continuum of learning styles – from slow to quick, from single focus to multi, from momentary to long-term retention. Just as no one is in perfect physical or mental health, all people have cognitive operations at which they excel and cognitive patterns that come naturally to them and act as their default settings.

And so as with all people, adults with LD resonate with different instructional methods, and find a variety of strategies that work for them. Of course, any and all possible accommodations must be willingly made, along with any adaptations to jobs, tasks, and assessments. Beyond these, there are recommended instructional methods and approaches to creating learning environments that remain consistent across the literature.

The late 1980s and early 1990s saw dozens of articles and books produced on adults and learning disability. ERIC's archives bear witness to this publication bubble, and researchers' resounding embrace of the notion that one does not outgrow LD after the school years. At the time, some researchers were concerned with the lack of a universal definition of LD, and some emphasized "remediation" of basic skills more than modern discourses would permit – but most trends in what would come to be seen as best practices were already being established.

Of these, recognition of the differences between adults and children, along with a movement toward a strengths-based approach were significant: "A comprehensive, holistic approach to assisting adults with LD should move away from a deficit focus and shift toward identifying talents, skills, and resources that can aid success in adult life" (Ross-Gordon, 1989, p.XI).

In 1990, ERIC published *Teaching adults with learning disabilities* by Cheryl Lowry. This synthetic digest is an overview of what practitioners considered the primary discourses concerning adults with LD and what they took as best practices; it echoes calls for strengths-based, holistic

assessment. Presciently, it names assessment as "useful only to the extent that it helps adults live more fully… shifting the process from testing to discovery and problem solving increases the adult's involvement and can decrease the negative aspects…" (Lowry, 1990, p.4).

As the field of LD studies gained momentum, there appeared more and more non-scholarly, easy-to-search pieces for adults with LD – resources such as backgrounders, tip sheets, FAQs and reflective essays. Among these are articles such as Learning Disabilities in Adulthood published in 2014 by the National Center for Learning Disabilities, included here for its lovely bibliography of print books and its link to a 1985 paper entitled *Adults with Learning Disabilities: A Call to Action*, wherein the National Joint Committee on Learning Disabilities voiced what they felt were the issues faced by adults with LD, all of which still resonate today.

The material in that era through to the present also reveals general harmony on principles that should guide instruction in classroom and training spaces. Broadly stated, there is consensus in the LD field on the following:

- that learning that lasts is self-directed or intrinsically motivated; the individual must be involved in a collaborative way

- that skills training should be contextualized in real life and have functional application

- that remedial academic instructional methods should be explicit, direct, intensive, structured and systematic (for example, building and marking very clear transitions between activities)

- that instruction should be varied in modality and multisensory, with many options and changes in learning conditions, and willingness to adapt the environment or pace of delivery

- that compensatory strategies should be explored and affirmed

- that feedback should be frequent and explicit

- that respectful relationships that evoke mentorship and andragogy, more than top-down instructional transmission, are helpful

Michael F. Hock, Associate Director, Ku Center for Research on Learning at the University of Kansas, updates and expands on these principles and best instructional practice in his 2012 publication, *Effective Literacy Instruction for Adults with Specific Learning Disabilities: Implications for Adult Educators*. In addition to describing several interventions, as well as cognitive and metacognitive strategies, Dr. Hock highlights the need for authentic contexts, intensive instruction, and adds insights into technology's role. He explores the "think-aloud" strategy, the use of word processing with embedded spell-check for spelling accuracy, a "pause and reflect" procedure for note-taking during lectures, and explicit writing strategy instruction (Hock, 2012, p.69).

Hock also supports "co-constructing" strategies and routines with adults with LD (p.73), speaking to how delivery needs to be individualized in order to meet instructional challenges. Most significantly, he points to ongoing human connection to produce the greatest success, stating that "over an extended period of time… [o]ne-to-one or small-group instruction that is intensive, engaging, and explicit in nature has been found to result in significantly larger gains than other types of less intensive or independent learning" (Hock, 2012, p.74).

Finally, *Best Practices in Teaching Students with Learning Disabilities*, by Anne Price and Mary Cole, is a comprehensive document regarding best practices in teaching students with LD, though as with so much material, is aimed at children. Yet the synthesis of recommended practices is useful as an overview of effective orientations. Notably, it recommends "a comprehensive problem-solving and collaborative team planning approach that includes looking at a student's

response to instruction/intervention" (Price & Cole, 2009, p.16); the centrality of a team-based approach with adults will resolve into very clear focus in the environmental scan section of this report.

Relationships

Some LDs involve differences in style – or deficits in social skills. Romantic relationships and social interactions with employers, colleagues, and strangers all require intensive and appropriately-paced information processing. To succeed in a networking-oriented job market, people must expertly read crucial nonverbal messages, and always know what kind of acknowledgement of a message is required.

Social Skills and Adults with Learning Disabilities, by Henry B. Reiff, provides a respectful treatment of the issues surrounding social skills deficits, discussing how "problems with impulse control and distractibility (often associated with an attention deficit), reasoning (particularly in understanding cause and effect), defining problems, and evaluating consequences have a variety of implications in social situations" (Reiff, 2010, para. 7).

The implications are easiest to see when considering how "weird" or inappropriate an individual may seem due to their weakness in processing social cues, or their inability to interpret the content or intent of a message, to convey their own intended tone, or to use the right register or level of formality. But difficulties in these areas are not character flaws or moral failings – or even "traits" at all. These difficulties are both facets of some LDs and their effects; if an individual was segregated in school on the one hand, or had to work so hard to stay afloat in school, on the other, they may have missed many opportunities to develop socially. And social skills are skills like any other; they can be taught, learned, and practiced in adulthood.

Such skills are best practiced over time, with trusted people whom the individual knows is as allies. It takes a long time to get to know someone, and this has to happen in order to understand of what really is stopping someone from reaching their highest potential. If an individual is struggling with issues described in the previous section, it may take time to feel sufficiently safe and secure to disclose enough to access meaningful supports.

Change takes time, too. *Learning Transfer in Employment Preparation Programmes for Adults Understanding with Low Skills,* a 2009 Ottawa-based study of effective knowledge transfer in training programs, found that time played a part in good outcomes: "the transfer process… occurs at three distinct times – before, during and after the training programme" and involves continued links with former students. "This connection provides a feedback loop" (Taylor et al., 2009, p.8), which in turn supports the development of the practitioner, who gets to see what worked in a more holistic way. The study also found, that in order to be transformative or meaningful, substantive learning had to be socially situated – that is, it had to cross over to other areas of life and permeate the trainee's life roles, impacting areas such as parenting.

Overall, the most salient principle is that adults with LD must be respected as adults, and interacted with as whole individuals. In the atmosphere of dignity created by authentic and boundaried connections, people can grow secure enough to learn and to challenge themselves. In very concrete ways, learning depends on relationships and environments that feel safe – because of how our brains work and how our physiologies hold on to remnants of difficult experiences.

Dr. Jenny Horsman in Toronto researches the impacts of violence on learning, in particular illuminating the neuroscience connections that explain why past trauma inhibits our capacities:

Messages of danger bypass the neocortex, where thinking, planning and reasoning take place, and go directly to mechanisms which trigger the instincts of flight, fight or freeze. To prepare, the brain releases chemicals and closes down parts of the brain not necessary for survival. It also dampens activity in the Broca's area, which is responsible for language. Repeated trauma can lead the brain to see all novelty, excitement or anxiety as a threat (Horsman, 2010).

The trick, however, is that learning new things is an experience of novelty; when response patterns of panic or disconnection are triggered by change itself, the chance to learn is radically compromised.

Learning takes place in a sort of cerebral "sweet spot", which can be elusive to anxious learners. On one hand, if a learning event is not sufficiently challenging, the brain goes into hypo-arousal – "bored" as we would typically describe it – while on the other, if the learning event is too challenging, the brain becomes hyper-aroused/overwhelmed. Learning cannot occur at either extreme. Again, it is important to note that learners who have been through tough times often have distorted relationships with the triggers that send them to one or the other of these mental states. Learners need to be aroused enough to be engaged, but relaxed enough to think. It is actually quite a narrow band, the edges of which are always near, but it is indeed sweet (Lash, 2012).

New research in neuroplasticity, a field quickly growing in popularity, suggests that through training and practice, we can literally develop new synaptic pathways that are fortified by use. **The principle of neuroplasticity turns on brain's capacity to physically/structurally change in response to stimulus and activity** – something that, until recently, researchers believed to end with childhood. We now know that these processes can and do continue throughout adulthood (Cherry, 2015). Similarly to how a path through a meadow walked on repeatedly over time will become bare, packed earth, we can develop new neural/synaptic interconnections and thereby develop and adapt new functions believed to be the physical mechanism of learning.

Dr. Dan Siegel's varied and accessible treatments of the healing and hopeful possibilities introduced by these developments in neuroplasticity emphasize how our experiences – especially those in interpersonal relationships – shape these new neural connections (Siegel, 2012). Relationships of training, coaching and education are structured around information sharing, energy exchange, and communication – as are all inter-adult relationships. In all cases, relationships develop between human beings in all their subjective uniqueness – not between categories or groups, such as "hard to serve clients". In finding ways to support adults with LD, perhaps counter-intuitively, it is a universal approach to design that may respond most effectively to individual needs.

Universal Design for Learning (UDL)

Universal Design for Learning is a theory and methodology developed in the 1990s to acknowledge that there is no one way of learning any material or skill. Among other things, this kind of design is driven by how learners respond to varied and multiple ways of representing information (instruction), and need the chance to use varied and multiple ways of expressing it (assessment). It emphasizes clarity and flexibility, and preemptively eliminates barriers by using a greater variety of modalities, engaging more of the senses and offering more choice so learners can learn what really engages them and how.

Documents that are as clear as possible, teaching methods that are as engaged, as relevant and as explicit as possible, using a wide variety of strategies in instruction, bringing inclusive

materials into any kind of learning environment – these are simply good practices to support everyone's learning. Consider the wheelchair accessible ramp to a building and how grateful the delivery person with a dolly is to see it, and after her, the single parent with a double stroller.

Many public education environments, such as George Brown College, see their growing implementation of UDL as coextensive with their compliance with the AODA. As articulated in George Brown College's *Accessibility Awareness Training for Educators*, published in 2013, the seven fundamental principles of UDL are:

- Be accessible and fair

- Provide flexibility in use, participation and presentation

- Be straightforward and consistent

- Ensure information is explicitly presented and readily perceived

- Provide a supportive learning environment

- Minimize unnecessary physical effort or requirements

- Ensure the learning space fits students' needs and instructional materials

These principles work for all people who struggle to learn, including those with reading and processing issues; however, they won't harm people to whom learning comes naturally. If these principles are adhered to, learners with specific difficulties are freer not to disclose, and may never be or feel singled out (e.g., "Here's your special big handout, Jessie").

There is a tremendous amount of supportive material online to help practitioners of all kinds design their learning materials and experiences in this way. The Internet entity known as **Grammar Girl** shares guidelines for writing for dyslexic readers, including avoiding abbreviations (Enigk, 2012). Her guidelines represent a compellingly worded and clearly articulated blueprint for any educator or other service provider who has to create documents for learners or clients. Clear language and design keeps the focus on the content you are trying to transmit rather than its form.

Finally, please see the National Center on Universal Design for Learning, for its breathtakingly comprehensive collection of resources and examples; and CAST: Transforming Education through Universal Design for Learning, for its explicit focus on education.

Technology's growing role

Assistive software

Adaptive and assistive technologies are becoming more and more widely available, affordable and understood. E-readers, ZoomText magnifiers, screen readers and voice-to-text programs are words that need less and less explanation, especially in education and training environments. All of these supportive technologies have greater access as their aim. Below are a few examples of helpful technologies available today:

Telepresence robots	Telepresence robots provide access to learning or training environments when travel is impossible; Double also observes ergonomic principles: http://www.doublerobotics.com/
Text-to-speech software	Text-to-speech software translates any written text into an oral format. * The program *Voice Dream* does this in 27 languages: http://www.voicedream.com/ * *Natural Readers* is another **free, downloadable text-to-speech software program**, which you can try out at: www.naturalreaders.com
Speech-to-text software	Speech-to-text software lets you dictate into to your device. *Dragon Naturally Speaking* allows for voice-commanded web navigation: http://www.nuance.com/dragon/index.htm
The Kurzweil system	The *Kurzweil* system is a literacy technology that offers supportive reading and writing assistance; reinforces for retention; and assesses skills in accordance with the principles of UDL: http://www.kurzweiledu.com/default.html
Screen readers	Screen readers are for people with low or no vision, enabling them to hear whatever is on the screen including its formatting. JAWS (Job Access With Speech) supports navigation and has output in Braille and speech: http://www.freedomscientific.com/Products/Blindness/Jaws

Implementation and use of these technologies will involve resources including, but not limited to, the financial. Practitioner training and more-than-willing compliance with accessibility policies must also be in place when technology enters the picture. For example, in the delivery of training or academic curriculum, in order to use a document that would use a screen reader, the curriculum layout would need to observe UDL principles of clear document design. If it were an original document, the trainer or teacher would need to be familiar with these principles in order to create it; if a document were non-compliant with UDL principles, they would need to know how to modify it.

A 2009 article in the Adult Basic Education and Literacy Journal, titled, *Assessing adult student reactions to assistive technology in writing instruction*, reported on qualitative and quantitative

research that found careful needs-based selection of assistive technology to be paramount. More importantly, that selection had to be collaborative with learners, chosen according to their preferences and goals. The phenomenon of "buy in" was central (Mueller et al., 2009).

Assistive technology was indeed found to remediate and build skills, with its mastery a significant factor in creating conditions for lifelong learning. At the same time, it is important to note that the positive outcomes such as enhanced self-expression depended on tutors giving explicit instruction, and that some adults did have resistance to the technology. Overall, though, learners' satisfaction, pride and surprise at their new abilities dominated, in harmony with other existing literature on this topic: "The psychosocial needs of learners in adult education programs are often more important to the individuals than the content of the program" (Mueller at al., 2009, p.21).

Specific programs and online resources

Many resources are aimed at children, and much of the language that first articulated LD was based on studies of children, resulting in the misapplication or misinterpretation of tests and interventions for adults. At the same time, some of the thinking that underpins developments in the instruction of children with LD represents interesting directions for further research in adult training and education. Take, for example, the Arrowsmith School's application of research on neuroplasticity. This research is the basis of its claim to address the root cause of LD:

The Arrowsmith Program is founded on neuroscience research and over 30 years of experience demonstrating that it is possible for students to strengthen the weak cognitive capacities underlying their learning dysfunctions through a program of specific cognitive exercises (Arrowsmith School Toronto – "About Us" website page).

In Australia, the claims of the Cellfield reading intervention program, or the "Cellfield dyslexia treatment," to use the company's medicalized language, are certainly strong. Based on theories of neuroplasticity, Cellfield claims:

conventional validation methods have not been successful in establishing the causes of dyslexia. Brain imaging research has removed much of the controversy, but not how to address those causes with any kind of structured treatment program. Cellfield found the answer to *overcoming dyslexia* twelve years ago. A patented intervention was designed that creates conditions of accelerated brain plasticity, which enables Cellfield to address those causes" (Cellfield website – "Dyslexia Treatment" page, emphasis added)

Also found in the literature on interventions involving children and elementary classroom practices is the exciting RAVE-O approach. It represents the kind of expertise researchers into adult LD could study and import, and most impressively illuminates the neuroscientific dimensions of LD. The RAVE-O approach captures the:

complexity and vulnerability of the reading process: to read, the brain must build new connections among circuits designed thousands of years ago for older visual, auditory, linguistic, and cognitive operations. Such a new arrangement of circuits makes reading both a remarkable achievement and potentially vulnerable to multiple sources of difficulties (Wolf et al., 2009, p.84).

In order to become very enthusiastic about these programs, you would have to believe that weakened cognitive capacities – genetic or neurobiological dysfunctions – actually are the only cause of LD, which some researchers and practitioners do not. At the same time, it is undeniable that our understanding of phenomena like dyslexia skyrocketed after the expanded application of brain imaging technology since the early 1990s. Neuroplasticity's promise that the brain can and does change into adulthood is indeed good news.

Many resources found online, of course, do not claim to be miracle cures. Their value is in galvanizing communities of people who have shared struggles, and in sharing ideas and tools.

The Learning Disabilities Association of Ontario has a wealth of resources and its "Websites and Online Resources" page functions as an excellent aggregator of good theory and practice as well as relevant policies.

Virginia-based ldonline is a website with background information, strategies, advice, resources, recommendations and links for people with LD.

Additionally, the LearningHUB is an Ontario-based, EO-funded online space that offers free full courses on a variety of topics such as lifelong learning and goal setting. Among these is a course called "Learning strategies for students with learning disabilities and ADHD".

Finally, amid all the abundance of programs, tools, and resources online, one is well-advised to exercise skepticism when hearing about the latest revelations and revolutions, a caveat articulated well by British researcher, Dr. Dorothy Bishop, in *Neuroscientific Interventions for Dyslexia: Red Flags,* her thorough examination of the credibility of neuroscientific interventions for dyslexia. Her "red flags" apply to all specific programs and approaches touted as the new panacea to a given learning difficulty, often located and always advertised online. These red flags include the absence of relevant credentials and scientific evidence, and admonish users to be wary of high fees, among other useful tips (Bishop, 2012).

ENVIRONMENTAL SCAN

> *"I don't look at LD from a diagnostic perspective; it is my client sitting in front of me. LD is like any other barrier they bring. The principles of counselling and building rapport: it takes time, effort and patience, but it works."*
>
> – Employment Services site supervisor

Overview

For the purposes of this environmental scan, 13 key informants were interviewed at length, guided by the same question sets as the literature review (see Appendix II for the full questionnaire). Additionally, shorter in-person interviews or email responses were gathered anecdotally. Some informants worked with organizations not funded by Employment Ontario. All key informants have been ensured of confidentiality, with data shared here anonymously and/or in the aggregate, unless otherwise explicitly agreed.

Informants had varying levels of engagement with the theme of LD – some had been working tirelessly on the issue for decades, while others expressed eagerness to learn more and expressed frustration over their current lack of information.

The processes, pressures and potentials in Ontario's employment and training sector mirror those going on in the wider world. In all areas of life, people are called upon to organize human activity across ever-increasing populations. In this sector, we need to deploy resources in increasingly more efficient ways that meet the needs of all stakeholders – a challenging proposition when these needs can conflict with competitive funding and political priorities.

To meet the challenges we face with regards to learners and clients with LD, there is much to consider. The four themes that emerged in the environmental scan serve as a useful frame

for this conversation. The scan is an invitation to all levels of Employment Ontario to revisit structures and practices in light of:

- Service coordination and development
- Assessment and documentation
- Supportive technology and design
- Relationships
- Client/learner and service provider experiences

Employment Ontario service providers: sector snapshot

Employment Ontario (EO) is the Ontario government's one-stop training and employment service. "Employment Ontario connects people looking for work with employers looking for workers. [It is a] one-stop source of information about jobs, job search skills, training, education, and other services for employees and employers" (MTCU, 2014, para.2).

Who we serve: a note on numbers

The environmental scan found widely divergent practices around keeping statistics on clients/learners with LD. Some organizations exist only to serve people with disabilities and work with hundreds of people annually; others have no idea how many of the clients they serve have LD and/or no idea how to find out and "can't even think about it because [they] are so stretched" already; still others say the numbers can be seen as "insignificant, based on disclosure [but they are certain] the real numbers are higher." Finally – and the current research suggests most importantly – some leaders in our sector consciously reject diagnostic or medical labeling, or at least are "not overly concerned with labeling, just with serving – [and they keep] no numbers, and make no assumptions."

That said, based on the LDAO definition of LD assumed by this project, adults with LD do appear to account for a huge proportion of clients and learners seen by EO providers, and their numbers are increasing. An intake officer at an LBS program in a community college estimates that in the last five years, their LD caseload has approximately doubled. Another professional with 30 years' experience in LBS claims that at their program, most learners probably have LD – even if they have not been formally diagnosed.

Best practices

Service coordination and development

Best practices eliminate redundancy – they create situations where the right hand does know what the left hand is doing, so there is no confusion, no repetition, and no missed opportunities.

The Learning Disabilities Association of Toronto District (LDATD) offers advocacy, support, direction and skills development services to individuals with LD. At intake, they use **Enterprise Case Management**, which facilitates collaboration and clarifies workflows. The system at LDATD has "one point person who is aware of absolutely everything that is available to that individual" in terms of in-house services and referrals. This triage model was developed by colleagues who had worked together over the many years; their collective experience and institutional knowledge shaped a valuable and consistent approach.

Integration is particularly vital at the intake level in order to reduce the number of times a client or learner has to tell their story, an experience that can be humiliating and even traumatic. Many individuals accessing ES or LBS services are also filling out countless forms and explaining their circumstances to countless frontline workers in social services to do with housing, food, law,

daycare and immigration. One ES provider in Toronto integrated their intakes with a partnering organization to this end:

"We came together with the AIDS Committee of Toronto as a team to provide employment supports to people with HIV/AIDS… We customized our intake process [for this project]. It's a team-based approach – we work on the placements and they work on the life stuff. We put our intakes in the ACT offices – we need to be out in the community."

– ES service provider

Physical colocation of services allows for significant sharing of expertise. The ES providers are experts on the employment side, while they can also avail themselves of ACT's experience in AIDS advocacy: "We'd go there and say, 'How do we approach the thing of disclosure?'"

Beyond intake, a collaborative cross-agency, team-based approach improves the entire process, even if services are not necessarily collocated. It allows each point of contact in service delivery to play to its strengths. ATN Access Inc., a London organization for people with disabilities, which in 2012 was featured in The Ontario Network of Employment Skills Training Project's (ONESTEP) *Promising Practices Report,* has a total of 300 active clients who face barriers, and offers a vast array of employment and education services to adults with LD. The ATN Executive Director spoke of their ability to send people for a cost-free psychoeducational assessment:

"We are able to send people to a private practitioner, but in a team sense. She comes to our meetings and consults with staff – she is a team member. My staff do the initial discovery of if there are enough indicators, and [after testing] help people deal with what their assessments mean, how to learn best, and how to present themselves to the world as a person who has discovered they learn differently. [ATN's counselling services are also] right upstairs, and are partners."

The kind of wrap-around service made possible by coordinated teams can have important impacts on a client's emotional experience, often via counselling services. When a learning profile or educational timeline is built in as part of an intake assessment, it may reveal trauma experienced by the individual, or may be a traumatic experience in itself.

LBS programs housed at Ontario community colleges are acutely aware of the value of having counselling services on site, as well as disabilities services, career services and learning strategists. The Academic Upgrading program at George Brown College has 2.5 fulltime counsellors available to talk with learners all day, every day. In turn, support staff, faculty and counsellors all conference to support learners as whole people. A key informant from another college also named the value of "case conferences", and the benefits of being a part of their college in general, as the college provides access to any trainings based on the identified needs of learners in the LBS program.

The team-based approach impacts exiting processes and referrals as well. Not only are individuals far more likely to connect to other organizations if a personal contact has been made, service providers can also share whatever is useful to support them. ATN again exemplifies this with their approach to follow-up; after the referral forms have been completed, ATN connects with both parties "to ensure they know who they're meeting, that that person is expecting them…[and] if needed ATN goes with them to the initial meeting."

The fact that they are being attended to by a team is not lost on learners and clients. Ideally, that team would include, in a non-tokenistic way, individuals with LD themselves. When asked what the sector should do to support adults with LD, the very first comment from a former LBS learner was, "Get a proper team together, people like me who have been there…"

Assessment and documentation

"I had problems with the paperwork so I couldn't get promoted. I did work for them but they did not know… then I came forward, and one of the supervisors was pretty rude and said I was using it as an excuse. So I got myself set up with psychologists and they did testing on me for 3 or 4 days…"

– Former community-based LBS learner

"In the thirteen years I've been working there, I have never had a single person say to me 'I'm dyslexic'. They'll say 'I can't read'."

- Community-based LBS practitioner

If we take as given that many individuals with LD are seen by EO services and that few enter these services with diagnosis and documentation of LD in hand, one major question is how to recognize these individuals. This is challenging given the different levels of training among providers, differing beliefs about and definitions of LD, and the complicating presence of a host of other issues which the person may be dealing with. Confusion is natural, but innocuous. More deadly are the educators in the individual's past, who saw the performative or situational markers of LD as signs of the individual being unmotivated, disorganized, unlucky, or worse. Individuals have, in turn, internalized these negative messages.

Accessible, accurate and robust assessment for LD is often a turning point in an adult's life; for some it is the first introduction to the notion that they are not "stupid" or "bad" or "wrong". In these cases the boost to self-esteem cannot be overstated. Nor can the benefits of the accommodations that result from receiving formal documentation.

Even frontline providers who espouse a "non-labeling approach to literacy… acknowledge the accommodations that result" from the labels. Consider a learner at a community literacy organization who was advised to get a formal assessment. She "had a good worker" at Ontario Works (OW) who secured cost-free access to assessment services. The LD documentation that resulted "provided her access to more funds and less pressure to find more employment… it provided her the opportunity to continue in the learning environment – but *she doesn't use that label in the program. It's a secret"* (emphasis added). Perhaps most importantly though, formal diagnosis "transformed her way of seeing herself, because she didn't understand exactly why she couldn't read" before the assessment.

But how do we identify individuals with LD in the first place? There was significant overall harmony in how key informants described their approach to doing so, which always turned on an initial interview or intake assessment, sometimes involving a written questionnaire. These interventions are universally non-invasive and respectful, leaving the choice to disclose an LD firmly in the hands of the individual. Though many surveys ask if the individual identifies broadly as a person with a disability, direct questions that name LD are rare. "There is nothing for you to do if they don't disclose," says one employment services site supervisor. "You don't sit someone down and say, you have a LD. You don't press it. We elicit information about barriers and blocks; like 'what prevents you from taking this course?'"

In LBS programs in particular, the questions focus on identifying what has been getting in the way of learning and what the learner wants to work on. One program coordinator at an LBS organization says, "I ask them open-ended questions about educational history, like, what do

you notice when you're reading? 'The letters are moving.' I pick up on that thread, explore it further; what can we do to help you move forward in your learning?"

People may initially describe their learning difficulties using a very deficit-based approach and language, perhaps "because they want to prove they belong [in the program]... [W]e flip that into strengths." That flip is a reframing that celebrates the ingenuity and resilience of an individual in the face of the barriers they have been working around until now. One of these barriers could be a learning disability.

If there is sufficient reason to perceive a given barrier as falling under the current definition of a learning disability, and if the individual is willing and interested, then a formal assessment may be arranged. A strengths-based approach is ideally used here too.

One provincial expert on adults with LD, a psychologist who administers the diagnostic psychoeducational test, names the complexity involved in bringing both precision and empathy to the assessment process:

> "Sift out what was a processing issue as opposed to an emotional issue getting in the way... you could do a lot of it fairly easily if you were trained in getting background information, structured questions around school history in particular.

> [People are] referred in to me for a screening interview, just a structured interview. [I do it in a way that is] openly honest, with the greatest respect – people think in different ways, and that's their greatest value. We need that. When I was imparting information, I always described it as [being] someone who had a BIG difference, or distance between their learning strengths and weakness, such that the latter stops them from showing their strength, leading to frustration...

> Ideally, the value for the individual is that you have imparted the strengths so that they understand they have strengths and explained it in a way they understand so they get WHY it was difficult. It wasn't because they were stupid."

An excellent assessment process involves a robust debrief of the test results. These conversations frame the client or learner's cognitive and learning differences as catalysts for growth and resourcefulness, and their existing strategies as interesting and even heroic. The Executive Director of ATN Access Inc. in London recounts, "We do have a learning specialist with a LD who talks about it, to build trust and connect. The whole culture is disability-friendly, and most of us have issues and it's about being comfortable with not being strong in that area, and finding the strength, saying *I'm a good problem solver because I've had to do things differently my whole life*" (emphasis added). The words of one former LBS learner reveal the brilliance of compensatory strategies: "I got through with a photographic memory, didn't have to write things down."

Good assessment and documentation practices also take into account the socio-economic situations of the majority of people who need EO services, which are free at the point of delivery. Ontario Works and the Ontario Disability Support Program (ODSP) have some funding in place to provide LD testing, but these are often at the discretion of individual workers on a case by case basis.

JVS Toronto is often named as a resource by providers interested in assessment and documentation. It offers "Project GOLD – Generating Opportunities for Learning Disabilities", which provides one-on-one counselling to clarify learning styles, employment action plans, employment-related workshops, job searching, job coaching and job maintenance support.

The ED of ATN is aware their cost-free testing is a model for EO providers: "We do have a best practice. We are funded to do 64 psychoeducational assessments annually… we have been able to piece together services [from a few funding sources]". To assess who is offered access to an assessment, ATN uses the Delta Screener to arrive at a learning profile. This questionnaire covers the following topics: Language and Developmental History, Previous Academic History (Elementary, Secondary, and Post-Secondary), Family History, Health and Medical History, Employment History, Current Academic Status, Current Learning Challenges, Current Strengths and Coping Strategies. During screening, the "person talks a lot, [provides] historical background… it's a whole framework of skills development – right from birth. [The data is] collected and digested; are there indicators? We build a timeline." If there is enough evidence of LD, the individual is sent for diagnostic assessment.

Sending individuals for assessment and the resulting documentation can be seen as a work of advocacy, aimed at ensuring individuals are able to fully exercise their human rights in educational and employment settings. EO providers themselves by and large do not require formal documentation in order to make accommodations for individuals with LD. In the LBS program at George Brown College (GBC), instructors and counsellors willingly and creatively make provisions for people's learning needs every day, and across the college, faculty are trained and encouraged to make any needed accommodations – which they are free to do in the absence of documentation (they are not, however, free to refuse to accommodate a student). The Disabilities Services Office at GBC recognizes that psychoeducational assessments can involve tremendous wait times and so ensures "interim accommodations" to all students, matching them with learning strategists, while accepting Individual Education Plans (IEPs) from high school students or informal notes from other case workers and practitioners until formal assessment can be obtained.

Supportive technology and design

> "As long as I have a tool… A lot of people with disabilities don't have a problem speaking into a machine. I have a cell phone – a Samsung Galaxy 3, it's like my computer. It works on voice recognition, so you can google definitions of words and I use it for everything, GPS; more or less it's my buddy. There [are] machines and stuff out there that even [would help] people with autism…"
>
> - Former LBS learner

Beyond accommodations, supportive or adaptive technologies are gaining ground as powerful tools in leveling the playing field for adults with LD. A faculty member who teaches computer skills at a community college affirms the usefulness of speech-to-text software, stating that students with LD often "do all this pre-editing before they put anything down; they have shame, embarrassment, lowered expectations. A tool like that changes someone's abilities."

An adaptive technologist at a community college, who works with students referred through Disabilities Services or Career Services, or other pathways, introduces them to a tool with both usability and cost in mind: "I guide them through how it works, how it would benefit them – I train them how to use it, what circumstances they would use it in. If they need further training, they can just make an appointment and come back again." This technologist also varies their modalities of communication with students based on learning styles, even providing videos on how to navigate the software.

Significantly, low- or no-cost options are always explored: "If a computer has text-to-voice already built in, or if there's a download that's out there [I recommend that] instead of spending a lot of money" There are many instances of consumer hard/software that are readily available and offer ample support. For example, consider repurposing an iPod, often thought of as simply an entertainment device: "It has a lot of accessibility features that can help our students – text to voice, it can read emails out loud, whatever web pages they're surfing on, or use it as a PDA, an assistant to remind them of appointments, tests and exams; it'll help them organize their day."

The technologist spoke of exploring every option, looking at every operating system and determining that rather than purchasing specialty software, much of what people need, by and large, is already built into the products that many college students own. The iPad was lauded as "great for students who have difficulty reading; as far as versatility, applications and accessibility options [such as text-to-voice capability]. It is by far the best tablet or even device… you can use your voice to type anything – 'voice over' is built in, so it's free… while 'Voice Dream' is a $10 download[able app] for the iPad that can do pretty much everything those other programs can do." The other assistive technology options mentioned in the literature review range in price from $200 to $1400 for single-purpose programs that are "probably more expensive than [a student's] laptop."

However, adaptation is not only implemented through computers. Some individuals, for example, those with very kinesthetic learning styles, can thrive in learning environments where there is more physical freedom. In the technologist's words:

> "Research I've looked at finds students retain more information and are more attentive when they have the option to stand, sit or move around; especially for people with ADHD, just sitting is torture. So they get special pens, note takers – all that is very costly."

At no cost, however, comes the choice to physically move around, which "has been proven to help maintain engagement, focus and retention with students with ADHD."

This same adaptive technologist uses a "standing desk" and dreams of outfitting the college's classrooms with standing options: "I also have an exercise ball, which is low cost – for $250 you can get a non-rolling one." Like Apple technologies and exercise balls, many other supports are already in mainstream use, if one looks creatively. For example, the Khan Academy is a website that walks users through lessons on many topics, (it is particularly known for its excellent math instruction) in explicit and visual modalities useful to so many learning styles, including those with auditory and textual processing difficulties. "All this is good for regular students and also students with disabilities – it gives [everyone] options on how they take in information."

As seen in the literature review, the fact that supportive technologies are good for all learners is based on the fundamental tenets of Universal Design for Learning, which extend to the overall designs of learning environments, instructional methods and curriculum. One community-based LBS worker, in describing how there are plenty of supports and accommodations present in the program, says that nevertheless they are:

> "simply not separate. But we do have a large keyboard, voice recognition software, easy navigation on desktops and text-to-speech programs. We got some money from a corporate donor for iPads for folks who don't feel comfortable at a keyboard. It makes people feel quite literate with tech. But everybody gets to use that stuff; it's not put aside for LD…"

Being clear that learning supports are for everyone also eliminates any pressure on individuals to disclose their LD if they do not wish to.

Relationships

"Just look at the person; if they have difficulty processing social cues, does it really matter if we call it Asperger's? The more you make people fit into these categories, the less success [you may have]… I have never met two adults with LD that were the same."

- Psychologist with 30 years' experience in the field of adults and LD
(emphasis added)

The environmental scan found a strong commitment across the sector to interact with unique individuals rather than to implement practices aimed at categories or groups; there is little homogeneity around serving people with LD. Many informants returned often to the idea that we have to "step back and look at individuals or you lose your perspective."

Authentic relationships transcend labels. Good practices acknowledge that access results from certain labels – but these practices take the lead from the individual themselves, checking in with the individual to determine if they reject or embrace the label. With LD as with mental health issues, we wait to see if the individual uses a label they are comfortable with; for example, does a person use a label like schizophrenia or bi-polar to describe their experience. If they do, it is usually because the use of these labels secures them access to medications, supports or group memberships that benefit them.

In the same way, disclosure or suspicion of LD can lead to the assessment and documentation that helps individuals negotiate or eliminate barriers. And again, the client or learner should take the lead. One employment services site supervisor says, "Even if we do see someone with an obvious disability, often they don't want to put it on paper or declare it, and that's fine with us. Totally voluntary. Then when you work with them for some time, and it becomes clear that their LD limits them, then we talk about it… And we don't have to know if it's not a barrier."

It is the barrier, the limitation, that gets addressed – not its medicalization

It is the barrier, the limitation, that gets addressed – not its medicalization: "[It] doesn't matter – we provide what they need." Each time a key informant was asked in interview, for example, whether they included ADD/ADHD, Autism Spectrum Disorder/s, Acquired Brain Injury, and Aphasia in their understanding of LD, the informant laughed and expressed some version of "I don't know" – without fail in a tone that conveyed "What does it matter?"

Relationships take time; the trust involved with disclosure of learning difficulties develops gradually. Practitioners in LBS are attuned to this, asking individuals simply what gets in the way of their learning. People may describe not being able to remember what they read, having trouble focusing, getting headaches, "but they don't use the words 'I have dyslexia.' They say 'I was in the stupid class.' And we reframe that using a systemic analysis," notes one community-based literacy worker. It is in this reframing of deficits from a structural perspective where clients and learners may start to see the ways they have been neglected or oppressed by social structures, introducing new possibilities for developing self-esteem.

Once the work begins, especially in educational settings, the nature of the barrier may become clearer:

> *"More often than not, it's a tutor comes to me and says, 'I think this learner is dyslexic,' and I ask 'Why do you think that, and why is it important?' and encourage them to resist the label a bit. We ask if there is a benefit to using it, and there may be – the student's relief, like 'Oh that's why…'"*
>
> – Community-based LBS worker

Relationships are also individual, with service provision taking into account the learning needs and the social/emotional conditions of people in singular situations. Instructional methods are customized based on where the person is now – and where they want to go: one LBS program coordinator says delivery "depends on [the learner's] goal path. The teacher is very flexible; [it's a] mix of independent learning and stand-up teaching – a very cooperative model."

For real change and success to occur, there is simply no substitute for "one trusted person... the human touch… the deep needs assessment and the listening component [that demonstrates] the empathy of a social service support." Those are the words of a manager at the Learning Disabilities Association of Toronto District (LDATD), who spoke of the benefit of truly getting to know a client when looking to find the right training or employment fit. "There is an understanding of their abilities on the side of the provider's side… Upon talking with a provider who [also] understands labour market trends, the individual is equipped and empowered to continue their own search."

> *Job fit is a major theme for people with LD; finding the right employment opportunity is the difference between despair and success.*

Job fit is a major theme for people with LD; finding the right employment opportunity is the difference between despair and success. It could be that the client's goal path is appropriate, but entrance requirements have to be adjusted. In the case of one aspiring hairdresser who was known well by an LBS coordinator, the coordinator noticed that "she took verbal instructions really well, but if I gave the same instructions on paper she couldn't do it. [She] took her exam orally, graduated at the top of her class and she's working now."

Sometimes people whose capacities are well known to providers can be encouraged to consider goal paths that really play to their strengths. One director of an Employment Services program cited promising developments in research around identifying ideal jobs for individuals with Autism Spectrum Disorder. There have been positive outcomes reported when these individuals are directed towards, for example, quality control jobs. Only knowing deeply how someone responds to different types of challenges over time and in different contexts can give providers this kind of knowledge.

Gaps and unmet needs

> *"I've had five [different counsellors] in Disabilities Services so far; they keep moving them out."*
>
> – LBS learner at an Ontario community college

Service coordination and development

The triage approach to intake and case management introduced in the Best Practices section is a model that depends on intake workers knowing how to recognize LD. It is also an approach dependent on intake workers, frontline and support workers communicating with one another regularly, generously and effectively. In interviews with key informants, the two themes of training and harmonization – along with that of funding – arose the most frequently in response to all questions about the gaps in service provision, desired resources, and missing information.

Training on how to recognize and identify individuals with LD was a need resoundingly expressed by key informants. A director of a large ES service provider went further, saying that training on LD issues cannot even begin until LD gains more cultural currency: "We're not talking about this; nobody is talking about this. I don't know how to tell my staff how to do deal with it, cause I don't know how to deal with it… everybody talks about mental health; we need to start having a conversation [about LD]."

Training for many service providers does take place in a climate that values professional development in general – one that provides time and funding for it. And some informants did say that they had had some training, and others spoke of providing training to others. In particular, the training of volunteer tutors at LBS programs sounded quite robust. At the same time, one intake worker at a college-based LBS program, with has a background in special education, identified the lack of teacher training as compromising the effective handling of the increasing LD caseload, "not just here but in general; LD used to be such a specialized area and now it's integrated." Still other voices claimed that because EO serves clients with many different kinds of barriers, the trouble is simply that the training is not specialized enough.

This problem deepens considerably when the necessary professional training must be more precisely specialized, as with the identification of LD among individuals who are Deaf.

A program coordinator of the Academic Upgrading for Deaf and Hard of Hearing Adults at a community college stated:

> "The Deaf community – it's a big issue because there are very few qualified people to diagnose; many people have been misdiagnosed with LD because they did not learn a language from birth – that's a delay, but not a processing delay… But as an LBS program, we struggle as practitioners because we don't have any training in LD – what are they? How do you identify? And where is the training for us to find ways to support? We don't even know if we can ask, and if so, HOW to ask."

Another prominent best practice involves **team-based delivery and coordination**, but at times the environmental scan felt like visiting the personal workshops of different inventors all working to create their own version of the wheel. Expertise does exist in the employment and training sector, but currently there is no one body, no one service, and no one stakeholder that has the coordination and integration of LD services as a primary project. Although "you don't want to set up a system where you have a separate [the] person handling LD – that's creating 2 streams, a stigmatized situation," it would be helpful to have a single coordinator who had access to and a deep familiarity with all available resources on LD.

This is a gap that is certainly felt at the service provider level. A director at one ES program suggested:

> "There should be a kind of an office, an ombudsman, which is providing supports to the EO providers to do what we need to do [because] we're not equipped… [This office would] bring together disparate specializations in things like dyslexia, autism, etc., and really have

a set of guidelines and a focused approach that provides supports to us trying to place people. We don't know where to turn. We need to bring together the expertise from the ES side and the educational expertise around learning styles and so on."

As one Career Services advisor at a community college puts it:

"It would be helpful for… there to be more information available on supports and agencies for employment that work specifically with students who have varying types of learning disabilities. There is sometimes [a] disconnect of the student continually going into programs and becoming a perpetual student rather than out in the employment world. I believe most individuals are employable and there are jobs that will be the right fit for individuals but more work needs to happen to support these individuals in the transition. It would be good if there was funding for [providers] who actually connect all these individuals to the right services and follow through to ensure they get what they need so they do not become lost in the education system."

Yet another ES site supervisor expressed the more modest dream of simply "maybe having a list of resources – a shared list…"

This sharing is most effective across organizations with a variety of funding sources. If we limit conversations only to EO providers, we will miss out on the expertise and resources of bodies like the federally and municipally funded LDAO and LDATD, as well as privately funded programs.

It is worth noting that there is more disconnection and bewilderment expressed by professionals at ES service providers than by providers working in LBS. The LBS providers have a lot to offer ES providers, especially around recognition of LD and articulating the nature of best supportive interventions. This idea was expressed by one key informant who stated that, "if the funding was appropriate, the [LBS] programs know what they have to do."

Assessment and documentation

"My thing is trying to get learners assessed – to get accommodations you need a psychoeducational assessment. Without that, you can't get the supports; that's a big thing because we don't have money. Nobody wants to do it for free. That's the biggest challenge."

– LBS program coordinator

It is no secret among practitioners across Ontario's employment and training sector that a formal psychoeducational assessment for diagnosis and documentation of LD is prohibitively expensive. Across key informant interviews, costs from the high hundreds to the low thousands were all mentioned.

Although Ontario Works (OW) and the Ontario Disability Support Program (ODSP) both fund assessments, the decision to do so is at the discretion of individual case workers, a policy that is problematic because of the inherent subjectivity of this approach. If accommodation is a fundamental human right protected by Ontario law, does it not follow that individuals should have the right to access more easily the assessments they need to secure accommodation? In the face of current barriers and costs that limit access to LD assessments, some organizations have ad-hoc, case by case arrangements involving partnerships with private psychologists that allow for a sliding scale fee arrangement.

At George Brown College for example, in order to have a formal assessment arranged, a student must be a fee-paying student, which Academic Upgrading students in the LBS programs are not. Deaf Upgrading students face an even thornier reality: it may be near-impossible to secure an assessment, but if one is secured, in the absence of the appropriate expertise in interpretation, the results can be nearly meaningless. Consider the following case shared by a frontline provider:

> "More people are getting involved, but there are still so few qualified people to assess a Deaf person with an LD, so few resources. The Canadian Hearing Society (CHS) has Connect Services, a mental health/counselling department for the Deaf community. They have ONE Deaf counsellor [who is able to use ASL] – others have to use an interpreter.

> One student is working with that Deaf counsellor; he wishes to pursue post-sec. They realized there were barriers. He'd had an assessment done in high school but it's outdated – they asked us if we had funding for a new one.

> There is one person who is qualified [to do assessments] in town, but it [costs] $3000. Our DSO [Disabilities Services Office] can't pay for it because he's a non-fee-paying student, so they referred us back to CHS. So CHS got some funding and he got it done. And all it said was yeah he needs extra time, a learning strategist, an interpreter and all the things we already do in Upgrading! So now I have to contact the counsellor and have everyone meet again. The document, I still don't know what to do. He's missing a lot of classes. It's still an English issue [versus ASL]. He's still struggling. We're just still using current practices."

Supportive technology and design

The assistive technologies enumerated in the literature review are tempting and powerful tools. With increased funding to support their use, they could be integrated more meaningfully into the daily workings of all our institutions. For example, according to one assistive technologist, large institutions must invest "far more" money in Wi-Fi, because for most of the software options mentioned, the Internet has to be "consistent and very fast… [it] has to work perfectly."

Money could also be directed toward training and outfitting teachers with electronic devices so, for example, they "can use the iPad as a teaching tool. It has the capability to be plugged into a projector. On screen, you use your finger to annotate what you're showing on a PowerPoint, or even mimic a laser pointer… and it's mobile. I'd spend money on [giving it] to all faculty to play with and use." The same assistive technologist also shared the more ambitious dream of using a telepresence robot for remote classroom experiences so that a student who was chronically ill could attend class.

Although increased funding for these supports and resources would be undoubtedly beneficial, there is a deeper issue of access at play as well. Most clients and learners who approach EO providers are not, in fact, college students. Nor do they generally have access to the kinds of resources enjoyed by college students, often not even the "affordable" options explored in the literature review.

A final question for further inquiry: As changing trends in the Ontario job market and the suitability indicators of the Employment Ontario Information System (EOIS) introduce increasing numbers of older learners into EO programs, EO providers will continue to encounter increasing numbers of clients who are afraid of, resentful of, or anxious about technology. **Will our growing reliance on technology help or hinder these individuals, who at a minimum will probably need to gain at least basic facility with technology in order to become employable?**

Relationships

"Forget, for a moment, the target… We don't want to hit the targets; we want to address the issues clients are having."

– Manager at the Learning Disabilities Association of Toronto District

Relationships take time – the impact of stretched resources and reporting requirements

The year 2011 saw the introduction of the Employment Ontario Information System - Case Management System (EOIS-CaMS) across the EO sector, and subsequent years have seen its increasingly thorough implementation. Primarily driven by discourses of accountability, "EOIS-CaMS is Employment Ontario's primary mechanism for information management, service coordination and corporate reporting" (EOIS-CaMS home page, 2015).

EO providers appreciate the imperative of accountability and efficiency as much as stakeholder; we have been committed to outcomes-based practices for a long time now. However, this particular system is quite time-consuming and experienced as burdensome to service providers, in terms of its data entry and administrative requirements. Executing a single action on the system can take up to 30 clicks of a mouse; the time required to initiate, continually update (lest the client/learner become "inactive"), track and follow up on case files is staggering when added to the time spent learning how to use the system. During times when the system is malfunctioning or slow, several providers interviewed shared that an entire day's work can be anything from compromised to destroyed.

The responsibility of managing the EOIS-CaMS systems rests with frontline workers, counsellors, and teachers who would otherwise be spending time building relationships with individuals. "Following up, recording, analyzing – the time for EOIS is taken away from direct client services [and] put into admin."

Ideally, the roll-out of such a robust information management system would involve additional funding to pay for the extra staff hours needed to manage it - for administrative staff, not instructors and case workers.

Though it is inextricably linked to funding, time was consistently named as a resource more precious than money in the current landscape. This refers not only to time during a work day, but time that stretches across the longer term to maintain relationships with those we serve. Clients and learners are impacted in a few significant ways.

When an austerity climate stretches resources, one issue that inevitably arises is staff turnover. Low-paying jobs, fewer full-time academic positions, and the pressure to perform in terms of numbers are all factors that lend themselves to a rapid succession of workers. This phenomenon jeopardizes the necessary and gradually developed trust so essential to success. In the words of one LBS learner, "when they switch a worker on you, you have to start all over again." Individuals develop personal supportive relationships with workers, disclosing often very personal or sensitive information to them, and real progress can be erased when a bond with a worker is broken.

Relationships are individual and require time

Barriered individuals are as different from one another as all people are; the best supports and services should be deeply customized around their strengths and challenges. This takes time and recognition of those differences. For example, what specific supports would be needed by people in rural areas? By Native people? On reservation – or off? Different types of programs require individualized funding models, which includes targets both in terms of numbers served and length of time seen as acceptable for service.

The previously mentioned Program Coordinator for Deaf Upgrading states:

> "The one-size-fits-all funding formula doesn't work for Deaf and Deafblind… We have to find X number, but where are the Deaf people to fill the targets? There's talk of closing down the Deaf high school because of numbers… [With] the push for cochlear implants a lot of people are mainstreaming; we all struggle with meeting the targets. So we're stressed out and the [scramble] takes away from time we could be working with students one on one… [which lowers] the expectations of having a quality program. We're accepting anybody in order to meet these targets; that affects our programming because there are so many language levels."

In the current outcomes-based model, service providers are funded based on successful client "exits". Naturally then, programs move people along more quickly and naturally there is pressure to do so. This is the necessary correlate to the desire to keep programs in existence. Individuals who experience learning disabilities among the barriers they face, by and large need more time with and more support from service providers. One expert interviewed estimated that five years is the average amount of time needed by a person with LD in order to benefit from LBS programming: "People need counselling and time to heal… [the current] timelines are not acceptable, they are not realistic, they are not appropriate."

"Time to heal" acknowledges that Ontarians who access education and employment supports often face other complex issues. For example, their physical health may be at risk as they struggle with health, financial and legal literacies. They may have survived violence or trauma in the home, or connected to refugee issues, gender, culture, or religion. They may be dealing with systemic discrimination related to being part of communities that are poor or racialized. Individuals deal with LDs not only in addition to – *but completely mixed in with* – all that. When long-term support is provided in integrated environments that hold them as whole people, these individuals can and do succeed exceedingly well.

When individuals have not succeeded, or have not reached "the level of independence which is entry level to everything else," sometimes referring them to other providers is not an option.

> In response to a question about referring and reaching out to other organizations when a learner's time is finishing in a program, one community-based LBS provider said, "Where do we go? There's nowhere to go. We are the program that works with people at the lower levels. Us and one other program. And the pressure for numbers pushes them out."

The location of the cracks through which people fall thus becomes starkly clear.

One-on-one time with learners and clients, time to follow up with them, (ideally into the next phase of their life), time to study best practices and to develop the skills to implement them, and time to form relationships with other organizations – the hours needed for these critical items are all desperately lacking to frontline workers. EO providers need to have a long-term conversation, one where we can talk about ways to better use limited time and resources, and one where we are able to draw meaningful connections about how to provide holistic, wrap-around supports for all learners and clients.

Client/learner and service provider experience – report on focus groups

Nineteen focus groups were conducted across Ontario throughout the winter of 2014-2015. They were promoted as non-judgmental, informal, friendly spaces to share food and experiences, and included the participation of EO clients and learners who identify as having LD, either formally diagnosed or not, and the EO service providers who work with them. The two types of groups met separately; fifty-eight clients/learners and 62 practitioners participated in total. Each session began with an introduction to the goal of the project and a guarantee of confidentiality.

Rather than closely adhering to the categories set up by the environmental scan, the following exploration of the focus groups' findings follows the logic and flow of the questions asked, but ultimately address the same issues:

- "Identification of LD" – encompassing issues surrounding intake, assessment, documentation and diagnosis

- "Common struggles" – addressing gaps and unmet needs: what makes learning hard, frustrations in service coordination and delivery

- "What works" – looking at best practices, what already helps people learn, and what can be enhanced

Findings: Clients and learners in the Anglophone stream

Identification of LD

Individuals in the Anglophone stream were largely able to articulate the history of their struggles with learning, and much of the anecdotal material is from childhood. Some focus group participants were formally diagnosed with an LD as young as four years old, and some during primary or secondary levels of schooling, often resulting in IEPs (Individual Education Plans) that, while providing a starting point, were not updated or may not be relevant to adults.

It is beyond the scope of the current project to parse out the advantages of early vs. later diagnosis of LD, but what does surface is the mixed nature of the results of **early diagnosis:** on one hand, it **opened access to supports** and on the other, it **brought stigmatization.** It was also often mixed up with other coexisting issues that required attention, and other avenues by which youngsters' learning problems were medicalized:

I have problems staying focused. I started on Ritalin but I was not eating anything so my mom took me off. Now again I am having trouble focusing…

I was diagnosed with ADHD at a young age and I had fine motor skills problems so I had to use a keyboard. There was a lot of help at school, but I felt different from other people. I was given medication at a young age, but I have been off of them for 10 years because I started abusing… I have not updated my diagnosis.

In elementary school I was tested and got an IEP. I had to take time out to do things more slowly; I had to train myself to do things my way; I had to do it at my pace; I took extra time to read and learn. I didn't understand why I was in the class in grade school. I was always pressured to do things faster and I couldn't keep up. I had anxiety because I couldn't keep up.

In grade one I got an IEP but wasn't told directly; I wasn't told why but was just separated from the class. I didn't go to grade 2 with the rest of my class and it really hurt me.

Reluctance to self-identify and ambivalent feelings toward diagnosis, whether recent or historical, may be rooted in the **fear of being labeled and the embarrassment and bullying** that sadly tend to attach themselves to it, at the hands of both fellow students and teachers. The sense that "kids like that get picked on" reverberated through most recollections we heard. Many individuals spoke of exclusion and negative memories of "special ed" classes linked closely to the teasing that usually characterized the strongly 'streamed' educational climate of the previous generation:

When I was young, I was called" special ed" and that label made it hard to fit in. You are "special ed", [singled] out as a special persona and people don't want to be associated with you. I don't think it should be a label or shared publically.

I quit going to school when I was 11-12 years. I was put in a special ed class but the teacher did not have patience for the slow kid. I was diagnosed with slow processing and started walking out of class.

At the same time as some individuals had negative experiences from being labeled or diagnosed with learning challenges, as explored in the literature review, the **absence of a diagnosis** opened up young people to vicious and **judgmental assumptions** on the part of the authority figures in their lives. From the mental health professional who asked someone if they weren't "just being lazy" to instructors who "didn't understand why I didn't understand," learning difficulties were usually re-cast as "behaviour problems":

A lot of teachers didn't know I had an LD. I was struggling and they didn't understand. They label you as a troublemaker or they think you're making an excuse.

One teacher took my books and threw them out of the class and threw them into the hall. I didn't understand my behavioural problems so maybe that's why the teacher reacted the way they did.

When asked to talk about current diagnoses, participants were largely ambivalent, though **a few accepted and embraced clinical labels** for both learning problems and "concurrent" diagnoses as explanations that can help boost self-esteem. However, the feeling that an LD label will continue to stigmatize in adulthood may be behind the **widespread reluctance to self-identify**. Having a label can actually inhibit trust and confidence in service providers ("who may be fake with you because of it," according to one learner), and there were several dismissals of diagnosis as "irrelevant anyway":

You shouldn't put a label on yourself; you should tell people, 'I have this and this and this.' The more you label yourself the more it will bring you down. People will react differently.

I saw it as a negative that I had a label of learning disability; I never like to be put in a box. I really paid attention when I heard about it and when anyone reached out it felt like they were under some weird obligation to me.

My learning disability is dyslexia; I have issues with reading, writing and numbers. It started in grade 3 and I had an IEP… In grade 6 or 7, I didn't identify because it's negative; I told myself no. I'm not registered with the office because I had strong home supports. I get papers edited with my parents. I don't like to say out loud I have problems because people are like, 'Oh…'

There's a lot of stigma when you tell people you have a learning disability. I've experienced here that they talk to you like a little girl. You don't need to talk down to me; we're not stupid. In fact, we may be more intelligent because we've had to learn to deal with problems.

I've been diagnosed with bi-polar. I'm on meds and I have more energy. Whenever I'm depressed it becomes more difficult to learn; it's hard to connect… I was diagnosed in my thirties and [then] it made sense why I couldn't do certain things.

What the current research names **"concurrent concerns"** played a big role in early narratives of troubles at school, especially **unseen issues at home.** Focus groups all heard many references to substance use by parents or guardians, which further substantiates the intergenerational nature of the effects of trauma. Abusive or neglectful environments, instability, and isolation – including several references to moving frequently and attending different schools – all these factors impacted early learning, whether or not a formal LD diagnosis was present:

I grew up in Regent Part and in an abusive environment with my mother and father. I started driving a tow truck at 15 for family and never really got into school. We used to also move around a lot. School was never comfortable for me and I always used to get into fights and stuff like that… There are a lot of things that go on at home that no one sees and should be considered.

I lost my mom to a fire when I was young and I was passed between foster homes and just got into the trades without thinking about school. It made it hard to learn. I got into the trades and never thought about school. Never thought about school until my hand was crushed at work. Not learning was because of not dealing with things from childhood.

I am 40. I was diagnosed with a cognitive disability when I was young. I lived with a special needs teacher but because we moved around too much, they did not notice my social integration [and] interaction challenges until university and I realized that there was an issue.

Common struggles

Though naturally present in the focus groups and interviews, references to the most common learning struggles, such as connection and retention, were eclipsed by more **emotional accounts of shame.** How hard individuals fight to comprehend – **"I just don't get it"** – was a resounding common theme: stories of not understanding what is expected or not understanding the content itself, and the teacher not understanding them, came up over and over. Not knowing what is expected fosters anxiety, and an astounding number of focus group participants spoke about their struggles with anxiety (both clinically diagnosed and not).

Shame, self-doubt, second-guessing – all provide the fuel for negative self-talk. This starting point for many learners and clients makes asking for help really hard to do.

If I can't figure it out, I say screw it. I would separate myself before someone had a chance to separate me. The attitude of how you're approached sometimes doesn't work, like the feeling that you're a burden and you are taking time away from another student.

When you know the information within yourself, you're thinking why can't I learn the way others learn? It's a burden to me to take time away from another student; I have guilt about taking time away from someone else.

"Falling through the cracks" is a common metaphor to describe failed education. However, many individuals with LD described the sense that they were more **"pushed through"** schooling – inappropriately passed through to the next grade or level "even though you didn't earn it." This damages self-esteem in the long term just as much as it truncates learning in the short term.

I went to school though they just pushed us through the grades in our community. About 10 years ago I tried to go back to school, but they refused me because they said I didn't meet the minimum to enter the college program. It made me feel very bad and discouraged.

Middle school seemed like a black hole, they just pass you on and get you to high school.

The conviction that "no one cares and no one helps" continues to resonate in adulthood for some individuals:

Because of struggles in childhood, I did things for myself; we all have to learn for ourselves. I'm struggling with the academics because professionals have a lack of understanding of learning disability. They don't have time to work with us; it would be nice to hear that they take the time. I've been asking for a tutor and a note taker since I started; I'm doing most of the work but it's too much… The disabilities office is aware that I need accommodation, but I'm still looking for a tutor and a note taker.

Bureaucracy at all levels and types of public services also surfaced as an issue that blocks success; one doesn't have to know the term "service coordination" to know when it's not happening. Lack of consistent rules across programs, the suspicion that "they don't know where to refer you," cynicism about the good intentions of programs, and feeling like "you're getting the runaround" were all themes brought up by focus group participants. The commonly held perception that "everything depends on your worker" contributes to the feeling that support from various EO services is arbitrary:

I don't understand why some of us have great workers that want us to get an education and then some others that don't want us to do anything.

For me the issue is that professionals helping you don't get to connect with each other so sometimes they don't even know about the resources that are out there.

I am on OW and I don't think they help me. They tell you if you do this program and that program, you will find a job. But that is not the case. I have done so many programs here, but I still have my problems.

[Redacted] program is a scam. They get money from the government and do programs that are not real and are with fake paper work.

I'm on OW and they want you to go to school and they don't want to give you time to get your thoughts together to help in finding a job.

Another striking repetitive theme among focus groups suggests the need for further research into the **hereditary nature of LD.** Learning difficulties, family trauma, and coping responses to trauma (including substance use) are often evident in the lives of individuals and their families over the course of more than one generation. These challenges are often intergenerational, and are inter-related in both directions from the point of view of cause and effect. A startling number of participants who struggle with learning challenges were eager to talk about the LDs experienced by their own children:

My son has LD and ADHD and I am trying to be supportive but he just doesn't get it.

My son has LD and anxiety and I want to help and share my own struggles. And they don't get it and they push you away.

My kid is 6 and still writes backwards. My ex has talked to the school to get extra help, but there is nothing. They just tell us she will grow out of it.

I used to have drug and alcohol issues that might now be causing my daughter problems, but now there is no way of knowing. Now they want to give her drugs. I don't want my daughter on all these drugs.

Finally, EO clients and learners share struggles common to many: a quickly evolving and increasingly tight job market, the high cost of post-secondary education, the limited eligibility categories for funding, the need to work as well as study, the high cost of living, and simply, how there is "more month than money."

For me, it's financial. I used to work full-time and [now] I can't even work part-time. Luckily my wife works full-time but it will get harder going through school. Finding resources to support me is going to get harder and harder. The programs on campus to help you find a job should take into account the schedule of school.

Definitely time. I was barely getting by on a part-time job and I had to reduce the hours at work to do school. Financial is a big problem. There is a lot of judgment in programs that provide help. There is judgment in trying to access extra supports.

Constant judgment about the way I look or dress or my background. The cost of childcare, the rising cost of metropasses. Finances and time. I work but why do I have to choose between work and education? Food is too expensive.

I'm on ODSP and I'm not available for OSAP. ODSP has a schooling fund but it's not easy to access and they don't necessarily cover it all the time anyway.

What works

Programs that transmit care, compassion and respect are the lifeline of many. When service providers are seen as trying their best to help, where there are robust accommodations, where programs are experienced as supportive communities where people are treated as individuals and not just cases or files, people can thrive through interpersonal connection. These connections are important among clients and learners themselves – they are also in community. Self-esteem is also restored through a growing understanding of the intergenerational nature of the issues.

It is not our fault we are like this. We all have different lives and paths. It comes from generations and our parents [were] teaching the best they thought.

[People at the program] sit with you and understand what you need and what you want to do and learn. They answer questions when they can, but when they cannot they still try to help. It is a little family and they care about you and have your back. It is structured but you do your own thing.

I share my strategies with others and others share their strategies with me.

I don't want to be outside anymore. I want to participate. I'm getting more confidence and want to share things more.

Having a sense of community and respect is very helpful and creates a good learning environment. We are not shy with each other. I am not shy about my addictions (clean 3 years). Nine months in I lost my mom, but I made choices to stay clean. We are not numbers… I am a crossing guard today and if I can make it any one can. It is all respect and helping each other.

There were an enormous number of positive references to tutors, highlighting the efficacy of one-to-one support, and of building **familiarity and trust**:

I'm more comfortable going to someone I know rather than to strangers.

The one-on-one is very important because there is someone who believes in you. [This program] is taking the time and slowing down and giving us time to learn. Having someone believe in you and inspire you to do more.

I have a one-on-one relationship with the teacher to help tailor the program for me. I like the way she always checks in with me to make sure everything is going along well.

Receiving sincere encouragement and feeling safe to ask for help, as well as feeling welcome to ask instructors to repeat things as often as needed – having things presented "over and over" – were repeatedly mentioned as essential elements of success:

They told me, 'We are here to help you succeed.' They will repeat as much as you need so that you will understand. And there are often a lot of tutors and the one-on-one is great.

Time limits, both on completing discrete tasks and on staying in programs, were often named as unhelpful. **Being given more time for activities and longer tenures in programs** is important when "things have to slow down, have to be broken down." This echoes what service providers know about the extended time and perseverance it can take to learn for individuals who start off significantly behind the curve:

If you throw too much at me I get overwhelmed and confused
and it triggers anger…

<div align="right">

Anything too fast doesn't work.

</div>

When I was going to start, if someone told me that it would take
me two and a half years to put words together, I would not have
continued. But now that I have been there, and seen how much
you learn, that two and a half years are golden in my lifetime.
Now I trust the others and peers and the system to support me…
[It's a] safe haven to learn.

Persistence and self-advocacy also arose as important themes; success follows assuming authorship of one's own learning, knowing "our own rights."

We need to advocate and speak for ourselves and ask and ask.
We need to take responsibility for our learning at this point.

Variety in instruction and in points of application was also highlighted repeatedly. Finding new ways to deal with stress and to concentrate, such as meditation, working in quiet spaces, and using holistic practices with music to focus or relieve stress all brought a sense of possibility. Adults know that "everyone is different and learns differently." Movement, "hands on" experiences and small group work were all noted as valuable as clients and learners found their way into **developing their own unique strategies:**

Working through in my own way; I work independently and
figure it out for myself.

<div align="right">

I worked really hard to develop strategies [no one taught me], especially
with math… I talked to the professor; I've learned to be very specific.
I've asked if the teacher could write on the board the same way it will
appear on the test; what I see on the board is relative to what is on the
test. I colour-code notes.

</div>

Doing physical work with my hands – showing with my hands helps
my brain function. Working in small groups also works. For certain
things, I need to be by myself. It all depends on what I have to do
and when I have to do it.

<div align="right">

I lose focus when I'm sitting in class for hours. I go take a walk
or listen to music for things to process.

</div>

Talking about it helps; someone explaining it to me really helps
me understand. Auditory helps me learn.

<div align="right">

I learn more earlier in the day. The time of day you're learning is key.

</div>

Music is my motivation when writing; I have my headphones on.
It helps tune out other distractions. It keeps me motivated.

Finally, among participants in general, there is a great deal of optimism and hope about **emerging technologies** – laptops, iPads, being able to take pictures of information on the board were all named, as was appreciation that these things are included as learning tools in programs.

I can read now and use a computer – now I am all over the world.
I can say I am no longer illiterate. Now I am all over the world with
the computer.

I go on YouTube and… learn there.

I want[ed] to learn how to [use the] Internet, Google and email
and then I came here…

However, among some individuals there remains some ambivalence around access to computers – "It would be better if you could take it home with you" – and uncertainty around how technology may compromise the human touch: "We don't have the one-on-one support we need – it is all computerized." Of course, emerging technologies are more frequently viewed as problematic by older individuals:

I didn't use a computer at a young age so it is more difficult to
learn computers now.

EO programs are very diverse, and that diversity encompasses early school leavers who did not get "lost" but rather worked in trades or other occupations where they coped very well indeed without academic learning. **The experience of "getting lost" is occurring now, in the current shift to a knowledge economy;** some people are learning not only how to use computers but how to think and set goals differently. This can lead to searing frustration in terms of self-conception:

Practical is all I can do, but the paperwork I can't do – I just avoid
paperwork. I grew up learning mechanics and just did the job without
any paperwork or reading. I just did it from memory. I can do the
stuff but I can't read the stuff… You have to learn how to read and
write. You have to read a blueprint and in order to understand the
blueprint you need to read. Growing up with the stigma… that is
hard to explain to other people. Because I can't read, I can't go with
other people so I had to learn where to go to learn.

Reflecting on the experiences of older clients and learners at EO service providers suggests another vital area for further study. At a certain age, is it reasonable to expect people pursuing new fields to invest in, or even risk, accumulating student debt? One participant said of OSAP, "you can be worse off when you're finished than if you had done nothing."

In summary, all the issues facing individuals at EO service providers are interlocked; one cannot separate economic, mental and emotional wellbeing and stage of life issues from learning. Providers need to appreciate the fact that while education and training emphasize the intellect, the way clients and learners experience the issues is very emotional:

It makes you feel like you failed if you disappoint the most important
people in the world.

And finally service providers must keep in focus the indomitable sense of hope that infuses everything EO does:

Seeing the world going and you're not in it. Seeing the world passing you by and you're not part of it. Why don't I have that capability like everybody else? Your finances aren't up to par because you have a disability so your ability to get ahead is stifled. Month to month bills are more than what you're earning so trying to have a life isn't possible… My balance is my free time when I come to learn. When I finish school, I go home and review what I've just done and just learned. Age is just age. What effort you put in life is just living. I don't just want to go through life. I want to achieve something for myself and for others around me. Last week I read the first book I've ever read in my life.

Findings: ES and LBS practitioners in the Anglophone stream

Because the findings of the practitioner focus groups were so in harmony with those of the environmental scan, their treatment here will be somewhat briefer. One significant gain in this phase of the research is the inclusion of **rural and remote voices** (the environmental scan had only heard from the GTA). Another benefit is the weight of numbers from among the provider participants, affirming that **EO service providers do understand the complexity of the concurrent concerns facing individuals.** For example, providers are well aware of the demographic considerations identified in the learner/client findings section –young adults are more likely to have formal diagnoses of LD, while older individuals who have had jobs all their lives, "never had to deal with/recognize their LD," or learn how to use computers and other technology. Awareness of the issues enables providers to respond to clients and learners with respect and intelligent compassion.

Identification of LD

By and large practitioners in all roles are committed to addressing learning needs on a case by case basis, and view developing individual relationships with clients as a higher priority than paying attention to labels and diagnoses. However the importance of documentation is not lost on providers, and there was a strong interest in finding ways to better identify clients' and learners' challenges at the intake level. Providers notice fear and reluctance around disclosure, and want to strategize to increase its likelihood.

Reliance on voluntary self-disclosure of LD is the predominant approach at the intake level. For some clients, identification of LD is not a formal part of intake at all. Policies not to "ask outright" or instead to ask "leading questions" demonstrates a boundaried respect appropriate when working with adults, but may also echo a general wariness of stigmatization: "We never use the term [LD] to label anyone." A few practitioners speculated that early diagnosis is not always accurate, and might set up an individual for a lifetime of poor self-conception and a stigma that "never leaves."

Many practitioners also felt unqualified to ask questions about LD; a "lack of specialized training" came up again and again – "we're not experts":

We don't ask anyone to self-identify and we're not professionals to identify learning disabilities.

> *If the client wants to disclose they have a learning disability, they'll disclose it but I'm not in a position to ask them.*

Provider–learner/client relationships thus begin organically, informally, and are based on **an individual's unique strengths and challenges.** Most practitioners spoke of the kinds of questions they do ask to help them identify learning challenges and to arrive at the right accommodations and interventions. These include questions about habits, what has been difficult in the past, what repetitions can be found in the individual's "journey up to this point," and what has tended to get in the way of success up to now. Sensitivity was the dominant theme in these descriptions:

Employment Services comes at this from a social services background and [we] tend to be sensitive to persons who access our programs. We provide an individualized service for everyone who comes through the door. Some need more service than others. We don't differentiate between those who need a lot of support vs. those who are in and out.

> *When we're doing the intake process, we make sure it's private. A lot of people just won't talk about it. If you approach things in a certain way, they may talk about it. There's more of a holistic approach here and we try to bring that in and show there's healing here which may help them. We never say 'learning disability' in the intake process but we may discuss it amongst the staff.*

On the client or learner side, learners have a way of saying what challenges they have and how long they have dealt with it. They have ways of referring to it without it being derogatory.

The strengths-based approach emphasizes the positive, and flips around what people usually describe as deficits or challenges and instead affirms ingenuity and resilience at the outset. At the same time, however, this self-directed intake precludes the collection of accurate numbers on how many clients and learners have LD.

Anecdotally, **the numbers of clients and learners with LD are without a doubt increasing,** with some service providers estimating the percentage of clients with LD in some programs to be as high as ninety percent. But it is "very hard to come up with statistics" as the terms are "so subjective" and "there is no clear definition." When practitioners included mental health, addictions, and "a whole complex of issues" in these estimates, they reported a strong majority of clients and learners to be well behind the curve.

The number of clients that do self-identify does not reflect the actual numbers of those who have learning disabilities.

> *There is general consensus that we really don't know the exact numbers.*

To further muddy the waters, the EOIS-CaMS client intake form used across EO services does not specify "learning disability" as separate from the general category of "disability" for the purpose of self-identification, and the form is not written in according to Clear Language guidelines. Practitioner focus groups included numerous mentions of the inefficacy of this "checking off" procedure. For many, the very word "disability" conjures up far more serious difficulties; individuals may not think to include their reading comprehensive difficulties when intake questions are presented in such terms. As one provider put it:

We ask if they have anything they would like to self-identify but it's more physical disability rather than learning disability.

Many practitioners interviewed conflated learning disabilities with mental health challenges, affirming that they can't be separated or at least "go hand in hand." There was discussion of the complex impacts of concurrent concerns on an individual, focusing particularly on **anxiety and depression,** people feeling "stupid" and self-reporting their learning challenges from a very deficits-based frame of reference, struggling with systemic barriers and developing coping mechanisms that "may look like a learning disability but it really isn't."

The challenge with this question is it's hard to identify a client with a learning disability. As an adult you develop coping mechanisms and they don't see it as a problem at all. The question itself is a problem to answer.

Is it life barriers that have created a learning disability? Upwards of 50% struggle to fulfill the course requirements and it is usually not academic barriers but life barriers.

Discussion of formal psychoeducational assessments and diagnoses, while certainly including reference to prohibitive costs, tended to emphasize the need for accuracy. The dominant perspective was that pursuing formal assessments and diagnoses must be taken with care, for reasons of advocacy and ensuring access to accommodations, and that the results of these assessments must be meaningful:

If [clients/learners] use that term 'LD', in [certain] contexts, more resources can be accessed. The official assessment is expensive, so what good is it going to do for you? Only if it is going to open doors for you and access resources – then they will use the term. They have to be strategic about how they use it.

A problem we're finding is when they get an assessment, the student says, 'We're already doing this; you're not telling us anything new'.

The language in the [LD assessment] report has to be addressed; reports have to be in clear language. A person who's been assessed needs to know exactly what it says.

Obtaining a formal assessment and diagnosis can be viewed as a luxury – securing documentation can be especially challenging in remote areas, where people may need it badly and where issues of access are more pressing:

There are no supports and resources. There are no psychologists or other supports, especially for First Nations people. Sometimes there is teleconferencing, but that does not work for First Nations – they don't generally like that kind of contact and prefer face-to-face. Especially in remote areas, there are no resources or professionals that can diagnose.

When I was in a small community with two learners who were older women who wanted to get proper diagnosis, they had to figure out their own transportation to get to Thunder Bay for the sessions, but most of them don't have the money to do that. My supervisor suggested that it might be that these learners might just be slow. 'It would be too embarrassing for us if they are just not smart enough.' [We need] more training to know when it is appropriate to ask for this kind of intervention.

Common struggles

EO service providers are often working to redress or rehabilitate the internalized negative messaging from clients' and learners' previous schooling experiences:

Our learners are adults who have had transactions with the education system. If they have not been diagnosed then, then we have to consider mental health issues as well. If they come in with paperwork, it is easier to serve them, but there are a lot of barriers nonetheless. And then if they don't have paperwork, they are not very good at self-advocating…and it is very difficult to have someone tested. I have tried that several times, but I have not been successful due to red tape and cost.

[A] client may say, 'I only have…grade nine.' They are so conditioned to hide it. What education translates into and the stigma and mental are a big barrier. I say, 'Look – being good at school, just means that you are good at doing school – it is not about how smart you are.' Meaning they were conditioned to believe they had failed at something. There is a large misperception from the public regarding the meaning and value of education and what that translates into. It is a sign of mental health stigma in our society. It shades and overlaps all parts of their lives.

We also have people who have been in the school system for a long time and they underestimate themselves. I try to get clients not to de-value themselves.

Building the bridge starts by letting the clients know that there is a bridge and it is okay to walk on. When it is cultural or generational, they are really terrified. The bridge is there full of hope and salvation, but they cannot take the step.

This familiarity with **all aspects of people's lives,** including the cultural contexts some people may be up against, and what LD might mean in their world, at its best expresses a profound compassion and interest in people's individual experiences. It is helpful for practitioners to understand the reticence and shame that can accompany LD. In the words of one learner: "I've never been formally diagnosed. I've never gone to the disabilities office. I come from a harsh environment; you have to be manly and you never admit that there's a problem. There's no 'coping' or 'accommodation' in the cultural environment I come from."

Practitioners know that a history of violence may, at times, accompany LD in some situations both in the home and the classroom:

Regarding cultural differences, [some] students … have experienced the prevalent attitude of 'if we don't know our work, they'd beat us.' That creates a real barrier in even trying to teach the learner because there's a bad association with learning.

Finally, a realistic view of the systemic oppressions faced by many learners contributes to the development of sensitive wrap-around services – or at least, motivates practitioners to lament their scarcity and to advocate for improved approaches to integrated programs that will increase

the possibility of learning success. Many practitioners expressed frustration with the lack of resources currently available to adequate support their learners:

There's no focus on the individual because the focus is on funding. We can fund tokens and childcare but we can't fund other services that will help with their learning.

We have no money for food; I have students who come hungry and there's no money for food.

A tutor said in their report that the learner could not concentrate because they were tired and hungry.

Poverty is a big issue.

Beyond the day to day emotional and operational challenges they face, EO practitioners share other struggles, especially in regards how they interface with one another, and with other organizations. **A lack of places to refer people who need further/more specialized service was named frequently.** At community-based programs, there is the sense among most practitioners that "we are the place people refer to" and that there is nowhere else to turn should individuals not succeed there. This is a complex issue in the current climate where EO programs are mandated both to refer out and to track outcomes.

Though providers from larger cities reported more referral possibilities, a dearth of community contacts and a **shrinking social service sector** are problematic for many. "Referring out" sometimes sounded like throwing a penny down a well and listening for the ping of impact… indefinitely. Following up with external referrals was also named as both important – and difficult:

There are not a lot of places to go and specifically for those [learners and clients] with disabilities, there are fewer than there were 10 years ago.

We do a three month, six month and 12 month follow-ups. It's challenging since a lot of programs supporting intellectual disabilities have been shut down. Finding other programs to support our clients is difficult because there are very few. People go round in circles going to several programs trying to find one for them.

One thing Employment Ontario was supposed to do, it was supposed to be one-[stop]-shop and you don't have to go to several agencies. In Toronto, each agency has their own niche and it makes it difficult for the client.

The problem is that Employment Ontario is an outcome-based organization and the outcome is employment. We do a broad range of community referrals. Not everyone who comes through the door is job-ready. We try to work with the client and employers but it's not enough. There is a lack of resources to help clients with their employment, but they're not ready and mental health is a big issue. Under Employment Ontario we're required to follow up. Part of that follow-up could be that we contact the referral agency. There is some obligation to follow up because of it being an outcome-based system.

At times a lack of support from superiors also inhibits robust referral processes: "We… know what the resources are and sometimes the bureaucracy just blocks it – not sure why. Whenever I have approached my coordinator, the brakes seem to be put on it."

Perhaps a best practice around referrals and community-level coordination may emerge out of Thunder Bay:

There is a referral form here in the region where ES and LBS worked together to develop the tool and on the bottom is a section that allows you to check off if you want the referral or the receiving agency [to do] some sort of a follow up. Not everyone is using that form, but it is being used more and more. That section of the form was identified as important because programs were having a hard time tracking and cross-referencing referrals that actually made it to the other end. So we realized that sometimes the clients were not making the connection. We realized that some clients need more follow-up and handholding than others, so we have implemented some measures to be more vigilant around that.

The root causes of some other struggles are extrinsic rather than intrinsic. **Time pressures from outside the programs create a climate of people "coming and going,** [where] there's a challenge to people completing." There is a widely experienced feeling that there are quotas on the number of cases processed by programs (whether these are explicitly articulated in EO policy or not):

One of the challenges is that officially there is this pressure to have numbers but at the same time, you can't count a referral to another LBS program. If one organization doesn't have enough tutors but another organization does, that referral isn't reflected as a plus, so in a way that should be acknowledged and pointed out and needs to be addressed.

We try to find a place that's a good fit for [our learners] and because we need numbers, organizations won't willingly do a referral.

It's a lot on both ends because there's a need to have a quota.

With the new system, it doesn't look good if you can't get the client out in two years' time.

All this impacts the ability to help people. Sometimes "nowhere to refer" and "time pressure and quotas" dovetail in painful ways with understaffing. As one community-based provider said,"We couldn't be shorter staffed."

We have 4 people in our office with 150 learners per year. We don't ask people to identify because it may not be about a disability but it may be about a trauma. Because we're community-based, we take everybody, so a lot may have a learning disability but they don't fit into the box of MTCU who believes they will be out of the program in two years. We're having trouble referring learners to another organization because they don't have the space and we don't have enough tutors. With the supports that we can give them, we do what we can. Maybe they can't finish a milestone in three months but we try to work with them.

As far as the **reporting mechanisms** used to quantify these numbers, as noted earlier, they are very time-consuming and are problematic measurements of performance in the first place. One service provider spoke of finding "mistakes" with the milestones in CaMS, for example: "This is the measure of our success, but there are also problems with the measurements, so how is that relevant or meaningful? They want to see some return on their financial investment, but the tool is flawed."

They are trying to quantify things that cannot be. We can meet our targets, but it is the interpretation that is very different so that makes it all invalid. We have data, not true statistics… and how you interpret the data differs in different situations. We just want to help more people. But we are not sure how or what success looks like… How do we measure the good work we are doing?

Lack of funding for professional development was often mentioned as part of the unmet needs in the sector. Numerous voices called for "more training for instructors" and for that training to be integrated into programming, i.e., not just one-off workshops. The desire again for more time – in this case, time for professional development – was also expressed. Providers, nevertheless, do find ways to learn independently and leverage the experience that is already on site:

There's no money for training and fewer dollars for core programming. We've been trying to get more creative. We try to engage learning in conversation as well. We try to learn from each other. We're not doing professional development but we do what we can to work with the resources we have.

Lack of funding in general made several unsurprising appearances in the discussions – "of course funding is the root of the challenge." Though resources "vary greatly from program to program," inappropriate or too-small facilities in particular were noted several times in the standard comments about operating budgets.

Going a bit deeper, though, is lack of funding at the core of the problem? Perhaps service coordination is a more fundamental part of the solution:

I always hate that when we do research, and say we just need more money (even if there were money) – but rather we have to work with what we have to restructure how we spend money and set priorities and put our focus on what is needed now – for example around LDs. That is what the Ministry wants to see – that the communities are prioritizing and focusing on finding and connecting with the community partners to meet client needs. That is great and we go and try to do that and sometimes we even get a response – but the same mandate to collaborate has not been communicated to the other agencies by the Ministry or the government. That makes it even harder to make proper connections, especially when there are different funders involved. Who has time for that? There needs to be coordinated decisions and support for these collaborative relationships to emerge.

What works

In either the presence or absence of formal assessment documentation, **a variety of willingly made accommodations** are key to learning success for clients and learners with LDs. Among EO

providers, there is some awareness of Universal Design for Learning, as with the math teacher who uses infographics. Various accommodations also involve taking advantage of emerging technologies, including online resources, taking trips outside the classroom, offering extra help with peers or tutors, creating individualized learning plans, allowing extra time to complete tasks, and providing note takers, among other things:

We do whatever we can to provide accessibility to services and we make every effort to accommodate.

With the computers, we have all of the accessibility settings available. We have larger keyboards, text-to-speech software; we have manipulative, literacy resources that are carefully designed, and we have volunteers [who] offer additional one-on-one support. We make accommodations for additional time, and distraction free-environments…

When service feels both personal and personalized, learners who are more vulnerable notice and appreciate the advocacy on their behalf that these arrangements can sometimes involve:

As a job developer, we work with the client's permission to start and job carve what might be an appropriate position or where they can job share to help them with literacy challenges. Then you use your sales techniques to work with the client and find them something suitable. We work with the employer to create job trials or some incentives for them. So that we can alleviate employer concerns when it is awkward and they are not sure what value the client can bring to the job; so they will see the value.

Some of these accommodation strategies also take rural/remote issues into account, finding innovative ways to reach across geographic distance:

We have one-on-one as well and we do assessment as to what kind of learner they are [auditory, visual, etc.], then we try to accommodate in the classroom. We have some students for example that have short attention spans, so we let them take breaks and walk around. We give longer test sessions, small breaks and different approaches that we test to see what will work for them. We use video and a fax program that allow people to do distance learning. Younger students, in their twenties, seem to prefer the online stuff and function well with that. They can interact with instructors with voice and text.

But again, all these interventions are easier to implement in larger centres:

Most agencies outside of Thunder Bay don't offer the full scope of accommodations because they just don't have the resources or expertise. They are in smaller communities.

As explored throughout the current research, perhaps the most powerful indicator for learning success is the quality of **interpersonal relationships** involved. Relationships are built with care by service providers, and even though "it's not helpful that you start the conversation with a bunch of forms," participants understand that really knowing people takes time, and that there can "be no progress until there [is] trust."

We talk about learning disabilities but one of the things we notice is sometimes our learners have a particular trauma so that gets in the way of becoming an effective learner. Where does that factor in because that has to be acknowledged and addressed in order for them to be an effective learner? Maybe there's something that's been interrupting the learner's life for years. They may not self-identify as a learning disability but they'll voluntarily identify their challenges… Referring organizations need to bring them through their challenges while we help with their learning. As a student becomes more familiar with us, they will reveal more about their challenges as time goes on. On an ongoing basis the learner may be giving more information about themselves.

It takes a very long time to develop a rapport. I had a student who didn't come to class because he didn't want to be asked questions. I was trying to build on the skills he had but he was very ashamed that he couldn't understand. It took a long time – more than 6 months – before he would come and ask me any questions.

We don't expect to get the answer sooner rather than later. We don't pressure them to move through the process. We don't have to know right away if they have a learning disability because we take the time to develop a relationship with the client.

A lot of it comes down to the classroom interactions and you figuring out what they need and creating a relationship.

Finally, **what works is the thoughtfulness and strategy** devoted to trying to **enhance collaboration** across the employment and training sector. There was much talk of coordinating referrals, and bringing LBS and ES providers together to conference about both programming and individual cases. Community integration and service coordination are key themes:

We listen. We have 48 community partners and we try to stay on top of what's available. We spend time with the individual and a ssess the best course available for them. There is a high degree of accountability in terms of our metrics. We have a good reputation with our clients and community partners. We develop relationships with our partners. We do community development and outreach.

We have tried to increase collaboration between the referral agencies and we can make sure the client does not get lost on the way. We collaborate on the service delivery and accommodations with different ES and LBS services. We call each other and communicate and do referral support. And this has been very successful even for workplace accommodations. I had a client with social anxiety that impacted his memory who had good days and bad days when he could work, and other days when he could not take in any instructions. We got the [assessment] documentation and it did turn out that he was having a real challenge. So we asked that he be told and given instructions in writing, the way it was in his educational plan. This was a strategy from his learning plan that we pulled into his employment plan.

At the same time, collaboration is not always simple or easy. Service providers have different needs and operate based on different logic. As we have seen in other sections of this report, the outcomes-based measurements of ES and training may not be appropriate to educational and LBS contexts. But the shoe not quite fitting impacts ES programs just as much:

Our clients are here to find work. They are not here to go to LBS [or Second Career programs] or deal with their LD issue. It is unusual to have someone come in and say they have needs of this sort and recognizing they need supports. That makes it harder to share and recognize.

Collaboration for the greater good requires stable, ongoing human and material resources, and is a complicated prospect in a competitive funding climate. Calls to truly co-create the system provided some inspiring moments talking with providers in these mixed ES and LBS focus groups:

I think there has to be more funding for collaboration and not just lip service. MTCU workers, who are not on the frontline, assume there is true collaboration already happening. But for true collaboration and knowledge of each other's programs, we need more funding. We have more in common than not… Last year we did a project with an ES project where they called us and asked for computer training. We figured it out and now we offer a day each week training at the ES site. We want to continue it and they want to continue it, but there is no funding. It is frustrating because we have done all this work and it is working and EO should be there – but nothing.

The notion that "we are each other's greatest resources" was articulated in the focus groups, and is an optimistic one – and it's already true. On an anecdotal/lived experience level, it seems clear that most good referrals are already mainly taking place through word of mouth and collegial connections. Creating enduring processes and systems that operationalize that ethos is the next step.

When speaking of engaging in this research and the focus groups and interviews, most providers said hopeful things, while some were concerned that they had been down this road before – being asked for their wisdom and not having it implemented. Both the work of this project and the conversation it has generated must continue to live in substantial ways, and not just exist as a short-term project:

Nothing is ongoing – everything is a project. This is not a new conversation; we've had this conversation before. How do we keep the conversation going? It's all going to be project funding until they realize that core funding is what's needed.

A look at how Deaf learners and practitioners experience the issues

In the lives of people who are Deaf and Hard-of-Hearing, and in the context of Deaf culture, learning challenges manifest and are identified in unique and specific ways. Based on this understanding, together with the coordinator of Deaf Upgrading at George Brown College, and with agreement from a number of Deaf faculty members, the researchers chose to run separate focus groups for Deaf learners and the practitioners who serve them.

This approach was chosen as the most effective way to address the depth of the differences and unique challenges that Deaf learners with LD experience; this approach ensured the research

was sincere, authentic and respectful – and not tokenistic. We also collaborated with Deaf faculty to re-imagine the learners' question sets to make them meaningful and simply coherent to Deaf learners – substantive translation was required (please see Appendix IV).

One pillar of Deaf culture is a strong resistance to discourses of "disability". Being Deaf is not being disabled; barriers are only created by social contexts and false assumptions. Pain and isolation are not the risks of not hearing, but rather the risk and result of not learning or working among other Deaf people.

That being said, the barriers and the marginalization experienced by Deaf individuals with LD are real. As introduced in the literature review, LD is an understudied and underserved area for Deaf learners and practitioners, with few human or material resources devoted to it.

Findings: Deaf learners

Identification of LD

In this group, learners seemed less able to describe their learning struggles, or at least were unfamiliar with the terminology commonly used in this research. The meaning of certain questions was often missed or re-interpreted, as participants returned repeatedly to words, labels, and diagnoses related to hearing. One person named ADHD as one of their learning challenges, but did not identify it as a learning disability – contributing to a general climate of confusion. This was expected and shaped part of the rationale for a separate group.

I don't know if I have any labels; I have no diagnosis.
How am I supposed to answer you if I have no diagnosis?

I do struggle; I don't have a label but I do struggle with my learning.

I know that when I'm learning in class and there's something on the written document, when I go home things seem slipped around so maybe it's dyslexia.

I've been labeled ADHD when I was younger. I couldn't pay attention but now I've learned how to manage my diagnosis. I do take medication but have stopped because I didn't like it. I've learned to do self-management around ADHD.

Low rates of formal diagnosis may be connected to the current level of attention to LD in Deaf communities. The lack of qualified assessors contributes to a situation where there simply may not be sufficient expertise to identify LD in these learners:

The doctor told me about my hearing loss but gave me no other diagnosis.

So for 3 months I went to CHS [Canadian Hearing Society] and did some testing but was not given a diagnosis. My teachers say I'm getting better and doing better in class but I have no formal diagnosis.

Relevant education

This group was also characterized by generally less experience with good or relevant education in early life. Profound delays in early language acquisition are common to narratives where a child is born to hearing parents/parents who do not sign and where deafness is not identified in

a timely way. Another common thread to these stories is the child being placed in mainstream education settings rather than in a Deaf residential school, and/or in contexts where signing is eschewed in favour of steering the child toward oral language despite their inability to hear it.

I was born Deaf and I was taught at a Deaf school but I had no formal training. Because of the war in Afghanistan there was no formal education. Then I moved to Pakistan and had no formal education there. I went to a Deaf school and still struggled. I didn't understand even a simple word like 'apple'… slowly through time I learned but I had limited learning.

In the Philippines, I went to speech language therapy and I had different tests done. I had to look at words and different objects and I seemed to go through it fine. There was a lot of information going back and forth between them and my mom but I couldn't hear it. Then I went to a different elementary school and there were toys and activities to do then I'd have to practice my oral speech. Even though I didn't understand what was going on I still had to practice my oral language. I went to 6 different schools and it was hard. In every school I was the only Deaf student and there was no sign language and no other writing at all. Even with the pictures, I didn't understand the concept.

For these learners things are **better now,** once they were able to study in a signing Deaf environment in general, and within the GBC Deaf Upgrading program in particular:

Now in Canada, I'm learning English and feeling better about it. I went to a school for the Deaf; I was 14 when I went to the Deaf school and the learning and social environment helped me there. I started learning money concepts and learning more English. Here at George Brown I'm in the Upgrading program… their conceptual teaching of language is great.

I grew up in an oral method and I didn't know sign language so when you talk about schools, sometimes sign language was forbidden. ASL was so much easier to understand. I can go between spoken and sign but spoken is much more difficult.

Finally things started to make sense when I went to high school. I still didn't understand full sentences. Now I'm in college and I'm starting to get the idea. I understand full sentences and paragraphs. When signed, I understand it but I still struggle with the written word. I know what the words mean now in ASL but I still struggle to string the words together in English.

Common struggles

Moving beyond conversations about diagnosis and the mechanics of learning struggles, **the Deaf learner focus groups echoed any of the challenges shared by LBS learners overall.** Memory problems, lacking time to complete tasks, lapses in motivation, and decreased ability to prioritize were all mentioned:

I struggle with memory. I don't have a problem understanding the sentence but I have to look at it several times.

With those words, big words, I'll struggle with that or synonyms I'll struggle. It takes longer than one day to understand and appreciate what the words mean.

Sometimes the time frame is too short for me. I'm still working at it at 3:00 in the morning. Then I wake up and I'm exhausted and I hand in what I have but I don't do well on the assignment. I don't prioritize well and I know that I must focus on homework but that's a pattern with me… I lose motivation…

What works

The things that help Deaf individuals learn were fairly consistent with the strategies and tools identified in mainstream LBS programs. Deaf learners expressed hope and enthusiasm around the growing role of technology:

One idea might be apps for the telephone; if the app was made for Deaf people or had more visuals. Something like a visual dictionary so I could see both languages. On the Internet – the same idea, so there's some way to have a picture instantly grab your attention.

The new technology entices me.

A predictable emphasis on **the usefulness of iconic and visual approaches** also emerged:

I'll look at a dictionary but I won't understand what's in the dictionary unless there's a picture attached to it. Attaching a visual to a written word helps, but I don't always understand the written word. I use a visual dictionary.

It helps, visual, not just a picture but something with action – like a movie. English is very difficult to stay focused on but moving pictures is very helpful.

It's a difficult environment because we're in a spoken environment, not a visual environment. There should be more rules about having visual assistance.

All participants agreed with one learner's statement that, "Some kind of visual helps with my understanding."

Experiencing learning in **authentic contexts** was paramount. Words cannot be isolated as units of meaning independent of the larger ASL context; there must be "cohesiveness between sign and written language." Most importantly, everything conceptual must be transmitted through "lots of" concrete examples and plenty of repetition:

…a contextual dictionary where it's in sign language. If you just try to look at the words, how is that conveyed in sign?

In context, I need to understand how that word is being used,
i.e., a noun; I need to know the context [of how] it's used.

A supportive setting is essential for success. In this case, a **supportive environment is necessarily rooted in the Deaf cultural perspective** and is a strong "signing environment." It has to account for life-wide, not just educational, issues (for example, compared to mainstream LBS learners, Deaf Upgrading generally sees students with more parental involvement):

*I spent the majority of my school in a mainstream setting.
Someone suggested I come to the Upgrading Program here
and initially my parents weren't very supportive but someone
talked to my parents and it's a very supportive environment…
my parents understand this is the right environment for me
to be in.*

Findings: Deaf and Deafblind practitioners

*"This [focus group] can't be the only piece – that we tell you this now
and that's it. This can't be just a one-time thing. We have to try to reduce
the barriers. It requires the Ministry to re-conceptualize their thinking
about the Deaf. There are so many barriers, so funding may be provided
for some things but if funding for accommodations isn't included then
the learner can't go forward."*

 - Coordinator at the George Brown College Deaf Upgrading Program

Identification of LD in Deaf learners

Reliance on voluntary self-disclosure of LD by the learner remained the prevailing ethos among the practitioners in the Deaf, Deafblind LBS stream, but the comments and discussion around what constituted identification of LD, demonstrated a deeper lack of clarity on the issue within the Deaf Stream compared to the feedback and perspectives heard at mainstream LBS programs. A **lack of training** (for teachers and support staff) **and the need for expertise** in the area of LD is certainly felt:

*To be a more effective program, it would be really great to know
what kinds of learning disabilities there are; to be trained on those
in relation to the Deaf community and then know what we can do
in the classroom to provide more support. If we're not trained,
how do we take this information and assess students with
learning disabilities?*

We're not formally trained so it's just looking at their English
and signing levels to determine eligibility to enter our program.
We've never had a workshop for anything around learning
disabilities, specifically around Deafblind.

*In Disability Services, they're not qualified to
assess Deaf students.*

There are very few people who would be qualified to assess someone who's Deaf. We do more of an academic assessment and don't screen for learning disability.

The realities of Deaf culture, institutional pressures, and the diversity of different learners' strengths and challenges set the stage for **overwhelming complexity:**

We assume everybody needs an interpreter but there are different kinds of Deaf [learners] and each one of those requires a different level of service. An interpreter isn't going to work for everyone. There's a huge diversity of needs for learners in this category. Some use ASL and some don't.

There is also a sense, repeatedly observed anecdotally, that assessment fails to illuminate what diverse individual learners need in terms of accommodation. As hard as it is to obtain a diagnosis of LD, for the small number of Deaf learners who do receive one, there is no more clarity than before. IEPs from secondary schools are insufficient at best. The question is how to accommodate and to respond to the need, once the presence of an LD is identified?

…We don't know if accommodation needs have been met. Sometimes we have to go through many layers (i.e., interpreters and specialists) to get to an answer about accommodation.

Scarcity was the dominant theme to emerge in Deaf/Deafblind LBS programs. There is nowhere to refer learners for more assistance beyond what the Upgrading program can offer; individuals encounter impossible wait times for psychoeducational assessments, and of course, struggle with insufficient funding. The Deaf community is also relatively small, so the political and emotional dimensions of issues like privacy must be negotiated. In no other set of conversations or focus groups was the sheer lack of material and human resources more acutely articulated:

We don't have a lot of resources in the Deaf community to do assessments; marginalized communities have a lot more barriers.

Because there are so few places to refer, the wait lists are so long; sometimes two to seven years long.

The big gap is resources available. When OALCF first came out, it didn't address Deaf [needs] for a long time. We were way, way behind in getting resources that we can use. Most of our stuff we have to order comes from the states. DLI [Deaf Literacy Initiative] funding has been cut quite a bit so they're limited in how much help they can give.

We revise the curriculum because most of the teaching tools we get are not Deaf-friendly but that's very time consuming.

We argue all the time with MTCU because there's almost nowhere to refer [Deaf learners]. We can't refer to just anywhere because of their inability to communicate with our students. Even referring to other Deaf programs doesn't always work. We can't refer to apprenticeship programs because employers won't always hire interpreters.

We don't get lots of funding for professional development so we're always looking for creative ways to provide professional development. Someone from CAMH [Centre for Addiction and Mental Health] is doing something on mental health but they're a hearing person so they won't have a Deaf perspective.

However, there is good news in this resilient and creative area of the sector. As with all EO service providers, frontline practitioners do know what to do. With more robust funding, LBS providers here would be perfectly capable of offering efficacious programming; they are already talking together about best practices, and already have success arriving at ingenious solutions for learners.

For example, in the Deaf learner group, it was mentioned that learning was harder "in an environment with too many people." The opportunities for one-to-one support are balanced fruitfully with the benefits of integration in the following scenario:

We tend to have 2 groups: …one is at a higher level and one is at a lower level. In the lower level, we have special needs students who require extra needs from the teachers. We try to service these students as best we can while not ignoring the needs of the others who work at a faster pace. We had one student come into the program who had zero language who had grown up in a village and has his own language that we didn't understand. If we could set up a special classroom for these students… but we do need to keep students together as well because the more advanced students can help the lower level students. Interaction will help the more advanced student understand the student with mental health or learning disability issues better. A separate classroom for part of the time and more opportunity for one-on-one would be the ideal… one-on-one and small groups work.

A look at how Aboriginal clients and learners experience the issues

For some individuals, the concurrent concerns they experience cannot be considered extra issues or distinct from their LDs – they are often deeply interconnected and exacerbate challenges in both directions. This shifts the nature of the issues, how they are understood, and how to craft the best solutions.

This context is as true of Aboriginal clients and learners, living both on and off reservation, as it is of Deaf learners. Literacy and skills training programs for Aboriginal learners and clients are developed and offered within a specific socio-political and historic context. These programs can be perceived as part of broader efforts to redress historic and present-day systemic inequities, and to help level the playing field.

The statistics on the economic and social wellbeing of Aboriginal peoples in Canada are sobering. Rates of suicide, correctional and psychiatric incarceration, family dysfunction and self-medication with substances are all many times the national average – and these phenomena are all intertwined with one another.

Colonization, racism and discrimination, and of course, the legacy of the residential school system are all factors contributing to a complex and challenging context for EO providers and learners/clients in this learning stream.

The aggressive campaign of assimilation carried out through forced residential schooling – the resulting breaking of families, culture, and spirit – **positions the idea of *school itself* as an enduring site of trauma for many.** The effects of violence resonate in complex ways, long after the original violence has been experienced. In the case of Canada's Aboriginal peoples, deeply internalized feelings of shame and distrust of educational spaces are the reverberations of inter-generational trauma firmly planted by the residential school system. An individual's self-conception and sense of possibility for themselves is often seriously damaged in ways that get passed down to the next generation. Also passed down is a deep perception that school itself is a site of danger and silencing – and not to be trusted.

> For over a century, beginning in the mid-1800s and continuing into the late 1990s, Aboriginal children in Canada were taken from their homes and communities and placed in institutions called residential schools. These schools were run by religious orders in collaboration with the federal government and were attended by children as young as four or five years of age. Separated from their families and prohibited from speaking their native languages and practicing their culture, the vast majority of the over 150,000 children that attended these schools experienced neglect and suffering. The impacts of sexual, mental, and physical abuse, shame, and deprivation endured at Indian Residential Schools continue to affect generations of survivors, their families, and communities today. Remarkably, in the face of this tremendous adversity, many survivors and their descendants have retained their language and their culture and continue to work toward healing and reconciliation (Legacy of Hope, n.d., p. 9).

Nurturing the work of healing and reconciliation, and advocating to create conditions where it can take place, can start by affirming people's rights to learn or work in their own ways, on their own terms – based on their own definitions.

There are persistent cultural stereotypes about Aboriginal people not learning in a "linear" way; about time and other abstract constructs being shaped differently in traditional cultures. Some of these things are true but at the same time, Aboriginal people are diverse, and so must be the educational and training supports that work for them. This diversity is vast before we even mention the impacts on service provision of the rural/urban divide.

The current research did, however, corroborate the popular idea that **a more holistic approach works better for Aboriginal learners,** and the research team collected examples and heard about successful experiences that incorporated music into lessons, for example, and about how helpful it is to work in a supportive and understanding community, where people "have supportive environments and are allowed to be who [they] are."

Findings: Aboriginal learners

What works

The participants in the Aboriginal learner focus group made numerous references to the efficacy of **holistic practices** including the use of music and creative writing – to escape, to find comfort, and to support learner focus:

Music helps – music for reading and music for writing.
I sometimes have to have music on to help me focus.

I was trying to find a balance between spiritual healing and medical healing. I kept a journal to get the 'yuck' out. Art helped to let me get the memories out and put on paper and I could begin the healing.

This kind of self-expression has the best chance of happening in a safe environment. The theme of **belonging and being able to relate** to others and to the curriculum was frequently referenced to illustrate the importance of sincere community:

In my own community I started finding groups that know a lot about our history. It's been about 15-20 years that I've been doing this and it's only just in the last couple of years that I'm at a point where I'm understanding things better. I'm better able to focus on studies.

There are cultural differences; if there's someone here who's expected to learn something that isn't part of their culture, it doesn't mean they have a learning disability.

I didn't learn that much in school because I learn by doing hands-on stuff. I enjoyed physical stuff. I joined an Aboriginal youth program which was totally different from high school. It was culturally sensitive to our learning needs… It wasn't just learning; it was more holistic and involved the culture. Learning was varied and respectful of our culture. We got food and TTC tickets so they made it as easy as possible to attend.

Including opportunities in educational and LBs programs for individuals to learn in a **hands-on/ kinesthetic** way demonstrates flexibility and recognition of the diversity of learning styles – in this case, one that might speak to a cultural dimension. Emphasis on the need for nutrition and transportation assistance highlights the importance of **wraparound support,** and how it addresses the needs of the whole person.

Many learners in this group shared the need for more material resources as part of effective wraparound service:

When I had access to a computer, that really helped me. Touch-typing lets me go at my own speed. It's the money that's involved that's the problem – buying a computer, paying for internet… I can't afford to have one at home.

Common struggles

Although learning challenges shared by LBS learners in general (such as memory lapses) were articulated in the Aboriginal learners' focus group, more frequently there were references to the "concurrent concerns" of **mental and emotional health and the role they play in self-esteem.** The role self-esteem in turns plays in learning is already well known. It is easy to understand why difficulty with memory and retention would be common in individuals who have much in their lives that they wish to forget. Again we see how coping strategies that were useful in a person's past (e.g., "forgetting" traumatic events and information), no longer serve the individual's best interests or learning in the present.

I have a hard time retaining information. I lose focus, especially with reading material. I start at the beginning and get to the end and not know how I got there. I was scared to ask questions [before] but now I'll ask questions. I couldn't figure out why I had trouble and then when I came to this LBS course I started to see slow progress. First I would write one page, then two pages, then the whole thing… If they had more time to spend with the learners it would be helpful. They need one-on-one tutors.

The negative experiences that set people up to be anxious in educational spaces are not exclusive to Aboriginal learners, but anxiety and stress about school and training programs are certainly more prevalent in Aboriginal communities. **Systemic racism and the legacy of the residential school system** are at their roots. The good news is that more and more individuals in the current generation are aware of how these phenomena affect their current efforts to learn:

My own mother was abused by nuns and carried on the tradition and abused me… I felt ostracized and racism affected me growing up too. It came from the teachers as well by them splitting us up on the playground.

There was racism growing up. There was this little white girl who had alcoholic parents but they tended to be left alone. You'd go to school tired because of all the fighting at home and you couldn't get any sleep. Some of those triggers come back in adult life but you still don't say anything because you think you're still that little kid.

Residential school issues have played a big role as to why native people may not be interested in learning. Some people really can't handle education because of the things that happened in the residential schools. I was adopted out in the 60s, so I was traumatized about being uprooted from my community. That played a part as to why I had problems in the beginning. I was too preoccupied with… things other than school. It put me about four or five years behind so it slowed me down considerably.

There's been a lot of racism and prejudice from other kids and teachers as well… It leads to the question of will I ever be good enough? Will I ever be accepted and as long as those adults were in control of my life, there was no way.

The current research also confirmed that **trauma sustained in home environments marked by abuse and neglect** puts the "starting line" for some individuals and their educational experience significantly behind the average. Many individuals experience "missing moments" (what some call "dissociation") and frequently miss classes. This necessarily inhibits educational success, unless met with a radical and wise compassion at school:

I didn't notice until I was older and the teachers didn't notice and my family didn't notice. I dissociated because I came from an abusive home. I would fantasize and deliberately take myself out of the bad situation and put myself in the good situation. I missed a lot of school because of my abusive home. Teachers thought I was stupid and I thought I was stupid because I missed a lot of school and didn't know the material. I was called into the principal's office and was threatened with the strap because they thought I was intentionally not coming to school. I quit school at age 15…

Responses to trauma

Substance use plays a major role in the coping strategies of many of individuals. Its story in Aboriginal communities is well known. The choice to self-medicate is often linked to a person's

need for comfort and coping mechanisms when someone is struggling to manage instability and trauma. However substance use usually gets in the way of good learning and employment outcomes:

I noticed I have a lot of tapes in my head about where I came from and where I grew up. I self-medicate and the kind of front I put up helps me with the tapes. But I recognize it and now I'm dealing with it.

While many people do not seek professional help, obtaining formal medical diagnoses related to trauma have at times been useful to various individuals:

I have PTSD and it does affect my learning because I have a hard time focusing. I didn't realize I had it until a couple of years ago. You have a label and you're different; at first there was a barrier because of the stigma but I look at it that it's not my fault and I learned to deal with it.

How individuals have "learned to deal with it" points not only to the themes addressed by the literature review around coping with the unbearable, but also to the ingenious capacity to learn that all people retain in the face of great odds. Ultimately, **a trauma-focused discussion of the learning struggles in Aboriginal communities raises important questions on whether or not what looks like LD would in fact be considered LD under this report's working definition.**

Identifying LD

Despite the challenge of clearly defining or identifying LD as distinct from other issues faced by Aboriginal individuals, at the same time, of course there must be Aboriginal learners who do meet the cognitive-mechanical/neurological/medical criteria for a formal diagnosis of LD, as there would be in any cross-section of human beings. As far as formal diagnosis, in fact, it seems that incidence of LD diagnosis is **generally higher** among Aboriginal learners and clients, with a greater than average percentage of people in the Aboriginal focus group who were diagnosed with an LD as children.

Are these diagnoses accurate, though, or are they an educational system's attempt to respond to the signs of trauma it was ill-equipped to identify? The current chapter can only pose this question as an area for deeper and more extensive research.

A large number of remarks about LD diagnosis as a (negative) label appeared in the responses of this learner cohort as well:

You've been told you have this and this and this, so your future is almost painted for you… You're made to feel different and if you have a disability you're not normal and you can't fit in… It's a stigma that sticks for life.

Yet more frequently expressed was the suspicion that learning challenges had more to do with life-wide, whole context, and whole person issues:

The difficulty comes from the pressure of your surroundings – friends, classmates, society. This pressure makes it difficult to continue. For example, you think you're not as smart as the other kids so it puts you behind; it's easy to give up.

Sometimes people have a learning disability but they don't [really] and it's their environment. It's outside the academic environment that there's a problem. Between 8 and 16 years old I had problems with math, French, and things that required a lot of thought process. But I really wasn't interested in the academic environment because it was more about surviving and learning to live I did go back to college and graduated. I really didn't have a learning disability; it was my home environment and learning how to survive my life.

Once my basic needs were taken care of,
I could go back to school.

In the end, the approaches that support learning in all communities are applicable to the Aboriginal context. However, given the complex issues faced by these communities and individuals, nowhere is it more important to have an informed, historical and compassionate understanding of the unique challenges and factors experienced by Aboriginal learners and clients in the EO system.

FINAL THOUGHTS

Many clients and learners in EO services who struggle with diagnosed or undiagnosed learning disabilities encounter a number of barriers to full participation in literacy and employment-related activities. The fact that LDs are almost always found to coexist and be intimately linked to myriad other mental, social and often traumatic life challenges, further complicates and hampers the ability of service providers to provide effective and efficient interventions. These EO clients struggle academically, drop in and out of programs, and often do not attain their education and employment goals. There are significant challenges to effectively serving these clients and they require specialized interventions to succeed.

Across the GTA and Ontario, there is a growing need for more effective services for adult learners with LD. What is more, evidence indicates that the number of EO clients and learners with LDs has been steadily increasing will continue to do so in the foreseeable future. **The good news is that many high-quality, targeted supports do exist within Ontario's rich net of social service supports; the bad news is that many service providers, and EO clients, are unaware of these tools and supports and are not fully informed of best practices or how to access or implement them at their program sites.**

The work of MTML's *Creating Pathways of Learning Support for Employment Ontario Clients with Learning Disabilities* project was conceived, designed and delivered to help address significant gaps in the knowledge, and therefore the ability, of EO service providers, attempting to serve this largely vulnerable client group. The tools developed by this project are intended to bridge this gap and empower EO service providers, *and* learners/clients themselves, to tap into a wealth of existing services and supports intended for those dealing with an LD.

But there is still room for improvement. One of the major challenges to meeting the needs of clients with LDs identified through the work of this project, is a lack of consistency in terms of awareness and training on the part of frontline workers in *how* to identify and properly refer clients with suspected LDs in the first place.

Frontline workers across EO service providers are often not able to readily recognize (not diagnose) and begin to address their clients' learning challenges with any sense of reliability, at critical contact points of clients' case life. Many service providers, in the project focus groups and interviews, reported relying on their professional experience, established community relationships, and an intuitive sense of their clients' needs to make a best guess at appropriate client supports. To address comparable challenges faced by clients and learners, such as low literacy, mental health and addiction issues, many fields have developed and adapted screening (not assessment) tools that allow frontline service providers to quickly, efficiently and reliably make reasonable decisions about their clients' particular needs and decide on appropriate referrals for more detailed assessments where truly necessary. CAMH's Library of Screening Tools and MTML's LBS Screener offer some examples of tools that provide valid and reliable evidence of a suspected client need for further investigation.

This project was a unique opportunity to bring together ES and LBS frontline workers, program coordinators, and EO learners and clients, to engage in conversations about personal experiences, challenges, and successes that involve LD from both the learner and the provider perspectives. The resources, recommended tools, lessons learned and personal experiences gathered here, and in the other project publications, are a strong and positive starting point to help both learners and providers to access and offer programs that accommodate and support LDs, and lay the foundation for building an effective pathway of learning supports for EO clients with LDs.

BIBLIOGRAPHY

Accessibility for Ontarians with Disabilities Act. (2005). Retrieved March 13, 2015 from http://www.aoda.ca/

Bishop, D. (2012). *Neuroscientific interventions for dyslexia: red flags.* Department of Experimental Psychology, Oxford Study of Children's Communication Impairments. Retrieved September 10, 2014 from BishopBlog: deevybee@blogspot.ca

Bishop, D. (2014). *My thoughts on the dyslexia debate.* Department of Experimental Psychology, Oxford Study of Children's Communication Impairments. Retrieved September 10, 2014 from BishopBlog: deevybee@blogspot.ca

Cherry, K. (2015). *What is Brain Plasticity?* Retrieved March 30, 2015 from http://psychology.about.com/od/biopsychology/f/brain-plasticity.htm

Coutinho, M., Oswald, D. and Best, A. (2002). *The Influence of Sociodemographics and Gender on the Disproportionate Identification of Minority Students as Having Learning Disabilities* doi: 10.1177/074193250202300107 Remedial and Special Education January 2002 vol. 23 no.1 49-59

Enigk, E. *Writing for dyslexic readers.* Grammar Girl. Retrieved September 20, 2014 from http://www.quickanddirtytips.com/education/grammar/writing-for-dyslexic-readers

George Brown College (2013). *Accessibility Awareness Training for Educators.* Retrieved on March 30, 2015 from http://www.georgebrown.ca/aoda/documents/universal_design_for_learning_training_presentation.pdf

Gerber, P.J., Ginsberg, R., & Reiff, H.B. (1992). *Identifying alterable patterns in employment success for highly successful adults with learning disabilities.* Journal of Learning Disabilities, 25 (8), 475-487.

Gregg, N. et al. *The MMPI-2 Profile of Adults with Learning Disabilities in University and Rehabilitation Settings* doi: 10.1177/002221949202500607 Journal of Learning Disabilities. June/July 1992   vol. 25 no. 6 386-395

Hock, M. F. (2012). *Effective literacy instruction for adults with specific learning disabilities: Implications for adult educators.* SAGE Publications and Hammill Institute on Disabilities. Thousand Oaks, CA.

Horsman, J. (2010). *Violence affects learning* in "The Problem". Retrieved Nov 1, 2014 from http://www.learningandviolence.net/problem.htm

Johnston, J. (1995). *The Learning Profile Self-Assessment Tool.* St. Catharines, Ont.: Sureen Publishing

Johnson, J (1995). "Learning Disabilities: The impact on social competencies of adults." *Journal of Leisurability, 22* (3), 4 – 13 *note publisher error – surname spelling (same author)

Johnston, J. (1996). *"I Always Hated School" – Making Sense of the Frustration.* St. Catharines, ON: Sureen Publishing

Lash, H. (2010). *Our assumptions about language* in "Violence". Retrieved November 1, 2014 from www.learningandviolence.net

Lash, H. (2013). *Anxiety in the Maths Classroom.* Copian Library. Retrieved Oct. 16, 2014 from http://library.copian.ca/item/12041

Legacy of Hope (n.d.) *100 Years of Loss: The residential school system in Canada.* Retrieved March 31, 2015 from http://www.legacyofhope.ca/downloads/100-years-print.pdf

LDAO (Learning Disabilities Association of Ontario). (2001). *Official definition of LDs.* Retrieved April 10, 2015 from http://www.ldao.ca/introduction-to-ldsadhd/introduction-to-ldsadhd/what-are-lds/official-definition-of-lds/

Lisle, K. (2011). *"Identifying the Negative Stigma Associated with Having a Learning Disability" Honor's Theses.* Paper 22.

Lowry, C. (1990). Teaching adults with learning disabilities. ERIC Digest No. 99. ERIC Clearinghouse on Adult, Career, and Vocational Education, Columbus, OH.

Morrison, G. and Cosden, M. (1997). *Risk, Resilience, and Adjustment of Individuals with Learning Disabilities.* doi: 10.2307/1511092 Learning Disability Quarterly February 1997 vol. 20 no. 1 43-60

Morgan, A. & Vernon, M. (1994). "A Guide to the Diagnosis of Learning Disabilities in Deaf and Hard-of-Hearing Children and Adults." *American Annals of the Deaf* 139(3), 358-370. Gallaudet University Press. Retrieved November 1, 2014 from Project MUSE database.

Mueller, J., Wood, E., Hunt, J., Specht, J. (2009). *Assessing adult student reactions to assistive technology in writing instruction.* Adult Basic Education & Literacy Journal. Spring 2009, Vol. 3 Issue 1, p13-23.

MTCU (Ministry of Training, Colleges and Universities). (2014). *About the Ministry.* Retrieved April 7, 2015 from http://www.tcu.gov.on.ca/eng/about/

National Center for Learning Disabilities. (2014). *Learning Disabilities in Adulthood.* Retrieved Oct. 19, 2014 from http://www.ncld.org/adults-learning-disabilities/living-disability-tips/learning-disabilities-adulthood

Ontario Common Front. (2012). *Ontario's Backslide into Widening Inequality, Growing Poverty and Cuts to Social Programs.*

Ontario Human Rights Commission. (2000). *The Ontario Human Rights Code and Policy and guidelines on disability and the duty to accommodate.*

Price, A. and Cole, M. (2009). *Best Practices in Teaching Students with Learning Disabilities.* Calgary Learning Centre.

Reiff, H.B. (2010). *Social Skills and Adults with Learning Disabilities.* Linkages Vol. 2, No. 2 National Adult Literacy and Learning Disabilities Center

Ross-Gordon, J.M. (1989). *Adults with Learning Disabilities: An Overview for the Adult Educator.* Information Series No. 337. ERIC Clearinghouse on Adult, Career, and Vocational Education, Columbus, OH.

Ruiz, R. (2014). *How Childhood Trauma Could Be Mistaken for ADHD.* The Atlantic. July 7, 2014.

Siegel, D. (2012). "Mind, Brain, and Relationships – The Interpersonal Neurobiology Perspective" in *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are,* Second Edition. New York: Guilford Publications.

Smith, C. (2011). *Possibilities and Pitfalls: Employment and Learning Disabilities.* National, LDAC's newsletter.

Sullivan, A. (2013). *Disproportionality in Special Education: Effects of Individual and School Variables on Disability Risk.* doi: 10.1177/001440291307900406 Exceptional Children July 2013 vol. 79 no. 4 475-494

Taylor, M., Ayala, G., Pinsent-Johnson, C. (2009). *Understanding learning transfer in employment preparation programmes for adults with low skills.* Journal of Vocational Education and Training Vol. 61, No. 1, March 2009, 1–13

Wayer, N. (n.d.). *Learning Disabilities and Deafness.* Retrieved November 1, 2014 at: http://www.deafed.net/publisheddocs/sub/980306z.htm

Wilson et al. (2009). *The Mental Health of Canadians with Self-Reported Learning Disabilities* doi: 10.1177/0022219408326216 J Learn Disabil January/February 2009 vol. 42 no. 1 24-40

Wisconsin Association for Children and Adults with Learning Disabilities. (1989). *Successful Vocational Rehabilitation of Persons with Learning Disabilities: Best Practices.* Office of Special Education and Rehabilitative Services (ED), Washington, DC.

Wolf, M. et al. (2009) *The RAVE-O Intervention: Connecting Neuroscience to the Classroom* International Mind, Brain, and Education Society and Blackwell Publishing, Inc.   Vol. 3, N. 4

York University's Learning Disability Services (n.d.) *Should I Disclose my Learning Disability to an Employer?* Retrieved October 30, 2014 from http://lds.info.yorku.ca/career-services/disclosure/

GLOSSARY OF TERMS

ACT	AIDS Committee of Toronto
AODA	Accessibility for Ontarians with Disabilities Act
ASL	American Sign Language
ATN	ATN Access Inc. (ATN Access For Persons With Disabilities Inc.; originally founded as the Audio Tactile Network)
CAMH	Centre for Addiction and Mental Health
CHS	Canadian Hearing Society
DLI	Deaf Literacy Initiative
DSO	Developmental Services Ontario
EO	Employment Ontario
EOIS/CaMS	Employment Ontario Information System – Case Management System
ERIC	Education Resources Information Centre
ES	Employment Services
GBC	George Brown College
IEP	Individual Education Plan
LBS	Literacy & Basic Skills
LD	Learning Disability
LDAO	Learning Disabilities Association of Ontario
LDATD	Learning Disabilities Association of Toronto District
MTCU	Ministry of Training, Colleges and Universities (Ontario)
MTML	Metro Toronto Movement for Literacy
OALCF	Ontario Adult Literacy Curriculum Framework
ODSP	Ontario Disability Support Program
OHRC	Ontario Human Rights Code
OISE	Ontario Institute for Studies in Education
ONESTEP	Ontario Network of Employment Skills Training Project
OSAP	Ontario Student Assistance Program
OW	Ontario Works
PWLD	Persons With Learning Disabilities
PWOD	Persons Without Disabilities
UDL	Universal Design for Learning

ACKNOWLEDGEMENTS

First and foremost, we would like to express our deepest gratitude for the immense contribution of Employment Ontario's (EO) literacy, training and employment clients and service providers who took the time to share their personal and professional experiences and expertise to support the research work of our **Creating Pathways to Learning Supports for Employment Ontario Clients with Learning Disabilities** project. Given the potentially sensitive nature of the topic at hand, we were consistently impressed by the sincerity and willingness of all stakeholders from across the province who shared their knowledge, rich experiences and individual struggles and triumphs that helped enrich and humanize our findings. Thank you – we could not have done this work without you!

The work of this project would also not have been possible without the dedicated and in-kind support of our Project Champions and Advisory Committee Members. Zana Dragovic from the Learning Disabilities Association of Toronto (LDAT), Rosita Bacchus from Frontier College, Leolyn Hendricks from Seneca College, Matt Foran from George Brown College, and Evadne Wilkinson – your support and contributions to this initiative helped guide our research and were critical to bringing expert knowledge on learning disabilities (LD) to service providers and clients across the EO system.

We would like to thank our tireless project research team, Heather Lash and Karen Gilmour, who brought together an impressive portfolio of adult literacy, training and employment field expertise to ensure all relevant data and learnings were captured in our final outputs, while also ensuring that the human experiences of our EO clients and colleagues were not lost in the quantitative work of this project. Your commitment, compassion and respect for individual experiences were elemental to surfacing key learnings in the work of this initiative and enriching our understanding of the challenges and opportunities faced by those struggling with learning disabilities. Thank you as well to our project evaluator, Tamara Kaattari.

We would also like to thank Ghazal Niknazar, our Project Lead, who was responsible for all project management components of this initiative and was instrumental to engaging EO and community stakeholders at all pivotal project points. With Ghazal's outstanding leadership during the lifetime of this project, we were able to produce several deliverables beyond our initial project commitments.

Finally, we thank the Government of Ontario and the Ministry of Training, Colleges and Universities for funding this project. Their financial support made this project possible.

Alicia Homer
Executive Director
Metro Toronto Movement for Literacy

Established in 1978, the Metro Toronto Movement for Literacy (MTML) is a Canadian non-profit organization working to advance the issue of adult literacy. MTML is one of 16 regional networks in Ontario that supports and promotes the work of adult literacy and skills upgrading programs in the province. With funding support from Employment Ontario and the Ontario Ministry of Training, Colleges and Universities, MTML works with over 40 Literacy and Basic Skills (LBS) programs operating at over 100 locations in the City of Toronto and York Region/Bradford. MTML collaborates with program providers and people to share knowledge, build awareness and promote the lifelong learning needed to participate fully in today's society.

LEARN MORE:

www.mtml.ca

Metro Toronto Movement for Literacy
344 Bloor Street West, #405
Toronto, ON M5S 3A7

416.961.4013 | 1.855.611.2212

Email: literacyinfo@mtml.ca

 Metro Toronto Movement for Literacy

 @MTMLTorontoYork

APPENDIX I: Definition of Learning Disabilities – Learning Disabilities Association of Ontario, 2001

"Learning Disabilities" refers to a variety of disorders that affect the acquisition, retention, understanding, organization or use of verbal and/or non-verbal information. These disorders result from impairments in one or more psychological processes* related to learning, in combination with otherwise average abilities essential for thinking and reasoning. Learning disabilities are specific not global impairments and as such are distinct from intellectual disabilities.

Learning disabilities range in severity and invariably interfere with the acquisition and use of one or more of the following important skills:

- oral language (e.g., listening, speaking, understanding)
- reading (e.g., decoding, comprehension)
- written language (e.g., spelling, written expression)
- mathematics (e.g., computation, problem solving)

Learning disabilities may also cause difficulties with organizational skills, social perception and social interaction.

The impairments are generally life-long. However, their effects may be expressed differently over time, depending on the match between the demands of the environment and the individual's characteristics. Some impairments may be noted during the preschool years, while others may not become evident until much later. During the school years, learning disabilities are suggested by unexpectedly low academic achievement or achievement that is sustainable only by extremely high levels of effort and support.

Learning disabilities are due to genetic, other congenital and/or acquired neurobiological factors. They are not caused by factors such as cultural or language differences, inadequate or inappropriate instruction, socio-economic status or lack of motivation, although any one of these and other factors may compound the impact of learning disabilities.

Frequently learning disabilities co-exist with other conditions, including attentional, behavioural and emotional disorders, sensory impairments or other medical conditions. For success, persons with learning disabilities require specialized interventions in home, school, community and workplace settings, appropriate to their individual strengths and needs, including:

- specific skill instruction;
- the development of compensatory strategies;
- the development of self-advocacy skills;
- appropriate accommodations.

* The term "psychological processes" describes an evolving list of cognitive functions. To date, research has focused on functions such as:

- phonological processing;
- memory and attention;
- processing speed;
- language processing;
- perceptual-motor processing;
- visual-spatial processing;
- executive functions (e.g., planning, monitoring and metacognitive abilities).

This definition is supported by a background document entitled Operationalizing the New Definition of Learning Disabilities for Utilization within Ontario's Educational System, LDAO, 2001.

APPENDIX II: Environmental Scan Questionnaire and Question Sets for Practitioner Focus Groups

Introduction by interviewer

Individuals who approach your program for services seeking employment, education, or training may have learning disabilities. These learning challenges may or may not be diagnosed, and the client or learner may or may not be aware of their learning disability. They might disclose this information to you, or choose not to. They might identify with the term "learning disability" or they might avoid it. You and your colleagues may be aware that you are working with clients and learners who experience learning disabilities, or this might be something you are not aware of.

Your organization may have a process in place to identify and support individuals with diagnosed or undiagnosed learning disabilities. You may have specialized training and accommodations/ interventions already in place. On the other hand, you may never have thought about this topic at all. **In a non-judgmental and non-supervisory spirit, the current interview seeks only to take a very general survey of how EO service providers interface with individual adults who have learning disabilities.** *All information disclosed herein is strictly confidential, and results will be published only in anonymous/aggregate form, unless other arrangements are made explicit in writing.*

Thank you very much for taking the time to participate; we realize it's a busy season in our sector. Your input and experience are greatly appreciated. After the interview, you will be electronically provided a synthesis and asked for feedback to confirm that the researcher captured your thoughts accurately. Should any direct quotations be used (again anonymously), you will be sent the final quote used for review and approval.

Interview questions

Depending on the nature of the service provider and its level of engagement with the topic, we may choose all or only some of the following questions to discuss:

1. Numbers

    a) What was your total population of clients/learners served last year?

    b) Do you keep numbers on individuals who have identified a learning disability? What type of documentation is kept?

    c) If so, do you think the numbers are accurate?

    d) If so, what are they?

2. Intake and Assessment

    a) When individuals approach your organization, is there any explicit invitation presented to individuals – written or verbal – to self-identify as having a learning disability?

    b) Are there any screening mechanisms or processes, such as an assessment test, to identify learning disabilities (for the first time in that individual's life) on site?

    c) If clients/learners identify as having learning disabilities, is anything about service provision modified in light of this identification?

3. Talk about any and all accommodations or supportive interventions that your organization offers to individuals who identify as having learning disabilities.

4. Talk about any and all referrals you make to other agencies when the supports required by individuals who have learning disabilities are beyond the capacity of your organization, or when complementary supports would increase client/learner success.

    a) How did you become aware of these other agencies?

    b) Are there follow-up processes/personal contacts there, or do you send individuals on their own?

    c) Exiting and follow-up: Are there any processes meant explicitly to support individuals with learning disabilities as you close a file?

5. Your organization's culture

    a) Is the term "learning disabilities" named and used freely during the daily activities of your staff and clients/learners?

    b) Are there any specialized trainings or professional development activities offered to your staff or colleagues to work with the strengths and challenges of individuals with learning disabilities?

    c) Are you aware of any members of your team – faculty, support staff, counsellors, workers of any kind – who themselves have learning disabilities?

6. Talk about where the gaps are. Can you imagine any resource, in terms of time, funding, materials, trainings, anything at all – that would help you more effectively, or more ethically/respectfully, or more efficiently meet the needs and work with the strengths of members of your population who live with learning disabilities?

7. Have I missed anything at all about this topic you'd like to talk about now?

APPENDIX III: Question Sets for Learner and Client Focus Groups

1. **How do you think about your learning struggles? This set is about the words you use to talk about your learning challenges.**

    - Do you use the term "learning disability": with your friends and family? With workers (like teachers, counsellors, etc.)? With yourself, in your private thoughts?

    - What about the label for a particular diagnosis (like "dyslexia")?

    - Do you include AD/HD? Anxiety? What else?

    - When have your words been helpful to you? When have they NOT been helpful?

2. **What about diagnosis? This set is about assessment.**

    - Have you received a formal diagnosis through a psychoeducational assessment with a psychologist? Another professional? (If you went to high school, did you have an IEP?)

    - Did someone else notice problems with your learning and send you? Or did you go on your own?

    - If you're answering "yes" to those, do you remember money being an issue? Do you remember waiting a long time for it?

    - If you're answering "no", do you wish to be assessed formally? What has gotten in the way or delayed the process?

3. **What works? This set is about what helps you learn.**

    - What are the strategies you've come up with to work around problems you've had?

    - Have you had to stand up for yourself/"bug" people to get things? (explain self-advocacy)

    - How about strategies others have taught you?

    - Do you receive any accommodations that make education more possible for you?

    - How about classroom/instructional practices that have worked?

    - Do you use or have you tried any assistive technologies (devices, software, apps) that have worked?

    - Have you been supported through any kind of follow-up after finishing a class or program?

4. **What have been your experiences since you started your current Employment Ontario program (employment, LBS, etc.)?**

    - Did you experience any barriers when you first tried to access a program because of your learning disability?

    - Are your experiences here different from when you were in a school as a young person (high school, elementary)?

    - Have you received any extra help/supports to cope with your learning disabilities in your EO (current) programs?

    - What else would you like to see?

5. What has NOT worked? This set is about where the gaps are.

- Has there been a time when you needed accommodations or support you did not get?

- Is there a learning struggle you just can't figure out how to get around/deal with?

- Is there any technology you wish you could use – if I gave you a million dollars?

6. What are some other barriers to your learning? Expand on this (E.g., financial barriers, racism, etc.)

APPENDIX IV: Question Sets Re-imagined for Deaf Learner Focus Groups

Introduction by interviewer

Brief introductory chat framing how we will be trying to use language – an overview, using several concrete and clear-language examples, of what the researchers mean by the term "learning disabilities". This chat draws a clear distinction, attempting to put learners in mind of repeated patterns and difficulties that they encounter mechanically/operationally, rather than the familiar cognitive struggles of processing English as a language. It also emphasizes how there are no right or wrong answers to the questions.

Interview questions

1. How do you think about your learning struggles? What words do you use?

    •   Do you use labels like dyslexia, or ADHD, which the facilitator talked about in the intro?

    •   Have other people ever used these labels when talking about learning with you? Did anyone ever offend you or confuse you by using them – did they explain the term they used to you?

    •   Learning English is definitely hard – but why do you think it's hard for you? Is it sometimes hard to think clearly or to remember things? Can you think of a difficulty you have learning that is repeated again and again (for example, "Every time I am very tired, I get the order of the events in a story mixed up")?

    •   Do the difficulties you were just talking about happen more when you are anxious, nervous, stressed out?

2. What about diagnosis?

    •   When you were in school before now (Deaf Upgrading), did anyone do a test with you (not a school test, but one where you had to do activities to find out about how you learn)?

    •   If they did, did they explain to you what the test was for? And did they explain to you what the results meant? Did you get a special document that says anything like "Dyslexia"?

    •   Since you started Deaf Upgrading, have you gone to CHS (Canadian Hearing Society) to get a diagnosis through an official test?

    •   If you have not been diagnosed or tested in the way we're talking about, do you want to be? Is there anything getting in the way of that happening, or delaying it?

3. What works? What helps you learn?

    •   What are the ideas you have come up with to try to improve your learning? The repeated problems you have had – have you found ways to work around them? These ideas or "strategies" do not have to be things that people can see from the outside, or that you talk about with anyone.

        For example, "I notice when I see pictures of what I'm reading about, it helps me understand what I read."

    •   Has anyone else (like a teacher or counsellor) given you good ideas that help you learn?

- Has a teacher ever taught a class in a way that made learning easier for you? What did they do? Has a teacher ever asked you for feedback about what works for you?

- Have you ever had to stand up for yourself to get what you need? For example, if a class is starting, and the interpreter has not come yet, but the teacher says you have to stay in class, did you accept that or fight back?

- Do you use any technologies (your iPhone or android, software, apps that you downloaded) that help you learn, understand or remember?

4. **What have your experiences been like since you started Deaf Upgrading here at GBC?**

- Did anything block you when you were applying to or entering the program? Was anything harder because of how you learn? This question is not about how difficult ASL to English is, but more about the repeated problems with learning we've talked about.

- Is this program the same or different from other schooling you've had? Is it harder or easier? Why?

- In this program, do you get any extra help or supports to work with the way you learn? This is other than the usual help found in an ASL learning environment. Beyond lessons, beyond interpretation – do you get MORE help? For example, large print on handouts you get? Bigger printing on the board? Extra time on tests?

5. **What has NOT worked? What else do you need or want?**

- These questions are your time to complain! Have you ever needed support or accommodations that you did not get?

- Are there any other things that come in the way of your learning? Racism and homophobia – all kinds of discrimination might block our learning at school. Mobility problems, like using a wheelchair, might too – these also include having enough money to get to the college on the GO train, maybe, or parents who are always keeping track of you?

- Is there any technology you wish you could use – if I gave you a million dollars? How about a robot that could follow you around interpreting everything? Or a device you could put in your brain that makes you understand everything you read? Use your imagination!